

**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Commission Meeting Minutes
February 25, 2013**

CALL TO ORDER

Chair Gonzalez called the meeting to order at 3:04 p.m. in Suite 200 at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

The Pledge of Allegiance was recited.

ROLL CALL

COMMISSION MEMBERS IN ATTENDANCE

David Araujo, MD, Ventura County Medical Center Family Medicine Residency Program
Maylee Berry, Medi-Cal Beneficiary Advocate
Anil Chawla, MD, Clinicas del Camino Real, Inc.
Lanyard Dial, MD, Ventura County Medical Association
Laurie Eberst, Private Hospitals / Healthcare System
David Glycer, Private Hospitals / Healthcare System
Robert Gonzalez, MD, Ventura County Health Care Agency
Peter Foy, Ventura County Board of Supervisors (arrived at 3:07 p.m.)
Catherine Rodriguez, Ventura County Medical Health System

EXCUSED / ABSENT COMMISSION MEMBERS

John Fankhauser, MD, Ventura County Medical Center Executive Committee
Robert S. Juarez, Clinicas del Camino Real, Inc.

STAFF IN ATTENDANCE

Michael Engelhard, CEO
Nancy Kierstyn Schreiner, Legal Counsel
Michelle Raleigh, CFO
Traci R. McGinley, Clerk of the Board
Charlie Cho, MD, Chief Medical Officer
Nancy Wharfield, MD, Associate Medical Officer
Sherry Bennett, Provider Network Manager
Guillermo Gonzalez, Government Relations Director
Lupe Gonzalez, Manager of Health Education & Disease Management
Jennifer Palm, Health Services Manager
Debbie Rieger, Consultant
Melissa Scrymgeour, IT Director
Lyndon Turner, Finance Manager

Language Interpreting and Translating services provided by GCHP from Lourdes González Campbell of Lourdes González Campbell and Associates.

PUBLIC COMMENT

None.

1. APPROVE MINUTES

a. Regular Meeting of January 28, 2013

Commissioner Berry moved to approve the Regular Meeting Minutes of January 28, 2013. Commissioner Dial seconded. The motion carried. **Approved 8-0.**

Supervisor Peter Foy arrived.

SWEAR-IN OF COMMISSIONER

Peter Foy was sworn in as a newly appointed Commissioner of the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan by the Clerk of the Board.

2. ACCEPT AND FILE ITEMS

a. CEO Update

CEO Engelhard reviewed his written report with the Commission.

Chair Gonzalez asked if services provided under Healthy Families would be at Medi-Cal rates after the transition, to which CEO Engelhard responded yes. Further discussion was held as to the transition and the fact that the fee differences are significant enough that some private practitioners may no longer provide services under Healthy Families.

b. December Financials

CFO Raleigh provided an overview of the financials and noted that they had been reviewed in detail by the Executive / Finance Committee on February 7, 2013. The Plan is progressing better than Staff anticipated. Discussion was held regarding LTC's, the percentage cost and costs per member. CEO Engelhard added that Staff is creating a workgroup to look at LTC costs because they represent such a large cost per member.

Commissioner Eberst moved to accept and file the December Financials. Commissioner Dial seconded. The motion carried. **Approved 9-0.**

3. APPROVAL ITEMS

a. County Line of Credit (LOC)

CEO Engelhard reviewed his written report. Staff submitted a plan (the Financial Forecast delivered on December 11, 2012 as part of the CAP response) to the State

regarding the TNE, but has not received comments back. As part of the financial forecast, the State indicated that the Plan needed additional capital support. CEO Engelhard explained that the terms of the new Line of Credit (LOC) would be similar to the current LOC. CEO Engelhard closed noting that the Plan is moving in the right direction, but the existing TNE deficit needs to be addressed.

Commissioner Eberst moved to authorize the CEO to move forward with the Letter of Credit after the Executive / Finance Committee reviews the terms of the current Line of Credit. Commissioner Glycer seconded. The motion carried. **Approved 9-0.**

b. Intergovernmental Transfer (IGT)

CEO Engelhard reviewed his report and added that IGT's are used to bring additional Medicaid funds into counties. An IGT might give the Plan another way to meet the TNE reserve requirements. The size is still being determined by DHCS at this time. Once GCHP receives final quantification of the maximum IGT amount, the executed agreements would need to be returned to the State within approximately thirty (30) to sixty (60) days. Additionally, the IGT requires Centers for Medicare and Medicaid Services (CMS) approval. If approved, it is expected that the IGT funding would occur before September 30, 2013.

Commissioner Foy moved to authorize the CEO to continue to work through the IGT and have discussions with the State and County. Commissioner Dial seconded. The motion carried. **Approved 9-0.**

c. Quality Improvement Plan

CMO Cho reviewed his report which highlighted the Quality Improvement (QI) Plan, its goals and achievements. The mission and purpose of the QI Program is "to improve the health and well-being of the people of Ventura County by providing access to high quality medical services." Accordingly, the QI Program strives to continuously improve the care and quality of service for GCHP's members. The QI Program involves all aspects of operations and is therefore organized to include virtually all departments of GCHP.

Commissioner Dial moved to accept, file and approve the Quality Improvement Plan. Commissioner Foy seconded. The motion carried. **Approved 9-0.**

4. CONSENT ITEMS

a. FY 2012-13 Financial Audit Contract

Commissioner Dial moved to approve the Consent Item. Commissioner Eberst seconded. The motion carried. **Approved 8-0**, as Commissioner Foy was not in the room.

5. INFORMATIONAL ITEMS

a. Utilization Management / Case Management Initiatives

Dr. Wharfield provided an overview of Utilization and Care Management (UM/CM). The Utilization Management Department is staffed by nurses who specialize in prior authorization, continued stay review, or discharge planning. Requests are reviewed against Milliman Care Guidelines (16th Edition), a national evidence-based review resource. A provider may respond to a denial with a request for Peer to Peer Consultation or with an Appeal. Case Management is performed by specially trained nurses and 1 social worker and provides 1:1 facilitation of care through a personalized care plan which engages the support of family and health care providers.

The areas of focus for UM/CM for 2013 are inpatient utilization, readmission rate, and emergency room utilization.

Inpatient Utilization: the utilization of inpatient services can be impacted through the use of improved continued stay reviews, enhanced discharge planning, and intensified home health follow-up at discharge.

Readmission Rate: This rate can be improved by enhancing discharge planning, home visits and CM referral.

ER Utilization: ER visits and top diagnoses for those visits were presented. ER utilization can be managed through member education, implementing a 24 nurse advice line, CM for over utilizers and partnering with ER rooms to receive real-time encounter data.

b. Provider Advisory Committee (PAC) Update

CEO Engelhard explained that the information covers the PCP rate increase under the Affordable Care Act. The item was reviewed in great detail at the recent PAC meeting, but the Plan is waiting on the State to provide all required guidelines on implementation.

c. Financial Forecast Update

CEO Engelhard highlighted that this update shows additional detail on how Staff is tracking the financial forecast that was submitted to the State. CFO Raleigh added that the Plan is ahead of schedule in terms of progress and results.

d. Healthy Families Transition to Medi-Cal

CEO Engelhard noted that the Healthy Families Transition material was presented to the PAC at its last meeting as well. Staff will bring proposals of how the network will look in order to take care of the transitional members, out-reach plans; as well as how the Plan will work with the community about the changes in benefits between Healthy Families and Medi-Cal.

e. Medical Management System Replacement

CEO Engelhard stated that the Executive / Finance Committee saw this item as well; the Plan is doing an RFP on a Medical Management System.

f. Tatum Work Update

CEO Engelhard noted that the information provided covers areas that the consultants are assisting GCHP.

g. Incurred But Not Reported (IBNR) Information

Chair Gonzalez stressed that the IBNR presentation is very important for Commissioners and people in general that are not in health care plans to review in order to understand the IBNR and TNE better.

COMMENTS FROM COMMISSIONERS

Commissioner Dial complimented Dr. Cho for taking on the formulary and for providing one that is both broad in coverage and provides cost savings to the Plan.

Chair Gonzalez complimented CEO Engelhard on the recent hires to the Plan and added that the Plan appears to be working its way out of its problems.

Commissioner Foy added that he was glad it was going the right way and that it was good to see all of the things going on in the Plan and at the Commission.

Commissioner Berry thanked Dr. Cho for taking on all of the work that he does at the Plan.

CLOSED SESSION

Legal Counsel Kierstyn Schreiner explained the purpose of the Closed Session items.

ADJOURN TO CLOSED SESSION

The Commission adjourned to Closed Session at 5:15 p.m. regarding the following items:

Closed Session Conference with Legal Counsel – Existing Litigation pursuant to Government Code Section 54956.9 Sziklai v. Gold Coast Health Plan *et al* VCSC Case No. 56-2012-00428086-CU-WT-VTA

Closed Session Conference with Legal Counsel – Existing Litigation pursuant to Government Code Section 54956.9 Hernandez v. Ventura County Medi-Cal Managed Care Commission-VCSC Case No. 56-2012-00427535-CU-OE-VTA

Closed Session pursuant to Government Code Section 54957(e)
Public Employee Performance Evaluation
Title: Chief Executive Officer

RETURN TO OPEN SESSION

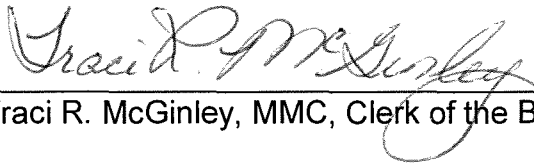
The Regular Meeting reconvened at 5:55 p.m.

Legal Counsel Kierstyn Schreiner announced that there was no reportable action.

ADJOURNMENT

Meeting adjourned at 5:59 p.m.

APPROVED:



Traci R. McGinley, MMC, Clerk of the Board