



**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan
Consumer Advisory Committee Meeting**

2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036
Wednesday, September 17, 2014
5:00 p.m.

AGENDA

SWEARING IN OF COMMITTEE MEMBERS

CALL TO ORDER / ROLL CALL

WELCOME AND INTRODUCTIONS

PUBLIC COMMENT A Speaker Card must be completed and submitted to the Secretary of the Committee by anyone wishing to comment:

- **Public Comment** – Comments regarding items not on the agenda but within the subject matter jurisdiction of the Committee.
- **Agenda Item Comment** – Comments on the subject matter jurisdiction of the Committee pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Committee Chair during the Committee's consideration of the item.

APPROVE MINUTES

1. [Regular Meeting of June 18, 2014](#)

DISCUSSION ITEMS

2. CEO Update, Michael Engelhard, CEO
3. [CFO Update, Michelle Raleigh, CFO](#)
4. [Operations Report, Tami Lewis, Director of Operations](#)
5. [Medicare Part D Report and SOC, Anne Freese, Pharmacy Director](#)
6. [Behavioral Health Update, Dr. Nancy Wharfield, Associate Chief Medical Officer](#)
7. MICOP Update – Norma Gomez, Project Manager MICOP

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT 805/437-5562. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan
September 17, 2014 Consumer Advisory Committee Meeting Agenda (*continued*)**

PLACE: 2240 E. Gonzalez, Suite 200, Oxnard, CA

TIME: 5:00 p.m.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on December 10, 2014 at 5:00 p.m. at 2240 E. Gonzalez Road, Suite 200, Oxnard, CA 93036.

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

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**Ventura County Medi-Cal Managed Care Commission
(VCMMCC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Minutes
June 18, 2014
(Not official until approved)**

CALL TO ORDER

Chief Operations Officer (COO) Ruth Watson called the meeting to order at 5:21 p.m. (the start of the meeting was delayed until a quorum was present) in Suite 200 of the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Curtis Updike, County Human Services Agency (HSA)
Katharine Raley, County of Ventura Area Agency on Aging
Pedro Mendoza, Tri-Counties Regional Center
Frisa Herrera, Casa Pacifica
Rita Duarte-Weaver, Ventura County Public Health Department
Norma Gomez, Mixteco / Indigena Community Organizing Project

EXCUSED / ABSENT COMMITTEE MEMBERS

Lilliana Coria, ARC of Ventura County
Alicia Flores, La Hermandad
Ruben Juarez, County Health Care Agency
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Michelle Gerardi, Beneficiary

COMMITTEE STAFF IN ATTENDANCE

Ruth Watson, Chief Operations Officer
Michael Engelhard, Chief Executive Officer
Michelle Raleigh, Chief Financial Officer
Dr. Al Reeves, Chief Medical Officer
Melissa Scrymgeour, Chief Information Officer
Dr. Nancy Wharfield, Associate Chief Medical Officer
Tami Lewis, Director of Operations
Luis Aguilar, Member Services Manager
Sherri Tarpchinoff Bennett, Director of Network Operations
Steve Lalich, Director of Communications
Lupe Gonzalez, Director, Health Education
Connie Harden, Member Services, Project Specialist

OTHER STAFF IN ATTENDANCE

Elena Aguayo, Member Services
Blanca Robles, Member Services
Stacy Cortez, Member Services
Brandy Armenta, Compliance Officer / Director
John Camarena, Quality Improvement Nurse
Sonia Zarazua, Provider Relations Representative

Language interpreting and translating services were provided by GCHP from Lourdes González Campbell and Associates.

The Pledge of Allegiance was recited.

WELCOME AND INTRODUCTIONS

Chief Operations Officer (COO) Watson welcomed the Committee.

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of March 19, 2014

Committee Member Curtis Updike moved to approve the Regular Meeting Minutes of March 19, 2014. Committee Member Frisa Herrera seconded. The motion carried with the following vote:

AYE: Duarte-Weaver, Gomez, Herrera, Mendoza, Raley and Updike.
NAY: None.
ABSTAIN: None.
ABSENT: Coria, Flores, Gerardi, Jordan and Juarez.
RECUSED: None.

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. CEO Report

Chief Executive Officer (CEO) Mike Engelhard reviewed the Amended CEO Report as presented. CEO Engelhard reported that in May, the Medical Review portion of the Corrective Action Plan (CAP) was closed out. He stated that this is good news for the Plan; the State accepted and approved our report.

CEO Engelhard also reported that beginning in May, 2014 adult dental benefits have been restored for members. He went on to say that this is not a GCHP benefit, but a benefit provided by the Denti-Cal program for our members.

CEO Engelhard stated that people with pending applications for Medi-Cal can access information on our website using a link under the *Members* tab and then *Welcome Members*. This will assist members in finding care. Committee Member Katharine Raley asked who a potential member should call to find out the status of their application as there is currently a backlog of 900,000 applications. CEO Engelhard replied that if member hasn't received a Benefits Identification Card (BIC) from Medi-Cal, they should go back to the County for assistance.

CEO Engelhard commented on the GCHP office move. He highlighted the dedicated meeting rooms for the members also commenting on the privacy of each room. CEO Engelhard stated that we have had discussions with the City of Camarillo to get better public transit towards our building and will continue to work with the City on this issue.

CEO Engelhard stated that we have engaged to do more member orientation meetings throughout the county in Simi Valley, Santa Paula, Fillmore, Ventura, Ojai, Oxnard and Camarillo. Chief Operations Officer (COO) Ruth Watson asked that if a Committee Member has any suggestions on how we can improve the meetings with regards to time of day, location, etc. to please let us know. She went on to say that it is difficult to get members to attend and we welcome any suggestions on how to get this message out. Committee Member Raley stated she will talk about the orientation meetings on her radio show. Committee Member Updike commented that he had attended one orientation meeting stating that it is good presentation and was impressed.

3. CFO Report

Chief Financial Officer (CFO) Michelle Raleigh reviewed the report presented. CFO Raleigh stated that the Plan is doing better than budgeted with the contributing factor being that we are experiencing the growth of more members than we thought we would have. She stated that the positive results have allowed us to continue us to build our reserves, otherwise referred to as Tangible Net Equity. This allows us to get in a better position to have the State remove us from their "watch list."

4. COO Report

Chief Operations Officer (COO) Ruth Watson reviewed the slides on membership as presented in the packet. COO Watson reported that membership growth has been phenomenal in a very short period of time due to factors shown. Committee Member Updike stated that the 3,500 members reported from the CalFresh program is a small amount of eligible people. He went on to say that the Human Services Agency (HSA) has asked for a list from the State of all CalFresh members so they can contact the beneficiaries and enroll them in Medi-Cal. Health Education Director Lupe Gonzalez asked what a beneficiary should do if they lost the provided PIN number from CalFresh. Committee Member Updike stated they just need to call and tell CalFresh they would like to be enrolled in Medi-Cal.

5. CMO Report – CAHPS Survey

Chief Medical Officer (CMO) Dr. Al Reeves reviewed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey as presented. CMO Reeves stated the study was commissioned by the Department of Health Care Services (DHCS). He went on to say that this was a study done of our members during the last six (6) months of 2012 and that this is data from when GCHP was very young and in turmoil. He went on to state that the Plan has come a long way from that time.

Committee Member Frisa Herrera commented that it was interesting about the comments and ratings reported on children. CMO Reeves responded that he thought that parents are less tolerant for having to wait to see the doctor for their children than an adult would be.

CMO Reeves stated that the State conducts the study every two years and the next one will be in 2015. CMO Reeves reports that we are talking with the Myers Group which does surveys and will probably be doing our own version of a CAHPS study so we can focus in on trying to find out where the problems are and also for validation that we are doing better.

Committee Member Raley commented that the Call Center wasn't up to par at that time and they haven't received any complaints about that for about a year now. Member Services Manager Luis Aguilar stated that there has been a lot of training in the Call Center and complaints are decreasing. Committee Member Raley stated that there are many complaints about members not getting into see the doctors and that access to appointments is a problem. She went on to recommend that we send surveys to our members about access to appointments. COO Watson stated we would love for the members to file grievances. CEO Engelhard stated that our grievance and appeals numbers are still pretty low and we need to know where the problems are so we can help. He went on to say that we need the data to go out to address this with the providers. Committee Member Raley said the problem is not the doctors themselves, but getting access to the appointments and getting authorizations that have not been submitted by the doctor's offices. CEO Engelhard asked that Committee Members encourage members to contact us with these issues.

CMO Reeves stated that we have standards we follow with regards to turn around on requests. He stated we have five days to respond to a request and approve it and that we are meeting our requirements. Committee Member Raley reiterated that the problem is that the authorizations are not being sent from the doctor's offices. She suggested a Grievance and Appeals form be placed in the next newsletter. Committee Member Herrera commented that we need to show the members how to do this at the orientation meetings. Member Services Project Specialist Connie Harden stated that it was presented and encouraged at the orientation meetings.

6. Behavioral Health Update

Associate Chief Medical Officer Dr. Nancy Wharfield presented an update on behavioral health services. Dr. Wharfield stated that the number of requests have gone up since January and that we have over 6,000 members who are receiving services for mild to moderate conditions.

Dr. Wharfield reports that we are also working to coordinate facilitation of care with the County who takes care of those with serious emotional disturbances so people can move back and forth between the systems. She went on to say that there are regular meetings between GCHP and the County to make sure no one is lost in the transition.

Associate CMO Dr. Wharfield reported that beginning next month Beacon Health Strategies will have representatives on-site at GCHP. These will be care managers who will assist our members to get needed services. Committee Member Updike asked if substance abuse was still a State carve-out. Dr. Wharfield stated that treatment for substance abuse is not a GCHP / Medi-Cal benefit; that responsibility resides with the County. Dr. Wharfield added there is a new Medi-Cal benefit, not a GCHP benefit, which is voluntary inpatient detoxification. She stated we can direct the members to the Alcohol and Drug Program.

7. Resource Fair Update

Health Education Director Lupe Gonzalez stated that it is eleven (11) days away from the GCHP Resource Fair. Health Education Director Gonzalez reported on the participation by local agencies and the positive response from the majority of the CAC members' agencies. Director Gonzalez reported that thirty (30) different community based agencies will be volunteering including two mobile units; one will be for onsite Medi-Cal enrollment and the other doing health screenings. She went on to state that there are Public Service Announcements going out on the radio along with other advertising avenues.

8. Human Services Agency Update

Committee Member Curtis Updike provided a general report on activities at the HSA. Committee Member Updike reports there were three (3) basic ways a person could apply for the CalFresh Express Lane eligibility. They can go on the CalFresh web page, but they would need to know their PIN; they can also come into or call the HSA office. Committee Member Updike presented a handout showing various statistics on Medi-Cal members in Ventura County. From that handout, the following highlights are noted:

- One-in-five people touch HSA, representing about 20% of the County.
- There are now 161,500 beneficiaries enrolled in Medi-Cal, and that is with the backlog of 11,000 still to be enrolled. HSA is inching toward 170,000 beneficiaries which was the initial estimate.
- From the Pie chart, there were 40,000 potential Medi-Cal eligibles. HSA has captured 32,000.
- There has been a 44% increase in Medi-Cal clients since January 2013. Just prior to ACA, the County had about 115,000-116,000 Medi-Cal beneficiaries and now there are 161,000.
- By comparison, in June, 2007 the County had approximately 29,000 individuals in the Food Stamp program. Now there are nearly 70,000.

Committee Member Updike reported that HSA is trying to get through the backlog of those who are qualified and that they are working with the State. He stated the backlog was caused by computer problems; the State's computers weren't talking to the County computers, creating problems. Committee Member Updike reviewed the challenges facing the County and the State and what is being done to solve the problems.

Committee Member Updike reported on the Medi-Cal Renewal process. He stated that it is now an annual process instead of a semi-annual renewal. Discussion was held about the renewal process.

9. HICAP Update

Committee Member Katharine Raley of the Health Insurance Counseling and Advocacy Program (HICAP) presented information on HICAP's new program known as *Benefits CheckUp*. Committee Member Raley stated that HICAP will be the designated center in Ventura County for the National Council on Aging. She went on to say that with this program's database, they can enter the member's income, etc. and it can provide some clients with up to fifty (50) different programs they can apply for. The agency is currently working on four (4) programs - Supplemental Security Income (SSI), CalFresh, Medi-Cal, and Extra Help for prescription drugs for Medicare beneficiaries, along with the Low Income Home Energy Assistance Program (LIHEAP). Committee Member Raley also stated that HICAP is now helping all people with disabilities.

Committee Member Raley said that HICAP's Benefits Enrollment Center plans to hold their grand opening in August. She added that HICAP has no funding, but the agency got the funding to help with the new programs through a grant that is renewable every year. She added that staff in the Benefits Enrollment Center can Skype with homebound clients and assist them in their homes; they can also follow-up with the client to make sure they complete the process.

Committee Member Raley presented a mock-up of a flyer explaining the program stating that once the program has been finalized the flyer will also be available in Spanish. She added that the entire program is run with volunteers.

Comments from Committee Members

Committee Member Updike stated that HSA is going to the Board of Supervisors on June 24, 2014 to accept a grant for Medi-Cal outreach. He went on to say that HSA is looking to contract with MICOP which will connect HSA with the Mixteco population. He added that they are working with Community Action to connect with the homeless population to be able to outreach for Medi-Cal throughout the county. He added that through the action group they want to focus mainly on East County as there is not a lot of outreach in that part of the county.

Committee Member Raley stated that if anyone had anything to add to their program, she would like that input.

Committee Member Frisa Herrera stated that Gold Coast Health Plan got off to a rough start, and she sees things getting better. She also added that Casa Pacifica is promoting the use of grievances with their families and hopes the families are using that system.

Committee Member Rita Duarte-Weaver reported that their unit now has a mobile unit going throughout the County, and especially in East County. She stated they have had great success getting people in and applying for help.

Committee Member Norma Gomez stated, "Thank you for the help you have provided our organization. Thank you for helping us to get ahead."

ADJOURNMENT

Meeting was adjourned at 6:42 p.m.



AGENDA ITEM 3

To: Gold Coast Health Plan Consumer Advisory Committee
From: Michelle Raleigh, CFO
Date: September 17, 2014
Re: CFO Update

Financial Update

The Plan continues to generate positive net income from operations. As of the end of the fiscal year (at June 30, 2014), the Plan's net income is approximately \$25.8 million, which is higher than the \$16.5 million assumed in the budget. The primary reason for the positive variance is driven by the increase in membership, which was above and beyond what the Plan budgeted (the Plan gained approximately 3,700 more members per month than what was estimated in the budget).

These operating results have contributed to Tangible Net Equity (TNE) reserve level of approximately \$37.7 million, which exceeds both the budget of \$28.4 million and the State minimum required TNE amount of \$19.7 million. Note the TNE includes the \$7.2 million in lines of credit with the County of Ventura. The Plan is at approximately 156% of the minimum TNE requirement when the lines of credit are excluded from the calculation.

Please note that these are unaudited results for FY2013-14. The Plan is undergoing the annual, required financial audit where results will be finalized by October 31, 2014.

AGENDA ITEM 4

To: Gold Coast Health Plan Consumer Advisory Committee
From: Tami Lewis, Director of Operations
Date: September 17, 2014
Re: Operations Update

Member Orientation Meetings

As of July, the Member Orientation Meeting flyer is being included with all New Member packets that are mailed to members once they become eligible with GCHP. Attendance has increased at Member Orientation meetings since July 1st, and most attendees indicated it is a result of learning about the meeting from the flyer. Attendance in July was nineteen (19) members and August was thirty-six (36) members. In comparison, the highest number of attendees in any month from January-June was seven (7).

Meetings have been scheduled for October-December 2014 and January-March 2015. We are in the process of finalizing the October-December 2014 flyer (two-sided English/Spanish) for inclusion in the New Member packets which will be mailed to newly eligible members in October, November and December.

Member Handbook

The 2014-2015 GCHP Member Handbook was sent to DHCS for approval on June 3, 2014 and approved by default on August 4, 2014. The handbook was updated to reflect benefit changes, such as the mental health benefit, as well as to improve the layout and provide clarity to the document. The handbook is currently being translated into Spanish and will be included in the New Member packets beginning in October.

Membership Summary

Gold Coast Health Plan continues to see our membership grow each month. GCHP's membership as of September 1, 2014 is 163,360, which represents an increase of 42,848 members since January 1, 2014 (approximately 35.5% growth). The cumulative new membership since January 1st is summarized as follows:

L1 (Low Income Health Plan) – 7,568
M1 (Adult Expansion) – 21,944
7U (CalFresh Adults) – 3,368
7W (CalFresh Children) – 606
Traditional Medi-Cal – 9,362



ACA Expansion Program Update

Consumer Advisory Committee

September 17, 2014

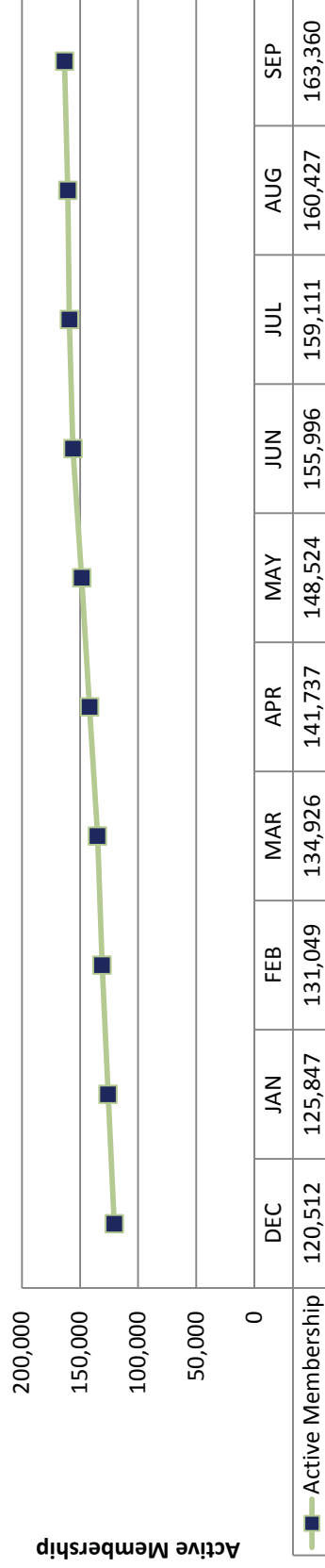
Tami Lewis, Director of Operations

GCHP Membership

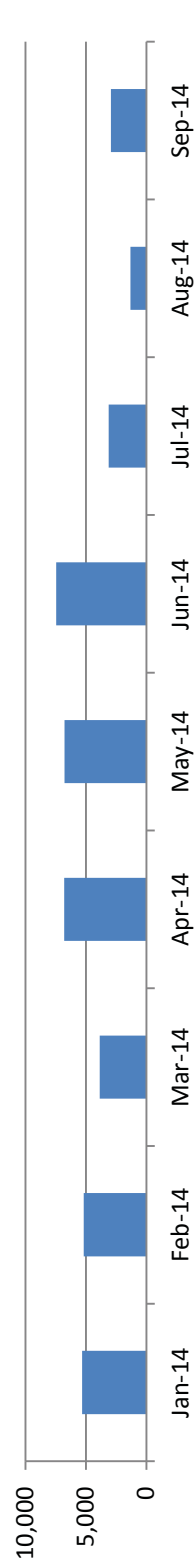
September 2014 Total Membership – 163,360

January through September membership growth – 42,848

GCHP Membership Increase January - September 2014

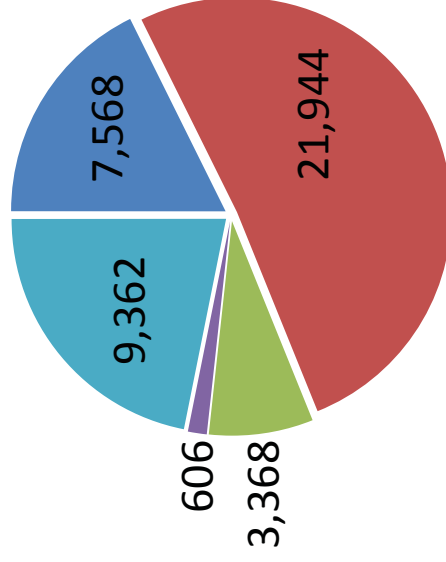


Change from Prior Month



New Membership

GCHP New Membership Breakdown



Note: GCHP Pended eligibility (not shown) – 730 (down 182 from August)

- **Members with aid code 8E – accelerated enrollment which provides immediate temporary, fee-for service, full scope Medi-Cal benefits for ages 65 and under.**

Gold Coast Health Plan



Member Benefit Information

You and Your Medi-Cal Benefits

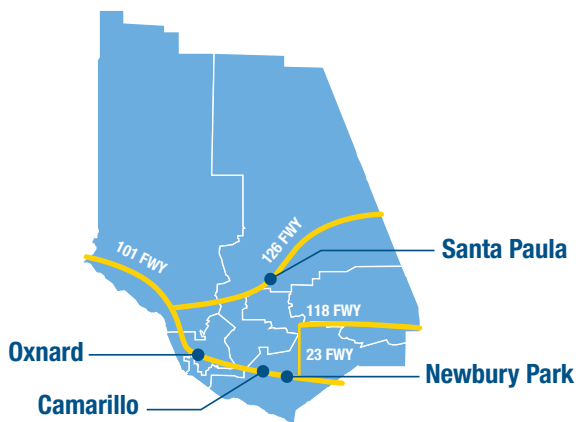
Learn more about Medi-Cal, your GCHP rights and responsibilities and how to:

- Select a Primary Care Provider (PCP)
- Get medical services
- Access dental, vision and other benefits
- Access community resources

Reserve a seat by calling:

805.437.5500

Or come by the meeting of your choice!



Meeting Dates and Locations

Oxnard Library

251 South "A" Street, Oxnard, CA 93030

October 8, 2014, Wednesday: Spanish 4:30 pm, English 6:00 pm
November 8, 2014, Saturday: Spanish 9:30 am, English 11:00 am
November 17, 2014, Monday: Spanish 4:30 pm, English 6:00 pm
December 18, 2014, Thursday: Spanish 4:30 pm, English 6:00 pm

Camarillo – GCHP Office

711 E. Daily Drive, Suite 106, Camarillo, CA 93010

October 15, 2014, Wednesday: Spanish 1:30 pm, English 3:00 pm
November 11, 2014, Tuesday: Spanish 1:30 pm, English 3:00 pm
December 16, 2014, Tuesday: Spanish 1:30 pm, English 3:00 pm

Newbury Park Library

2331 Borchard Road, Newbury Park, CA 91320

October 25, 2014, Saturday: Spanish 2:00 pm, English 3:30 pm

Santa Paula Library

119 North 8th Street, Santa Paula, CA 93060

December 13, 2014, Saturday: Spanish 10:30 am, English 12:00 pm



**Gold Coast
Health Plan**SM
A Public Entity

www.goldcoasthealthplan.org

Gold Coast Health Plan



Información sobre Beneficios para Miembros

Usted y Sus Beneficios de Medi-Cal

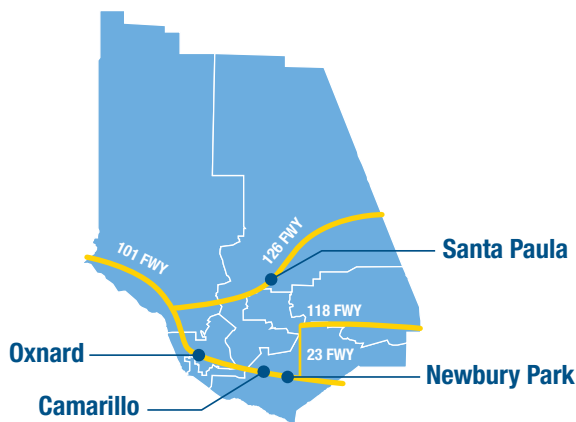
Aprenda más sobre Medi-Cal, sus derechos y responsabilidades como miembro de GCHP y cómo:

- Seleccionar a un Médico de Atención Primaria (PCP, por sus siglas en inglés)
- Obtener servicios médicos
- Acceso a los beneficios dentales, visión y otros
- Acceso a recursos comunitarios

Reserve un lugar llamando al:

805.437.5500

O visítenos durante una junta ¡que usted elija!



Fechas y Lugares de las Juntas

Biblioteca de Oxnard

251 South "A" Street, Oxnard, CA 93030

miércoles, 8 de octubre de 2014: en español a las 4:30 pm, en inglés a las 6:00 pm
sábado, 8 de noviembre de 2014: en español a las 9:30 am, en inglés a las 11:00 am
lunes, 17 de noviembre de 2014: en español a las 4:30 pm, en inglés a las 6:00 pm
jueves, 18 de diciembre de 2014: en español a las 4:30 pm, en inglés a las 6:00 pm

Camarillo – Oficina de GCHP

711 E. Daily Drive, Suite 106, Camarillo, CA 93010

miércoles, 15 de octubre de 2014: en español a la 1:30 pm, en inglés a las 3:00 pm
martes, 11 de noviembre de 2014: en español a la 1:30 pm, en inglés a las 3:00 pm
martes, 16 de diciembre de 2014: en español a la 1:30 pm, en inglés a las 3:00 pm

Biblioteca de Newbury Park

2331 Borchard Road, Newbury Park, CA 91320

sábado, 25 de octubre de 2014: en español a las 2:00 pm, en inglés a las 3:30 pm

Biblioteca de Santa Paula

119 North 8th Street, Santa Paula, CA 93060

sábado, 13 de diciembre de 2014: en español a las 10:30 am, en inglés a las 12:00 pm



**Gold Coast
Health Plan**SM
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www.goldcoasthealthplan.org

AGENDA ITEM 5

To: Gold Coast Health Plan (GCHP) Consumer Advisory Committee

From: Anne Freese, Pharm.D., Director of Pharmacy

Date: September 17, 2014

RE: Changes to the Pharmacy Processing System

SUMMARY:

Effective October 1, 2014, the pharmacy benefits manager (PBM), Script Care LTD., will be making changes to its processing system to correct errors identified in the processing of Medicare Part D eligible drugs and prescription claims for members with Share of Cost (SOC). Specifically, the PBM will no longer allow coordination of benefits for Medicare Part D claims for Medicare Part D eligible members. Additionally, the PBM will be able to identify members who have not yet met their SOC and reject pharmacy claims for those members until their SOC has been met.

DISCUSSION:

Medicare Part D

The PBM's processing system was set-up to allow the member cost share (copay or co-insurance) of Medicare Part D drugs to be billed to GCHP. Federal law states that Medicaid cannot cover Part D drugs (including any cost sharing) for full-benefit dual eligible individuals who are eligible to receive Medicare Part D. (See 42 U.S.C. § 1396u-5(d)(1).) State law adopts this federal requirement through provisions in 1) State statute; 2) the State Plan; and 3) through the Department of Health Care Services' (DHCS) Medi-Cal Managed Care contract. (See California Welfare and Institutions Code § 14133.23; see also Attachment 3.1.B.1 to the California State Plan Under Title XIX of the Social Security Act; and see also DHCS Medi-Cal Managed Care Contract, Exhibit E, Attachment 1, Definition of "Covered Services," subsection T.)

As of October 1, 2014, the PBM will block all claims for Medicare Part D drugs for a member who is eligible for Medicare Part D. The system will provide a rejection message indicating that the drug is an eligible Part D drug and that the pharmacy must bill Medicare/collect the copay from the member. All claims for non-Part D drugs will still be eligible for coverage through GCHP such as vitamins and minerals (except prenatal vitamins and fluoride), over-the-counter drugs, and drugs used to treat the symptomatic relief of a cough or cold.

Share of Cost

Previously, the PBM was only able to identify members who had SOC, not if or when the SOC was met. Due to this shortcoming, the PBM was allowing all claims for SOC members to pay as long as the claim met all the GCHP formulary rules and requirements regardless of SOC

status. Medi-Cal rules state that members with SOC must pay, or agree to pay, a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits.

As of October 1, 2014, the PBM will know when a member had met their SOC. Due to this, the PBM's system will reject any prescription claim for a SOC member who has not met their SOC. The pharmacies will receive a rejection stating that the member has SOC and that the SOC has not yet been met. The reject message will also direct the pharmacies to verify the SOC with Medi-Cal. The pharmacies are able to access the Medi-Cal eligibility verification system through the Point of Service (POS) device, Automated Eligibility Verification System (AEVS), state-approved vendor software, and the Medi-Cal website on the internet at www.medi-cal.ca.gov.

MEMBER IMPACT:

Medicare Part D

For members who are eligible to receive Medicare Part D, they will be required to pay the copay for their eligible Part D drugs. Because these members have both Medicare and Medicaid, they are automatically enrolled in the Extra Help program offered by Medicare. This program lowers their premiums and deductibles to \$0 and offers copays of no more than \$2.55 for each generic drug and \$6.35 for each brand name drug.

Share of Cost

For members with SOC, these members will be required to meet their SOC before they can obtain their prescription drugs through GCHP. An individual's SOC is dependent upon the amount of income they receive above "maintenance need" levels determined by the county welfare department.

COMMUNICATION:

Due to the member impact, GCHP is conducting member notification via member mailings that include FAQs. The communication is on-going. Samples of the member communication materials are included in the following pages.

Additionally, GCHP is conducting provider notification via the Provider Operations Bulletin, the Pharmacy Newsletter, and via pharmacy fax blasts.

Finally, GCHP is working to identify all members who are considered Medicare Part D eligible, but have not yet signed up with a Medicare Part D plan. Those members will receive communication encouraging them to sign-up for a Medicare Part D plan and will provide information on community resources that can help them with that process.



Date

<LAST NAME>, <FIRST NAME>
<ADDRESS 2>
<ADDRESS 1>
<CITY>, <STATE> <ZIP>

<MEMBER ID>

Dear <FIRST NAME> <LAST NAME>,

During an audit, Gold Coast Health Plan (GCHP) found a system error. This error incorrectly paid the Medicare Part D copay for drugs.

Federal law states that Medicaid plans cannot pay for these drugs. This includes any cost sharing.

GCHP will be fixing the system on October 1, 2014. Because of this change, you may have to pay a small cost for your Medicare Part D drugs after this date.

After October 1, 2014, GCHP will only cover the cost of drugs that are not part of Medicare Part D. Some of these products are listed below:

- Over-the-counter (OTC) products
- Drugs used to treat the symptoms of a cough or cold
- Prescription vitamins and minerals, except prenatal vitamins and fluoride (these are covered under Medicare Part D)

We have included a list of frequently asked questions.

If you have any questions, please contact Gold Coast Health Plan Member Services at 888-301-1228, TTY 888-310-7347.

Sincerely,

Gold Coast Health Plan

Fecha

<LAST NAME>, <FIRST NAME>
<ADDRESS 2>
<ADDRESS 1>
<CITY>, <STATE> <ZIP>

<MEMBER ID>

Estimado(a) <FIRST NAME> <LAST NAME>,

Durante una auditoría, Gold Coast Health Plan (GCHP) descubrió un error en el sistema. Este error pagó incorrectamente el copago para medicamentos de Medicare Parte D.

La Ley Federal indica que los planes de Medicaid no pueden pagar por estos medicamentos. Esto incluye cualquier costo compartido.

GHCP arreglará el sistema el 1o. de octubre de 2014. Debido a este cambio, usted podría tener que pagar un pequeño costo de sus medicamentos de Medicare Parte D después de esta fecha.

Después del 1o. de octubre de 2014, GCHP sólo cubrirá el costo de los medicamentos que no son parte de Medicare Parte D. Algunos de estos productos son los siguientes:

- Productos de venta libre (sin receta médica)
- Medicamentos utilizados para tratar los síntomas de la tos o resfrío
- Vitaminas y minerales que requieren receta médica, excepto vitaminas prenatales y fluoruro (éstos están cubiertos bajo Medicare Parte D)

Hemos incluido una lista de las preguntas más frecuentes.

Si tiene alguna pregunta, por favor póngase en contacto con Servicios para Miembros de Gold Coast Health Plan al 888-301-1228, TTY 888-310-7347.

Atentamente,

Gold Coast Health Plan



Frequently Asked Questions About Medicare and Medi-Cal

What is Medicare Part D?

Medicare Part D is the program under Medicare that offers drug coverage to everyone with Medicare. It was established by the Medicare Prescription Drug, Improvement and Modernization Act (MMA).

How do I know if I have Medicare Part D?

You should have received documents about your benefits, and what drugs are covered. If you are not sure if you have a Medicare Part D plan, call Medicare at 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048.

Why do I have to pay for my medications if I have both Medicare and Gold Coast Health Plan?

Federal law, 42 U.S.C. § 1396u-5(d)(1) states that Medicaid cannot cover Part D drugs, including any cost-sharing for individuals who are eligible for both Medicaid and Medicare Part D.

What if my Medicare Part D plan and Medi-Cal will not pay for my medication?

If a medication that you are taking is not covered by your Medicare Part D plan, you should contact the Medicare Part D plan to ask for an exception.

If I ask for an exception from Medicare to pay for my medication, does my doctor need to do anything?

Yes, your doctor will need to fill out a request asking the plan to cover the cost of your medication for you.

If I cannot afford the Medicare copay, how will I get my medications?

If you have both Medicare and Medi-Cal, you have Extra Help that lowers your copays, monthly premium and deductibles. You will pay a small amount out of pocket.



**Gold Coast
Health Plan**SM
A Public Entity

Preguntas frecuentes sobre Medicare y Medi-Cal

¿Qué es Medicare Parte D?

Medicare Parte D es el programa bajo Medicare que ofrece cobertura de medicamentos a todas las personas con Medicare. Fue establecido por el Acto de Modernización y Mejora de Medicamentos de Venta Bajo Receta de Medicare (MMA por sus siglas en inglés).

¿Cómo sé si tengo Medicare Parte D?

Usted debe haber recibido documentos acerca de sus beneficios, y qué medicamentos están cubiertos. Si usted no está seguro si tienes un plan de Medicare Parte D, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048.

¿Por qué tengo que pagar por mis medicamentos si tengo tanto Medicare como Gold Coast Health Plan?

La Ley Federal, 42 U.S.C. § 1396u-5(d)(1) indica que Medicaid no puede cubrir medicamentos de la Parte D, incluyendo cualquier participación en los costos para los individuos que son elegibles para tanto Medicaid como Medicare Parte D.

¿Qué pasa si mi plan de Medicare Parte D y Medi-Cal no pagan mi medicamento?

Si un medicamento que está usted tomando no está cubierto por su plan de Medicare Parte D, usted debe comunicarse con el plan de Medicare Parte D para solicitar una excepción.

¿Si le pido una excepción a Medicare para que pague mis medicamentos, mi médico necesita hacer algo?

Sí, su médico tendrá que llenar una solicitud pidiendo al plan que le cubra a usted el costo del medicamento.

¿Si no puedo pagar el copago de Medicare, ¿Cómo obtengo mis medicamentos?

Si usted tiene Medicare y Medi-Cal, usted tiene una Ayuda Adicional que reduce sus copagos, sus primas mensuales y deducibles. Usted tendrá que pagar una pequeña cantidad de su bolsillo.



**Gold Coast
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Frequently Asked Questions About Medicare and Medi-Cal

How much will I pay for my medications(s) if I have Medicare?

You will pay no more than \$2.55 for each generic and \$6.35 for each brand-name covered drug in 2014.

What should I do if I cannot afford to pay for my medications?

Some Medicare Part D plans offer many drugs at no cost. You should contact your Medicare Part D plan to see if there are other drugs that have a lower copay.

What if the drug(s) are excluded from Medicare Part D?

GCHP may cover some medication(s) for you. Call Gold Coast Health Plan Member Services at 888-301-1228, TTY 888-310-7347 for more information.

What medications are covered by GCHP?

Generally, only the following groups of drugs will be covered by GCHP:

- *Over-the-counter (OTC) medications*
- *Drugs used to treat a cough or cold*
- *Drugs used for weight loss or weight gain*
- *Prescription vitamins and minerals, except for prenatal vitamins and fluoride*

What about all the drugs that GCHP has already paid for? Will I need to pay you for those?

No, GCHP should not have paid for the Part D drugs. However, GCHP will not be asking for you to pay for those copays that have already been paid. On October 1, 2014, the system will be fixed and you will have to pay your Medicare Part D copays.



**Gold Coast
Health Plan**SM
A Public Entity

Preguntas frecuentes sobre Medicare y Medi-Cal

¿Cuánto tendré que pagar por mis medicamentos si tengo Medicare?

Usted pagará no más de \$2.55 por cada medicina genérica y \$6.35 por cada medicamento de marca cubierto en el año 2014.

¿Qué debo hacer si no puedo pagar mis medicamentos?

Algunos planes de Medicare Parte D ofrecen muchos medicamentos sin costo alguno. Usted debe comunicarse con su plan de Medicare Parte D para ver si hay otros medicamentos que tengan un copago más bajo

¿Qué pasa si los medicamentos están excluidos de Medicare Parte D?

GCHP puede cubrir alguno (s) de sus medicamentos. Llame a Servicio a Miembros de Gold Coast Health Plan al 888-301-1228, TTY 888-310-7347 para más información.

¿Qué medicamentos están cubiertos por GCHP?

Por lo general, sólo los siguientes grupos de medicamentos serán cubiertos por GCHP:

- *Productos de venta libre (sin receta médica)*
- *Medicamentos utilizados para tratar tos o resfrío*
- *Medicamentos utilizados para bajar de peso o aumentar de peso*
- *Vitaminas y minerales que requieren receta médica, excepto vitaminas prenatales y fluoruro*

¿Qué pasa con todos los medicamentos que GCHP ya pagó? ¿Se los tendré que pagar a ustedes?

No, GCHP no debería haber pagado por los medicamentos Parte D. Sin embargo, GCHP no le pedirá a usted que pague por los copagos que ya han sido pagados. El 1o. de octubre de 2014, el sistema será arreglado y usted tendrá que pagar sus copagos de Medicare Parte D.



Date

<LAST NAME>, <FIRST NAME>
<ADDRESS 2>
<ADDRESS 1>
<CITY>, <STATE> <ZIP>

<MEMBER ID>

Dear <FIRST NAME> <LAST NAME>,

Gold Coast Health Plan (GCHP) wants to provide you with some additional information regarding your benefits and Share of Cost.

We have included a list of frequently asked questions.

If you have any questions, please contact Gold Coast Health Plan Member Services at 888-301-1228, TTY 888-310-7347.

Sincerely,

Gold Coast Health Plan

SAMPLE



Frequently Asked Questions About Share of Cost (SOC)

What is Share of Cost (SOC)?

Share of Cost is a monthly dollar you agree to pay for health care services before Medi-Cal starts to pay. This is called “meeting your share of cost.” After you meet your share of cost, Medi-Cal pays for your care the rest of the month.

How much is my Share of Cost?

Your SOC is based upon how much money you make. The more money you make, the higher your SOC.

Are there any benefits or services that Medi-Cal will pay for if I have not met my Share of Cost?

No, Share of Cost applies to all Medi-Cal benefits.

What health care expenses can I apply to my monthly Share of Cost?

All health care expenses incurred at any Medi-Cal provider can be applied to SOC. Even things not covered by Medi-Cal can be used to meet your SOC.

How does Medi-Cal know when I have met my Share of Cost?

After you have paid for the health care service, the Medi-Cal provider needs to apply the amount to your SOC with the state. This is called a “spend-down” transaction.

Do I need to do anything to show the state that I met my Share of Cost?

No, your provider will inform the state through the spend-down transaction. However, GCHP recommends that you should keep your receipts each month until SOC has been cleared in the system.

What if I cannot afford to pay the Share of Cost each month?

If you cannot afford your SOC or do not think that you should have a Share of Cost, you should contact your Medi-Cal case worker.

AGENDA ITEM 6

To: Gold Coast Health Plan Consumer Advisory Committee

From: Dr. Nancy Wharfield, Associate Chief Medical Officer

Date: September 17, 2014

Re: Behavioral Health Update

Behavioral Health Update

Applied Behavioral Analysis (ABA) for the treatment of autism is a new Medi-Cal managed care benefit effective September 15, 2014. Beacon Health Strategies will administer this benefit for Gold Coast Health Plan (GCHP).

What is Applied Behavioral Analysis (ABA)?

ABA uses behavioral modification to improve a patient's social skills. ABA can decrease tantrums, aggression, and stereotypy (repetitive acts) and can increase readiness to interact socially.

Who is eligible for this benefit?

Any Gold Coast Health Plan (GCHP) member aged 0 to 21 diagnosed with Autism Spectrum Disorder (ASD) is eligible for this benefit. The member must have behaviors that significantly interfere with home or community activities and must be medically stable enough to benefit from ABA. (ABA is not a benefit for members residing in Intermediate Care Facilities (ICFs) or who require 24 hour nursing.)

What will happen to members receiving ABA therapy through Tri-Counties Regional Center (TCRC)?

At this time, members receiving ABA therapy through TCRC will continue to receive ABA there. The California Department of Health Care Services (DHCS) is working to develop a plan to transition members to ABA therapy through GCHP in the future.

Who will provide ABA services?

After a diagnostic work-up and prescription from a physician or psychologist is obtained, ABA therapy can be provided by a qualified autism service provider or a service professional or paraprofessional supervised by a qualified autism service provider. Beacon Health Strategies is currently developing a network of ABA providers in Ventura County.

How can a member get connected with an ABA provider?

If your doctor diagnoses autism and prescribes ABA therapy, a referral to Beacon can be made. If a member does not have an autism diagnosis, they can self-refer to Beacon for evaluation and recommendation for ABA therapy if appropriate.

Are any autism services not covered?

Some services will not be covered. These include respite care, custodial care, and educational services. Services cannot duplicate care received by other agencies (such as those outlined in an Individualized Educational Program (IEP) from a Local Educational Agency (LEA)).

Will a member be able to continue to receive care from an ABA provider who is not part of the GCHP network?

If a member has received ABA services from a licensed provider within the preceding 12 months, the member will be able to continue seeing that provider if the provider is willing to contract with GCHP.

What if a member paid out of pocket for ABA services before it was a GCHP benefit?

If a member paid out of pocket for ABA services from a qualified provider from July 7, 2014 through September 14, 2014, they can be reimbursed by submitting proof of the expenditure to the State Fiscal Intermediary. (http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_Conlan.aspx). Reimbursement is only available for services incurred between July 7, 2014 and September 14, 2014.

Are any other autism treatments a benefit under Medi-Cal/GCHP?

At this time, ABA is the only autism treatment benefit under GCHP.