

**Public Meeting of the
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION**

DATE: Monday May 24, 2010
TIME: 3:00-5:00 PM
LOCATION: Ventura County Public Health- 2240 E Gonzales Road Suite 200-Oxnard CA 93036

AGENDA

Item	Documents for Review	Subject	Presenter	Time
1		Call to Order/ Welcome / Roll Call	Michael Powers	3:00-3:05
2 ACTION	Attachment A Meeting Minutes 4-26-2010	Review and Approval- Minutes April 26, 2010	Michael Powers	3:05-3:10
3 ACTION	Attachment B MEMO for Interim Appointments of Staff	Appoint Terrie Stanley as Interim CEO, Alison Sawyer as Interim Clerk of the Board and Dee Pupa as Interim Assistant Clerk of the Board	Supervisor Kathy Long	3:10-3:20
4 ACTION	Attachment C MEMO for Recruitment of CEO/CFO/CMO Compensation Schedule, Job Descriptions	Accept Job Duties, Compensation and Recruitment Process for the position of Chief Executive Officer Accept Job Duties, Compensation and Recruitment Process for the positions of Chief Financial Officer and Chief Medical Officer	Terrie Stanley	
5 ACTION	Attachment D MEMO for Contract with Local Government Services /Regional Government Services	Authorize the Interim CEO to proceed with finalizing a contract with LGS/RGS as vendor for staffing, (as per staffing plan) recruitment, and employee benefits administration	Terrie Stanley	3:20-3:35
6 ACTION	Attachment E(1) MEMO for COHS Insurance Program Attachment E(2) MEMO for COHS Actuarial Services	Authorize Interim CEO to Retain Services of (1) Beecher Carlson Insurance Services LLC to Represent Commission for Insurance Program (2) Milliman for Actuarial Services	Terrie Stanley	3:35-3:45
7 ACTION	Attachment F Statement of Facts /Roster of Public Agencies Filing Form	Authorize Counsel to File Necessary Legal Documents with the Secretary of State for the Operation of the Organization	Terrie Stanley/John Polich	3:45-3:50
8 ACTION	Attachment G MEMO for Administrative Services Vendor Selection	Discussion of Various Options For Operations and Administrative Services and Selection of Vendor. Authorize Interim CEO to Execute Contract with Selected Administrative Services Provider and Pharmacy Benefits Manager	Terrie Stanley/Tim Reilly	3:50-4:20
9 ACTION	Attachment H MEMO on Finance Committee Structure and Function	Approve the Creation of a Finance Committee as a Sub-Committee of the Ventura County Medi-Cal Managed Care Commission / Member Selection	Michael Powers	4:20-4:30
10 Information	Attachment I CCS	California Children's Services Current Status with County Organized Health Systems	Terrie Stanley	4:30-4:40
11		Final Comments from Commissioners	All	4:40-4:50
12		Public Comment/Correspondence	Open	4:50-5:00
13		Adjourn	Michael Powers	5:00

Meeting agenda and documents available at meeting location and at our website www.vchca.org/cohs

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT LAURA AT 805/981-5023. 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

VCMMCC

Commission Meeting Minutes

Ventura County Public Health 2240 E.
Gonzales Road, Suite 200 Oxnard, CA
93036

April 26, 2010

√	Commission Members in Attendance	
√	Michael Powers , Director, Ventura County Health Care Agency	√ Roberto S. Juarez , Chief Executive Officer, Clinicas del Camino Real, Inc.
√	Lanyard Dial, MD , Physician, Ventura County Medical Association	√ Kathy Long , Ventura County Board of Supervisors
√	David Araujo, MD, Director , Ventura County Medical Center Family Medicine Residency Program	√ Tim Maurice , Private Hospitals/Healthcare System
√	Maylee Berry , Medic-Cal Beneficiary Advocate	√ Catherine Rodriguez , Ventura County Medical Health System
√	John Fankhauser, MD , Physician, Ventura County Medical Center Executive Committee.	Vacant , Physician, Clinicas del Camino Real, Inc.
√	Rick Jarvis , Private Hospitals/Healthcare System	

Staff in Attendance	Consultants/Guests in Attendance
Terrie Stanley , Health Care Agency (HCA) Director Managed Care	Tim Reilly, Pacific Health Consulting Group
Jon Polich , Assistant County Counsel	Javier Portela, California Department of Health Care Services
Dee Pupa , HCA Fiscal Manager	O. Z. Kamara, California Department of Health Care Services
Alison Sawyer , HCA Staff/Services Specialist	

AGENDA ITEM / PRESENTER	MOIONS/ MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Terrie Stanley	<ul style="list-style-type: none"> The meeting was called to order at 3:00 p.m. A quorum was present (see Item #2) 	
#2 Welcome and Commission Member Introductions Terrie Stanley	<ul style="list-style-type: none"> Terrie Stanley welcomed everyone to the first meeting of the Ventura County Medi-Cal Managed Care Commission (VCMMCC). Commission Members and Staff introduced themselves, stating 	

AGENDA ITEM / PRESENTERS	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>their names and appointment mandates (members) or support roles (staff).</p>	
<p>#3 Bylaws of the Ventura County Medi-Cal Managed Care Commission Attachment A</p> <p>Terrie Stanley</p>	<ul style="list-style-type: none"> • Ms. Stanley gave a brief summary of the bylaws, highlighting the composition and authority of the Commission as the governing body. • Ms. Stanley called for approval of the bylaws. • Mr. Polich noted that approval of the bylaws was necessary before election of chair and vice-chair as the bylaws provide the authority and the process for this to occur. 	<p>Dr. Dial made the motion to accept the Bylaws; Dr. Araujo seconded.</p> <p>Approved, 10-0</p>
<p>#4 Election of Commission Chair and Vice Chair</p> <p>All</p>	<ul style="list-style-type: none"> • Ms. Stanley called for election of Chair and Vice Chair, as provided for in the Bylaws. 	<p>Supervisor Long made the motion to elect Mike Powers as Chair; Maylee Berry seconded.</p> <p>Approved, 9-1.</p> <p>Dr. Fankhauser made the motion to elect Dr. Lanyard Dial as Vice Chair; Maylee Berry seconded.</p> <p>Approved, 9-1</p>
<p>#5 Brown Act Conflict of Interest</p> <p>John Polich</p>	<p>Information:</p> <ul style="list-style-type: none"> • John Polich presented information on the Brown Act open meeting laws. He highlighted the notice requirement: the agenda must be conspicuously posted 72 hours in advance of the meeting in a public place. Meeting discussions may not stray beyond the parameters set by the agenda. Regular meeting place and time must be communicated. <p>Openness requirements include: meeting must occur in an open accessible facility, ID of those attending shall not be required, the public may make comments before or during item discussion, meeting documents become public documents, (for the most part), and there is a prohibition against serial meetings.</p> <p>He noted that if a meeting is in violation of the open meeting laws, any decisions or actions taken during the meeting may be invalid and subject to action.</p> <ul style="list-style-type: none"> • Mr. Polich presented information on Conflict of Interest. He cited Section 1090 of the Gov't Code and the Political Reform Act. 	

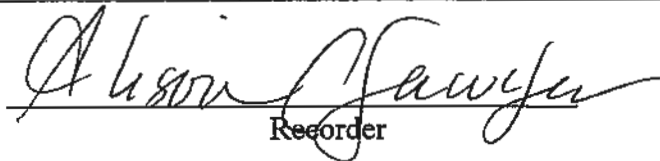
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Section 1090 prohibits officers from entering into a contract in which they have a financial interest. The Political Reform Act prohibits government officials from participating in a decision in which they may have a conflict of interest. He noted that a conflict of interest arises when a particular decision will have a financial impact on the official.</p>	
<p>#6 Orientation to Plan Responsibilities Attachment B</p> <p>Tim Reilly</p>	<p>Information:</p> <ul style="list-style-type: none"> • Consultant Tim Reilly briefed the Commission on the County Organized Health System (COHS) contractual requirements, noting that the Department of Health Care Services (DHCS) contract does include some service exclusions. These are services paid or outside of the contract the COHS will have with the State. The following requirements were included: <ol style="list-style-type: none"> 1. Hiring key staff who be responsible for identified functions – including Chief Executive Officer (CEO), Chief Medical Officer (CMO), Chief Financial Officer (CFO) 2. Establishing sub-committees 3. Establishing delegation oversight for delegated functions. 4. Adopting budget, medical management, administrative, and human resources (HR) policies • Dr. Araujo asked if other Commissions have insurance for their members. Mr. Reilly stated that the Commission would need insurance for its Officers—this will need to be purchased soon. • A sample organizational chart was distributed—Ms. Stanley reminded the Commission that clinical determinations are made by licensed staff. • In reference to potential administrative costs and contract reimbursement, Mr. Reilly commented that revenue can't be projected until rates are received from the state. The Chair recognized Javier Portela from DHCS. Mr. Portela informed the Commission that the state develops rate on current Medi-Care fee-for-service utilization. He noted that rates are currently "in the queue" but could not be given to an entity that didn't exist. He assured the Commission that, now that it is seated, it will have the rates well in advance of the need to negotiate reimbursement. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#7 Authorize Study of Various Options and Return with Recommendation(s) Attachment C</p> <p>Tim Reilly</p>	<ul style="list-style-type: none"> • Mr. Reilly presented a power point addressing the Commission's administrative options. He first summarized the administrative responsibilities and then noted the following three options: <ol style="list-style-type: none"> 1. Hires all its own health plan staff 2. Outsource the major portion of the administrative functions, either to a commercial/public health plan or to a Business Process Outsourcing vendor (with or without risk sharing). 3. Combination of the two. <p>Mr. Reilly noted advantages/disadvantages to each option, including start-up costs, shared risk, and impact on local operational supervision.</p> <p>He informed the Commission that outsourcing can be a transitional strategy and has the advantage of providing an opportunity to work with an experienced partner.</p> <p>Mr. Reilly noted that two entities have approached Ventura County Health Care Agency (VCHCA) to discuss proposals for administrative partnerships – CenCal Health & Affiliated Computer Services (ACS).</p> • In response to a question from Commissioner Rodriguez, Mr. Portela stated that seed money from the state has not been available for a while. • Public comment: Rev R. Bracht recommended that the Commission consider how it wants to move forward—what kind of leadership it wants for Ventura County. • Ms. Stanley discussed some administrative items: contracts in place with Mr. Reilly and his group for consulting services, and with Milliman for actuarial services; establish insurance coverage for officers and commissioners, establishing a brand name (“dba”); and identify physical space for operations to the extent they occur locally. • In response to a question from Commissioner Berry, Ms. Stanley noted that the enabling Ordinance does not specify a timeline. • Mr. Reilly informed the Commission that the COHS must have a CEO, CMO, and CFO. The Commission will determine the staffing mix after that. Mr. Portela noted that the State has certain 	<p>Mr. Juarez made the motion to proceed with staff analyses of: (1) the three administrative options, (2) two identified potential administrative partners, plus one additional potential administrative partner to be identified by staff, and (3) policies, procedures, minimum qualifications and job description for CEO, CMO, CFO, and other staff as necessary; Mr. Powers seconded.</p> <p>Approved, 10-0</p>

AGENDA ITEM/PRESENTER	MOTIONS/MAJOR DISCUSSIONS	ACTION TAKEN
	<p>requirements and the Commission's job is to insure providers & members have a direct connection to the COHS and Commission.</p> <ul style="list-style-type: none"> Public Comment: Dr. De La Garza urged the Commission to not make too many decisions on the administrative model until the CEO, CMO, and CFO are on board. 	
<p>#8 Request - State of California Department of Health Care Services for Contract Regarding Services and Rates for Ventura Attachment D</p> <p>Terrie Stanley</p>	<p>Ms. Stanley noted that one of the items the State has requested is for the Commission, once established, to send a formal letter requesting rates. The letter, which will be signed by the elected Commission Chair, sheds light on the works and accomplishments already done by VCHCA staff, the County Executive Office and the Ventura County Board of Supervisors. Target operational date is six to nine months after rates are received from the State.</p> <p>Commissioner Maurice noted that this timeline was not consistent with that in the hand-out ("CURRENT Planning Activities and Timeline", 4-2010). Ms. Stanley stated that would depend on the choices the Commission makes on administrative approaches. Mr. Reilly noted that with proper pacing in bringing on staff and development of administrative functions, budget and hiring, the Commission may reset timeline in discussions with the State.</p> <p>Public comment: Rev. R. Bracht noted that the process takes a lot of pre-planning with the State.</p> <p>Mr. Portela said that the Commission may approve a different timeline, which the State will analyze and consider. Mr. Reilly suggested that revising the timeline be revisited at a future meeting.</p>	<p>Chairman Powers made a motion to approve the letter for sending to DHCS; Dr. Dial seconded.</p> <p>Approved, 10-0</p>
<p>#9 Commission Meeting Schedule Including Dates, Time and Location Attachment E</p> <p>Michael Powers, Chair</p>	<p>Supervisor Long noted that the last two 2010 meeting dates fall very close to holidays and suggested that they be changed to the Mondays prior to those dates, (from 11/22 to 11/15, from 12/27 to 12/20).</p>	<p>Dr. Araujo made a motion to approve the schedule as amended, Dr. Fankhauser seconded.</p> <p>Approved, 10-0</p>
<p>#10 Other Committees Proposed Composition</p> <p>Terrie Stanley</p>	<p>Ms. Stanley reminded the Commission that two committees are established by ordinance (Member/Consumer and Provider Advisory) and two are required by DHCS contract (Quality/Utilization/Peer Review and Credentials). She noted that other committees are possible including Strategic Planning, Executive, or Finance.</p>	<p>Supervisor Long made a motion to (1) approve the proposed composition/structure of the committees that are (a) set up by the Ordinance, and (b) required</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Reilly commented that there is a distinction between standing committees and ad hoc committees. Most plans have standing executive or finance committees—important issues are brought to them first. Mr. Reilly provided a sample committee structure handout for the Commission's reference.</p> <p>Ms. Stanley suggested that establishment of these other medical provider-based committees could wait until after the CMO is in place.</p>	<p>by DHCS contract, and (2) bring back proposals for executive and finance committee structures when the CEO has been selected.</p> <p>Approved, 10-0</p>
<p>#11 Final Comments from Commissioners</p> <p>All</p>	<ul style="list-style-type: none"> • Supervisor Long commented that she was pleased to be there, noting that there was a lot to the agenda and she expects the next one to be meatier. She appreciated having the State in attendance. She is looking forward to the mission and servicing the clients. • Mr. Juarez commented that it was great to be there. He noted that a lot of work went into preparation and he would like to see Commission members putting items on the agenda. • Chair Powers thanks everyone – the State, the Public, the Commission members. 	
<p>#12 Public Comment/Correspondence</p> <p>Open</p>	<ul style="list-style-type: none"> • Mr. Portela expressed thanks for the invitation to the meeting. He thanked the staff he has been working with – Tim Reilly, Terrie Stanley, and Dee Pupa. He noted that he and Mr. Kamara hope to be at each meeting to support the Commission, and recognized this as a big step for managed care. • Rev. R. Bracht noted that he was pleased to be in attendance and he has faith in the qualifications of the Commission to take this to the next level. 	
<p>#13 Adjourn</p> <p>Michael Powers, Chair</p>	<p>Mr. Powers adjourned the meeting at 5:17 p.m.</p>	

Submitted by:



Recorder

**VENTURA COUNTY
MEDI-CAL
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Michael Powers
VC Health Care Agency
Chair

Dr. Laynard Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

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Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

Tim Maurice
Private Hospital /
Health Care System
St. Johns Reg. Med. Center

Catherine Rodriguez
VCMC Health System

Commission Staff

Terrie Stanley, RN @PHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

Phone: (805) 677-5238
Fax: (805) 677-5203

DATE: May 24, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Kathy Long-Supervisor Ventura County
SUBJECT: Appointment of Interim Staff to the Commission

Recommendation: Approve the following staff on an interim basis to fulfill duties required by the Commission:
Terrie Stanley-Chief Executive Officer
Alison Sawyer-Clerk of the Board
Dee Pupa-Assistant Clerk of the Board

Discussion: Article VIII of the "By-Laws for the Operation of the Ventura County Organized Health System" as passed at the meeting of April 26, 2010 calls for the above staff to perform a variety of duties that include the following:

- Planning, organization and operation of services and facilities;
- Studies of the above related to economy, efficiency and improvement of services;
- Appoint and supervise staff and other individuals as are necessary for operations;
- Retain and appoint necessary personnel,
- Usual duties pertaining to Secretaries
- Cause to be kept, a full and true record of all meetings
- Maintain a record of attendance of members
- Duties of the clerk in the clerk's absence

Currently and for the past year Terrie Stanley has been working on the tasks necessary to establish the COHS Commission. Many of these tasks overlap with those normally done by the CEO. Terrie has over 28 years of health care experience that includes senior level management in a County Organized Health System, Partnership Health Plan of California. The Partnership Health Plan has a membership on par with that expected for the Ventura County COHS. She has brought her experience, skills and drive to the transition of Ventura County to a Medi-Cal Managed Care Program. In order to continue Ms. Stanley's support to the commission, it is recommended that she be officially assigned the duties and responsibilities of CEO on an interim basis. By approving this action, the Commission would allow Ms. Stanley to carry out the requirements of the Commission until such time as a permanent CEO is recruited.

Currently and for the last meeting, Alison Sawyer and Dee Pupa have served as Clerk and Assistant Clerk of the board, respectively. Both have extensive experience with Health Plan operations and activities and are experienced in this capacity as they currently fulfill these roles for the Ventura County Health Care Plan's Executive Committee. In similar fashion to Ms. Stanley, it is recommended that they be appointed on an interim basis as Clerk and Assistant clerk of the COHS commission.

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**VENTURA COUNTY
MEDI-CAL
MANAGED CARE
COMMISSION**

www.vchca.org/colts

DATE: May 24, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley
SUBJECT: Recruitment of Key Senior Leadership Positions

Recommendation:

- Recommendation 1** Accept Job Description, Compensation Package and Recruitment Plan for the Chief Executive Officer
- Recommendation 2** Accept Job Description, Compensation Package and Recruitment Plan for the Chief Medical Officer and Chief Financial Officer

Discussion:

Staffing for key senior leadership positions will be crucial to the success of the County Organized Health System. The CEO will have the responsibility for day to day operations and coordination of all activities of the COHS that will result in outstanding service and program delivery to beneficiaries enrolled in the plan. Under the visionary leadership of this individual, the rest of the executive management staff will carry out the goals and objectives of the Commission. The leadership of this individual is critical to guide policy recommendations and interface with the Commission and the community on issues of importance. The individual selected will need to have the educational background as well as a proven track record as a senior executive in the health care field.

We are proposing to engage the services of Regional Government Services/Local Government Services (RGS/LGS) for the recruitment of the CEO, CFO and CMO. RGS/LGS serves a variety of recruitment and human resource needs for local government agencies across the state of California. The current Director of Human Resources is based in Camarillo and has over 30 years of professional, human resources experience. RGS/LGS can offer support in all areas of human resources, including employee development, training, management coaching, employee retention, strategic planning, employee relations, recruitment, and retention. Their recruitment strategy will begin at the local level with expansion to the State level and national as needed. RGS/LGS will provide the initial screening of all applicants and forward only those who meet the qualifications for potential interview.. We propose that the interview panel be those members of the yet-to-be formed Finance Committee – (agenda item 9). Our goal is to have the initial review of applicants for the CEO position within 30 days.

The CMO and CFO are the two other positions that represent a high priority for recruitment. It is our recommendation that the CEO be in place to assist and participate in these recruitments.

Essential job duties to the CMO include:

- Responsibility for the quality as well as the appropriateness and cost-effectiveness of medical care
- Actively involved in the development of policy related to health promotion and clinical practice guidelines
- Serve on advisory committees and work with community advisory boards on medical issues
- Assist in compliance as required by regulatory agencies

The individual selected will need to possess an M.D. or D.O. degree, a valid California medical license, primary care or specialty board certification with a minimum of 5 years clinical and 2 years of managed care experience. The ideal candidate would have demonstrated expertise in healthcare leadership, managed care experience and exposure to financial services, such as, strategic planning and fiscal oversight of services. Knowledge of the Ventura County Medical Community is preferred.

Essential job duties to the CFO include:

- Provision of financial leadership and management
- Business planning, accounting, budgeting and protection of company assets
- Chief financial spokesperson for the organization
- Partnering with other departmental directors on strategic and technical aspects as related to budget management and cost analysis, forecasting, funding and financial government reporting.

The individual selected will need to have an appropriate educational background leading to a CPA or MBA degree, 10+ years of financial accounting and reporting experience, 3-5 years at a senior executive level. Extensive experience in healthcare, managed care insurance or financial services. Managed Care knowledge and experience required in the areas of capitation, claims, accounting and financial planning.

ATTACHMENTS

Compensation schedule
Position Description-CEO
Position Description-CMO
Position Description-CFO

Executive Compensation
Salary Recommendations for Ventura County Medi-Cal Managed Care Commission Staff

Title	Base Salary
Chief Executive Officer	\$200,000
Chief Medical Officer	\$190,000
Chief Financial Officer	\$175,000

CEO: It is recommended that the initial contract for the CEO have a 3 year term. Performance evaluation and review to be performed at 6 months and annually thereafter. Annual salary review is recommended.

Compensation element	Recruitment	Year One	Year Two	Year Three	Retention
Sign on Bonus	\$20,000				
Relocation	\$5,000				
Base Salary		\$200,000	\$200,000	\$200,000	
Performance based Bonus		\$20,000	\$30,000	\$40,000	
Car allowance		\$6,900	\$6,900	\$6,900	
Salary Total	\$25,000	\$226,900	\$236,900	\$246,900	
Retention Bonus					\$20,000

Sign-on bonus payable in two installments of 50% at time of contract sign and 50% after successful completion of 6 months

Retention bonus to be paid upon successful completion of 3 year contract.

Executive Compensation
Salary Recommendations for Ventura County Medi-Cal Managed Care Commission Staff

CMO: It is recommended that the initial contract for the CMO be an annual contract with renewals. Performance evaluation and review to be performed at 6 months and annually thereafter. Annual salary review is recommended.

Compensation element	Recruitment	Year One	Year Two	Year Three	Retention
Sign on Bonus	\$15,000				
Relocation	\$5,000				
Base Salary		\$190,000	\$190,000	\$190,000	
Performance based Bonus		\$20,000	\$30,000	\$40,000	
Car allowance		0	0	0	
Salary Total	\$20,000	\$210,000	\$220,000	\$230,000	
Retention Bonus					0

Sign-on bonus payable in two installments of 50% at time of contract sign and 50% after successful completion of 6 months

Executive Compensation
Salary Recommendations for Ventura County Medi-Cal Managed Care Commission Staff

CFO: It is recommended that the initial contract for the CFO be an annual contract with renewals. Performance evaluation and review to be performed at 6 months and annually thereafter. Annual salary review is recommended.

Compensation element	Recruitment	Year One	Year Two	Year Three	Retention
Sign on Bonus	\$10,000				
Relocation	\$5,000				
Base Salary		\$175,000	\$175,000	\$175,000	
Performance based Bonus		\$15,000	\$20,000	\$25,000	
Car allowance		0	0	0	
Salary Total	\$15,000	\$190,000	\$195,000	\$200,000	
Retention Bonus					0

Sign-on bonus payable in two installments of 50% at time of contract sign and 50% after successful completion of 6 months

For all Senior Officers and Employees:

Benefit program will be developed with Regional Government Services /Local Government Services (RGS/LGS) to include workers compensation, medical, dental, vision, employee assistance program, life insurance, short and long term disability, and retirement in the form of 401(a) and 457 plans.

**Executive Compensation
Salary Recommendations for Ventura County Medi-Cal Managed Care Commission Staff**

Average Ranges of 5 California COHS surveyed*:

Title	Minimum	Maximum
Chief Executive Officer	\$260,000	\$437,500(1)

* March 2010 enrollees per plan range from 58,000-352,000

Average Ranges of 9 California Local Initiatives surveyed*:

Title	Minimum	Maximum
Chief Executive Officer	\$201,000	\$362,250

* March 2010 enrollees per plan range from 37,000-805,000

Salary Survey: "The Warren Surveys,"* Fall 2009:

TITLE	Category	Median Salary
Chief Executive Officer	Not- for-Profit	\$323,500
Chief Medical Officer		\$280,000
Chief Financial Officer		\$224,000

**Warren Surveys* (formerly known as Henry W. Warren & Associates) was established 27 years ago by Henry W. Warren, a former employee of HCFA (Health Care Financing Administration) who was in on the ground floor of reviewing Federal Qualification Applications for HMO start-up organizations in the early seventies. Recognizing the need for a reliable source of benchmark salary information unique to HMOs, he developed and conducted the first ever HMO compensation survey, entitled *The HMO Executive Salary Survey*. In 1986, the survey was purchased by DeMarco & Associates, Inc., an Illinois based corporation and today is known as *Warren Surveys*. The HMO Salary Survey is the most widely known and most comprehensive tool for salary administration and staff retention not only within HMOs, but the managed care industry as a whole. The HMO Salary Survey now covers 195 positions and includes over 350 participating organizations representing 1125 locations nationwide. <http://www.demarcowarren.com>

- (1) INCLUDES: base salary @ \$350,000 and 20% bonus program
EXCLUDES: car allowance, medical benefits and retirement package

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Michael Powers
VC Health Care Agency
Chair

Dr. Laynard Dial
Physician
VC Medical Association
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VCMC Family Medicine
Residency Program Director

May Lee Barry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real
Inc.

Dr. John Fankhauser
Physician
VCMC Executive
Committee

Rick Jarvis
Private Hospital /
Health Care System
Los Robles Hospital

Roberto S. Juarroz CEO
Clinicas Del Camino Real
Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

Tim Maurice
Private Hospital /
Health Care System
St. John's Reg. Med. Center

Catherine Rodriguez
VCMC Health System

Commission Staff

Terrie Stanley, RM, CPHQ,
MPA

2325 Koali Dr.
Ventura, Ca. 93003

Phone: (805) 677-5288
Fax: (805) 677-5208

POSITION DESCRIPTION

POSITION TITLE: Chief Executive Officer
JOB STATUS: Exempt
REPORTS TO: Ventura Managed Care Commission Board

SUMMARY

Under the authority of the by-laws and the policies of the board of directors, the Chief Executive functions to implement the strategic goals and objectives of the organization through the provision of direction and leadership of staff concerning achievement of the organization's philosophy, mission, strategy, annual goals and objectives and meeting financial targets. This role is key in development of metrics which will measure performance to the approved goals. These will be accomplished through organizational development; liaison with the public, government, affiliated organizations, and other stakeholders.

MAJOR FUNCTIONS / ACCOUNTABILITIES

- Board Administration and Support - Develop and provide appropriate policy recommendations for consideration by the board. This will be accomplished by advising and informing Board members and interfacing between Board and staff. Support operations and administration of the Board through the timely provision of proposed agendas for board meetings which are reflective of issues, opportunities, and priorities. Provide a written report for all board meetings.
- Program, Product and Service Delivery - Oversees design, marketing, promotion, delivery and quality of programs, products and services and ensures the development of priority plans, performance measurements, management controls, and critical success factors.
- Financial, Tax, Risk and Facilities Management - Review approved plans and budgets as part of the annual planning and budgeting cycle. Present recommendations to the board of directors and/or the appropriate committee and ensure items are reflective of prudent management of the organization's resources and within budget guidelines according to current state and federal laws and regulations.

- **Human Resource Management** - Effectively manages the human resources of the organization according to authorized personnel policies and procedures that fully conform to current laws and regulations and which deliver services, programs and information most beneficial to members and providers and reflective of the cultural diversity of the population served. Responsible for the hiring and release, of the employees and the establishment of compensation and benefits in accordance with policy and/or approved budgets.
- **Community and Public Relations** - Assures the organization and its mission, programs, products and services are consistently presented in strong, positive image to relevant stakeholders.
- **Mission, Vision, Values** - Provides leadership in the development of the statement of vision, mission, and goals, and the corresponding strategies, plans, and budgets to achieve them.
- **Non-voting director and officer.** The CEO is also a non-voting ex officio member of all committees, councils, task forces, and other forums appointed or established by, and accountable to, the board of directors.
- Perform such other duties as are prescribed in writing from time to time by the board of directors.

BREAKDOWNS OF MAJOR ROLES

Visionary Leader - 50%

- Advise the Board
- Advocate / promote organization and stakeholder change related to organization mission.
- Looks to the future for change opportunities.
- Support motivation of employees in organization products/programs and operations.
- Interface between Board and employees.
- Ensure staff and Board have sufficient and up-to-date information.
- Interface between organization and community.

Decision Maker - 20%

- Formulates policies and planning recommendations to the Board.
- Decides or guides courses of action in operations by staff.

Manager - 20%

- Oversees operations of organization.
- Implements plans.
- Manages human resources of organization.
- Manages financial and physical resources.

Board Developer - 10%

- Assists in the selection and evaluation of board members.
- Makes recommendations, supports Board during orientation and self-evaluation.
- Supports Board's evaluation of Chief Executive.

QUALIFICATIONS

- BA Degree from an accredited four year college or university, advanced degree in health care or public administration required.
- 10+ years as a senior level executive in the health care field required.
- Extensive experience in healthcare, managed care insurance or financial services. Managed Care knowledge and experience required in the areas of provider contracting and negotiations, claims, fiscal management and medical services.
- Able to manage and mentor a staff of senior executives including, assigning and directing work, addressing issues and resolving conflicts.
- Effectively interact with the board of directors-experience with boards and presentations is required.
- Strong working knowledge and understanding of sound leadership and ability to think and act strategically.
- Proven capability in leadership and persuasion.
- Proven track record of ability to develop constructive and cooperative working relationships with others, and maintaining them over time.
- Excellent communication and interpersonal skills, must be able to effectively relay complicated and detailed information up and down the organizational chain.
- Strong attention to detail and ability to multi-task.

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VC Health Care Agency
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Dr. Leonard Dlat
Physician
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Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Ghawla
Physician
Clinicas Del Camino Real
Inc.

Dr. John Fankhauser
Physician
VCMC Executive
Committee

Rick Jurek
Private Hospital /
Health Care System
Los Robles Hospital

Roberto S. Jimenez, CEO
Clinicas Del Camino Real
Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

Tim Maurice
Private Hospital /
Health Care System
St. John's Bay Med. Center

Catherine Rodriguez
VCMC Health System

Commission Staff

Tacita Stanley, RN, CPHQ,
MHA

3333 Kusch Dr.
Ventura, Ca. 93003

Phone: (805) 677-5238
Fax: (805) 677-5203

POSITION DESCRIPTION

POSITION TITLE: Chief Financial Officer
JOB STATUS: Exempt
REPORTS TO: Chief Executive Office

Responsibilities include financial analysis, budgeting, productivity and benchmarking, reimbursement cost analysis, managed care risk report and analysis.

The Chief Financial Officer (CFO) is responsible for providing financial leadership and management in the areas of: business planning, accounting, budgeting, sound fiscal management of company operations and protection of company assets. The individual must have a solid background in financial planning, providing corporate direction, developing and implementing policies and the operation of financial services and accounting practices. This position provides both operational and programmatic support to the organization. The CFO supervises the finance unit and is the chief financial spokesperson for the organization. The CFO reports directly to the President/Chief Executive Officer (CEO) and directly partners with the departmental directors on all strategic and tactical matters as they relate to budget management, cost benefit analysis, forecasting needs and the securing of new funding.

The CFO is charged with meeting financial, business and strategic goals; financial analysis, budgeting, productivity and benchmarking, reimbursement cost analysis, managed care risk reporting and analysis; improving organizational productivity and cost-control; manage cash flow, purchasing, invoices and expenses; and meet the demanding requirements of our governing board, contracted entities as well as state and /or government regulations.

DUTIES AND RESPONSIBILITIES:

Directly oversees staff

- Oversee financial performance and reporting activities, ensure compliance with contract requirements and financial reporting rules and regulations.
- Oversee the preparation of accurate financial statements and related schedules in accordance with generally accepted accounting principles and in support of corporate reporting needs.
- Work with the CEO and other Executive Leadership on the strategic vision including fostering and cultivating stakeholder relationships, as well as assisting in the development and negotiation of contracts.
- Prepare accurate and timely financial statements, reports and analysis, establishing corrective action measures when applicable. Following internal review, discussion and approval, present results to internal or external stakeholders and/or regulatory constituents as applicable.
- Prepares accurate and timely financial budgets and forecasts. Following internal review, discussion and approval, presents results to internal or external stakeholders and/or regulatory constituents as applicable.
- Provide accurate, timely and insightful responses/analysis to constituents regarding various ad-hoc projects and initiatives.
- Manage the annual external audit process from start to implementation of corrective action
- Oversee and manage financial planning and analysis process in support of the Company's business requirements including the annual budget and reforecast
- Support the Company's business development efforts by providing financial expertise and analysis
- Develop and implement finance, accounting, billing and auditing procedures
- Develop, implement and oversee a decision support team to provide timely and accurate reporting and analysis in support of company strategic and business efforts
- Responsible for decision making as to significant matters that impact financial reporting and accounting policy matters, both on a GAAP and Statutory basis, as well as overseeing operational aspects of addressing such issues.
- Evaluates and analyzes the accounting and reporting aspects (GAAP/Statutory) of key business strategies
- Builds effective teams across the organization and assist in ensuring appropriate staffing and development for staff succession.

- Knowledge of laws, legal codes, precedents, government regulations, executive orders, agency rules, as they relate to Managed Care, Medicaid and other lines of company business.
- Ensure adequate controls are installed and that substantiating documentation in order to pass independent state, governmental and regulatory audits.
- Monitor banking activities of the organization.
- Ensure adequate cash flow to meet the organization's needs.
- Knowledge of tax and treasury functions is essential.

QUALIFICATIONS:

- BA Degree from an accredited four year college or university, CPA or MBA required.
- 10+ years financial accounting and reporting experience, 3-5 years as a C-level executive, required.
- Extensive experience in healthcare, managed care insurance or financial services. Managed Care knowledge and experience required in the areas of capitation, claims, accounting and financial planning.
- Able to manage and mentor a diverse staff including training employees, assigning and directing work, addressing issues and resolving conflicts.
- Effectively present complex financial information to executive management and board of directors.
- Strong working knowledge and understanding of sound accounting principals including GAAP; able to use sound judgment and apply to department situations.
- Developing constructive and cooperative working relationships with others, and maintaining them over time.
- Excellent communication and interpersonal skills, must be able to effectively relay complicated and detailed information up and down the organizational chart.
- Identifying the underlying principles, reasons, or facts of information by breaking down information or data into separate parts.
- Strong attention to detail.
- Proven capability in leadership and persuasion.
- Advanced computer skills that include MS Office products

VENTURA COUNTY
MEDICAL
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Michael Powers
VCHCA Health Care Agency
Chair

Dr. Leonard Dial
Physician
VCHCA Medical Association
Vice Chair

Dr. David Araujo
VCHCA Family Medicine
Residency Program Director

May Lee Berry
Med-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinica Del Camino Real
Inc.

Dr. John Fankhauser
Physician
VCHCA Executive
Committee

Mark Jarvis
Private Hospital /
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinica Del Camino Real
Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

Tim Maurice
Private Hospital /
Health Care System
St. Johns Reg. Med. Center

Catherine Rodriguez
VCHCA Health System

Commission Staff

Tarrin Stanley, RN, CPHQ,
MPA

2323 Kool Dr.
Ventura, Ca. 93003

Phone: (805) 677-5210
Fax: (805) 677-5200

POSITION DESCRIPTION

POSITION TITLE: Chief Medical Officer
JOB STATUS: Exempt
REPORTS TO: Board for Medical
Duties for Chief Executive Officer for
Administrative Duties

POSITION PURPOSE

As the principal manager of medical care, the Chief Medical Officer is responsible for the appropriateness and quality of medical care delivered and for the cost-effectiveness of the utilization of service.

DUTIES AND RESPONSIBILITIES

A. Quality Improvements (QI) – 20%

- Oversee the performance of the Associate Medical Director and Quality Improvement Department.
- Is responsible for the oversight and implementation of the quality improvement of the health plan.
- Is actively involved in the development of plans for and policy development related to health promotion of beneficiaries and continuing education programs for providers.
- Participates in the grievance process regarding quality of care issues.
- Serves on Advisory Committees and Credentials Committee. The Director works with community provider committee(s) and advisory boards on medical issues and policies as needed.
- Assist in the development of clinical practice guidelines and participates in their implementation to reduce undesirable variation in clinical practice.
- Collaborates with outside agencies including the California Department of Health Care Services and other providers of care to ensure appropriate coordination of care for plan members.
- Oversees QI projects and prioritizes the resources to optimize the use of those resources to improve care and service to members in order to maximize effectiveness.
- Monitors the effectiveness of QI activities including determination of return on investment.
- Makes presentation to appropriate audiences regarding the QI activities.
- Oversees the Complaints/Grievance/Appeal/State Hearing functions and reporting.
- Assists in compliance with regulatory requirements as required by DMHC, CMS, DHCS, and/or accreditation agencies.

B. UTILIZATION MANAGEMENT (UM) – 45%

- Assists in medical claims review to determine medical necessity, appropriateness of services, interprets benefits and limitations, and reviews claims, which are questionable in dollar amount and volume or scope of service. Assures that care is at all times at an acceptable level of quality.
- Confers with and counsels participating physicians who have questionable patterns of utilizing inpatient or ancillary services, referrals, and emergency room visits which are identified from ongoing review or retrospective data analysis.
- Assists in formulation of health service utilization and cost forecasts with ongoing responsibility to monitor and execute controls designed to meet budgeted targets. Works to meet critical success indicators of performance, including bed days.
- Ensures compliance with established criteria and protocols, policies and procedures.
- Participates in internal/external audits, oversees the physician component of the audits and assists with development of corrective action plans as needed.
- Determines the medical necessity of in-patient and out-patient service including pharmacy services listed on the Medi-Cal or Treatment Authorization Request (TAR) list using adopted Plan criteria.
- Evaluates services as Medi-Cal benefits as outlined in the Title 22, Medi-Cal Provider or Plan Manual policies and procedures.
- Reviews medical records or other required documentation of medical necessity to determine appropriateness prior to authorizing a service.
- Works with other departments and assists in resolving issues relating to HS issues.
- Assists staff and providers with the interpretation of Medi-Cal and Plan policies, procedures and regulatory requirements.
- Promotes the continuous improvements process and recommends changes in the UM process.

C. ADDITIONAL DUTIES AND RESPONSIBILITIES - 20%

- Participates in and leads special projects and assignments as required.
- Assists the Provider Relations Department with provider issues as appropriate and in development contracting agreement as necessary.
- Provides medical direction for Case Management/Health Education program and other care management activities.

D. PHARMACY SECTIONS OF THE HEALTH SERVICE DEPARTMENT – 15%

- To assure appropriate level of drug utilization by our members:
 - Conduct Academic Detailing as needed or appropriate.
 - Closely coordinate with PBM to utilize resources for effectively managing the Pharmacy function.

HIRING CRITERIA

Education and Experience	MD/DO degree from an accredited program preferably in a primary care specialty; minimum two (2) years experience in a managed care plan Preferred with duties comparable to those listed above, and experience administering medical programs. Board certified in specialty. Minimum of 5 years clinical/medical practice experience. Knowledge of QI and UM resources management procedures. Experience with and acceptance of managed health care delivering systems and philosophy. Meets all criteria required of particular physicians including a local medical license.
Special Skills, License and Certifications	Knowledge of California Medi-Cal programs. Familiarity with the Ventura County Medical Community preferred. Valid California Physicians and surgeons' license. Valid California Driver's license.
Competencies	Excellent leadership skills to provide strategic direction to the organization and to establish short and long goals. Excellent written and oral communication skills. Excellent inter-personal skills to develop and achieve goals and objectives. Ability to handle varying situations with tact and diplomacy.
Work Environment And Physical Demands	Must be able to work in a fast paced environment and maintain courtesy and composure when dealing with internal and external customers: Ability to prioritize work load and initiate action required needed information from professionals by phone. Ability to function effectively with frequent interruptions and directions from multiple team members. Must be able to operate a vehicle used for company business. Ability to move about the department freely. Ability to use computer and related software in a competent, efficient manner.

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Private Hospital /
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St. Johns Reg. Med. Center

Catherine Rodriguez
VCMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

1323 Knoll Dr.
Ventura, Ca. 93003

Phone: (805) 677-5238

Fax: (805) 677-5203

DATE: May 24, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley
SUBJECT: Authorize the Interim CEO to contract with Local Government Services/Regional Government Services (LGS/RGS) for recruitment, staffing, and employee benefit administration

Recommendation:

- | | |
|------------------|---|
| Recommendation 1 | Review and accept staffing plan for the Ventura COHS for services that are not included in the Administrative Services Agreement |
| Recommendation 2 | Direct CEO to execute a contract with Regional Government Services/Local Government Services for recruitment of personnel and benefit package development |

Discussion:

Regional Government Services/Local Government Services (LGS/RGS) is an entity that currently serves other local government agencies across the state of California. They were initially established in 2001 and will work with Ventura to quickly ramp up staffing, recruit personnel and develop a benefit package to be able to offer employees. The current Director of Human Resources has over 30 years of human resources experience including employee development, training, management coaching, employee retention, strategic planning, employee relations and recruitment. Their recruitment strategy involves beginning at the local level with expansion to the State level and national as needed. They will provide the initial screening of all applicants and forward only those who meet the qualifications for interview. They can handle all aspects of administration for both staff and benefits. Their pricing for services, based on a flat rate per employee, is extremely competitive and less than 2% of the total cost of payroll.

In representing a variety of organizations, they have the leverage to negotiate benefits that are comparable to rates offered by large employer groups in all areas including: workers compensation, Medical, Dental and Vision plans, Life Insurance, Short and Long-Term Disability, Employee Assistance Programs and retirement products.

ATTACHMENTS

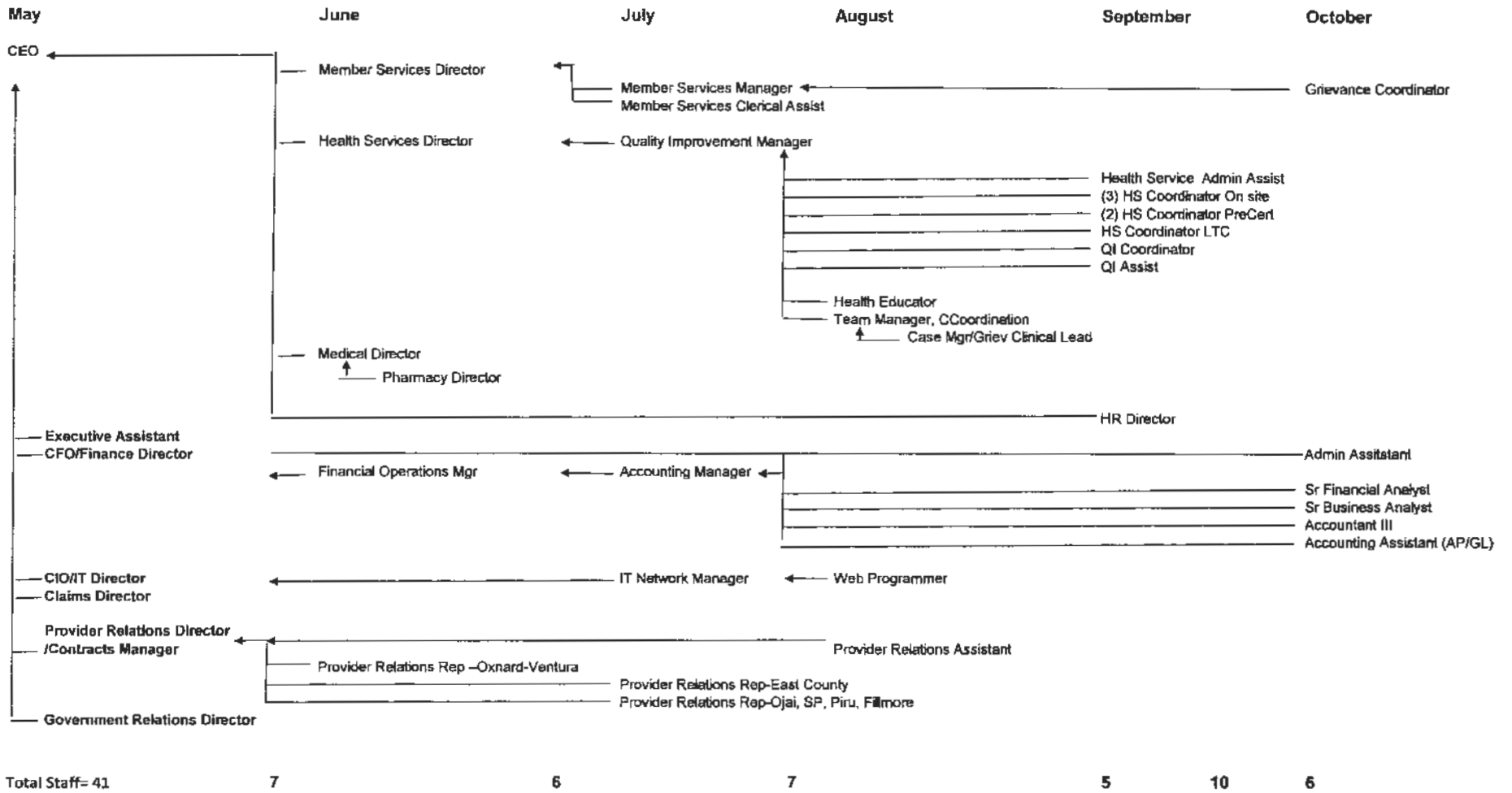
Staffing Plan
LGS/RGS Contract

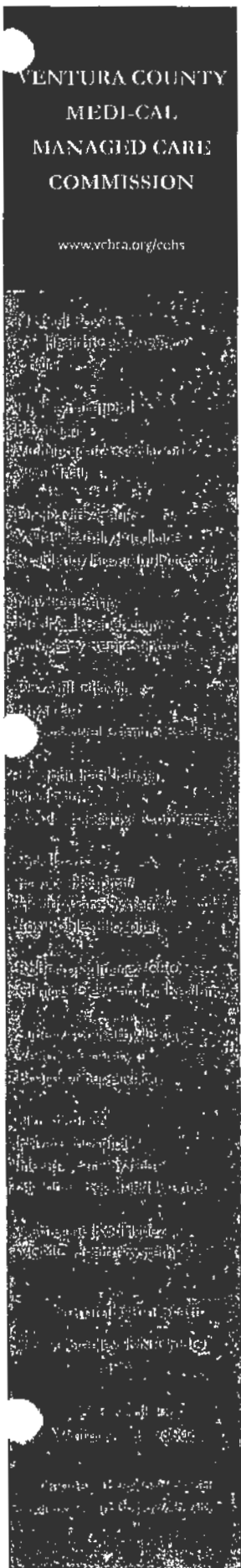
VCMCC MAY 2010



Ventura County COHS
Recruitment Staffing Plan Timeline

ATTACHMENT D Staffing Plan





DATE: May 24, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley
SUBJECT: Authorize the Interim CEO to Retain Beecher Carlson Insurance Services LLC to Represent the VCOMMCC for Insurance Program

Recommendation:

Authorize CEO to sign Broker of Record Letter authorizing Beecher Carlson to request information and negotiate insurance program on behalf of VCOMMCC

Discussion:

Beecher Carlson is a full service Insurance brokerage and risk management firm recently ranked by *Business Insurance* as the fastest growing broker in the US. In business since 1981, they currently have over 500 employees in 24 offices across the United States. Their specialized Health Care Solutions Team is based in Woodland Hills and they currently provide services to many of the large health insurance plans across the county. Available resources include analytics, technology and in-house actuarial services which allow them to assess and model risk to support unique operations and identify key risk differentiators. They currently provide services to two of the five COHS:

- CalOptima
- Health Plan of San Mateo

They will provide assistance as we finalize our contracts for administrative services to assure the proper protection and coverage based on our needs, which will minimize exposure and risk. They are committed to devise an Insurance Program that will meet the needs for the Ventura COHS as they recommended below:

Director's and Officer's Liability-

Protects officers and directors of a corporation against damages from claims resulting from negligent or wrongful acts in the course of their duties. Also covers the corporation (and even the officers and directors in some cases) for expenses incurred in defending lawsuits arising from alleged wrongful acts of officers or directors. These policies always require the insured to retain part of the risk uninsured.

Managed Care E&O-

A form of professional liability insurance which provides coverage for mistakes made by a person or persons in a profession not involved with the human body, such as lawyers, architects, engineers, or for mistakes made in a service business, such as insurance, real estate, and others.

Employment Practices Liability-

Coverage is available for legal costs to defend claims involving sexual harassment, wrongful termination and discrimination including legal liability for such acts. The coverage is known by various titles. Employment-related practices liability, management risk protection, employers E&O and Americans with Disabilities Act insurance are basically the same coverage.

Crime & Fiduciary-

Protect against losses of money, securities and property by such causes of loss as employee dishonesty, forgery, theft, burglary, robbery, kidnap, extortion and fraud. Fiduciary coverage offers protection for those who administer pension and welfare funds, profit-sharing and other employee benefit programs against loss for errors and omissions by the administrator. The need for this coverage was created by the Employee Retirement Income Security Act (ERISA) of 1974. Also known as pension trust liability insurance.

ATTACHMENT

Engagement Letter

VENTURA COUNTY
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Chair

Dr. Laynard Dial
Physician
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Vice Chair

Dr. David Araujo
VGMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
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St. Johns Reg. Med. Center

Catherine Rodriguez
VGMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

Phone: (805) 677-5238
Fax: (805) 677-5203

May 24, 2010

To Whom It May Concern:

This letter is to inform you that we have appointed Beecher Carlson Insurance Service, LLC ("BEECHER CARLSON"), as our exclusive representative with respect to our property and casualty insurance program, including the following coverage:

- Director's and Officer's
- Managed Care E&O
- Crime and Fiduciary

The appointment of BEECHER CARLSON is effective immediately. This Broker of Record appointment shall remain in full force until cancelled in writing.

BEECHER CARLSON is hereby authorized to negotiate directly with the incumbent carrier, and any interested company as respects future or replacement insurance on these programs. BEECHER CARLSON is also authorized to request information, concerning the in-force policies for these lines of coverage.

This letter also constitutes your authority to furnish BEECHER CARLSON representatives with all information they may request as it pertains to our insurance as noted above. We request that you do not communicate such information to anyone else.

Sincerely,

Terrie Stanley, Interim CEO
Ventura County Medi-Cal Managed Care Commission

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Commission Staff

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2323 Knoll Dr.
Ventura, Ca. 93003

Phone: (805) 677-5238
Fax: (805) 677-5203

DATE: May 24, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley
SUBJECT: **Authorize the Interim CEO to Negotiate and Enter into a Contract with Milliman for Actuarial Services Needed by VCMMCC in an Amount Not to Exceed \$100,000**

Recommendation:

Authorize interim CEO to sign necessary documents authorizing Milliman to act as actuary for VCMMCC

Discussion:

Milliman is the largest healthcare actuarial consulting firm in the US, and does Medicaid consulting in 20 states. In a number of state's they serve as the External State Actuarial Firm. In a variety of other states, they serve as the actuary to many of the health plans. Thus, they have extensive experience with both sides of the rate setting/negotiation process. Their current MediCal managed care clients include:

- Alameda Alliance for Health
- CalOptima
- Health Plan of San Joaquin
- Health Plan of Santa Clara
- Kern Family Health Care
- LA Care
- Partnership HealthPlan of California

Milliman will provide assistance as Ventura proceed through the rate setting process with the Department of Managed Health Care. They will assure actuarial soundness to rates presented and accepted by Ventura. A contract will be agreed to and signed as expeditiously as possible to meet the time frame of the VCMMCC.

VCMMCC MAY 2010

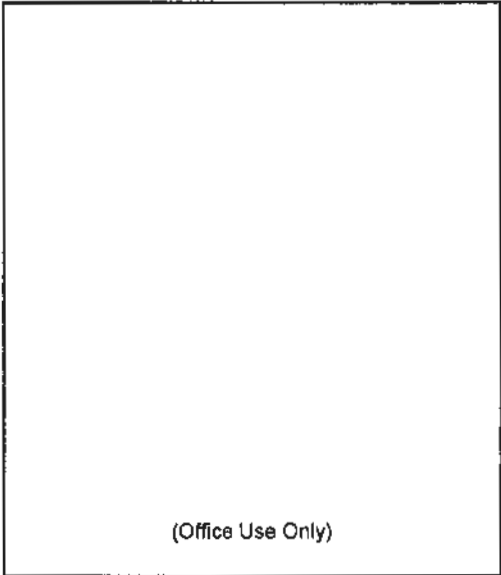
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State of California Secretary of State

STATEMENT OF FACTS ROSTER OF PUBLIC AGENCIES FILING (Government Code section 53051)



(Office Use Only)

Instructions:

1. Complete and mail to: Secretary of State,
P.O. Box 942877, Sacramento, CA 94277-0001 (916) 653-3984
2. A street address must be given as the official mailing address or as the address of the presiding officer.
3. Complete addresses as required.
4. If you need additional space, attach information on an 8½" X 11" page, one sided and legible.

New Filing Update

Legal name of Public Agency: _____

Nature of Update: _____

County: _____

Official Mailing Address: _____

Name and Address of each member of the governing board:

Chairman, President or other Presiding Officer (Indicate Title): _____

Name: _____ Address: _____

Secretary or Clerk (Indicate Title): _____

Name: _____ Address: _____

Members:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME [_____]

_____ Date

ADDRESS

_____ Signature

CITY/STATE/ZIP [_____]

_____ Typed Name and Title

VENTURA COUNTY
MEDI-CAL
MANAGED CARE
COMMISSION

www.vchra.org/cohs

DATE: May 24, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley
SUBJECT: Administrative Services Proposals-Selection of Vendor

Recommendation: To select one of two vendors (Affiliated Computer Services, Inc. or CenCAL Health) and to authorize Interim CEO to enter into an Agreement for an Administrative Service Provider for the Ventura County Medi-Cal Managed Care Commission's Health Plan.

Discussion:

As was discussed at our meeting on April 26, 2010, two organizations have approached Ventura County's Health Care Agency staff and submitted final proposals to provide administrative services for the Ventura County Organized Healthcare System. Either of these two organizations, based on their current lines of business and years in the industry, would complement Ventura COHS staff in performing the required administrative functions needed by the Health Plan.

At the last meeting, the Commission asked staff to seek a third proposal for Administrative Services. Staff approached three organizations that would be well qualified to provide administrative services. None of these organizations, two COHS and one local initiative, expressed any interest at this time. Staff recommends review of the current proposals as broadening our search will create significant impacts on implementation and "go-live" date for the plan. The two proposals presented provide contrasting options for the Board's consideration.

The first organization is CenCal Health, a county-organized health system now serving the counties of Santa Barbara and San Luis Obispo. CenCal has been in operation as a Medi-Cal managed care plan since 1983. The second organization is Affiliated Computer Services Inc., a large management services organization with a national and international portfolio of clients. ACS has recently won the award to serve as the California Department of Health Care Services Medi-Cal fiscal intermediary. We present below a summary of the proposals made by each of these two organizations. Detailed comparison charts are also attached.

CenCal Health is a fully operational COHS that would make available its information technology ("IT") and a broad range of operating systems to the Ventura COHS. Though it can be anticipated that there will be some operating policy differences between Ventura and CenCal, the strength of CenCal Health's proposal is its track record of successful operations and knowledge of Medi-Cal managed care. CenCal Health is proposing that its \$4.3 million in development costs be repaid (with a low interest rate) within the first six months of the Ventura COHS's operations.

ACS is proposing to provide services based on their administrative structure that has been developed to serve multiple clients including state Medicaid programs. ACS has proposed that its \$1 million in development costs be repaid (without interest) within the initial 24 months of Plan operation. ACS will provide an additional \$2.3 million in startup funds to the Commission for Ventura's own local development costs of transitioning members to the managed care model. The repayment of the funding will be over the term of the contract.

It is anticipated that both proposals will keep Ventura's administrative costs in alignment with the State's other COHS plans.

ATTACHMENT

Administrative Services Comparison
Administrative Cost Comparison- Start up & Ongoing Fees

Administrative Services		CenCAL Health	Affiliated Computer Services Inc
Location	Operations Location	Neighboring County Exception of Provider Relations/Member Services 40 Staff- Placed in Ventura County	Front-end Operations Located in Southern California; All Other Operations Located in a Single Site in Either Utah or Kentucky 6 Staff- Placed In Ventura County
Member Services	Fiscal Intermediary Access to Medi-Cal Eligibility Data System (FAME)	Yes - Eligibility Data download to IT/ CaradigmSystem	Yes- Maintain Mmbership on system using monthly full file (FAME) with weekly adds,
	New Member Process: *Member ID Cards	Yes- with mass mailing for 105,000 members; 85,000 Households, postage pass thru	Yes- Postage pass thru
	*Provider Directory	Yes	Yes
	*Primary Care Provider Selection/Auto Assignment	Yes	Yes
	*Enrollment Application	Yes	Yes- All Electronic
Ventura County Agency Outreach	Yes - 7 Presentations to County HSA and Dept of Social Services (DSS) 14 "office based" Presentations	Yes- Provide Training to Facilitate Enrollment Through Community Based Organization	
Member Outreach	Yes - Local Newspapers, Media, Public Service Announcement, 9 DSS Offices/or Schools = 18 Presentations	Yes- Education/Informational Letters & Newsletters	

Administrative Services		CenCAL Health	Affiliated Computer Services Inc
	Member Grievances: *Intake of Grievances *Policy and Procedures *On-Line Tracking System with Full Reporting Capability	Yes Yes Yes	Yes- Manage Complaints & Appeal Process and Turned over to Medical Reviewer No Yes
	Cultural & Language Access Program: *Demographic Data Analysis *Establishment of P&Ps *Translation of Plan Documents *Interpreter Services	Yes Yes Yes Yes	No No No Yes- Language Line, Multi Lingual Call Center
Claims	Inbound Claims: EDI as Pass-Thru Cost	Yes	Yes
	Handling of Paper Claims: P.O Box, Pick-Up, Mailroom, Sort, Prep, Scan, and OCR	Yes	Yes
	Claims Processing and Adjudication	Yes	Yes
	Explanation of Benefits/Remittance Advice	Yes	Yes
	Configure & Test System	Yes	Yes
	Contract Implementation & Rate	Yes	Yes
	Call Center for Providers for Claims Issues	Yes	Yes
	Provider Education Workshop	Yes- Basic Billing Seminars 15; Claims Follow Up, Dispute and Appeals, EOB/RA Layout	Yes- Extensive Training of Program Laws & Administrative Guidelines
Provider Services & Contract Negotiation: *Provider Compensation Arrangement *Hospital & Tertiary Care *Implement Capitation & Physician Incentive Plan Methodology *P&Ps for Noncontracted Providers	Yes Yes Yes Yes	Yes Yes Yes Yes	

	Administrative Services	CenCAL Health	Affiliated Computer Services Inc
Provider Contracting & Relations	Provider Relations: *P&P for Provider Grievance *New Provider Orientation *Host Provider Workshops *On Site Visit to Provider *P&Ps for Noncontracted Providers	Yes Yes Yes - Mgd Care Treaining & Billing Seminars Yes-Website Demo: Claims Auth & Submission Yes	No Yes Yes Yes No
	Provider Network Assesment/DHCS Submission: *Provider Network Report to DHCS *Geo Access Mapping *Provider/Member Directory	Yes Yes Yes	Yes Yes- Provider Research On Line Capabilities Yes
	Access, Availability, Continuity of Care for Members: *PCP Assignment *Process Development for Referral and PCP Assignment	Yes -Assign Members to Existing Providers & Member Relations Yes	Yes -Assign Members to Existing Providers & Member Relations No
	Credentialing & Recredentialing: *P&Ps *Process Initial Applications *Credentialing Committees	Yes Yes Yes	No Yes- 250 Physician & 250 Ancillary Initially and additional 5% Year No

	Administrative Services	CenCAL Health	Affiliated Computer Services Inc
Quality Management	Develop Quality Assurance & Improvement Plan and Quality Improvement Work Plan	Yes	No
	Quality Management: *QI Policies and Procedure	Yes	No
	*Coordinate to Support Ventura's QI Activities *Collaborate with Certified HEDIS Reporting Software	Yes Yes	No No
Administration	Compliance: *Internal Compliance Assessments	Yes	No
	*Submit P&Ps for State Approval	Yes	No
	*Submit Knox Keene License Exhibits through Dept of Mgd Health Care Web Portal	Yes	No
	Legal: *Overall review of Legal Issues	Yes	No
	*Provider Agreements *Vendor Contracts	Yes Yes	No No
Finance/Information Technology: *EOB Cycle Check Registers	Yes	No	
*PBM Invoices	Yes	No	
*Bank Reconciliation	Yes	No	

	Administrative Services	CenCAL Health	Affiliated Computer Services Inc
Information Technology	Information Technology: *COHS Facility in Ventura County *Hardware & Software *PBM	Yes- Workstations for 40 Cencal Staff Yes Yes	Yes- Workstations for 6 ACS Staff Yes Yes
	System Application	Yes- Member & Provider Subsystem Capitation, PCP Incentives, CHDP Complaints & Grievances Financial Reporting, Claims Editor/ Adjudication, EOB, Lab Data, Drug NDC Authorization Subsystem SMART Diabetes Disease Mgt	Yes- Turn Key Approach, Workflow Imaging Managed Care Application System Data Warehouse Application Internet Application Integrated Modules: Billing, Enrollment Eligibility, Benefit Plan Mgt, Provider Mgt, Medical Mgt
	WebSite	Yes- Oversee Construction of New Website	Yes
	Feed/Files	Yes- State to Supply FAME Data Files	Yes
	Reports Data Warehouse	Yes- Standard Reports Yes	Yes- Standard Reports w/ Access to Database Yes- Web Portals for Self Service
Financial	Contract Term: Period Termination Notice Penalty Termination before Term	> 5 Years > 9 Month Termination Notice, Penalty TBD > Year 1 \$618,000, Year 2 \$477,000 Year 3 \$330,000, Year 4 \$167,000	> 5 Years > 120 day Termination Notice > \$300,000 + \$15,000 Remaining Months + Unamortized Costs of Transition Assistance
	Go Live/Implementation Period	> 9 Months	> 6 Months
	Implementation Cost Payment Structure	\$4,305,000 3 Installments (Start on 1st Mo of Operation)	\$1,022,000 (if Contract signed by 5/31/10) 24 Equal Monthly Installments, \$42,583 (Start on Commencement Date)
	Interest Rate	1.15%; \$24,629	None
	Start-Up Funding Assistance	None	\$2,300,000 (to cover Transition Cost)

ATTACHMENT G

Administrative Services	CenCAL Health	Affiliated Computer Services Inc
On-Going Cost: Annual Management Fee	Management Fee Year 1 \$6.95 million Year 2 \$7.26 million Year 3 \$7.58 million Year 4 \$7.93 million Year 5 \$8.30 million	Management Fee Year 1 \$405,600 Year 2 \$405,600 Year 3 \$405,600 Year 4 \$405,600 Year 5 \$405,600
On-Going Cost: Per Member Per Month	Annual Fee/ Per Member Per Month Fee Year 1 \$5.04 million (\$4.00 pmpm) Year 2 \$5.17 million (\$4.10 pmpm) Year 3 \$5.36 million (\$4.25 pmpm) Year 4 \$5.61 million (\$4.45 pmpm) Year 5 \$5.80 million (\$4.60 pmpm)	Annual Fee/ Per Member Per Month Fee Year 1 \$10.39 million ; (\$8.25 pmpm) Year 2 \$10.39 million ; (\$8.25 pmpm) Year 3 \$10.39 million ; (\$8.25 pmpm) Year 4 \$10.71 million; (\$9.02 pmpm) Year 5 \$11.03 million ; (\$9.29 pmpm)
Pharmacy Contract	Built in	Contracted Separately for \$3.7 million which includes Medical Costs Savings
Five Year Total Contract Amount	\$69,321,629	\$57,374,306 (includes Net Savings from Pharmacy Contract)
Service Level Credit Pools	TBD	5% Failure to Perform Penalty to ACS
Pharmacy: *Set Up Pharmacy Benefit Mgt Contract *Contract with Specialty Pharmacy *Ongoing Formulary Mgt *Utilization Mgt	Yes Yes Yes Yes	No No No No
Pharmacy Benefit Management	Access to current PBM contract, includes start-up and administrative fee of \$1.50	Access to PBM under fully transparent model no cost for start-up \$3.25 per Claim

Administrative Services	CenCAL Health	Affiliated Computer Services Inc
Pharmacy Dispensing Fees Brand Prescription Costs Generic Prescription Costs	Average Wholesale Price (AWP) Less Contracted Discount (-15%) + \$2.50 (Dispensing Fee) AWP Less 64% + \$2.50 (Dispensing Fee)	Average Wholesale Price (AWP) Less Contracted Discount (-17.7%) + \$2.50 (Dispensing Fee) AWP Less 70% + \$2.50 (Dispensing Fee)
Mail Order and Specialty Drug Program:	Not provided; Details of Program are not available	1) Mail order and drug specialty at no additional cost Mail order at Brand- AWP- 24% Generic Guarantee effective rate is AWP less 70%

Administrative Cost Comparison- Start up & Ongoing Fees

Cencal

	Start Up Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Per Member Per Month Rate		4.00	4.10	4.25	4.45	4.60	
Rate Increase			2.5%	3.7%	4.7%	3.4%	
Number of Lives		105,000	105,000	105,000	105,000	105,000	
Per Member Per Month Cost		5,040,000	5,166,000	5,355,000	5,607,000	5,796,000	26,964,000
Management Fee		6,948,000	7,260,000	7,584,000	7,932,000	8,304,000	38,028,000
Implementation Cost	4,305,000						4,305,000
Interest	24,629						24,629
Pharmacy Management- Built in							
Total Cencal	4,329,629	11,988,000	12,426,000	12,939,000	13,539,000	14,100,000	69,321,629

ACS

	Start Up Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Per Member Per Month Rate		8.25	8.25	8.25	8.50	8.75	
Greater of 3% or CPI			0.0%	0.0%	3.0%	3.0%	
Number of Lives		105,000	105,000	105,000	105,000	105,000	
Per Member Per Month Cost		10,395,000	10,395,000	10,395,000	10,706,850	11,028,056	52,919,906
Management Fee		405,600	405,600	405,600	405,600	405,600	2,028,000
Implementation Cost	1,022,000						1,022,000
Transition Cost Assistance	(2,300,000)						(2,300,000)
Sub Total	(1,278,000)	10,800,600	10,800,600	10,800,600	11,112,450	11,438,656	53,669,906
Pharmacy Management Contract		3,071,250	3,071,250	3,071,250	3,071,250	3,071,250	15,356,250
Pharmacy Drug Cost Savings		(2,330,370)	(2,330,370)	(2,330,370)	(2,330,370)	(2,330,370)	(11,651,850)
Net Pharmacy		740,880	740,880	740,880	740,880	740,880	3,704,400
Total ACS	(1,278,000)	11,541,480	11,541,480	11,541,480	11,853,330	12,179,536	57,374,306

Variance

5,607,629	446,520	884,520	1,397,520	1,685,670	1,925,465	11,947,324
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Options for Ventura Consideration of County Organized Health System Operational Design

	In-House Plan	Contract ALL Functions to Administrative Partner	In-House and Administrative Partner
Cost Pre-Operational	+++	++	+
Cost On-Going	++	++	+
Staffing Requirement	+++	+	++
Space Requirement	+++	+	++
Implementation Time Frame	+++ 12-18 months to staff and establish systems	++ Could be done in as little as 6 months	++ 6-9 months
Implementation Risk	+++	++	+
DHCS Requirements for Plan	+++	++	+
Margin	+	+++	++
Loss of Local Control	+	+++	++
TOTAL POINTS	22	17	13

LOW + MODERATE ++ HIGH +++

(for all you golfers in the room-a lower score is better)

**VENTURA COUNTY
MEDI-CAL
MANAGED CARE
COMMISSION**

www.vchca.org/cohs

Michael Powers
VC Health Care Agency
Chair

Dr. Laynard Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
Physician
CMC Executive Committee

Rick Jarvis
Private Hospital/
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

Tim Maurice
Private Hospital /
Health Care System
St. Johns Reg. Med. Center

Catherine Rodriguez
VCMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

Phone: (805) 677-5238
Fax: (805) 677-5203

DATE: May 24, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley
SUBJECT: Authorize the Formation of a Finance Committee as a Subcommittee of the VCMMCC

Recommendations:

- Recommendation 1: Approve the composition of Finance Committee
Recommendation 2: Approve the recommended duties of Finance Committee
Recommendation 3: Approve the meeting frequency of Finance Committee

Discussion: In order to assist the commission in the work that needs to be accomplished in a compressed timeframe, it is recommended that a finance committee be formed.

Ventura COHS Finance Committee- Recommended Composition

5 Members of the Commission- representative of the major categories that Commission is composed of:

- Chair
- Vice-Chair (Physician)
- Hospital/Health System -Private
- Hospital/Health System -Public
- Clinic Rep

Ventura COHS Finance Committee-Recommended Duties

- Focus on Fiscal Issues- Budget pre-operational and operational
- Review proposed State contracts and rates-once actuary has had review and recommendations
- Review proposed contracts for services over the assigned dollar value/limit of the CEO
- Establish basic tenets for payment-provider class and levels as related to M-CAL rates
 - PCP
 - Specialists
 - Hospitals
 - LTC
 - Ancillary Providers
- Recommend auto assignment policies for beneficiaries who do not select a Primary Care Provider
- Review and recommend Provider Incentive Program Structure
- Review Investment Strategy and Make Recommendations
- Serve as Interview Committee for CEO/CMO/CFO

Ventura COHS Finance Committee-Recommended Meeting Frequency

- MONTHLY meetings with Date/Time/Location TBD

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California Children's Services Children with Special Health Care Needs

1

What is the CCS Program?

- California Children's Services is California's version of the federal Title V Program for Children with Special Health Care Needs created in 1927

Qualifications:

- under 21 years old;
- resident of California; and
- family income of less than \$40,000 or
- the out-of-pocket medical expenses for a child who qualifies are expected to be more than 20 percent of family income; or
- has full-scope Medi-Cal or Healthy Families coverage.

2

Who Qualifies for CCS

- ▶ Any child who has or may have a serious medical condition that is covered by CCS; and
 - is under 21 years old;
 - is a resident of California; and
 - has a family income of less than \$40,000 as reported as the adjusted gross income on the state tax form; or
 - the out-of-pocket medical expenses for a child who qualifies are expected to be more than 20 percent of family income; or
 - has full-scope Medi-Cal or Healthy Families coverage.

3

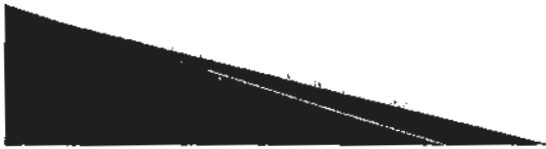
CCS Carve-Out

- The responsibility for treatment of CCS-eligible conditions now is carved out of most Medi-Cal managed care plans in the State (except for three county organized health systems operating in five counties -Napa, San Mateo, Santa Barbara, Solano, and Yolo).
- 1994 legislation passed in recognition of the need to retain quick and efficient access to pediatric specialty care through CCS (SB 1371; Chapter 917, 9/28/94).
- Under the carve-out, CCS children can be enrolled in managed care plan for their primary care.
- All treatments for their CCS conditions handled by CCS program staff.

4

What is Required for Ventura to Have CCS “Carved In”

- ▶ Support from
 - Ventura County CCS
 - State CCS
 - California Children’s Hospital Association
- ▶ Change in current legislation
- ▶ Rates from the State DHCS
- ▶ Analysis of Fiscal Impact to VCMMCC



Greetings! We are proud to send you the second volume of our newsletter and have we ever been busy over the past two months since our last communication! The focus of this issue of the newsletter is on providing information on the complete membership of the commission; dates, times and locations for all meetings for 2010, and a brief summary of items covered at the inaugural meeting of the board.

ITEM ONE

GOVERNANCE MODEL

The governing board of the Ventura County Medi-Cal Managed Care Commission consists of eleven (11) voting members appointed by a majority vote of the Board of Supervisors. Appointments to 10 of the seats were made on March 16, 2010 and the final appointment on May 4, 2010. Complete listing of commissioners-

ASSIGNED SEAT	NAME	TERM
Ventura County Health Care Agency Director	Michael Powers	4 years
VCMC Family Medicine Residency Program Director	Dr. David Araujo	4 years
Chief Executive Officer Clinicas del Camino Real Inc	Roberto S. Juarez	4 years
Ventura County Board of Supervisors	Kathy Long	2 years (initial ONLY)
Ventura County Medical Center Health System	Catherine Rodriguez VCMC CFO	2 years (initial ONLY)
Private hospitals/healthcare system	Tim Maurice-St John's Regional Medical Center-Oxnard	4 years
Private hospitals/healthcare system	Rick Jarvis-Los Robles Hospital and Medical Center-Thousand Oaks	2 years (initial ONLY)
Medi-Cal beneficiary or representative of an advocacy organization	Maylee Berry-American Cancer Society	4 years
Physician-Clinicas del Camino Real Inc.	Dr. Anil Chawla	4 years
Physician-Ventura County Medical Association	Dr. Lanyard Dial CEO and Medical Director-Livingston Memorial Visiting Nurse Association	2 years (initial ONLY)
Physician-Ventura County Medical Center Executive Committee	Dr. John Fankhauser Medical Director, Ventura County Medical Center	4 years
TOTAL SEATS		11

ITEM TWO

The first meeting of the Ventura Medi-Cal Managed Care Commission was held on April 26, 2010 at Public Health Department meeting room. The meeting began on time at 3:00 pm and ending at 5:17 pm. The complete list of meetings for 2010 is as follows:

Meeting Location: Ventura County Public Health Department
2240 E Gonzales Road
Suite 200 Oxnard CA 93036

Meeting Time: 3pm-5pm

Meeting Dates: ALL ARE MONDAYS:
April 26, May 24, June 28, July 26, August 23
September 27, October 25, November 15
December 20

All meetings are subject to the provisions of Chapter 9 (commencing with Section 54950- Ralph M. Brown Act) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies (this means they are open to the public).

ITEM THREE

Summary of accomplishments of the first meeting of the Ventura Medi-Cal Managed Care Commission held on April 26, 2010:

1. Adoption of By Laws for the Operation of the Ventura County Medi-Cal Managed Care Commission.
2. Election of Chair – Michael Powers-Ventura County Health Care Agency Director.
3. Election of Vice-Chair- Dr Lanyard Dial- Physician, Ventura County Medical Association.
4. Overview of Brown Act and Conflict of Interest-John Polich, Esquire, from Ventura County Counsel's office gave an overview of what it means to be subject to the open meeting law and the Political Reform Act.
5. Orientation to plan responsibilities-a review of the contractual requirements for Ventura's County Organized Health System.
6. Approval to study options for administrative services and potential administrative partners back to commission on 5/24/2010.
7. Approval to send a letter to the Chief of the State of California's Department of Health Care Services to formally request a contract and rates so that contract negotiations with providers can begin.
8. Resolution to approve the 2010 meeting times, dates and locations.
9. Approval of Advisory Committees Composition

In the audience were representatives from the Department of Health Care Services offering their continued support and again stressing the importance for Ventura to move along in the development to keep on target and moving toward our projected start date.