

**Ventura County MediCal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)**

Regular Meeting

Monday, January 23, 2017, 2:00 p.m.

Gold Coast Health Plan, 711 East Daily Drive, Community Room, Camarillo, CA 93010

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL

OATH OF OFFICE

PUBLIC COMMENT

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCMMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda. Persons wishing to address VCMMCC should complete and submit a Speaker Card.

Persons wishing to address VCMMCC are limited to three (3) minutes. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Commission.

CONSENT CALENDAR (ROLL CALL VOTE REQUIRED)

1. Approval of Ventura County MediCal Managed Care Commission Meeting Regular Minutes of October 24, 2016

Staff: Tracy Oehler, Clerk of the Board

RECOMMENDATION: Approve the minutes.

2. Approval of Ventura County MediCal Managed Care Commission Meeting Regular Minutes of November 9, 2016

Staff: Tracy Oehler, Clerk of the Board

RECOMMENDATION: Approve the minutes.

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

3. Approval of Contract with SAI Global Inc. for Compliance, Governance, and Risk Software Services

Staff: Brandy Armenta, Compliance Officer/Director

RECOMMENDATION: Approve the contract with SAI Global Inc. for compliance, governance, and risk software services for five years with a not to exceed amount of \$172,690.

4. Approval of Contract with DME Consulting Group Inc. for Home Member Assessment Services

Staff: Dr. Nancy Wharfield, Associate Chief Medical Director

RECOMMENDATION: Approve the contract with DME Consulting Group Inc. for home member assessment services for three years with a not to exceed amount of \$150,000.

5. Approval of Contract with Milliman Inc. for Business Critical Analytics Software (MedInsight)

Staff: Melissa Scrymgeour, Chief Information & Strategy Officer

RECOMMENDATION: Approve the contract with Milliman Inc. for business critical analytics software (MedInsight) for four years with a not to exceed amount of \$1,252,818.

6. Approval of Contract with Coffey Communications Inc. for Custom Membership Publication Services

Staff: Steven Lalich, Director of Marketing and Communications

RECOMMENDATION: Approve the contract with Coffey Communications Inc. for custom membership publication services for three years with a not to exceed amount of \$478,500.

7. Approval of Contract with Coffey Communications Inc. for Member Fulfillment/Direct-Mailing Services

Staff: Steven Lalich, Director of Marketing and Communications

RECOMMENDATION: Approve the contract with Coffey Communications Inc. for member fulfillment/direct-mailing services for three years with a not to exceed amount of \$294,000.

8. Approval of Contract with mPulse Mobile Inc. for Member Mobile Text Messaging Services

Staff: Dr. Nancy Wharfield, Associate Chief Medical Director

RECOMMENDATION: Approve the contract with mPulse Inc. for member mobile text messaging services for two years with a not to exceed amount of \$250,000.

9. Appointment of Medical Advisory Committee Member and Pharmacy and Therapeutic Committee Members

Staff: Dr. Al Reeves, Chief Medical Director

RECOMMENDATION: Appoint Dr. Amita Dharawat to the Medical Advisory Committee and Drs. Janeane Moura, Joseph Cabaret, Ben Lish, and Debbie Veals to the Pharmacy and Therapeutics Committee.

10. Appointment of Consumer Advisory Committee Beneficiary Member

Staff: Ruth Watson, Chief Operation Officer

RECOMMENDATION: Appoint Estelle Cervantes as the Consumer Advisory Committee Beneficiary Member.

11. State of California Department of Health Care Services Contracts Amendment A23 Provider-Preventable Conditions and Amendment A24 Contract Term Extension to December 31, 2020

Staff: Dale Villani, Chief Executive Officer

RECOMMENDATION: Ratify the Chief Executive Officer's execution of Amendment A23 and Amendment A24 to the Department of Health Care Services Contract.

FORMAL ACTION ITEMS

12. November 2016 Year to Date Financials

Staff: Patricia Mowlavi, Chief Financial Officer

RECOMMENDATION: Accept and file November 2016 Fiscal Year to Date Financials.

13. Receive and Approve Resolution No. 2017-001 Amending the Bylaws to Establish Rosenberg's Rules of Order to Govern Certain Aspects of Commission Meetings and to Modify the Composition of the Executive/Finance Committee

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Receive and Approve Resolution No. 2017-001.

14. Cultural Diversity Subcommittee Vacancy and Chief Diversity Officer Interview Panel Vacancy

Staff: Joseph T. Ortiz, Counsel

RECOMMENDATION: Appoint a Commissioner to the Cultural Diversity Subcommittee and approve the formal appointment of Yolanda Benitez to the Chief Diversity Officer interview panel.

15. Quality Improvement Committee 2016 Third Quarter Report

Staff: C. Albert Reeves, M.D., Chief Medical Officer

RECOMMENDATION: Accept and file the Quality Improvement Committee 2016 Third Quarter Report.

16. Receive and Approve Resolution No. 2017-002 Rescinding Resolution No. 2015-007 and Adopting Personnel Rules, Regulations, and Policies and Handbook

Staff: Danita Fulton, Human Resources Director and Interim Chief Diversity Officer

RECOMMENDATION: Receive and Approve Resolution No. 2017-002.

17. Approval of Chief Executive Officer Employment Contract Amendment

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Approve an amendment to the employment contract with Dale Villani.

REPORTS

18. Chief Executive Officer (CEO) Update

RECOMMENDATION: Accept and file the report.

19. Chief Operations Officer (COO) Update

RECOMMENDATION: Accept and file the report.

20. Chief Medical Officer (CMO) Update

RECOMMENDATION: Accept and file the report.

21. Chief Information Strategy Officer (CISO) Update

RECOMMENDATION: Accept and file the report.

22. Human Resources/Cultural Diversity Subcommittee Update

RECOMMENDATION: Accept and file the report.

CLOSED SESSION

23. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Chief Executive Officer

24. CONFERENCE WITH LABOR NEGOTIATORS

Agency designated representatives: Scott Campbell, General Counsel

Unrepresented employee: Chief Executive Officer

25. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: Two Cases

COMMENTS FROM COMMISSIONERS

ADJOURNMENT

Unless otherwise determined by the Commission, the next regular meeting will be held on February 27, 2017, at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Commission after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Board.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5509. Notification for accommodation must be made by the Monday prior to the meeting by 3 p.m. to enable the Clerk of the Board to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

Ventura County Medi-Cal Managed Care Commission (VCOMMCC) dba Gold Coast Health Plan (GCHP)

October 24, 2016 Regular Meeting Minutes

CALL TO ORDER

Commissioner Darren Lee called the meeting to order at 2:04 p.m. in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

PLEDGE OF ALLEGIANCE

Commissioner Lee led the Pledge of Allegiance.

ROLL CALL

Present: Commissioners Anthony Alatorre, Lanyard Dial, M.D., Narcisa Egan, Peter Foy, Michele Laba, M.D., Darren Lee, Gagan Pawar, M.D., and Catherine Rodriguez

Absent: Commissioners Shawn Atin and Jennifer Swenson

PUBLIC COMMENT

None.

CONSENT CALENDAR

1. Approval of the 2017 Commission Meeting Calendar

RECOMMENDATION: Approve the 2017 Commission Meeting Calendar.

Commissioner Dial moved to approve the recommendation. Commissioner Alatorre seconded.

AYES: Commissioners Alatorre, Dial, Egan, Foy, Laba, Lee, Pawar, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Atin and Swenson.

Commissioner Lee declared the motion carried.

The Commission unanimously agreed to cancel the November 28 Regular Meeting as there is a regular meeting scheduled for November 9, 2016.

FORMAL ACTION ITEMS

2. Fiscal Year 2015-16 Audit Results

RECOMMENDATION: Approve and accept the Fiscal Year 2015-16 Audit Results.

Patricia Mowlavi, Chief Financial Officer, introduced Stelian Damu and John Blakey, via telephone, from Moss Adams, LLP.

Mr. Blakey and Mr. Damu gave a presentation on the Fiscal Year 2015-16 Audit Results. The report resulted in an unmodified opinion with no issues that would have an adverse impact on the Plan's financial results. A copy of the presentation is on file.

Commissioner Alatorre moved to approve the recommendation. Commissioner Foy seconded.

AYES: Commissioners Alatorre, Dial, Egan, Foy, Laba, Lee, Pawar, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Atin and Swenson.

Commissioner Lee declared the motion carried.

3. August 2016 Fiscal Year to Date Financials

RECOMMENDATION: Accept and file August 2016 Fiscal Year to Date Financials.

Patricia Mowlavi, Chief Financial Officer, reported the financials for the July and August, which included an increase in net assets by \$1.8 million, which is \$2.7 million higher than budget due to the retroactive true-up of long term care and skilled nursing facility claims associated with the final AB1629 rates; Tangible Net Equity (TNE) amount increased to approximately \$154.9 million; membership is relatively flat; Medical Loss Ratio is at 92.6%; and administrative expenses were \$7.4 million or \$1.2 million below budget.

It was reported the Managed Care Organization (MCO) tax payment will be \$21 million a quarter, therefore each monthly income statement will reflect a \$7 million deduction.

A discussion followed between the Commission and staff regarding the Department of Health Care Services (DHCS) and the 14% rate reduction which occurred in July in order to adjust the Adult Expansion payments; clarification on the Balance Sheet entry of the \$103 million liability being the current portion due to the DHCS; and the Commission's request to provide additional breakdown of the rates by specific aid grouping, which is currently being reviewed by Legal.

The Commission requested staff to follow-up with the auditors to see if it is necessary to restate and refile the financials due to the \$4 million adjustment and continue to research whether the aid category can be broken down in greater detail.

Commissioner Alatorre moved to approve the recommendation. Commissioner Lee seconded.

AYES: Commissioners Alatorre, Dial, Egan, Foy, Laba, Lee, Pawar, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Atin and Swenson.

Commissioner Lee declared the motion carried.

4. Signature Authority and Procurement Policy

RECOMMENDATION: Delete Agenda Item 4A-1 Policy "CEO Signing Authority for Contractual Agreements for Administrative Goods and Services" and approve the Signature Authority and Procurement Policies; and 2) Any future revisions to these policies be reviewed and approved by the Ventura County Medi-Cal Managed Care Commission.

Bob Bushey, Procurement Officer, stated the updated policies will address the language ambiguity of "annually" by defining the dollar amount of a contractual agreement or memorandum of understanding as being cumulative thereby providing increased transparency of the Plan's expenditures.

Commissioner Dial moved to approve the recommendation. Commissioner Foy seconded.

AYES: Commissioners Alatorre, Dial, Egan, Foy, Laba, Lee, Pawar, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Atin and Swenson.

Commissioner Lee declared the motion carried.

5. Discussion and Direction Regarding Community Resource Center Options

RECOMMENDATION: Direct staff to move forward with the lease of a satellite location in downtown Oxnard for the purpose of establishing a GCHP Community Resource Center; approve the Chief Executive Officer to negotiate and execute a lease; and direct staff to move forward with all planning activities necessary to open a Community Resource Center located in downtown Oxnard.

Dale Villani, Chief Executive Officer, presented a video on the Inland Empire Health Plan's Community Resource Center and gave an overview on a downtown Oxnard location for the purpose of establishing a GCHP Community Resource Center.

The Commission directed staff to look for partnership opportunities with existing resources, identify available shared space, develop a needs assessment of the community, and to report back to the Commission at a later date.

6. Appointment of Audit Committee Member to Serve the Remainder of Commissioner Pupa's Term

RECOMMENDATION: Appoint a new member to the Audit Committee.

Scott Campbell, General Counsel, stated the need of a financial expert to replace Dee Pupa on the Audit Committee.

Commissioners Rodriguez and Egan were nominated and by unanimous consent, appointed to the Audit Committee.

7. Appointment of Commission Vice Chairperson to Serve the Remainder of Commissioner Pupa's Two-Year Term and Appointment of Executive/Finance Committee Members to Serve the Remainder of Commissioner Pupa and Fisher's Terms

RECOMMENDATION: Elect a Commissioner to serve as Vice Chairperson for a two-year term; and 2) Make appointments to the Executive/Finance Committee as follows: a) Vice Chairperson and b) Ventura County Medical Health System Representative.

Mr. Campbell stated the first part of the process would be the appointment of the Vice Chairperson, as the appointments to the Executive/Finance Committee is contingent upon who is appointed as the Commission's Vice Chairperson.

Commissioner Alatorre was nominated and by unanimous consent, appointed Vice Chairperson.

Mr. Campbell stated since Commissioner Alatorre was appointed as Vice Chairperson, the by-laws state if a member of Clinicas is Chair or Vice Chair, another member of Clinicas must be on the Executive/Finance Committee defaulting the position to Commissioner Pawar.

Commissioner Pawar was nominated and by unanimous consent, appointed to the Executive/Finance Committee.

Mr. Campbell stated the second position designated in the by-laws, is to be filled by a Ventura County Medical Health System representative.

Commissioner Rodriguez was nominated and by unanimous consent, appointed to the Executive/Finance Committee.

8. Appointments to Chief Diversity Officer (CDO) Interview Panel

RECOMMENDATION: Appoint the CDO Interview Panel.

Mr. Campbell gave the staff report and stated Mr. Ed Hinojosa from APU is not interested in serving on the panel and the NAACP has suggested Mr. Theodore Bagley to serve as his replacement. Commissioner Alatorre stated there was an additional resume received for Mr. James Gilmer from Joseph Ortiz, Counsel, for the interview panel.

The item was continued until copies could be provided to all of the Commission for their review.

Mr. Campbell announced Mr. Villani will be recusing himself from Agenda Item No. 9 - Approval of Contract for Pharmacy Benefits Manager Services and Closed Session Agenda Item No. 10 - Report Involving Trade Secrets, due to prior ownership of stock in Magellan.

9. Approval of Contract for Pharmacy Benefits Manager Services

RECOMMENDATION: Staff is presenting a revised contract, per Commission direction, for approval.

Anne Freese, PharmD, Director of Pharmacy, gave the staff report and recapped the Commission's decision to conditionally award the contract to OptumRx upon the finalization of the contract language, which included the modification of payment of network provider claims to within 30 days, and additional performance

guarantees specifically related to the 340B claims. It was noted information related to the performance guarantee rates will be presented in Closed Session as they are not subject to public disclosure. Once approved by the Commission, the contract will take effect on November 1, 2016, with the commencement of services on June 1, 2017. The estimated contract amount is \$100 million a year or approximately \$300 million for the life of the contract.

Amy Cansler, Script Care Vice President, spoke in opposition of Agenda Item No. 9, Approval of Contract for Pharmacy Benefits Manager Services.

Dr. Derek A. Sachitano, Script Care Director of Clinical Services, spoke in opposition of Agenda Item No. 9, Approval of Contract for Pharmacy Benefits Manager Services.

Rob Coppola, Magellan Rx Management Vice President of Medicaid Sales, spoke in opposition of Agenda Item No. 9, Approval of Contract for Pharmacy Benefits Manager Services.

Earl Hurst, Magellan Rx Management Senior Vice President and General Manager, spoke in opposition of Agenda Item No. 9, Approval of Contract for Pharmacy Benefits Manager Services.

Jennifer Dauer, Diepenbrock Elkin Gleason LLP, outside counsel for Magellan Rx Management, spoke in opposition of Agenda Item No. 9, Approval of Contract for Pharmacy Benefits Manager Services.

Robert Hollis, OptumRx Vice President of Health Plan Sales, spoke in favor of Agenda Item No. 9, Approval of Contract for Pharmacy Benefits Manager Services.

Mr. Campbell announced Closed Session Item No. 10 - Discussion Involving Trade Secrets and Closed Session Item No. 20 - Conference with Legal Counsel – Anticipated Litigation (One Case).

CLOSED SESSION

The Commission adjourned to Closed Session at 3:55 p.m. regarding the following item:

10. REPORT INVOLVING TRADE SECRETS

Discussion will concern: Pharmacy Benefits Manager Rates

Estimated date of public disclosure: Three years from execution of contract pursuant to Welfare and Institutions Code Section 14087.58.

20. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: One Case

RECONVENE TO REGULAR MEETING

The Regular Meeting reconvened at 5:02 p.m.

Mr. Campbell stated there was no reportable action taken.

9. Approval of Contract for Pharmacy Benefits Manager Services

RECOMMENDATION: Staff is presenting a revised contract, per Commission direction, for approval.

Dr. Freese stated staff had reviewed the letters provided by the vendors in protest of the tentative award and the items identified in the letters in regards to the exemption to the full transparency pass-through model of specialty mail and rebates would not have altered the position of the three vendors in terms of staff's financial assessment of their proposal with OptumRx maintaining the lowest cost proposal.

Mr. Campbell noted there was additional discussion that the overall financial impact of the items would be an insignificant or minor amount to the total value of the contract.

Mr. Campbell stated the appropriate motion would be to approve the contract for Pharmacy Benefits Manager Services with OptumRx with the following caveats and conditions: 1) the Commission would waive any irregularities and defects in the bid documents; 2) the condition be added to the contract that if there is any litigation challenging the Commission's award of the contract to OptumRx, OptumRx would defend and indemnify and hold harmless the Commission; and 3) the contract be executed by Chief Operations Officer, Ruth Watson.

Commissioner Foy moved to approve the motion. Commissioner Rodriguez seconded.

AYES: Commissioners Dial, Egan, Foy, Laba, Lee, and Rodriguez.

NOES: Commissioners Alatorre and Pawar.

ABSTAIN: None.

ABSENT: Commissioners Atin and Swenson.

Commissioner Lee declared the motion carried with the roll-call vote of 6-2-0.

Mr. Villani returned to the meeting at 5:07 p.m.

REPORTS

11. Chief Executive Officer (CEO) Update

RECOMMENDATION: Accept and file the report.

Mr. Villani shared with the Commission the NAACP Corporate Award the Plan received at the NAACP Ventura County 2016 Freedom Fund Banquet and highlighted the key take-aways from the California Association of Health Plans annual conference and the LHPC board meeting, which included Mega-Rule implications, National Committee for Quality Assurance (NCQA) accreditation, Knox Keene licensing, developing a senior care strategy, and the Hospital Association of Southern California (HASC) Medi-Cal task force.

12. Chief Operations Officer (COO) Update

RECOMMENDATION: Accept and file the report.

Ruth Watson, COO, stated there is a new section on the provider fees and a correction to page 171, as the total number of pharmacy providers should be 241 instead of 101.

13. Chief Medical Officer (CMO) Update

RECOMMENDATION: Accept and file the report.

Nancy Wharfield, M.D., Associate Chief Medical Officer, stated the results received from the bi-lingual texting pilot, mPulse Mobile, were positive as opt-out rates were less than half of the industry standard and member satisfaction rates were high.

14. Chief Information Strategy Officer (CISO) Update

RECOMMENDATION: Accept and file the report.

Melissa Scrymgeour, CISO, stated this is the first time the approved project portfolio has been presented to the Commission and identified the seven projects scheduled to start before the end of 2016 based on priority and resource availability.

15. Human Resources/Cultural Diversity Subcommittee (HRCD) Update

RECOMMENDATION: Accept and file the report.

Danita Fulton, Director of Human Resources, stated the HRCD met on October 10, 2016, and reviewed four potential executive search firms for the recruitment of the Chief Diversity Officer position, which resulted in a selection of a firm and direction to staff to proceed with a concurrent internal search as well.

Commissioner Dial moved to approve the recommendation. Commissioner Alatorre seconded.

AYES: Commissioners Alatorre, Dial, Egan, Foy, Laba, Lee, Pawar, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Atin and Swenson.

Commissioner Lee declared the motion carried.

8. Appointments to Chief Diversity Officer (CDO) Interview Panel

RECOMMENDATION: Appoint the CDO Interview Panel.

The Commission reviewed Mr. Gilmore's resume and it was noted his recommendation was from Mr. Jaime Casillas.

Commissioner Dial nominated Mr. Bagley and Commissioner Pawar seconded.

AYES: Commissioners Alatorre, Dial, Egan, Foy, Laba, Lee, Pawar, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Atin and Swenson.

Commissioner Lee declared the motion carried.

Commissioner Alatorre nominated Mr. Gilmore and Commissioner Pawar seconded.

AYES: Commissioners Alatorre, Dial, Egan, Foy, Laba, Lee, Pawar, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Atin and Swenson.

Commissioner Lee declared the motion carried.

Mr. Campbell announced the Closed Sessions items are the ones listed on the Agenda and on Agenda Item No. 20, Conference with Legal Counsel – Existing Litigation, Commissioners Alatorre and Pawar will be recusing themselves as they are employed by Clinicas del Camino Real, an entity affiliated with America's Health Plan.

CLOSED SESSION

The Commission adjourned to Closed Session at 5:33 p.m. regarding the following items:

16. PUBLIC EMPLOYEE APPOINTMENT

Title: Chief Diversity Officer

17. CONFERENCE WITH LABOR NEGOTIATORS

Agency designated representatives: Scott Campbell, General Counsel

Unrepresented employee: Chief Diversity Officer

18. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Chief Executive Officer

19. CONFERENCE WITH LABOR NEGOTIATORS

Agency designated representatives: Scott Campbell, General Counsel

Unrepresented employee: Chief Executive Officer

20. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: Two Cases

OPEN SESSION

The Regular Meeting reconvened at 6:49 p.m.

Mr. Campbell stated there was no reportable action taken.

COMMENTS FROM COMMISSIONERS

None.

ADJOURNMENT

The meeting was adjourned at 6:50 p.m.

AGENDA ITEM NO. 2

Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)

November 9, 2016 Regular Meeting Minutes

CALL TO ORDER

Commissioner Darren Lee called the meeting to order at 9:05 a.m. in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

PLEDGE OF ALLEGIANCE

Commissioner Lee led the Pledge of Allegiance.

ROLL CALL

Present: Commissioners Anthony Alatorre, Shawn Atin, Lanyard Dial, M.D. (arrived at 9:39 a.m.), Narcisa Egan, Peter Foy, Michele Laba, M.D., Darren Lee, and Catherine Rodriguez

Absent: Commissioners Gagan Pawar, M.D., and Jennifer Swenson

PUBLIC COMMENT

None.

Dale Villani, Chief Executive Officer, introduced Brianna Lierman, Chief Executive Officer, from Local Health Plans of California.

Mr. Villani reported on the letter received by the Ventura County Board of Supervisors (BOS) acknowledging the Plan's hard work, but raised concerns on the following areas: the Chief Diversity Officer (CDO) and reporting requirements, and the status of the Plan's Financial Corrective Action Plan (CAP). Staff will be attending the All Plan Chief Executive Officer meeting in Sacramento on December 7 and a meeting is scheduled with the Sarah Brook, Department of Health Care Services Deputy Director, to discuss the timing of the removal of the CAP as the Plan is fulfilling all of the requirements.

Scott Campbell, General Counsel, addressed the CDO issue by stating there has been an Interim CDO, which has been providing reports to the offices of Best Best & Krieger. Ordinance No. 4481 requires the CDO to submit regular reports to the BOS, but because the position has not been filled this has not occurred. Additionally, there is a report being presented for approval at the next Human Resources/Cultural Diversity Subcommittee meeting, which will be forwarded to the BOS. With respect to the incident referenced in the BOS letter regarding an inflatable party decoration, the investigation has been concluded and the forthcoming report found there was no wrongdoing or racial animosity

on behalf of the Plan. Clarification was made that the full report will be submitted to the Interim CDO, and the Commission would receive only the conclusion of the report as there are legal constraints concerning the confidentiality of personnel matters.

CONSENT CALENDAR

1. Approval of Ventura County Medi-Cal Managed Care Commission Meeting Regular Minutes of September 26, 2016

RECOMMENDATION: Approve the minutes.

Commissioner Foy moved to approve the recommendation. Commissioner Lee seconded.

AYES: Commissioners Alatorre, Atin, Egan, Foy, Laba, Lee, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Dial, Pawar, and Swenson.

Commissioner Lee declared the motion carried.

Commissioner Lee requested to hear Agenda Item No. 3 – Approval of Contract for Pharmacy Benefits Manager Services.

Commissioner Atin requested to hear Closed Session Agenda Item No. 7 – Public Employee Performance Evaluation (Chief Executive Officer).

Mr. Campbell stated Closed Session Agenda Item No. 7 and Agenda Item No. 8, are concerning Agenda Item No. 2 – Approval of the Chief Executive Officer Employment Contract, in that the Commission had previously authorized a contract extension with the Chief Executive Officer, which under the Brown Act, requires formal approval in an open session.

CLOSED SESSION

The Commission adjourned to Closed Session at 9:37 a.m. regarding the following items:

7. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Chief Executive Officer

8. CONFERENCE WITH LABOR NEGOTIATORS

Agency designated representatives: Scott Campbell, General Counsel

Unrepresented employee: Chief Executive Officer

Commissioner Dial arrived at 9:39 a.m.

Commissioner Foy left at 10:06 a.m.

OPEN SESSION

The Regular Meeting reconvened at 11:24 a.m.

Mr. Campbell stated there was no reportable action taken.

FORMAL ACTION ITEMS

2. Approval of the Chief Executive Officer (CEO) Employment Contract

RECOMMENDATION: Approve the employment contract with Dale Villani.

Commissioner Lee moved to extend the CEO employment contract for 120 days. Commissioner Atin seconded.

AYES: Commissioners Alatorre, Atin, Dial, Egan, Laba, Lee, and Rodriguez.

NOES: None.

ABSTAIN: None.

ABSENT: Commissioners Foy, Pawar, and Swenson.

Commissioner Lee declared the motion carried.

Mr. Campbell announced Mr. Villani will be recusing himself from Agenda Item No. 3 - Approval of Contract for Pharmacy Benefits Manager Services, due to prior ownership of stock in Magellan.

3. Approval of Contract for Pharmacy Benefits Manager Services

RECOMMENDATION: Staff is presenting a revised contract, per Commission direction, for approval.

Mr. Campbell stated on October 24, 2016, the Commission elected to award the Pharmacy Benefits Manager contract OptumRx, but only on the condition that OptumRx would expressly agree to defend, indemnify, and hold the Plan harmless against any legal action arising from the award of the contract. To date, OptumRx has only agreed to a limited form of indemnity, which does not satisfy the Commission's condition.

Frank Messina, Script Care General Counsel, spoke in opposition of Agenda Item No. 3, Approval of Contract for Pharmacy Benefits Manager Services.

Marissa Watt, OptumRx Associate General Counsel, spoke in favor of Agenda Item No. 3, Approval of Contract for Pharmacy Benefits Manager Services and stated OptumRx has agreed to indemnify the Plan up to \$500,000 to cover both the defense of any bid protest claim as well as any settlement of a bid protest claim.

Robert Hollis, OptumRx Vice President of Health Plan Sales, spoke in favor of Agenda Item No. 3, Approval of Contract for Pharmacy Benefits Manager Services.

Rob Coppola, Magellan Rx Management Vice President of Medicaid Sales, spoke in opposition of Agenda Item No. 3, Approval of Contract for Pharmacy Benefits Manager Services.

Ron Foll, Magellan Rx Senior Legal Counsel, spoke in opposition of Agenda Item No. 3, Approval of Contract for Pharmacy Benefits Manager Services.

Mr. Campbell announced Closed Session Agenda Item No. 10. Conference with Legal Counsel – Anticipated Litigation and Agenda Item No. 9 – Report Involving Trade Secret.

CLOSED SESSION

The Commission adjourned to Closed Session at 11:40 a.m. regarding the following item:

10. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: One Case

9. REPORT INVOLVING TRADE SECRET

Discussion will concern: Pharmacy Benefits Manager Rates

Estimated date of public disclosure: Three years from execution of contract pursuant to Welfare and Institutions Code Section 14087.58

OPEN SESSION

The Regular Meeting reconvened at 11:58 a.m.

Commissioner Atin absent.

Mr. Campbell stated there was no reportable action taken.

3. Approval of Contract for Pharmacy Benefits Manager Services

RECOMMENDATION: Staff is presenting a revised contract, per Commission direction, for approval.

Mr. Campbell stated the deviations noted by Magellan Rx do not change the financial results and OptumRx's bid remains the lowest bid and the Commission would waive any irregularities and defects found in OptumRx's bid; accept the indemnity language submitted by OptumRx, and authorize the Chief Operating Officer to execute an agreement between the Plan and OptumRx for the Pharmacy Benefits Manager Services.

Commissioner Rodriguez moved to approve the recommendation. Commissioner Egan seconded.

AYES: Commissioners Dial, Egan, Laba, Lee, and Rodriguez.

NOES: Commissioner Alatorre.

ABSTAIN: None.

ABSENT: Commissioners Atin, Foy, Pawar, and Swenson.

Commissioner Lee declared the motion carried.

Mr. Villani returned to the meeting at 12:00 p.m.

The meeting was recessed at 12:01 p.m.

Commissioner Atin returned at 12:06 p.m.

OPEN SESSION

The Regular Meeting reconvened at 12:28 p.m.

INFORMATION/DISCUSSION

4. Discussion on Procedures for Board Meetings

Mr. Campbell stated the Commission's by-laws discuss the procedures for motions, and provide that when the by-laws do not provide governance, Robert's Rules of Order are to be used as guidance. The recommendation was made to amend the bylaws by formally adopting Rosenberg's Rules of Order, as these rules are much simpler.

The Commission unanimously agreed to hear Agenda Item No. 6 – Industry Perspective and Regulatory Overview.

6. Industry Perspective and Regulatory Overview

Brianna Lierman, Chief Executive Officer, Local Health Plans of California, gave a presentation on the key provisions of the Federal Medicaid Managed Care Rule (Mega Reg) and noted the increased focus and attention on local agencies in

regards to transparency and adherence to the Brown Act. She stated over 80% of the Medi-Cal market is in managed care with very little left in fee-for-service, so there is an increased demand for transparency, information, and performance. Highlights of the presentation included the number of new requirements under the Mega Reg for providers and program partners including Medi-Cal rates must be done on a prospective basis; prohibition from requiring pass-through payments like IGTs to specific providers; provider payments must be based on utilization, delivery of services, and quality; report cards for plans with scoring on quality, compliance, and consumer satisfaction; standards for access to care for specialists; development of time/distance standards; requirement of encounter data and related penalties; providers must be enrolled with state fee-for-service; the minimum Medical Loss Ratio established at 85%; and the projection of increased competition to existing plans. A copy of the handout is on file.

A discussion followed between the Commissioners and staff regarding the impacts of the Mega Reg as well as the possibility of an agency turnover at the federal level due to the results of the presidential election; and the need for innovative ways to reach patients like telehealth modality with the challenge being receiving credit especially for specialty services.

Ms. Lierman closed the presentation by presenting areas of speculation including the slowing of approvals and communication between the state leaders and federal counterparts; the rollback of the Affordable Care Act and the possibility of its elimination; and defined benefits. Plans should focus on policy discussion on behavioral health and the bifurcation of benefits in general; CCS integration and demonstrating value at the community level; and to plan for the licensing of COHS plans as this remains a priority of Director Shelley Rouillard.

The meeting was recessed at 1:33 p.m.

OPEN SESSION

The Regular Meeting reconvened at 1:45 p.m.

5. 2015-2016 Strategic Plan Evaluation

Melissa Scrymgeour, Chief Information and Strategy Officer, reviewed the Plan's progress made on the 2015-2016 Strategic Plan, which included the revision of the Plan's mission and vision statements and the development of core values (integrity, accountability, collaboration, trust, and respect).

Staff highlights included funding and development of alternate reimbursement models through Alternative Resources for Community Health (ARCH) like Pay for Performance (P4P) programs to improve access to care, benefit analysis of services, and the expansion of the provider network; project and community collaborations like the children's immunization and the development screening projects; community collaborations with agencies like WIC, CalFresh, and the local housing authority; being a strategic business partner and the challenges

associated with Medi-Cal; the reinstatement of the Provider Advisory Committee (PAC) in July 2016; valued-based reimbursement programs; Provider Relations and Network Management organization redesign; new performance evaluation based on the Plan's core values; increased employee relations and communications through intranet, CEO blog, enhanced benefits, and increasing growth opportunities through training and development programs; being a responsible fiscal steward of public funds by maximizing revenues and sending a target amount into the community and managing internal costs through investment and procurement policies, an internal audit function, and utilizing a return on investment model, and a two million dollar savings from the Pharmacy Benefits Manager contract extension; positioning GCHP for the future by aligning strategic planning with budget planning as well as performance management, and exploration of opportunities for future growth; how to be more efficient internally; the reduction of the Department of Health Care Services Medical Audit Findings from 110 in 2012 to 1 in 2016; improvement in the HEDIS Quality and Satisfaction survey from 38th place in 2013 to 22nd place in 2015; current membership is 207,188 as of October 2016; and significant increases in the total number of primary care physicians and specialty physicians.

Commissioner Rodriguez requested the financial reporting to reflect the revenue by source, which staff is currently conducting research on.

Commissioners Lee and Alatorre left at 2:29 p.m.

Commissioner Atin requested a copy of the presentation be sent to the Commissioners.

Take-a-ways include focus on the Mega-Rule; the State's perspective of on how to show integration across the care continuum; Knox-Keene considerations and requirements, specific strategies to address the continuum of care access issues, expansion plans for workforce diversity, and diversity training for commissioners. Another strategic planning session will be scheduled in the first quarter of 2017. A copy of the presentation is on file.

COMMENTS FROM COMMISSIONERS

None.

ADJOURNMENT

The meeting was adjourned at 2:50 p.m.

AGENDA ITEM NO. 3

TO: Gold Coast Health Plan Commission

FROM: Brandy Armenta, Director of Compliance

DATE: January 23, 2017

SUBJECT: Contract Approval – SAI Global Inc.

SUMMARY:

Compliance 360 is Gold Coast Health Plan's (GCHP) compliance, governance, and risk (GRC) software solution. The Compliance Department has used this solution since the Plan's inception, five years ago to develop, maintain, and monitor complex policy and regulatory requirements as well as affiliated cross-departmental, cross-functional business workflows. This solution contributed to GCHP's recent successful Department of Health Care Services' audit result of a single finding since it permits all GCHP's GRC initiatives to be managed from a single system of record for compliance, risk, and audit management. The technology is a hosted, Software as a Service solution, (SaaS). The Plan is requesting continued use of this technology for an additional five year term in order to maintain consistent oversight and compliance related processes.

FISCAL IMPACT:

The initial five year annual service fee was \$33,532. The five year renewal annual service fee is \$34,538 and within the contractual price increase cap of 5%. The five year committed amount is \$172,690. The initial five year contracted period ended on November 14, 2016, and the agreement auto renews for additional one year periods, unless either party gives the other written notice of its intent to not renew at least 60 days prior to the end of the then current term. The five year renewal is a contractual commitment paid annually over the five year term ending on November 14, 2021.

RECOMMENDATION:

It is the Plan's recommendation to continue service with SAI Global Inc., using their Compliance 360 SaaS technology for an additional five year period.

If the Commission desires to review this contract, it's available at GCHP's Finance Department.

AGENDA ITEM NO. 4

TO: Gold Coast Health Plan Commission
FROM: Dr. Nancy Wharfield, Associate Chief Medical Director
DATE: January 23, 2017
SUBJECT: Contract Approval – DME Consulting Group Inc.

SUMMARY:

DME Consulting Group Inc. is GCHP's existing in home member assessment vendor. These in home assessments determine medical necessity for durable medical equipment, including wheelchairs, wheelchair repairs, POV/scooters, hospital beds, pediatric wheelchairs and strollers, hoier lifts, prostheses, and home safety assessments. DME has been performing these services for GCHP since February of 2015 and has consistently delivered high quality service. The current agreement term was evergreen and based on past performance and non-interruption to member services. The Plan is recommending continued use of DME Consulting Group for an additional three year period.

FISCAL IMPACT:

The agreement is a non-requirements contract which allows the Plan to use the services ad-hoc at the rates specified. The agreement can be terminated for convenience at any time with a fifteen (15) day notice. The unit cost for each assessment is \$350. The Plan currently spends approximately \$45,000 per year and the three year extension is estimated to not exceed \$150,000.

RECOMMENDATION:

It is the Plan's recommendation to continue service with DME Consulting Inc. for an additional three (3) year period.

If the Commission desires to review this contract, it's available at GCHP's Finance Department.

AGENDA REPORT NO. 5

TO: Gold Coast Health Plan Commission

FROM: Melissa Scrymgeour, Chief Information and Strategy Officer

DATE: January 23, 2017

SUBJECT: Contract Approval – Milliman Inc.

SUMMARY:

Milliman Inc. is GCHP's incumbent vendor providing business critical analytics software, MedInsight (MI). GCHP staff uses the MI business intelligence platform to support business critical analytics functions, including financial analysis, such as IBNR and RDT calculations and processes, as well as demographic and clinical analysis which help drive business decisions around key programs that support improved health outcomes for our members. The software tool is also used to provide important Plan performance data to GCHP's Commission on a monthly basis. The technology is a hosted, Software as a Service (SaaS) solution. The Plan executed a contract with Milliman in 2012 for the on premise system and migrated to the SaaS platform in 2015 for improved functionality and flexible growth. GCHP requires continued use of the MI technology through this contract renewal period and into future years until business drivers indicate a need to evaluate and procure new technology in this space.

FISCAL IMPACT:

The 2017 annual renewal fee (software licensing and hosting) is expected not-to-exceed \$313,205. The initial two-year contracted period ended on December 31, 2016 and the agreement auto renews for additional one year periods, unless either party provides the other written notice of its intent to not renew at least 60 days prior to the end of the then current term. The 2017 renewal period covers through December 31, 2017. The renewal fees are included in the approved FY16/17 budget.

RECOMMENDATION:

It is the Plan's recommendation to continue utilization of the Milliman MedInsight analytics platform for business intelligence through the 2017 renewal period. Additionally, the Plan recommends to continue with annual auto-renewals for three (3) consecutive year periods through 12/31/2020 or until such time business drivers dictate alternate technology needs.

If the Commission desires to review this contract, it's available at GCHP's Finance Department.

AGENDA ITEM NO. 6

TO: Gold Coast Health Plan Commission

FROM: Steven Lalich, Director of Marketing and Communications

DATE: January 23, 2017

SUBJECT: Contract Approval – Coffey Communications Inc., Custom Publication Services

SUMMARY:

Gold Coast Health Plan (GCHP) initiated a process of identifying and selecting a vendor to provide custom publication services to its membership in May 2011.

BACKGROUND/DISCUSSION:

Coffey Communications Inc. (Coffey) is the incumbent publisher of GCHP's member newsletter "Winning Health," which is published three times per year and distributed to approximately 90,000 unique households. Coffey has extensive expertise in publishing health care related newsletters and has been GCHP's publisher of choice since its inception. Coffey has consistently delivered high quality service and has valuable insight into GCHP's market, making them uniquely qualified to perform and continually meet or exceed service expectations. The Plan is requesting continued use of this service for an additional three year contractual term in order to maintain consistent quality and brand recognition through the distribution of the "Winning Health" member newsletter.

FISCAL IMPACT:

This three year agreement requires a commitment to publish three newsletters per year at a cost of \$53,167 per issue and should not exceed \$478,500 for the term of the contract. These costs are based on production runs of approximately 90,000 copies per issue and include miscellaneous setup fees, postage and material costs. The Plan will contract this as a new Service Order/SOW -- verses an extension or renewal -- under the existing Professional Services Agreement between the parties.

RECOMMENDATION:

It is the Plan's recommendation to continue service with Coffey Communications Inc. for the design, production and fulfillment of member newsletters for an additional three year period.

If the Commission desires to review this contract, it's available at GCHP's Finance Department.

AGENDA ITEM NO. 7

TO: Gold Coast Health Plan Commission

FROM: Steven Lalich, Director of Marketing and Communications

DATE: January 23, 2017

SUBJECT: Contract Approval – Coffey Communications Inc., Member Fulfillment/Direct-Mailing Services

SUMMARY:

Gold Coast Health Plan (GCHP) identified and selected Coffey Communications Inc. (Coffey) to provide a variety of member fulfillment/direct-mailing services to its membership in August 2012. These services augmented member fulfillment/direct-mailing services not otherwise covered under its contract with Xerox.

BACKGROUND/DISCUSSION:

Coffey Communications, in direct consultation with GCHP's Communications Department, provides member fulfillment/direct-mailing services targeted to GCHP's membership. They advise and provide the Plan with the best possible postal discount rates available through a variety of mail carriers (e.g., USPS, UPS, FedEx, etc.), assist in the handling and reparation of direct-mail and collateral (e.g., folding, collating, tabbing, inserting, sealing, affixing live stamps, metering, mail merging of letters and envelopes, etc.) and provide graphic art direction, design and printing.

FISCAL IMPACT:

This three year agreement forecasts a spend of approximately \$234,000 with a \$60,000 contingency allotment built-in to cover potential costs associated with the implementation and notification to GCHP members of the Plan's new pharmacy benefit manager (PBM), OptumRx. The total fiscal impact equals \$294,000. Assuming this task is handled by the Plan, the PBM contract with OptumRx contains provisions that will credit back to GCHP all costs associated with the notification.

RECOMMENDATION:

It is the Plan's recommendation to continue service with Coffey Communications Inc. for member fulfillment/direct mailing services for an additional three year period.

If the Commission desires to review this contract, it's available at GCHP's Finance Department.

AGENDA ITEM NO. 8

TO: Gold Coast Health Plan Commission
FROM: Dr. Nancy Wharfield, Associate Chief Medical Director
DATE: January 23, 2017
SUBJECT: Contract Approval – mPulse Mobile Inc.

SUMMARY:

mPulse Mobil Inc. is the incumbent provider of text messaging communication to GCHP's members. As reported at the October 24, 2016 Commission meeting, GCHP engaged with mPulse earlier this year in a bilingual text pilot focused on the areas of diabetes disease management (DM), cervical cancer screening and adult preventive care, with successful results:

- 71% of our members can receive texts.
- Opt-out rates were less than half the industry average (2.9% vs. 5.9%).
- High rate of member satisfaction – 100% of Spanish speakers and 77% of English speakers found the text messages to be useful.
- Texting was more effective than prior disease management outreach efforts (92% of members who called the DM phone line after receiving texts entered into the program).

Use of texting and mobile technology as an effective outreach and engagement tool has dramatically increased in recent years. Examples include appointment reminders, care coordination, maternal and child health (Text4baby), smoking cessation (1-800-NO-BUTTS), and navigation of health care systems (Inland Empire Health Plan).

Building upon the success of the initial text pilot, GCHP is looking to expand the role of texting in outreach efforts to our members. Currently, the Plan is working with the California Health Care Foundation (CHCF) and mPulse on how to jointly leverage the functionality. We anticipate using text messaging as part of our Asthma Disease Management program with objectives to improve our members' experience with interactive 2-way messaging and education around how to navigate the health care system.

FISCAL IMPACT:

The monthly fixed fee is \$8,500. Miscellaneous implementation and set up cost per each campaign will vary and are based on pre-negotiated hourly rates. The 2-year fixed cost is \$204,000, with an additional anticipated \$46,000 for miscellaneous implementation and set up

fees, for a total 2-year projected contract cost of \$250,000. The 2-year term will be from February 1, 2017 until January 31, 2019.

RECOMMENDATION:

It is the Plan's recommendation to initiate a two year agreement with mPulse Mobile Inc. for mobile text messaging services.

If the Commission desires to review this contract, it's available at GCHP's Finance Department.

AGENDA ITEM NO. 9

TO: Gold Coast Health Plan Commissioners

FROM: C. Albert Reeves, MD, Chief Medical Officer

DATE: January 23, 2017

SUBJECT: Quality Improvement Committee, Reporting Medical Committees and Committee Membership

SUMMARY:

Medi-Cal Managed Care Health Plans are required by contract to have certain committees that assure the quality of care and adequate services are provided to members. The medical committees should involve licensed physicians and other licensed professionals in the process of credentialing, utilization management and pharmacy management. Due to member resignations and the need to fill vacant positions new members have been added to two committees. Gold Coast Health Plan Staff is requesting the GCHP Commission to approve new members of two of the Quality Improvement subcommittees.

BACKGROUND:

Ordinance 4409 of the Ventura County Board of Supervisors established Gold Coast Health Plan with certain committees. The ordinance called for a Quality Improvement Committee and other subcommittees that deal with specific medical functions of the Plan. Two years ago the commission approved the membership of the medical committees. There have recently been several resignations and the Plan wishes to add new members to two committees. Quality Improvement Committee (QIC)–reports to the GCHP Commission.

RECOMMENDATIONS:

GCHP is requesting the Commission's approval to add the following members to two committees:

1. Medical Advisory Committee - Dr. Amita Dharawat, Cardiologist at VCMC to the Medical Center
2. Pharmacy and Therapeutics Committee:

Dr. Janeane Moura, Pharm D at VCMC Medical Center
Dr. Joseph Cabaret – private practice, anesthesia and Pain Management
Dr. Ben Lish – Internist, CMH Centers for Family Health
Debbie Veals RPh – National Director of Payer Relations at CVS Health

AGENDA ITEM NO. 10

To: Gold Coast Health Plan Commissioners
From: Ruth Watson, Chief Operations Officer
Date: January 23, 2017
Re: Consumer Advisory Committee – Appointment of Beneficiary Member

SUMMARY:

The Consumer Advisory Committee (CAC) currently has one seat that is vacant due to a resignation and needs to be filled to the unexpired term of August, 2017.

The Plan has recruited members for the vacancy on the CAC through means of outreach at various events.

BACKGROUND / DISCUSSION:

The Consumer Advisory Committee was established as a requirement of the Ventura County Medi-Cal Managed Care Commission (VCMMCC) enabling ordinance, Department of Health Care Services (DHCS) and the Medi-Cal Managed Care Division. The Commission determined that the CAC would consist of two permanent seats; one for the Ventura County Health Care Agency and one for the Ventura County Human Services Agency. The other eight seats would represent the following populations: Foster Children, Medi-Cal Beneficiaries, Beneficiaries with Chronic Medical Conditions, Persons with Disabilities, Seniors, and Persons with Special Needs. These seats are a two-year term.

Staff proposes the following applicant be approved for the listed seat and term:

GCHP Beneficiary Member – One Year Term

Estelle Cervantes is currently employed by Goodwill Industries as an assistant manager. Ms. Cervantes has been a volunteer for the United Way Volunteer Income Tax Assistance program; is currently serving as a Conejo Valley Unified Board District Advisory Committee Member; and is a Conejo Valley High School Counsel Member.

RECOMMENDATION:

Staff requests that the Commission appoint the Consumer Advisory Committee GCHP Beneficiary Member as described above.

ATTACHMENTS:

Committee Application



Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
COMMITTEE APPOINTMENT APPLICATION FORM

Name of Applicant: Estelle Cervantes

E-mail Address: estellecervantes7@yahoo.com

Home Address: 1393 E. Thousand Oaks Blvd., #D City: Thousand Oaks Zip: 91362

Home Phone: 805-512-6201

Current Employer: Currently Unemployed

Work Address: _____ City: _____ Zip: _____

Work Phone: _____

Name of Committee to which you are applying: ~~Gold Coast Health Plan~~ Consumer Advisory Committee

EXPERIENCE : What experience, training, education, or interests, specifically qualifies you as an appointee to the Committee?

- United Way VITA Tax Preparation - VITA Coordinator
- Conejo Valley Unified Board District Member
- Conejo Valley High School Counsel Member

PUBLIC SERVICE: List past or present public service appointments, or elected positions held (please list dates served):

PUBLIC SERVICE AGENCIES: List any affiliation you or your spouse has with public service agencies:

AFFILIATIONS: List past or present affiliations with private and / or public health plans.

ORGANIZATIONS: List community organizations to which you belong:

United Ways

Who's Who Latino America

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

REFERENCES: Provide a minimum of three references and their contact information:

1. Name: Kathleen Murvin

Affiliation: Breakthrough Program Conejo Valley

Contact Phone Number: 805-241-0759 or kathleenmurvin@yahoo.com

2. Name: Heidi Marin., Assoc. Director of Adult Services

Affiliation: former co-worker


Contact Phone Number: 818-919-1339

3. Name: Alva Gonzales

Affiliation: former co-worker

Contact Phone Number: 805-822-3455

You are invited to include a copy of your resume or any supplemental information that you feel may assist in the evaluation of your application



(Signature)

July 21, 2016

(Date)

COMPLETE FORM AND RETURN TO:
Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
Clerk of the Board
711 E. Daily Drive, Suite #106
Camarillo, CA 93010-6082
(805)437-5509

AGENDA ITEM NO. 11

TO: Gold Coast Health Plan Commissioners
FROM: Dale Villani, Chief Executive Officer
DATE: January 23, 2017
SUBJECT: Department of Health Care Services Contract Amendments A23 and A24

SUMMARY:

The Department of Health Care Services (DHCS) requested execution of Amendments A23 and A24. The amendments are to the existing Gold Coast Health Plan (GCHP) – Department of Health Care Services (DHCS) contract.

BACKGROUND/DISCUSSION:

Amendment A23 incorporates new language for Provider-Preventable Conditions (PPCs) and in Determination of Rates to the contract. It also adjusts the 2014-2015 capitation rates by changing Exhibit B, Budget Detail and Payment Provisions.

Amendment A24 extends the contract term to December 31, 2020. DHCS is obtaining a continuation of the services identified in the original agreement.

AMENDMENT EFFECTIVE DATES:

Amendment A23 is effective July 1, 2014, or until approved by DGS (if DGS is required).

Amendment A24 is effective December 31, 2016, or until approved by DGS (if DGS approval is required).

FISCAL IMPACT:

Amendment A23 contains rate changes which represent the FY2014-15 Intergovernmental Transfer (IGT) and Hospital Quality Assurance Fee (HQAF). The HQAF is a pass-through item and will have no fiscal impact to GCHP. The IGT is also a pass-through, but will yield revenue in the form of an administrative fee of approximately \$350,000.

Amendment A24 is a technical correction which extends the term of the contract and has no fiscal impact on the current year.

RECOMMENDATION:

Ratify the Chief Executive Officer's execution of DHCS Contract Amendments A23 and A24.

AGENDA ITEM NO. 12

TO: Gold Coast Health Plan Commission
FROM: Patricia Mowlavi, Chief Financial Officer
DATE: January 23, 2017
SUBJECT: November 2016 Fiscal Year to Date Financials

SUMMARY:

Staff is presenting the attached November 2016 fiscal year-to-date financial statements (unaudited) of Gold Coast Health Plan (Plan) for the Commission to accept and file. These financials were reviewed by the Executive/Finance Committee on January 5, 2017, where the Executive/Finance Committee recommended that the Commission accept and file these financials.

BACKGROUND/DISCUSSION:

The staff has prepared the November 2016 fiscal year-to-date financial package, including statements of financial position, statement of revenues, expenses and changes in net assets, and statement of cash flows.

FISCAL IMPACT:

Financial Highlights

Overall Performance – For the five months ended November 30, 2016, the Plan's performance was a gain in net assets of \$1.1 million which was \$2.5 million higher than budget. This was driven by administrative savings, which were largely due to timing of projects.

Tangible Net Equity – The Plan's fiscal year-to-date operating performance resulted in Tangible Net Equity (TNE) of approximately \$157.1 million, which was \$5.4 million higher than budget. The Plan's TNE at November 30 was 576% of required TNE.

Membership – November membership of 208,890 was below budget by 2,474 members. The Adult and Child aid categories were below budget, however this was largely offset by growth in the Adult Expansion (AE) aid category, with higher than budgeted membership.

Revenue – November fiscal year-to-date net revenue was \$283.2 million or \$1.1 million lower than budget due to membership shortfall. On a per member per month basis, revenue was \$0.76 higher than budget, as a result of membership mix.

MCO Tax – In early October, Senate Bill (“SB”) X2-2 was passed which enacted a new Managed Care Organization (MCO) tax, effective July 1, 2016 through June 30, 2019. SB X2-2 changed the methodology for computing MCO tax as well as timing of payment.

Previously, the Plan’s MCO tax liability was calculated using a flat 3.9375% of premium revenue. SB X2-2 no longer uses premium revenue as a baseline to compute MCO tax. Instead, the calculation is based on the Plan’s historical enrollment using baseline data from October 2014 through September 2015. DHCS calculated GCHP’s total MCO tax liability for the current fiscal year to be approximately \$84.1 million which is to be paid in equal quarterly installments instead of monthly as was previously done. The Plan records MCO tax expense equally at approximately \$7.0 million per month.

The Plan recently received notification from DHCS regarding MCO Tax funding and the November revenue reflects the retroactive inclusion of MCO Tax for the five months of the current fiscal year.

Health Care Costs – Health care costs through November were \$262.6 million or \$0.9 million below budget. Medical loss ratio (MLR) was 92.7%, the same as budget.

Some health care cost items of note include:

- Capitation – Includes the AE enhancement program which concluded in July 2016.
- Fee for Service – Includes the final portion of the retroactive true-up of LTC and SNF claims associated with AB1629 finalized rates.

Adult Expansion Population 85% Medical Loss Ratio: On the Balance Sheet \$137.5 million is reserved as potential Medi-Cal capitation revenue that will be recouped back to the DHCS under the terms of the MLR contract language.

	Expansion Population			Classic Population
	1/1/14-6/30/15 MLR Period 1	7/1/15-6/30/16 MLR Period 2	7/1/16-11/30/16 MLR Period 3	7/1/16-11/30/16
Total Revenue	360,998,373	293,173,426	113,366,093	283,188,420
Total Estimated Medical Expense	206,719,452	237,729,974	95,824,352	262,632,431
	57%	81%	85%	93%
Total MLR Reserve	118,168,494	13,101,452	6,250,000	

Administrative Expenses – November fiscal year-to-date administrative costs were \$20.4 million or \$2.4 million lower than budget. As a percentage of revenue, administrative costs were 7.2% for the fiscal year (ACR) versus 8.0% for the budget. Administrative savings are primarily related to timing of projects with Professional Services accounting for the largest savings to date.

Cash and Medi-Cal Receivable – At November 30, the Plan had \$470.9 million in cash and short term investments and \$88.2 million in Medi-Cal Receivable for an aggregate amount of \$559.1 million. Looking ahead, the next MCO Tax payment of \$21.0 million is due in January 2017. The AE overpayment due to DHCS (for incorrect rate payments and to achieve 85% MLR) totals \$265.9 million. The AE repayment is expected to commence in July 2017.

Investment Portfolio – As of November 30, 2016, the value of the investments were as follows:

- Short-term Investments \$258.4 million: Cal Trust \$50.6 million; Ventura County Investment Pool \$85.5 million; LAIF CA State \$63.3 million; Bonds \$59.0 million.
- Long-term Investments (Bonds) \$5.2 million.

RECOMMENDATION:

Staff requests that the Commission accept and file the November 2016 financial package.

CONCURRENCE:

January 5, 2017 Executive/Finance Committee

ATTACHMENT:

November 2016 Financial Package



FINANCIAL PACKAGE

For the month ended November 30, 2016

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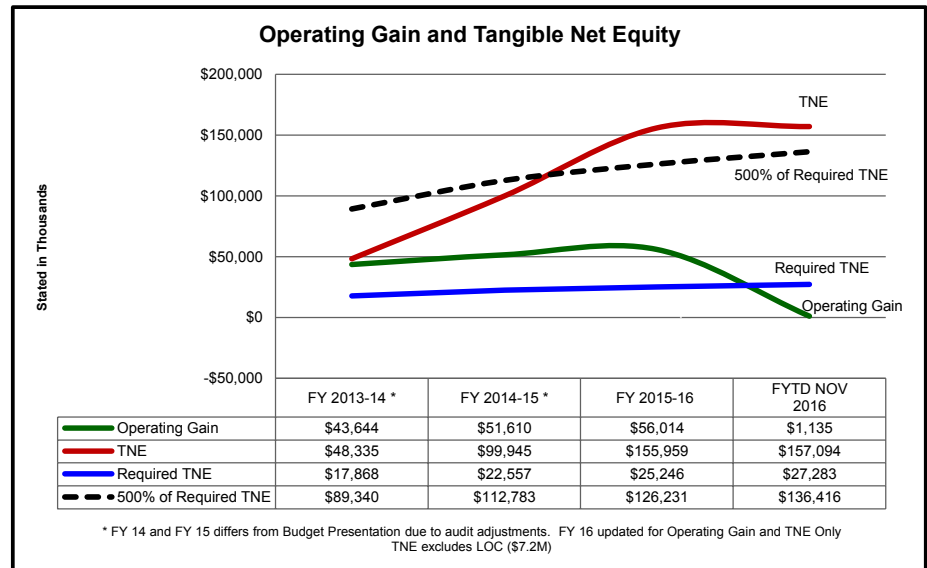
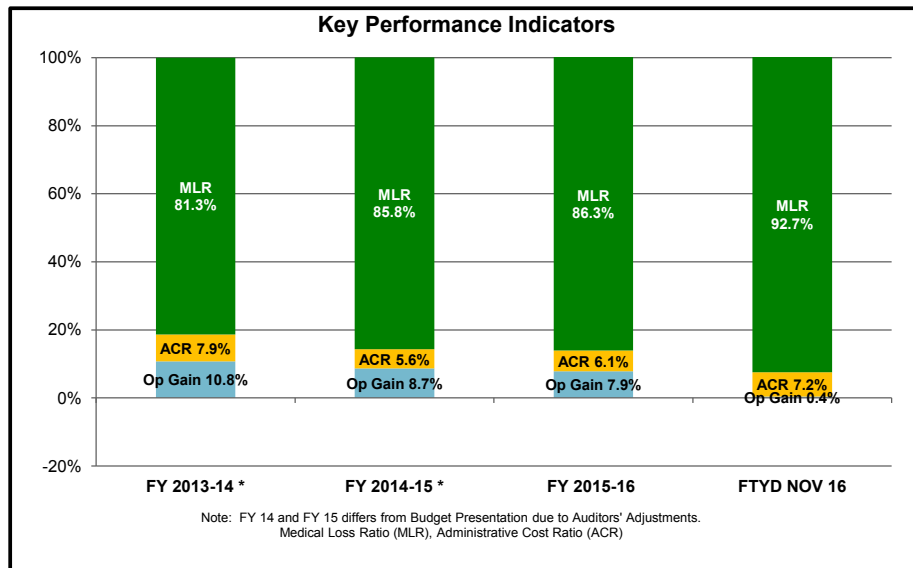
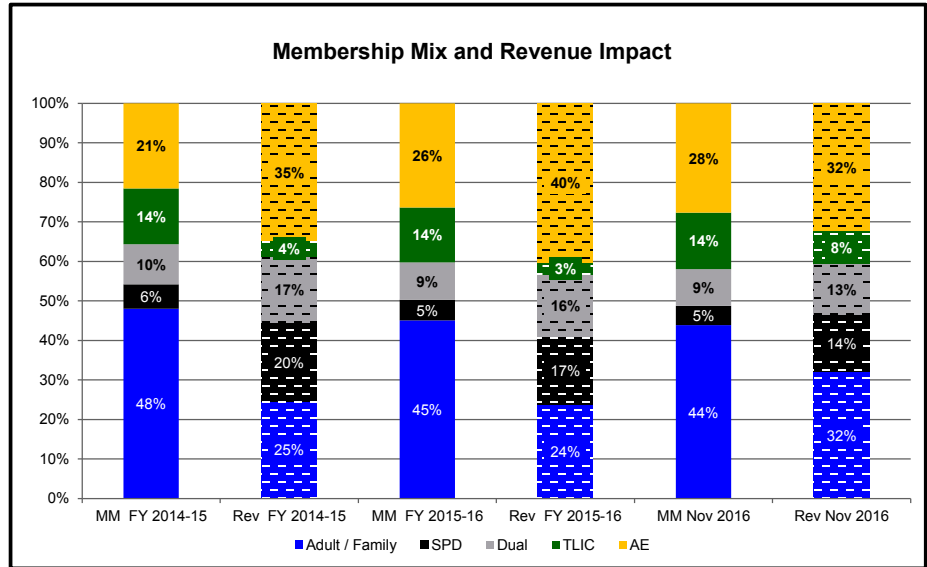
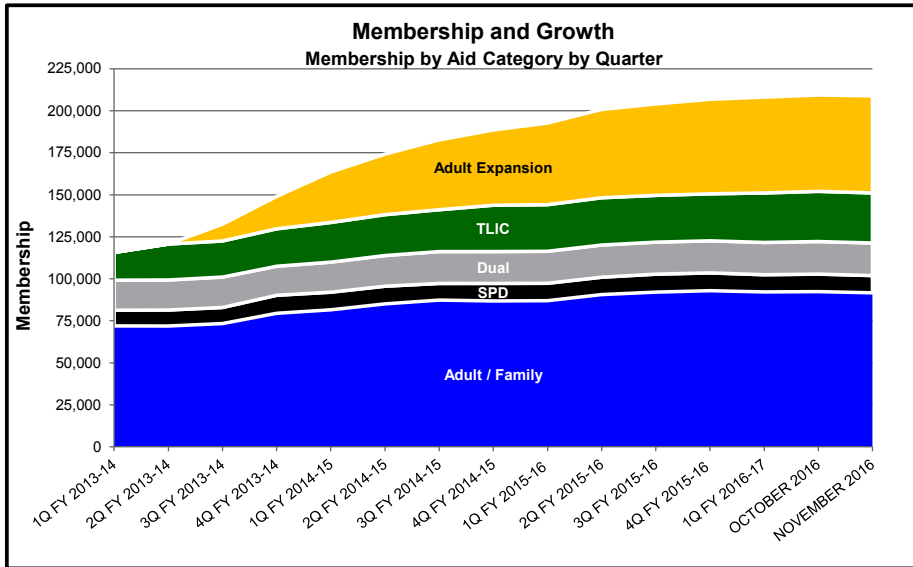
- Financial Overview
- Financial Performance Dashboard
- Cash and Operating Expense Requirements

APPENDIX

- Statement of Financial Positions
- YTD Statement of Revenues, Expenses and Changes in Net Assets
- Statement of Revenues, Expenses and Changes in Net Assets
- YTD Cash Flow
- Monthly Cash Flow
- Membership
- Paid Claims and IBNP Composition
- Pharmacy Cost & Utilization Trends

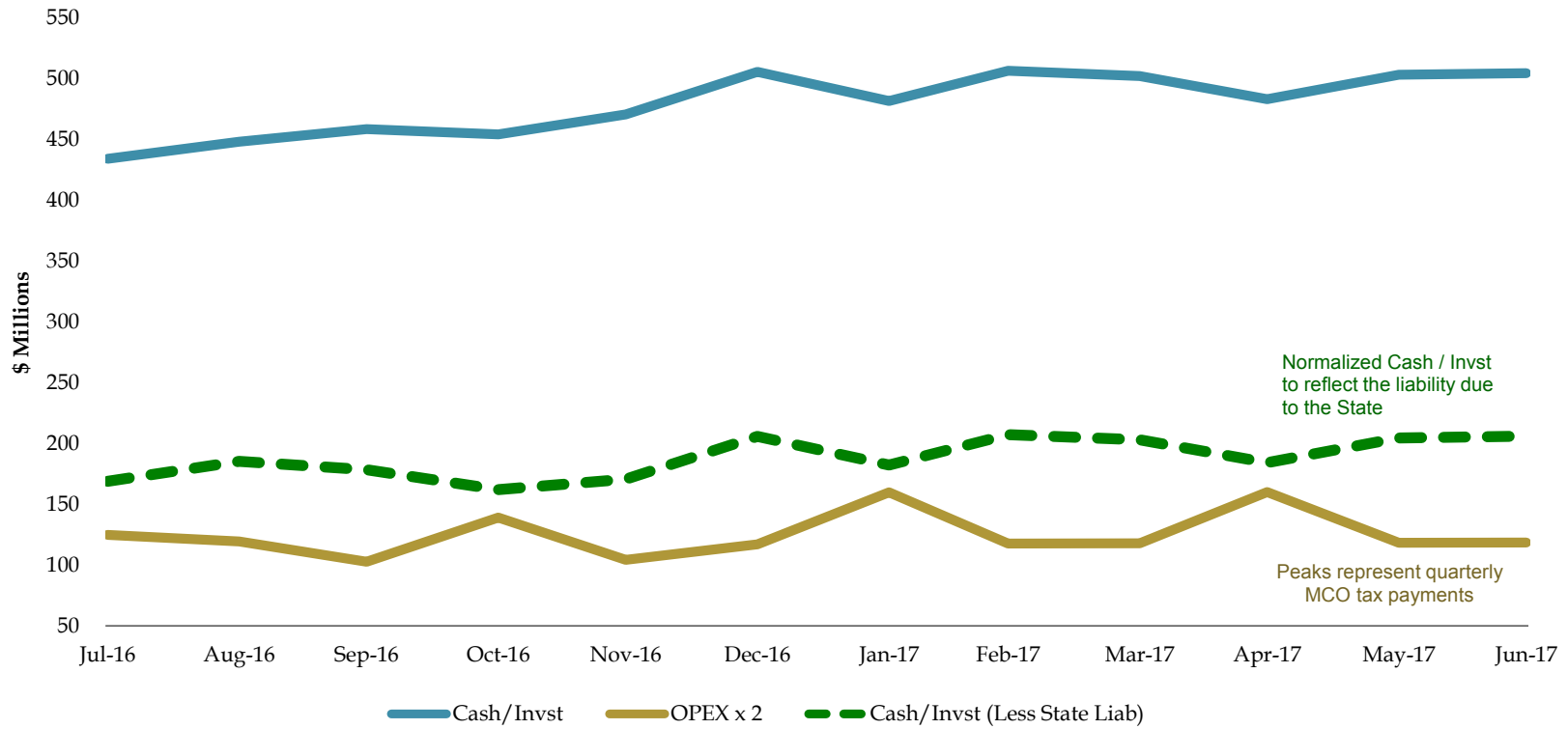
Description	AUDITED	AUDITED	AUDITED	AUDITED	AUDITED	FY 2016-17				Budget Comparison	
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	JUL - SEP 16	OCT 16	NOV 16	FYTD NOV 16	Budget FYTD	Variance Fav / (Unfav)
Member Months	1,258,189	1,223,895	1,553,660	2,130,979	2,413,136	626,084	209,381	208,890	1,044,355	1,051,507	(7,152)
Revenue	304,635,932	315,119,611	402,701,476	595,607,370	675,629,602	148,815,746	50,642,097	83,730,577	283,188,420	284,333,737	(1,145,317)
<i>pmpm</i>	242.12	257.47	259.20	279.50	279.98	237.69	241.87	400.84	271.16	270.41	0.76
Health Care Costs	287,353,672	280,382,704	327,305,832	509,183,268	583,149,780	155,466,901	53,042,296	54,123,234	262,632,431	263,500,867	868,437
<i>pmpm</i>	228.39	229.09	210.67	238.94	241.66	248.32	253.33	259.10	251.48	250.59	(0.88)
% of Revenue	94.3%	89.0%	81.3%	85.5%	86.3%	104.5%	104.7%	64.6%	92.7%	92.7%	-0.07%
Admin Exp	18,891,320	24,013,927	31,751,533	34,814,049	38,256,908	12,074,818	4,269,523	4,048,204	20,392,545	22,808,819	2,416,274
<i>pmpm</i>	15.01	19.62	20.44	16.34	15.85	19.29	20.39	19.38	19.53	21.69	2.17
% of Revenue	6.2%	7.6%	7.9%	5.8%	5.7%	8.1%	8.4%	4.8%	7.2%	8.0%	0.82%
Non-Operating Revenue / (Expense)					1,790,949	596,568	211,636	163,074	971,278	613,447	357,831
<i>pmpm</i>					0.74	0.95	1.01	0.78	0.93	0.58	0.35
% of Revenue					0.3%	0.4%	0.4%	0.2%	0.3%	0.2%	0.13%
Total Increase / (Decrease) in Unrestricted Net Assets	(1,609,063)	10,722,980	43,644,110	51,610,053	56,013,863	(18,129,405)	(6,458,086)	25,722,214	1,134,722	(1,362,502)	2,497,224
<i>pmpm</i>	(1.28)	8.76	28.09	24.22	23.21	(28.96)	(30.84)	123.14	1.09	(1.30)	2.38
% of Revenue	-0.5%	3.4%	10.8%	8.7%	8.3%	-12.2%	-12.8%	30.7%	0.4%	-0.5%	0.88%
YTD											
100% TNE	16,769,368	16,138,440	17,867,986	22,556,530	25,246,284	26,096,677	27,172,281	27,283,129	27,283,129	27,319,741	(36,613)
% TNE Required	36%	68%	100%	100%	100%	100%	100%	100%	100%	100%	
Minimum Required TNE	6,036,972	10,974,139	17,867,986	22,556,530	25,246,284	26,096,677	27,172,281	27,283,129	27,283,129	27,319,741	(36,613)
GCHP TNE	(6,031,881)	11,891,099	55,535,211	107,145,264	155,959,127	137,829,722	131,371,635	157,093,849	157,093,849	151,694,653	5,399,196
TNE Excess / (Deficiency)	(12,068,853)	916,960	37,667,225	84,588,734	130,712,843	111,733,045	104,199,354	129,810,721	129,810,721	124,374,912	5,435,808
% of Required TNE level			311%	475%	618%	528%	483%	576%	576%	555%	

FINANCIAL PERFORMANCE DASHBOARD FOR MONTH ENDING November 30, 2016



GOLD COAST HEALTH PLAN FY 2016 - 17

Cash & Operating Expense Requirements





For the month ended November 30, 2016

APPENDIX

- Statement of Financial Positions
- YTD Statement of Revenues, Expenses and Changes in Net Assets
- Statement of Revenues, Expenses and Changes in Net Assets
- YTD Cash Flow
- Monthly Cash Flow
- Membership
- Paid Claims and IBNP Composition
- Pharmacy Cost & Utilization Trends

STATEMENT OF FINANCIAL POSITION

	11/30/16	10/31/16	09/30/16
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	\$ 212,517,390	\$ 241,091,166	\$ 245,686,547
Total Short-Term Investments	258,425,655	213,384,150	213,187,308
Medi-Cal Receivable	88,194,360	56,945,574	59,168,833
Interest Receivable	556,246	504,672	559,544
Provider Receivable	4,907,525	4,893,419	6,276,751
Total Accounts Receivable	93,658,131	62,343,665	66,005,128
Total Prepaid Accounts	1,834,523	1,968,938	1,824,799
Total Other Current Assets	133,545	133,545	133,545
Total Current Assets	566,569,245	518,921,465	526,837,327
Total Fixed Assets	2,637,592	2,691,314	2,756,270
Total Long-Term Investments	5,219,620	10,251,606	10,270,741
Total Assets	\$ 574,426,458	\$ 531,864,384	\$ 539,864,338
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	\$ 60,125,488	\$ 57,271,371	\$ 54,272,780
Claims Payable	6,252,184	6,844,936	8,632,103
Capitation Payable	56,900,134	56,743,416	56,735,986
Physician ACA 1202 Payable	591,696	591,696	1,608,014
AB 85 Payable	1,492,926	1,480,508	1,482,258
Accounts Payable	2,485,066	2,289,635	731,216
Accrued ACS	1,688,624	1,716,803	3,418,338
Accrued Expenses	134,641,385	130,341,787	117,831,115
Accrued Premium Tax	13,724,561	6,864,611	20,874,044
Accrued Payroll Expense	983,595	1,174,998	1,089,731
Total Current Liabilities	278,885,660	265,319,760	266,675,586
Long-Term Liabilities:			
DHCS - Reserve for Capitation Recoup	137,519,946	134,269,946	134,479,946
Other Long-term Liability-Deferred Rent	927,003	903,043	879,084
Total Long-Term Liabilities	138,446,949	135,172,989	135,359,030
Total Liabilities	417,332,608	400,492,749	402,034,616
Net Assets:			
Beginning Net Assets	155,959,127	155,959,127	155,959,127
Total Increase / (Decrease in Unrestricted Net	1,134,722	(24,587,491)	(18,129,405)
Total Net Assets	157,093,849	131,371,635	137,829,722
Total Liabilities & Net Assets	\$ 574,426,458	\$ 531,864,384	\$ 539,864,338

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR FIVE MONTHS ENDED NOVEMBER 2016**

	November 2016 Year-To-Date		Variance
	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	1,044,355	1,051,507	(7,152)
Revenue			
Premium	\$ 321,200,532	\$ 319,564,822	\$ 1,635,710
Reserve for Rate Reduction	(2,900,000)	(1,025,105)	(1,874,895)
MCO Premium Tax	(35,112,112)	(34,205,980)	(906,132)
Total Net Premium	283,188,420	284,333,737	(1,145,317)
Total Revenue	283,188,420	284,333,737	(1,145,317)
Medical Expenses:			
<u>Capitation (PCP, Specialty, Kaiser, NEMT & Vision)</u>	29,416,102	25,036,415	(4,379,688)
<u>FFS Claims Expenses:</u>			
Inpatient	56,166,804	52,648,431	(3,518,373)
LTC / SNF	52,188,191	47,918,212	(4,269,979)
Outpatient	19,473,566	20,425,088	951,522
Laboratory and Radiology	1,491,140	1,207,179	(283,961)
Emergency Room	8,314,657	8,967,423	652,766
Physician Specialty	21,950,374	23,778,501	1,828,127
Primary Care Physician	5,917,707	7,766,759	1,849,052
Home & Community Based Services	6,888,124	6,523,171	(364,952)
Applied Behavior Analysis Services	1,658,464	597,530	(1,060,933)
Mental Health Services	1,917,665	1,721,651	(196,014)
Pharmacy	48,404,760	48,754,553	349,793
Provider Reserve	0	5,038,993	5,038,993
Other Medical Professional	1,184,033	1,035,168	(148,864)
Other Medical Care	663	0	(663)
Other Fee For Service	3,492,785	3,152,292	(340,492)
Transportation	618,846	644,995	26,150
Total Claims	229,667,777	230,179,947	512,171
Medical & Care Management Expense	4,842,945	5,781,919	938,974
Reinsurance	(139,721)	2,502,587	2,642,307
Claims Recoveries	(1,154,673)	0	1,154,673
Sub-total	3,548,552	8,284,505	4,735,954
Total Cost of Health Care	262,632,431	263,500,867	868,437
Contribution Margin	20,555,990	20,832,870	(276,880)
General & Administrative Expenses:			
Salaries, Wages & Employee Benefits	6,085,190	6,151,314	66,124
Training, Conference & Travel	197,853	298,240	100,387
Outside Services	10,442,527	10,971,961	529,433
Professional Services	1,743,024	2,814,507	1,071,483
Occupancy, Supplies, Insurance & Others	1,923,952	2,572,798	648,846
ARCH/Community Grants	0	0	0
Total G & A Expenses	20,392,545	22,808,819	2,416,274
Total Operating Gain / (Loss)	\$ 163,444	\$ (1,975,950)	\$ 2,139,394
Non Operating			
Revenues - Interest	971,278	613,447	357,831
Total Non-Operating	971,278	613,447	357,831
Total Increase / (Decrease) in Unrestricted Net Assets	\$ 1,134,722	\$ (1,362,502)	\$ 2,497,225
Net Assets, Beginning of Year	155,959,127		
Net Assets, End of Year	157,093,849		

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS

	FY 2016-17 Monthly Trend			Current Month		
	AUG 16	SEP 16	OCT 16	NOVEMBER 2016		Variance
				Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	208,680	208,690	209,381	208,890	211,364	(2,474)
Revenue:						
Premium	\$ 56,062,336	\$ 56,571,808	\$ 57,442,351	\$ 94,037,969	\$ 64,197,543	\$ 29,840,426
Reserve for Rate Reduction	2,400,000	(5,100,000)	210,000	(3,250,000)	(215,990)	(3,034,010)
MCO Premium Tax	630	(21,021,295)	(7,010,254)	(7,057,392)	(6,873,427)	(183,965)
Total Net Premium	58,462,967	30,450,514	50,642,097	83,730,577	57,108,126	26,622,451
Total Revenue	58,462,967	30,450,514	50,642,097	83,730,577	57,108,126	26,622,451
Medical Expenses:						
<u>Capitation (PCP, Specialty, Kaiser, NEMT & Vision)</u>	5,002,696	5,038,794	5,046,179	5,203,391	5,030,874	(172,517)
<u>FFS Claims Expenses:</u>						
Inpatient	10,744,802	7,747,745	11,964,545	14,676,172	10,584,271	(4,091,901)
LTC / SNF	14,224,757	10,733,194	9,735,480	9,692,962	9,603,185	(89,776)
Outpatient	4,248,974	3,158,051	4,305,891	4,396,347	4,104,908	(291,439)
Laboratory and Radiology	224,070	291,159	228,035	556,070	242,775	(313,295)
Physician ACA 1202	0	0	0	0	0	0
Emergency Room	1,917,965	1,522,768	1,784,768	1,629,759	1,802,472	172,712
Physician Specialty	4,752,608	3,491,013	4,428,998	3,902,514	4,782,486	879,972
Primary Care Physician	1,416,404	1,070,439	1,003,315	1,320,692	1,561,898	241,206
Home & Community Based Services	1,401,652	1,428,204	1,576,779	1,479,249	1,313,665	(165,583)
Applied Behavior Analysis Services	247,919	455,119	348,223	394,263	119,811	(274,452)
Mental Health Services	1,084,374	(213,235)	551,041	209,386	345,766	136,381
Pharmacy	9,865,405	9,839,875	10,053,071	9,543,842	9,792,550	248,709
Provider Reserve	0	0	0	0	1,011,880	1,011,880
Other Medical Professional	279,745	221,659	268,159	249,006	208,081	(40,925)
Other Fee For Service	876,905	659,492	685,173	683,412	633,000	(50,412)
Transportation	130,571	133,842	114,936	111,824	129,469	17,645
Total Claims	51,416,151	40,539,327	47,048,648	48,845,497	46,236,218	(2,609,279)
Medical & Care Management Expense	925,002	970,163	1,043,399	1,013,487	1,168,177	154,690
Reinsurance	(207,651)	259,013	(4,712)	(445,809)	503,046	948,855
Claims Recoveries	(189,127)	(183,289)	(91,218)	(493,332)	0	493,332
Sub-total	528,223	1,045,887	947,469	74,346	1,671,223	1,596,877
Total Cost of Health Care	56,947,070	46,624,009	53,042,296	54,123,234	52,938,315	(1,184,919)
Contribution Margin	1,515,896	(16,173,495)	(2,400,200)	29,607,344	4,169,811	25,437,533
General & Administrative Expenses:						
Salaries, Wages & Employee Benefits	1,204,650	1,143,954	1,318,517	1,265,852	1,295,965	30,113
Training, Conference & Travel	16,943	87,514	38,992	29,612	50,717	21,105
Outside Services	2,153,545	2,094,389	2,091,142	2,045,626	2,191,657	146,031
Professional Services	392,757	278,051	472,193	300,860	447,613	146,753
Occupancy, Supplies, Insurance & Others	389,291	377,035	348,679	406,254	510,783	104,529
Total G & A Expenses	4,157,186	3,980,944	4,269,523	4,048,204	4,496,735	448,531
Total Operating Gain / (Loss)	(2,641,290)	(20,154,439)	(6,669,723)	25,559,140	(326,924)	25,886,064
Non Operating:						
Revenues - Interest	186,649	190,052	211,636	163,074	78,940	84,134
Total Non-Operating	186,649	190,052	211,636	163,074	78,940	84,134
Total Increase / (Decrease) in Unrestricted Net Assets	(2,454,641)	(19,964,387)	(6,458,086)	25,722,214	(247,984)	25,970,198
Full Time Employees				183	198	15

PMPM - STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS

	FY 2016-17 Monthly Trend			NOVEMBER 2016		Variance
	AUG 16	SEP 16	OCT 16	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	208,680	208,690	209,381	208,890	211,364	(2,474)
Revenue:						
Premium	268.65	271.08	274.34	450.18	303.73	146.45
Reserve for Rate Reduction	11.50	(24.44)	1.00	(15.56)	(1.02)	(14.54)
MCO Premium Tax	0.00	(100.73)	(33.48)	(33.79)	(32.52)	(1.27)
Total Net Premium	280.16	145.91	241.87	400.84	270.19	130.65
Other Revenue:						
Miscellaneous Income	0.00	0.00	0.00	0.00	0.00	0.00
Total Other Revenue	0.00	0.00	0.00	0.00	0.00	0.00
Total Revenue	280.16	145.91	241.87	400.84	270.19	130.65
Medical Expenses:						
<u>Capitation (PCP, Specialty, Kaiser, NEMT & Vision)</u>	23.97	24.14	24.10	24.91	23.80	(1.11)
<u>FFS Claims Expenses:</u>						
Inpatient	51.49	37.13	57.14	70.26	50.08	(20.18)
LTC / SNF	68.17	51.43	46.50	46.40	45.43	(0.97)
Outpatient	20.36	15.13	20.56	21.05	19.42	(1.63)
Laboratory and Radiology	1.07	1.40	1.09	2.66	1.15	(1.51)
Emergency Room	9.19	7.30	8.52	7.80	8.53	0.73
Physician Specialty	22.77	16.73	21.15	18.68	22.63	3.94
Primary Care Physician	6.79	5.13	4.79	6.32	7.39	1.07
Home & Community Based Services	6.72	6.84	7.53	7.08	6.22	(0.87)
Applied Behavior Analysis Services	1.19	2.18	1.66	1.89	0.57	(1.32)
Mental Health Services	5.20	(1.02)	2.63	1.00	1.64	0.63
Pharmacy	47.28	47.15	48.01	45.69	46.33	0.64
Provider Reserve	0.00	0.00	0.00	0.00	4.79	4.79
Other Medical Professional	1.34	1.06	1.28	1.19	0.98	(0.21)
Other Medical Care	0.00	0.00	0.00	0.00	0.00	0.00
Other Fee For Service	4.20	3.16	3.27	3.27	2.99	(0.28)
Transportation	0.63	0.64	0.55	0.54	0.61	0.08
Total Claims	246.39	194.26	224.70	233.83	218.75	(15.08)
Medical & Care Management Expense	4.43	4.65	4.98	4.85	5.53	0.68
Reinsurance	(1.00)	1.24	(0.02)	(2.13)	2.38	4.51
Claims Recoveries	(0.91)	(0.88)	(0.44)	(2.36)	0.00	2.36
Sub-total	2.53	5.01	4.53	0.36	7.91	7.55
Total Cost of Health Care	272.89	223.41	253.33	259.10	250.46	(8.64)
Contribution Margin	7.26	(77.50)	(11.46)	141.74	19.73	122.01
General & Administrative Expenses:						
Salaries, Wages & Employee Benefits	5.77	5.48	6.30	6.06	6.13	0.07
Training, Conference & Travel	0.08	0.42	0.19	0.14	0.24	0.10
Outside Services	10.32	10.04	9.99	9.79	10.37	0.58
Professional Services	1.88	1.33	2.26	1.44	2.12	0.68
Occupancy, Supplies, Insurance & Others	1.87	1.81	1.67	1.94	2.42	0.47
ARCH/Community Grants	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
Total G & A Expenses	19.92	19.08	20.39	19.38	21.27	1.90
Total Operating Gain / (Loss)	(12.66)	(96.58)	(31.85)	122.36	(1.55)	123.90
Non Operating:						
Revenues - Interest	0.89	0.91	1.01	0.78	0.37	0.41
Total Non-Operating	0.89	0.91	1.01	0.78	0.37	0.41
Total Increase / (Decrease) in Unrestricted Net Assets	(11.76)	(95.67)	(30.84)	123.14	(1.17)	124.31

STATEMENT OF CASH FLOWS - FYTD

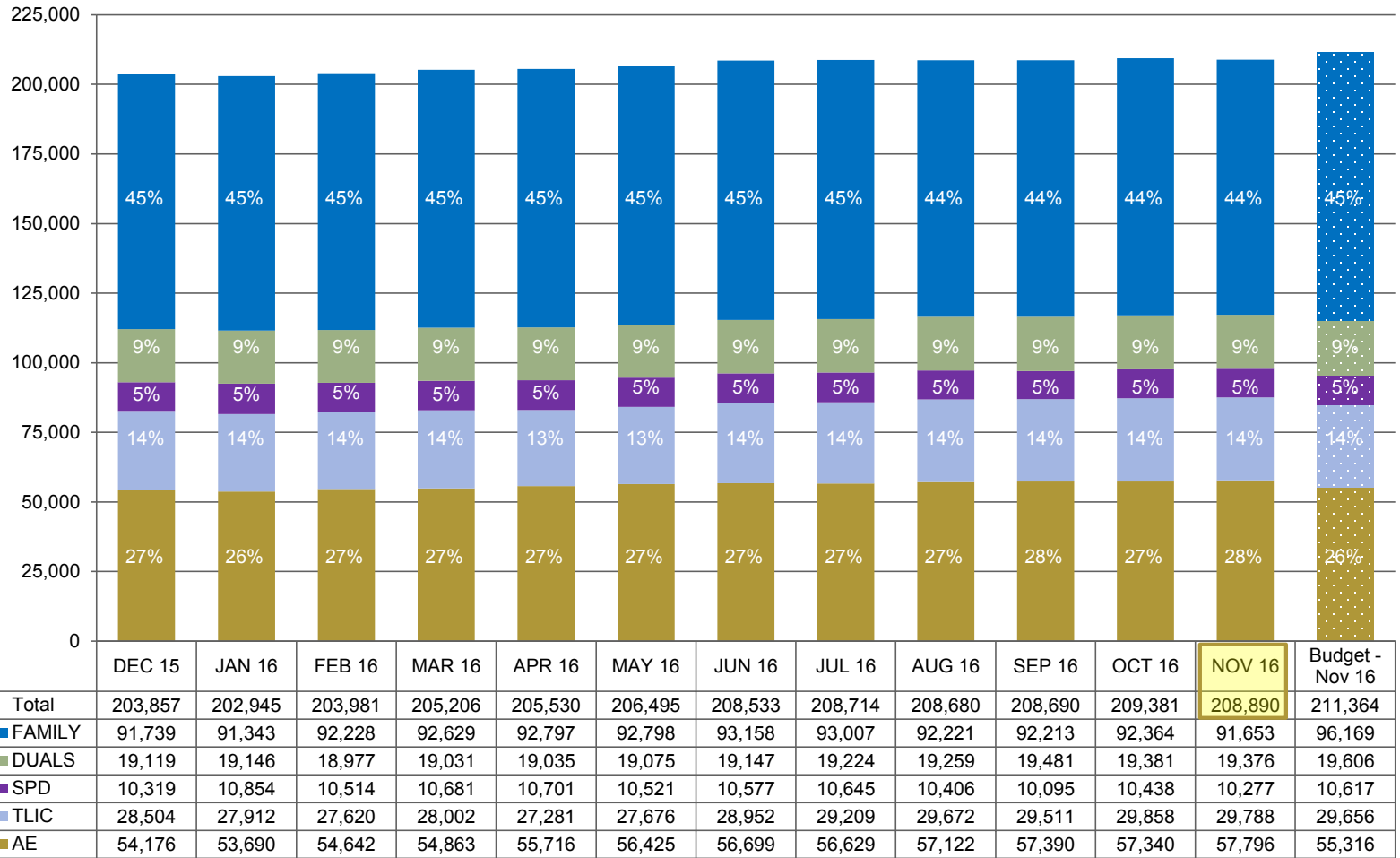
	NOV 16
Cash Flow From Operating Activities	
Collected Premium	\$ 414,506,945
Miscellaneous Income	612,692
State Pass Through Funds	9,890,537
<u>Paid Claims</u>	
Medical & Hospital Expenses	(179,228,353)
Pharmacy	(50,184,204)
Capitation	(24,221,522)
Reinsurance of Claims	(1,296,566)
State Pass Through Funds Distributed	(9,733,734)
Paid Administration	(24,566,043)
MCO Taxes Received / (Paid)	(26,961,274)
Net Cash Provided / (Used) by Operating Activities	108,818,478
Cash Flow From Investing / Financing Activities	
Net Acquisition / Proceeds from Investments	(40,377,511)
Net Discount / Premium Amortization of Investments	359,186
Net Acquisition of Property / Equipment	(375,230)
Net Cash Provided / (Used) by Investing / Financing	(40,393,554)
Net Cash Flow	\$ 68,424,924
Cash and Cash Equivalents (Beg. of Period)	144,092,466
Cash and Cash Equivalents (End of Period)	212,517,390
	\$ 68,424,924
Adjustment to Reconcile Net Income to Net Cash Flow	
Net Income / (Loss)	1,134,722
Depreciation & Amortization	282,378
Net Discount / Premium Amortization of Investments	(359,186)
Decrease / (Increase) in Receivables	36,348,141
Decrease / (Increase) in Prepaids & Other Current Assets	(229,397)
(Decrease) / Increase in Payables	58,770,211
(Decrease) / Increase in Other Liabilities	3,019,798
Change in MCO Tax Liability	8,148,565
Changes in Claims and Capitation Payable	(2,110,849)
Changes in IBNR	3,814,096
	108,818,478
Net Cash Flow from Operating Activities	\$ 108,818,478

STATEMENT OF CASH FLOWS - MONTHLY

	NOV 16	OCT 16	SEP 16
Cash Flow From Operating Activities			
Collected Premium	\$ 67,346,446	\$ 71,859,110	\$ 66,845,119
Miscellaneous Income	103,527	34,529	180,849
State Pass Through Funds	1,480,308	1,482,137	1,475,269
<u>Paid Claims</u>			
Medical & Hospital Expenses	(36,727,345)	(35,550,674)	(33,587,876)
Pharmacy	(10,259,026)	(10,214,616)	(14,928,088)
Capitation	(4,886,047)	(4,877,725)	(4,840,466)
Reinsurance of Claims	(259,610)	(258,964)	(259,013)
State Pass Through Funds Distributed	(1,480,508)	(1,482,258)	(1,475,381)
Paid Administration	(3,742,401)	(4,576,541)	(2,744,825)
MCO Tax Received / (Paid)	(196,518)	(21,018,984)	(80,123)
Net Cash Provided / (Used) by Operating Activities	11,378,825	(4,603,987)	10,585,463
Cash Flow From Investing / Financing Activities			
Net Acquisition / Proceeds from Investments	(40,009,520)	(177,707)	134,628
Net Discount / Premium Amortization of Investments	59,547	177,707	9,203
Net Acquisition of Property / Equipment	(2,629)	8,606	(184,792)
Net Cash Provided / (Used) by Investing / Financing	(39,952,601)	8,606	(40,961)
Net Cash Flow	\$ (28,573,776)	\$ (4,595,381)	\$ 10,544,502
Cash and Cash Equivalents (Beg. of Period)	241,091,166	245,686,547	235,142,045
Cash and Cash Equivalents (End of Period)	212,517,390	241,091,166	245,686,547
	\$ (28,573,776)	\$ (4,595,381)	\$ 10,544,502
Adjustment to Reconcile Net Income to Net Cash Flow			
Net (Loss) Income	25,722,214	(6,458,086)	(19,964,387)
Net Discount / Premium Amortization of Investments	(59,547)	(177,707)	(9,203)
Depreciation & Amortization	56,350	56,350	56,781
Decrease / (Increase) in Receivables	(31,314,466)	3,661,463	(3,510,778)
Decrease / (Increase) in Prepaids & Other Current Ass	134,415	(144,140)	81,451
(Decrease) / Increase in Payables	4,287,866	11,434,754	19,510,854
(Decrease) / Increase in Other Liabilities	3,273,960	(186,041)	5,123,959
Change in MCO Tax Liability	6,859,950	(14,009,434)	20,940,582
Changes in Claims and Capitation Payable	(436,034)	(1,779,737)	(4,605,551)
Changes in IBNR	2,854,117	2,998,591	(7,038,245)
	11,378,825	(4,603,987)	26,010,488
Net Cash Flow from Operating Activities	11,378,825	(4,603,987)	10,585,463

GOLD COAST HEALTH PLAN

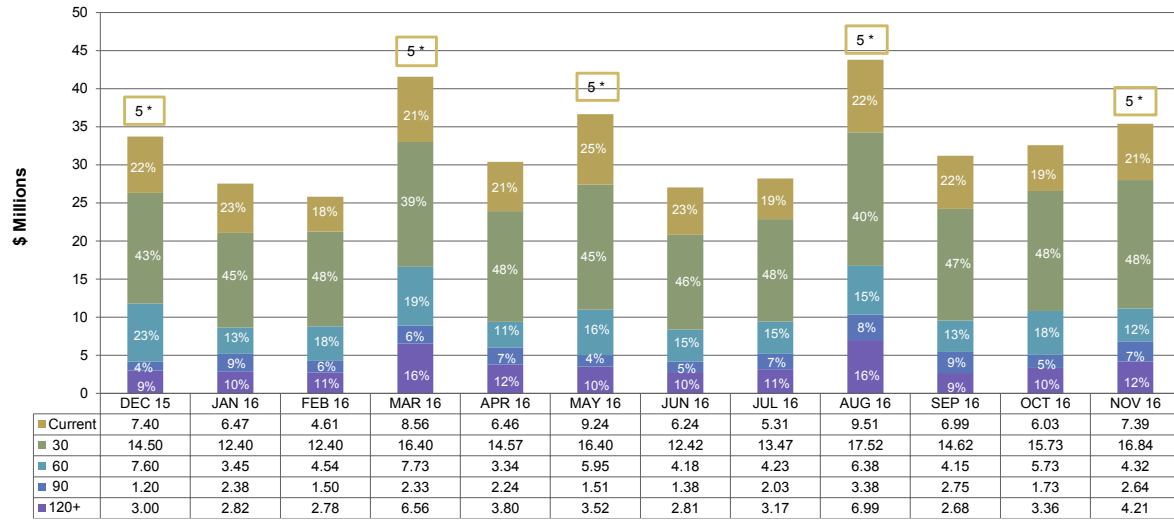
Membership - Rolling 12 Month



SPD = Seniors and Persons with Disabilities TLIC = Targeted Low Income Children AE = Adult Expansion

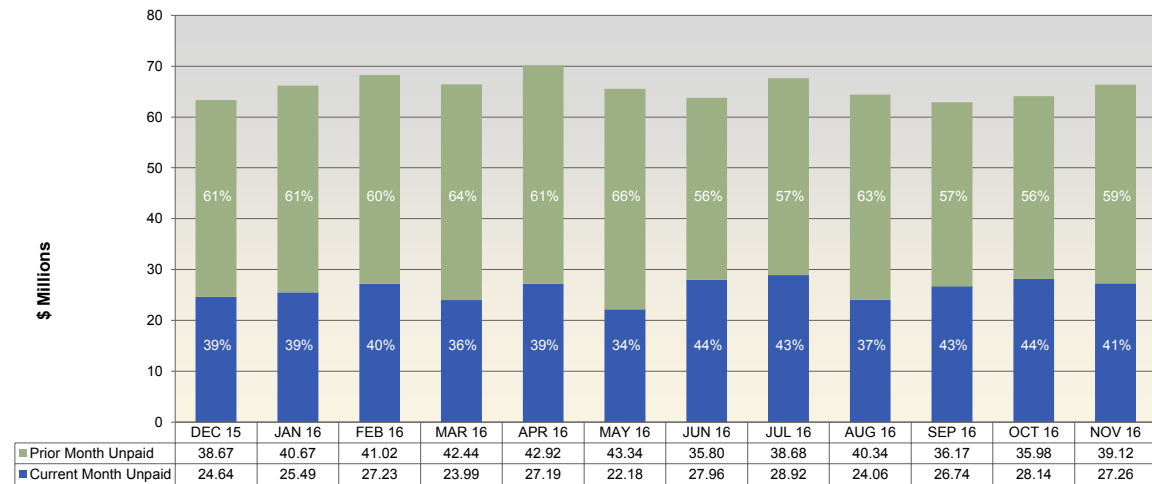
**GOLD COAST HEALTH PLAN
NOVEMBER 2016**

Paid Claims Composition (excluding Pharmacy and Capitation Payments)



Note: Paid Claims Composition - reflects adjusted medical claims payment lag schedule. Months indicated with 5* represent months for which there were 5 claim payments. For all other months, 4 claim payments were made.

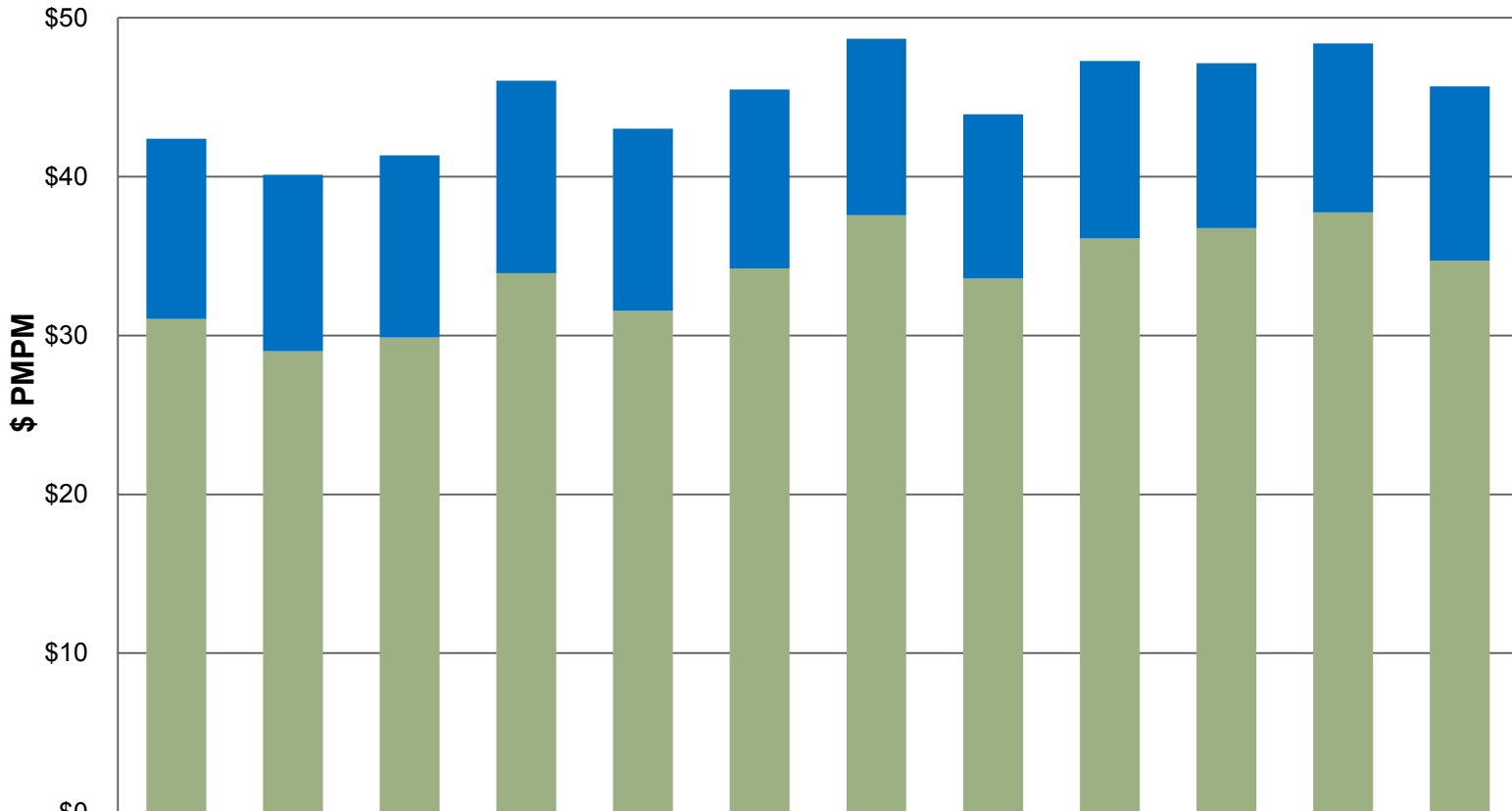
IBNP Composition (excluding Pharmacy and Capitation)



Note: IBNP Composition - reflects updated medical cost reserve calculation plus total system claims payable.

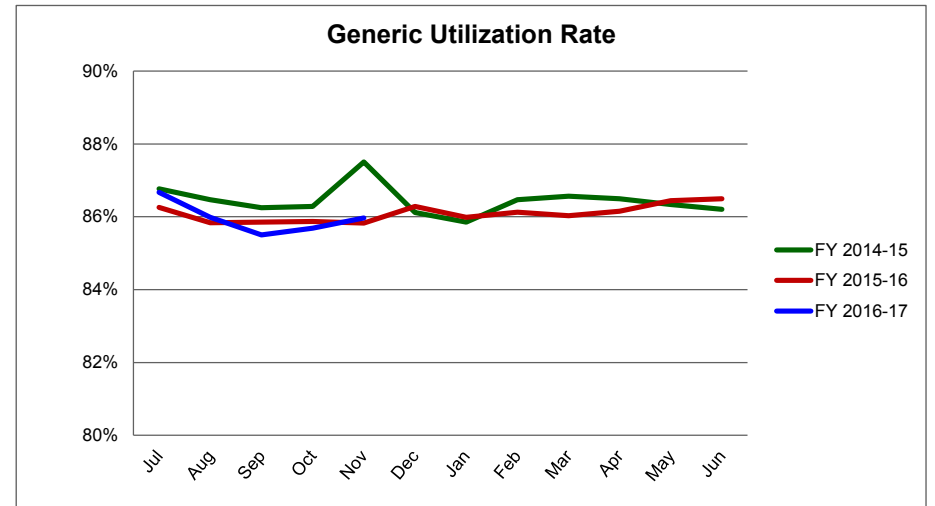
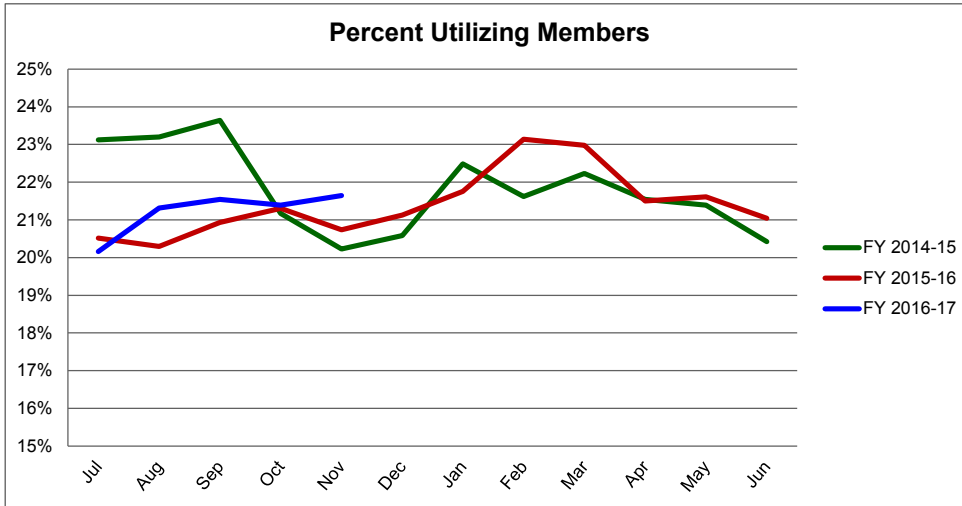
GOLD COAST HEALTH PLAN

Pharmacy Cost Trend

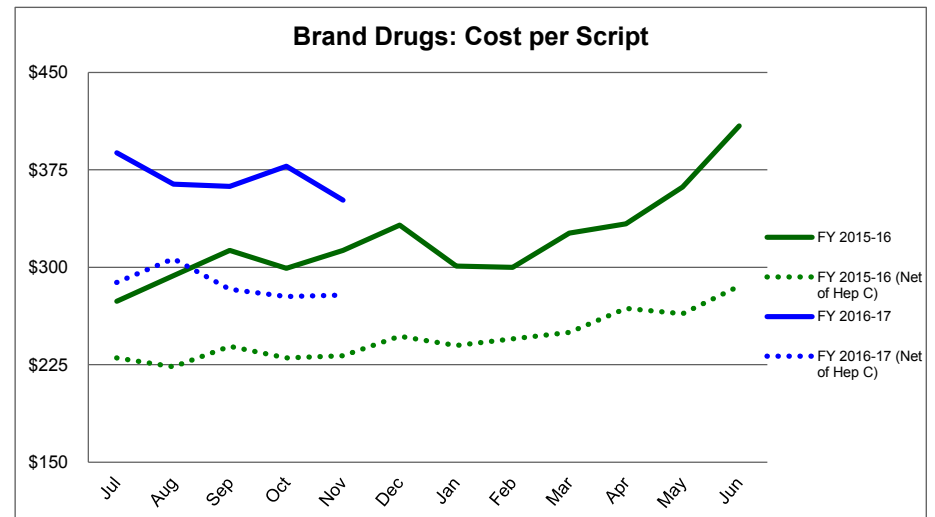
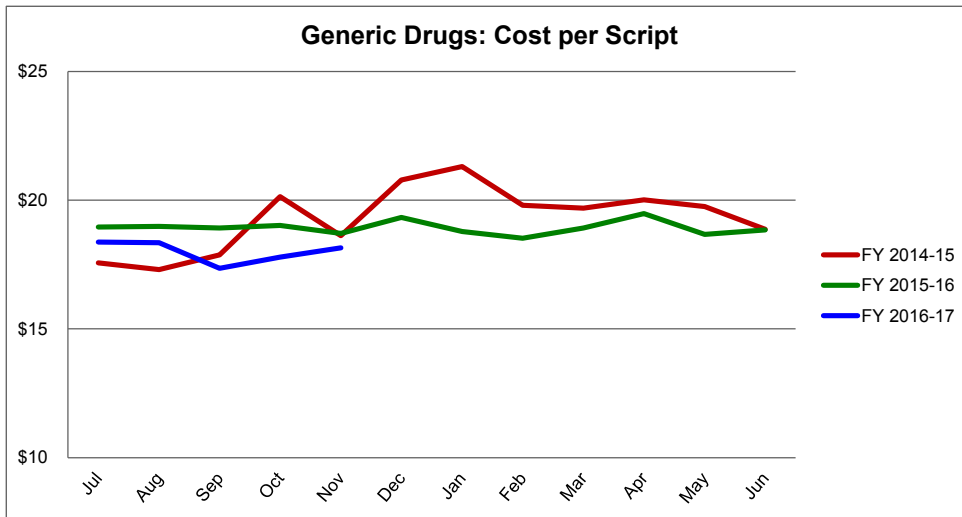


	DEC 15	JAN 16	FEB 16	MAR 16	APR 16	MAY 16	JUN 16	JUL 16	AUG 16	SEP 16	OCT 16	NOV 16
AVG PMPM	\$42.39	\$40.11	\$41.33	\$46.03	\$43.01	\$45.48	\$48.67	\$43.93	\$47.28	\$47.15	\$48.38	\$45.69
GENERIC	\$11.35	\$11.11	\$11.45	\$12.11	\$11.47	\$11.26	\$11.09	\$10.34	\$11.17	\$10.39	\$10.64	\$10.97
BRAND	\$31.04	\$29.00	\$29.88	\$33.92	\$31.55	\$34.22	\$37.58	\$33.59	\$36.11	\$36.77	\$37.74	\$34.71

**GOLD COAST HEALTH PLAN
PHARMACY ANALYSIS**



Effective Oct 14, Dual members were responsible for prescription copays, lowering the percentage of utilizing members.



AGENDA ITEM NO. 13

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: January 23, 2017

SUBJECT: Receive Resolution No. 2017-001 Amending the Bylaws to Establish *Rosenberg's Rules of Order* to Govern Certain Aspects of Commission Meetings and to Modify the Composition of the Executive/Finance Committee

SUMMARY:

As part of the Ventura County Medi-Cal Managed Care Commission's ("Commission's") annual review of its Bylaws, staff is proposing two changes for the Commission's consideration. First, the Commission should adopt *Rosenberg's Rules of Order* for the conduct of Commission meetings where the bylaws do not provide direction. Second, the Commission should modify the composition of the Executive/Finance Committee so that it does not require two members from the same constituency. The Bylaws currently limit who can serve on the Committee, and the change would allow any Commission member to be appointed to the Committee, provided that there is at least one representative from Clinicas Del Camino Real, Ventura County Medical Center Health System, and a private hospital or healthcare entity.

BACKGROUND/DISCUSSION:

Article X of the Commission's Bylaws requires that the Commission review the Bylaws annually. At its recent strategic planning session, the Commission discussed the Bylaws and staff recommended two changes.

First, staff proposed to adopt *Rosenberg's Rules of Order* to govern the procedure of Commission meetings where procedures are not established by the Bylaws. Currently, Article VI references *Robert's Rules of Order* for the conduct of Commission meetings. *Robert's Rules* is the classic model for parliamentary procedures, but it can be cumbersome and unwieldy for a smaller board, such as the Commission. *Rosenberg's Rules* is derived from and similar to *Robert's Rules*, but is more simplified. It is designed to be utilized in local government proceedings. The more streamlined procedures in *Rosenberg's Rules* will be easier to apply and more efficient for the Commission. A copy of *Rosenberg's Rules* is attached.

Second, at the request of a Commissioner, staff is proposing a change to the composition of the Executive/Finance Committee, which currently consists of (1) the Chairperson, (2) the Vice-Chairperson, (3) a private hospital/healthcare representative, (4) a representative of Clinicas Del Camino Real, and (5) a representative of Ventura County Medical Center Health

System. Article IV of the Bylaws provides that if the Chairperson or Vice-Chairperson is from one of the three constituencies, then the other representative from that constituency must also serve on the Commission. For example, because Commissioner Alatorre serves as Vice-Chairperson, Commissioner Pawar *must* serve on the Commission.

The proposed amendment will modify the Bylaws so that if the Chairperson or Vice-Chairperson is a representative of one of these three specific constituencies, then the Commission could appoint *any* Commission member to fill the Committee position. For example, since Commissioner Alatorre serves as Vice-Chairperson and represents Clinicas, the Commission will be able to appoint any member to fill the Committee position currently reserved for Clinicas.

Article X of the Bylaws provides that a full statement of any proposed amendment be presented to the Commission at least two weeks prior to the meeting at which the amendment is voted on. Therefore, this amendment is being presented to the Commission at this meeting and will be voted on at the Commission's February meeting.

FISCAL IMPACT:

There is no fiscal impact.

RECOMMENDATION:

Receive the proposed Resolution and approve Resolution No. 2017-001 at the February 27, 2017 Commission meeting.

CONCURRENCE:

N/A

ATTACHMENTS:

Resolution No. 2017-001
Gold Coast Health Plan Bylaws
Rosenberg's Rules of Order

RESOLUTION NO. 2017-001

**A RESOLUTION OF THE VENTURA COUNTY MEDICAL
MANAGED CARE COMMISSION, DOING BUSINESS AS
THE GOLD COAST HEALTH PLAN AMENDING THE
BYLAWS TO ESTABLISH THAT ROSENBERG’S RULES
OF ORDER SHALL BE THE COMMISSION’S RULES OF
PROCEDURE AND TO CHANGE THE COMPOSITION OF
THE EXECUTIVE/FINANCE COMMITTEE**

WHEREAS, the Ventura County Medi-Cal Managed Care Commission, doing business as the Gold Coast Health Plan (“Commission”), has adopted Amended and Restated Bylaws for the Operation of the Ventura County Organized Health System (“Bylaws”); and

WHEREAS, under Article IV(b) of the Bylaws, the Executive/Finance Committee consists of the Chairperson, the Vice-Chairperson, a private hospital/healthcare representative, a representative of Clinicas Del Camino Real, and a representative of Ventura County Medical Center Health System;

WHEREAS, Article IV(b) provides that if a representative of one of the identified constituencies serves as Chairperson or Vice-Chairperson, then the other representative of that constituency must serve on the Committee; and

WHEREAS, the Commission desires to amend Article IV(b) of the Bylaws so that if the Chairperson or Vice-Chairperson is a representative of one of the identified constituencies, the Commission may appoint any member of the Commission to serve on the Committee; and

WHEREAS, under Article VI of the Bylaws, the Commission has adopted *Robert’s Rules of Order* to govern the procedure of Commission meetings; and

WHEREAS, the Commission desires to amend Article VI of the Bylaws, so that *Rosenberg’s Rules of Order* shall govern the procedure of Commission meetings.

NOW THEREFORE BE IT RESOLVED, that the Bylaws for the Operation of the Ventura County Organized Health System shall be amended as follows:

1. In Article IV, under the heading “Standing Committees,” paragraph (b), subparagraph ii, shall be amended to read as follows (additions are underlined; deletions are shown in strikethrough):

“ii. Membership. The Executive/Finance Committee shall be comprised of the following five (5) Commissioners:

1. Chairperson.

2. Vice-Chairperson.
3. Private hospital/healthcare system representative (to rotate between the two representatives following the representative's resignation from the committee). If the Chairperson and/or Vice-Chairperson is a private hospital/healthcare system representative, then the Commission may appoint any one of its members to fill this position.
4. Ventura County Medical Center Health System representative. If the Chairperson and/or Vice-Chairperson is a Ventura County Medical Center Health System representative, then the Commission may appoint any one of its members to fill this position.
5. Clinicas Del Camino Real representative. If the Chairperson and/or Vice-Chairperson is a Clinicas Del Camino Real representative, then the Commission may appoint any one of its members to fill this position."

The CEO and Finance Director will serve as Ex-Officio members to Co-Chair the committee.

~~If the private hospital/healthcare system representative, the Ventura County Medical Center Health System representative and/or the Clinicas Del Camino Real representative are also the Chairperson and/or Vice-Chairperson of the governing board, then, the other Commissioner who is a representative of the same constituency or organization as the Commissioner serving as Chairperson or Vice-Chairperson shall be appointed to the Executive/Finance Committee to fill that reserved seat. For example, if the Ventura County Medical Center Health System representative and the Clinicas Del Camino Real representative are also the Chairperson and Vice-Chairperson, respectively, of the governing board, then, the other Ventura County Medical Center Health System representative and the physician representative nominated by Clinicas Del Camino Real shall be appointed to fill the respective designated seat on the Executive/Finance Committee.~~

Appointments to the Committee shall be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected or at the next regular meeting immediately thereafter. Appointments may also be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election of officers, or other event which results in the Committee lacking full membership.

2. In Article VI, under the heading "Conduct of Meeting," paragraph (g) shall be amended as follows:

"(g) Where these Bylaws do not afford an adequate procedure in the conduct of a meeting, the Chairperson may defer to the most current edition of ~~Robert's Rules of Order~~ Rosenberg's Rules of Order, to resolve parliamentary questions."

3. A copy of the Amended and Restated Bylaws with the above changes shown in redline is attached as Exhibit "A."

PASSED, APPROVED AND ADOPTED by the Ventura County Medi-Cal Managed Care Commission doing business as the Gold Coast Health Plan at a regular meeting on the 27th day of February, 2017, by the following vote:

AYE:
NAY:
ABSTAIN:
ABSENT:

Chair

Attest:

Clerk of the Board

**AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF
THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM**

**VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION
(dba Gold Coast Health Plan)**

Approved: October 24, 2011

Amended: ~~April 25, 2016~~ January 23, 2017

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AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM (dba Gold Coast Health Plan)

ARTICLE I

Name and Mission

The name of this Commission shall be the Ventura County Medi-Cal Managed Care Commission, hereafter referred to in these Bylaws as the VCMMCC. VCMMCC shall operate under the fictitious name, Gold Coast Health Plan.

The VCMMCC shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

- (a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;
- (b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;
- (c) Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics;
- (d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;
- (e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;
- (f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the VCMMCC and shall not be the obligations of the County of Ventura or the State of California; and
- (g) Implementing programs and procedures to ensure a high level of member satisfaction.

ARTICLE II

Commissioners

The governing board of the VCMMCC shall consist of eleven (11) voting members (“members” or “Commissioners”) who shall be legal residents of Ventura County. Members shall possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system.

Members of the VCMMCC shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

(a) Physician Representatives. Three members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Association, one shall be selected from a list with a minimum of three (3) nominees submitted by Clinicas Del Camino Real and one shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center Executive Committee.

(b) Private Hospital/Healthcare System Representatives. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be selected from a list with a minimum of three (3) nominees submitted by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system.

(c) Ventura County Medical Center Health System Representative. One member shall be a representative of the Ventura County Medical Center Health System and shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center administration.

(d) Public Representative. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors.

(e) Clinicas Del Camino Real Representative. One member shall be the chief executive officer of Clinicas del Camino Real or designee nominated by the Clinicas del Camino Real chief executive officer and approved by the Ventura County Board of Supervisors.

(f) County Official. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director and approved by the Board of Supervisors.

(g) Consumer Representative. One member shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is

not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position.

(h) Ventura County Medical Center Health System Representative. One member shall be the Ventura County Medical Center Family Medicine Residency Program Director or Faculty Designee and approved by the Board of Supervisors.

Selection and Terms of Commissioners

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: one of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the VCMMCC shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the VCMMCC. The term of each subsequent appointment shall be deemed to commence on March 15 of the year of the appointment.

A member may resign effective on giving written notice to the Clerk of the VCMMCC, unless the notice specifies a later date for his/her resignation to become effective. Upon receipt of such notice, the Clerk shall notify the Chairperson and the Board of Supervisors. The Clerk of the VCMMCC shall enter the notice in the proceedings of the Commission. The acceptance of a resignation shall not be necessary to make it effective.

A member may be removed from the VCMMCC by a 4/5 vote of the Board of Supervisors.

Nominations to the VCMMCC shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Board of Supervisors.

ARTICLE III

Officers

(a) Officers of the VCMMCC shall be a Chairperson and Vice-Chairperson.

(b) The Chairperson and the Vice-Chairperson shall be elected by majority vote of the members in attendance at the first meeting of the VCMMCC to serve for the remainder of the calendar year in which the first meeting occurs. Officers subsequently elected to these offices, pursuant to the procedures outlined under "Election" below, shall serve a term of two years or until their successor(s) has/have been duly elected.

(c) No individual shall serve more than two consecutive terms in any of the elected officer positions.

Election

- (a) The VCMMCC shall elect officers by majority vote of the members present.
- (b) The election of officers shall be held at the first regular meeting of the VCMMCC after March 15 (or after the date upon which the Board of Supervisors appoints Commissioners for the present term if later than March 15) in every even-numbered year. The two-year terms of office shall be deemed to commence on March 15 of the year of the election, regardless of when the election actually occurs. The officers of the prior term shall continue to preside over any meetings and perform all other functions of their offices until new officers are elected.
- (c) Notwithstanding the normal election process detailed in paragraphs (a) and (b) above, when circumstances warrant it, an election may be held at any time during the year. Circumstances that would warrant a special election include: one or more of the officers wishes to resign as an officer, or one or more of the officers is terminated.

Duties

(a) The Chairperson shall:

1. Preside at all meetings;
2. Execute all documents approved by the VCMMCC;
3. Be responsible to see that all actions of the VCMMCC are implemented; and
4. Maintain consultation with the Chief Executive Officer (CEO).

(b) The Vice-Chairperson shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson; and
2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.

ARTICLE IV

Standing Committees

(a) At a minimum, the VCMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMCC for membership on these boards. Each of the boards shall submit a charter to the VCMCC for approval. All meetings of standing committees shall be subject to the provisions of the Brown Act.

(b) Executive/Finance Committee.

- i. Purpose. The role of the Executive/Finance Committee shall be to assist the CEO and VCMCC accomplish its work in the most efficient and timely way. Meetings of this committee shall be at the request of the Chairperson or CEO to evaluate time sensitive matters. The Committee shall report on all of its activities to the governing board at the next regular meeting of the governing board.
- ii. Membership. The Executive/Finance Committee shall be comprised of the following five (5) Commissioners:
 1. Chairperson.
 2. Vice-Chairperson.
 3. Private hospital/healthcare system representative (to rotate between the two representatives following the representative's resignation from the committee). If the Chairperson and/or Vice-Chairperson is a private hospital/healthcare system representative, then the Commission may appoint any one of its members to fill this position.
 4. Ventura County Medical Center Health System representative. If the Chairperson and/or Vice-Chairperson is a Ventura County Medical Center Health System representative, then the Commission may appoint any one of its members to fill this position.
 5. Clinicas Del Camino Real representative. If the Chairperson and/or Vice-Chairperson is a Clinicas Del Camino Real representative, then the Commission may appoint any one of its members to fill this position.

The CEO and Finance Director will serve as Ex-Officio members to Co-Chair the committee.

~~If the private hospital/healthcare system representative, the Ventura County Medical Center Health System representative and/or the Clinicas Del Camino Real representative are also the Chairperson and/or Vice-Chairperson of the governing board, then, the other Commissioner who is a representative of the same constituency or organization as the Commissioner serving as Chairperson or Vice-Chairperson shall be appointed to the Executive/Finance Committee to fill that reserved seat. For example, if the Ventura County Medical Center Health System representative and the Clinicas Del Camino Real representative are also the Chairperson and Vice-Chairperson, respectively, of the governing board, then, the other Ventura County Medical Center Health System representative and the physician representative nominated by Clinicas Del Camino Real shall be appointed to fill the respective designated seat on the Executive/Finance Committee.~~

Appointments to the Committee shall be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected or at the next regular meeting immediately thereafter. Appointments may also be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election of officers, or other event which results in the Committee lacking full membership.

iii. Duties of the Executive/Finance Committee.

1. Advise the governing board Chairperson on requested matters.
2. Assist the CEO in the planning or presentation of items for governing board consideration.
3. Assist the CEO or VCOMMCC staff in the initial review of draft policy statements requiring governing board approval.
4. Assist the CEO in the ongoing monitoring of economic performance by focusing on budgets for pre-operational and operational periods.
5. Review proposed State contracts and rates, once actuary has reviewed and made recommendations.
6. Review proposed contracts for services over the assigned dollar value/limit of the CEO.
7. Establish basic tenets for payment-provider class and levels as related to Medi-Cal rates:
 - PCP
 - Specialists
 - Hospitals o LTC
 - Ancillary Providers

8. Recommend auto-assignment policies for beneficiaries who do not select a Primary Care Provider.
 9. Review and recommend provider incentive program structure.
 10. Review investment strategy and make recommendations.
 11. On an annual basis, develop the CEO review process and criteria.
 12. Serve as Interview Committee for CEO/CMO/CFO.
 13. Assist the governing board and/or the CEO in determining the appropriate committee, if any, to best deal with questions or issues that may arise from time-to-time.
 14. Develop long-term and short-term business plans for review and approval by the governing board.
 15. Undertake such other activities as may be delegated from time-to-time by the governing board.
- iv. Limitations on Authority. The Executive/Finance Committee shall not have the power or authority in reference to any of the following matters:
1. Adopting, amending or repealing any bylaw.
 2. Making final determinations of policy.
 3. Approving changes to the budget or making major structural or contractual decisions (such as adding or eliminating programs).
 4. Filling vacancies or removing any Commissioner.
 5. Changing the membership of, or filling vacancies in, the Executive/Finance Committee.
 6. Hiring or firing of senior executives, but may make recommendations to the governing board as to their appointment, dismissal or ongoing performance.
 7. Taking any action on behalf of the governing board unless expressly authorized by the governing board.

ARTICLE V

Special Committees

Members may be asked to participate on a subcommittee, task force or special project as part of their responsibilities. The VCMMCC may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the VCMMCC.

ARTICLE VI

Meetings

(a) All meetings shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies ("Brown Act").

(b) A regular meeting shall be held monthly. The VCMMCC shall by resolution establish the date, time and location for the monthly meeting. A regular meeting may, for cause, be rescheduled by the Chairperson with 72 hour advance notice.

(c) Closed session items shall be noticed in compliance with Government Code section 54954.5.

(d) Special meetings may be called, consistent with the Brown Act, by the Chairperson or by a quorum of the VCMMCC. Notice of such special meeting shall conform to the Brown Act.

(e) Any meeting at which at least a quorum cannot attend, or for which there is no agenda item requiring action may be cancelled by the Chairperson with 72 hour advance notice.

(f) A quorum shall be defined as one person more than half of the appointed members of the VCMMCC. For these purposes, "appointed members" excludes unfilled positions and those vacated by resignation or removal. Unless otherwise expressly stated in these bylaws, a majority vote of members present and constituting a quorum shall be required for any VCMMCC action.

(g) After three (3) absences of any member during a fiscal year, the reasons for the absences will be reviewed by the VCMMCC and it may notify the Board of Supervisors of the absences, if it deems this action appropriate. Three or more absences from regular meetings may be cause for the VCMMCC to recommend dismissal of that member to the Board of Supervisors.

Conduct of Meetings

(a) The Chairperson shall adhere to the order of items as posted on the agenda. Modifications to the order of the agenda may be made to the extent that (on the advice

of counsel) the rearrangement of the agenda items does not violate the spirit or intent of the Brown Act.

(b) All motions or amendments to motions require a second in order to be considered for action. Upon a motion and a second the item shall be open for discussion before the call for the vote.

(c) Voice votes will be made on all items as read. An abstention will not be recognized except for a legal conflict of interest. In furtherance of the foregoing, an abstention or refusal to vote (not arising from a legal conflict of interest) shall be deemed a vote with the majority of those Commissioners who do vote, except when there is a tie vote and the motion or action fails. For example, if there are 7 Commissioners present at a meeting (none of whom are subject to a legal conflict of interest), (i) a motion passes with 3 votes in favor and 4 Commissioners abstaining, (ii) a motion passes with 3 votes in favor, 2 votes against and 2 Commissioners abstaining; and (iii) a motion fails with 3 votes in favor, 3 votes against and 1 Commissioner abstaining.

(d) A call for a point of order shall have precedence over all other motions on the floor.

(e) Without objection, the Chairperson may continue or withdraw any item. In the event of an objection, a motion to continue or reset an item must be passed by a majority of the members present. A motion to continue or reset an item shall take precedence over all other motions except for a point of order.

(f) An amendment to a motion must be germane to the subject of the motion, but it may not intend an action contrary to the motion. There may be an amendment to the motion and an amendment to an amendment, but no further amendments. In the event the maker of the original motion accepts the amendment(s), the original motion shall be deemed modified. In the event the maker of the original motion does not accept the amendment(s), the amendment(s) shall be voted separately and in reverse order of proposal.

(g) Where these Bylaws do not afford an adequate procedure in the conduct of a meeting, the Chairperson may defer to the most current edition of ~~Robert's Rules of Order~~ Rosenberg's Rules of Order, to resolve parliamentary questions.

(h) The Chairperson shall be permitted to make motions and vote on all matters to the same extent and subject to the same limitations as other Commissioners.

ARTICLE VII

Powers and Duties

The VCOMMCC is responsible for all of the activities described in Article I of these Bylaws and in its enabling ordinance. In furtherance of such responsibility, the VCOMMCC shall have the following powers and duties and shall:

- (a) Advise the Chief Executive Officer (CEO) and request from the CEO information it deems necessary;
- (b) Conduct meetings and keep the minutes of the VCMMCC;
- (c) Provide for financial oversight through various actions and methodologies such as the preparation and submission of an annual statement of financial affairs and an estimate of the amount of funding required for expenditures, approval of an annual budget, receipt of monthly financial briefings and other appropriate action in support of its financial oversight role;
- (d) Evaluate business performance and opportunity, and review and recommend strategic plans and business strategies;
- (e) Establish, support and oversee the quality, service utilization, risk management and fraud and abuse programs;
- (f) Encourage VCMMCC members to actively participate in VCMMCC committees as well as subcommittees;
- (g) Comply with and implement all applicable federal, state and local laws, rules and regulations as they become effective;
- (h) Provide for the resolution of or resolve conflict among its leaders and those under its leadership;
- (i) Respect confidentiality, privacy and avoid any real or potential conflict of interest; and
- (j) Receive and take appropriate action, if warranted, based upon reports presented by the CEO (or designated individual). Such reports shall be prepared and submitted to the VCMMCC at least annually.

ARTICLE VIII

STAFF

The VCMMCC shall employ personnel and contract for services as necessary to perform its functions. The permanent staff employed by the VCMMCC shall include, but not be limited to, a Chief Executive Officer (CEO), Clerk and Assistant Clerk.

Chief Executive Officer

The CEO shall have the responsibility for day to day operations, consistent with the authority conferred by the VCMMCC. The CEO is responsible for coordinating all activities of the County Organized Health System.

The CEO shall:

- (a) Direct the planning, organization, and operation of all services and facilities;
- (b) Direct studies of organizations, operations, functions and activities relating to economy, efficiency and improvement of services;
- (c) Direct activities which fulfill all duties mandated by federal or state law, regulatory or accreditation authority, or VCMMCC board resolution, and shall bring any conflict between these laws, regulations, resolutions or policy to the attention of the VCMMCC;
- (c) Appoint and supervise an executive management staff, and such other individuals as are necessary for operations. The CEO may delegate certain duties and responsibilities to these and other individuals where such delegated duties are in furtherance of the goals and objectives of the VCMMCC;
- (d) Retain and appoint necessary personnel, consistent with all policies and procedures, in furtherance of the VCMMCC's powers and duties; and
- (f) Implement and enforce all policies and procedures, and assure compliance with all applicable federal and state laws, rules and regulations.

Clerk

The Clerk shall:

- (a) Perform the usual duties pertaining to secretaries;
- (b) Cause to be kept, a full and true record of all VCMMCC meetings and of such special meetings as may be scheduled;
- (c) Cause to be issued notices of regular and special meetings;
- (d) Maintain a record of attendance of members and promptly report to the VCMMCC any member whose position has been vacated; and
- (e) Attest to the Chair or Vice-Chair's signature on documents approved by the VCMMCC.

Assistant Clerk

The Assistant Clerk shall perform the duties of the Clerk in the Clerk's absence.

ARTICLE IX

Rules of Order

The Chairperson shall be responsible for maintaining decorum during VCMMCC meetings. All motions, comments, and questions shall be made through the Chairperson. Any decision by the Chairperson shall be considered final unless an appeal of the decision is requested and passed by a majority of the VCMMCC members present.

ARTICLE X

Amendments

(a) These Bylaws may be amended by an affirmative vote of a majority of the voting members of the VCMMCC. A full statement of a proposed amendment shall be submitted to the VCMMCC at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon.

(b) The Bylaws shall be reviewed annually and amendments to the Bylaws may be proposed by any VCMMCC member.

(c) Bylaws may be suspended on an ad hoc basis upon the affirmative vote of a majority of the VCMMCC members present.

ARTICLE XI

Nondiscrimination Clause

The VCMMCC or any person subject to its authority shall not discriminate against or in favor of any person because of race, gender, religion, color, national origin, age, sexual orientation or disability with regard to job application procedures, hiring, advancement, discharge, compensation, training or other terms or condition of employment of any person employed by or doing business with the VCMMCC or any person subject to its direction pursuant to federal, state or local law.

ARTICLE XII

Conflict of Interest and Ethics

VCMMCC members are subject to conflict of interest laws, including Government Code section 1090 and the 1974 Political Reform Act (Government Code section 8100 et seq.), as modified by Welfare and Institutions Code section 14087.57, and must identify and disclose any conflicts and refrain from participating in any manner in such matters in accordance with the applicable statutes. Members of the VCMMCC agree to adhere to all relevant standards established by state or federal law regarding ethical behavior.

ARTICLE XIII

Dissolution

Pursuant to California Welfare & Institutions Code, section 14087.54:

(a) In the event the Commissioners determine that VCMMCC may no longer function for the purposes for which it was established, at the time that VCMMCC's then existing obligations have been satisfied or VCMMCC's assets have been exhausted, the Board of Supervisors may by ordinance terminate the VCMMCC.

(b) Prior to the termination of the VCMMCC, the Board of Supervisors shall notify the State Department of Health Care Services ("DHCS") of its intent to terminate VCMMCC. The DHCS shall conduct an audit of VCMMCC's records within 30 days of the notification to determine the liabilities and assets of VCMMCC. The DHCS shall report its findings to the Board of Supervisors within 10 days of completion of the audit. The Board of Supervisors shall prepare a plan to liquidate or otherwise dispose of the assets of VCMMCC and to pay the liabilities of VCMMCC to the extent of VCMMCC's assets, and present the plan to the DHCS within 30 days upon receipt of these findings.

(c) Upon termination of the VCMMCC by the Board of Supervisors, the County of Ventura shall manage any remaining assets of VCMMCC until superseded by a DHCS-approved plan. Any liabilities of VCMMCC shall not become obligations of the County of Ventura upon either the termination of the VCMMCC or the liquidation or disposition of VCMMCC's remaining assets.

(d) Any assets of VCMMCC shall be disposed of pursuant to provisions contained in the contract entered into between the state and VCMMCC.



Rosenberg's Rules of Order

REVISED 2011

Simple Rules of Parliamentary Procedure for the 21st Century

By Judge Dave Rosenberg



MISSION AND CORE BELIEFS

To expand and protect local control for cities through education and advocacy to enhance the quality of life for all Californians.

VISION

To be recognized and respected as the leading advocate for the common interests of California's cities.

About the League of California Cities

Established in 1898, the League of California Cities is a member organization that represents California's incorporated cities. The League strives to protect the local authority and autonomy of city government and help California's cities effectively serve their residents. In addition to advocating on cities' behalf at the state capitol, the League provides its members with professional development programs and information resources, conducts education conferences and research, and publishes Western City magazine.

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ABOUT THE AUTHOR

Dave Rosenberg is a Superior Court Judge in Yolo County. He has served as presiding judge of his court, and as presiding judge of the Superior Court Appellate Division. He also has served as chair of the Trial Court Presiding Judges Advisory Committee (the committee composed of all 58 California presiding judges) and as an advisory member of the California Judicial Council. Prior to his appointment to the bench, Rosenberg was member of the Yolo County Board of Supervisors, where he served two terms as chair. Rosenberg also served on the Davis City Council, including two terms as mayor. He has served on the senior staff of two governors, and worked for 19 years in private law practice. Rosenberg has served as a member and chair of numerous state, regional and local boards. Rosenberg chaired the California State Lottery Commission, the California Victim Compensation and Government Claims Board, the Yolo-Solano Air Quality Management District, the Yolo County Economic Development Commission, and the Yolo County Criminal Justice Cabinet. For many years, he has taught classes on parliamentary procedure and has served as parliamentarian for large and small bodies.



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INTRODUCTION

The rules of procedure at meetings should be simple enough for most people to understand. Unfortunately, that has not always been the case. Virtually all clubs, associations, boards, councils and bodies follow a set of rules — *Robert's Rules of Order* — which are embodied in a small, but complex, book. Virtually no one I know has actually read this book cover to cover. Worse yet, the book was written for another time and for another purpose. If one is chairing or running a parliament, then *Robert's Rules of Order* is a dandy and quite useful handbook for procedure in that complex setting. On the other hand, if one is running a meeting of say, a five-member body with a few members of the public in attendance, a simplified version of the rules of parliamentary procedure is in order.

Hence, the birth of *Rosenberg's Rules of Order*.

What follows is my version of the rules of parliamentary procedure, based on my decades of experience chairing meetings in state and local government. These rules have been simplified for the smaller bodies we chair or in which we participate, slimmed down for the 21st Century, yet retaining the basic tenets of order to which we have grown accustomed. Interestingly enough, *Rosenberg's Rules* has found a welcoming audience. Hundreds of cities, counties, special districts, committees, boards, commissions, neighborhood associations and private corporations and companies have adopted *Rosenberg's Rules* in lieu of *Robert's Rules* because they have found them practical, logical, simple, easy to learn and user friendly.

This treatise on modern parliamentary procedure is built on a foundation supported by the following four pillars:

- 1. Rules should establish order.** The first purpose of rules of parliamentary procedure is to establish a framework for the orderly conduct of meetings.
- 2. Rules should be clear.** Simple rules lead to wider understanding and participation. Complex rules create two classes: those who understand and participate; and those who do not fully understand and do not fully participate.
- 3. Rules should be user friendly.** That is, the rules must be simple enough that the public is invited into the body and feels that it has participated in the process.
- 4. Rules should enforce the will of the majority while protecting the rights of the minority.** The ultimate purpose of rules of procedure is to encourage discussion and to facilitate decision making by the body. In a democracy, majority rules. The rules must enable the majority to express itself and fashion a result, while permitting the minority to also express itself, but not dominate, while fully participating in the process.

Establishing a Quorum

The starting point for a meeting is the establishment of a quorum. A quorum is defined as the minimum number of members of the body who must be present at a meeting for business to be legally transacted. The default rule is that a quorum is one more than half the body. For example, in a five-member body a quorum is three. When the body has three members present, it can legally transact business. If the body has less than a quorum of members present, it cannot legally transact business. And even if the body has a quorum to begin the meeting, the body can lose the quorum during the meeting when a member departs (or even when a member leaves the dais). When that occurs the body loses its ability to transact business until and unless a quorum is reestablished.

The default rule, identified above, however, gives way to a specific rule of the body that establishes a quorum. For example, the rules of a particular five-member body may indicate that a quorum is four members for that particular body. The body must follow the rules it has established for its quorum. In the absence of such a specific rule, the quorum is one more than half the members of the body.

The Role of the Chair

While all members of the body should know and understand the rules of parliamentary procedure, it is the chair of the body who is charged with applying the rules of conduct of the meeting. The chair should be well versed in those rules. For all intents and purposes, the chair makes the final ruling on the rules every time the chair states an action. In fact, all decisions by the chair are final unless overruled by the body itself.

Since the chair runs the conduct of the meeting, it is usual courtesy for the chair to play a less active role in the debate and discussion than other members of the body. This does not mean that the chair should not participate in the debate or discussion. To the contrary, as a member of the body, the chair has the full right to participate in the debate, discussion and decision-making of the body. What the chair should do, however, is strive to be the last to speak at the discussion and debate stage. The chair should not make or second a motion unless the chair is convinced that no other member of the body will do so at that point in time.

The Basic Format for an Agenda Item Discussion

Formal meetings normally have a written, often published agenda. Informal meetings may have only an oral or understood agenda. In either case, the meeting is governed by the agenda and the agenda constitutes the body's agreed-upon roadmap for the meeting. Each agenda item can be handled by the chair in the following basic format:

First, the chair should clearly announce the agenda item number and should clearly state what the agenda item subject is. The chair should then announce the format (which follows) that will be followed in considering the agenda item.

Second, following that agenda format, the chair should invite the appropriate person or persons to report on the item, including any recommendation that they might have. The appropriate person or persons may be the chair, a member of the body, a staff person, or a committee chair charged with providing input on the agenda item.

Third, the chair should ask members of the body if they have any technical questions of clarification. At this point, members of the body may ask clarifying questions to the person or persons who reported on the item, and that person or persons should be given time to respond.

Fourth, the chair should invite public comments, or if appropriate at a formal meeting, should open the public meeting for public input. If numerous members of the public indicate a desire to speak to the subject, the chair may limit the time of public speakers. At the conclusion of the public comments, the chair should announce that public input has concluded (or the public hearing, as the case may be, is closed).

Fifth, the chair should invite a motion. The chair should announce the name of the member of the body who makes the motion.

Sixth, the chair should determine if any member of the body wishes to second the motion. The chair should announce the name of the member of the body who seconds the motion. It is normally good practice for a motion to require a second before proceeding to ensure that it is not just one member of the body who is interested in a particular approach. However, a second is not an absolute requirement, and the chair can proceed with consideration and vote on a motion even when there is no second. This is a matter left to the discretion of the chair.

Seventh, if the motion is made and seconded, the chair should make sure everyone understands the motion.

This is done in one of three ways:

1. The chair can ask the maker of the motion to repeat it;
2. The chair can repeat the motion; or
3. The chair can ask the secretary or the clerk of the body to repeat the motion.

Eighth, the chair should now invite discussion of the motion by the body. If there is no desired discussion, or after the discussion has ended, the chair should announce that the body will vote on the motion. If there has been no discussion or very brief discussion, then the vote on the motion should proceed immediately and there is no need to repeat the motion. If there has been substantial discussion, then it is normally best to make sure everyone understands the motion by repeating it.

Ninth, the chair takes a vote. Simply asking for the “ayes” and then asking for the “nays” normally does this. If members of the body do not vote, then they “abstain.” Unless the rules of the body provide otherwise (or unless a super majority is required as delineated later in these rules), then a simple majority (as defined in law or the rules of the body as delineated later in these rules) determines whether the motion passes or is defeated.

Tenth, the chair should announce the result of the vote and what action (if any) the body has taken. In announcing the result, the chair should indicate the names of the members of the body, if any, who voted in the minority on the motion. This announcement might take the following form: “The motion passes by a vote of 3-2, with Smith and Jones dissenting. We have passed the motion requiring a 10-day notice for all future meetings of this body.”

Motions in General

Motions are the vehicles for decision making by a body. It is usually best to have a motion before the body prior to commencing discussion of an agenda item. This helps the body focus.

Motions are made in a simple two-step process. First, the chair should recognize the member of the body. Second, the member of the body makes a motion by preceding the member’s desired approach with the words “I move ...”

A typical motion might be: “I move that we give a 10-day notice in the future for all our meetings.”

The chair usually initiates the motion in one of three ways:

1. **Inviting the members of the body to make a motion**, for example, “A motion at this time would be in order.”
2. **Suggesting a motion to the members of the body**, “A motion would be in order that we give a 10-day notice in the future for all our meetings.”
3. **Making the motion**. As noted, the chair has every right as a member of the body to make a motion, but should normally do so only if the chair wishes to make a motion on an item but is convinced that no other member of the body is willing to step forward to do so at a particular time.

The Three Basic Motions

There are three motions that are the most common and recur often at meetings:

The basic motion. The basic motion is the one that puts forward a decision for the body’s consideration. A basic motion might be: “I move that we create a five-member committee to plan and put on our annual fundraiser.”

The motion to amend. If a member wants to change a basic motion that is before the body, they would move to amend it. A motion to amend might be: “I move that we amend the motion to have a 10-member committee.” A motion to amend takes the basic motion that is before the body and seeks to change it in some way.

The substitute motion. If a member wants to completely do away with the basic motion that is before the body, and put a new motion before the body, they would move a substitute motion. A substitute motion might be: “I move a substitute motion that we cancel the annual fundraiser this year.”

“Motions to amend” and “substitute motions” are often confused, but they are quite different, and their effect (if passed) is quite different. A motion to amend seeks to retain the basic motion on the floor, but modify it in some way. A substitute motion seeks to throw out the basic motion on the floor, and substitute a new and different motion for it. The decision as to whether a motion is really a “motion to amend” or a “substitute motion” is left to the chair. So if a member makes what that member calls a “motion to amend,” but the chair determines that it is really a “substitute motion,” then the chair’s designation governs.

A “friendly amendment” is a practical parliamentary tool that is simple, informal, saves time and avoids bogging a meeting down with numerous formal motions. It works in the following way: In the discussion on a pending motion, it may appear that a change to the motion is desirable or may win support for the motion from some members. When that happens, a member who has the floor may simply say, “I want to suggest a friendly amendment to the motion.” The member suggests the friendly amendment, and if the maker and the person who seconded the motion pending on the floor accepts the friendly amendment, that now becomes the pending motion on the floor. If either the maker or the person who seconded rejects the proposed friendly amendment, then the proposer can formally move to amend.

Multiple Motions Before the Body

There can be up to three motions on the floor at the same time. The chair can reject a fourth motion until the chair has dealt with the three that are on the floor and has resolved them. This rule has practical value. More than three motions on the floor at any given time is confusing and unwieldy for almost everyone, including the chair.

When there are two or three motions on the floor (after motions and seconds) at the same time, the vote should proceed *first* on the *last* motion that is made. For example, assume the first motion is a basic “motion to have a five-member committee to plan and put on our annual fundraiser.” During the discussion of this motion, a member might make a second motion to “amend the main motion to have a 10-member committee, not a five-member committee to plan and put on our annual fundraiser.” And perhaps, during that discussion, a member makes yet a third motion as a “substitute motion that we not have an annual fundraiser this year.” The proper procedure would be as follows:

First, the chair would deal with the *third* (the last) motion on the floor, the substitute motion. After discussion and debate, a vote would be taken first on the third motion. If the substitute motion *passed*, it would be a substitute for the basic motion and would eliminate it. The first motion would be moot, as would the second motion (which sought to amend the first motion), and the action on the agenda item would be completed on the passage by the body of the third motion (the substitute motion). No vote would be taken on the first or second motions.

Second, if the substitute motion *failed*, the chair would then deal with the second (now the last) motion on the floor, the motion to amend. The discussion and debate would focus strictly on the amendment (should the committee be five or 10 members). If the motion to amend *passed*, the chair would then move to consider the main motion (the first motion) as *amended*. If the motion to amend *failed*, the chair would then move to consider the main motion (the first motion) in its original format, not amended.

Third, the chair would now deal with the first motion that was placed on the floor. The original motion would either be in its original format (five-member committee), or if *amended*, would be in its amended format (10-member committee). The question on the floor for discussion and decision would be whether a committee should plan and put on the annual fundraiser.

To Debate or Not to Debate

The basic rule of motions is that they are subject to discussion and debate. Accordingly, basic motions, motions to amend, and substitute motions are all eligible, each in their turn, for full discussion before and by the body. The debate can continue as long as members of the body wish to discuss an item, subject to the decision of the chair that it is time to move on and take action.

There are exceptions to the general rule of free and open debate on motions. The exceptions all apply when there is a desire of the body to move on. The following motions are not debatable (that is, when the following motions are made and seconded, the chair must immediately call for a vote of the body without debate on the motion):

Motion to adjourn. This motion, if passed, requires the body to immediately adjourn to its next regularly scheduled meeting. It requires a simple majority vote.

Motion to recess. This motion, if passed, requires the body to immediately take a recess. Normally, the chair determines the length of the recess which may be a few minutes or an hour. It requires a simple majority vote.

Motion to fix the time to adjourn. This motion, if passed, requires the body to adjourn the meeting at the specific time set in the motion. For example, the motion might be: “I move we adjourn this meeting at midnight.” It requires a simple majority vote.

Motion to table. This motion, if passed, requires discussion of the agenda item to be halted and the agenda item to be placed on “hold.” The motion can contain a specific time in which the item can come back to the body. “I move we table this item until our regular meeting in October.” Or the motion can contain no specific time for the return of the item, in which case a motion to take the item off the table and bring it back to the body will have to be taken at a future meeting. A motion to table an item (or to bring it back to the body) requires a simple majority vote.

Motion to limit debate. The most common form of this motion is to say, “I move the previous question” or “I move the question” or “I call the question” or sometimes someone simply shouts out “question.” As a practical matter, when a member calls out one of these phrases, the chair can expedite matters by treating it as a “request” rather than as a formal motion. The chair can simply inquire of the body, “any further discussion?” If no one wishes to have further discussion, then the chair can go right to the pending motion that is on the floor. However, if even one person wishes to discuss the pending motion further, then at that point, the chair should treat the call for the “question” as a formal motion, and proceed to it.

When a member of the body makes such a motion (“I move the previous question”), the member is really saying: “I’ve had enough debate. Let’s get on with the vote.” When such a motion is made, the chair should ask for a second, stop debate, and vote on the motion to limit debate. The motion to limit debate requires a two-thirds vote of the body.

NOTE: A motion to limit debate could include a time limit. For example: “I move we limit debate on this agenda item to 15 minutes.” Even in this format, the motion to limit debate requires a two-thirds vote of the body. A similar motion is a *motion to object to consideration of an item*. This motion is not debatable, and if passed, precludes the body from even considering an item on the agenda. It also requires a two-thirds vote.

Majority and Super Majority Votes

In a democracy, a simple majority vote determines a question. A tie vote means the motion fails. So in a seven-member body, a vote of 4-3 passes the motion. A vote of 3-3 with one abstention means the motion fails. If one member is absent and the vote is 3-3, the motion still fails.

All motions require a simple majority, but there are a few exceptions. The exceptions come up when the body is taking an action which effectively cuts off the ability of a minority of the body to take an action or discuss an item. These extraordinary motions require a two-thirds majority (a super majority) to pass:

Motion to limit debate. Whether a member says, “I move the previous question,” or “I move the question,” or “I call the question,” or “I move to limit debate,” it all amounts to an attempt to cut off the ability of the minority to discuss an item, and it requires a two-thirds vote to pass.

Motion to close nominations. When choosing officers of the body (such as the chair), nominations are in order either from a nominating committee or from the floor of the body. A motion to close nominations effectively cuts off the right of the minority to nominate officers and it requires a two-thirds vote to pass.

Motion to object to the consideration of a question. Normally, such a motion is unnecessary since the objectionable item can be tabled or defeated straight up. However, when members of a body do not even want an item on the agenda to be considered, then such a motion is in order. It is not debatable, and it requires a two-thirds vote to pass.

Motion to suspend the rules. This motion is debatable, but requires a two-thirds vote to pass. If the body has its own rules of order, conduct or procedure, this motion allows the body to suspend the rules for a particular purpose. For example, the body (a private club) might have a rule prohibiting the attendance at meetings by non-club members. A motion to suspend the rules would be in order to allow a non-club member to attend a meeting of the club on a particular date or on a particular agenda item.

Counting Votes

The matter of counting votes starts simple, but can become complicated.

Usually, it’s pretty easy to determine whether a particular motion passed or whether it was defeated. If a simple majority vote is needed to pass a motion, then one vote more than 50 percent of the body is required. For example, in a five-member body, if the vote is three in favor and two opposed, the motion passes. If it is two in favor and three opposed, the motion is defeated.

If a two-thirds majority vote is needed to pass a motion, then how many affirmative votes are required? The simple rule of thumb is to count the “no” votes and double that count to determine how many “yes” votes are needed to pass a particular motion. For example, in a seven-member body, if two members vote “no” then the “yes” vote of at least four members is required to achieve a two-thirds majority vote to pass the motion.

What about tie votes? In the event of a tie, the motion always fails since an affirmative vote is required to pass any motion. For example, in a five-member body, if the vote is two in favor and two opposed, with one member absent, the motion is defeated.

Vote counting starts to become complicated when members vote “abstain” or in the case of a written ballot, cast a blank (or unreadable) ballot. Do these votes count, and if so, how does one count them? The starting point is always to check the statutes.

In California, for example, for an action of a board of supervisors to be valid and binding, the action must be approved by a majority of the board. (California Government Code Section 25005.) Typically, this means three of the five members of the board must vote affirmatively in favor of the action. A vote of 2-1 would not be sufficient. A vote of 3-0 with two abstentions would be sufficient. In general law cities in

California, as another example, resolutions or orders for the payment of money and all ordinances require a recorded vote of the total members of the city council. (California Government Code Section 36936.) Cities with charters may prescribe their own vote requirements. Local elected officials are always well-advised to consult with their local agency counsel on how state law may affect the vote count.

After consulting state statutes, step number two is to check the rules of the body. If the rules of the body say that you count votes of “those present” then you treat abstentions one way. However, if the rules of the body say that you count the votes of those “present and voting,” then you treat abstentions a different way. And if the rules of the body are silent on the subject, then the general rule of thumb (and default rule) is that you count all votes that are “present and voting.”

Accordingly, under the “present and voting” system, you would **NOT** count abstention votes on the motion. Members who abstain are counted for purposes of determining quorum (they are “present”), but you treat the abstention votes on the motion as if they did not exist (they are not “voting”). On the other hand, if the rules of the body specifically say that you count votes of those “present” then you **DO** count abstention votes both in establishing the quorum and on the motion. In this event, the abstention votes act just like “no” votes.

How does this work in practice?

Here are a few examples.

Assume that a five-member city council is voting on a motion that requires a simple majority vote to pass, and assume further that the body has no specific rule on counting votes. Accordingly, the default rule kicks in and we count all votes of members that are “present and voting.” If the vote on the motion is 3-2, the motion passes. If the motion is 2-2 with one abstention, the motion fails.

Assume a five-member city council voting on a motion that requires a two-thirds majority vote to pass, and further assume that the body has no specific rule on counting votes. Again, the default rule applies. If the vote is 3-2, the motion fails for lack of a two-thirds majority. If the vote is 4-1, the motion passes with a clear two-thirds majority. A vote of three “yes,” one “no” and one “abstain” also results in passage of the motion. Once again, the abstention is counted only for the purpose of determining quorum, but on the actual vote on the motion, it is as if the abstention vote never existed — so an effective 3-1 vote is clearly a two-thirds majority vote.

Now, change the scenario slightly. Assume the same five-member city council voting on a motion that requires a two-thirds majority vote to pass, but now assume that the body **DOES** have a specific rule requiring a two-thirds vote of members “present.” Under this specific rule, we must count the members present not only for quorum but also for the motion. In this scenario, any abstention has the same force and effect as if it were a “no” vote. Accordingly, if the votes were three “yes,” one “no” and one “abstain,” then the motion fails. The abstention in this case is treated like a “no” vote and effective vote of 3-2 is not enough to pass two-thirds majority muster.

Now, exactly how does a member cast an “abstention” vote?

Any time a member votes “abstain” or says, “I abstain,” that is an abstention. However, if a member votes “present” that is also treated as an abstention (the member is essentially saying, “Count me for purposes of a quorum, but my vote on the issue is abstain.”) In fact, any manifestation of intention not to vote either “yes” or “no” on the pending motion may be treated by the chair as an abstention. If written ballots are cast, a blank or unreadable ballot is counted as an abstention as well.

Can a member vote “absent” or “count me as absent?” Interesting question. The ruling on this is up to the chair. The better approach is for the chair to count this as if the member had left his/her chair and is actually “absent.” That, of course, affects the quorum. However, the chair may also treat this as a vote to abstain, particularly if the person does not actually leave the dais.

The Motion to Reconsider

There is a special and unique motion that requires a bit of explanation all by itself; the motion to reconsider. A tenet of parliamentary procedure is finality. After vigorous discussion, debate and a vote, there must be some closure to the issue. And so, after a vote is taken, the matter is deemed closed, subject only to reopening if a proper motion to consider is made and passed.

A motion to reconsider requires a majority vote to pass like other garden-variety motions, but there are two special rules that apply only to the motion to reconsider.

First, is the matter of timing. A motion to reconsider must be made at the meeting where the item was first voted upon. A motion to reconsider made at a later time is untimely. (The body, however, can always vote to suspend the rules and, by a two-thirds majority, allow a motion to reconsider to be made at another time.)

Second, a motion to reconsider may be made only by certain members of the body. Accordingly, a motion to reconsider may be made only by a member who voted in the majority on the original motion. If such a member has a change of heart, he or she may make the motion to reconsider (any other member of the body — including a member who voted in the minority on the original motion — may second the motion). If a member who voted in the minority seeks to make the motion to reconsider, it must be ruled out of order. The purpose of this rule is finality. If a member of minority could make a motion to reconsider, then the item could be brought back to the body again and again, which would defeat the purpose of finality.

If the motion to reconsider passes, then the original matter is back before the body, and a new original motion is in order. The matter may be discussed and debated as if it were on the floor for the first time.

Courtesy and Decorum

The rules of order are meant to create an atmosphere where the members of the body and the members of the public can attend to business efficiently, fairly and with full participation. At the same time, it is up to the chair and the members of the body to maintain common courtesy and decorum. Unless the setting is very informal, it is always best for only one person at a time to have the floor, and it is always best for every speaker to be first recognized by the chair before proceeding to speak.

The chair should always ensure that debate and discussion of an agenda item focuses on the item and the policy in question, not the personalities of the members of the body. Debate on policy is healthy, debate on personalities is not. The chair has the right to cut off discussion that is too personal, is too loud, or is too crude.

Debate and discussion should be focused, but free and open. In the interest of time, the chair may, however, limit the time allotted to speakers, including members of the body.

Can a member of the body interrupt the speaker? The general rule is “no.” There are, however, exceptions. A speaker may be interrupted for the following reasons:

Privilege. The proper interruption would be, “point of privilege.” The chair would then ask the interrupter to “state your point.” Appropriate points of privilege relate to anything that would interfere with the normal comfort of the meeting. For example, the room may be too hot or too cold, or a blowing fan might interfere with a person’s ability to hear.

Order. The proper interruption would be, “point of order.” Again, the chair would ask the interrupter to “state your point.” Appropriate points of order relate to anything that would not be considered appropriate conduct of the meeting. For example, if the chair moved on to a vote on a motion that permits debate without allowing that discussion or debate.

Appeal. If the chair makes a ruling that a member of the body disagrees with, that member may appeal the ruling of the chair. If the motion is seconded, and after debate, if it passes by a simple majority vote, then the ruling of the chair is deemed reversed.

Call for orders of the day. This is simply another way of saying, “return to the agenda.” If a member believes that the body has drifted from the agreed-upon agenda, such a call may be made. It does not require a vote, and when the chair discovers that the agenda has not been followed, the chair simply reminds the body to return to the agenda item properly before them. If the chair fails to do so, the chair’s determination may be appealed.

Withdraw a motion. During debate and discussion of a motion, the maker of the motion on the floor, at any time, may interrupt a speaker to withdraw his or her motion from the floor. The motion is immediately deemed withdrawn, although the chair may ask the person who seconded the motion if he or she wishes to make the motion, and any other member may make the motion if properly recognized.

Special Notes About Public Input

The rules outlined above will help make meetings very public-friendly. But in addition, and particularly for the chair, it is wise to remember three special rules that apply to each agenda item:

Rule One: Tell the public what the body will be doing.

Rule Two: Keep the public informed while the body is doing it.

Rule Three: When the body has acted, tell the public what the body did.




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AGENDA ITEM NO. 14

TO: Gold Coast Health Plan Commissioners

FROM: Joseph T. Ortiz, Best Best & Krieger LLP- Diversity Subcommittee

DATE: January 23, 2017

SUBJECT: Diversity Subcommittee/Interview Panel Vacancy

SUMMARY:

The Diversity Subcommittee requests that (1) the Commission appoint a replacement to the Diversity Subcommittee and (2) the Commission approve Yolanda Benitez as the LULAC representative to the CDO Interview Panel.

The Diversity Subcommittee spearheaded the effort to make diversity and inclusion a priority at Gold Coast Health Plan (GCHP). The Subcommittee helped facilitate diversity training, needs assessment, and the creation and pending selection of the GCHP Chief Diversity Officer position, among other things. Unfortunately, due to a vacancy, the Subcommittee now must respectfully request that the Commission appoint a replacement. Further, while GCHP initially approved the Interview Panel for Chief Diversity Officer (“CDO”) candidates, Dr. Jaime Casillas, of the *League of United Latin American Citizens* (“LULAC”) resigned from the post. LULAC nominated Yolanda Benitez as a replacement, and the Subcommittee has approved her participation, pending Commission approval.

BACKGROUND/DISCUSSION:

On September 28, 2015, the GCHP created its Diversity Subcommittee. Subcommittee reports directly to the Commission and is responsible for recruitment of the Chief Diversity Officer and the development of a cultural diversity programs, such as employee surveys, training, and ongoing needs assessments, among other things. As of March 2016, the three-member Diversity Subcommittee was filled by Commissioners Antonio Alatorre, Shawn Atin, and Darren Lee. Unfortunately, because of various other commitments, Commissioner Lee felt it necessary to resign his position on the Subcommittee as of December 11, 2016. The Subcommittee is deeply thankful for his service and guidance and respectfully requests the Commission appoint a replacement Subcommittee member.

Further, on October 24, 2016, the GCHP formally appointed the following people to the Chief Diversity Officer (CDO) Interview Panel: (1) the three members of the Diversity Subcommittee; (2) Dr. Jaime Casillas, as a representative from LULAC, (3) Mr. Theodore Bagley, as a representative from the NAACP, and (4) Rev. James Gilmer, local and minority rights activist. As of November 5, 2016, Dr. Jaime Casillas notified the Subcommittee that due to unexpected personal issues, he will no longer be able to serve on the Interview Panel. LULAC forwarded

Ms. Yolanda Benitez as a replacement, and on November 14, 2016, the Subcommittee approved Ms. Benitez's appointment to the Interview Panel, pending Commission approval. A copy of Ms. Benitez's resume is attached as Exhibit A. Ms. Benitez is an educator and community activist.

FISCAL IMPACT:

None at this time.

RECOMMENDATION:

Staff recommends that the Commission appoint a Commissioner to the Diversity Subcommittee to fill the vacancy. Staff further recommends the Commission approve the formal appointment of Yolanda Benitez to the CDO Interview Panel.

CONCURRENCE:

N/A

ATTACHMENT:

Resume of Yolanda Benitez

Professional Résumé

Yolanda M. Benítez

301 Lincoln Drive, Ventura, California, 93001

805-901-4784

EDUCATION

Grad Studies	University of Southern California, 1988		
M.A.	California State University, Los Angeles, 1982		
	Educational Foundations: Emphasis: Research, Evaluation, and Measurement		
B.A.	California State University, Los Angeles, 1972		
	Major: Psychology	Minor: English	
Credentials	Standard Secondary:	Grades 7-12	Life
	Administrative:	Preschool/K-12/Adult	Life

ADDITIONAL ADMINISTRATIVE TRAINING

Interest Based Approach Decision Making Training	ACSA Superintendent's Academy
Effective School/Strategic Planning	ACSA Personnel Academy

PROFESSIONAL ADMINISTRATIVE EXPERIENCE

July 2012-June 2015	Chief Academic Officer, Los Angeles County Office of Education
December 2010-July 2012	Interim Assistant Superintendent Education Services Los Angeles County Office of Education
April 2009-June 2012	Director, Parent and Community Services/Williams Division, Los Angeles County Office of Education
February 2006-June 2012	Senior Project Director, Williams/Valenzuela Legislation Settlement Program Los Angeles County Office of Education
March 2005-February 2006	Professional Expert, Williams Instructional Implementation Project - Los Angeles County Office of Education
December 2003-June 2005	Educational and Management Consultant Oxnard College; Hazard, Young and Attea; San Bernardino County Office of Education
July 1995-June 2003	Superintendent, Rio School District Oxnard, California
July 1993-June 1995	Assistant Superintendent, Hueneme School District Port Hueneme, California
July 1988-June 1995	Administrative Assistant, Educational Services Hueneme School District, Port Hueneme, CA
August 1985-June 1988	Principal, San Cayetano Elementary School Fillmore, California

October 1977-July 1985 Curriculum Coordinator, Riverside
County Superintendent of Schools Office

August 1984-July 1985 Principal/Coordinator, Special Education, Riverside

CHIEF ACADEMIC OFFICER, LOS ANGELES COUNTY OFFICE OF EDUCATION
July 2012-June 2015

INTERIM ASSISTANT SUPERINTENDENT, EDUCATIONAL SERVICES
Los Angeles County Office of Education
December 2010-June 2012

RESPONSIBILITIES/ACCOMPLISHMENTS

- Planned, organized, and managed the services and activities of the Educational Services Unit within the office and with external clients such as school districts, charter schools, universities and professional/community organizations. Aligned division goals with the Superintendent's goals.
- Provided leadership and active participation in the identification, development, and implementation of the Superintendent's goals, objectives, policies, and priorities.
- Provided leadership in the Head Start Program in dealing with politically sensitive issues with the termination of two delegate agencies. Met with parents, Supervisor, and other key stakeholders to ensure communication on complex issues.
- Provided leadership and direction in the reorganization of the Head Start services and staffing to meet Office of Head Start performance standards.
- Provided direction in the complex issues regarding charter schools. Provided information and presentations to district Superintendents, boards, and other community stakeholders. Developed a positive working relationship with the California Charter School Association and other charter organizations.
- Planned, collaborated, implemented professional development services to teachers and administrators in the Juvenile Court and Community Schools Division.
- Provided direction in providing Title I parent services to juvenile court halls and camps to meet parent and program needs.
- Planned, collaborated, implemented, and directed the county wide professional development trainings to meet the need of school administrators, teachers, and communities on implementation of innovative educational strategies to increase student achievement.
- Analyzed and provided direction in the Fiscal Crisis & Management Assistance Team (FCMAT) recommendations and LACOE Policies specifically for Educational Services as well as on LACOE wide issues.
- Demonstrated effectiveness in working with California State Department of Education, California County Superintendents Educational Services Association (CCSESA), other county offices, county organizations, and community groups.

DIRECTOR, PARENT & COMMUNITY SERVICES/WILLIAMS IM
Los Angeles County Office of Education
April 2009-June 2012

RESPONSIBILITIES/ACCOMPLISHMENTS

- Provided leadership and direction to service programs and projects.
- Provided direction, monitoring, and review of legislation, guidelines, and LACOE policies as they relate to the charter schools.

- Collaborated with LACOE's juvenile court schools to provide parent trainings.
- Provided direction and leadership for the Early Advantage LACOE wide group for all 0-5 focused programs.
- Provided leadership to county PTA presidents by providing fiscal and educational program information.
- Provided direction for Williams and Valenzuela Settlement Implementation decile 1-3 schools throughout the county.

WILLIAMS INSTRUCTIONAL MATERIALS/VALENZUELA IMPLEMENTATION

Los Angeles County Office of Education

March 2005-June 2012

RESPONSIBILITIES/ACCOMPLISHMENTS

- Demonstrated comprehensive and progressive experience in the Williams Instructional Materials/Valenzuela Programs. Involved with the programs from the initial information to county offices, training of reviewers, training of team leads, beginning site review process, data analysis, and reporting requirements.
- Provided technical, specialized, advisory, and planning services regarding the Williams Instructional Materials and Valenzuela Programs. Provided technical and planning services to sites review teams and school districts.
- Developed strategic operational plans for the Williams Instructional Materials and Valenzuela programs across the division. Collaborated with Williams Facilities and Teacher Assignments units in planning, implementation and evaluation of visitation reviews, processes, and procedures.
- Provided relevant data for required county and state reporting requirements.
- Provided direction in the recruitment, training, and evaluation of school site reviewers. Successfully managed, directed, supervised, and evaluated the performance of program professionals, technical, and clerical personnel to ensure compliance with county office policies and operational objectives.
- Responsible for the Williams Instructional Materials and Valenzuela budgets.
- Expanded reviews to QEIA schools and assisted with needed reports for QEIA requirements.
- Coordinated Star testing and classroom visitation to all charter schools under the authorization of the Los Angeles County Office of Education.
- Provided leadership in Williams Instructional Materials/Valenzuela Program planning, implementation, and evaluation with the Southern Counties Network and with CCSESA.

SUPERINTENDENT- Rio School District

1995-2003

The Rio School District is located in Ventura County. I reported to five Board members. The District has an enrollment of 4,000 plus students with a free and reduced lunch rate of 75%. The student ethnic composition is 80% Latino with 20% Anglo, Filipino, and other. The district has 180 classroom teachers and 200 classified staff members in its six elementary schools and one junior high school. The district was experiencing a rapid student growth phase.

RESPONSIBILITIES/ACCOMPLISHMENTS

- Leadership, implementation, and evaluation of curriculum and instruction. For the last seven years state test scores have risen. Tests scores on the State Star program have demonstrated positive growth since the implementation of the test program. Tests scores on the SABE II for Spanish-speaking students have maintained high for the last seven years.
- Recruitment, training, evaluation of certificated and classified staff. Implemented the Effective Schools Model for evaluation. Developed job specifications and coordinated salary studies. Curriculum guide alignment to State standards. Professional in-services provided the foundation and enrichment for research-based instructional strategies. Computer site master plans have guided the implementation of technology K-6. Installed high-end computers for science and computer literacy

classrooms (Classrooms of Tomorrow), thus ensuring that all students reached computer literacy before high school.

- Provided the leadership to pass a 20 million dollar general obligation bond. The bond passed with a 77% approval rate, the highest in the county. The bond funds built a new 800-student elementary school, modernized school sites, and assisted in building a junior high school gymnasium.
- Provided the leadership in aggressively negotiating a building plan. I negotiated a facility plan that guaranteed the building of two elementary schools and one junior high school paid by the developer without any general fund dollars being expended. Additionally, the negotiations led to including the costs of classroom computers, textbooks, and furniture to be paid by the developer.
- Provided a variety of programs for parents, community, and business involvement. Established business partnerships to award complete computer systems to selected academic students graduating from eighth grade. Established the Academic Awards of Excellence students to honor the academic success for students. Provided school enrichment programs such as the New West Symphony music program that provided hands-on instrumental experiences, concert performances, special school music assemblies, after school academic tutoring, and the Mad Science program. Many enrichment programs were funded by business and district partnerships.
- Established the first school site preschool in the district using Prop 10 funds. This was a collaboration of the Ventura County First Five Commission and various community agencies.

ASSISTANT SUPERINTENDENT - Hueneme School District
1993-1995

ADMINISTRATIVE ASSISTANT - Hueneme School District
1988-1993

The Hueneme School District is located in the city of Port Hueneme in Ventura County. The district had an enrollment of 8,000 plus students in its nine elementary schools and two junior high schools. The community is multi-ethnic with a Latino population of 70% and a large migrant population. The district is well known for its computer technology programs for students and staff.

SELECTED RESPONSIBILITIES AND ACCOMPLISHMENTS

- Developed bilingual education and English as a Second Language Curriculum. Curriculum guides including language benchmark tests for K-8. Developed the Transitional Framework and the junior school Life Skills/Home Economics Frameworks. Provided certificated and classified in-services. Provided leadership in the district Mentor program.
- Directed and Monitored all Federal and State Funds. The programmatic accountability and fiscal monitoring for the following program: School Improvement Program, Chapter I and II, Refugee, Economic Impact Aid, Mentor program, Migrant education, and the educational materials center funds.
- Recruited and evaluated certificated and classified staff. Developed Spanish testing exams for classified staff. Recruited certificated staff at universities throughout Southern California.
- Educational television programs in Spanish for English speakers. Wrote and directed a pilot interactive Spanish instructional program for elementary students using point-to-point interactive technology.
- Coordinated the district textbook system. Coordinated the adoption cycle with regard to state textbook purchases. Evaluated all Spanish software K-8. Coordinated software alignment with district curriculum and instruction.

PRINCIPAL - San Cayetano Elementary School, Fillmore Unified District

San Cayetano was a K-3 elementary school with approximately 800 students. There were 33 teachers and three-resource teachers.

COORDINATOR - Riverside County Superintendent of Schools Office

October 1977- July 1985

As a curriculum coordinator, I was responsible for providing services to 22 school districts' Bilingual, English as a Second Language, and Gifted and Talented programs. I organized and facilitated meetings for district administrators for curriculum development, procurement of funds, state and federal program regulations, and staff development activities for administrators, teachers, instructional assistants, and parents.

PRINCIPAL/COORDINATOR, Special Education

Riverside County Superintendent of Schools Office

August 1984-July1985

As principal/coordinator for Special Education, I was responsible for five special education programs on different schools sites, including ChildHelp Village. The ChildHelp Village is a facility dealing with severely emotionally disabled young people. The other sites had programs for the deaf and trainable mentally challenged students.

Negotiations

- Rio School District, Hueneme School District, Fillmore Unified School District

Honors and Awards

- Strength Under Fire Award 2004 - California Association of Bilingual Education
- Appointed by the State Public Utilities Commission as a Board member for the Telecommunications Consumer Protection Fund Oversight Corporation
- Woman of the Year 2000 - Selected by Assemblywoman Hannah Beth Jackson and honored by the State Assembly

Professional Affiliations and Memberships

- President, Southern Ventura County ACSA charter
- Public Utilities Commission: Telecommunications Consumer Protection Fund Oversight Corporation
- Casa Pacifica former Board member
- Destino 2000, Founding Board member
- Pi Lambda Theta National Honor Society

PROFESSIONAL REFERENCES

Mr. Jon R. Gundry, Superintendent, Pasadena Unified School District
351 S. Hudson Avenue
Pasadena, CA 91109
Office: 626-396-3600 ext. 88090

Dr. Lupe Delgado, Former Assistant Superintendent, Educational Services
Los Angeles County Office of Education

Address and/or Phone here

Mr. Anthony Ramos, Former Rio School District Board Member
2521 Lobelia Drive, Oxnard, CA, 93030
Office: 805-485-1000 Home: 805-983-8886

Mr. Art Hernandez, Ventura Community College Board Member
389 Simon Way, Oxnard, CA, 93036
Office: 805-240-7009 Home: 805-443-3812

Dr. Maria Ott, Superintendent
Rowland Unified School District
1830 Nogales Street, Rowland Heights, 91748
626- 965-2541

Dr. Ron Resigno, Retired Superintendent
4063 Bridgewood Lane, Westlake, CA
Home: 805-373-1262



AGENDA ITEM NO. 15

TO: Gold Coast Health Plan Commission
FROM: C. Albert Reeves, MD, Chief Medical Officer
DATE: January 23, 2017
SUBJECT: Quality Improvement Committee Report

RECOMMENDATION:

To accept and file the 2016 Third Quarter Quality Improvement Committee Report.



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

Quality Improvement Committee Report

3rd Quarter 2016

Commission Meeting January 23, 2017

C. Albert Reeves, MD, CMO

Integrity

Accountability

Collaboration

Trust

Respect

GCHP Improvement Projects

1. Performance Improvement Project (PIP) #1 – Childhood Immunizations – 2year olds
 - Project requires collaboration with a clinic – Las Islas
 - 5 Stages – currently in stage 4 – testing the proposed interventions which are to identify members not fully immunized, and reach out to the families to schedule appointments for the immunizations.

GCHP Improvement Projects

2. Performance Improvement Project (PIP) #2 – Increase the utilization of standardized Child Developmental Screening Tools.
 - The purpose of these tools is to identify at an early age children with abnormal development so that there can be early intervention. An example is autism. The state mandated PIP's must be done with a clinic partner. This project was begun with a clinic partner; however, the clinic withdrew from the project and GCHP Quality Dept. continues to look for a partner clinic to do this project.

2016 HEDIS Improvement Projects

Mandated HEDIS Improvement Projects due to the measures scoring below the minimum performance level (MPL)

1. Well-Child Exams in the 3rd, 4th, 5th and 6th Years of Life

- Barriers identified
- 2 clinics chosen for interventions
- Interventions developed – identify members not seen from Jan-Sept. Provide that information to the clinics. The clinics are to reach out to the members to schedule well-child exams.
- Goal – increase the rate for these clinics by 5%

2. Cervical Cancer Screening

- Barriers identified
- 1 clinic chosen for the interventions
- Interventions developed – GCHP will send reminder letters to all members followed by a phone call by the Plan's Health Navigators and assistance in making appointments.
- Goals – improve the rate at that clinic by 5%.

Other Quality Improvement Activities

1. IHA Monitoring – an Initial Health Assessment is to be done on any new member within 120 days of enrollment in GCHP. DHCS expects the Plan to monitor for compliance.

The GCHP goal was previously 80% compliant; however, because there was consistent 100% compliance the goal was raised to 90% – 82 sites surveyed – 54 above 90% and 28 below. Primary reasons for failing the IHA monitoring are absent or incomplete Staying Healthy Assessment and incomplete preventive health screenings. Clinics received counseling regarding the reasons for failure.

2. Facility Site Reviews – new providers are reviewed at time of contracting and existing primary care providers are reviewed every 3 years. 4 sites were reviewed – 4 passed. There were no corrective action plans necessary.

Compliance Delegation Oversight

Delegation Oversight : Assessment of Delegated Quality Activities

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Benchmark Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015 - 2016 Q1	Interventions
Delegation of UM	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 5; NCQA Standard UM 15	DHCS Contract	100% ⁵	100%	100%		
Delegation of CR	Number required & percentage of current delegates assessed	Exhibit A, Attachment 4; NCQA Standard CR 9	DHCS Contract 10-87128	100% ⁶	100%	NA		
Delegation of QI	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 4; NCQA Standard QI 12	DHCS Contract	100% ⁷	NA	NA		
Delegation of RR	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 4; NCQA Standard RR 7	DHCS Contract	100% ⁷	NA	NA		
Delegation of Claims	Number required & percentage of current delegates assessed	10-87128 Exhibit A, Attachment 8	DHCS Contract	100%	NA	100%		

⁵2015 data available for Q2 and Q4 only.

⁶2015 data available for Q1 and Q2 only.

⁷2015 data available for Q1 and Q4 only.

Compliance Delegation Oversight

Approved Beacon Health Strategies:

- 2015 Quality Improvement Evaluation
- 2016 Quality Improvement Program Description
- 2016 Quality Improvement Work Plan

Quality Improvement

Quality Improvement									
Legend:									
Met or exceeded Benchmark									
Did not meet Benchmark									
Measure	Description	Benchmark Source	Benchmark	2014*	2015	2016 Q1	2016 Q2	Quarterly Trend 2014 - 2016 Q1	Interventions
Facility Site Audit (Medi-Cal) - Scoring	The overall percentage of applicable DHCS site audit criteria met.	DHCS/ Title 22	80%	99%	92%	99%	99%		
Facility Site Audit (Medi-Cal) - Compliance	The percentage of providers that passed facility audits without or following completion of a corrective action plan.	DHCS/ Title 22	NA	100%	100%	100%	100%		
Medical Record Quality Audit (Medi-Cal) - Scoring	The overall percentage of applicable DHCS medical record audit criteria met.	DHCS/ Title 22	80%	96%	88%	93%	95%		
Medical Record Quality Audit (Medi-Cal) - Compliance	The percentage of providers that passed medical record audits without or following completion of a corrective action plan.	DHCS/ Title 22	NA	100%	88%	100%	100%		
Coordination of Care	The overall percentage of applicable DHCS Coordination of Care criteria met as determined by medical record audits.	NA	Tracking	100%	93%	98%	98%		

*2014 data available for Q2, Q3, and Q4 only. No Initial or Periodic FSR's or MRR's were required during 2014 Q1

Pharmacy and Therapeutics

P&T Committee reviews all drugs newly approved by the FDA.

Newly Approved Drugs and Formulary Management

4 New Drugs or new drug combinations were reviewed:

- 3 approved to be added to the formulary because they provide significant clinical advantages.
- 1 drug was denied formulary placement as not providing a significantly new therapy.

Pharmacy

Pharmacy

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Responsible Department	Compliance Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015-2016 Q1	Interventions
PA Accuracy	All prior authorization requests were decided in accordance with GCHP clinical criteria.	Pharmacy	DHCS Contract	99%	98%	97.67%	98.21%		Weekly meetings with the PBM to clarify criteria and expectations for the decisions. Any approvals that the plan believes should have been denied, will remain and not be overturned. Any denials that the plan believes should have been approved are overturned and the member and physician are made aware of the approval.
PA Timeliness	All prior authorization requests were completed within 1 business day.	Pharmacy	DHCS Contract	99%	98%	100.00%	100%		
Appropriate Decision Language on PA	All denied prior authorization requests contained appropriate and specific rationale for the denial	Pharmacy	DHCS Contract	99%	98%	99.86%	99.89%		GCHP is reviewing the denial language that is sent out and making revisions to the pre-set language as needed; this is an annual exercise and will continue going forward. Existing interventions include a second review of the language for all spelling, punctuation and grammar checks.
Annual Review of all UM Criteria	The P&T committee must review all utilization management criteria at least annually.	Pharmacy	GCHP	Met	Met	N/A	Met		
Review of New FDA Approved Drugs	The P&T committee must review all new FDA approved drugs and/or all drugs added to the Medi-Cal FFS Contract Drug List.	Pharmacy	DHCS Contract	Met	Met	Met	Met		

Credentials/Peer Review

Monitoring of Medical Board of California (MBC) Actions against GCHP Providers

- Reported on monitoring of 3 providers on probation by the Medical Board of California (MBC).
- Reported on 3 providers with accusations, but no action taken by the MBC.
- Reported on 1 provider arrested for issues of prescribing controlled medications. The provider has no actions by the MBC, and the legal action is pending.

Credentials/Peer Review

Credentialing

- 36 new providers were approved
- 20 providers were recredentialed
- 3 facilities credentialed

- 13 new PQI's were submitted for review. 11 cases were closed and trended.
2 remain open
- 3 closed and not trended – 1 involving an unexpected death was sent for outside independent review and deemed to be appropriate.
- Of the 8 cases reviewed and rated low and trended, 1 case rated 2 for outcome and system problems. The case was referred to the facility, and changes at the facility were instituted to prevent a recurrence. 1 other case involved a pharmacy issue and the pharmacy was educated to prevent recurrence.
- 1 case which remains open was reviewed by outside independent specialist reviewers:
 - the care was felt to be below the standard of care. This case continues to be reviewed, and in addition other cases by the provider are being reviewed.

Credentials/Peer Review

Credentials								
Legend:								
Met or exceeded Benchmark								
Did not meet Benchmark								
Measure	Description	Benchmark Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015-2016 Q1	Interventions
Access Indicators								
Monitoring of Medicare/Medicaid sanctions	An OIG query is performed on every provider at the time of initial and re-credentialing	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	100%	100%	100%		
Monitoring of sanctions and limitations on licensure	An Medical Board of California (MBOC) query is performed on every provider at the time of initial and re-credentialing. Other state licensing boards are also queried as needed	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	100%	100%	100%		
Monitoring of Complaints	Member complaint data is considered during re-credentialing.	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	NA	NA	NA		
Monitoring of adverse events	Quality of Care concerns are reviewed at a minimum of every 6 months and are forwarded to Credentials/Peer Review Committee (CPRC) as indicated.	DHCS/ Title 22	Biannually	100%	100%	100%		
	HIPDB queries are performed within 180 days prior to the date of initial and re-credentialing	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	100%	100%	100%		
Timeliness of provider notification of credentialing decisions	Providers will be notified of the credentialing decision in writing within 60 days	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	100%	100%	100%		
Timeliness of verifications	All credentialing verifications are performed within 180 days prior to the credentialing date, as required	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	98%	96%	97%		GCHP Compliance changed the audit tool used by Credentialing from NCOA to ICE which requires audits within 180 days instead of the historical 365 days. Any historical files that were previously on a 365 day audit cycle will transition to a 180 days audit and be caught up over the next 2 quarters.
# of provider terminations for quality issues	Credentials/Peer Review Committee (CPRC) denial of a credentialing application for quality issues will cause termination of the provider from the network	DHCS/ Title 22	Standard met for 100% of files presented to CPRC	None	None	None		
Timeliness of processing of initial applications	Initial applications will be processed within 90 days	DHCS/ Title 22	Standard met for 90% of applications received	93%	96%	95%		
Timeliness of processing of re-credentialing applications	Recredentialing applications will be processed within 90 days	DHCS/ Title 22	Standard met for 90% of applications received	95%	95%	94%		

Credentials/Peer Review

Credentials

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Benchmark Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015-2016 Q1	Interventions
Quality Indicators (under NMC purview)								
Timeliness of Physician Recredentialing	Percent of physicians recredentialed within 36 months of the last approval date	NCQA: CR Standards	Standard met for 90% of providers	93%	91%	92%		
Continuous Monitoring of Allied Providers	Percent of allied providers' expirable elements that are current	NA	Standard met for 90% of elements	100%	100%	100%		
Timeliness of Organization Reassessment	Percent of organizations reassessed within 36 months of the last assessment	NCQA: CR Standards	Standard met for 90% of providers	98%	96%	95%		

Cultural and Linguistics

Cultural & Linguistics (C&L)							
Legend:							
Met or exceeded Benchmark							
Did not meet Benchmark							
Measure	Description	Benchmark Source	Benchmark	2016 Q1	2016 Q2	Quarterly Trend 2016	Interventions
Telephonic Interpreter Services	Percent of GCHP staff utilizing the telephonic interpreting services	DHCS/Title 22	70%	60%			
Telephonic Interpreter Services	Percent of GCHP Providers utilizing the telephonic interpreting services	DHCS/Title 22	30%	39%			
Sign Language Services	Percent of sign language services fulfilled	DHCS/Title 22	100%	79% ¹	79%		Review of vendor services and seek an alternative vendor to help fulfill request. Review the video remote interpreter (VRI) system as an alternative system for interpreter services.
Sign Language Services	Percent of sign language services unfulfilled	DHCS/Title 22	20%	16%			
Translation Services	Percent of translation fulfilled by the requested date of completion	DHCS/Title 22	90%	90%			

¹ 2016 Q1 Rate corrected due to calculation error

Health Education, Cultural Linguistic Services

Group Needs Assessment Project

This is a DHCS required survey to identify the needs of members and gaps in services. SPH Analytics has completed the survey. 414 surveys were received and they are working on the report.

Other Activities

- Health Education Classes - diabetes, tobacco
- Quality Improvement projects for HEDIS Measures - Postpartum visit promotion and Cervical Cancer Screening Promotion - reaching out to members who are non-compliant
- Translation services - 735 requests for translation – 286 by providers and 414 by staff, 35 by others
- Top 3 languages - Spanish, Arabic, Vietnamese
- Sign language requests - 85
- Outreach events - 35, reaching 2513 individuals
- May Resource Fair in Oxnard - 43 information booths, 316 children and families participants

Grievance and Appeals

Grievances Received – 2nd Quarter 2016

Total Grievances – 339

- Administrative Grievances – 306
- Clinical – 33

Top 3 Reasons for Grievances:

- Provider Disputes - 298 - of these 210 are claim billing dispute
- Quality of Care – 26 – the top 2 are delay in care (20) and inappropriate provider care (2)
- Benefits - 7

Clinical Appeals – 19 cases: 8 upheld, 8 overturned, 1 withdrawn, 1 in progress

State Fair Hearings – 1 case: 1 which was withdrawn

Quality Workgroup Reviews – 1 case reviewed for quality, 1 referred to Quality as a PQI

Grievance and Appeals

Grievance & Appeals

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Compliance Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015-2016 Q1	Interventions
Resolution Turnaround Times (TAT) Grievances	100% TAT within 30 calendar days	GCHP		76%	100%	99%		
Post Service TAR Provider Appeals Processing Time - Resolution	The percentage of provider appeals processed within 30 business days from receipt.	GCHP		100%	100%	94%		
Provider Grievances: Complaint, Appeal, or Inquiry	Timely resolution of provider grievances	GCHP		66%	100%	98%		
Monitoring of Complaints	Member complaints are monitored at a minimum of every six months to assess for trends/outliers	GCHP	Monitoring	100%	100%	100%		

Member Services

Call Center Statistics – 2nd Quarter 2016

Member Services								
Legend:								
Met or exceeded Benchmark								
Did not meet Benchmark								
Measure	Description	Compliance Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015 - 2016 Q1	Interventions
Call Center - Aggregate Average Speed of Answer (ASA)	Average Speed to Answer (in seconds)		<= 30 seconds	57.5	79.0	12.0		
Call Center - Aggregate Abandonment Rate	Percentage of aggregate Abandoned calls to Call Center		<= 5%	16.7%	3.50%	0.30%		
Call Center - Aggregate Call Center Call Volume	Monitored to ensure adequate staffing and identification of systemic issues.			117,039	29,820	30,084		

Member Services

- The annual update to the Member Handbook has been completed and is in production.
- Interactive Voice Response on the GCHP call center line has been reviewed, and an optimization plan has been developed. This will provide better service by reducing the number of options, standardizing menu messages for clarity, consistency and efficiency, and it will be easier for the caller to be connected to a live person.
- Call metrics – average speed to answer, and abandonment rate goals were met.

Network Operations

Network Operation QI Dashboard - Access and Availability

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Benchmark Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015 - 2016 Q1	Interventions
Access to Network / Availability of Practitioners								
# & geographic distribution of PCPs	Network of PCPs located within 30 minutes or 10 miles of a member's residence to ensure each member has a PCP who is available and physically present at the service site for sufficient time to ensure access for assigned members upon member's request or when medically required and to personally manage the member on an on-going basis.	DHCS, Exhibit A, Attachment 6	Standard met for minimum 95% of members	Met	Met			
# & geographic distribution of SCPs	Adequate numbers and types of specialists within the network through staffing, contracting, or referral to accommodate members' need for specialty care.	DHCS, Exhibit A, Attachment 6	Standard met for minimum 95% of members	Met	Met			
Ratio of members to physicians	1:1200	DHCS, Exhibit A, Attachment 6	Standard met for 100% of members	Met	Met			
Ratio of members to PCPs	1:2000	DHCS, Exhibit A, Attachment 6	Standard met for 100% of members	Met	Met			
Acceptable driving times and/or distances to primary care sites	30 minutes or 10 miles of member's residence	DHCS, Exhibit A, Attachment 6	Standard met for minimum 95% of members	Met	Met			

Network Operations

Network Operation QI Dashboard - Access and Availability

Legend:

Met or exceeded Benchmark

Did not meet Benchmark

Measure	Description	Benchmark Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015 - 2016 Q1	Interventions
Access to Network / Availability of Practitioners								
After Hours Access	Providers have answering machine or service for after-hours member calls	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members		NA			In process of working with a vendor to start getting this data
	After-hours machine messages or service staff is in threshold languages	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members		NA			In process of working with a vendor to start getting this data
	After-hours answering machine message or service includes instructions to call 911 or go to ER in the event of an emergency	DHCS, Exhibit A, Attachment 9	Standard met for 100% of members	NA	NA			In process of working with a vendor to start getting this data
Time Elapsed Standards	Urgent Care appointments for services that do not require prior authorization: within 48 hours of the request for appointment	DHCS, Exhibit A, Attachment 9		NA	Not Met			Currently working with a vendor to repeat Provider Appt & Availability Survey.
	Non-urgent appointments for primary care: within 10 business days of the request for appointment	DHCS, Exhibit A, Attachment 9		NA	Not Met			Currently working with vendor to repeat Provider Appt & Availability Survey
	Non-urgent appointments with specialist physicians: within 15 business days of the request for appointment	DHCS, Exhibit A, Attachment 9	Standards met for minimum of 90% of providers	NA	Not Met			Currently working with vendor to repeat Provider Appt & Availability Survey
	Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition: within 15 business days of the request for appointment	DHCS, Exhibit A, Attachment 9		NA	Not Met			Currently working with vendor to repeat Provider Appt & Availability Survey
Appointment Availability	Availability of appointments within GCHP's standards by type of encounter	DHCS, § 7.5.4	Standards met for minimum of 95% of providers	NA	Not Met			Currently working with vendor to repeat Provider Appt & Availability Survey
Provider Surveys	Measure provider satisfaction	GCHP	Satisfaction expressed in each of 6 areas for 80% of providers	Not Met	NA			

Network Operations

Network Operation QI Dashboard - Access and Availability								
Legend:								
Met or exceeded Benchmark								
Did not meet Benchmark								
Measure	Description	Benchmark Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015 - 2016 Q1	Interventions
Access to Network / Availability of Practitioners								
Provider Training	Number of new PCPs / Providers receiving orientation within 10 days of contracting (Note: Provider is offered an orientation within 10 days, but may be completed within 30 days, or if provider declines training, a declination req'd)	DHCS Exhibit A, Attachment 7	100% within 10 days of contracting	Met	Met	100%		
Provider Visits	Number of Provider Services Representative provider visits	GCHP	Department goal = 100/quarter (400/year)	Met	Met	167		

Health Services

Utilization Management Committee

Utilization Management									
Legend:									
Met or exceeded Benchmark									
Did not meet Benchmark									
Health Services									
UM Authorization Processing Time									
Measure	Description	Responsible Department	Benchmark Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2015- 2016 Q1	Interventions
Turn around time for standard prior authorization	Percentage of requests processed ≤ 5 working days from receipt of information necessary to make the determination.	Health Services	NCQA; contract, Title 22	95%	98.10%	98.12%	98.05%	-	
Turn around time for expedited prior authorization	Percentage of authorizations processed within 3 days of receiving the request	Health Services	NCQA; contract, Title 22	95%	98.66%	98.70%	98.26%	-	
Turn around time for post service	Percentage of decisions made within 30 calendar days of receipt of request (NCQA, contract, Title 22)	Health Services	NCQA; contract, Title 22	95%	96.78%	97.26%	95.12%	-	
Care Management Workload									
Measure	Description	Responsible Department	Benchmark Source	Benchmark	2015	2016 Q1	2016 Q2	Quarterly Trend 2016 Q1 -Q2	Interventions
Total Careplans Opened	Number of care plans opened during specific reporting period. (excludes DM, Health Ed, Health Nav)	Health Services	N/A	N/A	309	301	326	-	
Total Careplans Closed	Number of care plans closed during specific reporting period. (excludes DM, Health Ed, Health Nav)	Health Services	N/A	N/A	293	270	282	-	
Average Careplans in Case Load	Average number of careplans active during specific reporting period (CM only)	Health Services	N/A	N/A	175	198	241	-	

Utilization Management

- Turn around times meet or exceed goals and state requirements.
- Disease management cases are increased.
- Utilization measures – Hospital admits, hospital days, ER visits, appeals, and denials remain in the same ranges.
- Behavioral Health – numbers are low but increasing – penetrance is about 3%.
- The transition of member from Tricounties Regional Center to GCHP for BHT is complete.

AGENDA ITEM NO. 16

TO: Gold Coast Health Plan Commission
FROM: Danita Fulton, Human Resources Director and Interim Chief Diversity Officer
DATE: January 17, 2017
SUBJECT: Annual Review of Human Resources (HR) Policies

SUMMARY:

Completion of the annual review of HR policies and the Employee Handbook.

BACKGROUND/DISCUSSION:

The HR policies and Employee Handbook are reviewed annually by the HR Department. Edits/Changes are presented the GCHP Sr. Leadership for review and approval, and then presented to the Commission for review and approval. The policy review attachment notes the edit or changes to each policy document.

FISCAL IMPACT:

None

RECOMMENDATION:

Receive and approve Resolution No. 2017-002 rescinding Resolution No. 2015-007 and adopting the Human Resources Policies and Employee Handbook.

CONCURRENCE:

N/A

ATTACHMENTS:

Policy Overview
Resolution No. 2017-002
HR Policies
Employee Handbook

Policy Review – January 2017

<u>Policy Number</u>	<u>Policy Name</u>	<u>Review Type</u>
1-1	At Will Employment	Grammar
1-2	EEO	Grammar
1-3	Harassment Prevention	Grammar
1-4	Ethics and Conflicts of Interest	Grammar
1-5	Open Door	Grammar
1-6	Whistle Blower	Grammar / Added Compliance Website Information
1-7	Hatch Act	Grammar
1-8	Falsification of Documentation	Grammar
1-9	Non-Solicitation	Grammar
2-1	Recruiting and Applications	Grammar / Clarification on difficult to recruit for positions
2-2	Employment of Relatives	Grammar
2-5	Attendance, Working Hours	Edits – Added standard business hours / uninterrupted rest breaks
2-6	Workplace Attire	Grammar
2-7	Sick Pay	Grammar
2-8	Vacation Pay	Edits – Accrual Updates
2-9	Admin Days	Grammar
2-10	Holiday Pay	Grammar
2-11	Compensation	Grammar
2-12	Evaluation	Grammar
2-13	Promotions / Transfers	Grammar
2-14	Separation From Employment	Grammar
2-15	Education / Training	Grammar
2-16	Tuition Reimbursement	Grammar
2-17	Benefits	Grammar
2-18	LOAs	Grammar
2-19	FMLA/CFRA/PDL	Grammar
2-20	ADA	Grammar
4-1	Accepting Gifts	Edits – Re-written by BBK
4-2	Vehicle Use	Grammar
4-3	Electronic Systems Use	Grammar
4-4	Confidentiality	Grammar
4-5	Attendance at Public Meetings	Grammar
4-6	Employee Required Signature Forms	Grammar

RESOLUTION 2017-002

**A RESOLUTION OF THE VENTURA COUNTY MEDI-CAL
MANAGED CARE COMMISSION DBA GOLD COAST
HEALTH PLAN, RESCINDING RESOLUTION NO. 2015-007
(ADOPTING RULES AND REGULATIONS FOR THE
ADMINISTRATION OF THE PERSONNEL SYSTEM) AND
ADOPTING PERSONNEL POLICIES AND PROCEDURES**

WHEREAS, the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan hereinafter referred to as GCHP, is authorized to adopt rules and regulations for the administration of the personnel system; and

WHEREAS, the objectives of these Personnel Policies and Procedures are to facilitate efficient and economical services to the public and to provide for an equitable system of personnel management; and

WHEREAS, these Personnel Rules and Regulations set forth those procedures that ensure similar treatment for persons who apply for, are selected for, or who are employed by GCHP, and define many of the obligations, rights, privileges, and prohibitions that are placed upon all employees in the service of GCHP; and

WHEREAS, at the same time, within the limits of administrative feasibility, considerable latitude shall be given to Chief Executive Officer (CEO) and designee in the interpretation of these rules;

NOW, THEREFORE, BE IT RESOLVED Resolution No. 2015-007 is hereby rescinded.

NOW, THEREFORE, BE IT RESOLVED that the Commission of GCHP hereby adopts the Personnel Policies and Procedures attached hereto as Exhibit "A".

PASSED, APPROVED AND ADOPTED by the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan at a regular meeting on the 23rd day of January, 2017 by the following vote:

AYE:
NAY:
ABSTAIN:
ABSENT:

Chair

Attest:

Tracy Oehler, Clerk of the Board

SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-1
POLICY: AT WILL EMPLOYMENT	EFFECTIVE: 01/01/2017

PURPOSE:

To establish the practices and procedures supporting the “At Will” policy enforced at Gold Coast Health Plan (GCHP) in accordance with California State law.

POLICY:

Employment with GCHP is “At Will” at all times. Employment “At Will” means that either the employee or the employer may terminate the employment relationship at any time with or without notice, for any reason or no reason.

SCOPE:

The “At Will” policy applies to all employees of GCHP. As such, the working relationship may be terminated with or without cause under the law, with or without notice by either the employee or the employer.

GENERAL:

Nothing contained in this policy or in any other materials or information distributed by the organization creates a contract of employment between an employee and GCHP. Employment is on an at-will basis. This means that employees are free to resign their employment at any time for any reason, and GCHP retains that same right. No statements to the contrary, written or oral made either before or during an individual’s employment can change this. No individual supervisor, manager, or officer can make a contrary agreement except for the CEO, and even then, such an agreement must be set forth in writing authorized by the GCHP Commission and signed by the CEO.

“NEW HIRE” PERIOD:

GCHP employs a variety of administrative staff as needed to perform duties necessary to ensure a well-functioning operation.

An “Introductory Employee” is an employee during the first 90-days of their employment with GCHP. During this “New Hire” period, GCHP will evaluate the Introductory Employee’s work attitude, attendance, performance and ability to work with other employees and supervisors.

Likewise, during this period, the Introductory Employee has the opportunity to determine if they are satisfied with their position and working environment. While in the introductory period, an Introductory Employee will receive GCHP benefits, except as noted or as mandated by law.

When an Introductory Employee has satisfactorily completed their introductory period, they will become a regular (full or part time) employee. The “New Hire” period may be extended for a period of 90-days at the sole discretion of GCHP. Completing an employee’s introductory

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.



period or any extension thereof does not alter an employee's at will employment status. Employees retain the right to terminate their employment at any time, with or without cause or notice, and GCHP has a similar right throughout the employee's employment with GCHP.

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SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-2
POLICY: EQUAL EMPLOYMENT OPPORTUNITY	EFFECTIVE: 01/01/2017

PURPOSE:

In order to clarify organizational responsibilities as it pertains to employment under the Equal Employment Opportunity Commission, the Department of Labor, Title VII of the Civil Rights Act of 1964, the California Department of Fair Employment and Housing, the California Fair Employment and Housing Act, and other federal and state laws and regulations governing employment.

POLICY:

This policy will clarify Gold Coast Health Plan’s (GCHP) support of Equal Employment as it relates to employee rights under federal and state regulations as well as GCHP’s Code of Conduct and Ethical treatment of all candidates and employees.

SCOPE:

This policy applies to all GCHP employees.

PROCESS:

Our goal at GCHP is to recruit, hire, and maintain a diverse workforce. Equal employment opportunity is good business as well as being the law and applies to all areas of employment, including recruitment, selection, hiring, training, transfer, promotion, termination, compensation, and benefits.

As an equal opportunity employer, GCHP does not discriminate in its employment decisions on the basis of race, religion (including religious dress and grooming), color, creed, national origin or ancestry, gender, pregnancy or pregnancy-related condition sexual orientation, gender expression, gender identity, citizenship status, age, marital status, veteran or military status, physical or mental disability, medical condition including diagnosis or history of cancer, genetic characteristics or genetic information, or on any other basis that would be in violation of any applicable federal, state, or local law. Furthermore, GCHP will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship, safety, and/or health risk. GCHP also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics or falls in any of those categories, or is associated with a person who has or is perceived as having any of those characteristics or falling into any of those categories. GCHP also prohibits harassment on any of the above bases.

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SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-3
POLICY: HARASSMENT PREVENTION	EFFECTIVE: 01/01/2017

PURPOSE:

All employees, applicants, volunteers, and independent contractors (workers) working for Gold Coast Health Plan (GCHP) are to be treated with respect and dignity. GCHP is committed to providing an atmosphere free of harassment and discrimination based on such factors as race, religion, creed, national origin or ancestry, physical or mental disability, medical condition, genetic condition, pregnancy (including childbirth or related conditions), marital status, gender or gender identity, sex, age, sexual orientation, family care or medical leave status, or any other characteristic protected by law.

Harassment and discrimination are against the law, and they are demeaning and harmful to both the victim and GCHP. The Plan will not tolerate harassment of, or discrimination against, its workers by managers, supervisors, co-workers, or anyone conducting GCHP business. Similarly, GCHP will not tolerate harassment of its workers by others with whom the Plan has a business, service, or professional relationship (including members of the public).

This Policy does not restrict nor inhibit any supervisor from their responsibility or in their ability to direct, critique and discipline employees in a non-discriminatory manner.

Failure to follow this Policy may result in disciplinary action, up to and including termination of employment.

POLICY:

This policy will clarify GCHP’s support as it relates to employee rights under federal and state regulations as well as GCHP’s Code of Conduct and Ethical treatment of all candidates and employees regarding the right to work in an environment free of harassment as well as discrimination.

PROCEDURES:

1.0. Harassment Prohibited

Harassment includes conduct that has the purpose or effect of unreasonably interfering with an individual's work performance; creating an intimidating, hostile, threatening or offensive working environment; or adversely affecting the employee's performance, evaluation, assigned duties or any other condition of employment or career development. This Policy prohibits harassment in any form, including:

- 1.1 Oral or Written harassment such as epithets, jokes, nicknames, derogatory comments or slurs based on any basis protected by law;

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- 1.2 Physical harassment such as assault, touching, impeding or blocking movement, or any physical interference with normal work or movement when directed at an individual; and
- 1.3 Visual harassment such as derogatory posters, cartoons or drawings, based on one of the categories above.
- 1.4 Sexual harassment includes, any unsolicited, offensive or unwelcome sexual advances, requests for sexual favors, and other oral or written, visual, or physical conduct of a sexual nature which occurs under any of the following circumstances:
 - 1.4.1 Submission to such conduct is made either expressly or by implication a term or condition of an individual's employment;
 - 1.4.2 Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting the individual; or
 - 1.4.3 Other examples of sexual harassment include unwelcome sexual flirtations or propositions; verbal abuse of a sexual nature; graphic verbal comments about an individual's body; sexually degrading words used to describe an individual; and the display or use in the work environment of sexually suggestive objects or pictures, posters, jokes, cartoons, or calendar illustrations.
 - 1.4.4 Sexual harassment also includes gender-based harassment by a person of the same gender.
 - 1.4.5 Prohibited sexual harassment need not be motivated by sexual desire.

2.0 Retaliation Prohibited

Retaliation against an employee for reporting violations of this Policy in good faith, or for participating in the investigation of a harassment or discrimination complaint, is strictly prohibited.

3.0 Procedures regarding all complaints of potential harassment including retaliation

3.1 Employee Responsibility

It is important that employees inform the Plan as soon as possible about any prohibited harassment because nothing can be done to remedy the situation if the Plan does not know that it exists.

- 3.1.1 Any individual who feels comfortable doing so should let a fellow employee know when that employee's behavior or comments are offensive or unwelcome, even if the situation does not rise to the level of a violation of this Policy. However, individuals are not required to handle these situations on their own. If an individual is not comfortable handling a situation directly with another employee, the individual should immediately report the conduct to one of the persons listed below.
- 3.1.2 Any individual who believes that they have been or are being harassed in violation of this Policy shall immediately report this violation to his or her supervisor, the CEO, the Human Resources Director or any Plan supervisor with whom the individual feels comfortable speaking. Complaints about the CEO should be directed to the Plan's General Counsel or Commission CEO.
- 3.1.3 Any individual who is aware or suspects that another person has been harassed in violation of this Policy shall report this violation to his or her supervisor, the CEO or any Plan supervisor with whom the individual feels comfortable speaking.

3.2 Supervisor Responsibility

- 3.2.1 Each supervisor has the responsibility of maintaining a work environment free of harassment. This responsibility includes being available to discuss this Policy with the workers that they supervise and to assure the workers that they are not required to endure any form of prohibited harassment. If someone reports a harassment allegation to a supervisor, it is the responsibility of the supervisor to take immediate action by documenting the incident(s) and reporting the allegation of harassment to the CEO or the Human Resources Director.
- 3.2.2 Any supervisor who fails to take appropriate action to report or address harassment, discrimination or retaliation issues can and will be disciplined by the Plan.

3.3 Investigation

The Plan will investigate all complaints of harassment in a prompt, objective, and thorough manner, including interviews of those with relevant knowledge. The Plan's investigation will be designed to maintain, to the extent possible, the privacy and confidentiality of all parties and witnesses involved. Complete confidentiality cannot occur, however, due to the need to investigate fully and to take effective remedial action. Whenever appropriate, the supervisor of the affected department(s) may be informed that a complaint has been filed. The CEO (or designee) is responsible for directing an investigation into such

allegations and for implementing appropriate remedial action, where warranted. The Plan will not disclose a completed investigation report except as it deems necessary to support disciplinary action, to take remedial action, to defend itself in adversarial proceedings, or as otherwise required by law.

3.4 Resolution

3.4.1 After investigation, the Plan will communicate the confidential findings (i.e., sustained, not sustained, or inconclusive) to the complainant, the alleged harasser, and members of management with a legitimate need to know.

3.4.2 If there is a finding that harassment in violation of this Policy or applicable laws has occurred, the Plan will take appropriate and immediate action to end any harassment and prevent its recurrence. Where appropriate, the Plan may first work to resolve the matter informally. In that case, the complainant will not be required to meet with the alleged harasser. If the matter is not suitable for informal resolution, appropriate formal action will be taken pursuant to applicable policies and agreements. If formal action is required, the complainant may be required to testify at a hearing.

3.5 Discipline

Any employee found to have violated this Policy will be disciplined. Specific action taken will depend upon the specific circumstances.

4.0 Harassment Involving the Public

4.1 The Plan strictly prohibits harassment of any member of the public by any person conducting Plan business or otherwise representing the Plan.

4.2 Dealing with the public can be challenging and sometimes contentious. While employees are expected to interface with the public as their duties dictate, sometimes in difficult or even volatile situations, employees are not expected to endure actual harassment by members of the public. If an employee feels that he or she is being subjected to harassment by a member of the public, the employee should report such harassment to his or her supervisor (or other person listed above) for investigation and appropriate action. Employees will not be penalized for refusing to tolerate harassment from a member of the public.

5.0 Further Information

Employees are urged to contact the Human Resources Director or the CEO if they have any questions or concerns about this Policy.



In addition to this Policy, the State of California Department of Fair Employment and Housing (DFEH) provides additional information regarding the legal remedies and complaint process available through the government agencies. If a worker thinks he or she has been harassed, discriminated against, or that he or she has been retaliated against for complaining, that person may file a complaint or obtain additional information from DFEH at 1-800-884-1684 or <http://www.dfeh.ca.gov>.

This is to acknowledge that I have received, have read, and understand the Plan's Harassment and Discrimination Prevention Policy.

Date: _____ Signature: _____

Printed Name: _____

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-4
POLICY: ETHICS AND CONFLICTS OF INTEREST	EFFECTIVE: 01/01/2017

PURPOSE:

This policy will provide direction and clarification for avoiding conflicts of interest and furthering the ethics and values fostered by Gold Coast Health Plan (GCHP).

POLICY:

In order to ensure an ethical environment for all employees, members, physicians and visitors to GCHP locations, GCHP has established a policy to support the Mission, Vision and Values of GCHP which should be fostered in all aspects of employment for GCHP personnel.

SCOPE:

This policy applies to all GCHP officers, employees, physicians and consultants who perform services on behalf of GCHP.

GUIDELINES:

Employees are expected to use good judgment, adhere to high ethical standards, and avoid situations that create an actual or perceived conflict between their personal interests and those of the organization. GCHP needs to know that the transactions employees participate in are ethical and within the law, both in letter and in spirit. GCHP recognizes that different organizations have different codes of ethics. However, just because a certain action may be acceptable by others outside of GCHP as “standard practice,” that is by no means sufficient reason to assume that such practice is acceptable at GCHP. There is no way to develop a comprehensive, detailed set of rules to cover every business situation. The tenets in this policy outline some basic guidelines for ethical behavior at GCHP. Whenever employees are in doubt, they should consult with their department leader. Conflicts of interest or unethical behavior may take many forms including but not limited to the acceptance of gifts from competitors, vendors, potential vendors, or customers [members] of the organization. Gifts may only be accepted if they have a nominal retail value of less than \$49.99 and only on appropriate occasions (for example, a holiday gift).

Employees are cautioned not to accept any form of remuneration or nonbusiness-related entertainment, nor may employees sell to third parties any information, products, or materials acquired from the organization.

Employees may engage in outside business activities provided such activities do not adversely affect the organization or the employee’s job performance and the employee does not work for a competitor, vendor, or customer [members].

Employees are prohibited from engaging in financial participation, outside employment, or any other business undertaking that is competitive with or prejudicial to the best interests of GCHP. Further, employees shall comply with all State and Federal laws related to ethics and conflicts of interests and shall attend regular ethics trainings as required by the Commission.”

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-5
POLICY: OPEN DOOR	EFFECTIVE: 01/01/2017

PURPOSE:

To ensure that all employees of Gold Coast Health Plan (GCHP) are provided with a venue for presenting grievances and/or concerns regarding business practices, ethical conduct, leadership behavior or disciplinary action.

POLICY:

In order to provide a venue for employees to discuss their concerns or formally present their position regarding issues of disparity or perceived unfairness.

SCOPE:

This policy applies to all GCHP employees.

PROCESS:

GCHP believes that communication is essential to good employee relations. Employees should share their concerns, seek information, provide input, and resolve work-related issues by discussing them with their supervisor until they are fully resolved. It may not be possible to achieve the result an employee wants, but a thorough attempt is expected to clarify the organization's position as it pertains to the employee's concern.

If an issue cannot be resolved at this level, the employee is welcome to discuss the issue with the manager of his/her department. The supervisor should set up a time for both of them to meet with the manager.

If the employee's concern cannot be resolved with the manager, the employee may discuss it with an officer of the organization. The manager should schedule that meeting for the employee.

Regardless of the situation, the employee should be able to openly discuss any work-related problems and concerns without fear of retaliation. Directors and supervisors are expected to listen to employee concerns, to encourage their input, and to seek resolution to the issues. Often this will require setting a meeting in the near future. Directors and/or supervisors are to set these meetings as quickly as possible, normally within a three day work period, and employees are expected to understand that issues and concerns may not always be addressed at the moment they arise. Discussing these issues and concerns with management will help to find a mutually acceptable solution for nearly every situation.

If an employee has a concern about discrimination and/or harassment, GCHP has set up special procedures to report and address these issues. Those reporting procedures are set forth in GCHP's Harassment and/or Discrimination Policy.

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-6
POLICY: WHISTLE BLOWER	EFFECTIVE: 01/01/2017

PURPOSE:

It is the intent of Gold Coast Health Plan (GCHP) to adhere to all laws and regulations that apply to it. The underlying purpose of this policy is to support GCHP’s goal of legal compliance. Support by all employees is necessary to achieving compliance with various laws and regulations.

POLICY:

If any employee reasonably believes that some policy, practice, or activity of GCHP or an entity with which GCHP has a business relationship is in violation of a law, a written complaint may be filed by that employee with the Human Resources Department. Alternatively, employees may reach out to the Compliance Hot Line: (805) 437-9999 or website: <http://m.goldcoasthealthplan.org/m-contact-us.aspx> and leave a confidential message describing the issue in question.

SCOPE:

This policy applies to all employees of GCHP.

PROCESS:

Written Complaint:

In the event an employee witnesses an event s/he believes is contrary to local, state, federal or Plan regulations, procedures or violates GCHP’s Code of Conduct, the employee may detail the events in a written document to the Human Resources Department.

Compliance Hot Line

In the interest of confidentiality, employees may opt to use the Compliance Hot Line (805) 437-9999 or website: <http://m.goldcoasthealthplan.org/m-contact-us.aspx>. It is not necessary to identify the individual witnessing the situation, however the situation/incident must be described clearly enough to provide information to initiate an investigation.

The information will be retrieved by the Compliance Officer and disseminated to the appropriate department for investigation: The GCHP Safety Committee, Compliance, Human Resources, for follow-up, resolution, recommendation of action(s) required. The Compliance Hot Line will be reviewed for new/up-dated information on an as needed basis.

Non-retaliation: An employee is protected from retaliation where the employee brings the alleged unlawful activity, policy, or practice, to the attention of GCHP and provides GCHP with a reasonable opportunity to investigate and correct the alleged unlawful activity. Further, GCHP will not retaliate against an employee who in good faith, has made a protest or raised a complaint about some practice of GCHP or of an entity with which GCHP has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy. Nor will GCHP retaliate against employees who disclose or threaten

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to disclose to a supervisor or a public body, any activity, policy, or practice or GCHP, that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy.

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SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-7
POLICY: THE HATCH ACT	EFFECTIVE: 01/01/2017

PURPOSE:

This policy provides guidance for Gold Coast Health Plan (GCHP) employees as it pertains to their responsibilities under the Hatch Act (5 U.S.C.A. 7324) OF 1939.

POLICY:

All employees of GCHP are subject to regulations and guidelines as they apply to the Hatch Act. This law prohibits covered employees from holding public office, attempting undue influence on public elections, participation and management of campaigns, or attempting to exert undue influence on government hires.

SCOPE:

This policy applies to all employees of GCHP who are compensated through federal funds. Employees who are not sure whether this Policy applies to them should contact the Human Resources Department.

GENERAL:

Hatch Act:

GCHP may apply for federal grant funding for a variety of projects. Some of those grant funds may be used for employee compensation. The Hatch Act prohibits government employees who are compensated by federal funding from engaging in partisan political activities, including but not limited to the following:

Membership:

The Act precludes employees from membership in any political organization which advocates the overthrow of our constitutional form of government.

Campaign Contribution Limits:

Employees receiving compensation from federal funds have an annual ceiling of \$5,000 for contributions to the campaign of an individual candidate for federal office.

Guidelines:

Below are some of the guidelines that employees receiving compensation from federal funds need to follow when working or volunteering on a political campaign for federal office. Employees may not:

- Be a candidate in a political election in which any candidate represents a political party.
- Raise money for a partisan political campaign.
- Allow their names to be used in any fundraising appeal on behalf of a partisan political campaign.
- Participate in a phone bank that is engaged in fundraising for a partisan campaign.

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SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-8
POLICY: FALSIFICATION OF DOCUMENTATION	EFFECTIVE: 01/01/2017

PURPOSE:

To provide guidelines for all Gold Coast Health Plan (GCHP) employees regarding the ramifications of knowingly falsifying documents which apply to employment, benefits, members information, Plan processes and/or systems.

POLICY:

In order to ensure integrity in all systems, processes and legal information, GCHP has established a requirement that all information applied to employee files, benefit information, members information, system processes and required documentation be, to the best of the recording employee's knowledge, accurate.

SCOPE:

This policy applies to all employees of GCHP.

GENERAL:

Employee Files:

Pre-hire documentation, including the application, I-9, W-4, background checks, social security number, must be filled out to the best of the candidate's knowledge. Falsification of such documentation may result in failure to hire, or if discovered after hire date, termination.

Benefit Information:

In the event employees claim dependents in their benefit information, employees must ensure information regarding marital status, age, dependency is accurate. Failure to do so may result in termination of benefits or increased premium/co-pay amounts.

Members Information:

The employee responsible for recording of member's information, must, to the best of their knowledge ensure that information given is recorded as provided and all files are maintained in a confidential, encrypted program.

Plan Programs and Systems:

All Plan programs related to members and employee confidentiality information must follow Plan protocol in maintaining confidentiality as well as ensuring to the best of their ability and level of responsibility that at no time is any such information available for viewing by any individual not cleared for such viewing and knowledge.

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SUBJECT: EMPLOYEE RIGHTS	POLICY:# 1-9
POLICY: NON-SOLICITATION	EFFECTIVE: 01/01/2017

PURPOSE:

To prevent disruption of member services and protect member privacy, Gold Coast Health Plan (GCHP) prohibits the solicitation, distribution and posting of materials on or at GCHP property by any employee or non-employee except as provided in this policy.

POLICY:

Unauthorized solicitation by employees including, but not limited to, seeking payments, contributions to charities and other organizations, bets, memberships, funds, sale of merchandise, services or tickets, requesting support for a political candidate or commitment with respect to causes, groups, or interests is not permitted on GCHP premises at any time. Solicitation that is discriminatory, hateful, harassing, illegal, defamatory, profane, or obscene is prohibited at all times.

SCOPE:

This policy applies to all employees of GCHP.

GENERAL:

Distribution and Posting of Literature By Employees:

Employees may engage in solicitation on GCHP premises only during their non-working time in non-work areas (lounges, dining room, etc.). Non-working time means during meal and rest breaks and before or after work. Employees may distribute or circulate non-GCHP written materials only during non-working time and only in non-work areas. If an employee is not certain whether an area is a work or non-work area, he or she should consult his or her immediate supervisor for clarification.

Solicitation is generally prohibited by non-employees. However, non-employee representatives of an employee organization and other visitors of GCHP employees are permitted reasonable access to non-work areas provided the non-employees sign in, state their business, and obtain the appropriate identification to ensure safety of the Plan and member privacy. Non-employees must be accompanied by a GCHP employee at all times. Approved non-employees may engage in solicitation on GCHP premises only during non-working time in non-work areas. Such visits by non-employees should not disrupt workflow or member services.

GCHP has bulletin boards located throughout the facility for the purpose of communicating with employees. Postings on designated boards are limited to items posted by GCHP, including statutory and legal notices, safety and disciplinary rules, GCHP policies, memos of general interest relating to the company, local operating rules, and other company items. Postings on other bulletin boards for employee use are subject to reasonable regulation.

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Postings that are discriminatory, hateful, harassing, illegal, defamatory, profane, or obscene are prohibited and will be removed.

Failure to comply with this policy may result in disciplinary action, up to and including possible termination of employment.

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SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-1
POLICY: RECRUITING AND APPLICATIONS	EFFECTIVE: 01/01/2017

PURPOSE:

To clarify the process used in the interviewing and selection of Gold Coast Health Plan (GCHP) candidates for employment.

POLICY:

GCHP is committed to providing equitable and consistent processes in the selection of candidates, which best fit the requirements of open positions.

SCOPE:

Except in special circumstances, this policy applies to all open positions within the GCHP structure and provides guidelines to ensure equity and equal opportunity for diverse candidate selection.

GENERAL:

Request for Open Position:

Open positions are generated by an approval process that begins with the hiring manager. The manager completes a request form, including job description information for any/all budgeted positions and submits the form to the department head for approval. Once the position has been approved, the form is submitted to the Human Resources Department.

Unbudgeted positions must also be submitted through the approval process with additional approval required by the Executive team.

The Human Resources Department then posts the position on the Plan website as well as appropriate sites pertaining to the business need. The position is also posted at this time with job related minority industry locations and publications.

External Recruiting:

Positions that prove difficult to recruit for, including C-Suite or high-level executive positions, may require the Director of Human Resources to contract with external search firms. Confidentiality issues may impact public posting and will be coordinated between the Human Resources Director, the Chief Executive Officer, and/or the Commission and the contracted external search firm.

Internal Candidates:

GCHP believes in a promote-from-within philosophy and to that end employees are encouraged to submit their resumes for positions, for which they believe they are qualified and where required, possess appropriate licensing, credentialing, degree and/or experience.

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Internal Interviewing Selection:

Submitted resumes and Curriculum Vitae will be retained and reviewed by the Human Resources Recruiting Specialist. The Specialist will review qualifications, pre-screen and select approximately seven to ten most qualified candidates for the hiring manager to review. The hiring manager will select approximately three to five candidates from the presented selection for in-person interviewing. The Recruiting Specialist will schedule panel interviewing with the pre-selected candidates. The Panel will be comprised of individuals selected by the hiring manager.

In the event no finalists are selected from the panel interviewing process, the Human Resources Recruiting Specialist will return to the submitted resumes and/or re-post the position to attract additional candidates.

The process will be repeated until the position is either filled or closed.

All resumes and/or Curriculum Vitae of interviewed candidates will be saved with a copy of the requisition paperwork.

Application Materials:

Application materials shall require information covering training, experience, and other pertinent information designed to determine if the applicant can perform the essential job duties. The processing of the application materials may include references and background checking, such as verification of criminal record, driver's license, education, work, etc. False information of material fact on application materials may result in rejection or dismissal of the applicant. Applications and examinations are confidential records and shall not be returned to applicants. No applicant information shall be asked or sought that is prohibited under any state or federal law.

Disqualification:

Human Resources may disqualify any candidate for any legitimate business reason. An applicant has no right to grieve or appeal any such actions by GCHP. Any one or more of the following reasons may result in disqualification.

Improperly Completed Application:

The applicant did not properly complete the application materials.

Minimum Qualifications:

The application indicates on its face that the applicant does not possess the minimum qualifications for the position.

Essential Duties:

The applicant is unable to perform the essential functions of the position sought, with or without reasonable accommodations.

Illegal Drugs:

The applicant is currently using illegal drugs.

Conviction of a Crime:

The applicant has been convicted of a crime that may have an adverse impact on the applicant's ability to perform the job for which the applicant is applying.

Legal Right to Work

The applicant is not legally permitted to work within the United States.

False Statements:

The applicant has made a false statement of any material fact or practice or attempted to practice deception or fraud in making the application for employment.

Material Cause:

Material cause, in the judgment of Human Resources, would render the applicant unsuitable for the position, including a prior resignation from GCHP service, termination from GCHP service, or a record of significant disciplinary action.

EXAMINATIONS:**Examination Process:**

All hiring shall be made according to merit and fitness. GCHP may utilize any legitimate business method to determine the qualifications of applicants, including without limitation, written tests, physical agility tests, oral examinations, training and experience review, panel interviews, assessment centers, and oral interviews. The selection practices used in the examination process shall be impartial and relate to those subjects that, in the opinion of Human Resources, fairly measure the relative capacities of the candidates to execute the duties and responsibilities of the position. All applicable testing, must be approved by Human Resources prior to use and must be consistently performed on all applicants under consideration for the position.

Conduct of Examination:

GCHP may conduct the selection processes itself or contract with any competent organization, individual, or firm for preparing and/or administering examinations.

Notification of Examination Material Results:

Examination results are not provided. However, if requested by a candidate in an examination, exam results may be given, at the sole discretion of Human Resources.

Background:

As part of the pre-employment procedure, applicants may be required to supply references, and will be required to submit to a thorough background check. Background checks conform with state and federal law. In addition, all employees must be physically and mentally capable of performing the essential functions of their jobs with or without reasonable accommodation. GCHP shall have the right to conduct a complete and exhaustive background investigation on

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all applicants seeking employment, including a criminal background check, where applicable, and a medical and/or psychological examination by GCHP-retained medical practitioners, where deemed appropriate by GCHP. Any medical or psychological examination shall be conducted only after a conditional job offer has been made, in accordance with applicable law.

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SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-2
POLICY: EMPLOYMENT OF RELATIVES / CLOSE PERSONAL RELATIONSHIPS	EFFECTIVE: 01/01/2017

PURPOSE:

This policy will provide clarification for employees and aid in the understanding and protection of the sensitivity of Gold Coast Health Plan (GCHP) information and work directives. The Plan desires to avoid misunderstandings, actual or potential conflicts of interest, complaints of favoritism, possible claims of sexual harassment, and the employee morale and dissension problems that can potentially result from romantic relationships or other fraternization between Plan employees.

It is not the Plan’s intention to dictate choices made in employees’ personal lives with this Policy. Employees remain free to develop relationships and socialize outside the workplace during their personal time. However, romantic and personal relationships with co-workers can raise significant concerns in the workplace and sometimes lead to dissension, lack of productivity, and morale problems – for employees who are involved in the relationship as well as their co-workers. In addition, employees must understand that public employees are required to abide by high standards to insure a harassment-free workplace.

POLICY:

This policy clarifies GCHP’s position regarding the hiring of relatives of, or those with close personal relationships with, GCHP employees.

SCOPE:

This policy applies to all GCHP employees.

GUIDELINES:

Clarification of Relatives/Close Personal Relations:

While GCHP has no prohibition against hiring relatives of employees or those in close personal relationships with employees, such individuals will not be hired into or transferred to positions where they directly or indirectly supervise or are supervised by another close family member or person with a close personal relationship with an employee.

Marriage of Employees:

If two employees marry and are in the same chain of command, GCHP may select either employee at its discretion and require the selected employee to transfer or leave the organization. GCHP reserves the right to determine in all cases if a close enough familial relationship exists to prohibit a supervisory relationship.

Other Romantic/Intimate Personal Relationships:

GCHP discourages intimate personal relationships with direct reports, which may result in physical relationships, co-habitation, or less than professional attachments. Persons in leadership roles found to be conducting themselves with less than professional behavior towards direct reports may face disciplinary action, up to and including termination. Any

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employee involved in a romantic relationship with an employee in his or her supervisory chain, or a supervisor who is aware of such a relationship, must advise their Department Director or the Human Resources Director so that a determination can be made as to whether a conflict of interest or similar issue exists and needs to be addressed. Failure to disclose the existence of or end of a personal romantic relationship listed above may lead to disciplinary action, up to and including termination of employment (of both employees and/or the supervisor who was aware of the relationship and failed to properly report it).

Possible Action(s) Taken by GCHP:

If, in the sole opinion of the Plan, an employee's relative status or personal relationship with another Plan employee may create or is creating a conflict of interest, disruption in the workplace, negative or unprofessional work environment, or if the relationship presents concerns regarding supervision, safety, security or morale, the Plan may take whatever action it deems appropriate according to the circumstances, including but not limited to transfers, shift changes, or termination of employment.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-5
POLICY: ATTENDANCE, WORKING HOURS	EFFECTIVE: 01/01/2017

PURPOSE:

This policy will define the guidelines for non-exempt as well as exempt employees, in compliance with state and federal rules and regulations as they apply to Gold Coast Health Plan’s (GCHP) policy on attendance as well as working hours.

POLICY:

In order to ensure that all employees have an understanding of GCHP’s expectations regarding attendance and working hours.

SCOPE:

This policy applies to all employees at GCHP.

GENERAL:

Attendance:

Regular, reliable attendance is an essential function of all employees’ positions. Employees shall be in attendance at their workplace in accordance with this policy. All units shall keep attendance records of employees, which shall be reported via the online payroll system.

Exempt Employees:

An exempt employee is, by definition, an employee who is exempt from earning overtime pay based on hours worked. GCHP will determine whether an employee is exempt based on applicable laws.

Non-Exempt Employees:

A non-exempt employee is an employee who is eligible to receive overtime pay for certain hours worked in accordance with provisions of applicable wage and hour laws.

Overtime:

GCHP is committed to observing all of its overtime pay obligations under applicable law. This policy, as well as all pay practices, shall comply with, and shall be interpreted to ensure the minimum requirements of these laws and regulations. Overtime shall be defined and compensated for in accordance with the appropriate compensation designated for non-exempt employees.

Overtime Paid:

The Plan is committed to observing all of its obligations under the Fair Labor Standards Act (FLSA). These Rules, as well as all pay practices, shall comply with, and shall be interpreted to ensure the minimum requirements of the FLSA. Overtime shall be defined and compensated for in accordance with the appropriate compensation designated for the employee.

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FLSA-Exempt Employees: The Plan designates as FLSA Exempt those employees who work in professional, executive, or administrative capacities and who are therefore not entitled to overtime compensation under the FLSA.

Overtime Paid: The Plan follows FLSA guidelines and it pays overtime on hours worked as well as hours in a paid status of more than 40 hours in a workweek. All compensable overtime must be authorized by the employee's manager. Except when necessary to address an emergency or special circumstances, employees who are entitled to overtime compensation under the law may not work outside of regularly scheduled working hours, or during paid rest and unpaid meal periods, without the prior authorization of their manager. In that event, employees shall report overtime work as soon as possible after the work is performed.

The employee's manager must authorize all compensable overtime in advance of the time being worked. Except when absolutely necessary to address an emergency or special circumstances, employees who are entitled to overtime compensation under the law may not work outside of regularly scheduled working hours, or during paid rest and unpaid meal periods, without the prior authorization of their manager. In that event, employees shall report overtime work as soon as possible after the work is performed.

Accurately recording time worked is the responsibility of every non-exempt employee. Federal and state laws require GCHP to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked is defined as all-time actually spent on the job performing assigned duties.

All non-exempt employees are required to clock in and clock out on the Plan's time keeping system. Non-exempt employees are not permitted to perform any work while not clocked in. Non-exempt employees must clock in and out at the actual time the employee reports for work, reports out for a meal period, reports back from a meal period, and stops working for the day. In the event a non-exempt employee fails to clock in or out as required, the employee must immediately raise the issue with the person in charge of Human Resources or Payroll so that GCHP may make the appropriate adjustments in the payroll system to ensure the employee is accurately paid for all time worked.

No employee may clock in or out for another employee. Such an offense may result in immediate termination of employment.

No Compensatory Time Earned:

Employees may not accrue compensatory time off. Overtime will be paid in the pay cycle covering the pay period in which it is worked.

Standard Business Hours:

GCHP's standard business hours are: Monday through Friday, 8:00 a.m. to 5:00 p.m. However, individual departments may observe various hours to meet the needs of the business.

Workweek:

The basic workweek for full time employees shall be 40 hours per week, in a 7-day period. The workweek commences at 12:00 a.m. every Saturday, and is a regularly recurring 7-day period ending at 11:59 p.m. every Friday evening.

Change in Work Hours:

GCHP shall establish and may modify regular working hours for its employees and may require employees to work additional hours, overtime, or to perform standby responsibilities.

Meal Periods:

Exempt employees are provided with a 60 minute meal period. Non-exempt employees are provided with a 30 or 60-minute uninterrupted meal period that is not compensable for every five hours worked, and such employees must clock out and back in for meal periods. Meal periods may not be taken at the beginning or end of a shift to shorten the workday.

Rest Periods:

Non-exempt employees are provided with an uninterrupted 15-minute paid rest period for every four hours worked, or major fraction thereof. Rest breaks should be taken as close as possible to the middle of the four hour work period. Rest periods may not be combined or used to shorten the workday or to lengthen a meal period.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-6
POLICY: WORKPLACE ATTIRE	EFFECTIVE: 01/01/2017

PURPOSE:

To provide all Gold Coast Health Plan (GCHP) staff members with appropriate guidelines for employee personal appearance including standards of dress, grooming, hygiene and personal cleanliness while at work, or on duty.

POLICY:

Every employee represents GCHP in the eyes of our Commission, our members and the community-at-large. It is the policy of GCHP that employees are required to present a clean, neat, professional business appearance at all times when employees are in the workplace or representing GCHP outside of the workplace.

The GCHP Dress Code is based on several factors. GCHP is a professional organization that is responsible for health care access for thousands of people. GCHP’s dress code reflects our culture of professionalism, and our respect for our mission and our fiscal responsibilities.

GCHP observes a “Business Casual” Dress Policy. Many examples of acceptable clothing and footwear are provided in this Policy, as they are often requested by staff and help to clarify the workplace attire standard.

SCOPE:

This policy applies to all employees of GCHP.

GENERAL:

Workplace Attire:

GCHP maintains a professional working environment for the benefit of its employees and the public. Each employee shall present him/herself appropriately and professionally, including but not limited to workplace attire, especially when attending off-site meetings and events. If an employee is on the job in inappropriate clothing, the immediate supervisor may require the employee to change into appropriate work wear.

All employees are required to adhere to these standards as part of the requirements of their employment with GCHP. Employees will be aware of, and conscientious about, the neatness and cleanliness of their apparel, and their personal hygiene while on the job.

Acceptable Appearance/Attire:

Our overall standard is business professional, yet casual. Examples of acceptable attire include:

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For Women: Suits, blazers, dress coats, blouses, business casual shirts (such as short or long sleeve polo shirts, appropriate for a business environment), dresses, skirts, pantsuits, dress slacks, business casual pants, sweaters, and capri pants. The length of capris that is acceptable is mid-calf or just below the calf. Any shorter length is considered shorts and therefore may not be worn at any time, including casual Fridays. A denim skirt or blazer is acceptable if not faded or torn and the style is suitably professional for the business environment.

For Men: Suits, sports coats, dress shirts, ties, sweaters, business casual shirts (such as short or long sleeved polo shirts appropriate for a business environment), dress slacks and business casual pants (such as Dockers).

The duties of some positions may occasionally require more professional dress than others depending upon the requirements of the job. Employees who attend both internal and external meetings, visit other professional offices, hospitals, clinics, etc., and interact with business and community representatives, must dress to present an appropriate professional business image of GCHP.

The duties of some positions may allow for the wearing of more comfortable, casual apparel due to the nature of the job requirements. When the job requires physical activity (lifting, carrying, stretching, bending, etc.) employees may wear more casual apparel such as work pants and tennis shoes to permit greater freedom of movement and safety. GCHP reserves the right to determine which job assignments meet these criteria. Ask for clarification from the department manager or the Human Resources Department.

Unacceptable Appearance/Attire:

Examples of unacceptable and inappropriate attire that is not in compliance with our standards include provocative attire (low cut clothing, miniskirts, etc.), oversized clothing, extremely tight clothing including spandex, leggings or other form-fitting attire, tank tops, midriff tops, crop tops, halter-neck tops and dresses, spaghetti-strap tops and dresses, sun or beach dresses, nylon jogging suits, sweats/exercise pants, sportswear and shorts of any length and/or shorts, pajamas and jeans (except casual days).

Clothing with potentially offensive words, terms, logos, pictures, cartoons, or slogans is inappropriate for the business environment and is not to be worn at any time. Clothing that exposes undergarments is also inappropriate for the business environment and is not to be worn at any time.

Acceptable Shoes and Footwear:

Conservative, non-athletic walking shoes, loafers, dress boots, flats, heels, business or dress shoes, business professional sandals, and leather deck-type shoes are acceptable for our business environment. Shoes are to be worn at all times while in the office. Tennis shoes may be worn on “Casual Days” only.

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Unacceptable Shoes and Footwear:

Flip-flops (thongs), slippers and non-dress boots.

“Casual Day”:

GCHP observes Friday as Casual Day. Employees are permitted to wear more casual and informal clothing on Fridays. Employees are still required to present a clean and neat appearance at all times as every employee continues to represent GCHP in the eyes of members and the community at large. Examples of allowable choices on Casual Day include denim jeans, tee shirts and tennis shoes. As a rule, casual clothing that is acceptable attire is not appropriate for the regular Monday through Thursday standard.

Provocative attire (low cut clothing, mini-skirts, etc.), oversized clothing, extremely tight clothing including spandex or other form-fitting attire, tank tops, midriff tops, crop tops, halter-neck tops and dresses, spaghetti-strap tops and dresses, sun or beach dresses, nylon jogging suits, sweats/exercise pants, sportswear and shorts of any length and/or skorts may not be worn.

Directors and managers are required to use their own discretion on Casual Day depending on their schedule for business that day. Employees who have important meetings with non-employees either on or off sight on Casual Day need to consider observing the more professional standards of the regular Dress Code Policy guidelines. If there are questions, ask for clarification from the department manager.

These examples are not meant to be all-inclusive, and may need to be amended from time to time as styles change.

Grooming and Cleanliness:

All employees are expected to present themselves for work well groomed, with attention paid to good personal hygiene. In consideration of others, care should be taken to avoid strong, offensive odors, such as tobacco, perfumes or cologne as some employees are sensitive to the chemicals in personal care products, such as perfumes, colognes, hairspray or other hair care products and scented lotions.

Compliance:

Compliance with this policy is the responsibility of every individual. Employee cooperation will make enforcement unnecessary. However, employees who fail to follow the Dress Code Policy will be sent home and requested to return to work in compliance with the Policy. Employees will not be compensated for time away from work.

GCHP reserves the right to determine the appropriateness of compliance with the Dress Code Policy. Continued failure to comply with this policy may result in disciplinary action, up to and including separation of employment. This policy may be revised, updated, or rescinded at any time by GCHP.

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SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-7
POLICY: SICK PAY	EFFECTIVE: 01/01/2017

PURPOSE:

In order to determine adequate availability and use of paid sick pay, Gold Coast Health Plan (GCHP) has developed the following policy in compliance with local, state and federal regulations.

POLICY:

All full-time employees and part-time employees who are regularly scheduled for more than 30 hours per week may accrue sick time at the rate of 80 hours per year.

Other employees not eligible for the more generous sick leave benefit may accrue paid sick time in accordance with the California Labor Code requirements as set forth below.

SCOPE:

This policy applies to all GCHP employees.

GENERAL:

Paid sick time must be accrued before it can be taken. Employees are only eligible to take paid sick time after sick time has been accrued. Full-time and part-time employees regularly scheduled for 30 or more hours per workweek begin accruing sick time hours on their date of hire and continue to accrue sick time hours each pay period. Other employees accrue time as addressed below in the “minimum sick leave” section.

Beyond the state mandated sick leave hours, sick time accrual is suspended if an employee is on an unpaid leave of absence. Sick time is not considered “hours worked” for overtime purposes.

Accrued sick leave has no cash value, and an employee shall not receive payment for unused accumulated sick leave upon separation from GCHP employment.

Valid Reasons For Use of Paid Sick Time:

Employees may use paid sick leave for diagnosis, preventative or other care, or treatment of an existing health condition of the employee or family member. Family member includes the employee’s parent, child, spouse, registered domestic partner, grandparent, grandchild, and sibling (including adoptive, step and foster sibling). Employees also may use paid sick leave if they are a victim of domestic violence, sexual assault or stalking and need time off to obtain any relief, including a restraining order, to seek medical attention, to obtain counseling, or participate in safety planning or other safety actions.

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

Notification of Need for Sick Leave:

When an employee is unable to report for duty due to the employee's own illness or that of a family member as defined above, the employee must notify his/her manager as soon as possible. The employee shall report the intended use of sick leave and the reason for the absence. If the manager is not immediately available, the employee may leave a voice mail message, unless otherwise directed. Employees should remember that abuse of sick leave and excessive unexcused absenteeism are subject to disciplinary action. Therefore, it is important that each employee maintains a high level of attendance and considers sick pay to be a safety net against an unforeseen serious illness or other sick time needs in the future. Usage of sick leave at three (3) or more consecutive days may require a note from the employee's physician.

Accrual

Employees will be provided the state mandated sick hours at the beginning of the calendar year and will accrue the remaining sick leave hours each pay period up to a maximum of eighty (80) hours. Unused sick leave rolls over to the next anniversary year.

Payment for Sick Leave

An employee will receive sick pay for any used sick time. The sick time balance for an employee will not be allowed to go into a negative status. An employee will not receive sick pay for days out sick or other reasons permitted under this policy if no sick pay is available. Sick pay will be calculated based on the employee's straight time hourly pay rate at the time of absence. It does not include overtime or any special forms of compensation such as incentives or bonuses.

Sick pay may be used to supplement any payments that an employee is eligible to receive during a leave of absence (e.g. workers compensation benefits or disability insurance programs). The combination of any such disability pay and sick pay cannot exceed the employee's normal weekly earnings.

Employees will not be paid for unused accrued sick leave either during employment or at the time of termination of employment.

Minimum Paid Sick Leave

Any employee who is not otherwise eligible for regular sick leave (e.g. temporary, per diem, and non-regular part-time employees not regularly scheduled for 30+ hours per week) shall be eligible for this Minimum Paid Sick Leave. An employee who works thirty (30) or more days within a year from the commencement of employment is eligible for Minimum Paid Sick Leave. This policy is intended to comply with the requirements of the Healthy Workplaces, Healthy Families Act of 2014 at Labor Code section 246(e)(2) and should be interpreted consistently.



Employees eligible for the Minimum Paid Sick Leave who are hired after July 1, 2015, shall be granted twenty four (24) hours upon hire for use during the calendar year of their hire. Every year thereafter, on January 1st, each covered part time employee shall receive an annual grant of twenty four (24) hours of Minimum Paid Sick Leave for use during that calendar year. This annual grant does not roll over to the next calendar year and is not paid out upon termination of employment, retirement, or death. The Minimum Paid Sick Leave entitlement and its use shall be reflected on the covered employee's regular pay stubs.

Minimum Paid Sick Leave may be used for any purpose leave is otherwise typically used, when available, for illness and consistent with those uses set forth in the Healthy Workplaces, Healthy Families Act of 2014 (AB 1522). These uses include, but are not limited to use by a covered employee for preventative care or diagnosis, care, or treatment of an existing health condition for the covered employee or his or her family member; and use by a covered employee who is a victim of domestic violence, sexual assault, or stalking. A covered employee may not be required to find a replacement worker in order to utilize Minimum Paid Sick Leave.

In accordance with the Healthy Workplaces, Healthy Families Act of 2014 (AB1522), employees may not use accrued paid sick days until the 90th day of employment.

Procedural requirements, including those requirements related to notice, request of use, acceptable uses, prohibited uses, minimum increments, and medical certification shall be governed by existing policies relating to unscheduled leave as set forth in the regular sick leave policy.

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-8
POLICY: VACATION PAY	EFFECTIVE: 01/01/2017

PURPOSE:

To provide a procedure for Gold Coast Health Plan (GCHP) employees to utilize their employee benefit of vacation hours.

POLICY:

Vacation hours are provided to all GCHP employees and begin to accrue the first day of employment. Vacation is provided for employees to allow them time away from work on an annual basis and employees are encouraged to utilize this benefit.

SCOPE:

This policy applies to all GCHP employees who work thirty (30) or more hours per week.

GENERAL:

Accrual: Subject to the applicable maximum accrual cap, eligible employees may accrue vacation time as follows:

Regular Staff Vacation Accrual:

One to Three Years:

Employees accrue vacation beginning on hire date. For each twelve (12) months of continuous full-time employment, each eligible full-time employee earns eighty (80) hours of vacation. During this time period, vacation is earned at a rate of 3.08 per pay period. Employees working less than forty (40) hours per week will receive vacation accrual on a pro-rated basis, based upon their average weekly hours of work.

Three years and one day up to Five Years:

After three (3) years of continuous full-time employment, eligible full-time employees earn 120 hours of vacation per pay period. The same pro-ration for employees working less than forty (40) hours per week will apply.

Five Years and one day and On:

After five (5) years of continuous full-time employment, eligible full-time employees earn 160 hours of vacation per pay period. The same pro-ration for employees working less than forty (40) hours per week will apply.

Years of Service	Hours Earned Per Year	Hourly Accrual Per Pay Period
1 – 3	80	3.08
3+ - 5	120	4.62
5 +	160	6.15

Employees are eligible to accrue a maximum of 2.5 times the amount of their annual accrual rate.

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Years of Service	Hours Earned Per Year	Maximum Hourly Accrual Cap
1 – 3	80	200
3+ - 5	120	300
5 +	160	400

Part-time employees, with a minimum weekly hours worked of 30 hours per week, will receive their vacation accrual on a pro-rated basis, based upon hours worked per average work-week.

Vacation time will not accrue during any unpaid portion of a leave of absence or while on disability salary continuation.

Director Vacation Accrual:

One to Three Years:

GCHP Directors accrue vacation beginning on hire date. For each twelve months of continuous full-time employment, each eligible full-time employee earns 120 hours of vacation. During this time period, vacation is earned at a rate of 4.62 per pay period. Employees working less than forty (40) hours per week will receive vacation accrual on a pro-rated basis, based upon their average weekly hours of work.

Three years and one day and On:

After three (3) years of continuous full-time employment, eligible full-time employees earn 160 hours of vacation. During this time period, vacation is earned at a rate of 6.15 per of vacation per pay period. The same pro-ration for employees working less than forty (40) hours per week will apply.

Directors may not accrue more than the acknowledged level of accrual time for each tier.

Years of Service	Hours Earned Per Year	Hourly Accrual Per Pay Period
1 – 3	120	4.62
3+	160	6.15

Officer (Chiefs) Vacation Accrual:

One to Three Years:

GCHP Officers accrue vacation beginning on hire date. For each twelve months of continuous full-time employment, each eligible full-time employee earns 160 hours of vacation. During this time period, vacation is earned at a rate of 6.15 per pay period. Employees working less than forty (40) hours per week will receive vacation accrual on a pro-rated basis, based upon their average weekly hours of work.

Three years and one day and On:

After three (3) years of continuous full-time employment, eligible full-time employees earn 160 hours of vacation.

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200 hours of vacation. During this time period, vacation is earned at a rate of 7.69 per of vacation per pay period. The same pro-ration for employees working less than forty (40) hours per week will apply.

Officers may not accrue more than the acknowledged level of accrual time for each tier.

Years of Service	Hours Earned Per Year	Hourly Accrual Per Pay Period
1 – 3	160	6.15
3+	200	7.69

Maximum Accrual:

Once an employee has reached their maximum accrual cap they will cease to accrue any additional vacation hours until such time as the employee’s takes vacation time and reduces their accrual below the maximum amount.

No Buy-Out:

Accrued vacation hours are not eligible for buy-out and must be used when possible.

Requesting Vacation:

Employees must request vacation time with as much advance notice as possible, when requesting a week or more of vacation and a week’s notice for days less than one week. Vacation granting is at the discretion of the direct supervisor and may be declined when work situations do not allow for absentee employees.

Termination:

Unused accrued vacation hours, up to the maximum accrual amount, will be paid out upon departure.

Employees will be paid out any unused accrued vacation on the last day of their employment, provided they give adequate notice of departure. If less than 48 hours of notice is provided, employees will receive any amount due them, including unused vacation accrual, within 72 hours of termination.



SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-9
POLICY: ADMINISTRATIVE DAYS	EFFECTIVE: 01/01/2017

PURPOSE:

To clarify Gold Coast Health Plan’s (GCHP) benefit of providing two (2) paid Administrative Days on a pro-rated basis for manager and below and three (3) paid Administrative Days for directors and above.

POLICY:

In addition to sick pay and vacation pay, GCHP provides eligible employees up to two (2) days of paid Administrative Days each calendar year for managers and below and three (3) Administrative Days for directors and above.

SCOPE:

This policy applies to all GCHP employees.

GENERAL:

All employees are eligible to receive two (2) days of paid Administrative Days on a pro-rated basis for managers and below and three (3) Administrative Days for directors and above, based upon average number of hours worked. Managers and below hired on, or before July first of the calendar year will receive two full days of Administrative Days to be taken in accordance with the attendance policy and with prior permission from the employee’s supervisor. Directors and above will be eligible to receive three (3) full days of Administrative Days to be taken in accordance with attendance policy and with prior permission from the employee’s supervisor.

Managers and below hired after the first of July of the calendar year will be subject to one (1) paid Administrative Day in accordance with the attendance policy and with prior permission from the employee’s supervisor. Directors and above will be subject to 1.5 paid Administrative Days.

Employee’s hired after the first of November will not be eligible for Administrative Days during that same calendar year, but will receive the customary two/three after the first of the following year.

Employees must use the allotted Administrative Days during the same calendar year as they do not carry over from year to year. Unused Administrative Days for the year will be “cashed out” during the final payroll cycle of each calendar year.

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-10
POLICY: HOLIDAY PAY GUIDELINES	EFFECTIVE: 01/01/2017

PURPOSE:

To clarify Gold Coast Health Plan’s (GCHP) benefit of providing ten (10) days of paid holidays on a pro-rated basis.

POLICY:

In addition to sick pay and vacation pay, GCHP provides employees ten (10) days of paid holidays each year.

SCOPE:

This policy applies to all GCHP employees working thirty (30) or more hours per work week. Employees averaging less than thirty (30) hours per work week will not be paid for holidays.

GENERAL:

Eligible employees will receive ten (10) days of holiday pay on a pro-rated basis, based upon average number of hours worked. Paid holidays are as follows:

- | | |
|------------------------|------------------------|
| New Year’s Day | Labor Day |
| Martin Luther King Day | Veteran’s Day |
| President’s Day | Thanksgiving Day |
| Memorial Day | Day after Thanksgiving |
| Independence Day | Christmas Day |

Holiday pay is paid at the employee’s regular hourly rate at the time of the holiday.

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SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-11
POLICY: COMPENSATION	EFFECTIVE: 01/01/2017

PURPOSE:

To provide a process which ensures an equitable salary review and distribution based upon budget allotment and aligned with Gold Coast Health Plan’s (GCHP) Merit Review program.

POLICY:

GCHP believes that compensation for employees should meet with the organization’s philosophy to attract and retain employees utilizing a compensation formula that is competitive with similar non-profit organizations.

SCOPE:

The Human Resources Department administers and maintains the Compensation Plan (the “Comp Plan”) and in conjunction with Executive approval may make appropriate revisions to the Comp Plan as often as necessary to ensure that the Comp Plan provides uniform and equitable compensation rates and policies.

GENERAL:

Salary Ranges:

Salary ranges and performance-based pay plans are intended to furnish administrative flexibility in recognizing individual differences among positions, in providing employee incentives, and in rewarding employees for meritorious service. The Comp Plan maintains a salary range table that is reviewed and adjusted when deemed appropriate based upon like organizations.

Merit salary advancements shall occur in accordance with the following:

Pay for Performance:

The Plan provides a scheduled annual review process for all employees hired on or before the First of October each calendar year. Employees hired after that date will receive a ninety (90) day review, but will not be eligible for a merit increase for this time-period. They may receive a pro-rated increase the following year review period. In the event the Plan elects to provide merit increases for the results of the performance review, employees receiving a satisfactory or better review will be eligible for a merit increase, based upon budget allowance, employee’s position in the range, and the employee’s final rating. Employees receiving a less than satisfactory rating may be required to complete a performance improvement plan.

Salary on Promotion:

An employee who is promoted to a position in a class allocated to a higher salary range than the class to which the employee was formerly assigned will receive an adjustment to their salary which positions their new salary within the new range, at a maximum of a 10% increase in salary or the minimum of the new pay range.

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Salary on Transfer:

An employee who is transferred from one position to another in the same class or to another position in a class having the same salary range shall receive some acknowledgment within that range that recognizes the new position but does not move them outside the appropriate range. The employee's merit review and anniversary date may not change.

Special Compensation:

Other compensation in the form of incentive pay, bonus, or any other such similar forms of compensation authorized by the GCHP Commission, may occur at any time not relating to an employee's anniversary date, calendar year, fiscal year, or other such timing.

Common Deductions from Salaries:

Notwithstanding any other provisions in these Rules, GCHP may take deductions from paychecks of exempt employees for any of the following reasons:

- When an employee is absent from work for one or more full days for personal reasons other than sickness or disability.
- For absences of one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing compensation for salary lost due to illness.
- To offset amounts employees receive as jury or witness fees or for temporary military duty pay.
- For penalties imposed in good faith for infractions of safety rules of major significance.
- For unpaid disciplinary suspensions of one or more full days imposed in good faith pursuant to a written policy for workplace conduct rule infractions.
- In the employee's initial or terminal week of employment if the employee does not work the full week.
- For unpaid leave taken by the employee under the federal Family and Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA) or other applicable leave law.
- For absences due to a budget-required furlough.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-12
POLICY: EVALUATION POLICY	EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan (GCHP) believes that every employee should receive at minimum an annual opportunity to discuss their level of participation and job responsibilities with their supervisor. Providing an annual evaluation process ensures that every employee meets and discusses their job performance and opportunities for improvement with their supervisor.

POLICY:

GCHP will provide an equitable, systematic process that includes written, numerical rating and open dialogue between employee and supervisor for clarification of job performance and areas of opportunity going forward.

SCOPE:

This policy applies to all employees, at all levels of the organization.

GENERAL:

Employee Performance Evaluations:

GCHP shall strive to provide a professional work environment that encourages and supports fair and equitable treatment of its employees. GCHP recognizes the importance of employee performance evaluations in sustaining an effective staff, and further, encourages an open, ongoing dialogue between managers, supervisors, and employees.

Performance evaluations are completed generally once a year and may be done more frequently at the discretion of the manager. The purpose of the employee performance evaluation process is to provide an opportunity for the manager and employee to review and evaluate performance standards and objectives. Performance evaluations are not subject to any grievance procedure.

Annual Performance Evaluations:

At a minimum, a work planning and performance evaluation shall occur at least once a year for all employees at an appropriate and logical date.

Eligibility:

Employees typically receive an initial ninety (90) day evaluation after the first ninety (90) days of hire (the “New Hire Period”).

The supervisor may elect to extend the New Hire Period based upon a review that indicates the candidate is not performing the functions of the job based upon Job Description requirements but, in the supervisor’s opinion, has the ability to do so given additional time in the position. In this case, the New Hire Period may be extended another thirty (30), sixty (60)

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or ninety (90) days. The decision to extend the New Hire Period must be made in conjunction with the applicable Director and Human Resources.

Evaluation Forms:

Human Resources assumes responsibility for the preparation and consistency of the evaluation process. With approval of GCHP executives, the Human Resources Department will establish the appropriate form, establish a time frame and ensure consistency across the Plan for accumulation of form ratings as well as the value of the ratings.

Employees with direct reports are required to complete an assessment on each of their direct reports in alignment with the provided time-frame and submit the review for initial approval from their Executive and Human Resources.

Human Resources will compile the overall effects of the reviews for each department and an over-view of the organization and will submit the results to the Executive Team for discussion and additional approval.

Upon approval of said reviews and budgetary costs, employees with direct reports will provide time for each direct report to see, read, provide comments, discuss and understand the results of their review. Any dispute over the results and ratings will be handled at the discretion of the supervisor.

Finalized reviews will be returned to Human Resources for recording of the results, implementation of any corresponding increases and filing in the employee's personnel file.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-13
POLICY: PROMOTIONS, TRANSFERS AND REINSTATEMENTS	EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan (GCHP) believes in providing an environment of equity as well as opportunity. To ensure that all employees are recognized for their achievements as well as utilized for their talents, GCHP encourages a promote-from-within philosophy where appropriate.

POLICY:

It is the policy of GCHP to promote-from-within where appropriate. To that end, open positions will be posted internally as well as externally and employees are encouraged to submit their resumes when their skill sets meet the criteria of the open position.

SCOPE:

Absent special circumstances, this policy applies to all positions with the exception of the Chief Executive Officer.

GENERAL:

Promotions:

Employees may apply for and be promoted into a position when (a) they meet all criteria for the position for which they are being considered (b) they have not been subject to any disciplinary action within the previous twelve (12) months, (c) they have received a positive rating in their last review, and (d) they have not transferred or promoted within the previous six (6) months.

Transfer:

Upon approval of the involved Directors, after consultation with the current manager and the potential new manager and Human Resources, an employee may be laterally transferred at any time from one position to another based upon business need.

Reinstatement:

The Chief Executive Officer after consultation with Human Resources may, but is not required to, approve the reinstatement of an employee who has resigned within the previous 36 months and who has a good record, to a vacant position without competing for the position (once they have re-submitted their updated resume and met with the hiring manager).

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SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-14
POLICY: SEPARATION FROM SERVICE	EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan (GCHP) adheres to the “At Will” presumption provided by the State of California. Nonetheless, GCHP strives to ensure that all employees are subject to consistent procedures when terminating employment.

POLICY:

Pursuant to its at-will employment policy, both the organization and its employees have the right to separate employment with or without notice and with or without cause. However to ensure consistency when terminating an employee, GCHP has provided the following guidelines.

SCOPE:

This policy applies to all employees of GCHP.

GENERAL:

Separation From Service:

Resignation:

Employees are encouraged to give at least two (2) weeks’ notice when resigning. The resignation becomes effective upon receipt of an oral, written, or e-mailed notice of the resignation. The resignation letter or e-mail should state the effective date and reasons for leaving. An employee that does not provide a two (2) weeks notice, may not be eligible for re-hire.

Automatic Resignation:

Employees are deemed to have resigned when absent from work without prior authorization or notification for three consecutive workdays. GCHP shall give notice of such automatic resignation via email and mail (USPS or overnight) to the employee’s last known personal email and mailing address.

Failure to Report:

Failure on the part of an employee to return to work within one working day of his/her scheduled return from any approved time off shall be cause for immediate discharge. GCHP shall give notice of such termination via email and mail (USPS or overnight) to the employee’s last known personal email and mailing address

Discharge:

All employees are at-will employees and may be discharged by the Chief Executive Officer with or without reason or cause and without right of appeal.

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Layoff Policy and Procedure:

Statement of Intent:

When, in the judgment of the CEO, it becomes necessary to abolish a position due to lack of funds, curtailment of work, organizational changes, or for other business reasons, the employee holding such position may be laid off or demoted to an available position, if any, without the right of appeal. An employee who is laid off has no bumping rights, no right to appeal the decision to layoff, nor any greater rights to return status.

Order of Layoffs:

Layoffs shall be made in accordance with serving the best needs of GCHP.

Notification:

Employees to be laid off shall be given as much notice as possible or as mandated by applicable law, prior to separation.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-15
POLICY: EDUCATION AND TRAINING	EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan (GCHP) believes in providing adequate training to employees in support of their job descriptions as well as provisions for any required certificates or state requirements.

POLICY:

It is the policy of GCHP to ensure that all employees receive training as well as necessary certification and/or licenses to enable them to perform their roles within local, state and federal requirements. GCHP also believes in encouraging employees to participate in developmental training and education. In order to encourage this culture, GCHP provides on-line training, which may be utilized during business hours, provided the employee maintains the requirements of their job.

SCOPE:

This policy applies to all employees of GCHP.

GENERAL:

Certifications & Licenses:

Based upon job specifications as well as local, state and federal requirements, specific positions within the organization may be required to maintain certifications and/or licenses that relate to the ability of employees to perform the functions of their positions. GCHP will reimburse the cost of such required programs, provided the employee receives certification and/or license. In order to receive reimbursement, the employee must produce the receipt of payment as well as a copy of the verifying document.

Required Training:

Harassment Prevention:

On a bi-annual basis, GCHP will provide a two-hour approved training session to all employees, clarifying their roles and responsibilities as employees to prevent and report prohibited harassment.

Discrimination:

On a bi-annual basis, GCHP will provide a two-hour approved training session to all employees, clarifying their roles and responsibilities as employees regarding prohibited discrimination.

Compliance:

GCHP will provide other internal training regarding issues including Safety, Ethics, Confidentiality, Brown Act responsibilities, Hatch Act responsibilities and compliance requirements. Employees are required to complete various on-line trainings on a pre-

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determined schedule. Failure to comply with the scheduled required training may result in disciplinary action, up to and including possible termination.

Developmental Training:

GCHP has developed an on-line training program which will enhance employee skills and provide an opportunity to develop their level of performance. Some such training is optional/voluntary; other portions are mandatory. For optional/voluntary programs, Employees are encouraged to utilize their free time, to participate in short and long-term training programs which are available on the employee website. While employees are welcome to partake of these programs they are also advised that usage of these systems may in no way diminish their responsibilities to their job functions. Inability to complete mandatory training, or to complete other on-going work requirements, may result in disciplinary action, up to and including possible termination.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-16
POLICY: TUITION REIMBURSEMENT	EFFECTIVE: 01/01/2017

PURPOSE:

The purpose of this policy is to assist employees who wish to pursue further formal education through accredited educational institutions in an effort to enhance current skills as well as to improve future potential benefit to Gold Coast Health Plan (GCHP).

POLICY:

The Plan may reimburse full-time, regular employees for formal education costs for courses at accredited institutions that are approved in advance by the Plan. The approval for reimbursement will be dependent on the course and its relevance to the employee’s current or future potential position. Approval must be obtained prior to commencement of each course per semester. Reimbursements are made on a first-come, first-served basis up to the amount of available reimbursement funds approved by the Commission in the annual budget.

SCOPE:

This policy applies to all employees in good standing with the Plan.

GENERAL:


Reimbursement will be made up to 100 percent for course work applicable to the current position. Courses applicable to potential future assignment may be approved at percentages ranging from 50 to 100 percent, depending on the perceived value to the Plan. The Plan will review employee applications on a course-by-course basis.

- Employees receiving a C or better for the completion of their associate or bachelor degree related course will be reimbursed at 100% of the cost of the tuition, upon submission of documentation providing proof of completion and letter grade
- Employees receiving anything below a C will not be reimbursed for the completion of their course.

A second degree will be reimbursed at the same percent only if it is an advanced degree in a field of study applicable to the employee’s current or impending position.

- If approved, MBAs and law degrees will be reimbursed at 50 percent, regardless of the position the individual holds. Any exception requires approval of the CEO.
- There is no limit to the number of credit hours eligible for reimbursement per semester. Employees are encouraged to be prudent in the selection of the number of courses attempted each semester, as coursework and study time will compete with work obligations. Employees must be actively employed by the Plan when reimbursement is sought. Employees subjected to a reduction in force (RIF) by the Plan will be reimbursed for courses currently approved and enrolled in at the time of the RIF.
- Employees must satisfactorily complete the course work to be considered for reimbursement.

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- All required coursework/tuition fees will be reimbursed at the designated approval percentage. Books, lab and building use fees will be reimbursed at 50 percent, regardless of the course of study.
 - Initial approval of a course of study does not obligate the Plan to future/continued approval of courses in that course of study. Approvals are only valid for the course and semester given.
 - Maximum reimbursement per calendar year for pursuit of a bachelor's or associates degree is \$5,000.00

Maximum reimbursement per calendar year for pursuit of a Masters or above is \$7,500.

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SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-17
POLICY: HEALTH, DENTAL, VISION, PENSION BENEFITS	EFFECTIVE: 01/01/2017

PURPOSE:

To provide all eligible employees with the opportunity to participate in health, dental, vision and retirement plans under the Gold Coast Health Plan (GCHP) umbrella.

POLICY:

It is the policy of GCHP to provide all eligible employees with an opportunity to ensure themselves, their families and their significant others with health, dental and vision coverage as well as to save towards retirement.

SCOPE:

All GCHP employees who work thirty (30) or more hours per week are eligible to participate in these benefits programs. Employees who work less than thirty (30) hours per week may be eligible to participate in some programs on a pro-rated basis. Contact the Human Resources Department for details.

GENERAL:

Benefits:

All compensation and benefits afforded GCHP employees and their eligible dependents are governed by the terms and conditions of the contractual agreements with the benefit providers. Compensation shall be determined by the Chief Executive Officer, consistent with these policies and procedures, in the best interest of GCHP, and governed by the terms and conditions of an employee’s individual employment agreement. Insurance premiums not paid in whole or part by GCHP shall be the responsibility of the employee.

Qualifying for Benefits: A medical plan, dental plan, vision plan, long- and short term disability program, life insurance, employee assistance program, flexible spending accounts, and other such benefits are available to full-time employees and may be pro-rated for eligible regularly working part- time employees, with costs shared by GCHP and the employee as defined and provided for in the individual employment agreement.

Group Health Insurances: These insurances are subject to the terms and conditions of the specific benefit plans.

Insurance Premium:

Full time employees and their eligible dependents shall be provided insurance for themselves and eligible dependents, up to the maximum contribution as provided in GCHP’s Health Contribution Plan. The maximum monthly contribution for employees only covering themselves and for one or more family member is determined annually.

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Eligibility:

All regular full-time and regular part-time employees who are assigned to work more than 30 hours per week are eligible to participate. Part-time employees shall have their benefit costs pro-rated and if employee elects coverage, such additional premium costs will be paid by the employee through payroll deductions.

Medical Effective Dates:

Based on the terms and conditions with the provider, generally coverage shall become effective on the first day of the month following the employee's initial appointment date, and shall terminate on the last day of the month following the month in which the employee leaves employment.

Dental and Vision Effective Dates:

Based on the terms and conditions with the provider, generally coverage shall become effective on the first day of the month following the employee's actual start date, and shall terminate on the last day of the month in which the employee leaves employment.

Life, AD&D, and Short-term and Long-term Disability Effective Dates:

These benefits are only available for regularly working full-time employees. Coverage shall become effective on the first day of the month following the employee's initial appointment date and shall terminate on the last day in which the employee was in paid status.

Life and Accidental Death and Dismemberment Insurance:

Coverage for all employees is one times the employee's annual compensation to a maximum of \$200,000. This benefit is employer paid. The employee can elect voluntary life insurance coverage.

Short-and Long-term Disability Insurance:

GCHP maintains a short-and long-term disability insurance program for all regular full-time employees. This insurance is intended to cover employees in the event of a long-term injury or illness that is not covered by some other leave benefit. Short-term Disability benefits begin after the employee has been absent from work for a certified illness/injury for a minimum of seven (7). The benefit pays up to sixty (60%) percent to the employee's weekly covered earnings up to a maximum of \$1,385 per week, if the employee is certified as disabled. Accumulated sick leave or vacation may be used during the waiting period. Long-term Disability benefits begins after the employee has been absent from work for a certified illness/injury for a minimum of one hundred and eighty (180) days. The benefit pays up to sixty (60%) percent of the employee's monthly covered earnings to a maximum of \$9,000 per month, if the employee is certified as disabled.

Other Benefits:

GCHP contributes on the employee's behalf, the employer costs for Medicare. This benefit follows federal requirements. GCHP does not participate in social security.



Deferred Compensation Plans:

GCHP participates in deferred compensation (IRC sec. 457) plans and 401(a) plans.

Domestic Partner Health Benefits Eligibility:

GCHP provides registered domestic partners and the children of registered domestic partners, the opportunity to enroll in health plans administered by GCHP. Registered domestic partners must meet the requirements for enrollment as stated in Article 9, Section 22873 of the Public Employees Retirement Law, and must submit the required documentation for confirmation.

Definition:

For the purpose of providing health care benefits, a domestic partnership is defined as two adults of the same sex, both over the age of 18 and opposite sex domestic partners where one person is over the age of 62 and who are registered as domestic partners with the State of California.

Dependent Children:

Children must be economically dependent upon the employee for their financial support and have a parent-child relationship with the employee. Coverage for children will be terminated when the child reaches age 26 (exceptions apply for children with disabilities).

Procedures:

Employees may enroll their registered domestic partner and or children of their registered domestic partner on the first day of the month following receipt of the notarized Declaration of Domestic Partner Registration from the Secretary of State. The Plan must receive the declaration within 60 days of issue. A Statement of Financial Liability for Domestic Partner Health Benefits must be completed and signed, along with the declaration, as well as the health enrollment form before enrollment of partner or children.

Tax Implications:

Federal law does not recognize domestic partner relationships for tax purposes. Therefore the value of the additional benefits received by a domestic partner is considered taxable income. The tax liability is an "imputed value" based on the fair market value of the benefit of all of the selected coverage, as assigned by the individual plans. If the domestic partner qualifies as a dependent for tax reporting requirements under the Internal Revenue Code, the value of the additional benefits may be exempt for the imputed tax upon proper certification. Imputed earnings are subject to federal tax and are not added to your taxable gross income for California state tax purposes.

Eligible Dependents Change in Relationship:

It is the responsibility of the employee to notify Human Resources to cancel a spouse or domestic partner's coverage if the relationship terminates or when the spouse or domestic partner no longer shares a common residence with employee. It is the responsibility of the employee to notify Human Resources to cancel an adult child's coverage once the adult child reaches the benefit limit. If the employee does not notify Human Resources of the termination of the relationship within 31 days of the event, the employee will be held responsible for all

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costs for medical services received by the spouse or partner and or children of the spouse or partner after the termination of the relationship.

COBRA Requirements:

COBRA medical insurance will be offered through a third party administrator to employees, and their legal dependents as required by law. Other COBRA required insurance will be offered through GCHP insurance plans. In the event of termination of marriages, domestic partnership, the death of the employee, or a dependent child reaching the age limit for insurance, under the same conditions used for traditional marriages, COBRA will be offered. Should the spouse or partner elect COBRA, the coverage will continue as required by law. The spouse or partner of the employee pays for COBRA benefits.

Retirement:

All regular full-time and regular part-time employees shall participate in the 401(a) retirement plan and shall be governed by its rules and regulations. GCHP shall contribute 10% of the employee's annual salary towards the employee's 401(a) retirement plan for all hours in a paid status.

All employees are eligible for participation in the 457(b) plan.

SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-18
POLICY: LEAVES OF ABSENCE	EFFECTIVE: 01/01/2017

PURPOSE:

To provide employees the opportunity to be away from work for various reasons, detailed in this Policy, with approval from their manager and Human Resources.

POLICY:

Gold Coast Health Plan (GCHP) understands that from time to time, employees must be away from GCHP during business hours. In an effort to accommodate such times and maintain consistency regarding time away from work, as well as comply with all local, state and federal laws, GCHP has prepared the following guidelines.

SCOPE:

This policy applies to all eligible employees of GCHP.

GENERAL:

General Leave Provisions:

Employees are expected to be at work at their scheduled times. To ensure accountability and the integrity of public service, all employees who receive leave benefits are expected to account for their absences from work. Leave time for all employees is chargeable in increments of .25 hours (15 minutes).

Leave Approval:

Leaves shall be subject to approval by the manager, and scheduled in advance whenever possible, with due regard for service needs.

Leave Accounting:

GCHP may employ any reasonable measure to ensure employees are properly accounting for leaves, including requiring reasonable proof that the basis for the leave is legitimate. Employees may be required to submit a medical certification of sickness supporting a request for sick leave. GCHP may require a fitness-for-duty certification from any employee returning from medical leave.

Leave Benefits:

Leave benefits are available only as identified in GCHP policies, an individual employment agreement, and as required by law.

Leave Accruals:

Except where otherwise specified in particular policies, employees eligible for leave shall accumulate leave from the date of the employee's date of hire until separation from employment.

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Accruals Only During Working or Paid Leave Status:

Leave accrues on hours in a paid status. No leaves will accrue when an employee is on an unpaid leave (meaning a leave not paid for by the Plan).

Available Leave Categories:

GCHP provides the following leave categories: administrative leave, annual vacation leave, bereavement leave, discretionary leave of absence without pay, holidays, and other leaves as required by law [including but not limited to family and medical leave, disability leave, jury/witness duty leave, military leave (including military family leave), pregnancy and pregnancy-related disability leave and parental leave, sick leave with pay, school activities leave, organ and bone marrow donor leave, victims of crime leave, emergency personnel leave, and time off to vote].

Administrative Leave:

Administrative leave is granted in consultation with Human Resources and at the discretion of the CEO to GCHP employees, as appropriate.

Others Types of Leave:

Personal Leaves of Absence with or without pay may be granted by the Chief Executive Officer, as appropriate.

Vacation Leave:

GCHP provides annual vacation leave to eligible employees. Earned and accrued vacation leave may be taken as it accrues, but not before it accrues. Scheduling of vacations must be made in consideration of the unit's workload. (Please see Vacation Policy 2-8 for further details).

Bereavement Leave:

GCHP employees may take bereavement leave of up to 24 hours in the event of death of any of an immediate family member. Immediate family members are defined as: spouse, domestic partner as defined by the State of California, parent (current step or parent-in-law), grandparent, sister, brother, son, daughter (including step-siblings and step-children), and grandchild. The employee must obtain approval from the department manager for bereavement leave. Proof of eligibility for bereavement leave may be required.

Job-Related Injury/Illness Leave (i.e. Workers' Comp):

All employees are entitled to workers' compensation insurance benefits in accordance with state law. If an employee is injured or made ill arising out of or in the course of work, the employee may file a claim on the approved claim forms with GCHP's workers' compensation claims administrator. Employees are eligible to receive workers' compensation insurance benefits if the claim is declared compensable under the California workers' compensation laws. Payment of job-incurred disability leave shall be at the amount of temporary disability indemnity received, pursuant to workers' compensation law. Appointments related to an employee's workers' compensation claims by not be covered through the

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indemnity. Employees may use accrued leave to cover time away from work for workers' compensation appointments. Employees returning from workers compensation leaves will need medical clearance to return to work and, in some cases, may be subject to fitness for duty examinations.

Labor Code Section 3352: In accordance with Section 3352 of the Labor Code, GCHP does not extend workers' compensation benefits to volunteers.

Jury Duty/Witness Leave:

Jury Duty:

An employee summoned and required to serve as a juror in a trial, upon notification and appropriate verification submitted to his/her manager, may be absent from duty with full pay for the duration for the required service. The employee shall remit, within 15 days of receipt, all fees received for serving as a juror except those fees specifically allowed for mileage and expenses.

Witness Leave:

An employee who is subpoenaed to appear in court in a matter regarding an event or transaction which he/she perceived or investigated in the course of his/her employment with GCHP shall be allowed to do so without loss of compensation, unless it is the employee's own lawsuit. An employee subpoenaed to appear in court in a matter unrelated to his/her official capacity, or who is appearing in court in a matter initiated by the employee, shall be permitted time off without pay, or if the employee chooses, to use accrued vacation for such purpose. However, exempt employees who work any portion of a workweek in which they also appear as a witness will receive their full salary for that workweek.

Employees are required to provide reasonable advance notice of the need for jury/witness leave. Employees also are expected to report to work each day or portion of a day they are not performing jury/witness duty.

Leave of Absence:

Discretionary Leave of Absence Without Pay:

Employees who have been employed at the Plan for at least one year, and who are not eligible for other leaves but wish to request a leave, may be granted a discretionary leaves of absence (DLOA) without pay for up to 3 months upon written approval of the Chief Executive Officer or designee. The Chief Executive Officer in consultation with Human Resources may grant or deny a request for unpaid leave of absence in his/her sole discretion. Upon expiration of an approved leave, the Plan will attempt to reinstate the in the position held at the time leave was granted; however, except as otherwise required by law, DLOA's are not job-protected leaves. Failure of an employee on leave to report to work promptly at the leave's expiration without request and approval for an extension of said leave in writing, shall constitute voluntary resignation by the employee.

Absence Without Approval:

Any unauthorized leave of absence from duty by an employee shall result in disciplinary action and/or discharge. Subsequently such absence may be approved by the employee's

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manager in consultation with Human Resources, with or without pay, where extenuating circumstances are found to have existed.

Military Leave:

Military leave shall be granted in accordance with the provisions of state and federal law, and Employees on military leave are entitled to health, welfare, and seniority-related benefits as required by state and federal law.

Less Than 31 Days:

If the leave is less than 31 days, the employee is required to pay the employee's share of the insurance premiums.

More than 30 Days:

If the leave is more than 30 days, the employee may extend his or her Plan-sponsored benefits through COBRA at his or her own expense (which includes various administrative fees in addition to the premium payment).

Military Family Leave:

In accordance with the Family and Medical Leave Act (FMLA), eligible employees may use available FMLA leave in a 12-month period for any "qualifying exigency" arising out of a family member's active military duty. Eligible employees are also permitted to take up to 26 weeks of leave in a single 12-month period to care for a family member who sustains a serious illness or injury while on active military duty. See FMLA, CFRA, CDPL, ADA Policy 2-19 for additional details or contact Human Resources.

Military Spouse Leave:

In accordance with California Military & Veterans Code, eligible spouses and domestic partners of active members of the military are entitled to up to 10 days of unpaid leave when their spouse or domestic partner, who is in active military service, is on leave. .

School Activities Leave:

Employees who are parents, guardians, or grandparents having custody of one or more children in kindergarten through twelfth grade, or attending a licensed child day care facility, may take up to 40 hours off per school year for school/day care activities in accordance with California law. Such time off may not exceed eight hours in any calendar month. The employee must use existing vacation or administrative leave time off during such absences. Otherwise such leave will be unpaid. The employee must give reasonable notice to his/her manager of the planned school activities leave.

Time Off to Vote:

Employees who are registered voters may claim necessary time off to vote at statewide elections under the provisions of the State Elections Code Section 14350. If an employee does not have sufficient time outside of working hours to vote at a statewide election, the employee may without loss of pay, take enough working time off, which when added to the voting time available outside of working hours, will enable the employee to vote. Absentee voting is encouraged if the employee lives such a distance that considerable time would be

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needed to travel to the employee's designated polling place.

Amount:

No more than 2 hours of the time taken off for voting shall be without loss of pay. The time off for voting shall be only at the beginning or end of a regular working shift, whichever allows the most free time for voting and the least time off from work. In no event is the voter/employee eligible to take off more time than is necessary to vote and then travel to or from the worksite.

Notice:

The employee shall give the manager at least two (2) working days' notice that time off for voting is desired.

Scheduling Absence:

Registered voters/employees who need time off to vote must make arrangements with his/her manager.

Victims of Crime:

GCHP will grant unpaid time off to employees who have been victims of domestic violence, sexual assault or stalking. A victim of domestic violence, sexual assault or stalking may take time off to seek relief in court to help ensure his or her health, safety, or welfare, or the health, safety, or welfare of his or her child. Victims of domestic violence, sexual assault or stalking also may take time off to (a) undergo treatment for physical or mental injuries or abuse, (b) seek medical attention for injuries, (c) obtain services from a domestic violence shelter, program, or sexual assault crisis center, (d) obtain psychological counseling, (e) participate in safety planning, or (f) take other actions to increase safety from future domestic violence or sexual assault, including temporary or permanent relocation. Employees may use their accrued vacation and sick benefits to cover any time off for this purpose, if applicable under the circumstances.

GCHP also will grant employees unpaid time off under this policy to participate in judicial proceedings where the employee or an immediate family member, a registered domestic partner, or the child of a registered domestic partner has been a victim of a serious crime. For purposes of this policy, an "immediate family member" means a spouse, child, stepchild, sibling, stepsibling, parent, or stepparent. As specified by California law, a victim of a serious crime is a person who is a victim of a violent felony, a serious felony, or a felony involving theft or embezzlement. Employees may use their accrued vacation and sick benefits to cover any time off, if applicable under the circumstances.

To be eligible for leave under this policy, employees must provide advance notice of their intent to take time off unless advance notice is not feasible. GCHP may request that the employee provide supporting documentation such as a police report, a restraining order, or medical documentation.

GCHP will provide reasonable accommodations for an employee who is a victim of domestic violence, sexual assault, or stalking who requests an accommodation for the safety of the victim while at work. Reasonable accommodations may include the implementation of safety

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measures, including a transfer, reassignment, modified schedule, changed work telephone, changed work station, installed lock, assistance in documenting domestic violence, sexual assault, or stalking that occurs in the workplace, an implemented safety procedure, or another adjustment to a job structure, workplace facility, or work requirement in response to domestic violence, sexual assault, or stalking, or referral to a victim assistance organization. GCHP will engage in a timely, good faith interactive process with the employee to determine effective reasonable accommodations. Reasonable accommodations do not include any action that would constitute an undue hardship on the organization's business operation. Employees seeking such accommodations should contact Human Resources.

GCHP will maintain the confidentiality of any employee requesting time off or other accommodation under this policy to the extent required by law.

Volunteer Firefighters, Reserve Peace Officers, and Emergency Rescue Personnel:

If an employee is a volunteer firefighter, reserve peace officer or emergency rescue personnel, the employee should advise Human Resources *[or other designee]* so that GCHP is aware that the employee may need time off for emergency duty or training. If the employee needs to take time off for emergency duty, if possible, the employee should alert the Human Resources *or other designee]* before departing for duty. Written verification of participation in a volunteer firefighter, reserve peace officer or emergency rescue program and the need for the time off may be required.

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SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-19
POLICY: FMLA, CFRA, PDL	EFFECTIVE: 01/01/2017

PURPOSE:

To establish the guidelines, policies and procedures of Gold Coast Health Plan (GCHP) governing leaves of absences pertaining to family, medical and pregnancy disability leave.

POLICY:

Leaves of absence are available to all eligible employees on a non-discriminatory basis and in compliance with all applicable state and federal laws. Leaves of absence will be considered in cases of medical disabilities, pregnancy disability (and pregnancy-related conditions), and in cases of personal emergency, military duty, jury duty witness duty, bereavement, as well as other time off from work regulated by law. Unless specifically proved otherwise, all leaves of absence are unpaid. See also Leaves of Absence Policy 2-18.

SCOPE:

This policy applies to all eligible employees of GCHP. Unless the laws require a departure from the policies set forth below, they will be administered as written below unless and until they are amended by GGHP.

GENERAL:

Employees with more than twelve (12) months of service, who have worked at least 1,250 hours during the previous twelve (12) month period before the need for leave, and who are employed at a work site where there are fifty (50) or more employees within a seventy-five (75) mile radius, are eligible for a leave of absence under Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) for a maximum of twelve (12) workweeks of unpaid family/medical leave within a twelve (12) month period.

Leave may be taken for one or more of the following reasons:

- The birth of the employee’s child, or placement of a child with the employee for adoption or foster care (FMLA/CFRA);
- For incapacity due to pregnancy, prenatal medical care or child birth (FMLA only);
- To care for the employee’s spouse, child, or parent who has a serious health condition (FMLA/CFRA);
- To care for the employee’s registered domestic partner (CFRA only);
- For a serious health condition that makes the employee unable to perform his or her job (FMLA/CFRA);
- For military leave entitlements

Military Family Leave Entitlements

Eligible employees whose spouse, child or parent is on covered active duty or called to covered active duty status may use their twelve (12) week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and leave arrangements, attending certain counseling sessions, and attending post-deployment

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reintegration briefings.

Eligible employees may also take a special leave entitlement of up to twenty-six (26) weeks of leave to care for a covered service member during a single twelve (12) month period (FMLA/CFRA for twelve (12) weeks if the care provider is eligible for both, followed by fourteen (14) weeks of FMLA only, or twenty-six (26) weeks of FMLA only if the leave is not CFRA covered leave). A covered service member is either a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or a veteran who was discharged or released under conditions other than dishonorable at any time during the five (5) year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperating, or therapy for a serious injury or illness.

Calculating the Twelve month Period

For purposes of calculating the twelve (12) month period during which twelve (12) weeks of FMLA/CFRA or qualifying exigency leaves may be taken, GCHP uses a rolling year. Under most circumstances, leave under federal and state law will run at the same time and the eligible employee will be entitled to a total of twelve (12) weeks of family and medical leave in the designated twelve (12) month period. For leave to care for a covered service member, the twelve (12) month period begins on the first day of the leave, regardless of how the twelve (12) month period is calculated for other leaves. Leave to care for a covered service member is for a maximum of twenty-six (26) workweeks during a 120-month period.

Pregnancy, Childbirth or Related Conditions

Leave because of the employee's own disability for pregnancy, childbirth or related medical condition is not counted as time used under CFRA. However, time off because of pregnancy disability, childbirth or related medical condition does count as family and medical leave under FMLA. Employees who take time off for pregnancy disability and who are eligible for family and medical leave will also be placed on family and medical leave that runs at the same time as their pregnancy disability leave. Once the pregnant employee is no longer disabled, or once the employee has exhausted Pregnancy Disability Leave (PDL) and has given birth she may apply for leave under CFRA, for purposes of baby bonding.

Any leave taken for the birth, adoption, or foster care placement of a child does not have to be taken in one continuous period of time. CFRA leave taken for the birth or placement of a child will be granted in minimum amounts of two weeks. However, GCHP will grant a request for a CFRA leave (for birth/placement of a child) of less than two weeks' duration on any two occasions. Any leave taken must be concluded within one year of the birth or placement of the child with the employee.

Leave Procedures

Please contact the Human Resources Department as soon as you realize the need for family/medical leave. If the leave is based on an expected birth, placement for adoption or

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foster care, or planned medical treatment for a serious health condition of the employee or a family member, the employee must notify the Plan at least 30 days before leave is to begin. The employee must consult with his or her supervisor regarding scheduling of any planned medical treatment or supervision in order to minimize disruption to Plan operations. Any such scheduling is subject to the approval of the health care provider of the employee or the health care provider of the employee's child, parent, or spouse. If the employee cannot provide 30 days' notice, the Plan must be informed as soon as is practical.

If the FMLA/CFRA request is made because of the employee's own serious health condition, GCHP may require, at its expense, a second opinion from a health care provider that the Plan chooses. The health care provider designated to give a second opinion will not be one who is employed on a regular basis by the Plan.

If the second opinion differs from the first opinion, GCHP may require, at its expense, the employee to obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee. The opinion of the third health care provider shall be considered final and binding on GCHP and the employee.

Certification

GCHP requires the employee to provide certification within fifteen (15) days of any request for family and medical leave under state and federal law, unless it is not practicable to do so. GCHP may require recertification from the health care provider if additional leave is required. If the employee does not provide medical certification in a timely manner to substantiate the need for family and medical leave, the Plan may delay approval of the leave, or continuation thereof, until certification is received. If certification is never received, the leave may not be considered family and medical leave.

If the leave is needed to care for a sick child, spouse, or parent, the employee must provide a certification from the health care provider stating:

- Date of commencement of the serious health condition;
- Probable duration of the condition;
- Estimated amount of time for care by the health care provider; and
- Confirmation that the serious health condition warrants the participation of the employee.

When both parents are employed by GCHP, and request simultaneous leave for the birth or placement for adoption or foster care of a child, the Plan will not grant more than a total of twelve (12) workweeks of family/medical leave for this reason.

If an employee cites his/her own serious health condition as a reason for leave, the employee must provide a certification from the health care provider stating:

- Date of commencement of the serious health condition;
- Probable duration of the condition; and
- Inability of the employee to work at all or perform any one or more of the essential functions of his/her position because of the serious health condition.

GCHP will require certification by the employee's health care provider that the employee is fit

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to return to his or her job. Failure to provide certification by the health care provider of the employee's fitness to return to work will result in denial of reinstatement for the employee until the certificate is obtained.

A leave taken due to a "qualifying exigency" related to military service must be supported by a certification of its necessity. A leave taken due to the need to care for a service member shall be supported by a certification by the service member's health care provider or other certification allowed by law. Special certification requirements apply to leaves related to military service.

Health and Benefit Plans

An employee taking family medical leave will be allowed to continue participating in any health and welfare benefit plans in which he/she was enrolled before the first day of the leave (for a maximum of twelve (12) workweeks) at the level and under the conditions of coverage as if the employee had continued in active employment for the duration of such leave. GCHP will continue to make the same premium contribution as if the employee had continued working, and the employee is expected to continue his or her share of benefits. The continued participation in health benefits begins on the date leave first begins under FML (for pregnancy disability leaves) or under the FMLA/CFRA (for all other family care and medical leaves).

Employees on family/medical leave who are not eligible for continued paid coverage may continue their group health insurance coverage through GCHP in conjunction with the federal COBRA guidelines by making monthly payments to GCHP for the amount of the applicable premium. Payment is to be made to GCHP on the first (1st) day of each month. Accrued paid time off is required to be used for any family/medical leave qualifying event, except leave that is also pregnancy disability leave.

Reinstatement after a Leave of Absence

Under most circumstances, upon return from family/medical leave, an employee will be reinstated to his or her original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee has no greater right to reinstatement than if he or she had been continuously employed rather than on leave. For example, if an employee on family/medical leave would have been laid off had he or she not gone on leave, or if the employee's job is eliminated during the leave and no equivalent or comparable job is available, then the employee would not be entitled to reinstatement. In addition, an employee's use of family/medical leave will not result in the loss of any employment benefit that the employee earned before using family/medical leave.

Reinstatement after family/medical leave may be denied to certain salaried "key" employees under the following conditions:

- An employee requesting reinstatement was among the highest paid ten (10) percent of salaried employees employed within seventy-five (75) miles of the work site at which the employee worked at the time of the leave request;
- The refusal to reinstate is necessary because reinstatement would cause substantial and grievous economic injury to the Plan's operations;

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- The employee is notified of the Plan's intent to refuse reinstatement at the time the Plan determines the refusal is necessary; and
- If leave has already begun, the Plan gives the employee a reasonable opportunity to return to work following the notice described previously.

Paid Time Off Accrual

Employees on FMLA/CFRA leave will continue to accrue paid time off only while using some form of accrued paid time off (e.g. vacation or sick leave). During any type of unpaid leave (including FMLA/CFRA leave), employees will not continue to accrue paid time off.

Carryover

Leave granted under any of the reasons provided by state and federal law will be counted as family/medical leave and will be considered as part of the twelve (12) workweek entitlement (twenty-six (26) workweek entitlement if leave is to care for a service member) in a rolling twelve (12) month period. No carryover of unused leave from one twelve (12) month period to the next twelve (12) month period is permitted.

Intermittent Leave

Employees may take FMLA/CFRA leave intermittently (in blocks of time, or by reducing their normal weekly or daily work schedule) if the leave is for the serious health condition of the employee's child, parent, or spouse, or of the employee, and the reduced leave schedule is medically necessary as determined by the health care provider of the person with the serious health condition. The smallest increment of time that can be used for such leave is 0.25 hours. If an employee is taking FMLA/CFRA leave to bond with a new child, leave can be taken in two-week increments – except that leave of less than two (2) weeks duration can be taken on no more than two (2) occasions.

Pregnancy Disability Leave (PDL)

Eligibility for Leave

The Plan provides pregnancy disability leaves of absence without pay to eligible employees who are temporarily unable to work due to a disability related to pregnancy, childbirth, or related medical conditions. Time off needed for prenatal care or post-natal care, severe morning sickness, doctor-ordered bed rest, childbirth, loss or end of pregnancy, and recovery from childbirth would all be covered by a Pregnancy Disability Leave (PDL).

Procedures for Requesting Leave

Employees should make requests for pregnancy disability leave to the Human Resources Department at least thirty (30) days in advance of foreseeable events and as soon as possible for unforeseeable events. A health care provider's statement must be submitted verifying the need for pregnancy disability leave and stating:

1. The date on which the employee became disabled due to pregnancy, childbirth or related medical condition or the date on which the need for a transfer became medically advisable;

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2. The probable duration of the period or periods of disability or the need for transfer; and
3. A statement that, due to the disability, the employee is unable to perform one or more of the essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or to other persons, or that the transfer is medically advisable.

Re-certification may be required if the employee requests an extension beyond the original certification.

Any changes in this information contained in the health care provider's statement should be promptly reported to Human Resources.

Length of Leave

Employees are normally granted unpaid leave for the period of the disability, up to a maximum of seventeen (17) and 1/3 weeks. The pregnancy disability leave does not need to be taken in one continuous period of time, but can be taken on an as-needed basis. In other words, leave may be taken intermittently or on a reduced work schedule when determined medically advisable by the employee's health care provider. The smallest increment of time that can be used for such leave is 0.25 of an hour. The Plan may transfer the employee to an alternative position or alter the existing job to accommodate intermittent leave or a reduced work schedule. The employee will receive the same pay and benefits in the alternative position.

Pay and Benefits During Leave

An employee taking pregnancy leave may substitute any available paid time off (e.g. vacation or sick leave) before continuing on an unpaid basis. Any substituted paid leave will be counted toward the seventeen (17) and 1/3 week entitlement. Employees on unpaid leave will not continue to accrue paid leave time and will not be paid for holidays during the leave.

In general, employees taking pregnancy disability leave will be treated the same as other similarly situated employees taking disability leave. Employees returning from a pregnancy disability leave shall return with no less seniority than they had when the leave commenced for purposes of layoff, recall, promotion, job assignment, and seniority-related benefits. Employees shall retain employee status during the period of leave, and the leave shall not constitute a break in service for purposes of longevity and/or seniority.

The Plan will maintain and pay for coverage of employee benefits under the same conditions that coverage would have been provided if the employee would have been employed continuously for the duration of the leave (for a period of up to four (4) months, unless coverage would be continued for other employees on disability leave for a greater period of time). Continuation of benefits is in addition to time that the Plan would be required to maintain benefits under CFRA. The Plan may recover the employee premium paid under certain circumstances if the employee fails to return to duty after the end of her pregnancy disability leave.

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Concurrent Leaves

Since pregnancy and related medical conditions can also qualify as “serious health conditions” under FMLA, pregnancy disability leave and FMLA leave run concurrently. However, the right to take a pregnancy disability leave is separate and distinct from the right to take CFRA leave. Leave taken by an employee disabled by pregnancy, childbirth or related medical conditions is not family leave under the CFRA, even though it may qualify as FMLA leave. Accordingly, although the Plan requires that pregnancy disability and FMLA leave run concurrently, CFRA leave can never run concurrently with a pregnancy disability leave. This means that, at the end of the employee's period(s) of pregnancy disability and/or pregnancy disability/FMLA leave, whichever occurs first, a CFRA eligible employee may take up to twelve (12) workweeks of CFRA leave for baby bonding due to the birth of her child or for other family leave purposes.

Where an employee has exhausted her entitlement to pregnancy disability/FMLA leave prior to the birth of her child, and her health care provider certifies that continued leave is medically necessary, the Plan may, but is not required to, allow the employee to utilize CFRA leave prior to the birth of her child.

Requests for Reasonable Accommodation

An employee may request a reasonable accommodation for pregnancy, childbirth, or related medical conditions if she provides the Plan with medical certification from her health care provider. In addition to other possible forms of reasonable accommodation, a pregnant employee may transfer temporarily to a less strenuous or hazardous position or to less hazardous or strenuous duties if she so requests, the transfer request is supported by proper medical certification, and the transfer can be reasonably accommodated. Where transfers are made based on the employee's health needs, the employee will receive the pay that accompanies the alternative position. Such reasonable accommodation will not involve the Plan creating additional employment that would otherwise not be created, discharging other employees, transferring another employee with more seniority, violating a collective bargaining agreement, or promoting any employee (including the pregnant employee) to a position for which the employee is not qualified.

Return to Work

So that an employee's return to work can be properly scheduled, an employee on pregnancy disability leave is requested to provide the Human Resources Department with at least two weeks' advance notice of the date she intends to return to work.

When a pregnancy disability leave ends, an employee will be reinstated to her original position or to a comparable position with equivalent pay, benefits, and other employment terms and conditions. However, an employee has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if an employee on pregnancy leave would have been laid off had she not gone on leave, or if the employee's position has been eliminated during the leave and there is no comparable position available, then the employee would not be entitled to reinstatement. An employee's use of pregnancy leave will not result in the loss of any employment benefit that the employee earned or was



entitled to before the leave.

Employees returning from pregnancy disability leave must submit a health care provider's verification of their fitness to return to work.

If an employee fails to report to work promptly at the end of the pregnancy disability leave, the Plan will assume that the employee has resigned.

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SUBJECT: EMPLOYEE PROCESSES	POLICY:# 2-20
POLICY: ACCOMMODATIONS FOR EMPLOYEES WITH DISABILITIES	EFFECTIVE: 01/01/2017

PURPOSE:

To ensure that Gold Coast Health Plan (GCHP) provides a consistent method of reviewing possible accommodations for employees with disabilities.

POLICY:

It is the policy of GCHP to provide reasonable accommodations for any qualified employees with disabilities that prevent them from performing the essential functions of their jobs.

SCOPE:

This policy is in effect to ensure reasonable accommodations are made where required by law.

GENERAL:

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, GCHP will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result. Any employee who requires an accommodation in order to perform the essential functions of the job should contact his or her Director or the Human Resources Department and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. The Plan will engage in an interactive process with the individual to identify the barriers that interfere with the equal opportunity of the applicant or employee to perform his or her job. The Plan will identify possible effective accommodations, if any, that will help eliminate the limitation. The Plan will also consider any requests for accommodations made by the individual. If the accommodation is reasonable and will not impose an undue hardship, the Plan will make the accommodation. GCHP retains the discretion to make the ultimate decision as to what, if any, accommodation to provide.

SUBJECT: BUSINESS PRACTICES	POLICY:#4-1
POLICY: ACCEPTING GIFTS	EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan (GCHP) believes that all decisions involving Plan activity, policy making, vendor relationships, employee interaction, hiring and termination should be made based upon the Plan Code of Ethics and Code of Conduct. This policy establishes procedures, in accordance with state law, for the administration of gifts to Plan employees.

POLICY:

Definition: A gift is any item of value where an employee does not give full consideration for the item; meaning the employee does not pay full value for the item.

Gifts of \$49.99 or Less: Employees may accept gifts of \$49.99 or less, provided that the cumulative value of gifts from a single source does not exceed this amount. Employees do not need to report such gifts to GCHP or on the Form 700.

Gifts of \$50 to \$460: Employees may accept gifts of \$50 or greater provided that gift is disclosed on the Form 700. Employees are responsible for tracking and disclosing gifts received. Employees are encouraged not to personally accept tangible gifts received from vendors, such as holiday gift baskets or “thank you” gift baskets. GCHP encourages such gifts to be donated to the Plan or to a bona fide charitable organization or other government agency.

Gifts of \$460 or Greater: Gifts of \$460 or greater may not be accepted. If an employee receives a gift exceeding this amount, he or she shall do one of the following within 30 days: (1) return the gift to the donor, (2) pay the donor the difference between the fair market value of the gift and \$459, (3) donate the gift to a bona fide charitable organization, (4) donate the gift to GCHP or another government agency.

Donating Gifts: To donate a gift to GCHP, employees shall provide notice to the Clerk of the Board that a gift was received and is being donated to GCHP. Management will determine what action to take regarding the gift. If the gift consists of food or other goods that can be shared, then the gift may be put in a break room or other common area for GCHP employees to share. If the gift is donated to a bona fide charitable organization (a 501(c)(3) tax exempt entity), then the employee shall notify the Clerk of the Board that a gift has been received and donated. The employee shall maintain sufficient proof that the gift was given to the bona fide charitable organization.

Paying the Difference: If an employee pays the difference on any gift to bring the gift under the \$460 or \$50 gift limit, then the employee shall notify the Clerk of the Board that a gift was received and the difference in value was paid. The employee shall be prepared to submit sufficient proof that the gift was paid. Where the gift is a tangible item, employees are encouraged to either return or donate the gift.

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

Discipline: Employees who accept gifts in violation of this policy, or who engage in dishonesty about the acceptance or value of gifts may be subject to discipline up to and including termination of employment.

Quid Pro Quo: In no instance shall an employee ever accept a gift, regardless of value, in exchange for an action taken on behalf of the Plan.

SCOPE:

This policy applies to gifts that are received from vendors, consultants, industry representatives and other persons and companies that do business with, seek to do business with, or otherwise have some business or financial relationship to GCHP. The policy does not apply to gifts that are given in purely private or social contexts, such as gifts among family, wedding or bereavement gifts, reciprocal gifts among social friends, or other gifts not subject to gift limitations under state law. The policy does not apply to gifts that are made to GCHP as an organization and not to a specific employee.

GENERAL:

Questions regarding the implementation of this Policy should be directed to the Human Resources Department. Questions regarding the Form 700 and the GCHP Conflict of Interest Code should be directed to the Clerk of the Board.

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

SUBJECT: BUSINESS PRACTICES	POLICY:#4-2
POLICY: VEHICLE USE	EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan (GCHP) employs individuals who must utilize motorized vehicles and/or automobiles while working for the Plan, either on Plan premises, or in the course of meeting their job responsibilities. To ensure that all employees comply with all state and local driving requirements, OSHA safety standards and Plan insurance coverage GCHP has developed the following policy.

POLICY:

It is the policy of GCHP that maximum safety requirements be met and maintained for any employees who utilize Plan owned motor vehicles and/or employ automobiles on GCHP business as a part of their work-day.

SCOPE:

This policy applies to all employees who use Plan owned automobiles/vehicle or employee owned automobiles/vehicles for Plan purposes.

GENERAL:

Use of GCHP Equipment/Automobile:

An employee shall use no GCHP-owned equipment, automobiles, instruments, supplies, machines, or any other item that is the property of the GCHP for non-work purposes, unless the CEO approves in advance. No employee shall allow any unauthorized person to rent, borrow, or use any GCHP property.

GCHP-owned vehicles are to be used only by employees who have valid driver’s licenses and insurance certificates for travel on work-related business.

Valid California Driver’s License and Certificate of Insurance:

Prior to using a personal vehicle on work-related business, employees must obtain and provide a copy of their California driver’s license and a copy of a Certificate of Insurance on the form provided by GCHP which evidences that the employee has comprehensive automobile liability insurance or business automobile liability insurance in an adequate amount. Should the employee be in their own vehicle when in an accident while performing GCHP business, for claims processing the employee’s own insurance provider is primary and GCHP’s insurance provider is secondary. Any change in an employee’s drivers’ license or insurance status must be reported immediately to the Human Resources Department, and failure to do so is grounds for disciplinary action up to and including termination of employment.

The policies in this manual are intended for all employees of GCHP. The organization reserves the right to revise, change, or terminate policies or procedures at any time, with or without notice.

Pull Program Releases:

At hire, employees must complete and sign the California Department of Motor Vehicles Pull Program release form. Any employee who has not signed a release shall not be eligible to drive on GCHP business.

Satisfactory Driving Record:

Employees who utilize GCHP-owned vehicles or their own personal vehicle in the performance of their duties must maintain a valid California driver's license at all times, have a satisfactory driving record, and must maintain their automobile insurance. A satisfactory driving record is considered 4 or fewer points in the California system. Employees with more than 4 points on their driving record will undergo an assessment to determine eligibility to continue driving on GCHP business.

Complying with Traffic Regulations and Legal Requirements:

Employees must comply with all traffic regulations, laws, and ordinances while engaged in driving on work-related business. This includes using only hands-free mobile devices when driving, and no communications device may be used while driving to write, send, or read an electronics-based communication. Further, employees who drive on work-related business shall use and ensure that all passengers use available safety belts in the vehicles being operated. Passengers shall ride only in those positions of a vehicle designed for the carrying of passengers.

Department of Motor Vehicles Pull Program:

GCHP participates in the State of California Department of Motor Vehicles (DMV) Pull Notice Program. Under this program the State sends GCHP driving records of all employees on an ongoing basis. Human Resources reviews the driving records of those employees who drive as part of their condition of employment and will take appropriate action should any of the driving records indicate any of the following: DUI, suspended license, or other serious driving offense (i.e., reckless driving, etc.)

Vehicle Accidents:

When an accident occurs on the job involving one or more vehicles, employees should take the following steps:

Scene:

Secure the scene of the accident.

Move Vehicles:

Move any involved vehicles out of the right of way, if possible.

Emergency Response:

Call 911 for emergency services if someone appears to be injured or asks that 911 be called.



Manager:

Contact your manager immediately, if communication devices are available.

Driver Information:

Exchange driver information and give the other driver a business card.

Personal Information:

Obtain the names, phone numbers, addresses, and e-mail addresses of any vehicle occupants, or observers of the accident.

Police Report:

Get the number of the police report that will be filed if the police respond to the accident.

Statements:

Do not make any statements concerning the assumption of liability. Give out only the required information.

Pictures:

Take pictures of the damage and all relevant aspects of the accident (the area where accident occurred, objects blocking view, etc.). If a camera is not immediately available, write down all of the relevant information.

Insurance and Legal Requirements:

Follow any insurance and legal requirements, such as immediately notifying your insurance Plan or the State of California's Department of Motor Vehicles.

Failure to comply with this policy may result in disciplinary action, up to and including possible termination of employment.

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SUBJECT: BUSINESS PRACTICES

POLICY:# 4-3

POLICY: ELECTRONIC SYSTEMS USE

EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan (GCHP) employees are required to use electronic systems as a part of their day-to-day work tools. In order to ensure HIPAA confidentiality as well as GCHP integrity, GCHP has established the following processes and procedures to ensure compliance and confidentiality.

POLICY:

GCHP is a non-profit, state funded organization, providing health-care benefits to individuals who participate in Medicare, Medicaid and Medi-Cal health benefits. In order to ensure complete confidentiality and integrity of information it is a priority that specific standards and levels of confidentiality be maintained. GCHP has implemented the following policies and practices to maintain the degree of security necessary to perform the responsibilities of their function.

SCOPE:

This policy applies to all employees of GCHP.

GENERAL:

Definitions:

Electronic systems are defined as all hardware, software, and other electronic communication or data processing devices owned, leased, or contracted for by GCHP and available for official use, by employees. This use includes, but is not limited to, electronic mail, voice mail, calendaring, and systems such as the internet.

Public Disclosure:

Employees who use electronic systems and/or tools provided by GCHP do not have a right of privacy in such uses. Under the Public Records Act, e-mail messages and information stored in work computers and other electronic systems are public records subject to disclosure to the public, or they can be subpoenaed. In addition, GCHP reserve the right to review, audit, and disclose all matters sent over and/or stored in work systems at any time without advance notice. The Chief Executive Officer (CEO) or his designee retains the right to enter and/or retrieve an employee's electronic communication system, data files, logs and programs used on GCHP-owned electronic systems. Security features provided by the electronic communication system, such as, passwords, access codes, or delete functions, shall not prevent authorized employees from accessing stored electronic communications. Deletion of e-mail messages or files may not fully eliminate the message from the system.

Serial Meetings:

In accordance with the Brown Act (Gov. Code section 54950 *et seq.*), employees must take care to ensure that electronic systems are not used to transmit, either all-at-once or serially,

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legislative officials' positions on matters of GCHP business to a majority of any body of elected officials.

Use During Normal Business Hours:

GCHP electronic systems are provided for the purposes of conducting business. Except for brief, occasional, necessary or emergency use, the electronic systems shall not be utilized for personal use during normal business hours. Use of non-GCHP software, including games or entertainment software, is considered an improper use of these electronic systems. Employees shall not conduct personal or private business including purchase of goods or services via GCHP's internet connection.

Such uses are prohibited at all times during normal business hours or outside of normal business hours.

Account Access:

Employees shall not attempt to gain access to another employee's personal file of electronic mail messages without the latter's express written permission or permission from the manager.

Prohibited Use:

The electronic mail and other electronic systems shall not be used in a way that may be disruptive, offensive to others, harmful to morale, violate GCHP's policies and procedures, or violate laws. These electronic systems shall not be used to solicit or proselytize others for commercial ventures, religious or political causes, outside organizations, or other non-job-related solicitations. Improper use includes any display or messages that are derogatory, defamatory, obscene, violent, or offensive to employees or the public and/or any messages that are of a sexual or discriminatory nature, including, but not limited to, slurs, offensive jokes, or other offensive language of disparagement of others based on their protected status, including, but not limited to race, national origin, sex, sexual orientation, age, disability, or religious beliefs.

Policy Compliance:

Employees are required to comply with all operational guidelines developed by GCHP. Such guidelines will address operational standards such as: message retention, schedule, copyright issues, use of passwords, system availability, back-up procedures, etc.

Incidental Use:

Incidental and occasional personal use of electronic mail is permitted within GCHP, but the messages will be treated no differently from other messages and will remain the property of GCHP as to review and auditing procedures. All personal use shall be done outside of normal working hours.

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Personal Messages:

Employees who use GCHP's electronic mail system to send or receive personal or private messages must remove such messages from the system no later than 30 days after receiving or sending. Employees have no right of privacy to any email, whether personal or business related, in GCHP's computers.

Internet Use:

Occasional personal access to the internet may be permitted. Such personal use shall only be permitted if it does not interfere with or delay the employee's work or interfere with regular GCHP business and shall comply with all provisions herein. All use of the internet may be periodically reviewed by the Plan.

Other Prohibited Uses:

In addition to other prohibited uses, employees shall not:

- *Install:* Install programs on computer system (including but not limited to virus checking and screen savers) without the prior written consent of information technology staff.
- *Copy:* Copy programs for personal use.
- *Disclose:* Disclose an account password or otherwise make the account available to others.
- *Infringe:* Infringe on others' access and use of computers, including but not limited to:
 - *Excessive Messages:* Send excessive messages, either locally or offsite.
 - *Unauthorized System Modification:* Unauthorized modification of system facilities, operating systems, or disk partitions.
 - *Crashing the Network:* Attempt to crash or tie up a computer or network.
 - *Damaging:* Damage or vandalize computing facilities, equipment, software, or computer files.

Intentionally Developing or Using Bad Programs:

Use of programs that disrupt other computer users, intentionally developing bad programs, access private or restricted portions of the system, and/or damage system software or hardware components, is prohibited.

Installing:

Install or use a modem on GCHP-owned or leased computers without the prior written consent of the information technology staff is prohibited.

Attorney-members Privileged Communication:

Forwarding or reproducing communications marked attorney-members privileged or confidential without the prior consent of the Chief Executive Officer and/or GCHP Attorney is prohibited.

Federal or State Laws:

Violating any federal, state, or local law in the use of GCHP information systems is prohibited.

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Public Records:

All permanent business records, including those stored on paper and electronic media, may be governed by the mandatory public disclosure requirements of the Public Records Act (Government Code section 6250 *et seq.*), and the limited exceptions thereto. If a draft record is retained, it may become a public record subject to disclosure unless it is subject to an exception under the Public Records Act.

Permanent Records:

All permanent records, whether stored on paper or electronic media, shall not be destroyed unless prior written authorization is obtained and only in compliance with GCHP's document retention policy.

Public Records Requests:

Public Records requests shall be handled in accordance with Government Code section 6250 *et seq.*

Media Disclosure:

GCHP reserves the right for any reason to access and disclose all messages and other information sent or received by electronic means or stored on electronic media via GCHP equipment.

Plan Rights:

GCHP has the right to delete or retain any or all messages or other information sent or received by electronic means or stored on electronic media via GCHP equipment by an employee who is no longer employed by GCHP.

Intellectual Property Rights:

No employee shall violate any copyright, software license, or other online information (including, but not limited to, text images, icons, programs, etc.) whether created by GCHP or any other person or entity.

Failure to comply with the guidelines of this policy may result in disciplinary action, up to and including termination.

SUBJECT: BUSINESS PRACTICES	POLICY:# 4-4
POLICY: CONFIDENTIALITY	EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan’s (GCHP) driving purpose is to provide effective and reliable health care to eligible citizens of the State of California. To ensure that all participants of GCHP receive high quality care in a confidential manner and all employees’ personal information is maintained in a confidential manner, GCHP is committed to ensuring absolute protection of confidential information.

POLICY:

The public and other parties with whom we do business entrust GCHP with important information relating to their businesses and persons. It is GCHP’s policy to follow state and federal regulations in that all information considered confidential will not be disclosed to external parties or to employees without a “need to know.” If there is a question of whether certain information is considered confidential, the employee should first check with his/her immediate supervisor. This policy is intended to alert employees to the need for discretion at all times and is not intended to inhibit normal business communications.

SCOPE:

This policy applies to all employees of GCHP.

GENERAL:

Protecting Information:

Employees have access to a variety of sensitive and confidential information by virtue of their job assignment. Employees must comply with any measures and policies that GCHP institutes regarding confidential information and privacy, including those required by applicable laws. Employees must also protect that information from disclosure to anyone, except where that disclosure is required by their jobs. When GCHP makes it possible to access or use confidential information from a remote location, employees shall follow the policies and procedures for doing so, and shall not store such information at the remote location. Writing about confidential information for non-work-related business in e-mails, on websites, on social networking sites, in chat rooms, or in blogs is expressly prohibited, as well as verbally communicating such information in person, over the phone, or in any other manner. Additionally GCHP logos may not be used in any of these forums.

Confidential Information:

Confidential information shall include but may not be limited to any of the following:

- Passwords and access codes
- Individual employment records
- Citizen lists, personal information, or histories
- Financial statements
- Computer programs and object and source codes
- Systems and their documentation

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- Other non-public business and technical information, whether related to past, present, or future programs and services.

Penalties for Disclosing Confidential Information:

Employees who disclose confidential information are subject to disciplinary action up to and including dismissal from employment.

SUBJECT: BUSINESS PRACTICES	POLICY:#4-5
POLICY: ATTENDANCE AT PUBLIC MEETINGS	EFFECTIVE: 01/01/2017

PURPOSE:

Gold Coast Health Plan (GCHP) is a non-profit organization, working in alliance with a volunteer Commission as well as members of the community, county and state officials. The structure of GCHP requires that employees of the organization attend periodic and regularly scheduled public meetings. This policy is designed to outline the responsibilities and potential compensation for attendance at such meetings.

POLICY:

GCHP employees are from time-to-time expected to attend public meetings as a part of their job responsibilities. This policy outlines the expectations and compensation due for those employees who are required to attend as well as those employees who choose to voluntarily participate in public meetings.

SCOPE:

This policy applies to all employees who attend public meetings.

GENERAL:

Only employees who are authorized by their immediate supervisor to attend a public meeting of GCHP shall be allowed to attend on work time and be compensated for such time.

Should a meeting be held after normal working hours, employees may attend and will not receive compensation for those hours unless they are specifically directed by their supervisor that their attendance at such meeting is required.

SUBJECT: BUSINESS PRACTICES	POLICY:#4-6
POLICY: EMPLOYEE REQUIRED SIGNATURE FORMS	EFFECTIVE: 01/01/2017

PURPOSE:

To provide initial clarity to all employees and specifically new hires when they become employees of Gold Coast Health Plan (GCHP) regarding an overview of GCHP policies and procedures as well as the importance and maintenance of confidentiality.

POLICY:

It is the policy of GCHP that all employees will read, understand and sign the acknowledgment documents at their New Hire Orientation.

SCOPE:

Applies to all employees of GCHP.

GENERAL:

Two forms will be presented to New Hire employees. It is expected that all employees will read, acknowledge understanding and sign these forms.

At the time of hire, employees will be counseled on Confidentiality as well as receive an Employee Handbook which provides supporting information and general clarifications regarding the Policies and Procedures contained in this manual.

All employees will be provided with and required to review and execute the following forms:

- Employee Acknowledgements
- Confidential Information Agreement.



Gold Coast Health PlanSM

A Public Entity

DRAFT

Gold Coast Health Plan

EMPLOYEE HANDBOOK

Welcome to Gold Coast Health Plan!

You are now an employee of a unique organization, dedicated to providing medical insurance to residents of the State of California. As a new member of our team, you are beginning a journey that we hope will be both exciting and rewarding. This Employee Handbook has been developed to help you become acquainted with our Plan and answer many of your initial questions. We suggest that you keep a copy of this handbook close at hand as you begin and continue your partnership with Gold Coast Health Plan (GCHP or the Plan).

As an associate of our Plan, the importance of your contribution cannot be overstated. You are joining a committed group of professionals who manage a product designed to better the lives of the state of California citizens. Our goal is to provide the finest-quality services to our members and to do so efficiently and economically. We are cost conscious and committed to utilizing resources appropriately and effectively. By satisfying our members' needs, we ensure that we are providing a vital service while creating a healthier environment.

You are an important part of this process because your work directly influences our Plan's reputation.

We are glad you have joined us, and we hope you will find your work to be both challenging and gratifying.

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Welcome to Gold Coast Health Plan!

Dear Employee,

We are pleased to welcome you to the team of dedicated professionals who make Gold Coast Health Plan a vital contributor to the welfare of Ventura County residents. By selecting to become an employee of Gold Coast Health Plan you have chosen to become a part of a team of individuals dedicated to making a difference to the lives of the people we serve. We are recognized in our community for delivering the highest quality healthcare services to members while providing our employees with a positive, cohesive work environment. We look forward to continuing this legacy with you.

Your contribution is important to your own success, to the achievement of others with whom you work, to Gold Coast Health Plan as a whole, and to our members. To ensure that we maintain Gold Coast Health Plan's Mission and Purpose as well as the high standard of service we provide our community, we provide this Handbook as a guideline to our policies and procedures. Please refer to it, if you have any questions regarding Gold Coast Health Plan's processes. Should you require further clarification regarding the contents of this Handbook, please refer to your Supervisor and/or Human Resources.

We welcome you to Gold Coast Health Plan and sincerely hope that you will enjoy your association with us as a member of the Gold Coast Health Plan team.

Dale Villani

CEO

Gold Coast Health Plan

A Word about this Handbook

This Employee Handbook contains summary information about the employment policies and practices of the Plan. We expect each Employee to read this Employee Handbook carefully, as it is a valuable reference for understanding your job and the Plan. The policies outlined in this Employee Handbook should be regarded as management guidelines only, which in a developing business will require changes from time to time. The Plan retains the right to make decisions involving employment as needed in order to conduct its work in a manner that is beneficial to the employees and the Plan. This Employee Handbook supersedes and replaces any and all prior Employee Handbooks and any inconsistent verbal statements. However, official approved Plan policies, procedures, and personnel rules will control over any inconsistent provisions in this Handbook.

Except for the policy of at-will employment, which can only be changed by Plan signed written contract authorized by the Plan's governing commission and executed by the Chief Executive Officer, the Plan reserves the right to revise, delete and add to the provisions of this Employee Handbook at any time without further notice. All such revisions, deletions or additions to the Employee Handbook must be in writing and must be signed by the CEO of the Plan. No oral statements or representations can change the provisions of this Employee Handbook.

The provisions of this Employee Handbook are not intended to create contractual obligations with respect to any matters it covers, nor is this Employee Handbook intended to create a contract guaranteeing that you will be employed for any specific time period.

GOLD COAST HEALTH PLAN IS AN AT-WILL EMPLOYER. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS EMPLOYEE HANDBOOK, EITHER YOU OR THE PLAN MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. ALL EMPLOYER DECISIONS, INCLUDING BUT NOT LIMITED TO DEMOTION, PROMOTION, DISCIPLINARY ACTION, AND THE LIKE, ARE ALSO "AT WILL," MEANING THESE DECISIONS ARE MADE IN THE SOLE DISCRETION OF THE EMPLOYER, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE EXCEPT AS OTHERWISE REQUIRED BY PLAN POLICY. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE PLAN IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ANY EMPLOYEE FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE CEO OF THE PLAN.

This Employee Handbook refers to current benefit plans maintained by the Plan. Refer to the actual plan documents and summary plan descriptions if you have specific questions regarding the benefit plan. Those documents are controlling.

Likewise, if a written contract is inconsistent with the Employee Handbook, the written contract is controlling.

Mission

To improve the health of our Members through the provision of high quality care and services.

Vision

Compassionate care, assessable to all, for a healthy community.

CORE VALUES

Gold Coast Health Plan believes in a set of values which drive our behavior, goals and treatment of our members, business partners and staff. Our values are at the foundation of what we believe and how we determine everything we do within the Plan. Our values are:

- **Integrity** Achieving the highest quality standards of professional and ethical behavior with transparency in all business and community interactions.
- **Accountability** Taking responsibility for our actions and being good stewards of our resources.
- **Collaboration** Working together to empower our GCHP community to achieve our shared goals.
- **Trust** Building relationships through honest communication and by following through on our commitments.
- **Respect** Embracing diversity and trusting people with compassion and integrity.

DIVERSITY

GCHP is committed to providing and promoting a diverse and inclusive environment for all, within which each person can succeed professionally regardless of race, ethnicity, culture, nationality, gender, religious beliefs, sexual orientation, gender identity and gender expression, age, marital status or disability. As a group whose interactions frequently extend beyond the walls of the organization into the outside communities, we strive to serve all with an appreciation and support of our differences. This enriches the GCHP environment and builds upon the foundation of our values of trust and respect.”

Gold Coast Health Plan provides all staff with a contact number to use in the event you believe there has been circumstances which violates the rights of any staff member, vendor, or member as defined under Title VII (refer to Policy 1-1). The number is available on the GCHP Compass Website for easy accessibility.

1 (855) 717-3893

The Plan: Gold Coast Health Plan, herein after, GCHP or the Plan, serves a variety of members and providers. Employees are the Plan's representatives when performing those services.

Commissioners and Executive/Finance Committee: The Commission for Gold Coast Health Plan is comprised of eleven representatives from various facets of the medical industry and profession and the Executive/Finance Committee is made up of five (5) Commissioners.

Name: The Plan's Personnel Rules, Regulations and Policies (hereafter Guidelines") generally describe the employment relationship between the Gold Coast Health Plan and its employees. These Guidelines apply to employees, except where otherwise indicated in these Guidelines or where an applicable employee agreement provision shall govern. These Guidelines do not apply to appointive officers of the governing body (Commissioners) or Executive/Finance Committee members.

Conflicting Guidelines: These Guidelines were established to conform and be complementary to federal, state, and local policies. In cases where there is deemed to be a conflict between a federal or state law and Gold Coast Policies & Procedures, the federal or state law shall apply.

Amendments: The Policies and Procedures, on which this Handbook is based, may also be amended from time to time and approved by the Plan's Commission. Electronic access to any approved amendments (and/or hard copies, at the Plan's discretion) shall be provided to the Employees.

Accessing Guidelines: The Policies and Procedures are available to all employees and are posted on the Plan's internal website. Each employee is responsible for complying with them.

Violation of Guidelines: Violations of the Policies and Procedures may result in disciplinary action, up to and including dismissal, to be taken in accordance with the Guidelines, Regulations, Policies and Procedures.

Discrepancies: In the event there is a discrepancy between the language in these Guidelines and State or Federal Law, Federal or State law shall prevail over these guidelines.

Severability: If any part of the Guidelines, Policies and Procedures, or Handbook is determined to be unconstitutional or illegal, such part shall be severed Guidelines and the remaining provisions shall be given full force and effect.

Word Usage: The terms GCHP and Plan is used in the Handbook as well as the Policies and Procedures and refers to Gold Coast Health Plan. Responsibilities and rights of the Plan under these guidelines are exercised by the Chief Executive Officer and may be delegated in his/her discretion.

Chief Executive Officer: The term Chief Executive Officer (CEO) refers to Gold Coast Health Plan's Chief Executive Officer. The CEO may designate authority to human resources or department head, as appropriate. When interpreting these Guidelines and/or Policies and Procedures, it should also be interpreted to mean the Chief Executive Officer or his/her designee.

EMPLOYMENT

Equal Employment Opportunity

Our Plan is committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on any legally recognized basis [“protected class”] including, but not limited to: veteran status, uniform service member status, race; religious creed; color; national origin; ancestry; physical disability; mental disability; medical condition, including genetic characteristics; marital status; sex; pregnancy, childbirth or related medical conditions; gender; gender identity; sexual orientation; service in the military forces of the State of California or of the United States and age [40 or over], as well as any other status protected under federal, state or local law. Included in the definition of each protected category is the perception of membership in a protected category and an individual’s association with an actual or perceived member of a protected category. This policy of no discrimination applies to all employment practices, including recruitment, hiring, compensation, benefits, promotion, training, transfer, discipline, layoff, recall, and termination.

If you have any questions regarding this policy, you should notify your supervisor and discuss them with the CEO or member of the Human Resources team. A complaint procedure is also addressed in the Plan’s harassment and discrimination policy. The Plan will not retaliate against any employee raising such concerns in good faith. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination.

A Word About Our Employee Relations Philosophy

We are committed to providing the best possible climate for maximum development and goal achievement for all employees. Our practice is to treat each employee as an important member of our team. We seek to develop a spirit of teamwork, individuals working together to attain a common goal.

In order to maintain an atmosphere where these goals can be accomplished, we provide a comfortable and progressive workplace. Most importantly, we have a workplace where communication is open and problems can be discussed and resolved in a mutually respectful atmosphere. We take into account individual circumstances and the individual Employee.

We firmly believe that with direct communication, we can continue to resolve any difficulties that may arise and develop a mutually beneficial relationship.

Open Door

The Open Door policy at Gold Coast Health Plan is designed to provide employees with a process for discussing work-related problems, asking questions or voicing complaints.

We encourage you to bring your questions, suggestions and complaints to our attention. We will carefully consider each of these in our continuing effort to improve operations.

If you feel you have a problem, present the situation to your immediate supervisor so that the problem can be resolved by examination and discussion of the facts. We expect that your immediate supervisor is able to satisfactorily resolve most matters, and we strive to have them addressed as quickly and informally as possible.

If you still have questions after meeting with your immediate supervisor, or if you would like further clarification on the matter, request a meeting with a Human Resources representative. Human Resources staff will review the issues and meet with you to discuss possible solutions.

Finally, if you still believe that your problem has not been fairly or fully addressed, request a meeting with the Chief Executive Officer.

Your suggestions and comments on any subject are important, and we encourage you to take every opportunity

to discuss them with us. Your job will not be adversely affected in any way because you choose to use this procedure.

If at any time you do not feel comfortable speaking with your immediate supervisor or the next level of management, discuss your concern with a member of Human Resources or management with whom you feel comfortable.

Difficulties in using the Open Door Policy should be brought to the attention of the Human Resources department. The Open Door Policy is not a substitute for the Plan's policy against harassment and discrimination. If you have a concern about conduct that may violate the harassment and discrimination policies, then you should use the complaint procedure set forth in those policies (Refer to Policy 1-5 for further clarification).

Suggestions and Ideas

We are always interested in your constructive ideas and suggestions for improving our operations. Your suggestions should be submitted in writing to your supervisor or human resources. Alternatively, GCHP provides Suggestion Boxes on each floor. These boxes are available for employees to have an alternative method of submitting their suggestions, concerns, ideas to leadership.

After we consider and evaluate your suggestion, you will be notified whether it is feasible to be put into practice.

We believe that constructive suggestions indicate initiative. With your approval, we will place the written suggestion in your personnel file and consider it at the time of your performance review.

Hiring of Relatives

Gold Coast Health Plan extends equal consideration to all employment candidates, including relatives of employees. For business reasons of supervision, safety, security, or morale,

the Plan may refuse to place one relative under the direct supervision of the other relative. For the same reasons, the Plan may refuse to place both relatives in the same department, division, or region if the work involves potential conflicts of interest or other hazards that are greater for relatives than for other persons.

If co-employees marry, Gold Coast Health Plan will make reasonable efforts to assign job duties so as to minimize problems of supervision, safety, security, or morale.

In cases where a potential conflict arises, even if there is no supervisory relationship involved, the Plan may reassign relatives or terminate employment for business reasons of supervision, safety, security, or morale.

For purposes of this policy, a relative is any person who is related by blood or marriage to an employee or whose relationship to the employee is similar to that of persons related by blood or marriage (Refer to Policy 2-2 for further clarification).

Conflicts of Interest

Employees have an obligation to conduct Gold Coast Health Plan's business within guidelines that prohibit actual or potential conflicts of interest. This policy establishes only the guidelines within which Gold Coast wishes its business to operate, as even the appearance of a conflict of interest can be detrimental to the Plan's mission. The purpose of these guidelines is to provide general direction so that employees can seek further clarification on issues related to the subject of acceptable standards of operation. Contact a representative of Human Resources for more information or questions about conflicts of interest.

Employees must conduct transactions with outside firms within guidelines established and controlled by Gold Coast Health Plan's executive management and by state law. These guidelines prohibit both actual or potential conflicts of interest.

An actual or potential conflict of interest exists when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of

Gold Coast Health Plan's business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

Personal gain may exist not only in cases where an employee or relative has a significant ownership in a firm with which Gold Coast Health Plan does business, but also when an employee of Gold Coast Health Plan or relative of an employee receives any kickback, bribe, substantial gift, or special consideration as a result of any transaction or business dealings involving Gold Coast Health Plan.

In addition, business dealings with outside firms should not result in unusual gains for those firms. Unusual gains refer to bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit the firm, its employee(s), or both. Promotional plans that could arguably be interpreted to involve unusual gains require specific executive management approval.

Contact the Human Resources Department for more information or questions about conflicts of interest (Refer to Policy 1-4 for further clarification).

Verification of Licenses

All applicants for positions that by law or at Plan discretion requires licenses or certifications and/or educational degrees will have their credentials verified during the pre-employment interview process.

Employees who must present such credentials at the time of the pre-employment interview must, if hired, present current credentials annually or as required thereafter by the Plan.

Outside Employment

Outside employment that constitutes a conflict of interest (including employment with a competitor) is strictly prohibited.

An employee may hold a job with another organization than the Plan as long as such job does not interfere with the time requirements of his or her Gold Coast Health Plan job and the employee satisfactorily performs his or her job responsibilities with the Plan. All employees will be judged by the same performance standards and will be subject to the Plan's scheduling demands, regardless of any outside work requirements.

An employee who wishes to work for another while working for the Plan must notify his/her supervisor or manager and obtain approval prior to commencing the other employment. Employees who already have positions outside the Plan at the time of starting Plan employment should advise their supervisors of those positions and obtain approval that they do not conflict with their responsibilities to the Plan or the Plan's scheduling requirements.

Failure to provide proper notice and obtain advance approval of outside employment may result in disciplinary action, up to and including immediate termination. In addition, if outside employment is initially approved, but it is later determined that the outside position impairs or interferes, in any way, with the employee's ability to perform all of his or her duties for the Plan, or the employee's ability to perform those duties in a safe, efficient, and productive manner, the employee may be required to discontinue the outside position as a condition of continued employment.

Confidential Information

The protection of confidential business information and trade secrets is vital to the interest and success of the Plan. You will be required to sign a confidentiality agreement as a condition of employment. If you disclose trade secrets or confidential business information, you will be subject to corrective action, up to and including termination of employment and legal action, even if you do not actually benefit from the disclosed information (Refer to Policy 4-4 for further clarification).

Reduction in Staff

When in the judgement of the CEO, it becomes necessary to abolish a position due to lack of funds, curtailment of work, organizational changes, or for other business reasons, the employee holding such position may be laid off or demoted to an available position, if any, without the right of appeal. An employee who is laid off has no bumping rights, no right to appeal the decision to layoff, nor any greater rights to return status.

Layoffs shall be made in accordance with serving the best needs of GCHP.

Employees to be laid off shall be given as much notice as possible or as mandated by applicable law, prior to separation (Refer to Policy 2-14 for further clarification).

EMPLOYMENT STATUS AND RECORDS

III.

Categories of Employment

FULL-TIME EMPLOYEES regularly work 30-hours or more each week.

PART-TIME REGULAR EMPLOYEES regularly work less than 30 hours each week.

In addition to the preceding categories, employees are also categorized as "exempt" or "non-exempt."

NON-EXEMPT EMPLOYEES are entitled to overtime pay as required by applicable federal and state law.

EXEMPT EMPLOYEES are not entitled to overtime pay.

If you have any questions about your classification, please consult with the Human Resources Department.

"At Will" Employment

Employment with Gold Coast Health Plan is "at will" which means the employee is free to resign at any time for any or no reason, with or without notice or cause. Similarly, Gold Coast Health Plan may terminate the employment relationship at any time, for any or no reason, with or without notice or cause.

An employee's "at will" status can be changed only by a written agreement signed by the CEO of Gold Coast Health Plan (Refer to Policy 1-1 for further clarification).

"New Hire" Period

All new and rehired employees work in a "new hire" period for the first 90 calendar days after their date of hire. The "new hire" period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Gold Coast Health Plan uses this period to evaluate employee capabilities, work habits, and overall performance.

Any significant absence will automatically extend the "new hire" period by the length of the absence. If Gold Coast Health Plan determines that the designated "new hire" period does not allow sufficient time to thoroughly evaluate the employee's performance, the "new hire" period may be extended for a specified length of time as determined by the Plan.

Upon completion of the "new hire" period, a performance evaluation may be conducted. Completion of the "new hire" period does not guarantee employment, as employment remains "at will" (meaning either the employee or the employer can terminate the employment relationship at any time during or after the "new hire" period, for any or no reason, with or without cause and with or without notice).

Rehiring

Rehired employees are those who are rehired following a break in employment, other than an approved leave of absence, in excess of one month. Rehired employees must serve a "new hire" 90-day period whether or not such a period was previously completed. Such employees are considered new employees from the effective date of their re-employment for all purposes, including for the purposes of measuring benefits, except as otherwise required by law.

Rehire Considerations - Employees who were classified as "eligible for rehire" when they separated from the Plan will be considered for rehire with other applicants if they

apply. Their prior record with the Plan will be considered. Employees who were classified as "ineligible for rehire" will not be considered for further employment with the Plan.

Personnel Records

Gold Coast Health Plan maintains a personnel file on each employee. It is to every employee's advantage, as well as the Plan's, that personnel records be kept up-to-date. It is the responsibility of each employee to promptly notify the Human Resources Department of any changes in personnel data. Personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of emergency, educational accomplishments, and other such status reports should be accurate and current at all times. Records relating to licensure, certification or special training are a part of each employee's record and it is the employee's responsibility to provide updated information of any changes or renewals.

Personnel files are the property of Gold Coast Health Plan and access to the information they contain is restricted. Generally, only supervisors and management personnel of Gold Coast Health Plan who have a legitimate reason to review information in a file are allowed to do so.

Employees will be permitted to review their own personnel file and obtain copies of documents in accordance with applicable state law.

Employment Reference Checks

To ensure that individuals who join Gold Coast Health Plan are well qualified and have a strong potential to be productive and successful, it is the practice of Gold Coast Health Plan to check the employment references of all applicants.

The Human Resources Department, CEO, or CEO's designee will respond to all reference check inquiries from other employers regarding current or former Plan

employees. No other employee is authorized to respond to reference checks, and failure to adhere to this limitation is grounds for discipline or termination at the Plan's discretion. Absent a signed written release from the current or former employee (meeting the Plan's approval), responses to such inquiries will confirm only dates of employment, wage rates, and position(s) held.

Employment Applications

Gold Coast Health Plan relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in Gold Coast Health Plan's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment (Refer to Policy 2-1 for further clarification).

Performance Evaluations

A performance evaluation typically will be conducted upon an employee's completion of the "new hire" period, and annually thereafter. Evaluations will be reviewed in a private meeting between the employee and his or her immediate supervisor. Employees will be allowed to see the evaluations, sign the forms, and receive copies (Refer to Policy 2-12 for further clarification).

Job Descriptions

Gold Coast Health Plan maintains a job description for each position in the Plan. The job description outlines the essential duties and responsibilities of the position. When the duties and/or responsibilities of a position change, the job description is revised to reflect those changes. If you have any questions or wish to obtain a copy of your position's job description, please see human resources.

Pre-Employment Requirements: Background Checks, Testing and Examinations

Prior to a candidate's start date, but after an offer has been extended, candidates will be asked to submit to a background check (and, in some cases, a physical exam and drug/alcohol screening) as a condition of employment.

The offer of employment and assignment to duties may be contingent upon satisfactory completion of these requirements.

Current employees may also be required to submit to drug screens in the event of an accident or injury received while on duty, or in the event there is a reasonable suspicion that the employee is under the influence of alcohol or drugs. Such examinations will be scheduled at reasonable times and intervals and performed at the Plan's expense. Failure to comply with this request may result in disciplinary action, up to and including possible termination. Information on an employee's background check and drug screen will be kept separate from other employee information and maintained confidentially.

YOUR PAY

IV.

Recording Your Time

Non-exempt employees must record their hours on the computer provided. Exempt employees are also expected to record any exception to their time, (e.g. vacation, sick, administrative) in the payroll system in the pay period in which it is utilized.

Accurately recording all of your time is required in order to be sure that you are paid for all hours worked. You are expected to follow the established procedures in keeping an accurate record of your hours worked. Time must be recorded as follows:

- Immediately before starting your shift.
- Immediately after finishing work before your meal period.
- Immediately before resuming work after your meal period.
- Immediately after finishing work.
- Immediately before and after any other time away from work, with the exception of the two daily fifteen (15) minute break periods provided to all non-exempt employees.

All employees subject to this policy are required to accurately record all time worked.

The workweek starts on Saturday at 12:00a.m. and ends on Friday at 11:59p.m.

Payday

You will be paid biweekly on Friday for the period that ends on the previous Friday. Overtime worked on a Saturday, prior to the end of the pay period, will be compensated by the next pay period.

When our payday is a holiday, you normally will be paid on the last working day before the holiday.

Please review your paycheck for errors. If you find a mistake, report it to the Human Resources Department immediately. Human Resources will assist you in taking the steps necessary to correct the error.

Paycheck Deductions

The Plan is required by law to make certain deductions from your paycheck each pay period. Such deductions typically include federal and state taxes. Depending on your benefit selections there may be additional deductions. All deductions and the amount of the deductions are listed on your pay stub. These deductions are totaled each year for you on your Form W-2, Wage and Tax Statement.

Exempt employees' pay will be "docked" or subject to deductions, in accordance with state and federal law. If questions or concerns about any pay deductions arise, employees may discuss and resolve them with the Human Resources Department or the CEO.

Overtime

There will be times when you will need to work overtime so that we may meet the needs of our members. Although you will be given advance notice when feasible, this is not always possible. Non-exempt Employees must have all overtime approved in advance by their supervisor.

Generally, unless an alternate workweek is in effect or state law dictates otherwise, non-exempt, non-agricultural workers will be paid at a rate of time and one-half their regular hourly rate for hours worked in excess of 40 hours in a workweek.

In some cases, and with prior supervisory approval, the Plan will allow Employees to make up time for work missed in the same workweek because of their personal obligations. Employees who wish to do so must provide their supervisor with a written and signed request for each occasion that they desire to make up time.

Only actual hours worked count toward computing weekly overtime (i.e. paid time off such as sick leave or vacation are not counted, as those do not constitute "actual hours worked").

If you have any questions concerning overtime pay, contact the Human Resources Department.

Garnishment/Child Support

When an employee's wages are garnished by a court order, the Plan is legally bound to withhold the amount indicated in the garnishment order from the employee's paycheck. The Plan will, however, honor applicable federal and state guidelines that protect a certain amount of an employee's income from being subject to garnishment.

Direct Deposit

You have the option of receiving your pay in a payroll check or having your pay deposited into your bank account through our direct deposit program.

Reporting Time Pay

The Plan will make every effort to notify employees in advance when it is not necessary to report to work. These circumstances may include inclement weather, fire, flood, power outage, lack of work, etc. In the event you report for work without being notified in advance that your services are not needed, you will be compensated in accordance with applicable state and federal wage and hour laws.

DRAFT

TIME AWAY FROM WORK AND OTHER BENEFITS

V.

Employee Benefits

The Plan has developed a comprehensive set of employee benefit programs to supplement employees' regular wages. Our benefits represent a hidden value of additional income to employees.

This Employee Handbook describes the current benefit plans maintained by the Plan. Refer to the actual plan documents and summary plan descriptions if you have specific questions regarding the benefit plan. Those documents are controlling.

The Plan reserves the right to modify its benefits at any time. We will keep you informed of any changes.

Holidays

Gold Coast Health Plan observes the following ten (10) holidays:

New Years Day	Labor Day
Martin Luther King Day	Veteran's Day
President's Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day	Christmas Day

Holidays are paid on a pro-rated basis, based upon average hours worked, full-time or part-time status. Employees must work the day before and the day after, unless otherwise approved by management in order to be eligible for holiday pay (Refer to Policy 2-10 for further clarification).

Vacation

Gold Coast recognizes the importance of vacation time in providing employees the opportunity for rest, recreation and personal activities. The Plan grants paid vacation time to its full-time and part-time employees who work thirty (30) or more hours per week. There is no vacation benefit available for temporary employees or employees working less than Thirty (30) hours per week.

Employees are only eligible to take paid vacation time off after vacation time has been accrued. Employees begin accruing vacation hours on their date of hire and continue to accrue vacation hours each pay period. Vacation accrual is suspended if an employee is on an unpaid leave of absence.

The rate of vacation accrual is based on an employee's employment status and years of service. The maximum accumulation – i.e. the “accrual cap” - is two and a half (2.5) times an employee's annual accrual. If an employee's earned but unused vacation benefits reach the accrual cap, the employee will not accrue any additional benefits. If an employee later uses enough vacation to fall below the accrual cap, he or she will resume earning vacation benefits from that day forward. Annual and accrual cap rates for full-time employees are as follows:

Years of Service	Annual Accrual (Hours)	Maximum Accrual (Hours)
1-3	80	200
3-5	120	300
5+	160	400

Part-time employees regularly scheduled for 30 hours or more per week will accrue vacation time on a pro-rata basis, based upon their average hours of work. Consult Human Resources for detailed information on how the dollar amount of your vacation is calculated and the amount you are entitled to receive.

To be eligible for vacation pay, you must work your last scheduled day before the vacation and the first scheduled day after the vacation, unless you receive prior approval from your supervisor. Failure to do so may result in the leave period being unpaid.

Vacation time is given to employees so that they are better able to perform their jobs when they return. For this reason, we require employees to take their vacation and we do not permit employees to take pay in lieu of time off. Vacation time may be taken in as little as two (2) hour increments.

Vacation can be used as vacation time or to take care of personal matters. If a Plan recognized holiday falls during an employee's vacation period, it will not be considered as a vacation day.

Employees must submit vacation requests, to your supervisor, with as much advance notice as possible. When possible, vacation requests are granted, taking in to account operating requirements.

Upon separation, eligible employees will be paid for accrued but unused vacation. Employees will not accrue vacation time for unpaid hours while on leave of absence or disability salary continuation.

In order to encourage Employees to use their vacation hours as accrued, GCHP provides a 2.5 maximum accrual cap to hours earned for vacation time:

Years of Service	Hours Earned per Year	Maximum Hourly Accrual Cap
1 - 3	80	200
3+ - 5	120	300
5+	160	400

(Refer to Policy 2-8 for further clarification)

Sick Days – Regular Full/Part-time Employees

Gold Coast provides a generous paid sick leave benefit to assist full-time and part-time employees who are unable to work due to a short-term illness, injury, or doctor appointment. At the discretion of management, an employee may be required to produce medical certification from a health care provider for any absence due to illness.

Sick time must be accrued before it can be taken. Employees are only eligible to take paid sick time off after sick time has been accrued. Employees begin accruing sick time hours on their date of hire and continue to accrue sick time hours each pay period. Sick time accrual is suspended if an employee is on a leave of absence. Sick time is not considered “hours worked” for overtime purposes. The rate of accrual is based on an employee’s employment status and tenure. Annual and maximum accrual rates are as follows:

Years of Service	Hours Earned per Year	Maximum Hourly Accrual Cap
Full-time	80	240
Part-time	24	24

California Employees are permitted to use up to half of their annual sick leave accrual to attend to the illness or injury of a child, parent, spouse, registered domestic partner, or a child of a registered domestic partner. Sick time must be accrued before it can be taken. Employees begin accruing sick time hours on their date of hire, and continue to accrue hours each pay period. The rate of accrual is based on an employee’s employment status.

Unused sick time may be carried over to the next calendar year, up to the maximum accrual of two hundred and forty (240) hours for employees working a minimum of 30 hours per workweek, but because sick leave is designed to assist an employee who misses work only as a result of an actual illness or injury, unused sick time does not vest or have a separate cash value. Thus, if an employee’s employment ends, he or she is not eligible for payment of unused sick time. An employee’s termination date may not be extended

with sick time; the last day worked will constitute the termination date.

Sick time may be used in increments of two (2) or more hours.

MINIMUM SICK LEAVE FOR EMPLOYEES INELIGIBLE FOR REGULAR SICK LEAVE

Any employee who is not otherwise eligible for regular sick leave (e.g., temporary, per diem, and non-regular part-time employees) shall be eligible for this Minimum Paid Sick Leave. An employee who works thirty (30) or more days within a year from the commencement of employment is eligible for Minimum Paid Sick Leave. This policy is intended to comply with the requirements of the Healthy Workplaces, Healthy Families Act of 2014 at Labor Code section 246(e)(2) and should be interpreted consistently.

Eligible employees who are hired after July 1, 2015, shall be granted twenty four (24) hours upon hire for use during the calendar year of their hire. Every year thereafter, on January 1st, each covered part time employee shall receive an annual grant of twenty four (24) hours of Minimum Paid Sick Leave for use during that calendar year. This annual grant does not roll over to the next calendar year and is not paid out upon termination of employment, retirement, or death. The Minimum Paid Sick Leave entitlement and its use shall be reflected on the covered employee's regular pay stubs.

Minimum Paid Sick Leave may be used for any purpose leave is otherwise typically used, when available, for illness and consistent with those uses set forth in the Healthy Workplaces, Healthy Families Act of 2014 (AB 1522). These uses include, but are not limited to use by a covered employee for preventative care or diagnosis, care, or treatment of an existing health condition for the covered employee or his or her family member; and use by a covered employee who is a victim of domestic violence, sexual assault, or stalking. A covered employee may not be required to find a replacement worker in order to utilize Minimum Paid Sick Leave.

Procedural requirements, including those requirements related to notice, request of use, acceptable uses, prohibited

uses, minimum increments, and medical certification shall be governed by existing policies relating to unscheduled leave as set forth in the regular sick leave policy.

(Refer to Policy 2-7 for further clarification.)

Medical Insurance

Eligible full-time and part-time employees with assigned work hours of thirty (30) hours per workweek may enroll in a single, employee plus spouse, employee plus children, or employee and family medical coverage plan on the first of the month following date of hire or in the event of a qualified change. Eligibility may be further defined by law and/or by the medical insurance contract.

Information and enrollment forms may be obtained from Human Resources.

The Plan pays a portion of the medical coverage. Employees are responsible for paying the difference through payroll deduction. The Plan reserves the right to change plans or benefits, discontinue or reduce coverage, and to change the employee deductible or contribution rate at any time without prior notice. The Plan will notify employees of any such change and the effective date of the change. Employees are required to notify the Plan immediately whenever there is a qualified change in dependent status or whenever a dependent is no longer eligible for insurance coverage.

Information regarding the details of the plan and eligibility requirements may be obtained from human resources.

Refer to the actual plan document and summary plan description if you have specific questions regarding this benefit plan. Those documents are controlling.

Upon separation you may be entitled to continuation or conversion of the group medical insurance plan through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) in accordance with the terms of the policy and/or applicable state and federal law. For more information, contact Human Resources.

Dental Insurance

Eligible full-time and part-time employees with assigned work hours of thirty (30) hours per workweek may enroll in a single, employee plus spouse, employee plus children, or employee and family dental coverage plan on the first of the month following date of hire or in the event of a qualified change. Eligibility may be further defined by law and/or by the insurance contract.

Information and enrollment forms may be obtained from human resources.

The Plan pays a portion of dental coverage. Employees are responsible for paying the difference through payroll deduction.

A booklet containing the details of the dental plan and eligibility requirements may be obtained from Human Resources.

Refer to the actual plan document and summary plan description if you have specific questions regarding this benefit plan. Those documents are controlling.

Upon discharge you may be entitled to continuation or conversion of the group dental insurance plan in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) with the terms of the policy and/or applicable state and federal law. For more information, contact Human Resources.

Vision Care Plan

Eligible full-time and part-time employees with assigned work hours of thirty (30) hours per workweek may enroll in a single, employee plus spouse, employee plus children, or employee

and family vision coverage plan on the first of the month following date of hire or in the event of a qualified change. Eligibility may be further defined by law and/or by the insurance contract.

Information and enrollment forms may be obtained from human resources.

The Plan pays a portion of vision coverage. Employees are responsible for paying the difference through payroll deduction.

Refer to the actual plan document and summary plan description if you have specific questions regarding this benefit plan. Those documents are controlling.

Upon discharge you may be entitled to continuation or conversion of the group vision insurance plan in accordance with the terms of the policy and/or applicable state and federal law. For more information, contact the Human Resources.

401(a) Qualified Retirement Plan

Gold Coast Health Plan has established a 401(a) Retirement Plan for its employees to assist with their retirement plans.

A 401(a) plan is a benefit plan that allows contributions toward your retirement on a “before tax”, rather than an “after tax” basis. As an employee of GCHP, the Plan contributes 10% of your income, with a current maximum cap of \$18,000 annually based upon all hours worked with the exception of vacation and sick pay.

To participate in this plan, complete an election form and return it to Human Resources.

This Plan is subject to all restrictions and conditions set forth by applicable law. Please refer to Human Resources and the Summary Plan for further information.

457(b) Qualified Retirement Plan

Gold Coast Health Plan also provides eligible employees with a 457(b) Retirement Plan. The 457(b) Retirement Plan is a non-qualified, tax advantaged deferred-compensation retirement plan. Employees defer compensation into the 457(b) plan on a pre-tax basis. Your contributions and qualified expenses are deducted from your gross pay before income taxes is calculated.

Removal of funds is subject to various legal restrictions and conditions. Typically, funds may not be removed while an employee of the Plan. However, employees may use their 457(b) plan to provide themselves loans against the amount at a below interest rate of return.

This Plan is also subject to all restrictions and conditions set forth by applicable law

You can obtain a copy of the Summary Plan Description, which contains the details of the plan including eligibility and benefit provisions from the Human Resources Department. In the event of any conflict in the description of any plan, the official plan documents, which are available for your review, shall govern. If you have any questions regarding this plan, see the plan administrator.

Jury Duty

Employees summoned for jury duty are granted unlimited paid leave in order to serve. Reasonable advance notice to your supervisor is required to receive paid jury duty time off. Employees must also remit any juror fees they receive from the court (but not mileage fees) to the Plan. Employees are further required to report for work during their regularly schedule working hours whenever the court schedule permits it.

The Plan reserves the right to request proof of jury service issued by the Court upon return.

Employees may also be provided time off with pay when necessary to comply a subpoena regarding the Plan in accordance with Witness Leave.

Employees requiring Witness Leave for non-Plan subpoena's may receive unpaid time-off in accordance with state law, and they may use accrued Vacation time to substitute pay for time away from work.

Make arrangements with your supervisor as soon as you receive your summons or subpoena.

(Please refer to Policy 2-18 for further clarification.)

Military Leave

Employees who are required to fulfill military obligations in any branch of the Armed Forces of the United States or in state military service will be given the necessary time off and reinstated in accordance with federal and state law.

The time off will be unpaid, except where federal or state law dictates otherwise. Accrued vacation may be used for this leave if the Employee chooses.

Military orders should be presented to Human Resources and arrangements for leave made as early as possible before departure. Employees are required to give advance notice of their service obligations to the Plan unless military necessity makes this impossible. You must notify your department head and Human Resources of your intent to return to employment based on requirements of the law.

Your benefits may continue to accrue during the period of leave in accordance with state and federal law. For leaves less than thirty-one (31) days the employee is required to pay the employee's share of the insurance premiums. For leaves greater than thirty-one (31) days, the employee is required to pay 102% of the full cost of the Health (medical, dental, vision and life insurance) premiums.

Gold Coast Health Plan also provides for Military Caregiver Leave for those employees who are members of the Armed Services undergoing medical treatment, recuperation, or

therapy. Eligible employees may use available FMLA leave for any “qualifying exigency” arising out of a family member’s active military duty. Eligible employees are also permitted to take up to twenty-six (26) weeks of leave in a single twelve-month (12) period to care for a family member who sustains a serious illness or injury while on active military duty. Please refer to your Human Resources Department for further details.

Additional information regarding military leaves may be obtained from a Human Resources representative.

(Please refer to Policy 2-19 for further clarification)

Bereavement Leave

Full-time Employees are eligible immediately upon hire for three paid days for the death of an immediate family member. Members of the immediate family include spouses, registered domestic partners, parents, brothers, sisters, children, children of registered domestic partners, grandchildren, grandparents, parents-in-law and parents of registered domestic partners.

Requests for bereavement leave should be made to your supervisor as soon as possible. The Plan reserves the right to request written verification of an employee's familial relationship to the deceased and his or her attendance at the funeral service as a condition of the bereavement pay.

(Refer to Policy 2-18 for further clarification)

Miscellaneous Other Required Leaves

The Plan provides other leaves where required by law (e.g. voting leave, school visitation leave, victims of certain felonies leave, etc.). If you need time off work for any reason, please notify Human Resources immediately and the Plan will evaluate whether you are eligible for leave.

Discretionary Leaves of Absence

Gold Coast Health Plan recognizes that from time to time employees may need to take additional time from work. To that end, full-time and part-time employees (whose regular schedule is 20 or more hours per week) who have completed one year of employment may be granted a discretionary unpaid leave of absence where operational and prudent business practices can accommodate one. Such leaves are entirely subject to the Plan's discretion, as exercised by the CEO or designee.

Discretionary leaves of absence are granted without pay. Consideration for leaves include cases of personal emergency or extended bereavement.

Discretionary leaves are granted on a non-discriminatory basis and in compliance with all applicable state and federal laws.

Based upon the duration of leave we will make reasonable efforts to return you to the same or similar job you held prior to the leave of absence, subject to our staffing and business requirements.

Family Medical Leave Act, (FMLA)

California Family Rights Act, (CFRA)

California Pregnancy Disability Leave, (CPDL)

KinCare

The Family Medical Leave Act, California Family Rights Act, California Pregnancy Disability Leave and KinCare provide specific guidelines for certain leaves of absence. Generally under FMLA and CFRA leaves may not exceed twelve (12) weeks in a rolling twelve-month period. Granting of such leaves will be determined through the Human Resources Department. Consideration for exceptions should also be brought to the attention of the Human Resources Department.

Requests for a leave should be submitted thirty (30) days prior to actual leave where possible. Requests for medical

leaves should be requested fifteen (15) days in advance where possible. Medical certification through your treating physician may be required. From time to time it may be necessary to recertify. Please refer to Human Resources and the full policies applicable to each leave for further details.

Employees requesting leave time may be required to use their accrued sick time and vacation pay in order to receive pay during their absence.

Employees who timely return to work from FMLA, CFRA and CPDL will be reinstated to the same or comparable position as that held prior to the beginning of leave.

KinCare requests may be permitted based upon meeting state requirements. An employee may use up to 50% of the employee's annual accrued sick pay to attend to care for "kin" defined under the Labor Code.

Please see a Human Resources representative for further details (Refer to Policy 2-19 for further clarification).

Unemployment Insurance

Upon separation from employment, you may be entitled to unemployment insurance benefits. Information about unemployment insurance can be obtained from the Human Resources Department or from the California Employment Development Department.

Workers' Compensation

On-the-job injuries are covered by the Plan's Workers' Compensation insurance policy. This insurance is provided at no cost to you. If you are injured on the job, no matter how slightly, report the incident immediately to your supervisor and to Human Resources. Consistent with applicable state law, failure to report an injury within a reasonable period of time could jeopardize your claim. We ask for your assistance in alerting management to any condition that could lead to or contribute to an Employee accident.

ON THE JOB

Confidentiality of Client Matters

The law and our professional ethics require that each Employee maintain confidentiality when handling client matters.

To maintain this professional confidence, no employee shall disclose client information to outsiders, including other members, third parties or members of one's own family.

Any disclosure of confidential information will result in disciplinary action up to and including termination.

The Plan has policies and procedures regarding medical privacy and HIPAA compliance, and you are expected to follow them. Failure to follow our policies and procedures may result in disciplinary action up to and including termination.

Care of Client Records

To provide the best care for our members it is critical that we maintain accurate and current client records. Client records should be returned to the appropriate filing cabinet following documentation. Client records (whether in hard copy or electronic form) may not be removed from the premises for any reason.

Client records should be handled with care and not defaced or damaged in any way. Falsification of client records is strictly prohibited.

Occasionally, members or other physicians will request copies of Plan records. Under no circumstances will requests for client records

be fulfilled unless prior legally permissible authorization is provided. Place the documentation of such authorization in the client's file.

The Plan has policies and procedures regarding medical privacy and HIPAA compliance, and you are expected to follow them. Failure to follow our policies and procedures may result in disciplinary action up to and including termination.

Deviations in Client Records

Occasionally you may find what appears to be an obvious clerical or mathematical error on the part of the client. Mistakes of this nature should tactfully be brought to the attention of the appropriate person. When discussing such an error, be certain of the mistake, be careful with whom it is discussed and most importantly, be diplomatic in handling the misunderstanding.

During your career, you may discover or suspect evidence of theft, embezzlement, defalcation or some other irregular practice on the part of the client or client personnel. If such an event occurs, inform Human Resources immediately so that the Plan may respond appropriately. Under no circumstances should you discuss the matter with the client or client personnel yourself.

Attendance and Punctuality

Attendance and punctuality are essential functions of all Plan positions and are important factors for your success within the Plan. We work as a team and this requires that each person be in the right place at the right time.

If you are going to be late for work or absent, notify your supervisor as far in advance as is feasible under the circumstances, but no later than two hours before the start of your workday.

Personal issues requiring time away from your work, such as doctor's appointments or other matters, should be scheduled during your nonworking hours if possible.

If you are absent for three days without notifying the Plan, it is assumed that you have voluntarily abandoned your position with the Plan, and you will face termination.

(Please refer to Policy 2-5 for further clarification)

Business Hours

Because of the nature of the Plan's business, your work schedule may vary depending on your job. The Plan's normal business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. However, these hours are subject to change. Check with your supervisor if you have questions about your hours of work.

Meal Time

Except for certain exempt employees, all full-time or part-time employees who work more than five (5) hours per day will receive a minimum thirty (30) minute uninterrupted, unpaid meal break.

Breaks

Employees will receive one, fifteen (15) minute uninterrupted, paid break for every four hours worked.

Lactation Breaks

The Plan will provide a reasonable amount of break time to accommodate a female employee's need to express breast milk for the employee's infant child. The break time should, if possible, be taken concurrently with other break periods already provided. Non-exempt employees should clock out for any time taken that does not run concurrently with normally scheduled rest periods, and such time generally will be unpaid in accordance with state law. The Plan will also make a reasonable effort to provide the employee with the use of a room or other location in close proximity to the employee's work area, for the employee to express milk in private.

Employees should notify Human Resources to request time to express breast milk under this policy.

No provision of this policy applies or is enforced if it conflicts with or is superseded by any requirement or prohibition contained in a federal, state, or local law or regulation. Anyone with knowledge of such a conflict or potential conflict should contact human resources.

Contact with the Plan

The Plan should know your location at all times during business hours. Your supervisor will keep a record of your assignments, and (s)he should be notified of your whereabouts outside the Plan during working hours.

Access to Personnel Files

Upon request and in accordance with California law, employees may inspect their own personnel files at a mutually agreeable time, on Plan premises in the presence of a Plan official. You will be permitted to see any records regarding your qualifications for employment, performance evaluations, promotion, wage increases or discipline. You will be allowed to have a copy of any document you have signed relating to your employment.

For more information, contact Human Resources.

Solicitation and Distribution

To avoid unnecessary work interruptions, solicitation by an employee of another employee is prohibited while either person is on working time.

Employee distribution of literature, including handbills, in work areas during the work hours of any employee involved is prohibited.

Personal postings, solicitations and opportunities for activities not work-related are not permitted on Plan bulletin boards.

Changes in Personal Data

To aid you and/or your family in matters of personal emergency, we need to maintain up-to-date information.

Changes in name, address, telephone number, marital status, number of dependents or changes in next of kin and/or beneficiaries should be given to the Human Resources Department promptly.

Care of Equipment

You are expected to demonstrate proper care when using the Plan's property and equipment. No property may be removed from the premises without the proper authorization of management. If you lose, break or damage any property, report it to your supervisor at once.

Severe Weather and Emergencies/Natural Disasters

Severe weather and emergencies/natural disasters are to be expected during certain months of the year. Although driving may at times be difficult, when caution is exercised the roads are normally passable. Except in emergencies, we are all expected to work our regular hours. Time taken off due to poor weather conditions while the business remains open is to be used as vacation or is unpaid, and it is still subject to approval through applicable internal processes.

If extreme conditions require closing of the building or interruption of business, you will be notified by your supervisor.

Personal Telephone Calls

It is important to keep our telephone lines free for client calls. Although the occasional use of the Plan's telephones for a personal emergency may be necessary, routine personal calls should be kept to a minimum.

Electronic Mail and Voice Mail Monitoring

We recognize your need to be able to communicate efficiently with fellow employees and members. Therefore, we have installed internal electronic mail (e-mail) and voice mail systems to facilitate the transmittal of business-related information within the Plan and with our members.

The e-mail and voice mail systems are intended for business use only, and the information transmitted or housed on these systems are Plan property. The use of the Plan's e-mail and/or voice mail systems to solicit fellow employees or distribute non job-related information to fellow employees is prohibited to the extent allowed by applicable law.

The Plan's policies against sexual and other types of harassment apply fully to the e-mail and voice mail systems. Violations of those policies are not permitted and may result in disciplinary action, up to and including termination. Therefore, employees are also prohibited from the display or transmission of sexually-explicit images, messages, ethnic slurs, racial epithets or anything that could be construed as harassment or disparaging to others.

Employees shall not use unauthorized codes or passwords to gain access to others' files and or accounts.

All e-mail and voice mail passwords must be made available to the Plan at all times. Please notify your supervisor if you need to change your password.

Violation of this policy may result in disciplinary action, up to and including termination.

For business purposes, management reserves the right to enter, search and/or monitor the Plan's private e-mail and voice mail systems and the files/transmissions of any employee without advance notice and consistent with applicable state and federal laws. Employees should expect that communications that they send and receive by the Plan's private e-mail and voice mail systems will be disclosed to management. Employees are specifically advised that communications that they send and receive by the Plan's private e-mail and voice mail systems are not private or confidential from the Plan. Further, because the Plan is a public agency, often such records are subject to disclosure under the California Public Records Act.

Internet Usage and Monitoring

The Internet is intended for business use only. Use of the Internet for any non-business purpose, including but not limited to, personal communication, purchasing personal goods or services, gambling and downloading files for personal use, is strictly prohibited.

Our Plan's policies against sexual and other types of harassment apply fully to Internet usage, including the use of instant messaging programs. Violations of those policies are not permitted and may result in disciplinary action, up to and including termination. Therefore, employees are also prohibited from displaying, transmitting and/or downloading sexually explicit images, messages, ethnic slurs, racial epithets or anything that could be construed as harassment or disparaging to others.

The time you spend on the Internet and your activities there may be tracked through activity logs for business purposes. All unusual or inappropriate usage will be investigated thoroughly. For business purposes, management reserves the right to search and/or monitor the Plan's Internet usage and the files/transmissions of any employee without advance notice and consistent with applicable state and federal laws. Employees should expect that communications that they send and receive by the Internet will be disclosed to management. Employees should not assume that communications that they send and receive by the Internet are private or confidential.

Employees learning of any misuse of the Internet shall notify a member of management.

Violation of this policy may result in disciplinary action up to and including termination.

Acceptable Use of Electronic Communications

This policy contains guidelines for Electronic Communications created, sent, received, used, transmitted, or stored using Plan communication systems or equipment and employee provided systems or equipment used either in the workplace, during working time or to accomplish work tasks. "Electronic Communications" include, among other things, messages, images, data or any other

information used in e-mail, instant messages, voice mail, fax machines, computers, personal digital assistants (including Blackberry, iPhone or similar devices), text messages, pagers, telephones, cellular and mobile phones including those with cameras, Intranet, Internet, back-up storage, information on a memory or flash key or card, jump or zip drive or any other type of internal or external removable storage drives. In the remainder of this policy, all of these and similar kinds of communication devices are collectively referred to as "Systems."

Employees may use Plan Systems to communicate internally with co-workers or externally with members, suppliers, vendors, advisors, and other business acquaintances for business purposes.

All Electronic Communications contained in Plan Systems are Plan records and/or property. Although an employee may have an individual password to access our Systems, the Systems and Electronic Communications belong to the Plan. The Systems and Electronic Communications are accessible to the Plan at all times including periodic unannounced inspections. Our Systems and Electronic Communications are subject to use, access, monitoring, review, recording and disclosure without further notice. Plan Systems and Electronic Communications are not confidential or private. The Plan's right to use, access, monitor, record and disclose Electronic Communications without further notice applies equally to Employee-provided systems or equipment used in the workplace, during working time, or to accomplish work tasks.

Although incidental and occasional personal use of our Systems that does not interfere or conflict with productivity or the Plan's business or violate policy is permitted, personal communications in our Systems are treated the same as all other Electronic Communications and will be used, accessed, recorded, monitored, and disclosed by the Plan at any time without further notice. Since all Electronic Communications and Systems can be accessed without advance notice, employees should not use our Systems for communication or information that employees would not want revealed to third parties.

Employees may not use our Systems in a manner that violates our policies including but not limited to Non-Harassment, Sexual Harassment, Equal Employment Opportunity, Confidentiality of Client Matters, Care of Client Records, Protecting Client and Plan Information, Solicitation and Distribution, Voice Mail Monitoring, Electronic and Voice Mail Monitoring, and Internet Usage. Employees may not use our Systems in any way that may be seen as insulting, disruptive, obscene, offensive, or harmful to morale. Examples of prohibited uses include, but are not limited to, sexually-explicit drawings, messages, images, cartoons, or jokes;

propositions or love letters; ethnic or racial slurs, threats, or derogatory comments; or any other message or image that may be in violation of Plan policies.

In addition, Employees may **not** use our Systems:

- To download, save, send or access any defamatory, discriminatory or obscene material;
- To download, save, send or access any music, audio or video file not related to Plan business;
- To download anything from the internet (including shareware or free software) without the advance written permission of the Systems Supervisor;
- To download, save, send or access any site or content that the Plan might deem “adult entertainment;”
- To access any “blog” or otherwise post a personal opinion on the intranet;
- To attempt or to gain unauthorized or unlawful access to computers, equipment, networks, or systems of the Plan or any other person or entity;
- In connection with any infringement of intellectual property rights, including but not limited to copyrights; and
- In connection with the violation or attempted violation of any law.

A Employee may not misrepresent, disguise, or conceal his or her identity or another's identity in any way while using Electronic Communications; make changes to Electronic Communications without clearly indicating such changes; or use another person's account, mail box, password, etc. without prior written approval of the account owner and without identifying the actual author.

Employees must always respect intellectual property rights such as copyrights and trademarks. Employees must not copy, use, or transfer proprietary materials of the Plan or others without appropriate authorization.

All Systems passwords and encryption keys must be available and known to the Plan. Employees may not install password or encryption programs without the written permission

of his/her supervisor. Employees may not use the passwords and encryption keys belonging to others.

Numerous state and federal laws apply to Electronic Communications. The Plan will comply with applicable laws. Employees also must comply with applicable laws and should recognize that an employee could be personally liable and/or subject to fine and imprisonment for violation of applicable laws.

Violations of this policy may result in disciplinary action up to and including termination as well as possible civil liabilities or criminal prosecution. Where appropriate, the Plan may advise legal officials or appropriate third parties of policy violations and cooperate with official investigations. We will not, of course, retaliate against anyone who reports possible policy violations or assists with investigations.

If you have questions about the acceptable use of our Systems or the content of Electronic Communications, ask your supervisor for advance clarification.

Recycling and Waste Prevention

The Plan is committed to the environment and its future. Therefore, recycling containers are located throughout the building for the collection of recyclable materials. Waste of time, materials and utilities is costly to the Plan. If you have any waste prevention ideas, please advise your supervisor in writing.

Document Retention

The Plan maintains a formal document retention policy and procedure. Your supervisor will explain how that policy applies to you and the work that you perform. You must retain all work products in the manner required and for the time period required by our policy. Never destroy or delete any work product until the retention periods specified by the Plan's policy have been satisfied. Failure to comply with the Plan document retention policy and procedure may result in discipline up to and including discharge.

Parking

Free parking facilities are available to Employees. The Plan is not responsible for loss, damage or theft of your vehicle. Therefore, we suggest that you lock your car doors.

Office Supplies

Our Plan maintains a stock of basic office supplies such as pens, paper clips, staples, note pads, etc. used on a day-to-day basis by employees. All office supplies can be located in the supply room.

If you need additional items not regularly stocked, please speak to your supervisor to place a special order.

All office supplies are for business use only and should not be removed from the office for non-business use. Violations of this policy may result in disciplinary action up to and including discharge.

Recording Devices in the Workplace

Except as otherwise provided for in this policy, no employee may photograph, tape, or otherwise record any person, document, conversation, communication, or activity that in any way involves the Plan or employees of the Plan, any members or any other individual with whom the Plan is doing business or intending to do business in any capacity (for example, vendors, suppliers, consultants, attorneys, or independent contractors). The authorized copying of documents in the ordinary course of business for the benefit of the Plan is not prohibited by this policy.

“Photographing,” “taping,” and “recording” under this policy include taking still or video pictures (film or digital), or recording any conversation or communications, regardless of whether the conversation or communication takes place in person, over the telephone, or via any other communications device or equipment, and regardless of the method used to tape or record (for example, tape recorder, video recorder, mechanical recording, or wire-tapping equipment), and regardless of where the conversation or communication takes place, i.e., on or off the Plan's premises. “Taping” or “recording” also include photographing or recording digital images through cameras of

any kind (for example, camera phones, PDA cameras, or concealed cameras). Limited exceptions will apply where an individual who has been provided advance written authorization for the activity by an authorized member of Plan management is conducting the photographing, taping, or recording.

Violations of this policy may result in disciplinary action against the offending employee(s), up to and including termination. Where the conduct engaged in is illegal, violators may also be subject to prosecution under applicable federal, state, or local laws.

If You Must Leave Us

Should you decide to leave your employment with us, we ask that you provide your supervisor with at least two weeks' advance written notice. Your thoughtfulness is appreciated and will be noted favorably should you ever wish to reapply for employment with the Plan.

Employees, who are rehired following a break in service in excess of one year, other than an approved leave of absence, must serve a new initial introductory period whether or not such a period was previously completed. Such employees are considered new employees from the effective date of their reemployment for all purposes, including the purposes of measuring benefits.

The Plan does not provide a "letter of reference" to former employees. Generally, we will confirm upon request our employees' dates of employment, salary history, and job title.

Additionally, all resigning employees should complete a brief exit interview prior to leaving. All Plan property, including this Employee Handbook, must be returned upon discharge. Otherwise, the Plan may take action to recoup any replacement costs and/or seek the return of Plan property through appropriate legal recourse.

You should notify the Plan if your address changes during the calendar year in which discharge occurs so that your tax information will be sent to the proper address

(Please refer to Policy 2-14 for further clarification.)

EMPLOYEE CONDUCT

VII.

Conduct and Work Rules

The Plan expects all employees to contribute to and maintain a professional, respectful working environment conducive to the efficient conduct of Plan business. It is not possible to provide a complete list of every possible misconduct that could result in discipline or termination. However, to give you some guidance, examples of unacceptable conduct are listed below. Conduct that is not listed, but that is unprofessional or adversely affects or is otherwise detrimental to Gold Coast Health Plan's interests or the interests of its employees, customers, or the public at large may also result in disciplinary action, up to and including termination. In addition, of course, employment at Gold Coast is "at will," which means Gold Coast Health Plan can terminate your employment at any time for any reason or even for no reason. Similarly, you may resign at any time for any reason or even for no reason.

Here is a non-exclusive listing of examples of prohibited conduct:

1. Malicious or willful destruction or damage to Gold Coast Health Plan's property or supplies or to the property of another employee, a customer, or a visitor;
2. Theft or unauthorized removal from Gold Coast Health Plan's premises of any Plan property or the property of another employee, a customer or a visitor;
3. Obtaining employment or employee benefits by giving false or misleading information or falsifying or omitting any material information on employment documents or records, including your own or a co-worker's time records;
4. Dishonesty of any kind in relations with Gold Coast Health Plan or its customers;
5. Bringing or possessing firearms, weapons or other hazardous or dangerous devices or substances onto Plan property or into any Plan vehicle without proper authorization;

- 6 Possession, use, sale, or distribution of alcoholic beverages or illegal drugs on Plan property or reporting for work or working under the influence of alcohol or illegal drugs;
- 7 Insubordination, including improper conduct toward a supervisor or refusal to perform tasks assigned by a supervisor;
- 8 Fighting on Plan property or "horseplay" or any other action that is dangerous to others or to Plan property or that disrupts work;
- 9 Harassing, threatening, intimidating, or coercing another employee, a customer, or members of the public at any time, including off-duty periods;
- 10 Giving Plan products or services free of charge or at a discount to any person or in violation of Plan policies;
- 11 Pleading guilty to or being convicted of any crime other than a minor traffic violation;
- 12 Unauthorized disclosure or use of any confidential information about the Plan or its customers or any trade secrets that you have learned through your employment with the Plan;
- 13 Failure to follow safety rules, to cooperate in safety inspections, or to promptly report all unsafe conditions encountered during work to the appropriate person;
- 14 Failure to return to work on a timely basis after the termination of an approved leave of absence;
- 15 Excessive absenteeism or lateness;
- 16 Leaving work at other than a scheduled departure time (or lunch or break time) without notifying your supervisor or the Human Resources department;
- 17 Interfering with the work performance of others;
- 18 Smoking in any office building or enclosed premises of the Plan, including lunchrooms, restrooms and lounges or in any Plan vehicle;
- 19 Failure to observe the terms and conditions of software agreements and licenses to which the Plan is a party;
- 20 Unsatisfactory performance;
- 21 Unauthorized use of Plan equipment;
- 22 Abuse of sick leave or other leave programs; and

- 23 Violation of any Plan policy, including any of the policies described in this Handbook, as revised from time to time.

The nature and severity of discipline imposed is at the Plan's discretion. A number of factors are often considered, including but not limited to the seriousness of the issue and your record of prior performance, behavior problems or safety violations. Gold Coast Health Plan has the right to determine what disciplinary action is appropriate based upon the facts of each case. Not all available forms of discipline are appropriate to every disciplinary situation, and Gold Coast Health Plan is not required to treat each form of discipline as a step in a series to be followed with an employee before discharge. Gold Coast Health Plan's use of various employee disciplinary measures does not imply that "progressive" discipline is required or that employment may be terminated only for cause, it being expressly understood and agreed that employment at Gold Coast Health Plan is at-will employment.

Substance Abuse Prevention

The Plan has vital interests in ensuring a safe, healthy and efficient working environment for our employees, their co-workers and the members we serve. The unlawful or improper presence or use of controlled substances or alcohol in the workplace presents a danger to everyone. For these reasons, we have established as a condition of employment and continued employment with the Plan the following substance abuse policy.

Employees are prohibited from reporting to work or working while using illegal or unauthorized substances. Employees are prohibited from reporting to work or working when the employee uses any controlled substance, except when the use is pursuant to a doctor's orders and the doctor advised the employee that the substance does not adversely affect the employee's ability to safely perform his or her job duties.

In addition, employees are prohibited from engaging in the unlawful or unauthorized manufacture, distribution, sale or possession of illegal or unauthorized substances and alcohol in the workplace including: on Plan paid time, on Plan premises, in Plan vehicles, or while engaged in Plan activities. Employees are also prohibited from reporting for duty or remaining on duty with any alcohol in their systems. Employees are further prohibited from consuming alcohol during working hours, including meal and break periods.

Excluded from this prohibition is the authorized use of alcohol at Plan-sponsored functions or professional activities.

Your continued employment with the Plan is conditioned upon your full compliance with the foregoing substance abuse policy. Any violation of this policy may result in disciplinary action, up to and including termination. Furthermore, any employee who violates this policy who is subject to discharge, may be permitted in lieu of discharge, at the Plan's sole discretion, to participate in and successfully complete an appropriate treatment, counseling or rehabilitation program as recommended by a substance abuse professional as a condition of continued employment and in accordance with applicable federal, state, and local laws.

Consistent with its fair employment policy, the Plan maintains a policy of non-discrimination and reasonable accommodation with respect to recovering addicts and alcoholics, and those having a medical history reflecting treatment for substance abuse conditions. We encourage employees to seek assistance before their substance or alcohol use renders them unable to perform their essential job functions or jeopardizes the health and safety of themselves or others. The Plan will attempt to assist its employees through referrals to rehabilitation, appropriate leaves of absence and other measures consistent with the Plan's policies and applicable federal, state or local laws.

The Plan further reserves the right to take any and all appropriate and lawful actions necessary to enforce this substance abuse policy including, but not limited to, the inspection of Plan issued desks or other suspected areas of concealment.

Although the State of California has legalized marijuana for medicinal purposes, the Plan is not required to allow the medicinal use of marijuana in the workplace or to accommodate an employee's usage of marijuana during non-working time. Use or possession is strictly prohibited on Plan property and may result in discipline, up to and including termination, as well as potential criminal prosecution.

This policy represents management guidelines. For more information, please speak to Human Resources.

Sexual Harassment and Other Unlawful Harassment

Gold Coast Health Plan is committed to providing a professional work environment free of any unlawful harassment. It is the Plan's policy that unlawful harassment of applicants and employees on the basis of race; religious creed; color; national origin; ancestry; physical disability; mental disability; medical condition, including genetic characteristics; marital status; sex; pregnancy, childbirth or related medical conditions; gender; gender identity; sexual orientation; service in the military forces of the State of California or of the United States and age [40 or over], as well as any other status protected under federal, state or local laws unacceptable and will not be tolerated.

Any employee having questions, concerns, or knowledge of any form of unlawful harassment should contact his or her Human Resources Representative. Complaints will be evaluated and investigated appropriately. Retaliation against employees for complaining in good faith about unlawful harassment or any other form of illegal discrimination is prohibited by law and Plan policy. Confidentiality will be maintained to the extent permitted by the circumstances. Intentionally false information and/or false charges of harassment are also prohibited by Plan policy.

Any employee found to be in violation of this policy shall be subject to disciplinary action up to and including termination.

Scope and Responsibilities: This policy applies to all employees of Gold Coast Health Plan, and all employees are responsible for compliance with this policy. Leadership is responsible for taking steps to ensure that their areas of responsibility are free from any form of unlawful harassment. The Human Resources Representative is normally responsible for investigating and handling all harassment complaints.

Definitions:

Sexual Harassment. There are two kinds of sexual harassment: (1) denying employment opportunities or benefits because an applicant or employee did not submit to unwelcome sexual advances, and (2) unwelcome sex-based conduct that is so severe or pervasive as to alter the conditions of employment and create an abusive working environment.

(a.) Examples of conduct that may create an abusive working environment based on sex include:

- Threatening to deny employment opportunities or benefits if an employee does not submit to unwelcome sexual advances;
- Promising to grant employment opportunities or benefits if an employee submits to unwelcome sexual advances;
- Granting employment opportunities or benefits because an applicant or employee submitted to unwelcome sexual advances;
- Visual conduct, leering, making sexual gestures, displaying sexual suggestive objects or pictures, cartoons, calendars, magazines, or posters;
- Verbal conduct, whistling and cat calls, making or using derogatory or sexual comments, epithets, slurs, and jokes.
- Referring to others as “dolls,” “babes,” “honey,” “stud” or terms of this type;
- Verbal sexual advances or propositions, including repeated requests for a date;
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual’s body, sexually degrading words used to describe an individual;
- Obscene or sexually-oriented computer or phone mail messages, suggestive or obscene letters, notes or invitations;
- Physical conduct: such as touching as unwanted neck and shoulder massages, assault, impeding or blocking movements; and
- Repeated comments about one’s physical appearance or attire.

This is only a partial list of the kinds of conduct that can create an abusive working environment based on sex.

Other Forms of Unlawful Harassment: Conduct based on race, color, religion, national origin, age (40+), mental or physical disability, sexual preference or any other characteristic protected by state or federal law

that is unwelcome and so severe or pervasive as to alter the conditions of employment and create an abusive working environment.

Examples of conduct that may create an abusive working environment based on race, color, religion, national origin, age (40+), mental or physical disability, or any other characteristic protected by state or federal law include:

- Visual conduct: displaying objects or pictures, cartoons, calendars magazines, or posters that are offensive on the basis of race, color, religion, national origin, age (40+) mental or physical disability, or any other characteristic protected by state or federal law;
- Verbal conduct: making or using insults, epithets, slurs, jokes and/or comments that are derogatory based on race, color, religion, national origin, age (40+), mental or physical disability, sexual preference or any other characteristic protected by state or federal law;
- Sending computer or phone mail messages, letters, notes or invitations that are offensive based on race, color, religion, national origin, age (40+), mental or physical disability, sexual preference or any other characteristic protected by state or federal law;
- Physical conduct: assault, impeding or blocking movements because of race, color, religion, national origin, age (40+), mental or physical disability, sexual preference or any other characteristic protected by state or federal law;
- Repeated comments about one's appearance or attire that are based on race, color, religion, national origin, age (40+), mental or physical disability, sexual preference or any other characteristic protected by state or federal law.

This is only a partial list of the kinds of conduct that can create an abusive working environment based on characteristics other than sex.

(Refer to Policy 1-3 for further clarification)

Personal Hygiene

Employees are expected to maintain the highest standards of personal cleanliness and present a neat, professional appearance at all times.

Code of Ethics

A Plan's reputation for integrity is its most valuable asset and is directly related to the conduct of its officers and other employees. Therefore, Employees must never use their positions with the Plan, or any of its members, for private gain, to advance personal interests or to obtain favors or benefits for themselves, members of their families or any other individuals, corporations or business entities.

The Plan adheres to the highest legal and ethical standards applicable in our business. The Plan's business is conducted in strict observance of both the letter and spirit of all applicable laws and the integrity of each Employee is of utmost importance.

Employees of the Plan shall conduct their personal affairs such that their duties and responsibilities to the Plan are not jeopardized and/or legal or ethical questions do not arise with respect to their association or work with the Plan.

Social Media

The Plan has in place policies that govern use of its own electronic communication systems, equipment, and resources which employees must follow. The Plan may also have an interest in your electronic communications with co-workers, members, vendors, suppliers, competitors, and the general public on your own time. Inappropriate communications with a nexus to the Plan's workplace, even if made on your own time using your own resources, may be grounds for discipline up to and including immediate termination. We encourage you to use good judgment when communicating via blogs, online chat rooms, networking internet sites, social internet sites, and other electronic and non-electronic forums (collectively "social media").

The following is a general and non-exhaustive list of guidelines you should keep in mind:

1. Make it clear that the views expressed in social media are yours alone. Do not purport to represent the views of the Plan in any fashion.
2. Do not disclose confidential or proprietary information regarding the Plan or your co-workers. Use of copyrighted or trademarked Plan information, trade secrets, or other sensitive information may subject you to legal action. If you have any doubt about whether it is proper to disclose information, please discuss it with your supervisor.

3. Do not disclose information that could subject the Plan to legal liability. Information about medical and health records, for example, are restricted by state and federal laws. If the Plan is subjected to government investigation or financial liability based on your disclosures, the Plan may seek to hold you personally responsible.
4. Do not use Plan logos, trademarks, or other symbols in social media. You may not use the Plan name to endorse, promote, denigrate or otherwise comment on any product, opinion, cause or person.
5. Be respectful of the privacy and dignity of your co-workers. Do not use or post photos of co-workers without their express consent.
6. Ensure that engaging in social media does not interfere with your work commitments.
7. Social media and similar communications have the potential to reflect on both you and the Plan. We hope that you will show respect for our Employees, members, affiliates and competitors.

Contact with the Media

All media inquiries regarding the Plan and its operations must be referred to the CEO. Only the CEO or designee is authorized to make or approve public statements on behalf of the Plan.

SAFETY IN THE WORKPLACE

VIII.

Each Employee's Responsibility

Safety can only be achieved through teamwork at our Plan. Each employee, supervisor and manager must practice safety awareness by thinking defensively, anticipating unsafe situations and reporting unsafe conditions immediately.

The Plan maintains an Injury and Illness Prevention Program as well as various safety policies specific to certain operational activities. In general, please observe the following precautions:

1. Notify your supervisor of any emergency situation. If you are injured or become sick at work, no matter how slightly, you must inform your supervisor immediately.
2. Use, adjust and repair machines and equipment only if you are trained and qualified.
3. Know the proper lifting procedures. Get help when lifting or pushing heavy objects.
4. Understand your job fully and follow instructions. If you are not sure of the safe procedure, don't guess; just ask your supervisor.
5. Know the locations, contents and use of first aid and firefighting equipment.
6. Wear personal protective equipment in accordance with the job you are performing.
7. Comply with OSHA standards and/or applicable state job safety and health standards as written in our safety procedures manual.

A violation of a safety precaution is in itself an unsafe act. A violation may lead to disciplinary action, up to and including termination.

Bloodborne Pathogens Exposure Control

To protect Employees who may reasonably anticipate being occupationally exposed to blood and other potentially infectious materials during work tasks, our Plan has instituted a Bloodborne Pathogens Exposure Control Program.

Briefly, our program includes an employee exposure determination, information and training about bloodborne pathogens, the availability of hepatitis B vaccinations, Universal Precautions, engineering controls, safe work practices, personal protective equipment and housekeeping measures to help reduce the risks of occupational exposure. Procedures to be used following an exposure incident and necessary record keeping are also included. These matters are available to you in accordance with the plan.

Further information about our Bloodborne Pathogens Exposure Control Program will be provided to affected Employees and may be obtained from your supervisor.

Hepatitis B Vaccine

As required by OSHA regulations and for your protection, our practice provides the hepatitis B vaccine to all employees. This vaccine will be made available to you after you have been informed of the vaccine's effects, safety considerations, method of administration, the benefits of being vaccinated and the no-cost provision.

Employees will be eligible for the vaccine within ten working days of their first day of work. Under certain circumstances as provided by OSHA standards, the vaccine may not be made available.

If you choose not to be vaccinated, you must sign a *Hepatitis B Vaccination Declination* form. The vaccine will be made available to those employees who initially decline, but later decide to accept the vaccine.

Workplace Violence

Violence by an employee or anyone else against an employee, supervisor or member of management will not be tolerated. The purpose of this policy is to minimize the potential risk of personal injuries to employees at work and to reduce the possibility of damage to Plan property in the event someone, for whatever reason, may be

unhappy with a Plan decision or action by an employee or member of management.

If you receive or overhear any threatening communications from an employee or outside third party, report it to your supervisor at once. Do not engage in either physical or verbal confrontation with a potentially violent individual. If you encounter an individual who is threatening immediate harm to an employee or visitor to our premises, contact an emergency agency (such as 911) immediately.

All reports of work-related threats will be kept confidential to the extent possible, investigated and documented. Employees are expected to report and participate in an investigation of any suspected or actual cases of workplace violence and will not be subjected to disciplinary consequences for such reports or cooperation.

Violations of this policy, including your failure to report or fully cooperate in the Plan's investigation, may result in disciplinary action, up to and including termination.

Workplace Searches

To protect the property and to ensure the safety of all employees, members and the Plan, the Plan reserves the right to conduct personal searches consistent with federal and state law. In this regard, it should be noted that all offices, desks, files, equipment, etc. are the property of the Plan, and are issued for the use of employees only during their employment. Inspection may be conducted at any time at the discretion of the Plan.

Hazard Communication

Our Plan may use some chemicals (e.g., cleaning compounds, inks, etc.) in some of its operations. You should receive training and be familiar with the handling, use, storage and control measures relating to these substances if you will use or likely be exposed to them. Material Safety Data Sheets (MSDS) are available for inspections in your work area. You must follow all labeling requirements.

Please consult with the designated safety coordinator prior to purchasing chemicals for the Plan or bringing them on to our premises. For additional information, please refer to our Plan's written Hazard

Communication Program. If you have any questions, ask your supervisor or the safety coordinator.

No Weapons in the Workplace

Possession, use or sale of weapons, firearms or explosives on work premises, while operating Plan machinery, equipment or vehicles for work-related purposes or while engaged in Plan business off premises is forbidden except where expressly authorized by the Plan and permitted by state and local laws. This policy applies to all employees, including but not limited to, those who have a valid permit to carry a firearm.

Employees who are aware of violations or threats of violations of this policy are required to report such violations or threats of violations to their supervisor and/or Human Resources immediately.

Violations of this policy will result in disciplinary action, up to and including termination.

In An Emergency

Your supervisor should be notified immediately when an emergency occurs. Emergencies include all accidents, medical situations, bomb threats, other threats of violence, and the smell of smoke. If your supervisor is unavailable, contact the nearest Plan official.

Should an emergency result in the need to communicate information to employees outside of business hours, your supervisor will contact you. Therefore, it is important that employees keep their personal emergency contact information up to date. Notify your supervisor when this information changes.

When events warrant an evacuation of the building, you should follow the instructions of your supervisor or any other member of management. You should leave the building in a quick and orderly manner. You should assemble at the pre-determined location as communicated to you by your supervisor to await further instructions or information.

Please direct any questions you may have about the Plan's emergency procedures to your supervisor.

Receipt of Employee Handbook and Employment-At-Will Statement

IX.

This is to acknowledge that I have received a copy of the Gold Coast Health Plan Employee Handbook and I understand that it contains information about the employment policies and practices of the Plan. I agree to read and comply with this Employee Handbook. I understand that the policies outlined in this Employee Handbook are management guidelines only, which in a developing business will require changes from time to time. I understand that the Plan retains the right to make decisions involving employment as needed in order to conduct its work in a manner that is beneficial to the Employees and the Plan. I understand that this Employee Handbook supersedes and replaces any and all prior Employee Handbooks and any inconsistent verbal or written policy statements.

I understand that except for the policy of at-will employment, which can only be changed in a writing authorized by the Plan's governing commission and executed by the CEO of the Plan, the Plan reserves the right to revise, delete and add to the provisions of this Employee Handbook at any time without further notice. All such revisions, deletions or additions to the Employee Handbook will be in writing and will be signed by the CEO. I understand that no oral statements or representations can change the provisions of this Employee Handbook.

I understand that this Employee Handbook is not intended to create contractual obligations with respect to any matters it covers and that the Employee Handbook does not create a contract guaranteeing that I will be employed for any specific time period.

THIS PLAN IS AN AT-WILL EMPLOYER. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS EMPLOYEE HANDBOOK, THE PLAN OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE PLAN IS AUTHORIZED TO ENTER INTO AN AGREEMENT— EXPRESS OR IMPLIED— WITH ME OR ANY EMPLOYEE FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN WRITING AUTHORIZED BY THE PLAN'S GOVERNING COMMISSION AND SIGNED BY THE CEO OF THE PLAN.

I also understand that if a written contract is inconsistent with the Employee Handbook, the written contract is controlling.

If I have questions regarding the content or interpretation of this Employee Handbook, I will ask Human Resources or a member of management.

NAME _____

DATE _____

EMPLOYEE

SIGNATURE _____

I understand that this Employee Handbook refers to current benefit plans and to Policies and Procedures maintained by the Plan and that I must refer to the actual plan documents, summary plan descriptions, and Policies and Procedures, as these documents are controlling to the extent they provide additional detail or conflicting information.

Initials _____ Date _____

Confidential Information Agreement

CONFIDENTIAL INFORMATION AGREEMENT

I, _____, as a condition of my continued at-will employment with Gold Coast Health Plan (the "Plan") agree that:

1. In the course of my employment, I will have access to information regarding the Plan's business that is confidential and proprietary. Proprietary information includes all trade secrets and non-public information related to (i) the business, present or future, of the Plan; (ii) the research, inventions, products and services of the Plan; (iii) the customers of the Plan; and (iv) the employees, operations and capabilities of the Plan. For example, proprietary information may include, but is not limited to, procedures; data files; computer programs; systems design; manuals; research; techniques; customer lists; marketing data, business plans, and product development strategies.

2. During my employment with the Plan I may use or disclose proprietary information only to the extent necessary to perform my duties. Any disclosure of such information outside the Plan as is necessary to the performance of my duties shall be made only with the prior written consent of Authorized Person. I acknowledge and agree that unauthorized use or disclosure of this confidential and proprietary information may result in my immediate discharge.

3. After the voluntary or involuntary termination of my employment, I will not use or disclose the Plan's trade secrets for any purpose, including but not limited to: (a) obtaining business from the customers or members of the Plan; (b) inducing or attempting to induce any employees of the Plan to leave their employment; (c) assisting others to obtain business from the Plan's customers or recruit the Plan's employees; or (d) engaging in any other activity that harms the interest of the Plan.

4. I acknowledge that (i) in the event my employment with the Plan terminates for any reason, I will be able to earn a livelihood without violating the foregoing restrictions, and (ii) my ability to earn a livelihood without violating these restrictions is a material condition to my employment with the Plan.

5. As a result of my prior employment, I may be in possession of information that my prior employer considers to be confidential. If I use any trade secrets of my prior employer in order to benefit the Plan, I may expose myself and the Plan to legal liability. Therefore, I will not use or disclose any such information in connection with my prior employment to the Plan. I will not bring to the Plan or copy to any of the Plan's computer devices any documents containing such information.

6. I acknowledge that my compliance with this agreement is necessary to protect the business and goodwill of the Plan and that the Plan will pursue legal action against me to remedy any damages caused by my breach of this Agreement.

7. If any portion of this Agreement is held to be void or unenforceable, the remainder of the Agreement shall remain in effect. This Agreement shall apply to the Plan as well as to its successors, assigns, parent or subsidiary companies or other related persons. No alteration or modification to any of the provisions of this Agreement will be valid unless made in writing and signed by me and the Plan.

8. This Agreement shall be subject to and governed by the laws of the State of California. In any legal action between me and the Plan to enforce any provision of this Agreement, the prevailing party shall recover its attorneys' fees.

9. This Agreement constitutes the complete understanding between me and the Plan regarding the matters addressed, and all prior representations or agreements regarding confidential information and unfair competition are superseded by this Agreement.

10. Nothing in this agreement alters my at-will employment relationship with the Plan.

Date: _____

(Print Employee Name)

(Sign Employee Name)

DRAFT

DRAFT

AGENDA ITEM NO. 17

TO: Gold Coast Health Plan Commission
FROM: Scott Campbell, General Counsel
DATE: January 23, 2017
SUBJECT: Amendment of CEO's Employment Contract

SUMMARY:

The Ventura County Medi-Cal Managed Care Commission ("Commission") may approve an amendment to the Chief Executive Officer's employment contract, extending it for an additional three years to May 31, 2020 and adjusting compensation or by extending it 120 days.

BACKGROUND/DISCUSSION:

At the October 24, 2016 Commission meeting, the Commission unanimously directed staff to prepare a three year extension to the CEO's contract. The CEO, Dale Villani is currently under contract with the Plan until May 31, 2017. The proposed amendment will extend the term of the contract for an additional three years, to May 31, 2020. Additionally, the amendment adjusts the CEO's compensation, beginning June 1, 2017, from \$375,000 to \$386,250, a 3% increase. In each subsequent year he will receive a 3% increase.

As part of the compensation, the CEO will be eligible for annual incentive-based compensation of up to 20% of his annual salary, based on goals and threshold developed by the Commission and the CEO by May 31 of each year.

The amendment would include a longevity bonus, which is a lump sum of 5% of gross salary each year, payable June 15 of each year beginning in 2018 if the CEO remains with the Plan through May 31 of that year.

The amendment does not otherwise change or replace any terms of the current CEO agreement.

At the November 9, 2016 Commission meeting, the Commission directed staff to bring a 120 day contract extension for approval. That extension would keep all contract terms the same but just extend the contract 120 days.

FISCAL IMPACT:

During the three year extension term, the CEO's gross compensation will begin at \$386,250, with 3% annual increases and the possibility of up to 25% combined additional annual compensation. If only a four month extension is approved, the fiscal impact is only four months of additional salary and benefits.

RECOMMENDATION:

Approve an amendment to the CEO's Employment Agreement.

CONCURRENCE:

N/A

ATTACHMENTS:

Proposed Two (2) First Amendments to Employment Agreement.

ADDENDUM TO EMPLOYMENT AGREEMENT

This Employment Agreement (“Agreement”) is entered into between the VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION, DOING BUSINESS AS, GOLD COAST HEALTH PLAN, a public entity (“GCHP”) and A. DALE VILLANI (“EMPLOYEE”) (collectively, “the Parties”). It is effective on the latest date of execution set forth below.

RECITALS

A. GCHP is authorized to employ a Chief Executive Officer (“CEO”) pursuant to its adopted Bylaws, Article VIII.

B. GCHP and EMPLOYEE entered into an agreement for EMPLOYEE’s services as Chief Executive Officer of GCHP effective May 27, 2015 (“the Employment Agreement”) in accordance with the terms and conditions set forth therein.

C. The Employment Agreement will terminate on its own terms on May 31, 2017 unless extended by mutual agreement, and the parties wish to extend that termination date.

NOW, THEREFORE, in consideration of the above referenced recitals which are incorporated herein by reference, term, conditions, covenants and promises set forth below, the parties agree as follows:

SECTION 1. EXTENSION OF CONTRACT TERM

In accordance with Section 2 of the Employment Agreement, GCHP and EMPLOYEE hereby agree to extend the termination date of the Employment Agreement to September 30, 2017. Excepting on this extension of the agreement term, the terms and conditions of the Employment Agreement shall continue in full force and effect through this extended contract term.

[AGREEMENT CONTINUES ON NEXT PAGE]

SECTION 2. COUNTERPARTS

The Agreement may be executed in two or more counterparts, including via facsimile or electronically-transmitted signature, each of which shall be deemed an original, but all of which together shall constitute one-in-the-same document.

Executed at Camarillo, California, as of the date set forth below.

DATE: _____

VENTURA COUNTY MEDI-CAL
MANAGED CARE COMMISSION DBA
GOLD COAST HEALTH PLAN

By: _____
Chair

DATE: _____

“EMPLOYEE”

By: _____
Chair

ATTEST:

Secretary, Commission

APPROVED AS TO FORM:

BEST BEST & KRIEGER LLP
Attorneys for Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan

By: _____
Scott H. Campbell

FIRST AMENDMENT TO EMPLOYMENT AGREEMENT

This First Amendment to Employment Agreement (“Amendment”) is entered into between the VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION, DOING BUSINESS AS, GOLD COAST HEALTH PLAN, a public entity (“GCHP”) and A. DALE VILLANI (“EMPLOYEE”) (collectively, “the Parties”). It is effective on the latest date of execution set forth below.

RECITALS

A. GCHP and EMPLOYEE entered into an Employment Agreement dated May 27, 2015 (the “Employment Agreement”) with a term extending to May 31, 2017.

B. GCHP desires to continue to employ EMPLOYEE as Chief Executive Officer of GCHP (CEO), and EMPLOYEE accepts such employment, subject to the additional and amended terms and conditions set forth herein. The parties intend that, except as set forth in this Amendment, the terms and conditions of the Employment Agreement shall remain in force and effect for the duration of the amended term provided below.

NOW, THEREFORE, in consideration of the above referenced recitals which are incorporated herein by reference, term, conditions, covenants and promises set forth below, the parties agree as follows:

SECTION 1. TERM

The term (in Section 2 of the Employment Agreement) is hereby amended to extend an additional three years, with termination as of close of business on May 31, 2020. This Term may be extended by mutual written agreement. Nothing herein, however, shall be construed as requiring either party to ultimately agree to such extension of the Agreement or a new employment agreement. GCHP agrees to begin considering whether to extend the Agreement on or about October 1, 2019, and to notify EMPLOYEE of its position as soon thereafter as practicable, but not later than December 1, 2019.

SECTION 2. COMPENSATION

Section 3 of the Employment Agreement is amended as follows:

(A) Commencing on June 1, 2017, GCHP shall pay to EMPLOYEE an annual gross salary of three hundred eighty-six thousand two hundred fifty dollars (\$386,250.00), which shall be subject to all applicable payroll taxes and withholdings.

(B) On June 1, 2018 and again on June 1, 2019, EMPLOYEE's annual gross salary shall increase by three percent (3%).

(C) On June 1, 2018 and on an annual basis thereafter, EMPLOYEE shall also be entitled to be eligible for an incentive plan up to 20% of annual salary should EMPLOYEE meet established goals of the incentive plan set by the Commission of GCHP. The goals and thresholds of the incentive plan shall be developed among the Commission of GCHP and the EMPLOYEE by approximately May 31 of each year. Whether the goals and threshold of the incentive plan are achieved to the satisfaction of the Commission, and whether or not to provide any amount under the incentive plan is within the sole discretion of the Commission and its decision shall be final.

(D) If EMPLOYEE remains employed with GCHP as of May 31, 2018, EMPLOYEE shall earn a longevity bonus equal to five percent (5%) of his then-current gross salary, payable in a lump sum (subject to payroll taxes and withholdings) on or before June 15, 2018. If EMPLOYEE remains employed with GCHP as of May 31, 2019, EMPLOYEE shall earn a longevity bonus equal to five percent (5%) of his then-current gross salary, payable in a lump sum (subject to payroll taxes and withholdings) on or before June 15, 2019. If EMPLOYEE remains employed with GCHP as of May 31, 2020, EMPLOYEE shall earn a longevity bonus equal to five percent (5%) of his then current salary, payable in a lump sum (subject to payroll taxes and withholdings) on or before June 15, 2020. Nothing in this provision shall restrict either party's right to terminate the Employment Agreement (as amended herein) for any reason prior to EMPLOYEE earning the longevity bonuses described in this paragraph, in which case no longevity bonus shall be earned or paid.

SECTION 3. OTHER TERMS REMAIN IN EFFECT

Except as expressly provided in this Amendment, the terms and conditions of the Employment Agreement shall remain in force and effect through the end of the amended contract term on May 31, 2020.

SECTION 4. COUNTERPARTS

This Amendment may be executed in two or more counterparts, including via facsimile or electronically-transmitted signature, each of which shall be deemed an original, but all of which together shall constitute one-in-the-same document.

Executed at Camarillo, California, as of the date set forth below.

DATE: _____

VENTURA COUNTY MEDI-CAL MANAGED
CARE COMMISSION DBA GOLD COAST
HEALTH PLAN

By: _____
Chair

DATE: _____

“EMPLOYEE”

A. Dale Villani

ATTEST:

Secretary, Commission

[SIGNATURES CONTINUE ON FOLLOWING PAGE]

APPROVED AS TO FORM:

BEST BEST & KRIEGER LLP

Attorneys for Ventura County Medi-Cal Managed Care Commission dba
Gold Coast Health Plan

By: _____
Scott H. Campbell

AGENDA ITEM NO. 18

TO: Gold Coast Health Plan Commission
FROM: Dale Villani, Chief Executive Officer
DATE: January 23, 2017
SUBJECT: Chief Executive Officer Update

Affordable Care Act (ACA) Repeal and Replace: GCHP Potential Impact

While there is no specific proposal that has been put forward it is evident that the Medi-Cal program as designed today will change over the next few years. The UC Berkeley Labor Center estimates in California that 3.7 million Californians could lose coverage with potential job losses of 209,000. (The Commonwealth Fund estimates 334,000 jobs would be lost in California if the ACA is repealed).

In Ventura County GCHP provides Medi-Cal benefits to 1 out of every 5 county citizens. The population considered at risk for benefit changes is the adult expansion population which represents 27% of GCHP membership (56,338 members). If the ACA is repealed and the adult expansion population is no longer covered under Medi-Cal, then GCHP could lose up to \$260MM in revenue currently received for this population. Health care options for these members could be limited to community health centers and emergency rooms.

GCHP is actively engaging our state and federal representatives in advocating on behalf of the health of our community and our members. Our trade associations - the Local Health Plans of California (LHPC) and the Association for Community Affiliated Plans (ACAP) - are working closely with their member plans on analyzing the potential impacts of proposed legislation and helping to craft key messages for our stakeholders.

Legislative Engagement and Education Campaigns

GCHP is participating with LHPC and ACAP in educational forums in Sacramento and Washington, DC. CEO Villani and Government Affairs Manager Torres will travel in February to attend of these events. Scheduled meetings and briefings:

- ACAP Legislative Fly-In, February 7-8, Washington, DC. ACAP health plan members will educate new Congress members and their staff about the work of Safety Net Health Plans and the importance of Medicaid, Medicare, and the Marketplaces.
 - February 7: Policy Face-to-Face Meetings and Networking Reception - In the past, plans have had the opportunity to hear from Republican and Democratic staff members regarding legislative initiatives key congressional leaders will be working on regarding Medicaid, Medicare, and the Marketplaces.

- February 8: Breakfast and Hill Meetings
Scheduled CA delegation meetings:
 - Senator Feinstein
 - Senator Kamala Harris
 - Congresswoman Julia Brownley
 - Congressman Steve Knight
 - Congressman Salud Carbajal
- LHPC 3rd Annual Legislative & Agency Briefing, February 14, Sacramento, CA
Scheduled legislative briefings include:
 - Senator Hannah-Beth Jackson
 - Assemblymember Monique Limon
 - Assemblymember Jacqui Irwin

Department of Health Care Services (DHCS) Financial Corrective Action Plan (CAP) Update

On **October 4, 2012**, DHCS placed GCHP on a financial CAP. As required under the CAP, GCHP submits monthly reports to DHCS for continued monitoring of Plan performance to ensure stability.

On **December 7, 2016**, CEO Villani and Compliance Officer/Director Armenta flew to Sacramento and met with DHCS staff to discuss the steps necessary to lift the financial CAP. GCHP requested a specific timeline for removal of the CAP. DHCS staff in attendance at the meeting were:

Sarah Brooks, Deputy Director, Health Care Delivery Systems;
Lindy Harrington, Deputy Director, Health Care Financing;
Ryan Witz, Assistant Deputy Director, Health Care Financing.

GCHP advised DHCS that we would follow up the meeting with a formal written request for a timeline as to when the financial CAP would be lifted. GCHP submitted that request on **December 9, 2016**.

DHCS sent a written reply to our request on **January 12, 2017**, which stated:

As previously communicated in the department's letter to GCHP on September 23, 2016, DHCS acknowledges that GCHP has made progress on the financial CAP; however, critical elements of this CAP remain open. DHCS is aware that the Capitated Rates Development Division is actively working with GCHP to establish final guidance and a timeline to fully close this CAP.

At the time of this report, a follow up phone call is scheduled with DHCS on Friday, **Jan 20, 2017**. Staff will provide any additional information from this call at the Jan 23, 2017 Commission meeting.

Upcoming Events

GCHP is co-sponsoring upcoming events focused on community health and wellness activities including:

- Senior Health Focus in collaboration with the California Congress of Seniors. Planned for early Spring 2017.
- Opioid Health Policy Forum in collaboration with Ventura County Behavioral Health planned for early Spring 2017.

ARCH: Community Health Investments (CHI)

As approved by the Commission, GCHP launched the Alternative Resources for Community Health (ARCH) initiative, which is designed to help GCHP achieve the triple aim of better care, healthier people and smarter spending, by investing a percentage of its excess reserves in health care and social services in Ventura County. The ARCH initiative has four pillars: 1) Alternative reimbursement models and incentives for providers to improve population health; 2) Enhanced clinical services, based on evidence-based medicine, that are not typically reimbursed by Medi-Cal; 3) the provision of **Community Health Investments (CHI)** or monetary grants to external organizations that work to improve the health of GCHP enrollees in particular and Ventura County residents in general; and 4) the provision of Sponsorships to outside organizations in support of specific events with the potential to offer positive visibility to GCHP.

CHI to Focus on the Social Determinants of Health

According to research, many factors outside of the healthcare delivery system that are present in the places where people are born, live, work, play, go to school, and age combine to determine their health and wellbeing. Such factors are known as the social determinants of health, and they can influence an individual's and a community's health to a much greater extent than health care alone. The social determinants of health can be classified as follows:

- Economic Stability (e.g. Employment status, income, work environment, etc.)
- Educational Attainment (e.g. literacy level, educational attainment, early childhood education, etc.)
- Social and Community Context (e. g. social cohesion, support systems, civic participation, discrimination, social justice, etc.)
- Access to Food (e.g. hunger, food insecurity, access to quality and affordable food where people live, work, play and go to school, etc.)
- Access to Health (e.g. health coverage, accessibility to quality, culturally and linguistically competent care, linkage of clinical care to community prevention programs, etc.)

- Neighborhood and Built Environment (e.g. quality and affordable housing, accessible transportation and walkability, parks and recreational spaces to exercise, clean air, soil and water, etc.)

The overarching focus of CHI is to address the social determinants that impact the health and wellbeing of GCHP members, and that of the underserved residents of Ventura County, with the aim of improving the health outcomes of GCHP members significantly.

CHI Program Design Activities

Using the existing Sponsorship policy, funds were awarded to three organizations. GCHP is working with each organization to track how the funds are being spent:

- Area Agency on Aging-Senior Nutrition Program (\$20,000)
 - 1,000 meals are to be distributed to non-dual at risk homebound seniors recently discharged from the hospital to be selected by GCHP. The end goal is to test the hypothesis that ensuring access to food for at-risk individuals can prevent or decrease re-hospitalization rates.
- Behavioral Health-Overdose Rescue Kit Project (\$51,300)
 - 165 Opioid Overdose Rescue Kits have been distributed (88% to Medi-Cal enrollees) in high risk settings and communities
 - 27 Refill Kits Distributed
 - 17 Overdose reversals had been documented as of November 2016
- National Health Foundation- VC Recuperative Care Program (\$38,700)
 - Funding was for the establishment of a 12-bed Recuperative Care center at the Salvation Army in Ventura, in partnership with the Hospital Association of Southern California and local Hospitals and the County. County vote is pending.

GCHP retained Karen Escalante-Dalton, an independent consultant with extensive experience in health-focused grantmaking, to help plan and launch the CHI grantmaking program. A scan of the local nonprofit sector was conducted to identify the universe of organizations in Ventura County addressing the social determinants of health. Over 130 organizations were identified and classified in a spreadsheet by social determinant addressed.

A comprehensive grantmaking policy was drafted, establishing an infrastructure along with detailed guidance and direction for staff on how the CHI grantmaking program is to be managed and implemented. The policy covers the following key areas:

- Grantmaking mechanisms (e.g. targeted initiatives and responsive grantmaking)
- Process for the annual selection of funding priorities
- Grant review and selection processes and criteria
- Conflict of interests safeguards, legal and compliance requirements

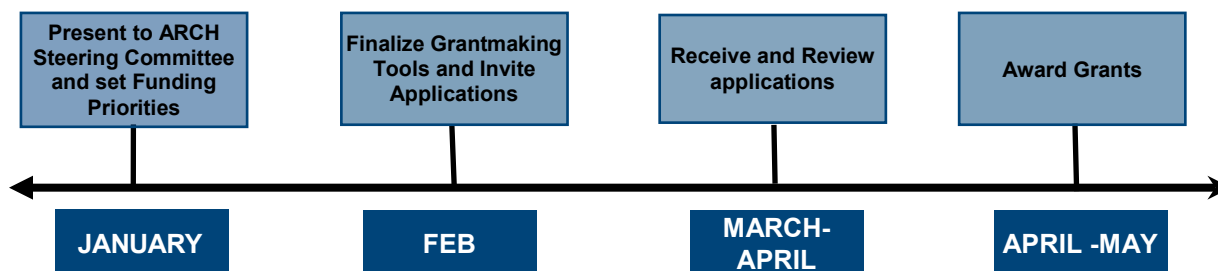
The following activities were conducted as part of a process to help identify priority areas for funding for this year's grantmaking cycle:

- Reviewed available community health needs assessments
- Conducted internal survey of GCHP Directors
- Conducted key informant telephone interviews with external stakeholders

Next Steps

- Present all available information and recommendations to the ARCH Steering Committee
- Finalize and approve Grantmaking Policy
- Set funding priorities for the year
- Set up a data tracking system that will help manage the entire grantmaking lifecycle (application submission, payment management, coding, monitoring, etc.)
- Finalize grantmaking tools including funding application guidelines and materials, application template, budget template, work plan template, award letters, progress reporting requirements and templates, application scoring rubric, etc.
- Invite applicants to submit a formal application
- Conduct review process as delineated in grantmaking policy
- Select agencies to be funded and make grant awards

Timeline for implementation



Governor Brown's Proposed Fiscal Year 2017-18 Budget

On January 10th, Governor Brown released the proposed Fiscal Year (FY) 2017-18 State Budget. The budget allocated \$154.6 billion for all health and human services programs. The total Medi-Cal program funding is \$102.6 billion. It is projected 14.3 million individuals will be enrolled in the Medi-Cal program in FY 2017-18. Starting in 2017, the State will assume a five percent share of cost for the optional expansion population (a total of \$888 million). In 2018, the cost-sharing increases to six percent (a total of \$1.6 billion) and by 2020 the State's share will be 10 percent share of cost based upon current federal law.

At this point the Budget does not reflect potential changes that will be made by the Trump Administration regarding the repeal of the Affordable Care Act (ACA). Governor Brown stated the Budget would be reexamined, if needed, once concrete information is available from Washington D.C. In the meantime, California stands ready to build on what has worked, support the changes and efficiencies where appropriate, and play a constructive role to protect and enhance the lives and health of Californians.

Key highlights are the following:

- The Budget indicates Cal MediConnect (CMC) will continue through December 31, 2019. The Budget notes the potential for CMC to reduce costs for dual eligibles. While the CMC will continue, the Budget includes the elimination of the rest of the Coordinated Care Initiative (CCI) based on the Department of Finance's finding that the program is not cost-effective. Canceling the CCI effectively means the In-Home Supportive and Services (IHSS) program reverts back to the counties (i.e., the IHSS statewide authority in the seven CMC counties is eliminated, and the IHSS Maintenance of Effort [MOE] is also eliminated). IHSS funding will no longer be included in the CMC capitation rates. The Budget urges counties and CMC plans to work together on care coordination going forward.
- The Budget reflects the new revenue will be collected from the increased tobacco tax and allocates \$1.2 billion to the Department of Health and Human Services (DHCS) for 2017-18.
- The Budget assumes the Children's Health Insurance Program (CHIP) will be re-authorized (the current authorization expires in September 2017) but at the pre-ACA matching rate (65 percent federal financial participation). Accordingly, the Budget assumes a General Fund cost of \$536.1 million in FY 2017-18.
- The Budget includes \$4.5 million from the General Fund to continue the implementation of federal Medicaid regulations.

The budget includes \$279.5 million in General Funds to provide full-benefits to approximately 185,000 undocumented children.

Compliance Update

Gold Coast Health Plan was notified on February 25, 2016 by Audits & Investigations (A&I) the annual medical audit for 2016 will take place, April 25, 2016 through May 6, 2016. GCHP had to submit pre-audit documentation material to A&I by March 18, 2016. The review period for the medical audit is April 1, 2015 through March 31, 2016. GCHP received the draft CAP report on September 6, 2016. The final CAP report was issued on November 1, 2016. The CAP

submission was due and submitted on December 21, 2016. DHCS staff is reviewing the submission and the Plan is pending a response. GCHP is pleased with the final CAP report as it reflects and exemplifies the hard work by staff over the last three years. Each year the audit results have improved and its a result of the staff's hard work and dedication.

The DHCS corrective action plan, Financial (Addendum A) remains open and the plan continues to submit items on a monthly basis as required and defined by the CAP.

GCHP continues to meet all regulatory contract submission requirements. In addition to routine deliverables GCHP provides weekly and monthly reports to DHCS as a part of ongoing monitoring activities. All regulatory agency inquiries and requests are handled timely and requested information is provided within the specified required timeframe(s). Compliance staff is actively engaged in sustaining contract compliance.

GCHP compliance staff have three credentialing audits scheduled for the month of January, 2017. An audit on our MBHO for Quality Improvement, Utilization Management and Member Rights and Responsibilities is scheduled for February, 2017. GCHP MBHO remains under a CAP, for claims processing and financial sanctions have been imposed. GCHP Vision provider is also under a CAP. GCHP delegation oversight staff is working with each delegate on achieving compliance to address the deficiencies identified and ultimately close out the CAPs issued.

Centers for Medicare & Medicaid Services (CMS) published the Medicaid and CHIP Managed Care Final Rule on May 6th, 2016 in the Federal Register. This is the first major revision of the Medicaid managed care regulations since 2002. The rule includes but is not limited to: new monitoring requirements for network adequacy, new business requirements specific to medical loss ratio (MLR) and policy changes on pass-through payments. The intent of the mega rule is to align Medicaid with other payers, support a reform delivery system, improve program integrity and increase/strengthen member protections. The rule touches all aspects of the Medicaid managed care program. DHCS has informed all Health Plans that a significant contract amendment will be forthcoming. The contract amendment will require new deliverable submissions by the Plans and will necessitate revisions and updates to existing deliverables. The contract amendment, deliverable submission and contract compliance will create a countless amount of work by GCHP staff. DHCS sent draft contract amendment language to all of the Plans for review. GCHP is working with our trade associations on comments and feedback specific to the draft language. DHCS has not issued a date of when the final contract language will be sent to Plans. GCHP staff will keep the commission apprised of the activities relative to the implementation of the mega rule.

The compliance dashboard is attached for reference and includes information on but is not limited to: staff trainings, fraud referrals, HIPAA breaches, delegate audits.

COMPLIANCE REPORT 2016

Category		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Calendar Year Total
Hotline	Referrals *one referral can be sent to multiple referral agencies*	9	4	10	7	6	2	5	12	2	3	4	3	67
<small>A confidential telephone and web-based process to collect info on compliance, ethics, and FWA</small>														
Hotline Referral *FWA	Department of Health Care Services Program Integrity Unit / A&I	0	0	0	1	0	0	0	0	0	0	0	0	1
Hotline Referral *FWA	Department of Justice	0	0	0	0	0	0	0	0	0	0	0	0	0
Hotline Referral	Internal Department (i.e. Grievance & Appeals, Customer Services etc.)	9	4	7	5	6	2	4	12	2	3	4	3	61
Hotline Referral	External Agency (i.e. HSA)	0	0	0	0	0	0	0	0	0	0	0	0	0
Hotline Referral	Other * Legal, HR, DHCS (Division outside of PIU i.e. eligibility, note to reporter), etc.	0	0	3	1	0	0	1	0	0	0	0	0	5
Delegation Oversight	Delegated Entities	8	8	8	8	8	8	8	8	8	8	8	8	8
<small>The committee's function is to ensure that delegated activities of subcontracted entities are in compliance with standards set forth from GCHP contract with DHCS and all applicable regulations</small>	Reporting Requirements Reviewed **	62	64	54	86	70	82	95	66	71	74	75	82	881
	Audits conducted	4	0	1	0	2	0	0	0	0	0	0	0	7
Delegation Oversight	Letters of Non-Compliance	0	0	1	0	0	0	0	0	1	0	0	0	2
Delegation Oversight	Corrective Action Plan(s) Issued to Delegates	2	0	0	0	0	0	0	0	1	0	0	0	3
Audits	Total	0	1	0	1	0	0	0	0	0	0	0	0	2
<small>External regulatory entities evaluate GCHP compliance with contractual obligations.</small>	Medical Loss Ratio Evaluation performed by DMHC via interagency agreement with DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0
	DHCS Facility Site Review & Medical Records Review *Audit was conducted in 2013*	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEDIS Compliance Audit (HSAG)	0	1	0	0	0	0	0	0	0	0	0	0	1
	DHCS Member Rights and Program Integrity Monitoring Review *Review was conducted in 2012*	0	0	0	0	0	0	0	0	0	0	0	0	0
	DHCS Medical Audit	0	0	0	1	0	0	0	0	0	0	0	0	0
Fraud, Waste & Abuse	Total Investigations	9	4	11	6	6	2	5	12	2	3	4	3	67
<small>The Fraud Waste and Abuse Prevention process is intended to prevent, detect, investigate, report and resolve suspected and /or actual FWA in GCHP daily operations and interactions, whether internal or external.</small>	Investigations of Providers	0	0	0	1	1	0	0	2	1	0	2	1	8
	Investigations of Members	9	4	10	5	5	2	5	10	1	3	2	2	58
	Investigations of Other Entities	0	0	0	0	0	0	0	0	0	0	0	0	0
	Fulfillment of DHCS/DOJ or other agency Claims Detail report Requests	0	0	1	0	0	0	0	0	0	0	0	0	0

Category		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Calendar Year Total
HIPAA	Referrals	1	4	2	3	0	1	3	2	2	2	3	4	27
Appropriate safeguards, including administrative policies and procedures, to protect the confidentiality of health information and ensure compliance with HIPAA regulatory requirements.	State Notification	1	4	2	3	0	1	3	2	2	2	3	4	27
	Federal Notification	0	4	0	0	0	0	0	0	0	0	0	0	4
	Member Notification	0	0	0	1	0	0	1	0	0	0	0	1	3
	HIPAA Internal Audits Conducted	0	1	0	0	0	1	0	0	1	1	0	1	5
												^	^	
Training	Training Sessions	15	25	27	17	15	54	50	129	12	11	350	55	760
Staff are informed of the GCHP's Code of conduct, Fraud Waste and Abuse Prevention Program, and HIPAA	Fraud, Waste & Abuse Prevention (Individual Training)	3	8	6	4	4	22	21	41	2	1	76	22	210
	Fraud, Waste & Abuse Prevention (Member Orientations)	6	6	6	6	6	6	6	6	6	6	6	6	72
	Code of Conduct	3	3	8	3	2	3	1	41	2	3	192	5	266
	HIPAA (Individual Training)	3	8	7	4	3	22	21	41	2	1	76	22	210
	HIPAA (Department Training)	0	0	0	0	0	1	1	0	0	0	0	0	2

** Reporting Requirements are defined by functions delegated and contract terms. Revised contracts, amendments or new requirements from DHCS may require additional requirements from subcontractors as a result the number is fluid

** Audits- Please note multiple audits have been conducted on the Plan, however many occurred in 2012 and 2013 and will be visible on the annual comparison dashboard

** This report is intended to provide a high level overview of certain components of the compliance department and does not include/reflect functions the department is responsible for on a daily basis.

^ The large aggregates for the month of November and December represent the yearly training of full time employees and new coming Commissioners.

Gold Coast Health Plan
Weekly Claims Processing Dashboard
September 7,2016 - December 28,2016

	09/07/16	09/14/16	09/21/16	09/28/16	10/05/16	10/12/16	10/19/16	10/26/16	11/02/16	11/09/16	11/16/16	11/23/16	11/30/16	12/07/16	12/14/16	12/21/16	12/28/16
Corrective Action Plan Tracking																	
CAP Reference																	
3c - Percentage of Claims Denied (1)	12.42%	16.88%	16.06%	16.65%	15.40%	12.87%	14.96%	13.38%	12.83%	12.11%	15.10%	13.22%	13.18%	14.08%	15.99%	13.77%	18.10%
3e - Number of Claim Adjustments (2)	1,712	1,055	827	748	634	594	587	669	591	703	619	1,687	5	708	686	702	624
3f - Number of Claims Processing FTEs (3)	66	68	68	68	68	69	69	68	72	72	71	71	71	70	69	69	69
3g - Auto Adjudication Rate (4)	52.70%	49.30%	52.73%	54.27%	55.65%	53.37%	58.56%	53.57%	54.18%	53.14%	56.05%	53.83%	55.13%	58.85%	52.65%	59.30%	60.29%
3g - Auto Adjudication Rate including Autobot (4)	68.18%	60.81%	62.49%	66.16%	64.97%	65.69%	68.01%	66.98%	68.08%	65.05%	68.77%	67.19%	73.49%	68.89%	68.14%	70.02%	71.65%
4a - Number of Items in ACS Refund Check Queue (5)	229	226	190	87	85	77	52	40	81	145	114	168	129	119	85	116	176
4a - Number of Items in ACS Refund Check Queue > 20 Days TAT (5)	131	171	131	39	25	24	0	5	22	75	69	93	77	69	75	77	98
4a - Number of Items in Non-indexed Refund Check Queue (5)	27	47	63	62	13	28	48	76	61	25	62	22	37	37	71	60	19
Claim Receipts																	
Total Claim Receipts	32,179	39,264	38,476	37,239	41,134	37,301	41,192	39,609	41,396	39,660	36,525	44,569	29,154	45,205	43,345	45,357	39,774
Average Claims Receipts (6)	7,868	7,516	7,467	7,543	7,358	7,806	7,708	7,843	7,962	7,975	8,093	7,860	8,108	7,495	7,773	8,114	8,153
Mailroom Inventory on Hand																	
Items in EDGE to be worked (8)	12	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Claims with Front-end Errors (9)	767	955	1,306	1,943	1,059	925	865	1,311	1,198	924	1,199	1,817	1,746	2,030	1,348	1,348	1,314
IKA Inventory on Hand																	
Pended Inventory	17,554	14,661	13,925	13,129	12,921	11,798	13,473	13,853	14,382	13,938	14,958	15,398	15,666	22,274	25,225	28,279	32,619
Working Inventory (10)	18,333	15,627	15,242	15,083	13,991	12,734	14,349	15,175	15,591	14,873	16,168	17,226	17,423	24,315	26,584	29,638	33,944
Claims Ready to Pay (11)	3,583	4,428	6,329	4,243	4,708	3,438	4,314	4,400	4,047	4,010	2,583	4,572	28,408	3,835	3,619	4,147	5,432
Current Inventory	21,916	20,055	21,571	19,326	18,699	16,172	18,663	19,575	19,638	18,883	18,751	21,798	45,831	28,150	30,203	33,785	39,376
DROH Working Inventory (10, 12)	2.3	2.1	2.0	2.0	1.9	1.6	1.9	1.9	2.0	1.9	2.0	2.2	2.1	3.2	3.4	3.7	4.2
DROH Current Inventory (12)	2.8	2.7	2.9	2.6	2.5	2.1	2.4	2.5	2.5	2.4	2.3	2.8	5.7	3.8	3.9	4.2	4.8
Clean Claims Aging (7)																	
31 to 60 Days	2,614	2,482	2,522	2,674	2,594	2,978	3,050	2,980	3,228	3,409	3,305	3,406	3,434	3,455	3,515	3,724	3,906
61 to 90 Days	30	60	18	9	5	9	67	124	280	523	673	857	1235	1391	1573	1306	1105
90+ Days	7	4	4	4	8	8	11	11	14	19	38	48	72	84	163	141	142
Total Clean Claims Aged > 30 Days	2651	2546	2544	2687	2607	2995	3128	3115	3522	3951	4016	4311	4741	4930	5251	5171	5153
Contested Claims Aging (7)																	
0 to 30 Days	482	522	249	245	476	309	331	212	323	269	285	305	151	3359	1839	434	645
31 to 60 Days	26	48	40	29	21	23	10	12	11	11	7	4	17	33	27	15	8
61 to 90 Days	1	4	0	0	0	0	0	0	8	4	5	0	12	117	92	18	24
90+ Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0
Aging of Total Contested Claims	509	574	289	274	497	332	341	224	342	284	297	309	180	3509	1966	467	677
Productivity																	
EDI Claims Rejected	0	0	0	0	0	6841	1387	0	0	0	0	0	0	0	0	0	0
Deleted Claims (13)	862	794	734	979	862	782	1,559	1,436	1,032	881	846	779	727	748	1,088	1,170	837
Denied Claims	4,384	6,474	5,941	6,632	6,020	5,268	5,246	5,360	5,024	4,777	5,641	5,051	3,979	4,980	6,605	5,486	6,461
Allowed Claims	30,900	31,886	31,063	33,200	33,059	35,672	29,817	34,701	34,136	34,662	31,721	33,167	26,214	30,389	34,708	34,364	29,234
Actual Weekly Production (14)	35,284	38,360	37,004	39,832	39,079	40,940	35,063	40,061	39,160	39,439	37,362	38,218	30,193	35,369	41,313	39,850	35,695
Total Weekly Production (15)	36,146	39,154	37,738	40,811	39,941	48,563	38,009	41,497	40,192	40,320	38,208	38,997	30,920	36,117	42,401	41,020	36,532
Average Daily Production (16)	8,512	8,114	7,912	7,830	7,653	7,938	7,961	7,854	7,997	7,969	7,960	7,924	7,894	7,128	5,691	5,962	5,990
DWOH Working Inventory (10, 17)	2.2	1.9	1.9	1.9	1.8	1.6	1.8	1.9	1.9	1.9	2.0	2.2	2.2	3.4	4.7	5.0	5.7
DWOH Current Inventory (17)	2.6	2.5	2.7	2.5	2.4	2.0	2.3	2.5	2.5	2.4	2.4	2.8	5.8	3.9	5.3	5.7	6.6

Gold Coast Health Plan
Weekly Claims Processing Dashboard
September 7,2016 - December 28,2016

Notes:

- (1) Percentage of Claims Denied is calculated as the number of Denied claims divided by Actual Weekly Production (total denied and allowed claims for the week).
- (2) Number of Claims Payment Adjustments processed in the ika claims system as reported by Xerox on the claims Financial Transaction Summary Report.
- (3) Number of Xerox claims processing FTEs as reported in the Roster Report provided by Xerox.
- (4) Auto Adjudication Rate calculated from "Inventory Tracking to Date" using week to date productivity totals as of Wednesday of each week.
Auto Adjudication Rate including Autobot includes claims processed with Autobot, which allows for systematic processing of claims.
- (5) Number of Items in Refund Queue reflects the number reported by Xerox in the "Queue Aging Report" as of Wednesday of each week.
- (6) Average Claims Receipts is calculated as the number of receipts in the past four weeks divided by 20 days.
- (7) Reflects the aging reported by Xerox on the "Claims Aging Report" as of Wednesday of each week.
- (8) Count of items still in EDGE process that have not been loaded into KWIK or ika.
- (9) Includes claims that need additional research to determine whether or not they can be loaded into ika.
- (10) Working inventory includes mailroom inventory on hand and pending claims inventory. It does not include claims that have been adjudicated and have a status of ready to pay.
- (11) Claims Ready to Pay have been adjudicated and are ready for payment stream.
- (12) Days Receipt on Hand (DROH) is calculated as the Working/Current Inventory divided by the Average Claim Receipts.
- (13) Deleted claims have been replaced by a new claim. Deleted claims are still in ika; however, the status has been changed to deleted so the new claim can be worked.
- (14) Actual Weekly Production is the total number of Denied and Allowed claims.
- (15) Total Weekly Production includes Deleted, Denied and Allowed claims.
- (16) Average Daily Production is calculated as the total production in the past four weeks divided by 20 days.
- (17) Days Work on Hand (DWOH) is calculated as the Working/Current Inventory divided by the Average Daily Production.

Sources: Claims Financial Transaction Summary Report, GCHP Inventory Tracking to Date, Claims Aging Report, Queue Aging Report, Xerox Roster Report



MONTHLY HOSPITAL UTILIZATION AND REFERRAL DASHBOARD		
December 2016		
AUTHORIZATIONS		
	Total	Average
Inpatient	1,020	32.90
Outpatient	3,578	115.42
Total	4,598	148.32
Transplant		
	Total	Average
Transplant	7,471	241.00
Non-Transplant	3,410	110.00
Total	10,881	351.00
SNF		
	Total	Average
SNF	1,899	1,899
HOSPITAL CENSUS		
	Total	Average
VCMC	651	21.01
St. John's RMC	503	16.21
St. John's PV	59	1.89
Santa Paula	83	2.67
Los Robles	362	11.68
Simi Valley	317	10.22
CMH - Ojai	-	0.00
CMH - Ventura	333	10.75
Out of network	1,216	39.23
Total	3,523	113.66

AGENDA ITEM NO. 19

TO: Gold Coast Health Plan Commission
 FROM: Ruth Watson, Chief Operating Officer
 DATE: January 23, 2017
 SUBJECT: COO Update

OPERATIONS UPDATE

Membership Update – January 2017

As of January 1, 2017, Gold Coast Health Plan's (GCHP's) total membership is 204,530. The Plan experienced a loss of 2,251 members from November 2016 through January 2017 - 528 in December and 1,723 in January. The cumulative total for new membership is summarized as follows:

Aid Code	# of New Members
L1 – Low Income Health Plan (LIHP)	646
M1 – Adult Expansion	55,551
7U – CalFresh Adults	141
7W – CalFresh Children	50
7S – Parents of 7Ws	203
Traditional Medi-Cal	29,426
Total New Membership 1/1/14 – 12/1/16	86,017

Adult Expansion membership (aid code M1) slightly decreased in January. M1 members represent 64.58% of GCHP's new membership since January 1, 2014.

	L1	M1	7U	7W	7S
Jan 17	646	55,551	141	50	203
	L1	M1	7U	7W	7S
Dec 16	695	55,820	521	123	240
Nov 16	770	55,567	1,057	216	314
Oct 16	919	55,103	1,227	254	374
Sep 16	1,015	54,740	1,370	280	336
Aug 16	1,162	54,237	1,470	307	361
Jul 16	1,261	53,767	1,593	346	397
Jun 16	1,349	53,864	1,703	386	424
May 16	1,407	52,898	1,820	433	478
Apr 16	1,596	51,769	1,910	462	549
Mar 16	1,800	50,648	2,015	510	620
Feb 16	1,873	50,185	2,110	549	579
Jan 16	1,953	49,653	2,205	608	736

AB 85 Capacity Tracking – 30,468 Adult Expansion members have been assigned to VCMC as of January 2017. VCMC’s target enrollment is 65,765 and is currently at 46.32% of the enrollment target.

November 2016 Operations Summary

The **Claims Inventory** at the end of November was 21,601; this equates to a Days Receipt on Hand (DROH) of 2.54 days compared to a DROH maximum goal of 5 days. GCHP received approximately 8,510 claims per day in November. Monthly claim receipts from July 2015 through November 2016 are as follows:

Month	Total Claims Received	Receipts per Day
November 2016	170,209	8,510
October 2016	209,638	9,983
September 2016	159,446	7,593
August 2016	180,049	7,828
July 2016	166,955	8,347
June 2016	177,246	8,057
May 2016	157,434	7,497
April 2016	162,287	7,728
March 2016	193,881	8,429
February 2016	176,656	8,833
January 2016	154,770	8,146
December 2015	170,897	7,768
November 2015	142,247	7,902
October 2015	156,109	7,095
September 2015	164,510	7,834
August 2015	152,840	7,278
July 2015	162,237	7,374

Claims processing results - all Claims Service Level Agreements (SLAs) were met by Xerox in the month of November

- **Claims Turnaround Time (TAT)** for November was 98.99% vs the regulatory requirement of processing 90% of original clean claims within 30 calendar days of receipt.
- **Financial Claims Processing Accuracy** for November was 99.58% vs a goal of ≥ 98%
- **Procedural Claims Processing Accuracy** was 99.99% vs a goal of ≥ 97%.

Call Center Results – Xerox has engaged a call center subject matter expert who is working with GCHP management to improve call center results. We have seen significant improvement. The team is currently working together to review the call center training materials and to expand and improve the new hire training curriculum and staffing requirements. All statistics listed below reflect a combination of all call lines (provider, member, Spanish and English).

- **Call Volume** – November call volume was 9,918 as slight decrease from previous months where calls have topped 10,000.
- **Call Volume 12-month Average** - 9,897 calls per month.
- **Average Speed to Answer (ASA)** – 32 seconds vs the SLA goal of ≤ 30 seconds.
- **Abandonment Rate** - 1.65% vs the SLA goal of ≤ 5%.
- **Average Call Length** continued to decrease to 6.68 minutes from the prior month.
- **Call Center Phone Quality** - 96.1% versus a goal of 95% or higher.

Grievance and Appeals received 7 member grievances and 118 provider claim payment grievances during November. The 12 member grievances equate to 0.03 grievances per 1,000 members.

Type of Member Grievances	Number of Grievances
Quality of Care	2
Quality of Service	2
Accessibility	1
Benefits/Coverage	1
Billing	1
Total Member Grievances	7

There were two clinical appeals in November; all two were upheld. There was one State Fair Hearing case in November and was withdrawn.

Member Orientation Meetings

A total of 134 members (80 English, 25 Spanish) have attended Member Orientation meetings from January through November 2016. Of the 134 members, 60 indicated they learned about the meeting as a result of the informational flyer included in each new member packet.

Xerox Contract Extension/New Contract Negotiation

The existing Administrative Services contract with Xerox has been extended through April 30, 2017. GCHP's procurement department is working with Xerox to extend the contract beyond April 2017, while we pursue an RFP strategy. This will provide GCHP the option to re-vend or bring in-house various services, if the decision is made to do so.

Center for Medicare & Medicaid Services (CMS)

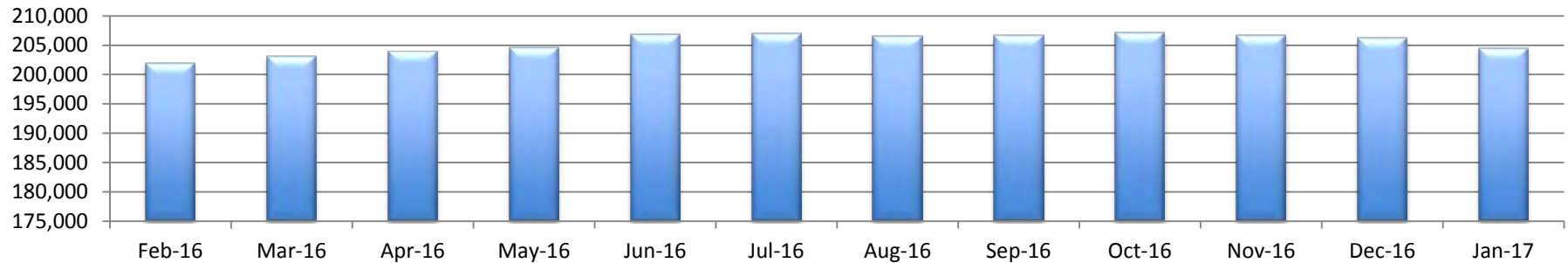
On, April 25, 2016 CMS issued a final ruling in order to align key rules for the health insurance coverage programs. This final rule is the first major update to Medicaid and CHIP managed care regulations in over a decade. GCHP is currently reviewing the rules and contract amendment to ensure that all the requirements are defined and implemented by the July 1, 2017 effective date.

GCHP Membership

Total Membership as of January 1, 2017 – 204,529

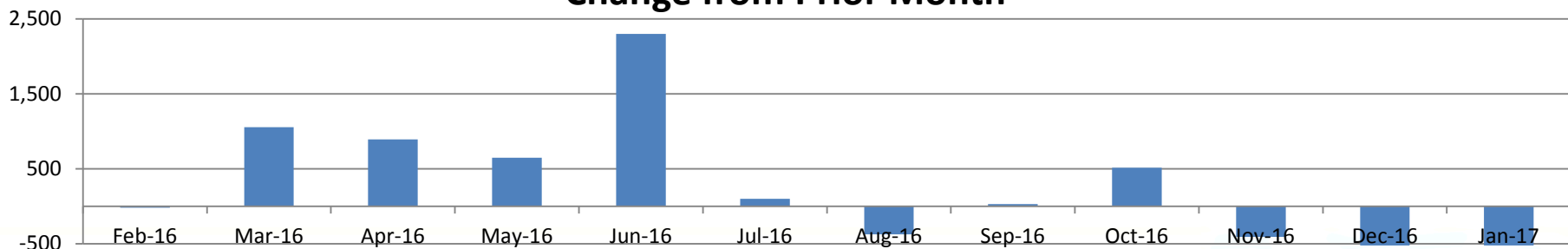
*New Members Added Since January 2014 – 88,268

GCHP Membership Trend Feb 2016 - Jan 2017



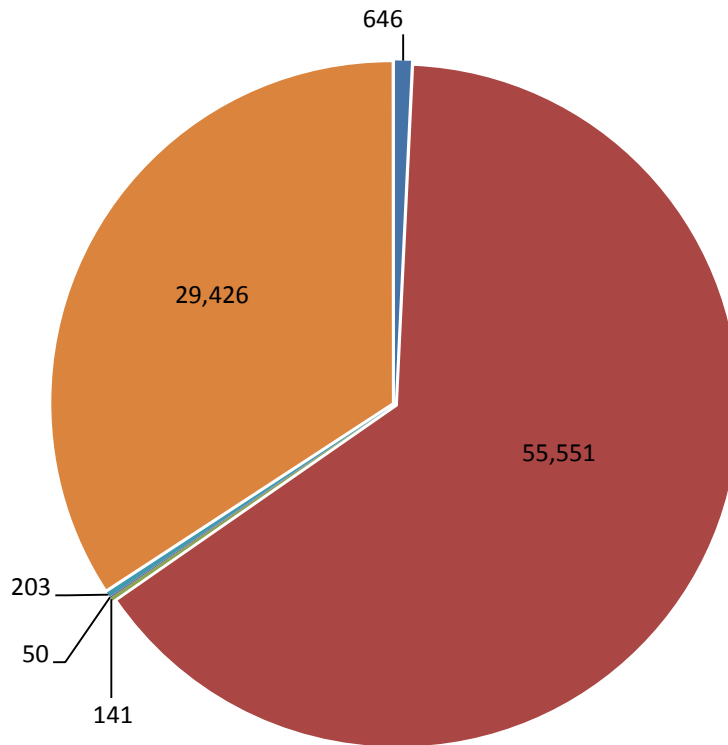
	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Active Membership	202,019	203,075	203,969	204,619	206,920	207,019	206,644	206,672	207,188	206,780	206,252	204,529

Change from Prior Month



Membership Growth

GCHP New Membership Breakdown



- L1 - Low Income Health Plan - 0.75%
- M1 - Medi-Cal Expansion - 64.58%
- 7U - CalFresh Adults - 0.16%
- 7W - CalFresh Children - 0.06%
- 7S - Parents of 7Ws - 0.24%
- Traditional Medi-Cal - 34.21%

GCHP Membership Churn Summary

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Membership from Prior Month	202,362	202,037	202,019	203,075	203,969	204,619	206,920	207,019	206,644	206,672	207,188	206,710	204,529
Prior Month Members Inactive in Current Month	6,906	6,139	6,078	5,723	5,642	5,584	5,881	6,182	6,083	5,575	6,866	6,054	8,733
Sub-total	195,456	195,898	195,941	197,352	198,327	199,035	201,039	200,837	200,561	201,097	200,322	200,656	195,796
Percentage of Inactive Members from Prior Month	3.41%	3.04%	3.01%	2.82%	2.77%	2.73%	2.84%	2.99%	2.94%	2.70%	3.31%	2.93%	4.27%
Current Month New Members	5,794	4,215	5,059	4,742	4,368	6,316	4,378	3,916	4,256	4,193	4,533	3,809	5,165
Sub-total	201,250	200,113	201,000	202,094	202,695	205,351	205,417	204,753	204,817	205,290	204,855	204,465	200,961
Percentage of New Members Reflected in Current Membership	2.87%	2.09%	2.49%	2.32%	2.13%	3.05%	2.11%	1.90%	2.06%	2.02%	2.19%	1.85%	2.55%
Retroactive Member Additions	787	1,906	2,075	1,875	1,924	1,569	1,602	1,891	1,855	1,898	1,855	1,717	1,846
Active Current Month Membership	202,037	202,019	203,075	203,969	204,619	206,920	207,019	206,644	206,672	207,188	206,710	206,182	202,807
Percentage of Retroactive Members Reflected in Current Membership	0.39%	0.94%	1.02%	0.92%	0.94%	0.76%	0.77%	0.92%	0.90%	0.92%	0.90%	0.83%	0.91%

GCHP Auto Assignment by PCP/Clinic as of January 1, 2017

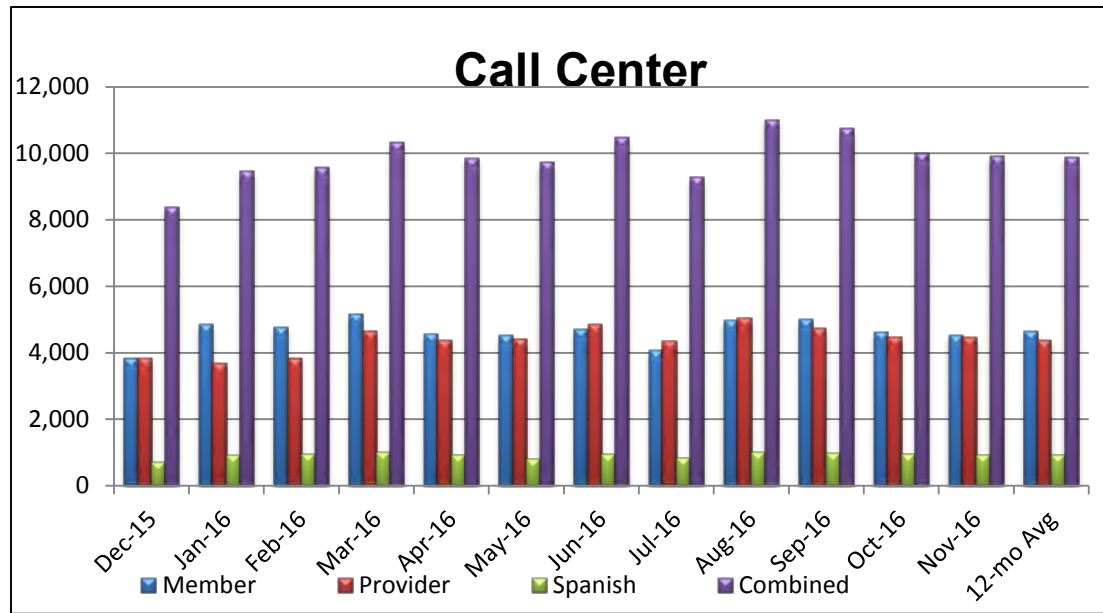
	Jan-17		Dec-16		Nov-16		Oct-16		Sep-16		Aug-16	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
AB85 Eligible	1,000		1,030		1,003		919		979		1,081	
VCMC	499	49.90%	772	74.95%	752	74.98%	689	74.97%	734	74.97%	810	74.93%
Balance	499	49.90%	258	25.05%	251	25.02%	230	25.03%	245	25.03%	271	25.07%
Regular Eligible	888		1,208		1,262		935		989		1,085	
Regular + AB85 Balance	1,387		1,466		1,513		1,165		1,234		1,356	
Clinicas	314	22.64%	358	24.42%	365	24.12%	284	24.38%	293	23.74%	305	22.49%
CMH	170	12.26%	185	12.62%	178	11.76%	149	12.79%	149	12.07%	175	12.91%
Independent	32	2.31%	38	2.59%	25	1.65%	27	2.32%	21	1.70%	33	2.43%
VCMC	871	62.80%	838	57.16%	945	62.46%	705	60.52%	771	62.48%	843	62.17%
Total Assigned	1,888		2,238		2,265		1,854		1,968		2,166	
Clinicas	314	16.63%	358	16.00%	365	16.11%	284	15.32%	293	14.89%	305	14.08%
CMH	170	9.00%	185	8.27%	178	7.86%	149	8.04%	149	7.57%	175	8.08%
Independent	32	1.69%	38	1.70%	25	1.10%	27	1.46%	21	1.07%	33	1.52%
VCMC	1,370	72.56%	1,610	71.94%	1,697	74.92%	1,394	75.19%	1,505	76.47%	1,653	76.32%

Auto Assignment Process

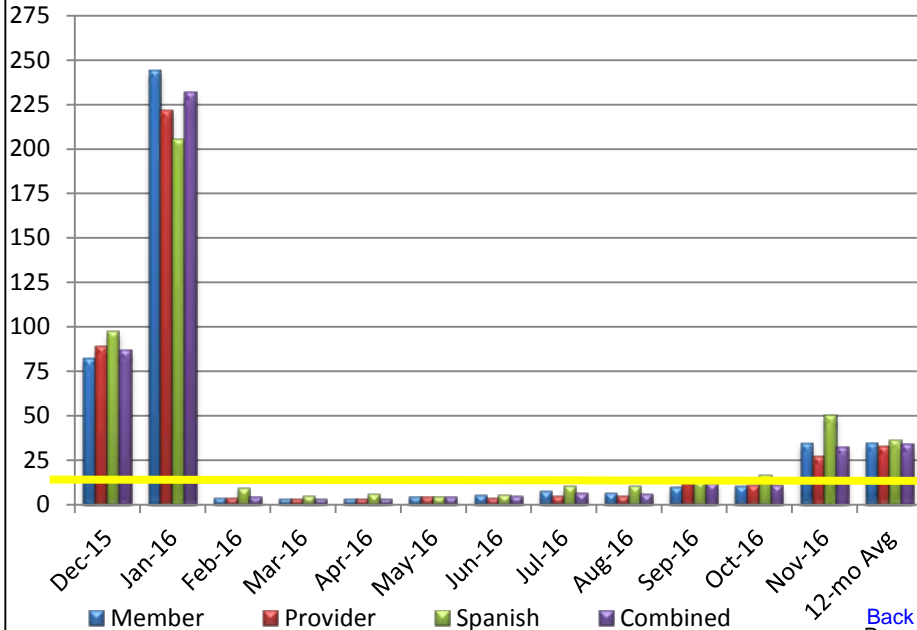
- 75% of eligible Adult Expansion (AE) members (M1 & 7U) are assigned to the County as required by AB 85
- The remaining 25% are combined with the regular eligible members and assigned using the standard auto assignment process, i.e., 3:1 for safety net providers and 1:1 for all others
- The County's overall auto assignment results will be higher than 75% since they receive 75% of the AE members plus a 3:1 ratio of all other unassigned members
- VCMC's target enrollment is 65,765
 - VCMC has 30,478 assigned Adult Expansion members as of January 1, 2017 and is currently at 46.34% of capacity

GCHP Call Center Metrics – November 2016

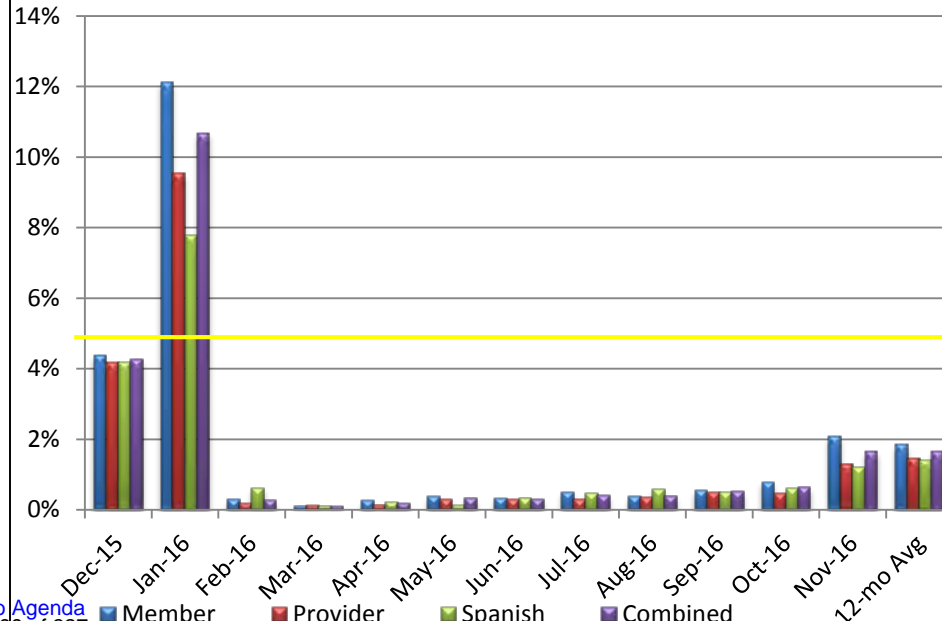
- Call volume decreased below 10,000 during the month; GCHP received 9,918 calls during November
- Service Level Agreements (SLA) for ASA (32.3 seconds vs the goal of ≤ 30 seconds) and Abandonment Rate (1.65% vs the goal of $\leq 5\%$) ASA was not met and Abandonment Rate was met for November



Average Speed of Answer (ASA) (SLA = 30 seconds or less)

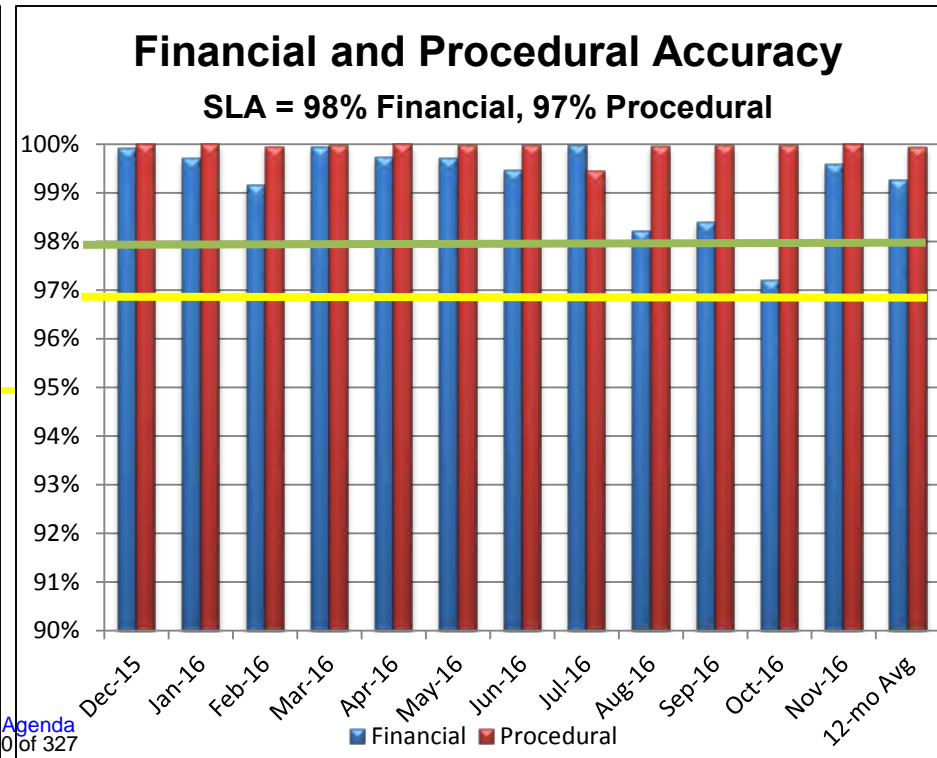
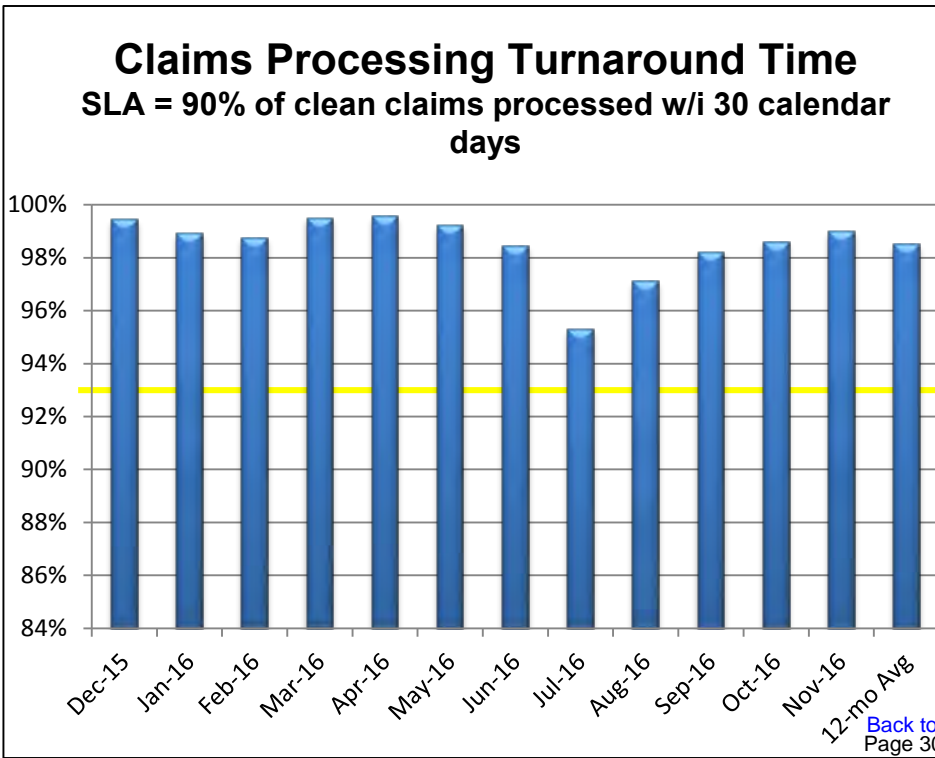
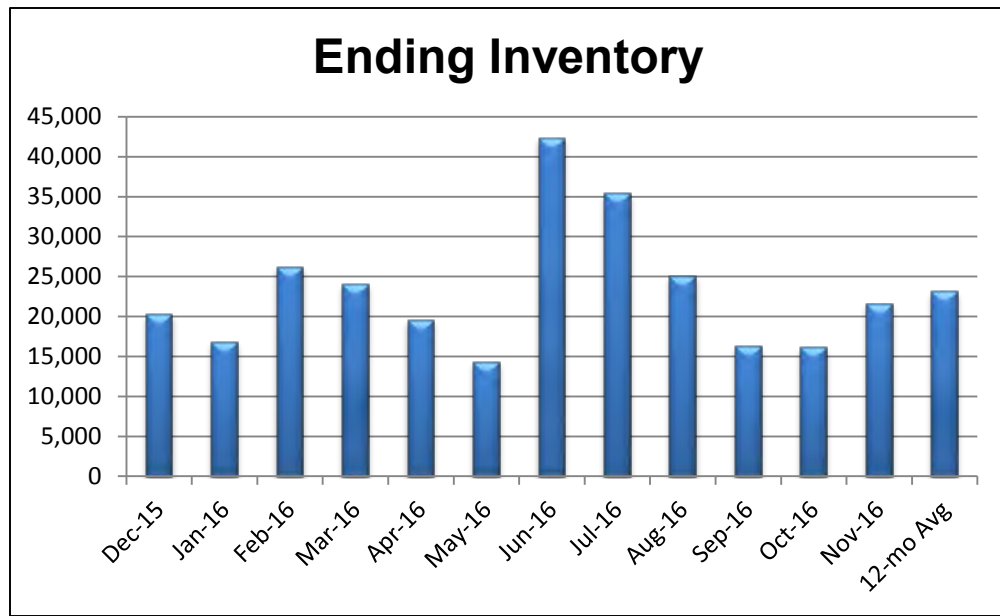


Abandonment Rate (SLA = 5% or less)

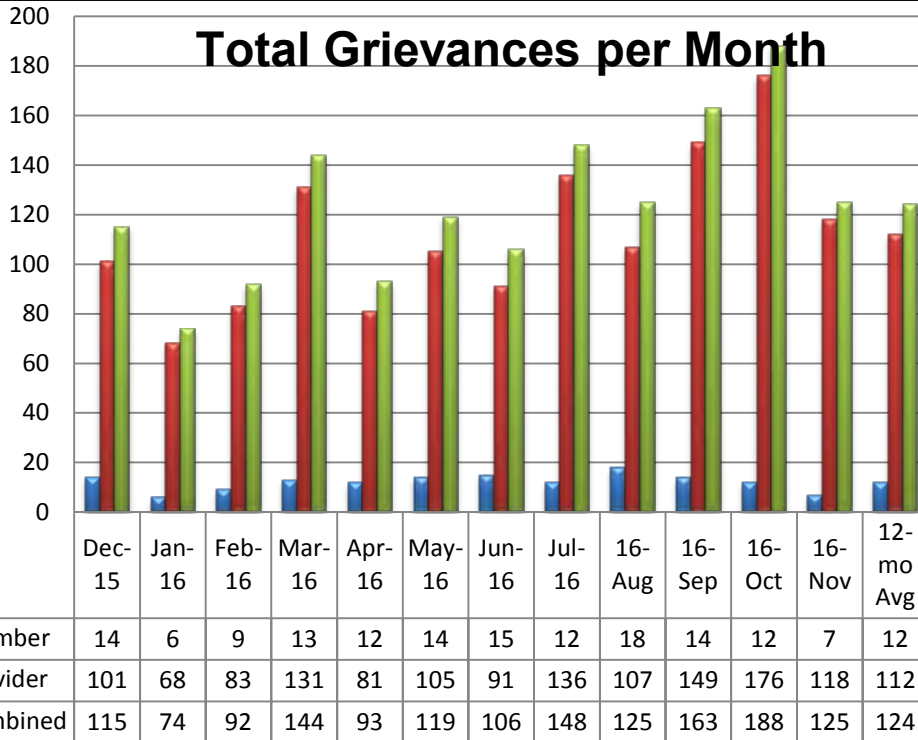


GCHP Claims Metrics – November 2016

- The 30 Day Turnaround Time (TAT) remained in compliance at 98.99%
- Ending Inventory was 21,601 which equates to a Days Receipt on Hand (DROH) of 2.54 days vs a DROH ≤ 5 days
- Service Level Agreements (SLAs) for Financial Accuracy (99.58%) and Procedural Accuracy (99.99%) were both met in November



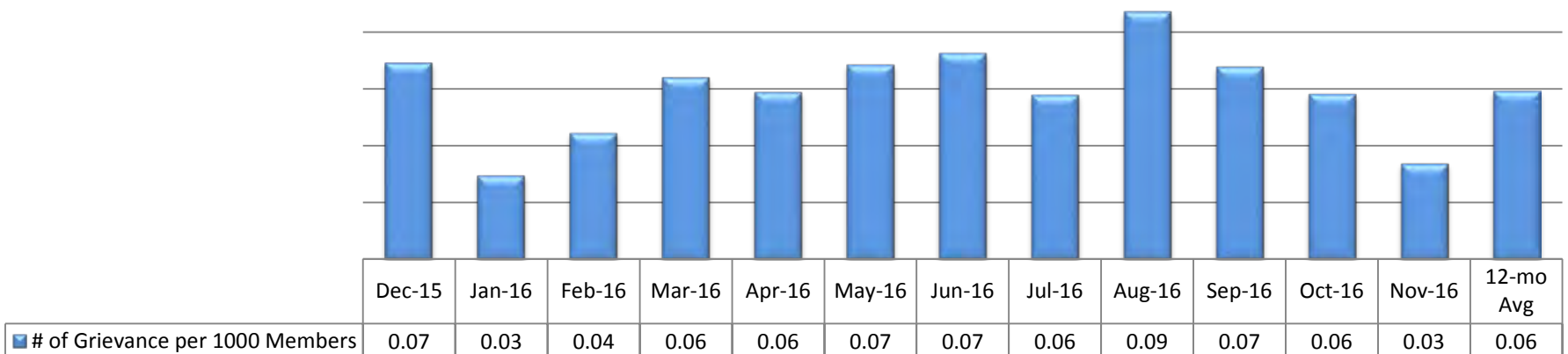
Total Grievances per Month



GCHP Grievance & Appeals Metrics – Nov. 2016

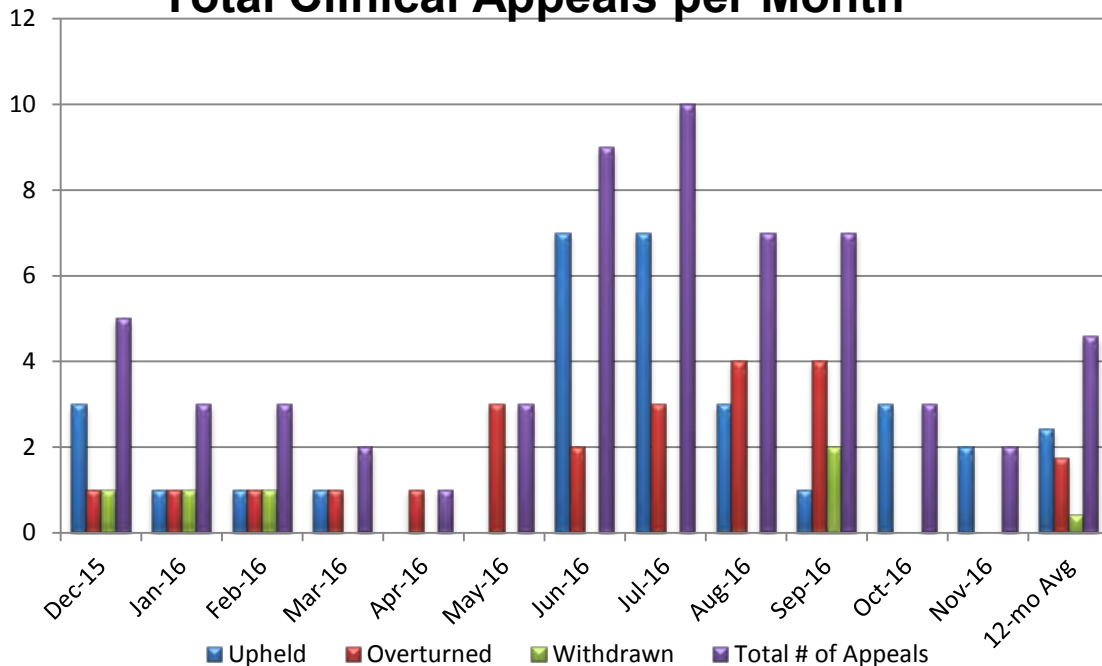
- GCHP received 7 member grievances (0.03 grievances per 1,000 members) and 118 provider grievances during November 2016
- GCHP's 12-month average for total grievances is 124
 - 12 member grievances per month
 - 112 provider grievances per month

Member Grievances per 1000 Members



	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	12-mo Avg
Membership Count	202,362	202,037	202,019	203,075	203,969	204,619	206,920	207,019	206,644	206,672	206,252	206,780	204,864
Total Member Grievances Filed	14	6	9	13	12	14	15	12	18	14	12	7	12
# of Grievance per 1000 Members	0.07	0.03	0.04	0.06	0.06	0.07	0.07	0.06	0.09	0.07	0.06	0.03	0.06

Total Clinical Appeals per Month

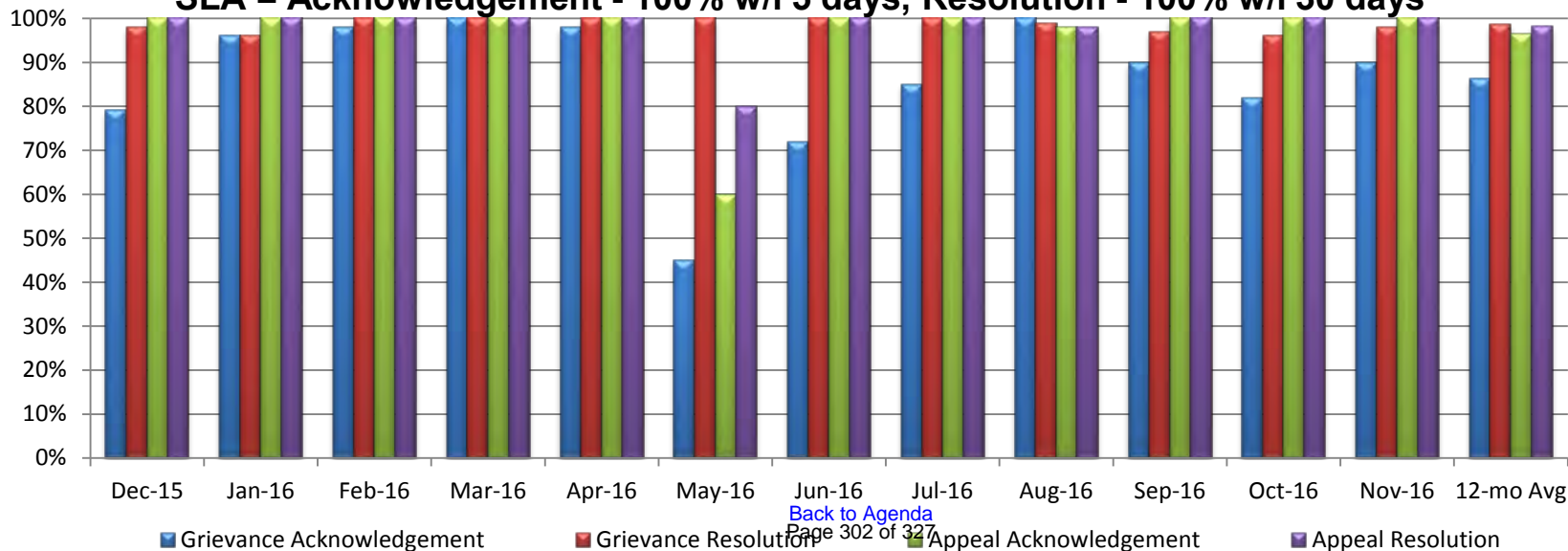


GCHP Grievance & Appeals Metrics – November 2016

- GCHP had 2 clinical appeals in Nov; 2 upheld
- TAT for grievance acknowledgement was non-compliant at 90%
- GCHP continues to monitor and review the processes for ways of improving the results
- TAT for grievance resolution was non-compliant at 98%
- TAT for appeal acknowledgement and resolution was compliant at 100%.
- 1 State Fair Hearings in Nov., it was withdrawn because of non-appearance

G&A Acknowledgement and Resolution TAT

SLA = Acknowledgement - 100% w/i 5 days, Resolution - 100% w/i 30 days





NETWORK OPERATIONS SUMMARY REPORT 2nd Qtr FY 2017

Integrity

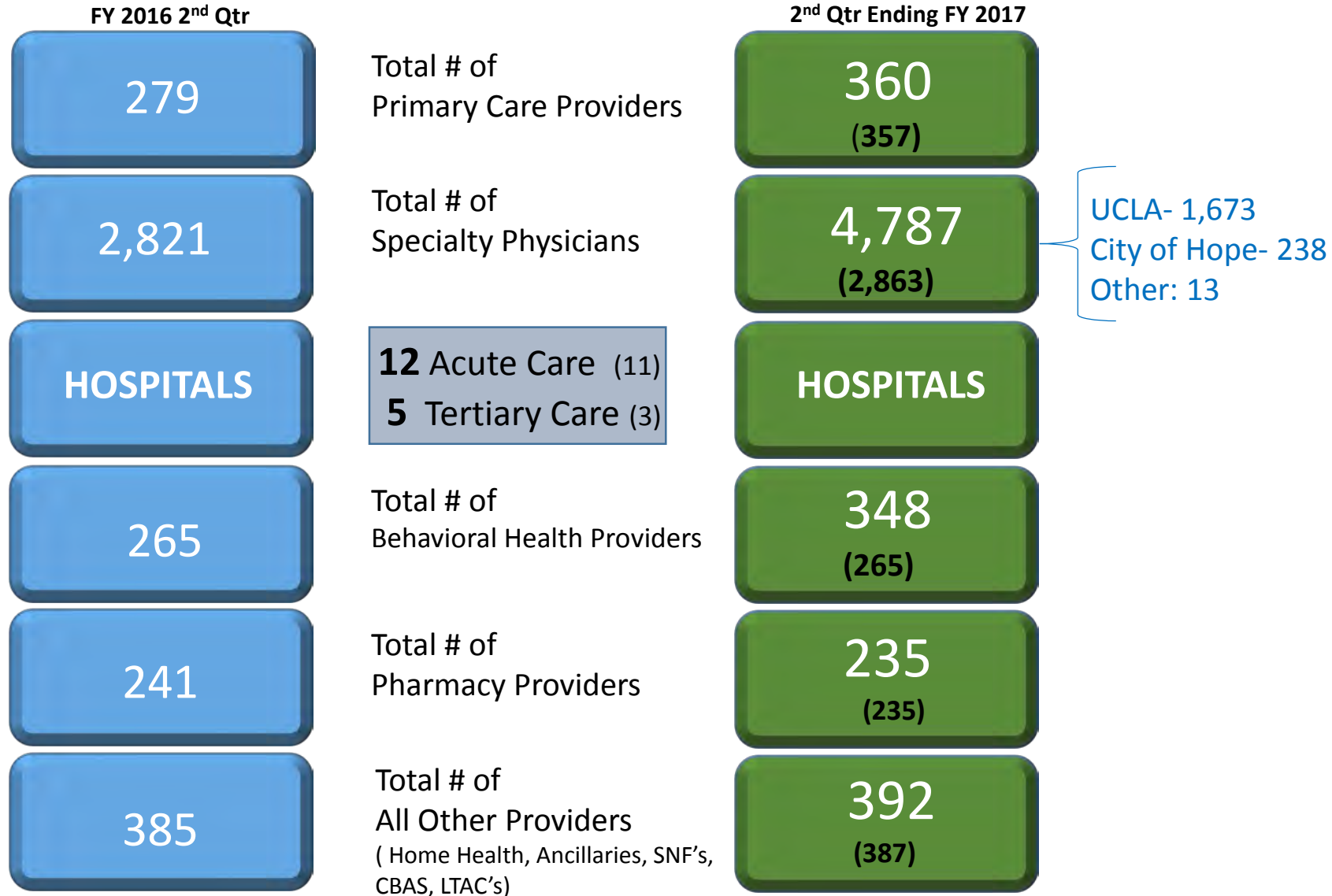
Accountability

Collaboration

Trust

Respect

PROVIDER NETWORK GROWTH FYE 2016 2nd Qtr- FY 2017 2nd QTR ENDING



Numbers in () denote figures ending October 2016

CONTRACT & ACCESS IMPROVEMENT

2nd Qtr ENDING FY 2017

STATUS	Hospitals	Physicians/ Medical Groups	Ancillary/ Outpatient	SNF/LTC
Pending	<ul style="list-style-type: none"> ➤ 2 Facilities - Acute care (2) 	<ul style="list-style-type: none"> ➤ 2 Provider Groups - Specialty - ENT 5 - Neuro-Surgery 8 	<ul style="list-style-type: none"> ➤ 1 Facilities/Providers - Cardiac Rehab 1 	None at this time
Outreach	<ul style="list-style-type: none"> ➤ 1 Facility - Acute Care/Rehab 	<ul style="list-style-type: none"> ➤ 7 Provider Groups - Multi-Specialty 50+ - Primary Care (2) 43 - Pediatrics (2) 7 - GI 4 - Orthopedics 18 	<ul style="list-style-type: none"> ➤ 4 Facilities/Providers - Acupuncture Services 23 - Bio-Reference Lab 1 - Nutritional Services 11 - Mobile Diagnostic X-ray 1 	None at this time

Numbers in **RED** represent total number of providers in each category

VALUE BASED/ALTERNATIVE PAYMENT CONTRACTING

- A shift toward increased collaboration between payors and providers, outcome-based payment is driving innovation in payment models and delivery system configuration.
- We are developing and implementing a suite of value-based incentive programs that reward care providers for improvements in quality and efficiency.



- *Payment Reform Strategy*
 - *Delivery System Strategy*
 - *Aligned Payor-Provider Strategy*

- We are supporting delivery systems as they become more integrated and accountable for cost, quality and experience outcomes.
- Alignment across our Network, Product and Clinical innovations will allow us to increase value for providers and consumers.

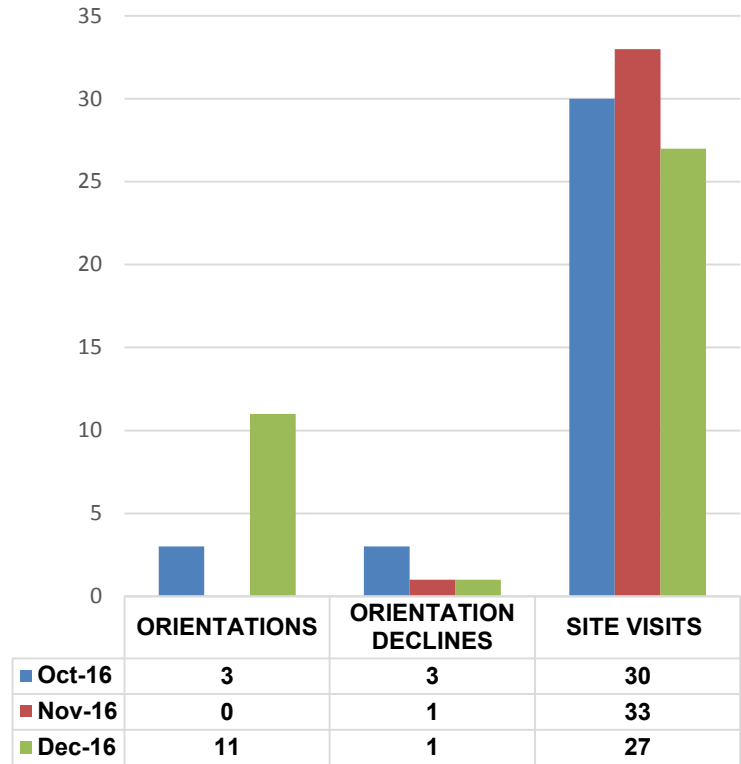
Provider Site Visits and Orientations

Provider Relations Representatives perform Orientations with newly GCHP contracted Providers and routinely visit provider offices. These visits create opportunities for providers to ask questions and for the representatives to deliver current information and materials. Visits may be pre-scheduled at the providers request to discuss specific issues or concerns and may include representation from other GCHP business areas.

Delegated groups are responsible to provide Orientation with new providers within ten (10) days of the providers effective date of hire.

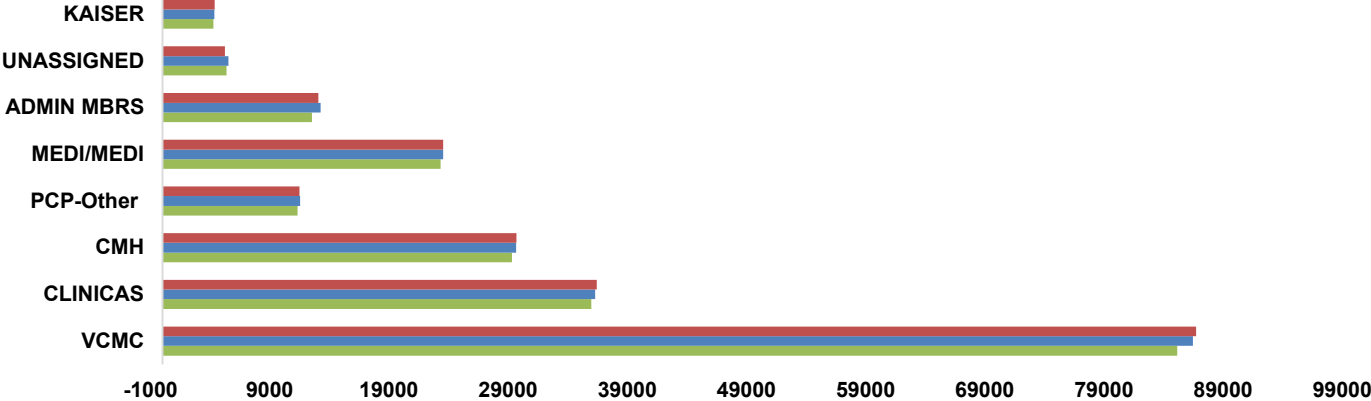
A total of 5 physician's declined Orientation in Q4 due to joining an established contracted group with GCHP. Established groups participated in previous Orientations therefore are familiar with GCHP policies and procedures.

Orientations & Routine Site Visits



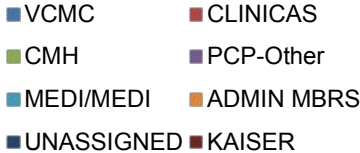
Member PCP Assignments

PCP Assignments



	VCMC	CLINICAS	CMH	PCP-Other	MEDI/MEDI	ADMIN MBRS	UNASSIGNED	KAISER
Nov-16	86718	36444	29689	11501	23532	13080	5228	4370
Oct-16	86466	36304	29676	11535	23533	13258	5530	4341
Dec-16	85142	35973	29321	11321	23343	12531	5367	4257

MEMBERSHIP ALLOCATION BY %



- Unassigned members are Newly Eligible/Enrolled
- Administrative Member(s)
 - Share of Cost (SOC): a Member who has Medi-Cal with a Share of Cost requirement.
 - Long-Term Care (LTC): A Member who is residing in a skilled or intermediate-care nursing facility and has been assigned an LTC Aid Code.
 - Out of Area: A Member who resides outside GCHP’s service area but whose Medi-Cal case remains in Ventura County.
 - Other Health Coverage: A Member who has other health insurance that is primary to their Medi-Cal coverage; this includes Members with both Medi-Cal and commercial insurance. Medi-Cal is the payer of last resort; therefore GCHP Members with other coverage must access care through their primary insurance.

AGENDA ITEM NO. 20

TO: Gold Coast Health Plan Commission
FROM: C. Albert Reeves, Chief Medical Officer
DATE: January 23, 2017
SUBJECT: Chief Medical Officer Update

HEALTH SERVICES UPDATE

Utilization data in the Health Services monthly update to the Commission is based on paid claims compiled by date of service and is lagged by 3 months to allow for partial run out of claims data. Claims data is complete at approximately 6 months. While incomplete, a 3 month lagged snapshot allows us to see an estimate of utilization without waiting for a more complete 6 month report. Administrative days are included in these calculations. Dual eligible members, Skilled Nursing Facility (SNF), and Long Term Care (LTC) data is not included in this presentation.

UTILIZATION SUMMARY

Inpatient utilization metrics for CYTD 2016 continue to be similar to slightly improved compared with CY 2015.

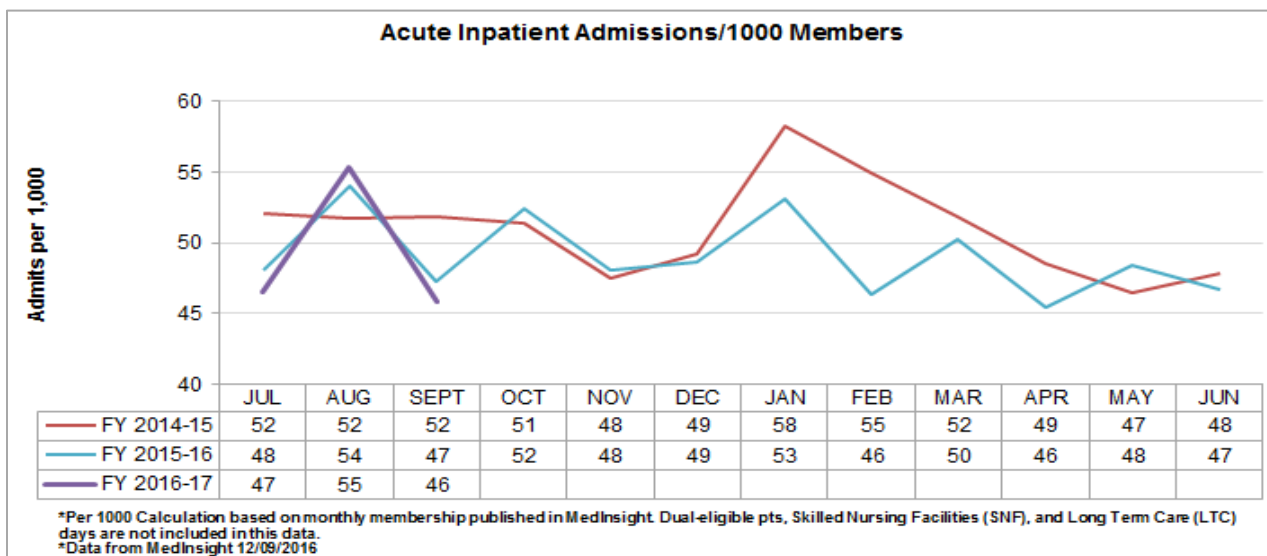
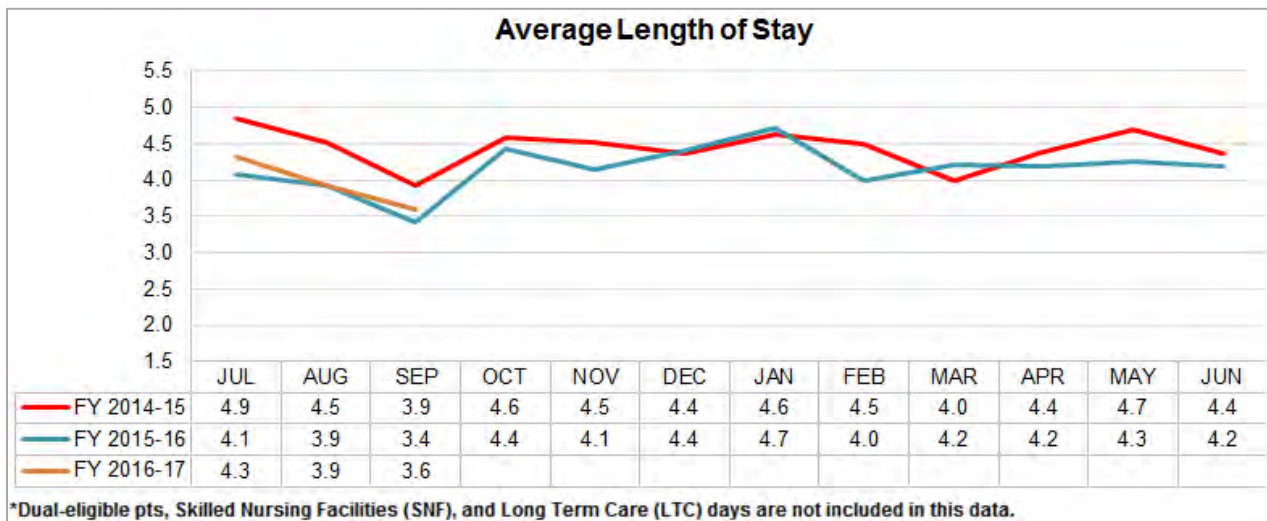
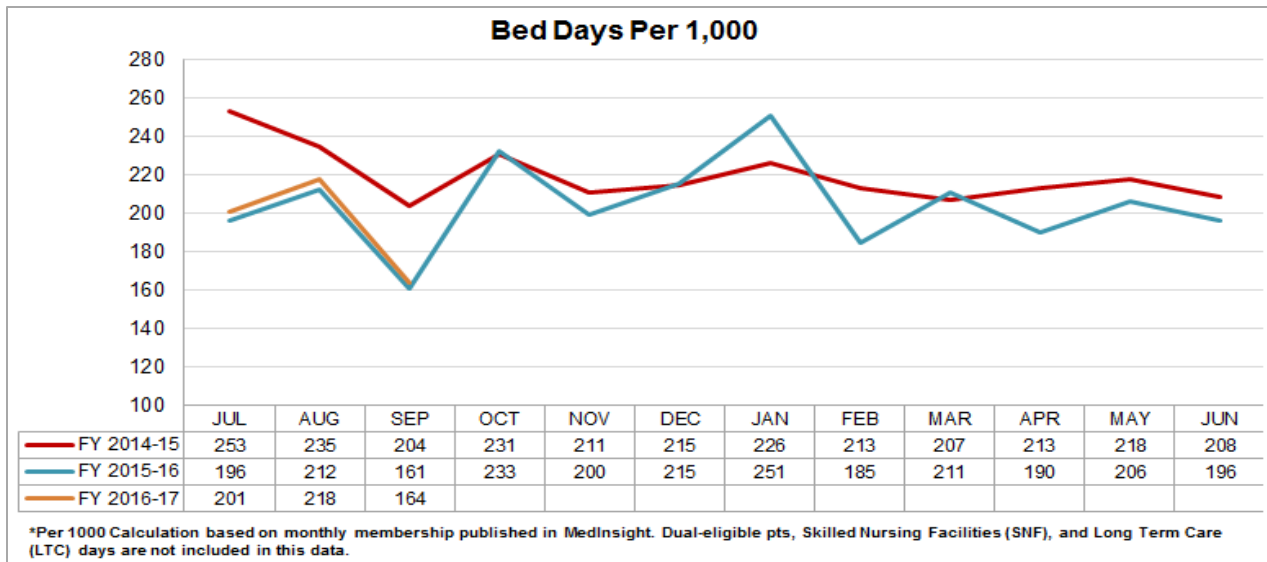
Bed days/1000 for CYTD 2016 show a 5% decrease compared to CY 2015. Adult Expansion members utilize the greatest number of bed days (40%) followed by SPD (34%) and Family members (25%).

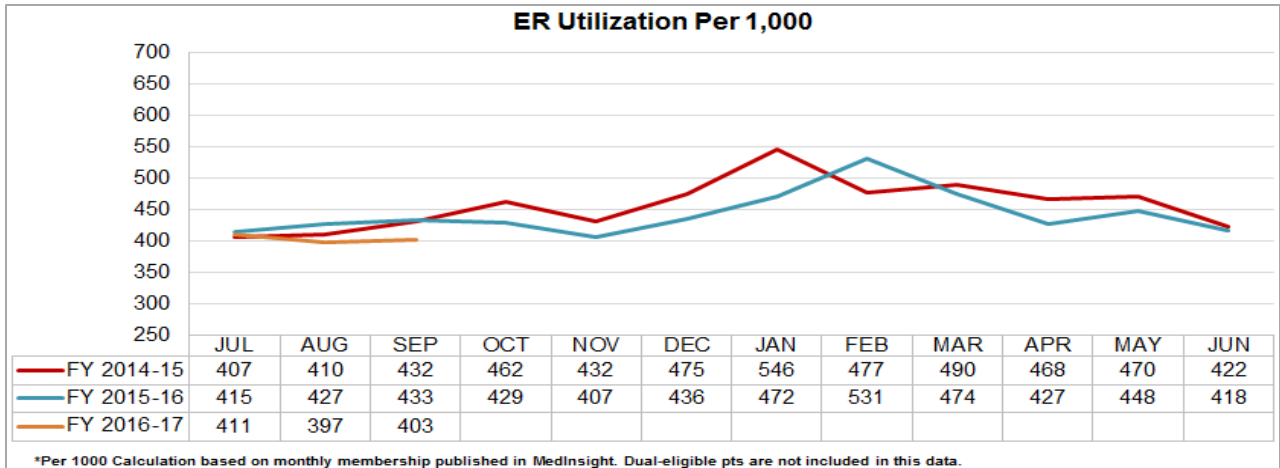
Average length of stay for CYTD 2016 (4.2) is similar to CY2015 (4.3).

Admits/1000 decreased about 3.5% from CY 2015 to CYTD 2016 (51 TO 49).

ED utilization/1000 decreased by 2% from Jan – September 2015 compared with Jan – September 2016. The family aid code group continues to utilize half of all ED visits followed by AE members at 32%.

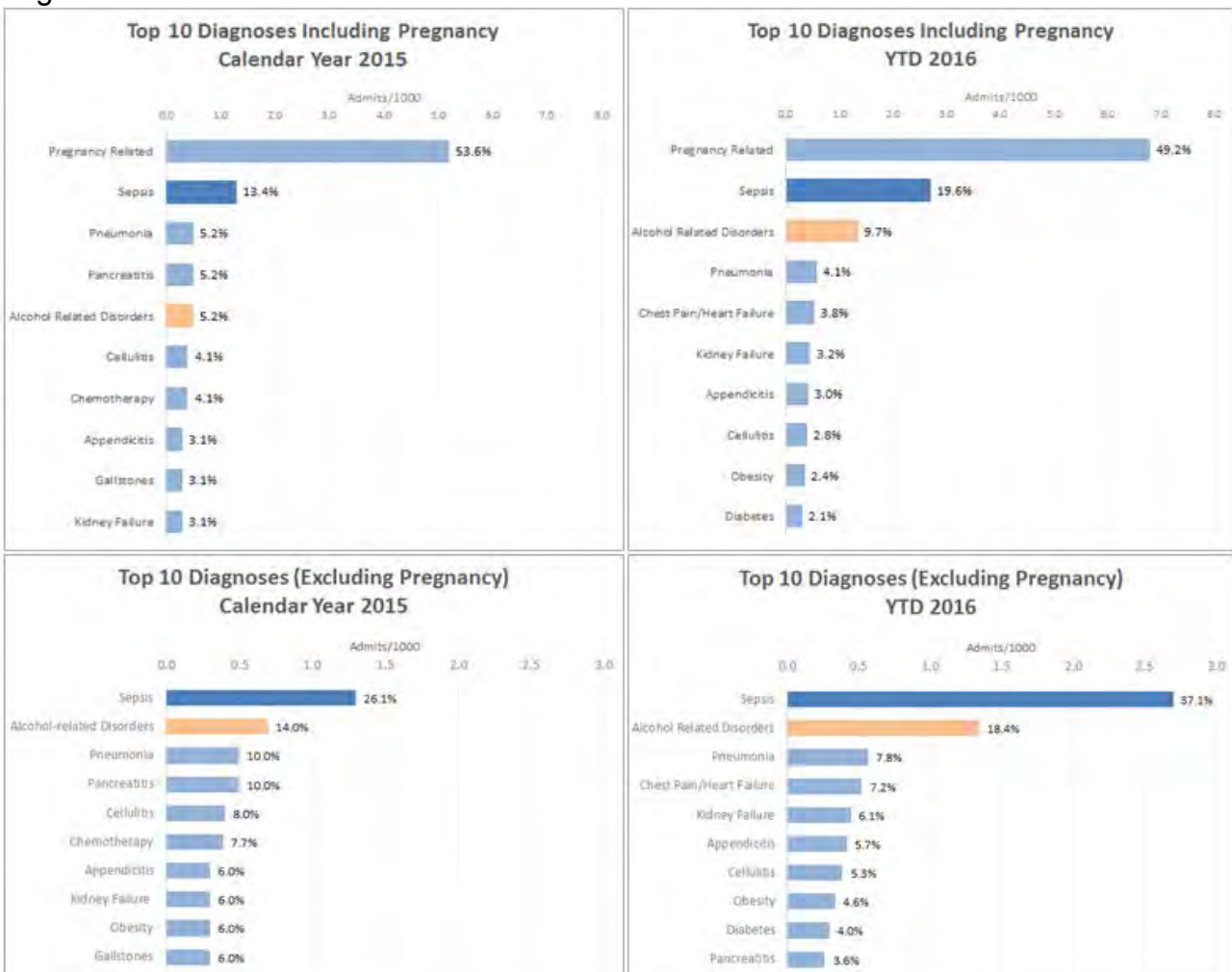
Benchmark: The September 17, 2015 DHCS Medi-Cal Managed Care Performance Dashboard reported 36 ER visits / 1000 member months statewide for all managed care plans for October 2013 – September 2014. GCHP ER utilization / 1000 member months for the same period was 38.





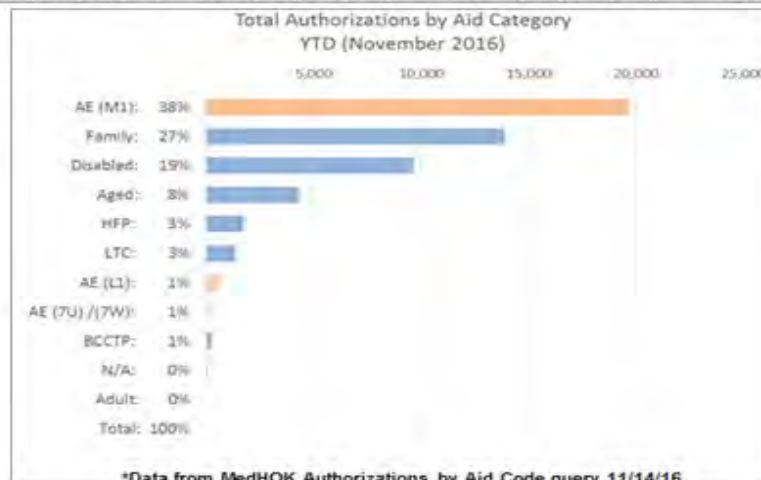
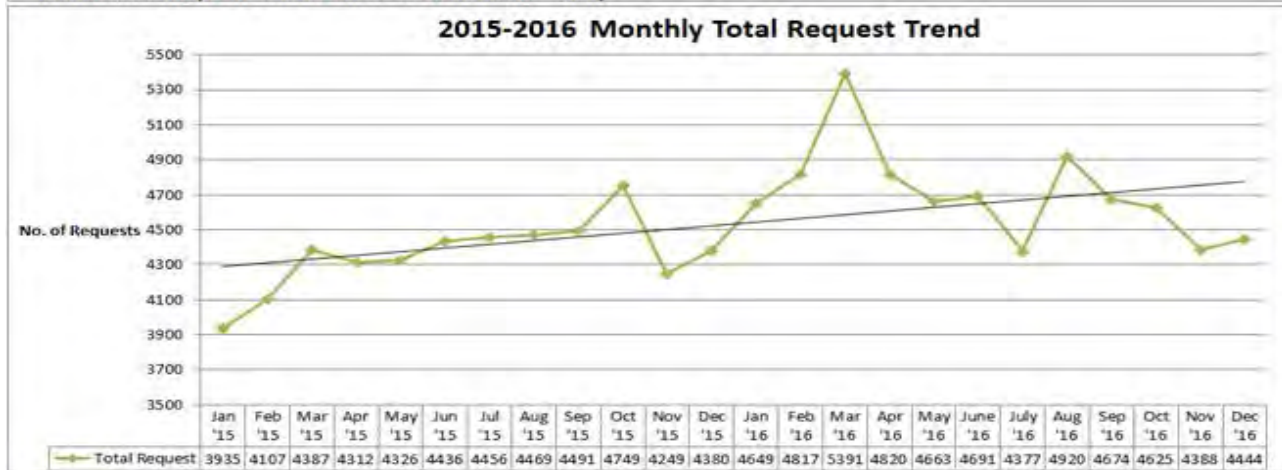
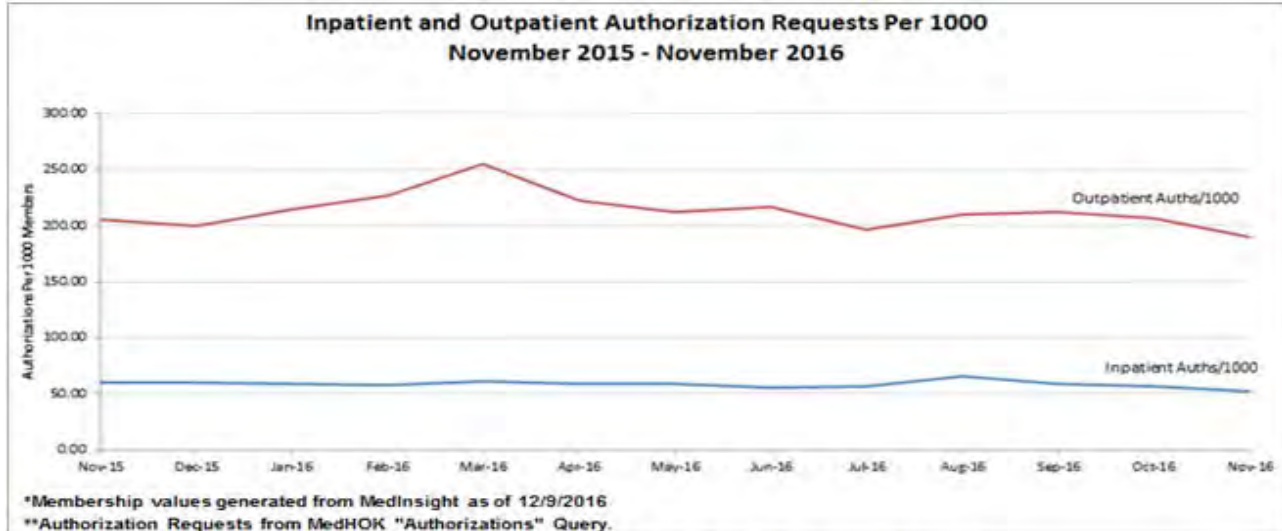
TOP ADMITTING DIAGNOSES

Pregnancy related diagnoses and sepsis continue to dominate top admitting diagnoses for CY 2016. For members admitted with a primary diagnosis of sepsis, secondary diagnoses were cancer, heart disease, liver or renal transplant, and diabetes were secondary diagnoses.



AUTHORIZATION REQUESTS

Requests for outpatient service outnumber requests for inpatient service by more than 4 times. Requests for outpatient service have declined to 214 requests/1000 members in CYTD 2016 from a peak of 255/1000 in March of 2016. Most outpatient service requests are for AE M1 members (38%) followed by Family members (27%).



COMMUNITY OUTREACH SUMMARY REPORT – Q4 2016

Summary

Gold Coast Health Plan (GCHP) continues to participate in community education and outreach activities throughout the county. The health education and outreach team maintains a positive presence in the community by working with various county public health departments, community based organizations, schools, senior centers, faith-based centers and social service agencies.

During the fourth quarter 2016 the department interacted with 2888 individuals in outreach activities. Below is a chart of activities during the fourth quarter of 2016:

Outreach Events – October

Date	Event
10/1/2016	Binational Health Week – Breast Cancer and Mental Health Awareness, Ventura
10/1/2016	2016 Multicultural Festival, City of Oxnard
10/1/2016	2016 Alzheimer's Walk, Oxnard
10/5/2016	Oxnard College Student Health Fair
10/7/2016	Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning
10/11/2016	Baby Steps Program hosted by Ventura County Medical Center
10/12/2016	Gold Coast Health Plan Information Booth and Presentation: Healthy Eating, Consulate of Mexico, Oxnard
10/15/2016	Binational Conference and Health Fair, Rio Vista Middle School, Oxnard
10/16/2016	Sai-Baba Medical Camp, Our Lady of Guadalupe Church, Oxnard
10/18/2016	Gold Coast Health Plan Information Booth and Presentation: Diabetes Self-Management, Consulate of Mexico, Oxnard
10/18/2016	Baby Steps Program hosted by Santa Paula Hospital
10/19/2016	Monthly Food Distribution Program & Health Services, Ventura
10/21/2016	TNT Taking it to the Teachers Mini Fair, Ventura County Office of Education
10/22/2016	Breast Cancer Awareness Health Fair hosted by Fillmore Active Adult Center in collaboration with Gold Coast Health Plan, Active Adult Center, Fillmore
10/24/2016	Food Day hosted by Ventura County Public Health – Champions for Change, Colonia Community Garden, Oxnard
10/26/2016	Gold Coast Health Plan Information Booth and Presentation: Asthma; Consulate of Mexico, Oxnard
10/26/2016	YMCA Camarillo Free Flu Clinic
10/26/2016	Tri-Counties Resource Fair, Oxnard
10/27/2016	Ventura College Student Health Fair, Ventura
10/27/2016	Community Market Produce Giveaway hosted by Moorpark Neighborhood for Family Learning
10/27/2016	Community Market Produce Giveaway hosted by Simi Valley Neighborhood for Family Learning
10/30/2016	Oxnard College Community Market Health Fair

Outreach Events – November

Date	Event
11/8/2016	Baby steps Program, Ventura County Medical Center
11/15/2016	Baby Steps Program, Santa Paula Hospital
11/16/2016	Monthly Food Distribution Program & Health Services
11/19/2016	GCHP 4 th Annual Diabetes Awareness Month
11/20/2016	Free Flue Clinic hosted by Dignity Health, Oxnard

Outreach Events – December

Date	Event
12/2/2016	Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning
12/11/2016	Jornada Dominical and Health Fair hosted by the Consulate of Mexico in Oxnard
12/11/2016	Santa to the Sea Health Fair and Fitness Expo, Oxnard
12/13/2016	Baby Steps Program, Ventura County Medical Center
12/17/2016	Ventura County Rescue Mission Toy Giveaway/Christmas Shoppe, Oxnard
12/20/2016	Baby Steps Program hosted by Santa Paula Hospital
12/21/2016	Monthly Food Distribution Program and Health Services
12/22/2016	Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning, Moorpark
12/22/2016	Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning, Simi Valley

For information about community outreach events and/or health education classes, please refer to the GCHP website community calendar. Events are listed in English and Spanish.

Community Health Fair and Forum

November was Diabetes Awareness Month. In an effort to increase awareness on the prevention of Diabetes, GCHP hosted a Community Health Fair and Forum on Diabetes.

Gabriel Guillen RN, BSN, MBA, Supervisor of Community Health Education at St. John's Regional Medical Center was the keynote speaker. Mr. Guillen discussed various methods of screening for diabetes and ways to prevent the onset of diabetes. The forum was conducted in Spanish with interpreting service available for non-Spanish speaking individuals.

Gold Coast Health Plan partnered with various health care agencies and community based organizations throughout the county to provide free health screenings including blood glucose, blood pressure, body mass index (BMI), and cholesterol. Flu shots were also provided.

A total of 70 individuals and their families attended the forum. GCHP partnered with Food Share and participants received a bag of fruits and vegetables for attending the event. We also had 31 attendees complete a satisfaction survey. A total of 13 agencies participated in the health fair.



The flyer is bilingual, with English on the left and Spanish on the right. It features a photo of a diverse family at the top. The event is titled "Community Health Fair and Forum" (English) and "Pláticas y Feria de Salud" (Spanish). The date is Saturday, November 19, 2016, from 10:00 am to 1:00 pm, held at the Oxnard Public Library. The guest speaker is Gabriel Guillen, RN, BSN, MBA, Supervisor of Community Health Education. Free health screenings include blood glucose, blood pressure, BMI, cholesterol, and flu shots. Resource booths are also available. Contact information for Member Services is provided: 1.805.437.5606 or TTY 1.888.310.7347. The Gold Coast Health Plan logo and logos of partner organizations like CLINICAS, SRE, Dignity Health, and Action are at the bottom.

Cultural and Linguistic Services

4th Quarter Program Update: October, November, and December

- A) Telephonic Interpreting Services
 - A total of 609 calls were made during Quarter 4, 2016
- B) Sign Language Interpreter Services
 - A total of 57 sign language requests received during Quarter 4, 2016

Sponsorships Requests (Q4 2016)

A total of \$12,300 was allocated to seven agencies under the Sponsorship program. Below is a summary of the program and funding approved:

Month	Agency/Organization	Approved Award Amount	Event/Org Summary
October	For The Troops	\$1500	6 th Annual Heroes Golf Tournament Fundraiser to send "We Care" packages to our deployed U.S. Military Service members.
	NAACP Ventura	\$1500	Annual Freedom Fund Award Banquet Fundraiser supporting achievements of our community leaders, individuals and small business throughout Ventura County.
	XVI Annual Binational Health Week	\$1500	Promotes health education activities, e.g., health outreach, workshops, health fairs and other essential health services, for immigrant populations in local community.
November	Orca Youth Rugby Club	\$2500	Supporting player scholarships regardless of race, creed, athletic ability, experience or economic status.
December	Camarillo Hospice	\$1800	Serving the local community who may need the practical and emotional support, caregiver respite, friendly visiting, bereavement support and grief counseling free of charge.
	Inlakech Cultural Arts Center	\$2500	Committed to cultural enrichment of the lives of the underserved at-risk youth of Ventura County by emphasizing the Mexican culture through art, music, dance and theater.
	VC Medical Resource Foundation	\$1000	To improve, in partnership with others, access to needed healthcare for the most vulnerable and underserved residents of Ventura County.



Pharmacy Trend Review

Review of Pharmacy Costs

Annie Freese, Pharm.D., Director of Pharmacy

Integrity

Accountability

Collaboration

Trust

Respect

Pharmacy Cost Drivers

Components of Costs

- Drug Costs:
 - Ingredient Cost
 - Dispensing Fee
 - Professional Service Fees
- PBM Costs:
 - Administrative Fees
 - Prior Authorization Costs

Drivers of Cost

- Unit Cost
- Utilization
- Mix
- Traditional vs. Specialty

Department Efficiencies

Pharmacy Department Changes

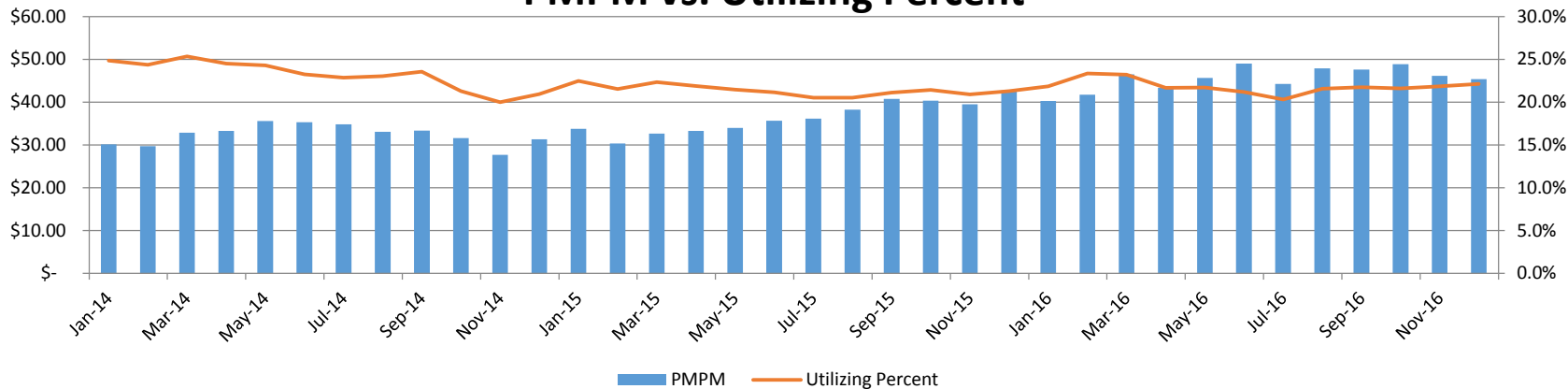
- Removal of Ineffective PAs
- Enforce Payment by Other Health Coverage
- Eligibility File Corrections
- Development of Drug Utilization Review Standards

DHCS Assessments

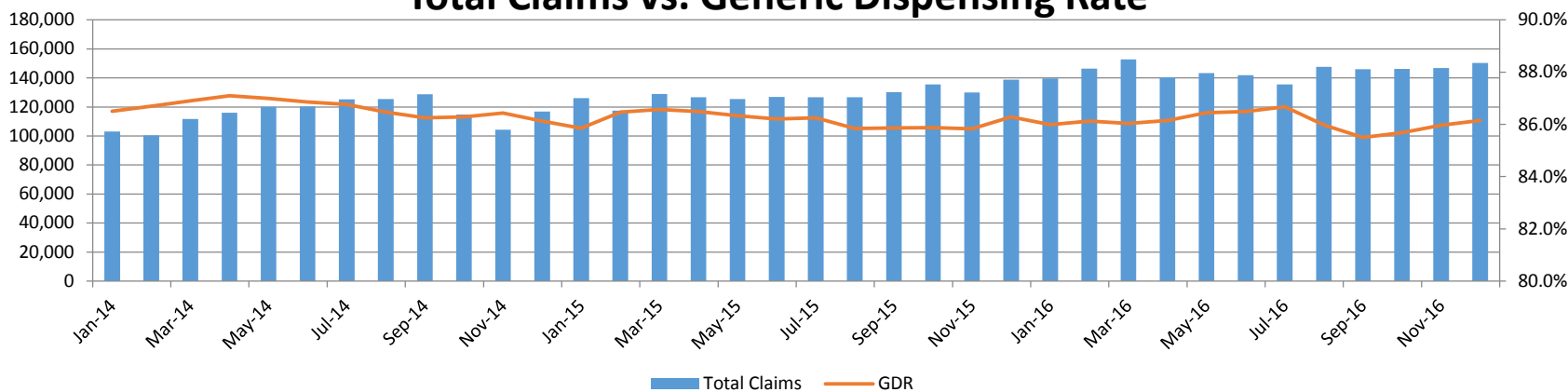
- Maximum Allowable Costs
- Avoidable Spend – Medicare Parts B and D
- Clinical Edits: Standard DUR

Pharmacy Cost Trends

PMPM vs. Utilizing Percent

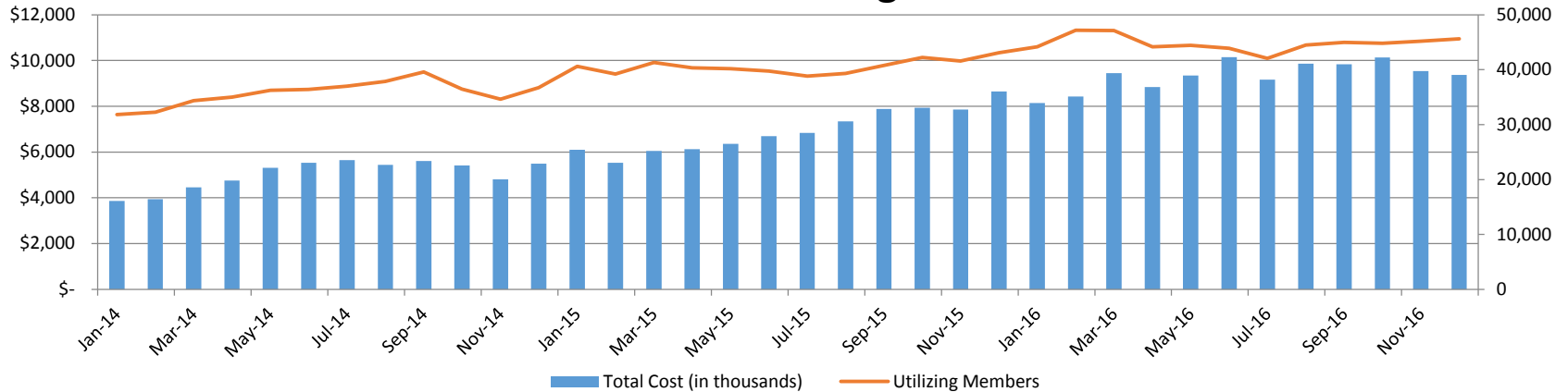


Total Claims vs. Generic Dispensing Rate

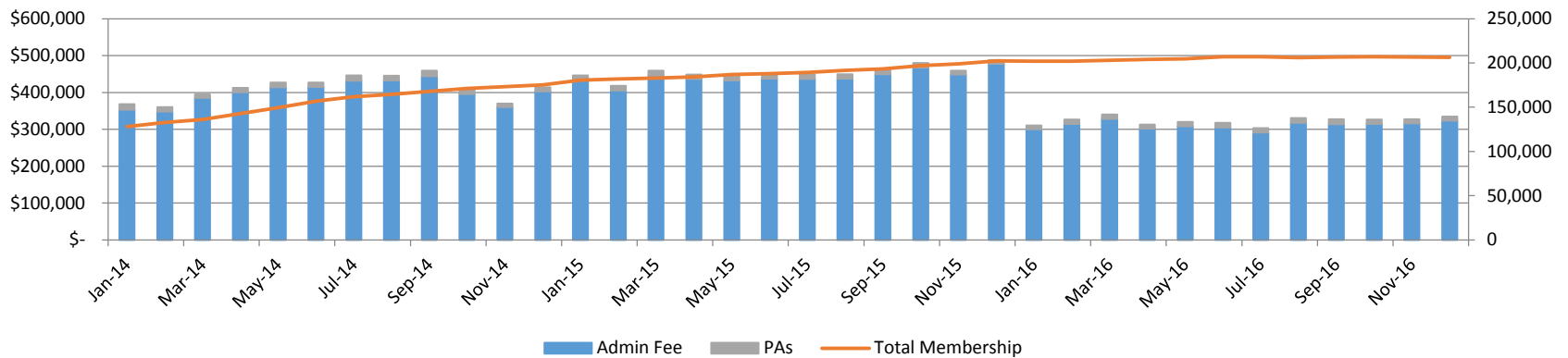


Pharmacy Cost Trends (cont.)

Total Cost vs. Utilizing Members

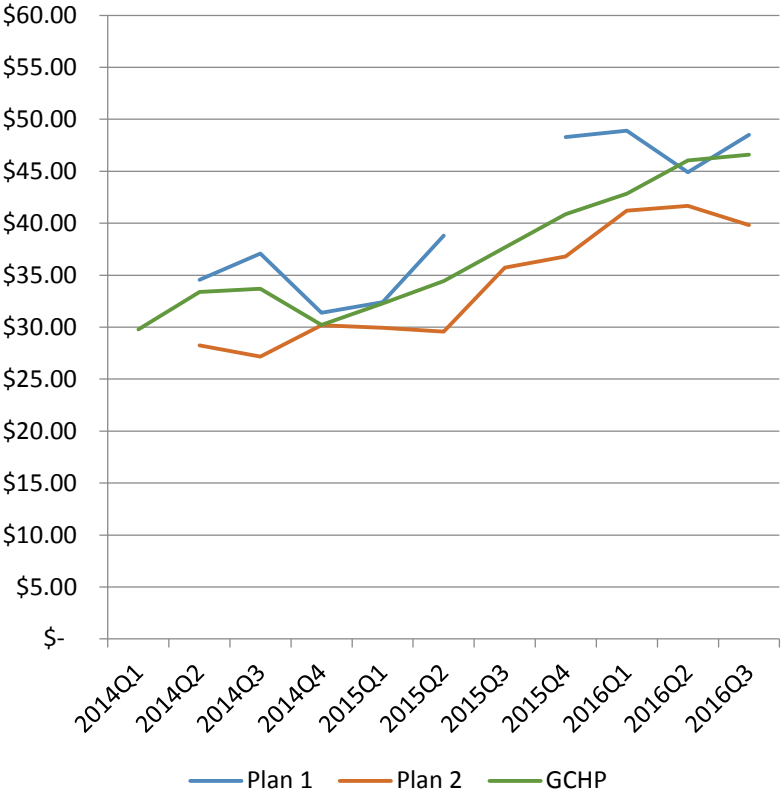


PBM Administration Fees vs. Total Membership

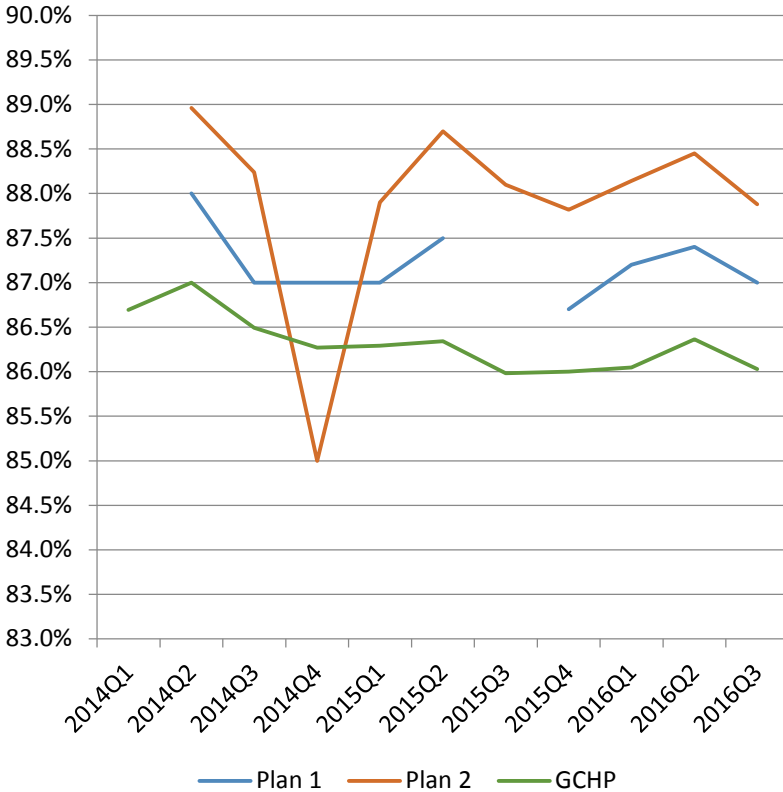


Trends Comparisons

PMPM Cost

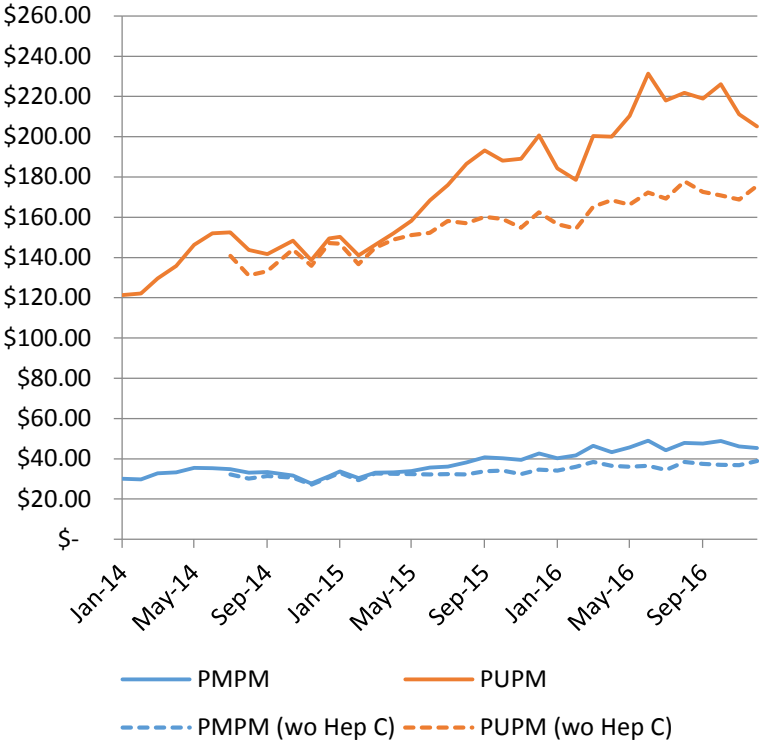


Generic Dispensing Rate

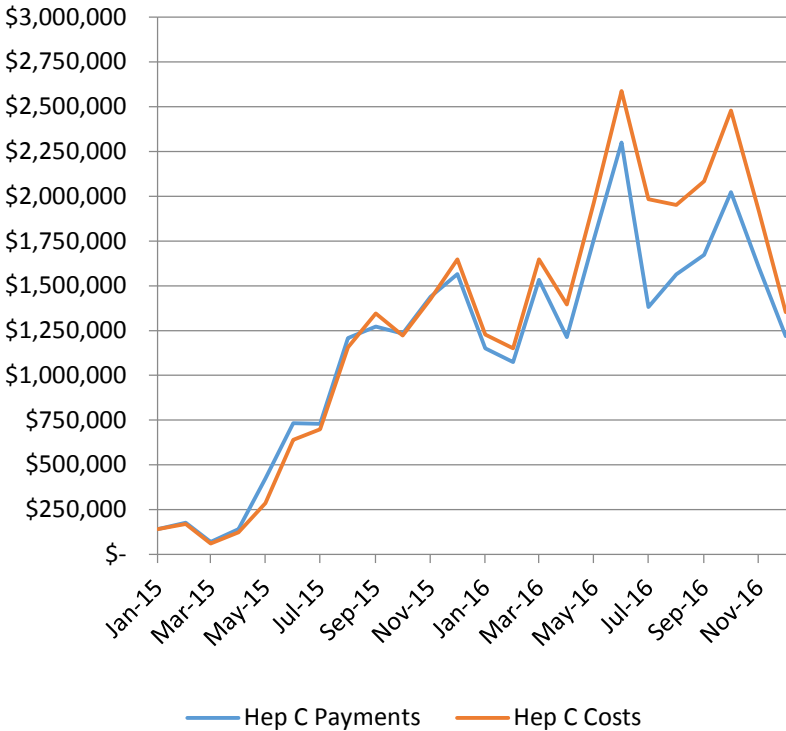


Hepatitis C Focus

PMPM and PUPM Costs With and Without Hep C

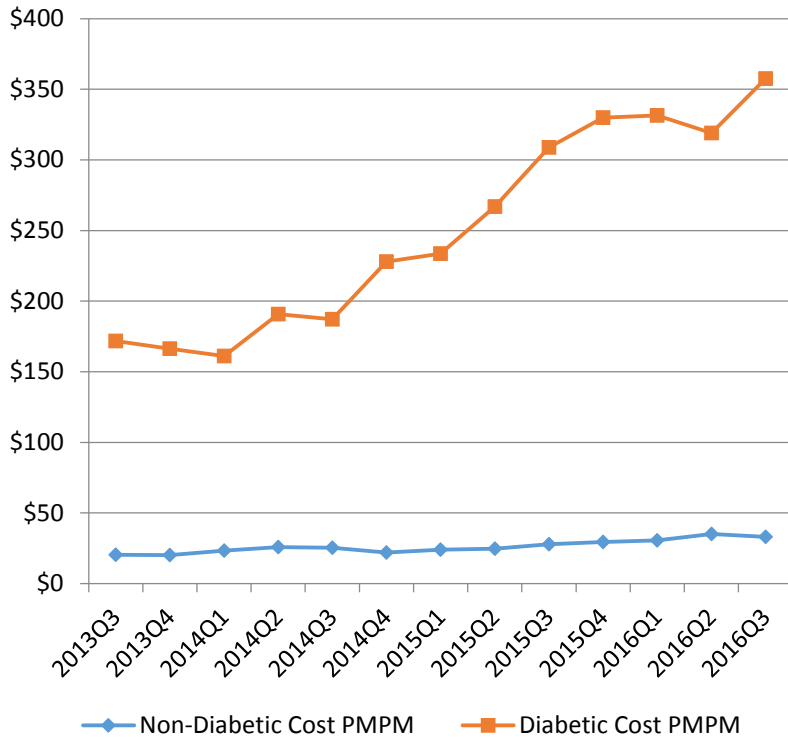


Costs vs. Expected Kick-Payment

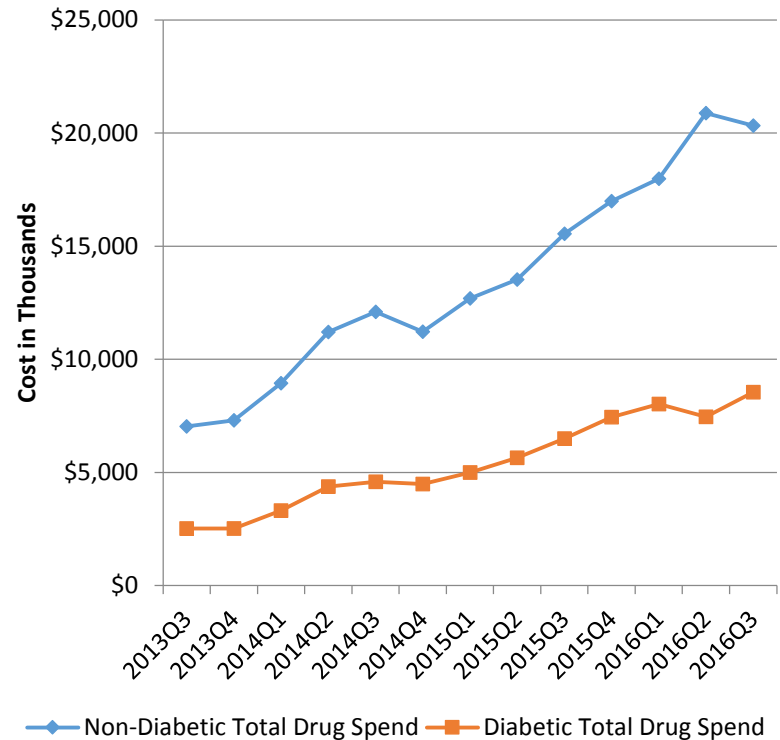


Diabetes Focus

PMPM Diabetic vs. Non-Diabetic



Total Drug Spend Diabetic vs. Non-Diabetic



AGENDA ITEM NO. 21

TO: Gold Coast Health Plan Commission

FROM: Melissa Scrymgeour, Chief Information and Strategy Officer

DATE: January 23, 2017

SUBJECT: CISO Update

The Plan held our annual strategic planning session with the Commission during the November 9, 2016 special Commission meeting. During this session, staff provided an update on how we are progressing against our strategic objectives:

1. Health Care Leader Committed to Access and Quality
2. Collaborative Community Partner
3. Fiscal Steward of Public Funds
4. Strategic Business Partner
5. Employer of Choice Committed to Diversity
6. Positioning for the Future.

These six objectives are the foundation of the work we do and our mission to improve the health of our members, with a “member first” focus.

Highlights include:

- Continued strengthening of Plan financials allowed GCHP to repay a \$7.2MM county line of credit and invest more healthcare dollars back into the community:
 - \$1.2MM approved for a pay for performance (P4P) program to improve access to pediatric care.
 - >\$100k allocated in funding for homeless recuperative care, meal delivery to seniors, and Opioid kits.
 - \$42MM in increased payments to providers over the last fiscal year.
- Sponsorships and community collaborations to improve health outcomes: American Diabetes Association (ADA) Wellness Event and Asthma Pilot.
- Collaborations to address social determinants of health in the community: WIC, Food Share, Food Pantry Center, Housing Authority, Youth and School Based Programs, SPD.
- Reinstated GCHP Provider Advisory Committee in July 2016.
- Establishing Plan as a Medi-Cal thought leader and strategic community partner through participation in: VC Behavioral Health Advisory Board, VCHCA Whole Person Care Pilot, HUD/VC Continuum of Care Alliance Board of Directors, and Hospital Association of Southern California (HASC) Medi-Cal Task Force.

- Enhanced employee benefits, established the foundation for our diversity program, and expanded staff training, including cultural sensitivity training for all employees.

FY16/17 Project Portfolio

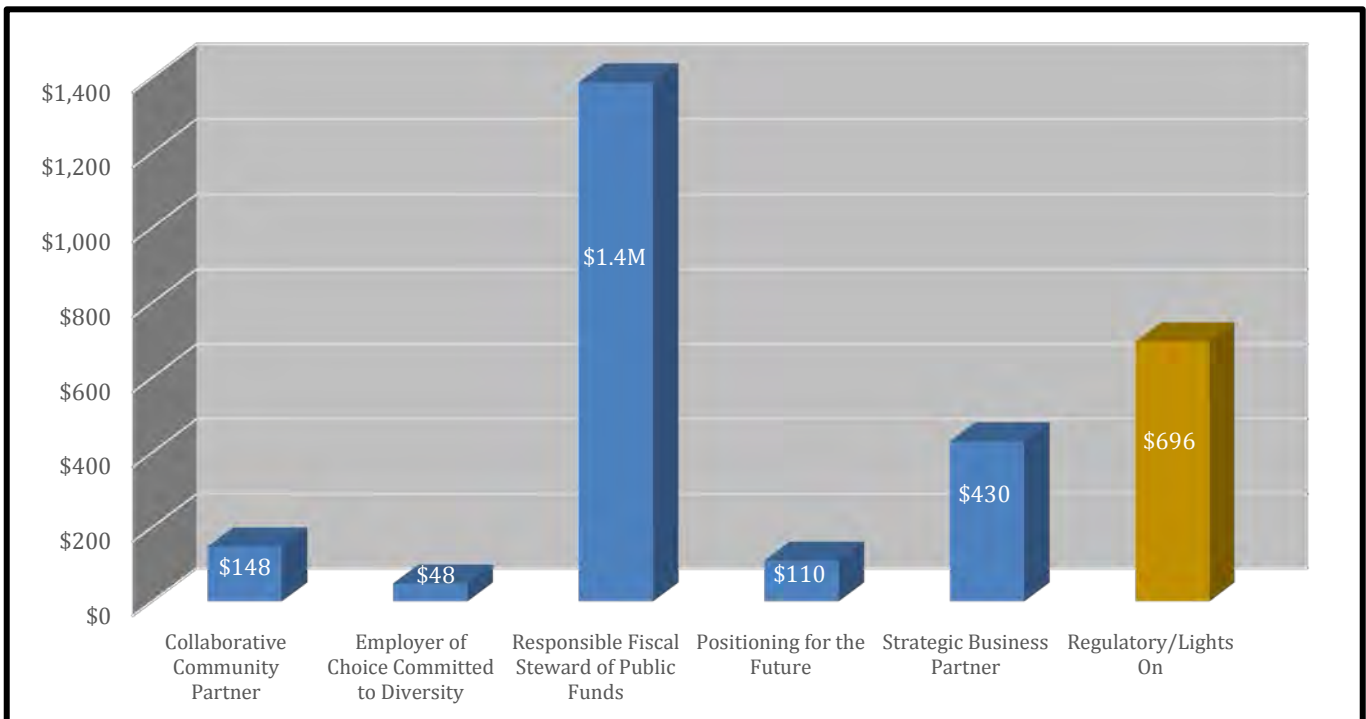
Q4 2016 Highlights:

- Project kickoff for Optum PBM Implementation; project currently on-schedule for 6/1/2017 go-live.
- Completed implementation of Inovolan, the Plan’s new HEDIS vendor. This includes an increase from quarterly to monthly HEDIS reporting, allowing a more proactive approach in partnering with our providers to improve member care.
- Began implementation of new software to improve capabilities and efficiencies for forecasting and budgeting.
- Kicked off procurement process for provider credentialing, contracting and data maintenance software. This technology will provide efficiencies and improvements in the Plan’s ability to facilitate and manage provider contracting, credentialing and data management functions, supporting our “easy to do business with” goals.

Additionally, project intake work is currently underway for the following:

- Planning for MedHOK Medical Management System (MMS) upgrade – Includes improved case management user interface that will lead to business process improvements and decreased administrative overhead.
- Administrative Services Organization (ASO) Contracting & RFP development.
- Evaluation of Mental Behavioral Health Organization (MBHO) contract performance and delivery options for mental and behavioral health benefits.
- Planning for implementation of SB 1004 and Palliative Care benefit. SB 1004 establishes standards and provides technical assistance for Medi-Cal managed care plans to ensure delivery of palliative care services.

Table 1: FY 16/17 GCHP Project Portfolio Budget (\$000)





AGENDA ITEM NO. 22

TO: Gold Coast Health Plan Commission
FROM: Danita Fulton, Human Resources Director and Interim Chief Diversity Officer
DATE: January 23, 2017
SUBJECT: Human Resources/Cultural Diversity Subcommittee Update

VERBAL PRESENTATION