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GOLD COAST HEALTH PLAN

October 8, 2010

Dear Doctor:

Ventura County's new County Organized Health System is officially named **Gold Coast Health Plan**. We are excited and proud to be the first new Medi-Cal Managed Care plan to form within the last 15 years. Our mission is simple: *To improve the health of our members through the provision of the best possible quality care and services.* This will be accomplished through the provision of excellent medical care and supportive services by our contracted network of physicians and providers. There are about 110,000 current Medi-Cal beneficiaries locally that our new plan is being designed to serve and we are looking to begin operations in February 2011. The Plan is operated as a non-profit public entity by the **Medi-Cal Managed Care Commission** which is broadly representative of our both public and private community, physicians, hospitals, and beneficiaries. For more details, please go to our website: <http://vchca.org/cohs>.

We firmly believe that by focusing our energy and attention on our local area and its resources we can do a better job of caring for our local Medi-Cal beneficiaries. That means better access to high quality health care and cost efficiencies that are not possible within the confines of the current system. Since our Plan will be locally owned, controlled and operated we are confident that we can do a much better job of being "user-friendly" to providers of care. We have committed that our systems, processes, and personnel will be more responsive, more fair and equitable, and more accurate in claims payment and processing turn-around time. Our intent is to design and implement financial incentives to reward our participating physicians for providing excellent quality care and cost effective services to our eligible enrolled Members. **Gold Coast Health Plan's payments will be no less favorable than current Medi-Cal fee-for-service rates.** Our goal is to generate the most favorable outcomes at least cost and keep as much of the health care dollar locally, with our participating hospitals and physician stakeholders.

We are seeking a non-binding expression of interest from local community physicians - willing to join with us in this outstanding opportunity to proactively modify the operating environment and take part in the exciting changes and rewards that will be coming. Enclosed is a simple Letter of Intent indicating your willingness to seriously consider affiliating your practice with the other dedicated professionals who will be forming our county-wide network. We are currently working with all hospital facilities in Ventura County. We ask that you please complete the form

and return it to us within 7 days so that we can begin the process of including you in our Plan as we move forward. Upon receipt of your signed Letter of Intent, we will respond with a Physician Credentialing Application and sample Physician Service Agreement.

We hope you will give this consideration and respond quickly. Thank you in advance for your expression of interest in joining with us as we move forward. We are confident that we will earn and keep your trust.

Sincerely,



Terrie Stanley, RN, MPA, CPHQ

Interim Chief Executive Officer

Encl: Non-binding, Physician Letter of Intent

PLEASE SIGN AND COMPLETE WHERE INDICATED. RETURN TO GOLD COAST HEALTH PLAN.

TO: Gold Coast Health Plan

This is to signify that I, the undersigned, have been briefed on the formation of a new **County Organized Health System** to be known as **Gold Coast Health Plan**. I understand that a non-profit public entity will operate a new Managed Care Plan to serve Medi-Cal eligible residents of Ventura County, California.

I, the undersigned, believe that a local organization that is comprised of and controlled by a body representing local residents, public and private hospitals, and local physicians has the best chance of doing a better job in caring for Medi-Cal beneficiaries. I have been informed that the Plan's mission is *"To improve the health of our Members through the provision of the best possible quality care and services."*

In light of these understandings and beliefs, I, the undersigned, hereby agree to seriously consider becoming a Participating Physician in the Gold Coast Health Plan's Provider Network. If I were in fact interested in providing professional services to enrolled Medi-Cal Members of Gold Coast Health Plan, I will be participating in this Network at no cost.

This Letter of Intent is executed solely as a non-binding, no-risk indication of my interest in reviewing a Physician Credentialing Application and sample Physician Service Agreement before agreeing to proceed any further. Please provide me with the aforesaid materials to review in order to decide if I wish to participate in this program.

Signature of Physician: X _____

Printed Name: _____

Specialty: _____

Street Address and Suite Number: _____

City and ZIP Code: _____ CA _____

City

ZIP

Phone Number: _____

_____, 2010

Month

Day