

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

DATE: Monday, December 20, 2010

TIME: 3:00-5:00 pm

PLACE: 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

AGENDA

1. **Call to Order, Welcome and Roll Call**
2. **Approval of Minutes of November 15, 2010 Meeting**
3. **Public Comment / Correspondence**
4. **CEO Update**
5. **Financial Report**
6. **CEO Hiring Authority**
7. **Provider Contracts**
8. **Auto-Assignment of Beneficiaries without PCP Selection**
9. **HELA Response: Beneficiary / Advocate Commissioner**
10. **HELA Response: Executive Recruitment Process**
11. **Commission and Executive / Finance Committee 2011 Meeting Dates**
12. **Election of Board Chair and Vice-Chair**
13. **Accept and File Executive / Finance Committee Minutes**
 - a. **October 25, 2010**
 - b. **November 10, 2010**
 - c. **December 13, 2010**
14. **Public Filming**
15. **Comments from Commissioners**
16. **Adjournment**

Meeting agenda available at www.vchca.org/cohs

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT TRACI AT 805/981-5320. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Commission Meeting Minutes
November 15, 2010**

It was decided that Commissioner Long would act as Chair.

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair Pro-tem Long, called the meeting to order at 3:00 p.m.
The Pledge of Allegiance was recited.

2. WELCOME AND ROLL CALL

COMMISSION MEMBERS IN ATTENDANCE

David Araujo, MD, Director, Ventura County Medical Center Family Medicine Residency Program
Maylee Berry, Medi-Cal Beneficiary Advocate
Anil Chawla, MD, Physician, Clinicas del Camino Real, Inc.
John Fankhauser, MD, Physician, Ventura County Medical Center Executive Committee
Rick Jarvis, Private Hospitals / Healthcare System
Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.
Kathy Long, Ventura County Board of Supervisors
Tim Maurice, Private Hospitals/Healthcare System

EXCUSED / ABSENT COMMISSIONERS

Michael Powers, Director, Ventura County Health Care Agency
Lanyard Dial, MD, Physician, Ventura County Medical Association
Catherine Rodriguez, Ventura County Medical Health System

STAFF IN ATTENDANCE

Earl Greenia, CEO
Tin Kin Lee, Legal Counsel
Traci R. McGinley, Interim Clerk of the Board

Bob Beltrans, Interim Chief Medical Officer
Connie Davidson, Interim Member Services Director
Darlane Johnsen, Interim Chief Financial Officer
Candice Limousin, Interim Human Resources Director
Paul Roberts, Interim Provider Relations and Provider Contracting
Jim Swoben, Interim Information Technology Director

GUESTS IN ATTENDANCE

Jennifer Bower, Human Resource Director, RGS-LGS
Terrie Stanley, Former Interim CEO, Ventura COHS

Chair Pro-tem Long introduced and welcomed the new CEO, Earl Greenia.

4. PUBLIC COMMENT / CORRESPONDENCE

Member of the public, Bob Rossi, inquired as to whether the Commission received funding from the State for dental services. He added that he hoped the State would not cut the Medi-Cal Program any further.

David Cruz, HELA President, asked if the Agenda was still hosted on the County's website as he was unable to locate the information for this meeting. He again expressed his concern with VCOMMCC having office space in a County building and that Commissioner Berry does not speak Spanish.

Commissioner Fankhauser stated that he had not previously heard of HELA and could not locate information about HELA as a non-profit organization. He asked who was on the Board and when they met. Commissioner Fankhauser then asked about the history of the relationship between HELA and Clinicas.

Mr. Cruz responded that he is in the media business, had previously done work for Clinicas, but HELA is not connected to Clinicas.

Commissioner Juarez indicated that he disapproved that Commissioner Fankhauser tried to tie HELA and Clinicas together. He added that other Commissioners have a Conflict of Interest because they are paid by the County.

Commissioner Berry explained that the Commission was established by the Board of Supervisors and appointees were selected based on specific criteria per seat for the benefit of all people in the County, not one segment or another. She explained that she has always been an advocate.

With regard to the Agenda Packet being on the WEB, Commission Chair pro-tem Long explained that there had been a fire at the County facility on Friday and most likely caused the problems with the Agenda on the WEB. She then stated that other points brought up by Mr. Cruz would be addressed in the future by CEO Greenia.

Discussion was held as to the use of multiple languages at the meetings.

Miguel Cervantes, MD, Director of Las Islas Family Medical Group, introduced himself and explained that his entire career has been in this community, and he is affiliated with Ventura County Medical Center. The Group serves a large population of Medi-Cal and Spanish. He explained that he is proud of the work they do; we had 63,000 visits last year. His goal in coming to the meeting was to introduce himself to the Commission.

Marco Benites stated that Commissioners need to understand the people and the community that they represent.

Commission Chair pro-tem Long reminded those in attendance that there would be an outreach group.

Paul Lorenz, Deputy Director, Health Care Agency, stated that he has been there for twenty years and takes great pride, especially of the work with organizations that are underserved. He added that

these are different times in healthcare and we all need to understand how and where to strengthen. We are having record year in providing access and want to make sure everyone has access to health care.

Salvador Palomo (spoke in Spanish, Mr. Cruz translated), stressed to the Commission that many people do not know English well enough to say what needs to be said. Has lived here for 7 years, but there are still barriers. People want to cooperate so that their needs are understood. He informed the Commission that the type of care they receive is not due to a lack of resources, people are not being treated with respect or dignity and requested the Commission investigate these cases.

3. REVIEW AND APPROVE MEETING MINUTES

The Minutes of October 25, 2010 Commission meeting were presented for review and approval.

Commissioner Maurice noted that the second in Item 12 was not correct (*it should have read ... Commissioner Dial seconded...*)

Commissioner Maurice moved to approve the October 25, 2010 minutes as amended; Commissioner Berry seconded the motion then carried. **Approved 8-0.**

5. CEO REPORT

CEO Greenia reviewed his written report discussing the guiding principles, operating pillars, and key strategic levers. He then introduced the staff on hand and explained the next steps being taken. An updated Workplan report was also provided.

We have received 70 letters of interest from providers, not counting Clinicas and County.

He advised the Commission that Terrie Stanley has been readily available to assist in the leadership transition and is here again today and has been very helpful in every manner.

No action was required by the Commission.

6. AUTO ASSIGNMENT FOR BENEFICIARIES WHO FAIL TO SELECT A PRIMARY CARE PROVIDER

CEO Greenia explained that this was scheduled for the November 15, 2010 Committee Meeting, which was canceled due to a lack of quorum. He requested guidance from the Commission as to whether dialogue should still occur on this matter.

Discussion was held with regard to the Agenda problem, to which Counsel Tim Ken Lee explained that regardless of obtaining the full packet in time, the meeting was noticed correctly therefore the items can be discussed.

CEO Greenia explained that at the previous Executive / Finance Committee there was constructive dialogue, but it was decided to adhere to the original definition. It was also noted that the item was continued for further discussion. The Committee is not sure that all entities have been addressed as well as who were providers and who was not.

Terrie Stanley explained that auto-assignment does not apply for members that selected a provider. If someone does not select their doctor, the system looks for the next available provider. It is not meant to circumvent, it is the default process. Historically most provider's doctors are not open to.

James Ward, of Clinicas, stated that he didn't believe the Commission should want open access as that would hurt the safety net providers.

The Commission asked for more information on what other plans have done. Terrie Stanley responded that they have varied plan to plan.

Commissioner Araujo moved to send this item back to the Executive / Finance Committee. Commissioner Chawla seconded, the motion carried. **Approved 8-0.**

7. BENEFICIARY / ADVOCATE COMMISSIONER

CEO Greenia reviewed the information provided. No action was taken by the Executive / Finance Committee with the exception of noting that the appointments are by the Board of Supervisors. CEO Greenia indicated that staff will gather any additional information needed.

Chair Pro-tem Long moved that a response be drafted and sent to HELA. Commissioner Araujo seconded the motion then carried. **Approved 8-0.**

8. ACCEPT AND FILE MINUTES OF EXECUTIVE / FINANCE COMMITTEE MEETINGS OF OCTOBER 24, 2010 AND NOVEMBER 20 2010

No action was taken by the Commission.

9. FINANCIAL OVERVIEW

Cash flow statement as of October 31, 2010, there is no Capitation Premium, but Net cash flow from operating activities is \$86,434.00. The Net increase in cash and cash equivalents is \$243,566.

10. ELECTION OF BOARD CHAIR AND VICE-CHAIR

Discussion was held that the Executive / Finance Committee did bring forward maintaining the current Chair and Vice-Chair, Michael Powers and Lanyard Dial, respectively.

Consensus was that this item would be on the December Agenda.

COMMENTS

Commissioner Juarez stated that he will not be available for the December 8, 2010 meeting.

ADJOURNMENT

Chair Pro-tem Long Adjourned the meeting at 4:43 p.m.

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

DBA Gold Coast Health Plan
- a public entity

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AGENDA ITEM 4

GOLD COAST HEALTH PLAN

**Chief Executive's Monthly Report to Commission
December 20, 2010**

PEOPLE

Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

John Fankhauser
Physician
VCMC Executive Committee

Rick Jarvis
Private Hospital /
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Supervisor Kathy Long
Ventura County
Board of Supervisors

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

Catherine Rodriguez
VCMC Health System

I am pleased to announce that we have a talented individual to assist with member services and project management. Andre Galvan joined our team on December 6 and has already made important contributions. Andre holds a MHA from the University of Southern California and earned his BA in Communications from Columbia College in Chicago. Most recently he was a Project Manager with WellPoint/Blue Cross of California in Thousand Oaks where he focused on hospital & medical group relations.

Recruitment and Selection interviewing is underway for following positions:

- Director, IT
- Director, Government Relations (candidate identified; background check underway)
- Director, Provider Relations
- Director, Health Services

We are researching and authoring job descriptions for future manpower requirements.

We have contacted vendors for translation-interpretation services for Commission meetings and hope to finalize selection before the January meeting.

We have finalized our space and interior design plan to maximize space for manpower yet contain costs. Furniture requirements have been defined and goods ordered. All plans expected to come in under or at budget plan.

Our HR and Organization Chart have been updated and shared with DHCS.

QUALITY

Dr. Beltran continues his efforts to establish relationships with his peers in the medical community and other COHS CMOs. Most recent activities include:

- Creating a Physician Advisory Council
- Developing health plan Policies
- Attending the Medi-Cal Managed Care Division Medical Directors.
- Creating a Credentials and Quality Committee membership

SERVICE

Commission Staff:

Earl Greenia
Chief Executive Officer
Gold Coast Health Plan
E. Gonzales Road,
Suite 200
Oxnard, CA 93036

Phone: (805) 981-5320

In his first two weeks, Andre Galvan has initiated GCHP's community outreach project to better inform, education and connect with agencies that represent or work with Medi-Cal beneficiaries; including Tri-County GLAD and First 5 Ventura County. He has scheduled a meeting with the business development manager of Lazer to explore opportunities to use radio in our out-reach efforts. Additionally, he has taken the lead on reviewing member handbooks and other materials from other COHS as a model to develop our printed materials.

FINANCE & TECHNOLOGY

Darlane Johnsen continues to make progress on various issues; recent activities include:

- Updated the Cash-Flow Forecast
- Conference call with Milliman to better understand rates and prepare for negotiation with state.
- Initiated contact with banks
- Initiated contact with brokers to discuss E&O and reinsurance products
- Continue meetings with ACS to help facilitate completing deliverables

Connie Davis continues to coordinate with the ACS Team and others to ensure that outsourced functions provide superb service to our members. Some recent accomplishments:

- Participated in a two day on site kick off meeting with the full ACS and GCHP leadership team.
- Established standing focused IT and Operations work sessions with ACS, currently concentrating on IT, Eligibility, Member Services/Enrollment, and benefits and system configuration. GCHP policy decisions and workflow development are important outcomes of this team.
- A Task Tracking workplan has been created and will undergo continued development throughout the pre-implementation activities.
- Published a program detailing Oversight and Monitoring of ACS for Claims and Customer Services functions. Identified processes and report requirements under GCHP oversight.
- Reviewed Script Care contract and detailed Scope of Services in preparation for January meeting to finalize the contract terms and implementation planning.

Jim Swoben continues his efforts to develop GCHP Information System capabilities and Infrastructure; some highlights:

- Bids for and health plan accounting system have been reviewed including product demonstrations.
- Fiber was pulled to the building and fast internet connectivity was established – this provides connectivity to the ACS application set.
- Staff accounts have been created for the claims systems.
- System analysis and reviews are underway for configuration of the core applications.

ACCESS

Paul Roberts continues his efforts to develop a robust provider network; i.e., speaking with interested providers; addressing issues and concerns; interpreting contractual provisions; explaining our plans; etc. Additionally, he facilitates administrative arrangements with ACS on provider contracting and related issues, such as letters of interest, credentialing, delegated credentialing, and facility site visit reviews. Paul also accepted additional responsibility to act as "point person" to manage all communications between DHCS and GCHP. He regularly monitors our progress and provides detailed management reports to DHCS; i.e., bi-weekly Provider Outreach reports, weekly Physician Contracting updates and other ad hoc reporting as required. Efforts continue to explore and develop contracted service compensation plans (organ transplants, hospital per diems) and incentive compensation arrangements.

I have received information from DHCS about Medi-Cal dental services and learned that there is a "waiting list" with no recent movement on any requests to obtain a dental managed care contract. DHCS reported that it could take up to 24 months to add dental. They also advised that a formal proposal would be required, and any application would need County support. It is likely that both an amendment to the federal waiver and enabling legislation would be necessary. DHCS would also need to open up any expansion to a RFP process.

Kudos to Paul for coordinating activities for the DHCS site visit that occurred on December 7 and to the entire team for making that visit a success!

In short, we continue to make solid progress towards a proposed "go-live" date of May 1.

Respectfully submitted,

Earl G. Greenia
Chief Executive Officer

Gold Coast Health Plan
CashFlow Projection- Preoperational Period
Revised 12/3/2010

	YTD	November	December	January	February	March	April	May	June	Total
Cumulative Enrollment	0	0	0	0	0	0	0	0	0	0
Total Staff	2	8	9	11	14	19	24	35	36	36
Incremental Staff Increase	2	6	1	2	3	5	5	11	1	36
Beginning Cash Balance	-	243,566	503,701	322,347	138,069	163,142	(116,668)	(587,330)	(476,111)	(524,343)
Cash In-Flow										
ACS - LOC*	330,000	330,000			265,000	395,000	130,000	450,000	390,000	2,300,000
Total Receipts	330,000	330,000	-	-	265,000	395,000	130,000	450,000	390,000	2,300,000
Cash Out-Flows										
Salaries & Benefits**	25,854	23,910	61,530	68,898	94,583	182,139	234,243	271,860	344,962	1,306,080
Sign On Bonus	-	-	20,000							20,000
Relocation	-	-		10,000						10,000
Temporary Living Expenses	-	-	8,600	8,600	8,600	8,600	8,600	8,600	8,600	60,200
Car Allowance	-	1,000	575	575	575	575	575	575	575	5,025
Consultants	5,805	2,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	42,805
LGS Fees*	-	-								-
Occupancy Office Lease	-	-			13,420	13,420	13,420	13,420	13,420	67,100
Tenant Improvements***	-	-			20,000	100,000	80,000			200,000
Furniture & Equipment	14,058		55,000	31,254						100,312
Computers, Monitors, Printers (Non- Capitalized)	-	10,281	6,598		2,400	3,600	6,000	6,000	13,200	48,080
Telecommunications Equipment	-		2,550	2,550	850	1,275	2,125	2,125	4,675	16,150
General Liability Insurance	2,419									2,419
Info Systems - License Fees**	-			2,000	300	300	300	300	300	3,500
Info Systems (Depreciation)	-									-
Info Systems - Software***	-			20,000	50,000	20,000	10,000	5,000	5,000	110,000
Info Systems - Maintenance & Expenses	-									-
Pharmacy Mgt Expense	-									-
Travel	-			5,000	1,000	1,000	1,000	1,000	1,000	10,000
Copiers	-			500						500
Supplies	-		500	5,400	6,600	8,400	11,400	14,400	21,000	67,700
ACS Fees	-									-
Printing outsourcer	-					105,000				105,000
Printing	-		1,000	1,000	1,000	210,000	2,500	2,500	2,500	220,500
Postage	-			500	500	500	210,500	3,000	3,000	218,000
Prof Liab, D&O Insurance	6,744				20,000					26,744
Reinsurance	-									-
Legal fees	12,284	15,272	5,000	5,000	5,000	5,000	5,000	5,000	5,000	62,556
Actuary fees	19,270	17,402	15,000	15,000	5,000	5,000	5,000	5,000	5,000	91,672
Audit fees	-									-
Miscellaneous Operating Fees+	-			5,000	5,000	5,000	5,000	5,000	5,000	30,000
Sub Total Administrative Expense	86,434	69,865	181,354	184,277	239,925	674,809	600,663	348,780	438,232	2,824,343
ENDING CASH BALANCE	243,566	503,701	322,347	138,069	163,142	(116,668)	(587,330)	(476,111)	(524,343)	(1,048,686)

Assumptions:

Base assumption - 30 day payment lag

LOC Draws are based on the following assumptions:

YTD & November are actual cash received

No draws anticipated for December & January

February - assume 86% of the deliverables will be sent to the state (phase 1 @ 200K) and plan rates will be finalized (phase 2 @ 5%)

March - assumes 100% of deliverables will have been sent to the state (phase 1 @ 200K) and Provider Network is set up (phase 2 @ 15%)

April - assumes code, build and configuration will be completed (phase 2 @ 10%)

May - assumes contract has been signed by the state (phase 1 @ 200K) and testing has been completed (phase 2 @ 20%)

June - implementation (phase 2 @ 30%)

** Assumes current interim positions convert to permanent in February 2011. all new hires come in as permanent.

*** Total Cost from 08/16/2010 Cash Flow Projection prepared by N. Egan

+ Includes Dues, Subscriptions, Bank Fees, Maintenance Fees, miscellaneous licenses

++ Includes only costs know-to-date

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DHA Gold Coast Health Plan
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AGENDA ITEM 6

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Earl Greenia, CEO
DATE: December 20, 2010
SUBJECT: Delegation of Authority to CEO: Hiring Decisions

It is my understanding that the Commission formally delegated authority to the Chief Executive Officer (CEO) to hire interim employees.

In order to facilitate the timely hire of qualified candidates, I respectfully request that the Commission extend the authority for staffing, hiring and salary decisions (within established ranges) to include regular hires.

The regular appointment of the Chief Financial Officer and Chief Medical Officer would be subject to Commission approval. Additionally, the Commission, or an approved sub-set of the Commission, would be actively involved in the interview and selection process.

Michael Powers
VC Health Care Agency
Chair

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Physician
VC Medical Association
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Commission Staff:

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AGENDA ITEM 7

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Earl Greenia, CEO
DATE: December 20, 2010
SUBJECT: Provider Contracts

Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
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Commission Staff:

Earl Greenia
Chief Executive Officer
Gold Coast Health Plan
J E. Gonzales Road,
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Oxnard, CA 93036

Phone: (805) 981-5320

Given the sensitive nature of provider contracts, and potential for conflict-of-interest (refer to attached legal opinion), I request that the Commission consider adopting a policy that limits managements from disclosing the rates for such services to the Commission or Commission members. Proposed policy language:

"Contracts with healthcare providers for the delivery of services to Medi-Cal beneficiaries are not subject to Commission review or approval, provided that the contract does not vary significantly from the model contract. Contracts that have been modified must be reviewed by legal counsel before execution."

Recognizing that this issue is complex, I would suggest that an ad-hoc committee be formed with the task of reviewing this proposed policy.

MEMORANDUM

To: Earl Greenia
Chief Executive Officer
Gold Coast Health Plan

Date: December 13, 2010

From: Tin Kin Lee

Re: Provider Rate Discussions

I.
FACTS

Gold Coast Health Plan (the "Commission") is in the process of negotiating reimbursement rates with its prospective participating providers. In this regard, the Commission's Provider Reimbursement Policy (*see* attached) states as follows:

POLICY

"The VCMCC accepts the principles for provider reimbursement to be based on current Ventura County Medi-Cal reimbursement rates, and that providers within the same class will be paid at the same (or if agreed to lower than) current MediCal payment rate.

Primary Care Physicians*
Specialty Physicians*
Free Standing Skilled Nursing Facilities
Long Term Care Providers
Ancillary Service Providers
Outpatient Hospital*
Inpatient Hospital/Acute Rehab*

"NOTE: Pharmacy provider contracting shall be handled by PBM-ScriptCare

"FEDERALLY QUALIFIED HEALTH CARE CENTER SERVICES: Ventura COHS is required to meet federal requirements for access to FQHC services. The COHS's DHCS contract contains language as to how FQHC's are reimbursed

“ACCEPTANCE OF RISK: Providers will only be allowed to accept risk for services they are duly licensed to.

“*Nothing will prohibit the consideration for health networks to be contracted following the same principles.”

In the course of contract negotiations, one or more providers within any of the above-described classes may request a rate that is higher than prevailing Medi-Cal rates, which may then entail discussion and approval by Commission members. However, in view of the fact that certain Commission members may themselves have an interest, directly or indirectly, in their own contract negotiations with the Commission (either as a provider or as an employee or representative of a provider) (a “Commission Member’s Affiliated Provider”), disclosure to such Commission members of the Commission’s rate negotiations with competing providers may be detrimental to the Commission’s ongoing rate negotiations with the Commission Member’s Affiliated Provider, or may provide a competitive advantage with respect to the Commission Member’s Affiliated Provider.

II.

ISSUE

During Commission meetings during which there is discussion regarding provider reimbursement rates requested by providers that exceed the pre-approved rates authorized by the Commission to be paid to a designated class of providers, should a Commission member be required to recuse himself or herself from making, participating in making, or in any way attempting to use his or her official position to influence the making of, a decision on the contract?

III.

SHORT ANSWER

In order to comply with the intent of Calif. Welfare & Institutions Code (“WIC”) § 14087.57, and to obtain the benefit of the exemption from Government Code §1090 provided thereunder, a Commission member’s recusal should be required with respect to any provider rate discussions or negotiations where the contract rates negotiated with or offered to a competing

provider exceed the rates offered to the same class of provider in which the Commission Member's Affiliated Provider is included.

Alternatively, the Commission may consider delegating authority to the Chief Executive Officer to exceed the Commission's pre-approved standard provider rates by a stated percentage, without requiring further Commission approval, so long as stated budgetary guidelines are met.

Certain additional considerations should also be considered with respect to the Commission member representing Clinicas del Camino Real in view of its pending application with the California Department of Managed Health Care for a Knox Keene license under the name "Americas Health Plan."

IV. ANALYSIS

Calif. Welfare & Institutions Code ("WIC") § 14087.57,¹ recognized the potential for conflicts of interest arising from provider contract negotiations where a Commission member "was appointed to represent the interests of physicians, health care practitioners, hospitals, pharmacies, or other health care organizations." To address this, Section 14087.57 sets forth a mechanism that, if followed by Commission members, will not deem such Commission members "to be interested in a contract entered into by the commission within the meaning of [Government Code §1090 *et seq.*]."

The two statutory schemes that apply to the Commission with respect to conflicts of interest are (i) the Political Reform Act of 1974 (which is administered by the Fair Political Practices Commission or FPPC), and (ii) Government Code §1090. One of the main differences is that with a conflict under the Political Reform Act, the individual is not counted for purposes of establishing a quorum (2 CCR 18702.1(b)), and must not vote on, make, participate in any way in, or attempt to influence the decision. However, if a conflict exists under Government Code §1090 due to an official having a "financial interest" in a contract, **Section 1090 bars any**

¹ WIC § 14087.57 expressly applies to commissions authorized by WIC §14087.54, which is the Commission's enabling statute.

contract from being made by the entity regardless of whether the individual abstains from voting or participating.

Pursuant to WIC §14087.57, the following must be applicable in order to avoid the application of Government Code §1090 in a provider contracting setting:

“(a) The member was appointed to represent the interests of physicians, health care practitioners, hospitals, pharmacies, or other health care organizations.

“(b) The contract authorizes the member or the organization the member represents to provide services under the commission's program.

“(c)(1) The contract contains substantially the same terms and conditions as contracts entered into with other individuals or organizations that the member was appointed to represent.

“(2) If the contract does not contain substantially the same terms and conditions, the member shall recuse himself or herself from making, participating in making, or in any way attempting to use his or her official position to influence the making of, a decision on the contract.

“(d) The member does not influence or attempt to influence the commission or another member of the commission to enter into the contract in which the member is interested.

“(e) The member discloses the interest to the commission and abstains from voting on the contract.

“(f) The commission notes the member's disclosure and abstention in its official records and authorizes the contract in good faith by a vote of its membership sufficient for the purpose without counting the vote of the interested member.” (Emphasis added.)

Although WIC §14087.57 contemplates that the above requirements (including the requirement for a Commission member to recuse himself or herself) are applicable to provider contracts between the Commission and a Commission Member's Affiliated Provider, it can be argued that the same requirements should apply equally to provider contracts between the Commission and any competing providers that are on terms which, if disclosed to the Commission member or the Commission Member's Affiliated Provider, could detrimentally

impact the Commission's negotiations with the Commission Member's Affiliated Provider, or could provide a competitive advantage with respect to the Commission Member's Affiliated Provider.

The intent of WIC §14087.57 is to allow the Commission to continue to function by permitting provider contracts to be entered into by the Commission notwithstanding the existence of "financial interests" in those contracts among various Commission members – and that might otherwise be barred by the application of Gov. Code §1090.

Thus, if a Commission Member's recusal is required pursuant to WIC §14087.57 where the contract rates with such Commission Member's Affiliated Provider are different from other competing providers – so as to prevent a Commission member from using his or her position to gain an advantage for that Commission Member's Affiliated Provider -- then, the obverse should likewise be the case. Specifically, the Commission member's recusal should also be required where the contract rates negotiated with or offered to a competing provider exceed the rates offered to the same class of provider in which the Commission Member's Affiliated Provider is included. Otherwise, to allow such Commissioner member's participation in a competing provider's rate negotiations may result in the Commission member's use of the information acquired to the advantage of that Commission Member's Affiliated Provider.

Requiring a Commission Member's recusal under those circumstances would also lend support to the Commission's reliance on the exemption from Gov. Code §1090 as provided by WIC §14087.57.

V. RECOMMENDATIONS

Based on the foregoing concerns, a Commission member's recusal should be required with respect to any provider rate discussions or negotiations where the contract rates negotiated with or offered to a competing provider exceed the rates offered to the same class of provider in which the Commission Member's Affiliated Provider is included.

Alternatively, the Commission may consider delegating authority to the Chief Executive Officer to exceed the Commission's pre-approved standard provider rates by a stated percentage, without requiring further Commission approval, so long as stated budgetary guidelines are met.

With respect to the Commission member representing Clinicas del Camino Real ("Clinicas"), the Commission may wish to consider a broader application of the recusal requirements in view of Clinicas' pending application with the California Department of Managed Health Care for a Knox Keene license under the name "Americas Health Plan." This application states that, "Clinicas del Camino Real Incorporated is the majority stockholder in AmericasHealth Plan, Inc." The concern is that by having access to inside information regarding rate negotiations with the Commission's providers, Clinicas' affiliate, Americas Health Plan, could gain a competitive advantage over the Commission by offering to contract with those same providers at a slightly higher rate. Moreover, if Americas Health Plan requires those providers to contract on an exclusive basis with Americas Health Plan, then, (i) a potentially large number of providers would be excluded from contracting directly with the Commission, and (ii) the only access to such providers would be through a contract with Americas Health Plan.

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AGENDA ITEM 8

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Earl Greenia, CEO
DATE: December 20, 2010
SUBJECT: Auto-Assignment of Beneficiaries without PCP Selection

Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

John Fankhauser
Physician
VCMC Executive Committee

Rick Jarvis
Private Hospital /
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

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

Catherine Rodriguez
VCMC Health System

Commission Staff:

Earl Greenia
Chief Executive Officer
Gold Coast Health Plan
100 E. Gonzales Road,
Suite 200
Oxnard, CA 93036

Phone: (805) 981-5320

A multi-specialty medical group, California HealthFirst Physicians (CHFP), has requested it be included in the auto-assignment rotation schedule. It is likely that others will request inclusion, prompting the need to revisit this issue.

BACKGROUND

After establishing eligibility, upon enrollment into the plan, members are requested to select a Primary Care Physician or Clinic from the participating and contracted providers in our network. In the event that a member does not timely select a PCP, the plan will assign the member on to a pre-designated provider, giving consideration to the member's location (for example, based on home address). The member has the right to change his/her Primary Care Physician whether self-selected or "auto-assigned" by notifying the plan.

CURRENT POLICY

Our policy states, "Members may select a contracted Primary Care Physician at the time of their enrollment, or be assigned to an open PCP through an automated system, based on zip code, age, gender, language, provider type, provider capacity and family linkage." The Commission adopted a policy of auto-assignment of members to existing safety net providers. Our definition of safety net provider is a "recognized disproportionate share hospital, federally qualified health center or rural health center." Thus, it includes: Ventura County Medical Center Clinics System (DSH), Clinicas Del Camino Real (FQHC), Centers for Family Health of the Community Memorial Health System (3 clinics are designated as Rural Health Centers). In practice, it might also include traditional providers who have historically served the Medi-Cal population. At the December 13, Executive/Finance Committee meeting, considerable dialogue was held regarding the definition of "traditional provider."

RESEARCH

Other COHS were surveyed for their practices:

- Central California Alliance for Health: Allows any participating PCP open to new members to participate in auto-assignment. Assignment considers members' zip code, language, age and other family members' linkage (try to keep families linked to same PCP). Allocates "more heavily" to safety net clinics, on a 2 to 1 basis.
- CenCal Health: PCP auto-assignment is made based upon member age, zip code, and language preference. Also considered is whether the available PCPs for assignment have a weighted selection based upon if they are new to the plan building a patient base or new clinic with Pediatricians open in area with high demand for that provider type. Usually new PCPs are given 90 days with a weighted 3 to 1 ratio.
- Partnership HealthPlan of California: Allows any participating PCP open to new members to participate in auto-assignment. Considers provider's within a zip code service area to proportionally assign. Allocates 2:1 to safety net clinics.

RECOMMENDATION

The Commission should develop a specific definition of "traditional provider" with consideration that any policy should ideally maximizes member choice and access to care.

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AGENDA ITEM 9

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Earl Greenia, CEO
DATE: December 20, 2010
SUBJECT: Response to HELA: Beneficiary / Advocate Commissioner

Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

John Fankhauser
Physician
VCMC Executive Committee

Rick Jarvis
Private Hospital /
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

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

Catherine Rodriguez
VCMC Health System

Commission Staff:

Earl Greenia
Chief Executive Officer
Gold Coast Health Plan
100 E. Gonzales Road,
Suite 200
Oxnard, CA 93036

Phone: (805) 981-5320

On October 27, 2010, a letter was received from David Cruz, President of HELA, challenging the appointment of Ms. May Lee Berry as a Commissioner. Management was asked to review the concerns highlighted by Mr. Cruz

Background

The enabling ordinance reads, "Consumer Representative: 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." The announcement of the opening was posted on the COHS website on or around January 6, 2010. Three individuals submitted their names for consideration: Dr. Lanyard Dial, Dr. Henry Oster and Ms. Berry. Since there was sufficient physician representation on the Commission, Ms. Berry was selected.

Mr. Cruz's letter highlights four primary concerns:

- Ms. Berry status as a Medi-Cal recipient is not known.
- Other COHS Commissioners already represent recipients afflicted by or with the potential of being afflicted by cancer.
- Ms. Berry does not speak Spanish, and this impairs her ability to educate, listen to or understand Spanish-speaking Medi-Cal recipients.
- Ms. Berry demonstrates a lack of willingness to reach out and work with HELA.

Analysis

- The consumer representative may be a Medi-Cal beneficiary or be a representative of an advocacy organization that serves the Medi-Cal population and is not otherwise represented.
- The role of the Medi-Cal beneficiary / Advocacy Organization Representative is not to represent any particular disease or illness, but rather an organization not otherwise represented by other Commissioners.
- There is no requirement that Medi-Cal Beneficiary / Advocacy Organization Representative speak Spanish.
- Ms. Berry's resume is attached; her impressive record of community service suggests that she is quite willing to reach out to the community.

May Lee Berry

Health Programs Manager and Community Leader

Healthcare Providers • Hospitals • Cancer Treatment Centers • Government Policies

Dedicated and passionate community leader offering over 20 years of tri-counties involvement including organizing fundraising events, seminars, workshops, and health programs. Recognized as a catalyst for change in the areas of healthcare, healthy lifestyles, and serving the public. Compassionate individual working towards finding ways to help the medically underserved population.

- Trained over 300 volunteers into successful positions within local organizations and at large business events.
 - Secured grants and developed valuable programs for the American Cancer Society.
 - Formed numerous strategic partnerships to provide public awareness of cancer prevention and early detection.
-

American Cancer Society Experience

AMERICAN CANCER SOCIETY

1991–Present

Health Programs Manager, Silicon Coastal Region (2009–Present)

Oversee healthcare providers, hospitals, cancer treatment centers, and government issues on the local, state, and federal level in three counties: San Luis Obispo, Santa Barbara, and Ventura. Prepare and administer annual budgets for mission delivery programs. Coordinate and supervise 40 volunteers and provide trainings, materials, and weekly information via email and telephone.

Work with hospitals and cancer treatment centers to give cancer patients a bouquet of daffodils in a vase through The Gift of Hope for Daffodil Days project. Coordinate Cancer Prevention Study 3 (lifestyle research program) at two relays per year through the Relay for Life project.

- Recognized a need to develop resources for medically underserved cancer patients. Chair Ventura County Access to Cancer Care Coalition (established in October 2009 along with Ventura County Public Health and Every Woman Counts). Secured grant funds with a goal of collaborating with agencies, hospitals, churches, and community based organizations.

Health Promotions Director, Gold Coast Region (1994–2009)

Coordinated cancer patients, programs, and services, the medically underserved, healthcare providers, and government issues on the local, state, and federal level in three counties: San Luis Obispo, Santa Barbara, and Ventura. Supervised staff assistant and three other exempt employees.

- Conceptualized, developed, secured grants, and implemented the Breast Health Awareness Project for underserved women was established in 1996, serving uninsured and underinsured communities in Ventura and Santa Barbara counties. To date over 300 women per year have received free mammograms as a result of this project.
- Developed collaborations with Every Woman Counts and Ventura County Cancer Taskforce to share information and resources. This eliminated duplication of efforts and improved communication to raise awareness of available services for cancer patients.

Program Director, Ventura County (1991–1994)

Directed programs for cancer prevention and early detection for adults and youth.

Other Experience

Event Planner – Koranda-Berry Enterprises, Ventura

1985–1991

Elementary School Teacher – Hueneme and Los Angeles School Districts

1966–1971

Continued...

Community Involvement

Board Member, Ventura County Tobacco Settlement and Oversight / Advisory Committee	2000–2004
Board Member, Ventura County Commission on Human Concerns, Board of Directors	1988–1993
Elected Member, Board of Education, Ventura Unified School District	1980–1993
President, Ventura County School Boards Association	1989–1991
Elected to California School Boards Association, Region 11C, Delegate Assembly	1985–1991
President, Ventura County School Boards Association	1987–1989
Board Member, Greater Ventura Chamber of Commerce Board of Directors	1987–1989
President, Ventura Unified School District Board	1984, 1988, & 1989
First Vice President, 12 th District PTA	1983–1987
President, American Association of University Women, Ventura District	1985–1986
President, Ventura County Professional Women's Network	1985–1986
Council President, Ventura PTA	1979–1981

Public Speaking & Workshop Presentations

"Cancer Programs & Services" – CI Nurses Oncology Association, CMH, Ventura, CA	2008
"Breast Health Outreach Project" – American Cancer Society, Los Angeles, CA	2004
"Balancing the Scales" – Division Cancer Control Retreat, San Francisco, CA	1993
"How to Train Volunteers" – State Fair Department Training, Fresno, CA	1990

Education & Professional Development

B.A. Degree in General Education – University of California, Los Angeles	
American Cancer Society Training: Negotiation Skills, Harassment in the Workplace, Working With At-Risk Population	
Computer Training: Adult Education, Ventura Unified School District, Ventura, CA	

October 27, 2010

Commission Members
Ventura County COHS / Gold Coast Health Plan
2323 Knoll Drive
Ventura, CA 93003

Transmitted Via Electronic Mail

Dear Commission Members,

On behalf of the Health Education League of America (HEL.A), a community based organization comprised of local residents, we are requesting that you suspend any further actions on hiring either a CFO, CMO or any other high-level management personnel, interim or permanent for COHS/Gold Coast Health Plan pending disclosure and community review of the following information:

- List the specific publications and community-organizations utilized to advertise for these positions and the period of time advertised.
- Location of each publication and organization utilized for this search.
- Cost by publication and organization for advertising the positions.
- A list of other specific media, if any, utilized to conduct this search.
- Independently-certified distribution, geographic and demographic data for each publication.
- Specific cost required to obtain access to these publications, free-versus-subscription (listed individually).
- Gender and ethnic applicant responses received.
- Gender and ethnic applicant candidates selected as finalists.

On a separate but related matter, Ventura County enabling ordinance #4409 and the COHS by-laws state:

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. (Consumer Representative)

Based upon this criteria, HEL.A challenges the selection and qualifications of the present Commissioner in this position and requests the following information for our community review:

- List the specific publications and community-organizations utilized to issue notice for this position and the period of time each notice was posted.
- Provide a copy of each notice issued.
- List the language of each publication utilized for issuance of the notice.
- The language utilized by each organization to issue notice for this position.
- The location of each publication and organization utilized for this search.
- Cost by publication and organization for issuing notice of this position.
- A list of other specific media, if any, utilized to conduct this search.
- Independently-certified distribution, geographic and demographic data for each publication.
- The specific cost required of a member of the public to obtain access to these publications, free-versus-subscription (listed individually).
- The number of applicant responses received for this position.
- Applicant responses received by gender and ethnicity.
- Applicants selected as finalists by gender and ethnicity.
- Individual(s) who selected the Medi-Cal / Advocacy Representative.
- Describe fully the selection process utilized to make the final appointment.
- Confirmation whether the Commissioner is or is not a Medi-Cal recipient.

- The Commissioner's specific written job function that qualifies her as a "representative" of Medi-Cal recipients.
- Provide the written Mission / Vision Statement confirming said Commissioner belongs to an "advocacy organization that serves the Medi-Cal population."
- Since other COHS Commissioners already represent Ventura County Medi-Cal recipients afflicted by or with the potential of being afflicted by Cancer, specify how the present Beneficiary Representative or the organization to which she belongs "is not otherwise represented on the Ventura County Medi-Cal Managed Care Commission".

It is clear that the present Commissioner does not speak Spanish and cannot communicate directly with the Spanish-speaking majority of the COHS stakeholders in Ventura County. This significantly impairs her ability to help educate these Medi-Cal recipients or listen to and understand their concerns. Bottom-line, in our view she cannot fully advocate on their behalf. Moreover, Ms. Berry demonstrates a lack of willingness to reach out to our community and work with us going forward. In light of these omissions and incompatibilities, HELA requests the voluntary resignation of the Consumer Representative or that your Commission request that the Ventura County Board of Supervisors replace the Consumer Representative in light of the evident inconsistencies. Further, we request a new Public Posting to include local Spanish Media for a Medi-Cal beneficiary or Advocacy Representative who does meet the criteria of the ordinance.

We look forward to prompt and courteous reply.

Sincerely,

David V. Cruz

David Cruz
President

Cc: Jim Hensley – District Director, League of United Latin American Citizens
Thomas Saenz, Attorney - Mexican-American Legal Defense and Education Fund
Ruben Guerra – Chairman, Latin Business Association (LBA)

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AGENDA ITEM 10

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Earl Greenia, CEO
DATE: December 20, 2010
SUBJECT: Response to HELA: Executive Recruitment Process

Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

John Fankhauser
Physician
VCMC Executive Committee

Rick Jarvis
Private Hospital /
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

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

Catherine Rodriguez
VCMC Health System

Commission Staff:

Earl Greenia
Chief Executive Officer
Coast Health Plan
J. E. Gonzales Road,
Suite 200
Oxnard, CA 93036

Phone: (805) 981-5320

In response to Mr. David Cruz's letter to the Commission dated October 27, 2010, regarding the recruiting process for the CMO, CFO and Director-level positions, management has prepared this memo.

Jennifer Bower, from Regional Government Services Human Resources, has informed me that job placement ads for the CMO, CFO, and the director-level positions were placed in a variety of sources for professionals in the health care field.

The positions were advertised in publications and job boards familiar to health care professionals. The positions were also placed on a number of websites available to the general public, such as the RGS website, the Gold Coast Health Plan website, CalOpps.org, and other free sites. Additionally, job brochures were sent to a variety of community agencies; however, that information was not tracked. All ads specified the job-related qualifications, such education, experience, knowledge, skills, and abilities.

The Ad placement sources are listed below:

- American Association of Healthcare Administration Management
- American Association of Public Administrators
- American College of Physician Executives
- American Public Health Association
- Association for Public Policy Analysis and Management
- Association of Hispanic Healthcare Executives (Has Southern California Chapter)
- Association of State and Territorial Health Officials
- California State Association of Counties
- Goldman School of Public Policy
- Health Care Financial Management Association
- Health Career Web
- HealthCareJobs
- Healthfax
- International City and County Management Association
- LobbyingJobs.com
- Managed Care Jobs Network
- ManagedCareJobs
- Municipal Management Association of Southern California
- National Association of Counties
- National City and County Health Officials
- National Healthcare Career Network – Executive Network
- Payers and Providers
- Public Service Careers

It is important to note that many of these distribute or cross-post the ad across a network of sources. This information is provided below:

American College of Physician Executives

- HealthEcareers Network
- MedHunters.com
- American Academy of Medical Management
- American Medical Association Alliance
- Medical Group Management Association
- American College of Healthcare Executives
- Healthcare Executives of Southern California

ManagedCareJobs

- LatPro.Com
- Disability Jobs

National Healthcare Career Network – Executive Network

- Academy of Correctional Health Professionals
- Alexander Graham Bell for the Deaf and Hard of Hearing
- Ambulatory Surgery Center Association
- America's Health Insurance Plans
- American Academy of Audiology
- American Academy of Hospice and Palliative Medicine
- American Academy of Pain Medicine
- American Art Therapy Association
- American Association for Clinical Chemistry
- American Association of Colleges of Osteopathic Medicine
- American Association of Diabetes Educators
- American Association of Homes and Services for the Aging
- American Association of Integrated Healthcare Delivery Systems
- American Association of Managed Care Nurses
- American Association of Neuroscience Nurses
- American Association of Orthopaedic Executives
- American Association of Pharmaceutical Scientists
- American Association of Tissue Banks
- American Board of Physician Specialties
- American Board of Quality Assurance and Utilization Review Physicians
- American College of Cardiology
- American College of Cardiology - Alabama Chapter
- American College of Cardiology - Arizona Chapter
- American College of Cardiology - California Chapter
- American College of Cardiology - Florida Chapter
- American College of Cardiology - Indiana
- American College of Cardiology - Maryland Chapter
- American College of Cardiology - Michigan Chapter
- American College of Cardiology - Missouri Chapter
- American College of Cardiology - New York Chapter
- American College of Cardiology - North Carolina

- American College of Cardiology - Ohio
- American College of Cardiology - Pennsylvania Chapter
- American College of Cardiology - Virginia Chapter
- American College of Cardiology - Washington State Chapter
- American College of Cardiology - West Virginia
- American College of Cardiology -Iowa Chapter
- American College of Osteopathic Emergency Physicians
- American College of Preventive Medicine
- American Correctional Health Services Association
- American Health Care Association
- American Hospital Association
- American Nurses Association
- American Osteopathic Information Association
- American Pain Society
- American Psychological Association
- American Public Health Association
- American Roentgen Ray Society
- American Society for Cell Biology
- American Society for Clinical Pathology
- American Society for Cytotechnology
- American Society for Gastrointestinal Endoscopy
- American Society for Healthcare Human Resources Administration
- American Society for Healthcare Risk Management
- American Society for Nutrition
- American Society for Radiation Oncology
- American Society of Anesthesiologists
- American Society of Cytopathology
- American Thoracic Society
- Arizona Hospital Association
- Arizona Orthopaedic Society
- Arizona Public Health Association
- Association for Community Health Improvement
- Association for the Healthcare Environment
- Association of Air Medical Services
- Association of American Medical Colleges
- Association of Black Cardiologists, Inc.
- Association of Clinicians for the Underserved
- Association of Pediatric Hematology/Oncology Nurses
- Association of Peri-Operative Registered Nurses
- Association of Rehabilitation Nurses
- California Primary Care Association
- California Psychological Association
- California Radiological Society
- California Society of Pathologists
- Colorado Hospital Association
- Connecticut Orthopaedic Society
- District of Columbia Health Care Association
- Drug Information Association
- Emergency Medical Services Association of Colorado
- Florida Association Directors of Nursing Administration
- Florida Health Care Social Workers Association

- Florida Medical Directors Association
- Florida Naturopathic Physicians Association
- Florida Psychological Association
- Florida Society of Ambulatory Surgery Centers
- Freestanding Ambulatory Surgery Center Association of Tennessee
- Georgia Orthopaedic Society
- Georgia Society of Ambulatory Surgery Center
- Global Health Council
- Health Facilities Association Of Maryland
- Health Industry Group Purchasing Association
- Healthcare Businesswomen's Association
- Heart Rhythm Society
- Hospital Association of Southern California
- Indiana Orthopaedic Society
- International Association of Forensic Nurses
- Iowa Orthopaedic Society
- Kansas Psychological Association
- Louisiana State Medical Society
- Maryland Hospital Association
- Maryland Orthopaedic Association
- MedChi The Maryland State Medical Society
- Medical Device Manufacturers Association
- Medical Fitness Association
- Medical Society of Virginia
- Metropolitan Chicago Healthcare Council
- Michigan Association of Ambulance Services
- Michigan Association of Emergency Medical Technicians
- Michigan Orthopaedic Society
- Military to Medicine Association
- Minnesota Hospital Association
- Mississippi Orthopaedic Society
- National Association for Healthcare Quality
- National Association Medical Staff Services
- National Association of Health Services Executives
- National Association of Managed Care Physicians
- National Association of Rehabilitation Providers and Agencies
- National Association of Social Workers
- National Athletic Trainers Association
- National Hospice and Palliative Care Organization
- National Kidney Foundation
- National Medical Association
- National Rural Health Association
- National Sleep Foundation
- New Hampshire Orthopaedic Society
- New Jersey Psychological Association
- New Mexico Association for Home & Hospice Care
- New Mexico Center for Nursing Excellence
- New Mexico Health Care Association
- New Mexico Hospital Association
- New Mexico Medical Society
- New Mexico Osteopathic Medical Association

- North Carolina Medical Society
- North Carolina Orthopaedic Association
- North Carolina Osteopathic Medical Association
- NYS Society of Orthopaedic Surgeons
- OASIS Certificate & Competency Board
- Ohio Orthopaedic Society
- Ohio Psychological Association
- Oncology Nursing Society
- Outpatient Ophthalmic Surgery Society
- Pennsylvania Ambulatory Surgery Association
- Pennsylvania Medical Society
- Pennsylvania Orthopaedic Society
- Pennsylvania Psychological Association
- Pharmacy Benefit Management Institute
- Physicians Hospitals of America
- Professional Association of Health Care Office Management
- Public Responsibility in Medicine and Research
- Renal Physicians Association
- Sixth District Branch of MSSNY
- Society for Imaging Informatics in Medicine
- Society for Laboratory Automation and Screening
- Society for Radiation Oncology Administrators
- Society of Correctional Physicians
- Society of Hospital Medicine
- South Carolina Orthopaedic Association
- Texas Association of Homes and Services for the Aging
- Texas Psychological Association
- The American Health Quality Association
- The Workgroup for Electronic Data Interchange
- Urgent Care Association of America
- Washington State Orthopaedic Association
- West Virginia Health Care Association
- West Virginia Orthopaedic Society
- LatPro.com

No hard copy ads were placed in newspapers or trade journals; with current technology, such sources have become less effective in the healthcare industry. It important to note that Healthfax is an email and fax distribution service. The cost incurred to post the positions is summarized below. Special effort was made to control costs, yet reach a broad audience.

Position	Cost
CMO	\$2,380.55
CFO	\$2,380.55
Directors (Total)	\$12,058.25
Director of Governmental Affairs	\$2,159.71
Director of Health Services	\$1,979.71
Director of Claims Services	\$1,979.71
Director of Information Technology	\$1,979.71
Member Services Director	\$1,979.71
Director of Provider Relations	\$1,979.71

While it cannot be accurately estimated, it can be safely assumed that a significant number of people with broad-based experience and representing a variety of ethnic and cultural backgrounds were reached.

Information regarding the Ethnic/Cultural background of the CMO and CFO applicants and candidates was not requested as only resumes were required. The data are available for the Director-level positions as they completed application forms and is provided below:

	Total	American Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic	Other/ Bi-Racial	White	Blank
Claims Services	41	1	3	4	7	2	22	2
Government Relations	52	0	2	7	6	2	33	2
Health Services	17	0	3	2	1	0	9	2
Information Technology	44	0	11	4	2	1	24	2
Member Services	38	0	2	6	5	1	22	2
Provider Relations	44	0	2	3	7	2	28	2

	American Indian/ Alaskan Native	Asian/ Pacific Islander	Black	Hispanic	Other/ Bi-Racial	White	Blank
Claims Services	2.4%	7.3%	9.8%	17.1%	4.9%	53.7%	4.9%
Government Relations	0.0%	3.8%	13.5%	11.5%	3.8%	63.5%	3.8%
Health Services	0.0%	17.6%	11.8%	5.9%	0.0%	52.9%	11.8%
Information Technology	0.0%	25.0%	9.1%	4.5%	2.3%	54.5%	4.5%
Member Services	0.0%	5.3%	15.8%	13.2%	2.6%	57.9%	5.3%
Provider Relations	0.0%	4.5%	6.8%	15.9%	4.5%	63.6%	4.5%

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AGENDA ITEM 11

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Earl Greenia, CEO
DATE: December 20, 2010
SUBJECT: VCOMMCC and Executive Finance Committee 2011 Meeting Schedule

Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
VCMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

John Fankhauser
Physician
VCMC Executive Committee

Rick Jarvis
Private Hospital /
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
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Tim Maurice
Private Hospital /
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St. Johns Regional Med. Center

Catherine Rodriguez
VCMC Health System

Commission Staff:

Earl Greenia
Chief Executive Officer
Coast Health Plan
J. E. Gonzales Road,
Suite 200
Oxnard, CA 93036

Phone: (805) 981-5320

Recommendation #1 Accept Commission 2011 meeting dates.

Recommendation #2 Accept Executive Finance Committee 2011 meeting dates.

Discussion:

As a public entity, all GCHP meetings are subject to the Brown Act and must be appropriately noticed. The Commission has also posted the annual schedule on the website. In order to accommodate the public and secure a location large enough to accommodate interested parties, staff has secured the current meeting locations for calendar year 2011. Also, in recognition of the time commitment made by all commissioners and committee members, GCHP staff is providing those dates to you so that you can make note of them for both your and your staff's scheduling purposes. The dates of all meetings are presented for approval.

VCOMMCC Commission 2011 Meeting Dates
4th Monday of the Month Time 3:00-5:00 pm

January 24th
February 28th
March 28th
April 25th
May 23rd
June 27th
July 25th
August 22nd
September 26th
October 24th
November 28th
December 19th

Gold Coast Health Plan Executive Finance Committee 2011 Meeting Dates
2nd Wednesday of the Month Time- 3:30-5:30 pm

January 12th
February 9th
March 9th
April 13th
May 11th
June 8th
July 13th
August 10th
September 14th
October 12th
November 9th
December 14th

October 25, 2010

Committee Members in Attendance	Staff in Attendance
Lanyard Dial, MD, Physician, Ventura County Medical Association	✓ Terrie Stanley, Co-Chair, Interim CEO
Rick Jarvis, Private Hospitals / Healthcare System (Excused)	✓ Narcisa Egan, Co Chair, Assistant Health Care Agency CFO (Arrived 2:40 p.m.)
✓ Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.	✓ Dee Pupa, Interim Assistant Clerk of the Board
✓ Michael Powers, Director, Ventura County Health Care Agency	
✓ Catherine Rodriguez, Ventura County Medical Health System	
	Guests in Attendance
	✓ Jeff Mahoney, City Creative Group
	✓ Traci R. McGinley, GCHP Consultant

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1 Call to Order Welcome and Roll Call Terrie Stanley	<ul style="list-style-type: none"> The meeting was called to order at 2:30 p.m. All Members present with the exception of Commissioners Dial and Jarvis. A quorum was present. <p>Co-Chair Stanley welcomed everyone and introduced Jeff Mahoney of City Creative Group.</p>	
2 Public Comment / Correspondence Terrie Stanley	None.	
3 Review and Approval - Minutes October 13, 2010 Michael Powers	<p>The Minutes of October 13, 2010 Executive / Finance Committee meeting were presented for review and approval.</p> <p>Member Rodriguez requested clarification of the Severance Package section of the Motion for Item 8. The Motion portion of Item 8 was amended to read: "approve the new compensation package: Evaluation in 6 months, with possibility up to 5% increase; Holiday is as accrued or without pay; Car allowance up to \$1,000; \$10,000 relocation and \$1,000 Housing; Severance to be a total of 2 months the 1st year, 4 months the 2nd year and 6 months the 3rd year".</p>	<p>Member Juarez moved to approve the October 13, 2010 minutes, Member Powers seconded.</p> <p>Member Juarez moved to approve the October 13, 2010 minutes as amended, Member Powers seconded. Approved 3-0.</p>

October 25, 2010

4	Logo Selection for Gold Coast Health Plan – Executive Finance Committee Recommendation for Logo Result of Community Input Final Selection Terrie Stanley Jeff Mahoney, City Creative Group	The Committee was provided with updated versions of the logos, showing different logos and color schemes. Jeff Mahoney indicated that when the logos were previously brought to the Committee there was consensus that the brown version of the "Stethoscope" was preferred. Of the public input received, 65% was in favor of that logo and 75% of staff. He pointed out that page 3 of the handout shows that same logo in varied color schemes. There was discussion regarding ensuring that the logo is unique which was confirmed would be the case if the Trade Mark was received.	There was Committee Consensus that the logos be forwarded to the Commission.
5	VCMMCC and Executive Finance Committee 2011 Meeting Dates		There was Committee Consensus on the Committee Dates.
6	Adjourn		Adjourned at 2:43 p.m.

**Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)
Executive / Finance Committee Meeting Minutes**

November 10, 2010

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Earl Greenia, Chair, CEO

Terrie Stanley

Narcisa Egan, Assistant Health Care Agency CFO

Lanyard Dial, MD, Physician, Ventura County Medical Association

Rick Jarvis, Private Hospitals / Healthcare System

Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.

Michael Powers, Director, Ventura County Health Care Agency

Catherine Rodriguez, Ventura County Medical Health System

ABSENT: Darlane Johnsen, Vice Chair, Interim CFO was excused.

STAFF IN ATTENDANCE

Traci R. McGinley, Interim Clerk of the Board

Candice Limousin, Interim Human Resources Director

GUESTS IN ATTENDANCE

Jennifer Bower, Human Resource Director, RGS-LGS

1. CALL TO ORDER.

Chair Greenia called the meeting to order at 3:35 p.m. at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036. All Members present except Darlane Johnsen, Vice Chair, who was excused.

Chair Greenia advised the Members and the Public that an Amended Agenda was being presented, adding attachments to Agenda Item #3, *Disclosure and Community Review of Documentation*.

2. PUBLIC COMMENT.

None.

3. CORRESPONDENCE.

Receive October 27, 2010 Correspondence from Health Education League of America (HELA) and Direct Staff Response. Chair Greenia requested that staff be

directed to respond to the request. There are two issues, one is a request for suspension of hiring of the CMO & CFO; the other is the Beneficiary Appointment on the Commission.

After discussion regarding the anticipated interview processes. Chair Greenia recommended the CEO and a subset of the Commission participate on the panel. It was committee consensus that the interview and hiring process is the purview of management and the Commission, not for community review or disclosure.

Bowers offered to provide information to management to respond to HELA.

Dialogue was held regarding the interim individuals and their qualifications.

Discussion was held regarding ethnicity of candidates. Jennifer Bower reminded the Committee that ethnicity could not be used for the basis of hiring. The position openings were placed in many different publications and on the WEB.

Members Dial, Juarez and Rodriguez will be on the interview panel for the CMO. Members Juarez, Jarvis, Rodriguez and Maurice requested being on the interview panel for the CFO. Chair Greenia stressed the importance of getting a team in place.

Committee Representative. Chair Greenia indicated that the other concern of HELA was the Beneficiary Representative on the Committee. Maylee Berry was with the American Cancer Society, but has since retired.

Member Dial explained that the Commission does not have the authority to change appointees therefore this item would need to go before the Board of Supervisors.

Ms. Stanley reiterated that many seats are organization specific.

Mr. Cruz offered that the community would like to have input. VCOMMCC indicates that they want to work with the community, but appointees do not represent the majority of beneficiaries.

Ms. Stanley explained that when the Commission was formed there was Public Notice and there was posted on the WEB for approximately six (6) weeks. The information was also sent out in the newsletter.

Member Juarez requested that the process be sent to HELA and then forwarded to the Board of Supervisors.

Member Powers moved to have a copy of the process of both items be provided to HELA and that they be forwarded to the full Commission. Member Jarvis seconded.
Approved 5-0.

4. REVIEW AND APPROVAL - MINUTES OCTOBER 13, 2010

Member Juarez requested deletion of the paragraph regarding "disruptions" stating that he did not make the statement (5th paragraph of *Item #3, Request for Television Coverage of Scheduled Meetings* on the 2nd page). He further requested correction of "...co-ops, Mextecho..." as it should be "...Mixteco (MICOP)..."

Member Rodriguez requested clarification on the 3rd paragraph of *Item #5, Financial Update, Discussion on Primary Care Capitation Rates and Budgets for Providers* on page #4 as it should be "kept the cost low." not "kept the utilization low."

Member Rodriguez moved to approve October 13, 2010 minutes as amended, Member Powers seconded. **Approved 5-0.**

5. CURRENT FINANCIAL OVERVIEW

Narci Egan explained that she expected another \$130,000 draw this month.

Member Dial moved to accept and file the Financial Report. Member Rodriguez seconded. **Approved 5-0.**

6. OFFICER ELECTION FOR CALENDAR YEAR 2011

After discussion of the process, Member Juarez nominated Members Powers and Dial respectively, to continue in their current positions. Member Jarvis seconded. Member Dial expressed concern as his appointment would end before the end of the term of Vice-Chair. Member Powers requested that the item be tabled until the full Commission meets on November 15, 2010.

By-Laws regarding the seats of Chair and Vice-Chair were discussed. Member Juarez nominated Member Powers as the Chair and Member Dial as the Vice-Chair. Member Jarvis, seconded. **Approved 5-0.**

7. CONSIDER REQUEST FROM CALIFORNIA HEALTH PHYSICIANS TO PARTICIPATE AS A GCHP PROVIDER ACCEPTING AUTO ASSIGNMENT

Discussion was held regarding the difference between the CMH facilities, two are designated as rural and two are not. Member Juarez expressed his concern that all four facilities of CMH were included, but only the two designated as rural should remain, if those clinics qualified then everyone could be included.

Member Dial moved to maintain the definition as is and defer discussion to the full Commission. Member Juarez indicated that there should be separate two motions.

Member Dial moved that the policy regarding auto assignment stay as is currently defined. Member Juarez seconded. The Motion carried. **Approved 5-0.**

Member Dial moved that the criteria be clarified. Member Juarez seconded. The Motion then carried. **Approved 5-0.**

It was determined that this item would come before the Executive / Finance Committee Meeting again on November 15, 2010.

COMMITTEE MEMBER COMMENTS

Member Powers updated the Committee about a conversation with Toby Douglas and Greg Rose, at DHCS. Member Powers also advised Mr. Douglas that GCHP believes that costs have been kept low in Ventura County and therefore, GCHP would be disadvantaged. He asked if we wanted 100% or more and I said "yes, it would be unfair to start so low." Member Jarvis asked if new services are a factor to which Member Powers responded, yes.

Member Juarez asked if there was any conversation regarding dental and was it carved out. Terrie Stanley responded that, historically, no COHS have had dental as a "carve-in." They have not had the plans to accept rates, at least not in the managed Medi-Cal, with the exception of children.

Member Juarez stated that he would like to see that as a benefit to our members. Chair Greenia stated that it will be reviewed and discussed with DHCS.

James Ward of Clinicas stated that he believes Member Juarez is asking if that is due to the waiver being filed. Since Clinicas is willing to accept capitation. You activated the waiver, like in Los Angeles and Sacramento. I believe that is what Member Juarez is asking you to do.

Member Powers asked that this be explored further. Ms. Stanley explained that there would be nothing that would exclude Clinicas from approaching the State. If it came out of County, the County would have to have oversight.

Member Powers added that there had been discussion regarding legislation being proposed regarding adding PACE Program. You cannot have PACE in COHS. Alameda is trying to get that excluded and are asking for feedback. The initial information is that we had a concern because it could take money away from other areas of the Plan.

Member Juarez requested to review the legislation. Member Powers indicated that they could allow them to come in but require that they contract with COHS. Ms. Stanley indicated that because of COHS in California we do not see these. There are many providers in this community that provide these services. Problem is that they do not use provider in the area, they bring in their whole system.

Discussion was held regarding doctors that currently see a minimal number of Medi-Cal patients but do not wish to receive any additional Medi-Cal patients.

8 ADJOURNMENT

Chair Greenia adjourned the meeting at 5:10 p.m.

**Ventura County Medi-Cal Managed Care Commission (VCMGCC)
dba Gold Coast Health Plan (GCHP)
Executive / Finance Committee Meeting Minutes**

December 13, 2010

ROLL CALL

COMMITTEE MEMBERS

Lanyard Dial, MD, Physician, Ventura County Medical Association

Rick Jarvis, Private Hospitals / Healthcare System

Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.

Michael Powers, Director, Ventura County Health Care Agency

Catherine Rodriguez, Ventura County Medical Health System

STAFF EX OFFICIO COMMITTEE MEMBERS

Earl Greenia, Chair, CEO

ABSENT: Darlane Johnsen, Vice Chair, Interim CFO was excused.

ADDITIONAL STAFF IN ATTENDANCE

Traci R. McGinley, Interim Clerk of the Board

Bob Beltrans, Interim Chief Medical Officer

Candice Limousin, Interim Human Resources Director

GUESTS IN ATTENDANCE

Terrie Stanley, Health Care Agency Deputy Director

Narcisa Egan, Assistant Health Care Agency CFO

1. CALL TO ORDER.

Chair Greenia called the meeting to order at 3:30 p.m. at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036.

2. APPROVAL OF MINUTES

The Minutes of the October 25, 2010 Executive / Finance Committee Meeting were presented for review and approval.

Committee Member Powers moved to approve the minutes as presented. Member Juarez seconded the motion, but expressed his concern about the Roll Call appearing that Terrie Stanley and Narcia Egan as Committee Members. Motion carried with Member Dial and Jarvis recusing themselves. **Approved 3-0**

The Minutes of the November 10, 2010 Executive / Finance Committee Meeting were presented for review and approval.

Committee Member Dial moved to approve the minutes as presented. Member Powers expressed that the first paragraph of Committee Member Comments, Page 4, should read that "...GCHP would be disadvantaged..." not "...GCHP is being punished..." Member Jarvis noted that on Page 2 he should be listed as a Member on the CFO Interview Panel. Member Powers seconded and the motion carried as amended. **Approved 5-0.**

3. PUBLIC COMMENT / CORRESPONDENCE

Michael Lurie, CMHS, explained that Auto Assignment was discussed in June and he thought it was settled. CMHS wants all of their facilities in Auto Assignment, not just the rural ones. He stated that the Centers are traditional Medi-Cal providers.

4. CEO UPDATE

Chair Greenia introduced new interim, Project Specialist, Andre Galvan. He then updated the Committee regarding other recruitment for open staff positions.

He advised the Committee that scheduling the panels for the CMO and CFO interviews has been challenging.

Staff continues outreach and had the State visit. Staff spoke with the State and they have agreed to re-run the rate calculations using May 1 as provisional start-date.

Staff is further exploring dental. State said there is waiting list of other counties. If they re-open the process it will take 24 months. If we are interested it will take work, the application would require county support and possible legislation.

Chair Greenia explained to the Committee that the "go live" date of April 1st is too soon and requested support for May 1st. Discussion was held with regard to the State's position on the go-live date change, to which Chair Greenia indicated that they would support that date.

Discussion was held regarding when the funds from the State are anticipated, to which Chair Greenia explained that the State said they could provide money with go live date. Further discussion was held with regard the funds. Chair Greenia stated we will exhaust our ACS credit line in April or May.

Even though the cash flow report shows we will run out of money in March, RGS could temporarily bridge payroll expenses.

Chair Greenia added that when this was discussed with his counterparts, they enforced that once we give the State a date they will do everything in their power to make it work.

No Committee Action was required.

5. FINANCIAL UPDATE

Chair Greenia explained that April shows a significant difference, March includes tenant improvements and additional staffing. He also noted that printing is a notable expense, as well as postage.

Discussion was held as to whether there was any flexibility with ACS and funding. Terrie Stanley explained that Tenant Improvements are the county's expense (as the landlord), COHS is only responsible for the monthly lease amount. Staff will confirm this and revise the projection as appropriate.

No Committee Action was required.

6. CEO HIRING AUTHORITY

Chair Greenia requested authority to hire regular employees.

Member Powers moved to authorize the CEO to have hiring and salary authority with the exception of the CFO and CMO positions, which would require Commission approval and participation in the interview and selection process. Member Dial seconded. **Approved 5-0.**

7. CEO CONTRACT EXECUTION AUTHORITY

After discussion regarding execution authority in other area government entities, Chair Greenia withdrew his request to change the approval threshold for purchased services. Further study was requested regarding Commission involvement in provider contracting.

8. AUTO-ASSIGNMENT OF BENEFICIARIES WITHOUT PCP SELECTION

Chair Greenia stated that he was tasked with contacting his counter-parts and of the three COHSs that responded, all have an open approach to auto assignment. They all use similar, if not the same definition for Safety-Net.

Chair Greenia expressed his philosophy that if there are providers that are willing to be on the panel, because of rates we should welcome them in order to maximize member choice and access. James Ward, Clinicas, stated that he did not believe the County or Clinicas would be in favor of that unless you want to open this up to commerce.

Discussion was held regarding how the County Ordinance specifically addresses protecting the Safety Net. Not necessarily turning providers down, but still protecting the Safety-Net.

The Committee discussed reviewing each case independently, but concern was raised that if Commissioners voted on who could and could not join then it will most likely get political.

James Ward, Clinicas, asked who would administer the process, as he had been in a number of states and does not believe there is a system that could handle that.

Terrie Stanley explained that it is weighted; there are maximum numbers that can be assigned to a practitioner based on current ratio. There are limits that the plan must be able to demonstrate, there are a number of rules that go into this.

Dial moved that the policy regarding auto assignment stay as is currently defined and that an ad hoc study group be established to review the definition of "traditional provider." Member Juarez seconded. The Motion carried. **Approved 5-0.**

9. PROVIDER ADVISORY COMMITTEE

Member Juarez moved to accept the appointments and add an additional position to accommodate community care and hospice. Member Powers seconded, the motion carried. **Approved 5-0.**

10. HELA RESPONSE: BENEFICIARY / ADVOCATE COMMISSIONER

There was Committee consensus that this was presented well and is to be taken forward to the Commission.

11. HELA RESPONSE: EXECUTIVE RECRUITMENT PROCESS

There was Committee consensus that this was presented well and is to be taken forward to the Commission.

12. COMMITTEE MEMBER COMMENTS

Discussion was held regarding the previous filming of portions of the meetings, Chair Greenia read Government Code Section 94953.5 regarding filming during public meetings. After further discussion, Member Juarez requested the item be placed on the next Commission Meeting Agenda.

13. ADJOURNMENT

Chair Greenia adjourned the meeting at 5:40 p.m.