

Meeting of the Gold Coast Health Plan Executive/Finance Committee

DATE: Wednesday, October 13, 2010
TIME: 3:30-5:30 pm
PLACE: 2240 E Gonzales Road Suite 200
 Oxnard CA 93036

AGENDA

Item	Documents for Review	Subject	Presenter	Time
1		Call to Order, Welcome and Roll Call	Terrie Stanley	3:30 PM
2		Public Comment/Correspondence	Terrie Stanley	3:30- 3:40 PM
3 ACTION	ATTACHMENT A Board Letter Request for Television Coverage of Scheduled Meetings -Options for Consideration ATTACHMENT A1 Correspondence ATTACHMENT A2 GCHP DRAFT Consumer Awareness Campaign Strategy	Receive Correspondence from Health Education League of America and Direct Staff Response	Terrie Stanley	3:40-3:50 PM
4 ACTION	ATTACHMENT B Minutes - September 27, 2010	Review and Approve Meeting Minutes	ALL	3:50-3:55 PM
5 ACTION	ATTACHMENT C Board Letter-Gold Coast Health Plan's Financial Update and Discussion on Primary Care Capitation Rates and Budgets for Providers ATTACHMENT C1 Services Capitated to Primary Care	Presentation by Narci Egan of GCHP Income and Expenses to date. Bob Cosway of Milliman will provide a status update on the rate setting process	Narci Egan Bob Cosway	3:55-4:15 PM
6 ACTION	ATTACHMENT D Board Letter Logo Selection for Gold Coast Health Plan –Presentation of 4 Logos, Selection of 2 for Refinement ATTACHMENT D1 First Round Logos	Coverly Professional Services and City Creative Group-Presentation of Gold Coast Health Plan Logo Options	Lynette Coverly	4:15-4:45 PM
7 ACTION	ATTACHMENT E Board Letter -Accept CEO Transition Plan ATTACHMENT E1 Transition Plan For Incoming GCHP CEO	CEO Transition Plan	Terrie Stanley	4:45-5:00
8 ACTION	ATTACHMENT F Board Letter- Accept Chief Executive Officer Compensation and Benefit Information	Permanent CEO Compensation	Michael Powers	5:00-5:15 PM

9 RECEIVE AND FILE	ATTACHMENT G Project Implementation, Timeline, Deliverables and Immediate Staffing Requirement	Revised Implementation	Animated Computer Services	5:15-5:30 PM
10		Adjourn		5:30 PM

Meeting agenda available at our website www.vchca.org/cohs

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT LAURA AT 805/981-5023. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

VENTURA COUNTY
MEDI-CAL
MANAGED CARE
COMMISSION

DBA Gold Coast Health Plan
-a public entity
www.vchca.org/cohs

Michael Powers
/C Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
/C Medical Association
/ice Chair

Dr. David Araujo
/CMC Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
Physician
/CMC Executive Committee

Rick Jarvis
Private Hospital/
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

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

Catherine Rodriguez
/CMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

ATTACHMENT A

DATE: October 13, 2010
TO: Gold Coast Health Plan Executive/Finance Committee
FROM: Terrie Stanley, Interim CEO
SUBJECT: Correspondence from Health Education League of America- Request for Television Coverage of Scheduled Meetings

Recommendations:

Direct staff response to the request.

Discussion:

On October 3, 2010 the attached correspondence was received in the cohsquestions mailbox. This was also sent to the following individuals-Jim Hensley of League of United Latin American Citizens, Michael Powers Chair of the VCMCC; Terrie Stanley Interim CEO; and Tom Kiskien of the Ventura County Star. In anticipation of the need for a response to this request, the following information regarding the requirements under the Brown Act concerning the items HELA is requesting is submitted for consideration:

- (i) active participation by the Commission in arranging live broadcasts; and
- (ii) participation in "informational broadcasts" about program services.

Gov. Code § 54953.6 pertaining to broadcasts of public meetings:

"No legislative body of a local agency shall prohibit or otherwise restrict the broadcast of its open and public meetings in the absence of a reasonable finding that the broadcast cannot be accomplished without noise, illumination, or obstruction of view that would constitute a persistent disruption of the proceedings."

Regarding the live broadcasts, the Commission is under no obligation to make any arrangements – it only needs to make a reasonable determination as to whether to allow the broadcast based on whether they are disruptive.

Regarding participating in informational broadcasts, the letter does not say who they are requesting to participate. If it is Commissioner participation that is being requested, that will be subject to their availability, willingness, and compliance with Brown Act requirements as per Gov. Code § 54952.2(b) and (c) as follows:

(b) (1) A majority of the members of a legislative body shall not, outside a meeting authorized by this chapter, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter jurisdiction of the legislative body.

(2) Paragraph (1) shall not be construed as preventing an employee or official of a local agency, from engaging in separate conversations or communications outside of a meeting authorized by this chapter with members of a legislative body in order to answer questions or provide information regarding a matter that is within the subject matter jurisdiction of the local agency, if that person does not communicate to members of the legislative body the comments or position of any other member or members of the legislative body.

c) Nothing in this section shall impose the requirements of this chapter upon any of the following:

(1) Individual contacts or conversations between a member of a legislative body and any other person that do not violate subdivision b).

(2) The attendance of a majority of the members of a legislative body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the legislative body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the local agency. Nothing in this paragraph is intended to allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance.

(3) The attendance of a majority of the members of a legislative body at an open and publicized meeting organized to address a topic of local community concern by a person or organization other than the local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(4) The attendance of a majority of the members of a legislative body at an open and noticed meeting of another body of the local agency, or at an open and noticed meeting of a legislative body of another local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(5) The attendance of a majority of the members of a legislative body at a purely social or ceremonial occasion, provided that a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(6) The attendance of a majority of the members of a legislative body at an open and noticed meeting of a standing committee of that body, provided that the members of the legislative body who are not members of the standing committee attend only as observers.

Gold Coast Health Plan staff has been working to create a Consumer Awareness Campaign Strategy and that is presented today for your consideration.

ATTACHMENT A1: CORRESPONDANCE –HEALTH EDUCATION LEAGUE OF AMERICA

ATTACHMENT A2: DRAFT: GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY

October 4, 2010

Commission Members
Ventura County COHS
2323 Knoll Drive
Ventura, CA 93003

Transmitted Via Electronic Mail – cohquestions@ventura.org

Dear Commission Members,

On behalf of the Health Education League of America (HELA), a community based organization comprised of local residents, we urge your immediate compliance with critical requirements delineated in Ordinance #4409 adopted unanimously by the Ventura County Board of Supervisors on December 29, 2009 enabling the formation of the County Organized Health System (COHS). Article 6 entitled "General Provisions", Section 1380, sub-section 1380-2, paragraph "a" states that the Managed Care Commission was created, in part, for "...the provision of (Medicare and Medicaid) health care services to persons who are eligible to receive medical benefits..." under title 18 and 19 of the Social Security Act. Also, sub-section 1380-4, paragraph "e" states the Commission is charged with, "Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients".

Our concern about COHS compliance is in the following context:

- The majority (57-percent) of existing COHS stakeholders are Latino.
- According to the 2010 U.S. Census, 38.5% of our residents are persons of Hispanic or Latino origin.
- Ventura County has the 28th largest Latino population of the nation's 3,141 counties.
- Thirty-three percent of our population speaks a language other than English at home.

On the latter point, Arbitron reports that for the 11th consecutive period, Spanish-language radio is #1 in Ventura County and five of Ventura County's 15 commercial radio stations broadcast in Spanish.

Moreover, 39% of California's 13.4-million Latinos are non-native born (first generation immigrants) and the median age of Latinos statewide is 27 compared to 43 among non-Hispanic whites, a predictor that the above-cited percentages are certain to increase.

It is incumbent upon you to ensure that timely, accurate information about COHS' actions reaches all of the constituents you were created to serve which numerous Latino residents and organizations inform us is not happening at present. We therefore urge you to undertake with HELA providing live Television and Radio bilingual (English/Spanish) broadcasts of your public meetings and proceedings and participate in regular bilingual informational broadcasts about COHS program services. This will help fulfill the stated requirement to "educate" the majority of the 110,000 individuals presently covered under Medi-Cal in Ventura County and further ensure COHS meets "the provision of (Medicaid and Medicare) health care services to persons who are eligible to receive medical benefits" but who are not being reached with information on health care to which they are lawfully entitled.

We look forward to your reply.

Sincerely,
David Cruz
David Cruz
President

cc: League of United Latin American Citizens (LULAC)

DRAFT: GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY**Purpose:**

The successful development and implementation of Gold Coast Health Plan will require coordination with and responsiveness to both the local provider and consumer communities. In order to maximize the effectiveness of this task, Gold Coast Health Plan will implement an outreach and communications strategy aimed at both of these critical elements within the Ventura County marketplace. Outreach efforts to the provider community are already under way. The following narrative describes the proactive approach that will be taken to be inclusive of all interested Ventura County Medi-Cal consumers and establish a meaningful dialogue. This will be done in order to solicit input, active cooperation, and support for changes that will be taking place in moving from the current fee-for-service environment to managed care.

Strategy:

Gold Coast Health Plan will implement campaign whose goal is to reach the consuming members of the public in order to effectively open channels of communication, spread the facts of what will change, and secure support for the forthcoming comprehensive program.

Population Segments and Targets:

The consumer awareness campaign will be directed towards the end-users- Medi-Cal Beneficiaries, who will be assigned to the Gold Coast Health Plan as well as advocacy groups or agencies that focus on working with the needs of the population. The following Ventura County groups will be targeted for outreach efforts and exposure to Gold Coast Health Plan's programs and principles:

- Lower income groups and those on cash assistance or CalWORKS
- Persons on Social Security Income
- Seniors and Persons with Disabilities
- Young mothers and their children (or soon-to-be young mothers)
- Ventura County Foster Parent Association, Ventura County Foster Care (Human Services Agency), Multidimensional Treatment Foster Care (MTFC), Casa Pacifica, & Supportive and Therapeutic Options Program (STOP)
- Limited English proficient individuals
- Patients residing in Long Term Care facilities
- Other critical groups to be identified as the campaign rolls out

In trying to reach these constituencies, Gold Coast Health Plan will make reasonable efforts to establish connections with all Ventura County advocacy groups that are dedicated to serving this population. Such advocacy group targets may include but not be limited to:

- Public housing and tax exempt charitable organizations such as Rescue Mission
- Area Agency on Aging, Braille Institute of America, Health Insurance Counseling and Advocacy Program (HICAP), Society for the Blind, Tri-County GLAD, Independent Living Resource Center, and similarly focused organizations
- Interface Children Family Services, First 5, La Leche League, Head Start, WIC or similar child-oriented programs
- Spanish language print and other media communication outlets

DRAFT: GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY

- Senior Centers, Adult Day Health Care Centers, Meals on Wheels, Senior Concerns, and similar organizations or groups in the community that may benefit seniors, caregivers, and the families and friends of those who are chronically ill, impaired, or home-bound
- Groups that have appeared before the Gold Coast Health Plan Governing Board
- Local offices of Employment Development Department, Veterans' Affairs, etc.
- Camarillo Health Care District, free clinics and other organizations providing services to the population
- ARC - Ventura County, Tri-County Regional Center, and other organizations providing educational, vocational, and residential services to people with developmental disabilities

Methods of Engagement:

Gold Coast Health Plan has already contacted many of these groups in an effort to initiate dialogue and solicit support. It is Gold Coast's continued goal to solicit their intellect, harness their initiative and engage their energy and enthusiasm needed to design, develop and implement highly effective communication channels and employ up-to-date and state-of-the-art methods to secure the interest and support of their consumer community constituencies.

Communication Distribution Channels:

Gold Coast Health Plan will work with community groups and advocates to design and distribute simple, clear and concise messaging that can be easily disseminated throughout the Ventura County community. Products might include but not be limited to:

- Simple flyers in both English and Spanish distributed in high foot traffic locations
- Print and mass media that is of no cost to the organization and provides Public Service Announcements
- Community meetings, hosted town hall gatherings and health fairs to promote and explain GCHP
- Presentations to local community groups
- Announcements and presentations at local churches and faith-based events
- Other "ad hoc" opportunities that may arise

Action Steps:

In order to implement this plan and achieve the desired outcomes of community awareness and outreach, the following steps will be taken:

1. Assign GCHP staff responsible for the implementation of the plan and provide a regular report of activities to the appropriate Governing Body.
2. Research the local Ventura County community and identify as many advocacy groups as possible willing to assist and gain access to the population that will be served.

DRAFT: GOLD COAST HEALTH PLAN'S CONSUMER AWARENESS CAMPAIGN STRATEGY

3. Contact community/organizational leaders or assigned agency staff to obtain their commitment to assist with the awareness and participation of their constituents.
4. Conduct face-to-face meetings with GCHP staff to clarify the organizational goals and objectives and seek input and support to maximize success.
5. Conduct regular meetings with advocacy groups to design communication pieces and most effective channels and methods of distribution.
6. Continuously gauge effectiveness and measure participation from targeted community groups.
7. Discard methods and practices proven to be suboptimal; expand avenues that elicit the best response, highest participation levels or other measures of satisfactory outcomes that will help GCHP achieve targeted goals.
8. Invite supportive agency representatives to be seated on the ongoing Member/Consumer Advisory Committee. Continued participation will assist the Commission as it formulates ongoing policy and gain beneficial insights from their unique perspectives in serving their constituencies.

Timing:

At present, Gold Coast Health Plan is in a transitional state of readiness. The current Interim CEO (Terrie Stanley) and one Management Consultant from Regional Government Services (Paul Roberts) are fully engaged with the development of policies and procedures, producing contract deliverables for the Department of Health Care Services, and soliciting providers for the emerging contracted network. Gold Coast Health Plan's IT vendor, ACS, is fully engaged with system configuration and operations preparations in addition to assisting with the demands and details of provider network start-up. In short, there are no staff resources in place **at present** to commence the important consumer awareness campaign. This is only a temporary situation.

A permanent CEO is scheduled to start the first week of November. Shortly thereafter the final interviews of C-level (CFO, CMO, etc.) and several key Director-level positions will be completed, staff selected and appointed. Other important work activities including but not limited to this consumer awareness campaign may then be properly staffed and initiated.

Once implemented, the program can begin producing positive, demonstrable movement within 4 to 6 weeks. After the main course has been established, mid-course corrections will be effected and ongoing consumer outreach efforts will be pursued on a continuous basis.

Per the Department of Health Care Services requirements, formal individual beneficiary notification will be initiated by the Department itself in the form of a "90 day letter." By that point in time, it is anticipated there will be broad understanding of and acceptance for the newly formed plan. Outreach and educational efforts will not stop there. On the contrary, Gold Coast Health Plan will continue to connect with beneficiaries and focus on the reduction of barriers to a smooth start-up, transition, and program implementation.

GCHP Executive / Finance
Committee Meeting Minutes

VCMHCC dba Gold Coast Health Plan
(GCHP)

September 27, 2010

Committee Members in Attendance		Staff in Attendance
✓	Terrie Stanley, Co-Chair, Interim CEO	✓ Dee Pupa, Interim Assistant Clerk of the Board
✓	Narcisa Egan, Co Chair, Assistant Health Care Agency CFO	
✓	Lanyard Dial, MD, Physician, Ventura County Medical Association (Commissioner Dial arrived at 1:14 p.m.)	Guests in Attendance
✓	Rick Jarvis, Private Hospitals / Healthcare System	✓ Jennifer Bower, Human Resource Director, RGS-LGS
✓	Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.	✓ Lynette Coverly, Coverly Professional Services
✓	Michael Powers, Director, Ventura County Health Care Agency	✓ Candice Limousin, Human Resources, RGS-LGS
✓	Catherine Rodriguez, Ventura County Medical Health System	✓ Traci R. McGinley, GCHP Consultant
		✓ Paul Roberts, 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 1:10 p.m. All Members present, except for Commissioner Egan. A quorum was present. <p>Co-Chair Stanley welcomed everyone and introduced a new contract employee, Paul Roberts, consultant and provided an overview of his extensive background in HMO's.</p>	
2	Public Comment / Correspondence Terrie Stanley	<p>Member of the public, Mr. Rossi expressed his concern that approximately two months previously he had requested to review the vendor contracts. Co-Chair Stanley advised that the final contract was just completed and would now be available.</p> <p>Mr. Rossi requested a list of providers.</p>	
3	Review and Approval - Minutes August 23, 2010 and September 9, 2010	<p>The Minutes of August 23, 2010 Committee meeting were presented for review and approval.</p> <p>The Minutes of September 9, 2010 Committee meeting were presented for review and approval.</p>	<p>Commissioner Dial moved to approve the minutes of August 23, 2010; Commissioner Powers seconded. Approved 6-0. Commissioner Powers</p>

September 27, 2010

			moved to approve the minutes of September 9, 2010; Commissioner Dial seconded. Approved 6-0.
4	Approval of Coverly Professional Services and City Creative Group Proposal and Process for Logo Selection for Gold Coast Health Plan Terrie Stanley	<p>Co-Chair Stanley gave a brief background of the RFP process, which included 4 vendors for the Logo development and explained that Coverly with City have over 35 years combined experience. Co-Chair Stanley also noted that the project cost was reasonable at \$2,000 and that Coverly could meet the aggressive timelines.</p> <p>Lynette Coverly gave a brief overview of her background. Copies of logos of other similar public health plans in California were reviewed as well as the time-line for the logo development process. Ms. Coverly expressed her desire to have one or two logos that the Committee would strongly endorse. The goal is to have the logos back to the Committee by the next meeting. The cost of black and white, as well as multiple color logos was discussed. The Committee requested that several choices be provided, even some with more than two colors.</p> <p>Commissioner Rodriguez asked how to ensure that the mark is unique. Co-Chair Stanley explained the process that will be used.</p> <p>Co-Chair Stanley stated that Legal Counsel recommends that "Public Entity" be a part of the brand as it would announce to the public that any claims to be filed against the Plan would need to follow the California Government Code processes.</p> <p>Commissioner Powers suggested more than just a name be used, so that it is warmer for the public. Further discussion was held were it was expressed to bring out the word "gold" in the name because it invokes quality.</p> <p>Member of the public, Mr. Rossi inquired if there would be public input</p>	<p>Commissioner Powers moved to approve the process; Commissioner Dial seconded. Approved 6-0.</p> <p>Commissioner Juarez moved to approve the Services Contract; Commissioner Dial seconded. Approved 6-0.</p>

September 27, 2010

		during the selection process. Co-Chair Stanley stated that the information would be made available to the public.	
5	Update -- Gold Coast Health Plan Staffing Terrie Stanley	The Spanish translation and the possibility of showing agriculture to pull in the demographics was recommended by Commissioner Juarez. Co-Chair Stanley stated that she, Jennifer Bower and Candice Limousin did some initial scoring of applicants and developed screening questions that could be used for an initial phone interview. Ms. Limousin stated that there has been excellent response to job postings with over 200 applications received. There are many well qualified applicants. The majority of applicants are local or at least within California. Commissioner Juarez asked if the top candidates would be requested to travel for in-person interviewing and would the travel expenses be reimbursed. Ms. Bower responded that it was up to the Commission.	
6	CLOSED SESSION	Adjourned to Closed Session. Public Employee Appointment or Employment (Gov. Code §54957.) Title: Chief Financial Officer; Chief Medical Officer – Review of applicants and selection of candidates to be interviewed.	Adjourned at 1:42 p.m.

Submitted by: 
Recorder

ATTACHMENT C

VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION

DBA Gold Coast Health Plan
-a public entity
www.vchca.org/cohs

Michael Powers
/C Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
/C Medical Association
Vice Chair

Dr. David Araujo
/CMC Family Medicine
Residency Program Director

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Catherine Rodriguez
VCMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

DATE: October 13, 2010
TO: Gold Coast Health Plan Executive/Finance Committee
FROM: Terrie Stanley, Interim CEO
SUBJECT: Financial Update and Discussion

Recommendations:

Recommendation #1-Approve current income and expense report and send to full board for approval

Recommendation #2-Approve Primary Care Capitation Rates as Recommended by Milliman and send forward to full board for approval.

Recommendation #3- Approve Recommended Services to be included in Primary Care Capitation as developed by Ad Hoc Physician committee and reviewed by community physicians and send forward to full board for approval.

Recommendation #4-Approve Recommended Budget for Hospital, Physician Services, LTC, Pharmacy and Ancillary Service Providers and send forward to full board for approval.

Recommendation #5- Direct Milliman to explore options for hospital per diem rate setting as C-MAC has directed hospitals to not disclose their rates to GCHP and send recommendation to full board for approval.

Recommendation #6-Direct Milliman to explore options for a capitation rate for ancillary, specialty and hospital services for those providers who have expressed an interest in taking additional capitation and send recommendation to full board for approval.

Discussion:

Gold Coast Health Plan has been able to secure start-up funding for its operations. In order to be able to move the process forward, contracts have been entered into for the performance of a variety of services that are needed by the plan. An update of the income and expenses to date is provided for your review and approval.

The list of services to be under the primary care capitation rates was first presented to the board. The direction given was to gather together a group of primary care physicians to review the list and make recommendations for what services should be included. At a subsequent board meeting, it was further suggested that input be solicited from physicians in private practice, outside of the systems of Ventura County, Clinicas or CMH Centers for Family Health. Input was solicited from California HealthFirst Physicians, a primary care multispecialty group with offices in Oxnard and Camarillo and from Dr. John Ford, Dr. Linda Lundeen, Dr. Theresa Enriquez, and Josephine Soliz M.D. There is no opposition to moving forward with the services being recommended for inclusion under capitation.

Bob Cosway from Milliman has been assisting in the analysis of the data that has been received from the state and which will be used in the rate setting process. He comes before the board today to present findings and offer recommendations as to how to proceed.

ATTACHMENT C1 PCP CAPPED SERVICES
ADDITIONAL ITEMS TO BE DISTRIBUTED AT MEETING

Gold Coast Health Plan

CAPITATED PRIMARY CARE SERVICES

OFFICE VISITS

CPT Code -New Patient

99201	Problem focused history and exam; straight forward; 10 minutes
99202	Expanded problem focused history and exam; straight forward; 20 minutes
99203	Detailed history and exam; low complexity; 30 min
99204	Comprehensive history and exam; moderate complexity; 45 minutes
99205	Comprehensive history and exam; high complexity; 60 minutes

Established Patient

99211	Minimal Problem; physician supervised services; 5 minutes
99212	Problem focused history and exam; straight forward; 10 minutes
99213	Expanded problem focused history and exam; straight forward; 15 minutes
99214	Detailed history and exam; moderate complexity; 25 minutes
99215	Comprehensive history and exam; high complexity; 40 minutes

PREVENTIVE MEDICINE SERVICES (if not covered by CHDP)

99381	Initial Evaluation and Management of Healthy Individual
99382	Early Childhood - age 1 to 4 years
99383	Late Childhood - age 5 to 11 years
99384	Adolescent - age 12 to 17 years
99385	18 - 39 years
99386	40 - 64 years
99387	65 years and older

Established Patient

99391	Periodic Reevaluation and Management of Healthy Individual
99392	Early Childhood - age 1 to 4 years
99393	Late Childhood - age 5 to 11 years
99394	Adolescent - age 12 to 17 years
99395	18 - 39 years
99396	40 - 64 years
99397	65 years and older

Gold Coast Health Plan

CAPITATED PRIMARY CARE SERVICES

MINOR SURGICAL AND OTHER MISCELLANEOUS PROCEDURES

Surgical Procedures

.0060	Drainage of Boil
.0080	Drainage of Pilonidal Cyst
.0120	Remove Foreign Body
.0140	Drainage of Hematoma
.0160	Puncture Drainage of Lesion
.1100	Biopsy of Lesion
.1101	Biopsy, Each Added Lesion
.1200	Removal of Skin Tags
.1300-11302	Shaving of epidermal or dermal lesion(s), single lesion,- trunk, arms or legs, diameter 0.5 (or less)-2.0
.1305-11307	scalp, neck, hands, feet genitalia, diameter 0.5 (or less)-2.0
.1310-11312	face, ears, eyelids, nose, lips, mucous membrane, diameter 0.5 (or less)-2.0
.1400-11402	Excision of benign lesions including margins- trunk, arms or legs, diameter 0.5 (or less)-2.0
.1420-11422	scalp, neck, hands, feet genitalia, diameter 0.5 (or less)-2.0
.1440-11441	face, ears, eyelids, nose, lips, mucous membrane, diameter 0.5 (or less)-1.0
.1740	Drain Blood from under Nail
.1900	Injection into Skin Lesions
.16000	Initial Treatment of Burn(s)
.17000	Destruction (laser, electro, cryo, chemo (surgery), surgical curettement), premalignant lesions; first lesion
.20600	Arthrocentesis, Aspiration and/or Injection; Small Joint, Burns or Ganglion Cyst
.26600	Treat Metacarpal Fracture
.26720	Treat Finger Fracture, Each
.28470	Treat Metatarsal Fracture
.28490	Treat Big Toe Fracture
.28510	Treatment of Toe Fracture

Splints

.29105	Application of long arm splint (shoulder to hand)
.29125	Application of short arm splint (forearm to hand); static
.29126	dynamic
.29130	Application of finger splint; static
.29131	dynamic
.29505	Application of long leg splint (thigh to ankle or toes)
.29515	Application of short leg splint (calf to foot)

Gold Coast Health Plan

CAPITATED PRIMARY CARE SERVICES

Strapping – Any Age

29280	Strapping; hand or finger
29550	Strapping; toes

Laboratory

81000	Urinalysis with Microscopy
81002	Routine Urine Analysis
81025	Urine Pregnancy test, by visual color comparison methods
82270	Blood; Occult, Feces
82271	Blood; Occult - Other Sources
82948	Stick Assay Blood Glucose
82962	Blood glucose by glucose monitoring devices cleared by the FDA for home use
85014	Hematocrit
85018	Hemoglobin, Colorimetric
85025	Automated Hemogram
86580	TB Intradermal Test
87081	Bacteria Culture Screen-Rapid Strep
87205	Smear, Stain & Interpretation - Routine Stain
87210	Smear, Stain & Interpretation - Wet Mount
87220	Tissue Examination for Fungi (KOH Slide)
87880	Rapid Strep Test

VISION SCREEN, TEST

99173	Screening test of visual acuity, qualitative, bilateral
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ECG, HEARING TEST, SUPPLIES

93000	Electrocardiogram, Complete
93005	Electrocardiogram, Tracing
93010	Electrocardiogram Report
93041	Rhythm ECG, Tracing
92551	Pure Tone Hearing Test, Air
92552	Pure Tone Audiometry, Air
92553	Audiometry, Air & Bone
92567	Tympanometry (impedance testing)
99070	Special Supplies

MEDICINE

94160	Vital capacity screening tests: total capacity, with timed forced expiratory volume (state duration), and peak flow rate
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Gold Coast Health Plan

CAPITATED PRIMARY CARE SERVICES

94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination

OTHER

96600 Diagnostic Anoscopy

97101 Insertion of non-indwelling bladder catheter

97102 Insertion of temporary indwelling bladder catheter

95205 Removal of Foreign Body, Eye

99200 Clear Outer Ear Canal

99210 Remove Impacted Ear Wax

ATTACHMENT D

VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION

DBA Gold Coast Health Plan
-a public entity
www.vchca.org/cohs

Michael Powers
VCHCA Health Care Agency
Chair

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

Dr. David Araujo
VCHCA Family Medicine
Residency Program Director

May Lee Berry
Medi-Cal Beneficiary /
Advocacy Representative

Dr. Anil Chawla
Physician
Clinicas Del Camino Real Inc.

Dr. John Fankhauser
Physician
VCHCA Executive Committee

Rick Jarvis
Private Hospital /
Health Care System
Los Robles Hospital

Roberto S. Juarez CEO
Clinicas Del Camino Real Inc.

Supervisor Kathy Long
Ventura County
Board of Supervisors

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

Catherine Rodriguez
VCHCA Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

DATE: October 13, 2010

TO: Gold Coast Health Plan Executive/Finance Committee

FROM: Terrie Stanley, Interim CEO

SUBJECT: Coverly Professional Services and City Creative Group Presentation of Four (4) Logos, Selection of Two (2) for Gold Coast Health Plan (GCHP)

Recommendations:

Recommendation #1 - Select two (2) logos for refinement (if needed).

Recommendation #2 - Placement of the selected logos on Gold Coast's website for the purpose of solicitation of input from stakeholders.

Discussion:

On September 27th, the Executive-Finance Committee approved a proposal for GCHP Logo design from the above named vendor and authorized the Interim CEO to execute the agreement with the change that two options be presented to the full commission for approval at the October 25th meeting. The remainder of the implementation was to follow the process presented at the meeting. The Ventura County Medi-Cal Managed Care Commission accepted the recommendation from the Executive Finance Committee at the meeting of September 27th. Gold Coast staff and Ms. Coverly and Company have been meeting to achieve the desired outcome.

Ms. Coverly will be present at the October 13th meeting of the Committee for a 30 minute session that will focus on review of the logos submitted and take committee members suggestions for refinement as needed.

Staff will then post the two selected options on the Gold Coast Health Care Plan website for the purpose of soliciting input from stakeholders. A tally of the results will then be presented to the full commission along with the request for approval of one of the two logos.



Gold Coast Health Plan



Gold Coast Health Plan



Gold Coast Health Plan



Costa del Oro Plan de Salud



Gold Coast Health Plan



Gold Coast Health Plan



Costa del Oro Plan de Salud



Gold Coast Health Plan



Gold Coast
Health Plan



Gold Coast
Health Plan



Gold Coast
Health Plan



Costa del Oro
Plan de Salud

Gold Coast Health Plan



Gold Coast
Health Plan



Costa del Oro
Plan de Salud



Gold Coast
Health Plan



ATTACHMENT E

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St. Johns Reg. Med. Center

Catherine Rodriguez
/CMC Health System

Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

DATE: October 13, 2010
TO: Gold Coast Health Plan Executive/Finance Committee
FROM: Terrie Stanley, Interim CEO
SUBJECT: CEO Transition Plan

Recommendations:

Accept CEO Transition Plan and Move forward to full board on October 25, 2010

Discussion:

On September 27, 2010, the Commission unanimously selected Earl Greenia to be the permanent Chief Executive Officer for Gold Coast Health. As you know, I served as staff support to this process and was officially appointed to the role of Interim CEO by the Commission in May of 2010. Over the course of the last six months, much work has been accomplished. Following is a list of key deliverables that have been put in place for the incoming administration:

- Creation of the ByLaws for the Operation of the Ventura County Medi-Cal Managed Care Commission
- Creation of Structure and Purpose for Committees of the Commission- Provider, Member, Quality, and Credentials
- Selection of and Contract Negotiations with Regional Government Services to Provide Recruitment, Staffing and Employee Benefit Administration
- Retained Beecher Carlson as Insurance Broker to Develop Insurance Strategy which included Directors and Officers Liability and General Liability for Occupancy of Office
- Creation of the Executive-Finance Committee
- Policy for CEO signing authority
- Provider Reimbursement Policy
- Contracting templates for PCP, Hospitals, Specialist, LTC and Ancillary Service Providers
- Administrative Member Policy
- Auto Assignment Policy
- Budget approval
- Administrative Service Provider Contract Negotiation and Implementation
- Pharmacy Benefits Manager Contract Negotiations
- Selection of Legal Counsel to the Commission
- Selection of a name (DBA) for the new health plan
- Selection of office location and lease negotiation
- Quality Improvement Activities for Gold Coast Health Plan
- Establishment of the Conflict of Interest Code

The contracting process is moving along with numerous providers expressing a desire to contract with Gold Coast Health Plan so they may provide services to Medi-Cal beneficiaries

I have been asked by Mike Powers, Commission Chair to prepare a transition plan. As Mr. Greenia will be starting employment on November 2, 2010, this plan is being presented for your review and approval. It is anticipated that the plan can be carried out over a two week period of time. I would look to the Commission to be involved with Mr. Greenia's introduction to the provider community as that process will occur over longer timeframe. I will be returning full time to my position within the County of Ventura's Health Care Agency. I thank you for the opportunity to have served this important process over the past year and a half as I was also involved in the preliminary stakeholder process and formation of the ordinance with the Ventura County Board of Supervisors.

I wish the best for you all as you continue on this important journey and know you will make it to the final destination.

Transition Plan for Incoming Gold Coast Health Plan Chief Executive Officer

Prepared by Terrie Stanley, Interim CEO OCTOBER 2010

Summary Report of the Ventura County Stakeholder Group process that formed the Medi-Cal Managed Care Commission

Organization Reference Binder that contains the following:

- Meeting Schedules for Board and Exec-Finance

- Listing of all Commission and Committee members

- Current timeline for Project Implementation

- Current Milestones and Status

- Bylaws for the Operation of the Commission

- Ordinance No 4409

- Ventura County Board of Supervisor Letters for establishment and commissioner selection process

- Brown Act

- Organization Charts for all committees and staff

- Advisory Committees of the board makeup and function

- Statement of Facts-Roster of Public Agencies Filing documents

- IRS/Department of Treasury –Employer Identification Number

- Conflict of Interest on file with the Clerk of the Ventura County Board of Supervisors

All financial projections and current financial information

Documentation from all board meetings and committee meetings to date

- Agendas

- Minutes

- Board Letters and Attachments

- Policies Created

State Contract Template Document

State Documentation on Proposed Rates

All Contracts GCHP has entered into with Vendors for Administrative Services:

ACS-Administrative Service Provider

ScriptCARE- PBM

RGS-LGS-Staffing and Benefit Package

Milliman-Actuarial Services

PHCG-Consultative Services for Financial Analysis

Tin Kin Lee-Legal Counsel

Lynette Coverly-Logo design and creation

Anacapa –Space planning and office

Elena Trevino-Newsletter formatting

Lease Agreement for office located @ 2220 Gonzales Road Oxnard CA

GCHP Provider Contract Templates:

PCP-Include listing of services under PCP capitation

Specialist Physicians

Hospitals

SNF

Ancillary Providers

Current Status of Provider Contracting Efforts

All binders with current staff to be hired job descriptions, candidate resumes, completed applications, ranking and preliminary screening status

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MANAGED CARE
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Commission Staff

Terrie Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

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

DATE: October 4, 2010

TO: Ventura County Medi-Cal Managed Care Commissioners Executive Finance Comm

FROM: Michael Powers, Chair, Ventura County Organized Health System
Jennifer Bower, Regional Government Services Human Resources Consultant

SUBJECT: **Chief Executive Officer Compensation and Benefit Information**

Recommendation:

Recommendation #1

Approve standard salary, benefits, and contract provisions as indicated below for Chief Executive Officer position.

Recommendation #2

Approve different salary, benefits, and contract provisions as indicated below for Chief Executive Officer position.

Discussion:

Gold Coast Health selected Regional Government Services Authority (RGS) to provide employee services to its new entity. It anticipated approximately forty employees, with other positions being contracted by various service providers. Through RGS, a national recruitment was undertaken for the Chief Executive Officer position with significant efforts made to attract qualified candidates. Over eighty applicants responded. Of those candidates, the Finance Executive Committee selected eight to interview, and subsequently forwarded four of those candidates to the full Commission to determine who RGS should offer to employ as the Chief Executive Officer, assigned to Gold Coast Health. The new CEO will then make the selection on all other positions assigned to Gold Coast Health with participation by the Commission for the Chief Financial Officer and the Chief Medical Officer.

After deliberation, on September 27, 2010, the Commission unanimously selected Earl Greenia to be its first Chief Executive Officer for Gold Coast Health. Mr. Greenia comes to this assignment with considerable experience. He initially selected November 16, 2011 as his start date as Mr. Greenia currently works in Hawaii, and needed to leave his current employer with adequate notice as well as set up temporary housing arrangements in Ventura County until more permanent housing could be found.

At the Commission chair's request, Mr. Greenia moved his start date up first to November 1, 2010 and later to November 2, 2010. Because he will be leaving Hawaii on October 30, 2010, Mr. Greenia is unable to arrange temporary lodging or get his car to California by his November 2, 2010 start date. The Commission initially approved total available funding for compensation and benefits for its various classifications. However, with the CEO, CFO, and CMO classifications, it was expected that some requests may be outside of the funding allocations and would need to be approved by the Commission.

Compensation and Benefits: The following is Mr. Greenia's compensation and benefits requests. Those items listed as standard are already provided. Those items listed as different need to be reviewed and approved so that the formal employment agreement can be finalized.

Chief Executive Officer Compensation and Benefit Information

Page 2

Item	Standard	Different	Issue/Comments
Compensation	\$200,000 annually.		As advertised and a reduction in salary for Mr. Greenia.
Compensation Review		At the end of 6 months with satisfactory or above performance. 5% would equal \$10,000	
Leaves	15 days vacation to start; 10 holidays; 5 administrative leave days; 12 sick leave days for years 1 and 2.	Time off of 2 weeks over holidays. No additional costs.	Mr. Greenia needed time between positions to find housing and to have time with his family before taking on this assignment. Because he will be unable to take that time off between jobs, RGS suggested that Mr. Greenia take the time later, such as over the holidays in 2010.
Health and Welfare	Fully paid family dental and vision insurance premiums; partially paid to \$1,000 a month family medical insurance premiums; life insurance to \$200,000, short-term and long-term disability insurance; liability insurance, workers' compensation, unemployment, and other legally required benefits; employee assistance program.		
Car Allowance	\$550 per month.	Requesting additional car allowance to pay for rental car until own car arrives from Hawaii. Could be up to \$2,000 more	Mr. Greenia's own car may take up to 21 days to arrive from Hawaii, depending on transportation-related issues.
Retirement Plan	10% in addition to compensation to a 401(a) plan with an additional 2% matching contribution.		
Relocation Costs	\$6,000	Requesting \$17,000 to move himself and his family. This is \$11,000 difference	Costs for moving from Hawaii are considerably higher.
Housing Costs		Requesting short-term temporary housing costs for hotel until able to find other appropriate housing. This could be about \$4,000 per month.	Because Mr. Greenia is not taking two weeks off prior to beginning this assignment, he will be unable to find temporary housing for himself until later in the month.
Severance Package		Requesting 6 months' severance package should he be dismissed without cause. This is about \$135,000 if used.	
Total Estimated Costs of Different		Possible approximate additional costs first year.	\$27,000
		Possible approximate additional costs sometime in the future if dismissed without cause.	\$135,000

Next Steps: All items listed in the Standard column are part of the compensation and benefit package for the Chief Executive Officer classification. Those items identified in the Different column are unique to Mr. Greenia, and must be included in his compensation and benefit package.

ATTACHMENT G

Gold Coast Health Plan

Project Timeline (Critical Milestones)

ACS Health Administration, Inc.



Required Milestones

120 Days	
GCP Activities	ACS Activities
PCP Cap Rates; Hospital Rates; Finalized by Gold Coast; On-Going Discussion with State on Rates	Management On-boarding Complete (Ops manager, Project Manager, Claims Supervisor)
Submit Proposed Provider Network to the State	Procure Hardware
CEO Onboard	Order Network Connections (Mailroom)
CFO, CMO and Directors in place (Access to Interim Employees to make decisions)	System Requirements Finalized
70% of P&P to State	Print Vendor agreement
Credentialing Verification Organization Workflow Set	
Credentialing Committee in place	
Develop community outreach plan	
Space ready to occupy for directors	
Full eligibility test file (Must have an agreement in place with the State to obtain access to the file. State will determine if that is a BAA or a contract with Gold Coast)	
80% of Provider Network in place (Day 105 - Request 75 Day Letter to be sent by State)	
GEO Access Report	
ScriptCare Contract Signature	***Items in bold and highlighted in green require state involvement
Authorization and Referral Guidelines in place	



Required Milestones

90 Days	
GCP Activities	ACS Activities
Submit Contracted Provider Network to the State	Limited Call Center Hiring to take PCP selection calls from Clinics and Hospitals
CFO, CMO Directors onboard	Mailroom & Data Entry - Process Mapping / Definition (Finalized)
Final 30% of P&P to State	Call Center Process - Mapping / Definition (Finalized)
5% of facility site reviews completed-(PCP)	Claim Processing - Process Mapping / Definition (Finalized)
Community Outreach Activity Starts	Finalize Configuration Input
Credentialing Starts	Fulfillment Guidelines Finalized and Sent to Print Vendor
Member Services, IT Director, Provider Relations Hired	
75 Day letter sent out by the State	
Gold Coast Health Plan Formulary Set	

***Items in bold and highlighted in green require state involvement

Required Milestones

60 Days	
GCP Activities	ACS Activities
50% of PCP Credentialing Completed	Call Center Hiring
Health Services Lead Hired	Facility build out complete (Mailroom)
Facility ready for occupancy (furniture, phones, network connections, etc.)	Development complete on Ika interfaces
PCP Selection @ Hospital ER and Clinics (with provider directory)	
Request to State for 45 Day letter (Day75)	

***Items in bold and highlighted in green require state involvement

Required Milestones

30 Days	
GCP Activities	ACS Activities
PCP Credentialing Complete	Claim Processing Hiring
Health Services Staff Hired	Data Entry / Mailroom Hiring
PCP Selection Letter & Provider Directory to all Eligibles	System Integration Testing
State Contract Finalized	
45 Day letter from the State	
GCHP new member handbook sent to State for approval (45 Days)	

***Items in bold and highlighted in green require state involvement

Immediate Staffing Requirements

CMO

- Physician committee formation for:
 - State required medical policy and procedure
 - Medical Management Plan-determination of criteria to acquire
 - Authorization / referral guidelines
 - Services requiring auth/workflow
 - Rules for auth @ go-live
- P&T Committee structure and formation:
 - Formulary
 - Pharmacy Management and Workflows
- Credentialing committee structure and information

Immediate Staffing Requirements

CFO

- State required fiscal policies and procedures
- Plan for meeting IBNR requirements
- Analysis of feasibility to implement risk pool
- Review proposals and select Stop-Loss/Reinsurance carrier
- Financial software system decision and implementation plan

Claims Lead

- Claims configuration/adjudication rules for payment set-up

IT Lead

- Infrastructure
 - Network
 - Connectivity
 - Phone
 - Hardware
 - Software installations as needed

