



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

Provider Advisory Committee Meeting (PAC)

Wednesday, May 8, 2019, 7:30 a.m.

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

AGENDA

OATH OF SERVICE

CALL TO ORDER/ROLL CALL

PLEDGE OF ALLEGIANCE

ESTABLISH QUORUM

PUBLIC COMMENT

The public has the opportunity to address the Provider Advisory Committee (PAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the PAC are limited to three minutes. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Committee.

1. Introductions and Welcome

Staff: Steve Peiser, Senior Director, Network Management

2. CEO Welcome

Staff: Dale Villani, Chief Executive Officer (CEO)

3. Market Changes

Staff: Steve Peiser, Sr. Director, Network Management
Medi-Cal enrollment; Value-based payment

4. Financial Overview

Staff: Kashina Bishop, Chief Finance Officer (CFO)
Quarterly financial overview

5. Quality Report

Staff: Kimberly Timmerman, Director of Quality Improvement

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

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan (GCHP)
May 8, 2019 Provider Advisory Committee Meeting Agenda (continued)**
LOCATION: Community Room at 711 E. Daily Drive, Camarillo, CA 93010
TIME: 7:30 a.m.

6. New guidelines for access to care

Staff: Dr. Nancy Wharfield, Chief Medical Officer (CMO)

7. Roundtable discussion – questions and comments from Committee members

Staff: Steve Peiser, Sr. Director, Network Management

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Provider Advisory Committee will be held on August 14, 2019, 7:30 a.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110 Community Room, Camarillo, CA 93010.

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

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

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

The agenda was posted at the Gold Coast Health Plan Notice Board and on its website.



AGENDA ITEM 1

To: Gold Coast Health Plan Provider Advisory Committee
From: Steve Peiser, Senior Director Network Management
Date: May 8, 2019
Re: Introductions and welcome

Verbal Presentation



AGENDA ITEM 2

To: Gold Coast Health Plan Provider Advisory Committee
From: Dale Villani, Chief Executive Officer (CEO)
Date: May 8, 2019
Re: CEO Welcome

Video Presentation



AGENDA ITEM 3

To: Gold Coast Health Plan Provider Advisory Committee
From: Steve Peiser, Senior Director Network Operations
Date: May 8, 2019
Re: Market Changes

Verbal Presentation



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Market Overview and Challenges

Provider Advisory Committee

May 8, 2019

**Steve Peiser
Senior Director
Network Management**

Integrity

Accountability

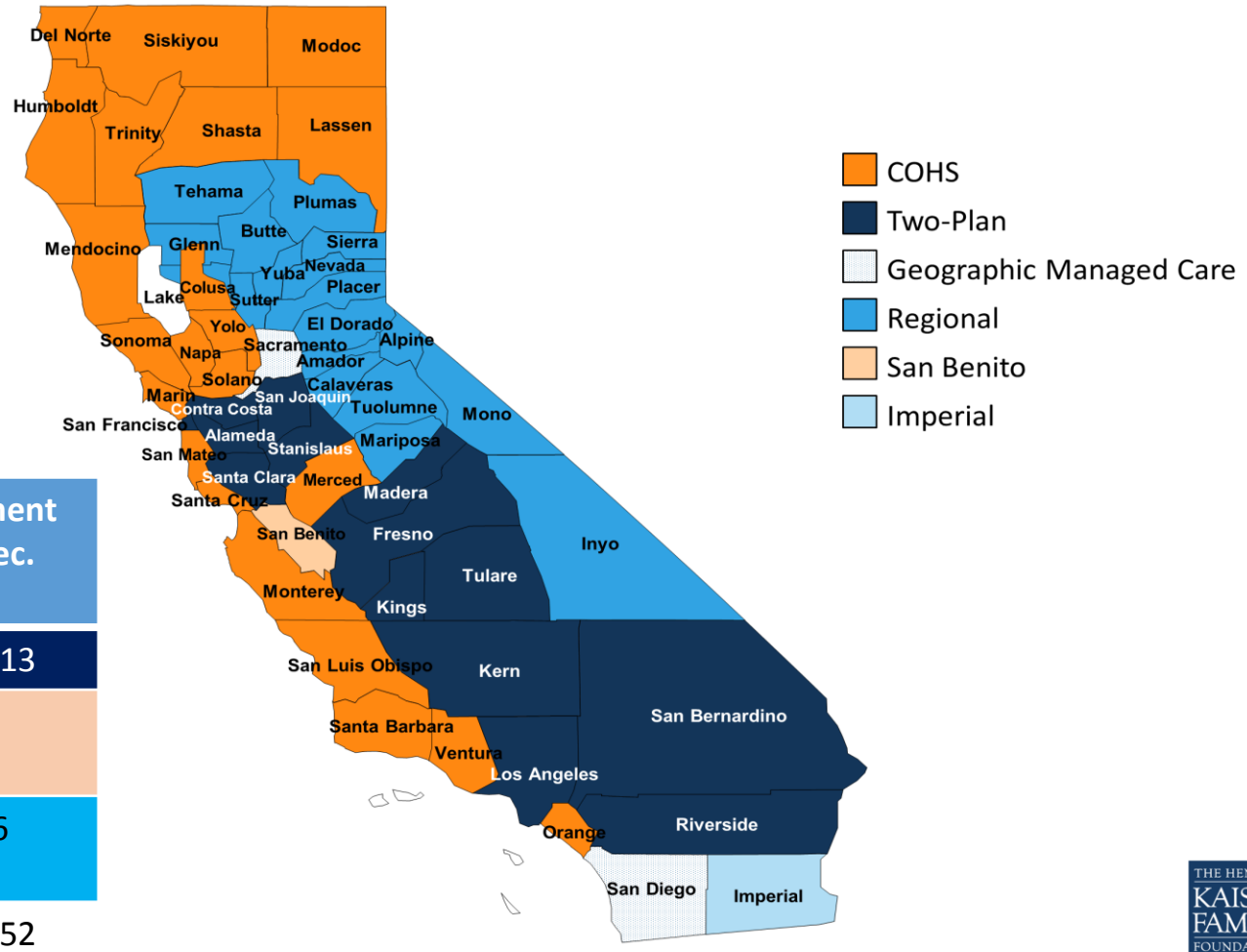
Collaboration

Trust

Respect

Figure 1

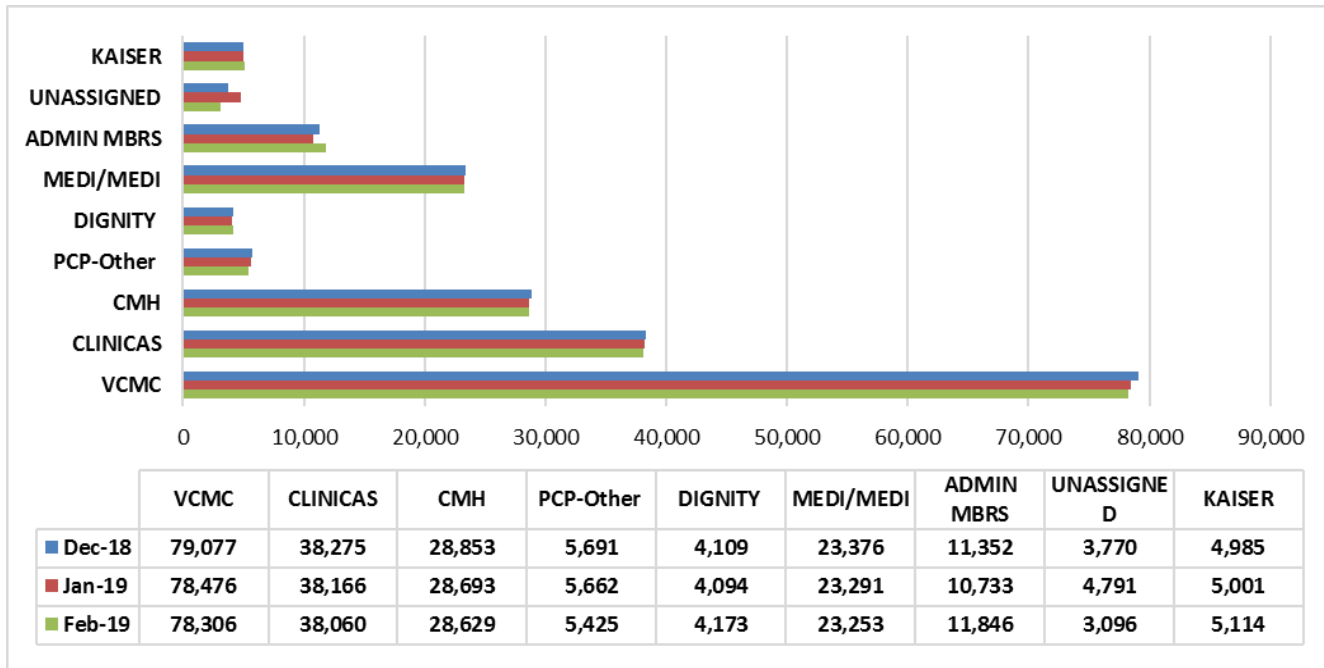
Medi-Cal Managed Care Models, by County



Plan Type	Enrollment as of Dec. 2018
Two-Plan	6,823,513
Imperial/ San Benito	84,183
Regional Model	294,386
Geographic Model	1,132,152
COHS	2,109,832



Gold Coast Health Plan PCP Member Assignments



- Unassigned members are Newly Eligible/Enrolled
- Administrative Member(s)
 - Share of Cost (SOC): a Member who has Medi-Cal with a Share of Cost requirement.
 - Long-Term Care (LTC): A Member who is residing in a skilled or intermediate-care nursing facility and has been assigned an LTC Aid Code.
 - Out of Area: A Member who resides outside GCHP's service area but whose Medi-Cal case remains in Ventura County.
 - Other Health Coverage: A Member who has other health insurance that is primary to their Medi-Cal coverage; this includes Members with both Medi-Cal and commercial insurance. Medi-Cal is the payer of last resort; therefore GCHP Members with other coverage must access care through their primary insurance.

Medi-Cal Managed Care: An Overview and Key Issues

➤ Access to care

- Gaps in access: certain specialists, behavioral health providers, long term care services
- Low payment rates barrier to participation
- Language and cultural gaps

➤ Controlling costs

- Continued increases in total medical expenses for all COHS plans over the past 4 years. Rate of increase 65% from \$1,280 to \$2,121
- GCHP MLR is 97% an unsustainable trend
- Alternative Payment methodologies

➤ Transitions for people with complex needs

- Robust transition care planning is required for patients moving from FFS to Medi-Cal managed care.
- Beneficiary and provider engagement, timely transfers of data, continuity of care protections, beneficiary information & navigation assistance and coordination of carve-out services (i.e. CCS)

➤ Increasing focus on metrics, performance quality and accountability

- DHCS has taken significant steps to improve data reporting by Medi-Cal Plans, needed for:
 - rate setting, monitoring, value based initiatives and quality performance (HEDIS)
- DHCS established a performance dashboard making Plan-level quality available increasing transparency and accountability

➤ Other issues:

- Increased State regulation & Mega-Rule
 - sets the stage for changes in the role and operation of managed care plan to transform the health care delivery and payment system.

Gold Coast Health Plan Provider Network Summary

PROVIDER TYPE	# of PROVIDERS
Primary Care (MD's, DO's, Midlevel's	388
Specialists	4,957
Hospitals (Acute & Tertiary	19 Acute/5 Tertiary
Behavioral Health (MD's, Ph.D's, MSW's, LCSW's LMFC	382
Pharmacy (Ventura County Only)	157
Other Service Providers	404



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Value Based Payments

Provider Advisory Committee

May 8, 2019

Steve Peiser
Senior Director
Network Management

Integrity

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Network Strategy & Innovation

- A shift toward increased collaboration between payors and providers, outcome-based payment is driving innovation in payment models and delivery system configuration.
- We are developing and implementing value-based incentive programs that reward care providers for improvements in quality and efficiency.



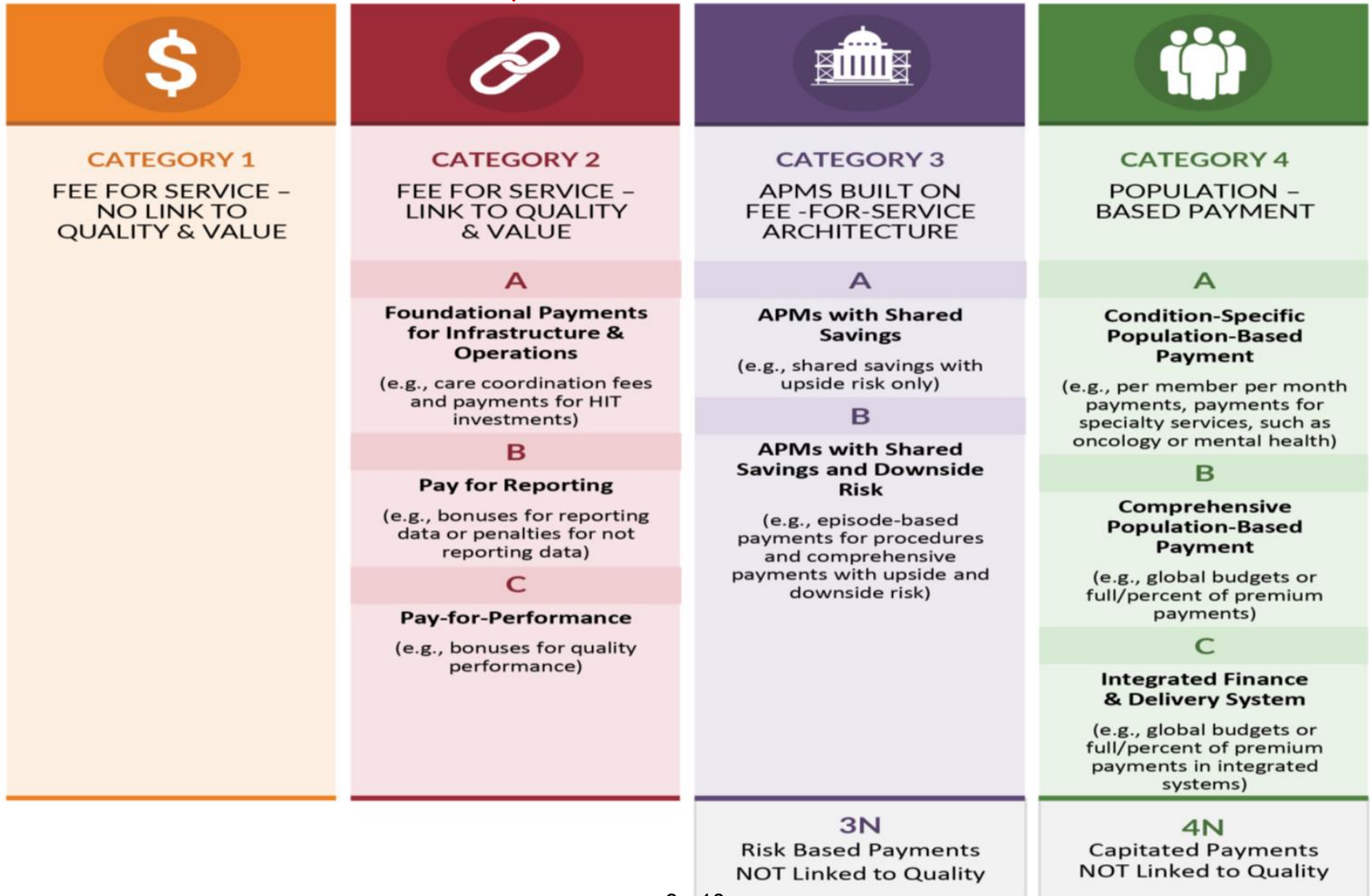
- *Payment Reform/Alternative payment Strategy*
 - *Delivery System Strategy*
 - *Aligned Payor-Provider Strategy*
- We are supporting delivery systems as they become more integrated and accountable for cost, quality and experience outcomes.
 - Alignment across our Network, Product and Clinical innovations will allow us to increase value for providers and consumers.

VALUE BASED CONTRACTING STEERING COMMITTEE

- Develop and recommend standards for value based/ Pay-for-Performance models
- Identify opportunities for additional value based initiatives
- Evaluate and approve value based payment parameters
- Establish mechanisms for assuring consistency and coordination across all value based models and payment mechanisms
- Ensure that value based models and payment methodologies implemented enable the transformation of care delivery, improve quality of health care delivery and reduce the rate of growth of health care costs (TRIPLE AIM)
- Serve as the nexus for coordinating evaluation and next steps for all proposed value based models and payment design
- Establish standards for the tracking and reporting of outcome metrics

Defining Value Based Payments

GCHP
HERE





AGENDA ITEM 4

To: Gold Coast Health Plan Provider Advisory Committee
From: Kashina Bishop, Chief Financial Officer (CFO)
Date: May 8, 2019
Re: Financial Overview

Verbal Presentation



AGENDA ITEM 5

To: Gold Coast Health Plan Provider Advisory Committee
From: Kimberly Timmerman, Director, Quality Improvement
Date: May 8, 2019
Re: Quality Improvement Overview

PowerPoint Presentation

Provider Advisory Committee: Quality Improvement Overview

Kimberly Timmerman, MHA, CPHQ
Director, Quality Improvement
May 8, 2019

Integrity

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Agenda

- ✓ Quality Improvement Program Summary/Goals
- ✓ HEDIS®
- ✓ 2019 QI Work Plan Highlights
- ✓ Improvement Projects
- ✓ Member Incentive Projects
- ✓ Member Outreach Campaign
- ✓ Q&A

Quality Improvement Program Summary

Program Description

- The Quality Improvement (QI) Department at Gold Coast Health Plan provides systematic monitoring and evaluation of quality of care by measuring outcomes of health care services and the health status of targeted patient groups.

What is the focus of QI Activities?

- Quality of Care Outcomes
- Quality of Service
- Patient Safety
- Credentialing and Peer Review



Quality Improvement Goals

- Continuously improve the quality, appropriateness, availability, accessibility, coordination and continuity of health care services to members across the continuum of care.
- Measure and enhance member satisfaction with the quality of care and services provided by the Plan's network providers.
- Maintain compliance with state and federal regulatory requirements.
- Identify opportunities and make improvements based on the measurement, validation and interpretation of data.
- Facilitate organization wide integration of quality management principles.



What does QI Monitor and Measure?

1. Quality of Care Outcomes

- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)

2. Safety

- Potential Quality Issue (PQI)
- Provider Preventable Condition (PPC)
- Facility Site Review

3. Credentialing and Peer Review

- Practitioner and organizational credentialing
- Ongoing monitoring

Healthcare Effectiveness Data and Information Set (HEDIS[®])

HEDIS®

HEDIS® is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service.

Requires an annual retrospective review of claims, encounter and supplemental data, and medical record review, to assess designated performance metrics.

Department of Healthcare Services (DHCS) mandates which measures GCHP will need to monitor and report on.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



HEDIS Project – MY2018/RY2019 Measures

Hybrid Measures (Administrative Data + Medical Records)

- Childhood and Adolescent Immunizations
- Well Child Visits (ages 3-6)
- Weight Assessment & Counseling for Nutrition & Physical Activity in Children & Adolescents
- Cervical Cancer Screening
- Comprehensive Diabetes Care (HbA1c, Eye Exam, Microalbumin Test, Blood Pressure)
- Prenatal & Postpartum Care
- Controlling High Blood Pressure

HEDIS Project – MY2018/RY2019 Measures

Administrative Measures (Claims, Encounter Supplemental Data only)

- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Asthma Medication Ratio
- Breast Cancer Screening
- Monitoring for Patients on Persistent Medications (ACE/ARBs, Diuretics)
- Use of Imaging Studies for Low Back Pain
- Children & Adolescent Access to PCP
 - 12-24 Months
 - 25 Months -6 Years
 - 7-11 Years
 - 12-19 Years

Governor's Mandate for Improvement: Predicted Measures

- Derived from CMS Adult and Child Core Measures
- Potentially 19 additional new measures proposed
 - Prenatal/Postpartum Care
 - Early Childhood
 - Chronic Disease Management
 - Behavioral Health Integration

Consequences

- New 50th percentile goal (current MPL 25th percentile)
- Sanctions will be applied
- Goals/sanctions apply to CURRENT measurement year (2019)

2019 QI Work Plan Highlights

HEDIS Measure	Goal	2018 Interventions To Improve Rates
Annual Monitoring for Patients on Persistent Medications	Meet or exceed DHCS MPL	<ul style="list-style-type: none"> • ELIZA Member Outreach Campaign • Annual HEDIS Report Cards • Bi-Monthly HEDIS Progress Reports • DHCS IP: A process improvement collaborative with Quest Diagnostics to improve the collection of lab data.
Asthma Medication Ratio	Meet or exceed DHCS MPL.	<ul style="list-style-type: none"> • Optum Rx Provider Outreach Campaign • Annual HEDIS Report Cards • Bi-Monthly HEDIS Progress Reports • DHCS IP: Provider Education Campaigns
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Improve rates compared to prior year performance.	<ul style="list-style-type: none"> • Annual HEDIS Report Cards • Bi-Monthly HEDIS Progress Reports • Provider Education Campaigns • Barrier Analysis to identify high utilizers

2019 QI Work Plan Highlights

HEDIS Measure	Goal	2018 Interventions To Improve Rates
Cervical Cancer Screening	Increase rates by 4% over previous measurement year.	<ul style="list-style-type: none"> • ELIZA Member Outreach Campaign • Annual HEDIS Report Cards • Bi-Monthly HEDIS Progress Reports • Provider Education Campaigns
Childhood Immunization Status Combo 3	Increase rates by 3% over previous measurement year.	<ul style="list-style-type: none"> • ELIZA Member Outreach Campaign • Annual HEDIS Report Cards • Bi-Monthly HEDIS Progress Reports • Provider Education Campaigns
Children and Adolescents' Access to Primary Care Practitioners	Improve 3% over prior year performance.	<ul style="list-style-type: none"> • ELIZA Member Outreach Campaign • Annual HEDIS Report Cards • Bi-Monthly HEDIS Progress Reports • Well-Child Exam Member Incentive Program • CAP Measure Barrier Analysis • Provider Education Campaign



2019 QI Work Plan Highlights

HEDIS Measure	Goal	2018 Interventions To Improve Rates
Comprehensive Diabetes Care: Blood Pressure Control	Meet or exceed DHCS MPL	<ul style="list-style-type: none"> • Internal process improvement and data collection interventions to improve the collection of data.
Comprehensive Diabetes Care: Medical Attention for Nephropathy	Meet or exceed DHCS MPL	<ul style="list-style-type: none"> • ELIZA Member Outreach Campaign • Annual HEDIS Report Cards • Bi-Monthly HEDIS Progress Reports • Provider Education Campaigns • DHCS IP: Academic detailing intervention to increase screening for nephropathy using the urine test for protein or albumin.
Postpartum Care	Increase rates by 3% over previous measurement year.	<ul style="list-style-type: none"> • Postpartum Exam Member Incentive Program • Postpartum Outreach Campaign for New Mothers (by Health Education Department) • Postpartum Barrier Analysis • Annual HEDIS Report Cards • Provider Education Campaign

DHCS Improvement Projects



HEDIS® Measure	Intervention
<p>Annual Monitoring for Patients on Persistent Medications (MPM)</p>	<p>Clinic Partners: Quest Diagnostics and Clinicas del Camino Real Goal: Improve the collection of lab data for members who had lab services ordered at Clinicas del Camino Real. Intervention: Submit monthly <i>Missing Quest Diagnostics Lab Data</i> reports to Quest Diagnostics to facilitate the retrieval of the missing labs and to improve the lab vendor's monthly reporting of GCHP lab data.</p>
<p>Asthma Medication Ratio (AMR)</p>	<p>Clinic Partner: Optum Rx Goal: Increase the utilization of long-term controller medication (LTCM) for patient diagnosed with asthma so the ratio of LTCM to total asthma meds is \geq 50%. Intervention: (1) Optum Rx faxes providers reports of patients that need asthma medication management due to underutilizing LTCM and/or overutilizing short-acting beta agonist.</p>
<p>Comprehensive Diabetes Care - Nephropathy Monitoring (CDC-N)</p>	<p>Clinic Partner: Sierra Vista Family Medical Clinics Goal: Increase diabetic nephropathy monitoring using the urine test for protein or microalbumin. Intervention: A clinician-to-clinician training focused on implementing change in clinic practice by providing education on the CDC-N guidelines and evidence-based clinical practice guidelines.</p>

Performance Improvement Projects



HEDIS® Measure	Intervention Activities
<p>Child Immunization Status – Combo 3</p>	<p>Clinic Partners: Mandalay Bay Women’s and Children’s Medical Group and GCHP’s Health Education Department.</p> <p>Goal: Increase the administration of all “Combo 3” vaccinations on/before the child’s second birthday.</p> <p>Interventions: (1) A telephonic member outreach program to schedule immunizations appointments. (2) Implement a process to assess each child’s immunization status at every clinic encounter.</p>
<p>Comprehensive Diabetes Care (CDC) HbA1c > 9.0 Disparity</p>	<p>Clinic Partner: Las Islas Family Medical Clinic</p> <p>Goal: Reduce uncontrolled HbA1c (>9.0) in non-English speaking Hispanics diagnosed with diabetes</p> <p>Intervention: A telephonic member outreach program to schedule point-of-care HbA1c tests and triage members based on their HbA1c level.</p>

Member Incentive Projects

2018 Postpartum Exam Member Incentive Evaluation

Member Incentive: Women that had a postpartum exam within 21-56 days after a livebirth delivery receive a large pack of diapers (sizes 1, 2, or 3).

2018 Goal: Increase the 2018 MY administrative postpartum exam rates (PPC-Post measure) by 3% over the previous measurement year (2017 MY).

Results: PPC-Post admin rate increased by 12.09% points from 63.69% to 75.78%, which is greater than 90th percentile.

Successes:

- The postpartum exam administrative rate increased 12.09% points (exceeding goal of 3%).
- The member incentive participation rate increased 63% in 2018.
- Health Navigator program, launched in Q4 2018, increased member engagement.

Barriers:

Despite increased member incentive engagement in 2018, the overall participation remained low with only 258 forms returned out of the 1823 forms delivered to members.

Measure	2017 MY Final Admin Rate	2018 MY Initial Admin Rate*	Rate Change
PPC-Post	63.69%	75.78%	+12.09

*This rate is based on the initial 2018MY administrative rate. The final administrative rate will be available after the admin refresh in April 2019.

2015-2018 Postpartum Member Incentives Awarded by Year

Study Period	Member Participation	Forms Mailed to Members	Participation Rate
02/01/16 – 12/31/16	98	2142	4.6%
01/01/17 – 12/31/17	158	1897	8.3%
01/01/18 – 12/31/18	258	1823	14.15%

2018 Well-Child Exam Member Incentive Evaluation

Member Incentive: Children, 3 to 6 years of age, receive the choice of a \$15.00 gift card to Target or Walmart for completing a well-child exam between 01/01/18 / to 12/31/18.

2018 Goal: Increase well-child exams in children 3 to 6 years of age (W34 measure) by 5% points over the previous measurement year (2017 MY).

Results: W34 admin rate increased by 6.50% points from 63.27% to 69.77% (exceeding goal of 5%).

Successes:

- The well-child exam (W34) administrative rates increased 6.50% points.
- The member incentive participation rate increased 304% in 2018.

Barriers:

Despite increased member incentive engagement in 2018, the overall participation remained low with only 1,130 forms returned out of the 21,375 forms mailed to children.

HEDIS® Administrative W34 Rate Comparison 2017-2018MY

Measure	2017 MY Final Admin Rate	2018 MY Initial Admin Rate*	Rate Change
W34	63.27%	69.77%	+6.50

*This rate is based on the initial 2018MY administrative rate. The final administrative rate will be available after the admin refresh in April 2019.

2017-2018 Well-Child Member Incentives Awarded by Year

Study Period	Member Participation	Forms Mailed to Members	Participation Rate
02/01/17 – 12/31/17	280	14,322	2%
01/01/18 – 12/31/18	1,130	21,375	5.3%

Eliza Member Outreach Campaign Closing Gaps in Care

Eliza Member Outreach Campaign: Summary

Program

- GCHP contracted with Eliza to conduct outreach to members via Interactive Voice Response (IVR) in a year-end care gap closure initiative.

Measures in scope:

- Childhood Immunizations
- Well Child Visits (ages 3-6)
- Children & Adolescents' Access to Primary Care Practitioners (12mo.–19 yrs)
- Breast Cancer Screening
- Cervical Cancer Screening
- Comprehensive Diabetes Care (HbA1c, Eye Exam, Microalbumin Test)
- Monitoring for Patients on Persistent Medications



Timeline

November 12, 2018 - December 14, 2018

Eliza Member Outreach Campaign: Final Performance Measures

- Over 36,000 unique calls attempted
- 2,118 individuals connected to live agent
 - 82% of connected individuals completed the live agent call
 - The remaining 18% who connected to the live agent may have disconnected the call early

Gold Coast Performance	Standard Benchmark
84% reachable (valid contact info for member)	79-87% reachable
24.6% of reached members connected to a live agent (2,118 members)	14% connect rate
19.3% of connected members scheduled at least 1 appointment (409 members)	12% appointment rate

Total appointments scheduled: 793

- 409 (19%) members scheduled at least one appointment of 2,118 members connected

Next Steps

- ❖ Formally evaluate program effectiveness
 - ✓ Review claims/encounter data for targeted members – Q2
 - ✓ Assess HEDIS results – Q3
- ❖ Assess options for member engagement campaigns for 2019
 - ✓ RFP for HEDIS Gap Closure Vendor – Q2
 - ✓ Target outreach activity June – Dec 2019



Questions?



AGENDA ITEM 6

To: Gold Coast Health Plan Provider Advisory Committee
From: Dr. Nancy Wharfield, Chief Medical Officer (CMO)
Date: May 8, 2019
Re: New guidelines for access to care

PowerPoint Presentation



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Advancements in Monitoring Quality in Managed Care

Nancy Wharfield, MD, CMO

Provider Advisory Committee

May 8, 2019

Integrity

Accountability

Collaboration

Trust

Respect

- New Quality Mandate
- Mandate Details
- What does this mean for providers?

New Quality Mandate

- JLAC audit
- Governor Newsom mandate for DHCS / Managed Care Plans

Mandate Details

- Begins Now – MY 2019 / RY 2020
- Sanctions
- MPL 50th Percentile
- New CMS Core Measure Set (MCAS)
- Proposition 56 Incentives

Proposed Managed Care Accountability Set (MCAS)

- **Children's Health**

- *WCC BMI
- *CIS 10
- *W15
- *W34
- *IMA 2
- *AWC

- **Behavioral Health**

- FU ADHD Meds Int.
- FU ADHD Meds Cont.
- Antidepressant Med Mgmt Acute
- Antidepressant Med Mgmt Cont.

- **Women's Health**

- *CCS
- Chlamydia
- BCS
- *PPC-Pre
- *PPC-Pst

- **Acute and Chronic Disease Mgmt**

- *Adult BMI
- *CBP
- *CDC HT
- *CDC H9
- AMR
- PCR

What does this mean for Providers?

- Alternative Payment Methodology (APM)
 - Withhold / Incentives / Sanctions
- Encounter Data Improvement
- Provider Communication
 - System / Individual
 - Report Cards
 - Data JOMS



AGENDA ITEM 7

To: Gold Coast Health Plan Provider Advisory Committee

From: Steve Peiser, Senior Director Network Operations

Date: May 8, 2019

Re: Roundtable discussion – questions and comments from Committee members

Verbal discussion



2019

PAC Meeting 7:30 a.m.

Ventura County Medi-Cal Managed Care Provider Advisory Committee Meetings

January						
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