



**Ventura County Medi-Cal Managed
Care Commission (VCMCC) dba
Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Meeting**

**Carnegie Conference Room at Gold Coast Health Plan
711 E. Daily Drive, Suite 106, Camarillo, CA 93010
Wednesday, May 18, 2016
5:00 p.m.**

SWEARING-IN OF MEMBERS

CALL TO ORDER / ROLL CALL

WELCOME AND INTRODUCTIONS

PUBLIC COMMENT A Speaker Card must be completed and submitted to the Secretary of the Committee by anyone wishing to comment:

- **Public Comment** – Comments regarding items not on the agenda but within the subject matter jurisdiction of the Committee.
- **Agenda Item Comment** – Comments on the subject matter jurisdiction of the Committee pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Committee Chair during the Committee's consideration of the item.

APPROVE MINUTES

1. Regular Meeting of December 16, 2015

DISCUSSION ITEMS

2. Action Item Review – Luis Aguilar, Member Services Manager
3. CEO Update – Dale Villani, Chief Executive Officer
4. Financial Update – Patricia Mowlavi, Chief Financial Officer
5. Operations Update – Ruth Watson, Chief Operating Officer

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

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND 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, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE HARDEN AT (805) 437-5562. 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 (VCMCC) dba Gold Coast Health Plan (GCHP)

May 18, 2016 Consumer Advisory Committee Meeting Agenda (continued)

LOCATION: Carnegie Conference Room, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010

TIME: 5:00 p.m.

6. Health Education Update – Lupe Gonzalez, Director of Health Education, Outreach Cultural and Linguistic Services
7. Report to the Community – Steven Lalich, Director of Communications
8. Quality Improvement Update – Kim Osajda, Director, Quality Improvement
9. CAC 2.0 – Ruth Watson, Chief Operating Officer

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular meeting of the Consumer Advisory Committee will be held on July 20, 2016, 5:00 p.m. at Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010.

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

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**Ventura County Medi-Cal Managed Care Commission
(VCMACC) dba Gold Coast Health Plan (GCHP)
Consumer Advisory Committee Minutes
December 16, 2015
*(Not official until approved)***

CALL TO ORDER

Chief Operating Officer (COO) Ruth Watson called the meeting to order at 5:10 p.m. at the offices of Gold Coast Health Plan, 711 E. Daily Drive, Suite 106, Camarillo, CA 93010, in the Carnegie Conference Room. The Pledge of Allegiance was recited.

SWEARING IN OF COMMITTEE MEMBERS

Member Services Specialist Connie Harden swore-in Committee Member Paula Johnson, Committee Member Laurie Jordan and Committee Member Gilda Macias.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Paula Johnson, ARC of Ventura County
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Ruben Juarez, County Health Care Agency
Pedro Mendoza, Tri-Counties Regional Center
Curtis Updike, County Human Services Agency (HSA)
Gilda Macias, Beneficiary

EXCUSED / ABSENT COMMITTEE MEMBERS

Rita Duarte-Weaver, Ventura County Public Health Department
Alicia Flores, La Hermandad
Norma Gomez, Mixteco / Indigena Community Organizing Project
Frisa Herrera, Casa Pacifica
Katharine Raley, County of Ventura Area Agency on Aging

STAFF IN ATTENDANCE

Ruth Watson, Chief Operating Officer
Patricia Mowlavi, Chief Financial Officer
Tami Lewis, Director of Operations
Connie Harden, Member Services Specialist
Luis Aguilar, Member Services Manager
David Becerra, Compliance Manager
Vickie Connaughton, Health Education Specialist
Stacy Cortez, Member Services Representative
Susana Enriquez, Public Relations Manager
Ellen Evanow, Disease Management RN
Danita Fulton, Sr. Director, Human Resources
Lupe Gonzalez, Director, Health Education

Steve Lalich, Director of Communications
Sonji Lopez, Sr. Grievance & Appeals Specialist
Stacy Luney, Grievance & Appeals Manager
Harry Mapanda, Manager, Network Operations
Kim Osajda, Director, Quality Improvement
Helene Smith, Clinical Program Manager – Disease Management
Al Reeves, MD, Chief Medical Officer
Marlen Torres, Policy Analyst
Nancy Wharfield, MD, Associate Chief Medical Officer

Language interpreting and translating services were provided by GCHP from Lourdes González Campbell and Associates.

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of March 18, 2015

Committee Member Curtis Updike moved to approve the Meeting Minutes of March 18, 2015. Committee Member Laurie Jordan seconded. The motion carried with the following vote:

AYE: Johnson, Jordan, Juarez, Mendoza, and Updike
NAY: None
ABSTAIN: Macias
ABSENT: Duarte-Weaver, Flores, Gomez, Herrera and Raley
RECUSED: None

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. COO Update

Chief Operating Officer (COO) Ruth Watson identified the need to change the timing of the CAC meetings. She stated that due to holidays that coincide with the currently scheduled meetings, GCHP proposed moving the meetings ahead one month. She went on to state that as this meeting is in December, we will skip the January meeting and the next meeting will be on April 20, 2016, followed by July 20, 2016 and October 19, 2016. COO Watson asked if there were any objections; there were none. The meetings will proceed as stated above.

COO Watson reviewed the status of the 1115 Waiver stating that it is still a work in progress. COO Watson introduced Marlen Torres, Government Affairs Sr. Policy Analyst for GCHP, stating that Ms. Torres is very knowledgeable about all of these issues. Ms. Torres provided additional information on the Waiver. Discussion was held around the new programs.

COO Watson reported on the Whole-Person Care Pilot program stating this is a new voluntary county-based program, targeting the provision of more integrated care for high-risk, vulnerable populations. Associate Chief Medical Officer Dr. Nancy Wharfield commented on the budget for the program and how it will affect the structure of the program to assist members. She added that this program will also assist in getting housing for members. COO Watson stated that we are very restricted on what we can do, adding that the concept is good and now we need to figure out how to make it work. Chief Medical Officer (CMO) Dr. Al Reeves spoke on the “silos” created by the system and how we are trying to work with that.

3. Financial Update

Chief Financial Officer (CFO) Patricia Mowlavi reviewed the written update as presented to the Committee. CFO Mowlavi stated the first quarter of fiscal year 2015-2016 is a strong performance so far; membership has gone over 200,000 and the cost of healthcare has been a little bit lower than expected. She went on to state that we are planning to send out a Request for Information to investigate alternate payment methodologies to support the whole-person care program.

CFO Mowlavi reported that GCHP had targeted a Tangible Net Equity (TNE) level of 500% and we just passed that target and are now at 533%. She went on to explain that TNE is the measure the State sets as the amount of money you have to have to be in business, meaning that you want to have enough TNE to fund the future of the Plan. This requirement is set by the State for financial health and we are doing much better than we have in past years.

CFO Mowlavi reported that we have benefited financially from Adult Expansion and because of this, we are looking at alternative ways to provide more to the Provider community. Committee Member Updike asked that if we were in the private sector, how would we move this forward as far as expanding services and looking at benefits that are not traditionally funded by Medi-Cal. CFO Mowlavi replied that we are looking at additional services for NEMT, for instance. We are very restricted by the State on how that benefit is prescribed; it has to be medically necessary. She added that Associate CMO Dr. Wharfield states that people who are capable of taking the bus don't always do so; as a result, when it comes to getting medical care, they don't always get the care they need. This is an additional program that we can possibly provide.

COO Watson stated that to CFO Mowlavi's point, we are looking at additional value-based funding or pay-for-performance programs where we inform Providers that we have a pool of funds we are going to make available but we are looking for quality performance to be eligible for the additional funding. GCHP would ask the Providers to work with us to define a quality program that is a benefit for our members.

COO Watson stated that we are also looking at the rates we pay our providers; is there a way to raise the rates? Can we raise the rates for certain specialists that we are looking at who don't want to contract with us? COO Watson added that this financial position is a temporary situation that is going away. GCHP is going to be audited by the Federal and State governments who will ask how money was spent on the Adult Expansion population. GCHP may be required to return some of that money to DHCS, so we have put money aside for that.

We are very aware of this and are looking at how we put more money out into the community, how we increase our rates and how we add more benefits for our members that we weren't able to do before. At the same time, we are looking at issues such as are we going to continue to outsource our administrative services and systems or are we going to bring them in-house at additional cost. We also need to expand and are moving some staff to a new space because we have exceeded capacity here so that is an additional cost.

CFO Mowlavi stated that we target to push as much money as we can into healthcare. CMO Dr. Reeves stated that he will be talking later about Health Effectiveness Data and Information Set (HEDIS) - the quality measures and where GCHP is looking at pay-for-performance where we can reward our Providers if they do better on their HEDIS measures. Many other health plans have been using pay-for-performance to get doctors to do a better job of providing preventative services. COO Watson stated that we have in the last year increased the capitation rate for PCPs and specialists and we have increased rates in some of our contracts. At the same time, we are very conservative in some respects because we want to make sure the Plan's future is sound. Committee Member Jordan stated that one of the reasons GCHP received the additional money is because of the adult expansion; have those Members started accessing services? COO Watson replied that they are now, more than they were a year ago.

4. Operations Update

Director of Operations, Tami Lewis, reviewed the Operations Update as presented to the Committee. Director Lewis stated that we surpassed the 200,000 membership mark in December. We now have 202,362 members. We have had a 70% increase in membership since January 2014 and have continued to do so without any kind of disruption of services to our Members. Committee Member Updike stated that the latest count is 217,015 total Medi-Cal members in Ventura County. Discussion was held about the termination of members by Medi-Cal and the plans to assist members with the re-enrollment process. Committee Member Updike stated that the Human Services Agency (HSA) has begun calling members whose renewal packets were returned in the mail. HSA has also begun texting members with a program previously only used on CalFresh clients, but will now begin using it for Medi-Cal clients. The text will remind the client that they still owe HSA their redetermination packet. Discussion was held about members and smartphones, member termination reasons and the challenges of reaching members by all entities. COO Watson stated that we appreciate any suggestions the Committee Members have on different ways to reach out to members.

Operations Director Lewis provided a review of the Applied Behavioral Analysis (ABA) Behavioral Health transition. She stated that the transition was originally to have started in November 2015 and then was delayed until February of 2016. It is now on schedule for transitions to begin in February. Transitions for Ventura County will happen over a six month period. The transition date is based on the member's month of birth and GCHP is required to send out 60 day notices and 30 day notices to those members. She went on to say that Members transitioning February 1st received 60 day notices December 1st and 30 day notices will go out the end of January.

Operations Director Lewis added that we aren't sure exactly how many members are transitioning. Information we initially received from the State indicated that approximately

400 members were getting services at the Regional Center. We then received another file that lowered that number by a little to 380. We've also been advised by the State that developmentally delayed members probably won't transition now until July. Roughly 45-50 members a month are receiving letters. Actual services are being provided by Beacon Health Strategies. Associate CMO Dr. Wharfield said it is important to know that services that are being received pre-transition won't be changed, but at some point in the future there will be a determination if the member needs more or less services. We are trying not to affect what is already happening for people. Associate CMO Dr. Wharfield went on to say that expanding on the numbers that Operations Director Lewis was told by the state, we are told by the Regional Center that it is in the low 200's. The number is somewhere around there.

Operations Director Lewis reported on full-scope medical services for all children with unsatisfactory immigration status (no longer referred to as "undocumented"). This is scheduled for no earlier than May of 2016. More realistically, it will likely be June of 2016 for our county. Department of Health Care Services (DHCS) states there are approximately 121,000 children in the State with an unsatisfactory immigration status and in Ventura County, approximately 2,900 that would be eligible for Medi-Cal benefits. Right now these are children with restricted scope benefits and they would automatically transition as part of this process. There are an estimated additional 50,000 children in the State that are not on any type of Medi-Cal. They are being encouraged to apply now for restricted scope benefits so they can transition more easily.

Committee Member Ruben Juarez asked if the 2,900 people will then be eligible for full-scope services. Operations Director Lewis replied that yes, they would be eligible for all Medi-Cal benefits. Committee Member Updike stated that those people will be flipped to full-scope benefits automatically. Discussion was held regarding enrollment issues. Committee Member Pedro Mendoza asked about the enrollment process, how do we help to get members enrolled? Committee Member Updike replied that people need to go to the HSA office or apply online. Committee Member Mendoza stated that he was looking for a flyer to hand the potential members providing them the information they need on the process. Committee Member Updike stated he may be able to provide something like that.

Operations Director Lewis then reviewed the Call Center statistics and the Grievance and Appeals statistics as provided to the Committee.

RECESS

A break was provided at 6:18 p.m. The meeting reconvened at 6:34 p.m.

5. Fraud, Waste and Abuse

David Becerra, Compliance Manager reviewed the presented materials on Fraud, Waste and Abuse (FWA). Operations Director Lewis explained "unbundling" for Committee Member Paula Johnson. Committee Member Juarez asked which the top States are for FWA. Compliance Manager Becerra replied that Florida, New York and Michigan are the top three.

6. HEDIS Report

Chief Medical Officer (CMO) Dr. Reeves reviewed the HEDIS data as presented to the Committee. He said that this report is for 2014. CMO Dr. Reeves reviewed incentive programs we have initiated to encourage Members to seek certain services and for Providers to include the services for Members.

7. Diabetes Disease Management Program

Helene Smith, Clinical Program Manager, Disease Management, provided an overview of the materials presented on the new Disease Management Program for Diabetes. This program is for members with diabetes and those who are at risk of getting diabetes. She stated that we hope to expand this program to overweight children in the future to help prevent the disease.

Helene Smith introduced Ellen Evanow, Disease Management RN, as the Nurse Coach who will be working with the members. She provided information on her role in the program.

Comments from Committee Members

Committee Member Laurie Jordan stated that she recently attended a meeting between Tri-Counties Regional Center (TCRC) and GCHP. She said it was an incredible meeting. It was a very collaborative effort. Every single person in the room wanted to make a difference for the people we serve. The energy was one of respect, compassion and commitment to making it better. Committee Member Jordan added a strong "Thank you" and stated, "Your people are on top of it, and it's no wonder you are doing better."

ADJOURNMENT

Meeting was adjourned at 7:28 p.m.



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

Consumer Advisory Committee Meetings - 2015

Date	Owner	Department	Action Required	Response	Date Completed
3/18/2015	Ruth Watson or Guillermo Gonzalez	Administration or Government Relations	Present report on the 1115 Waiver at June 17, 2015 meeting.	Ruth Watson, COO to present information at 7/22/2015 meeting.	7/22/2015
7/22/2015	Ruth Watson	Administration	Provide CAC members with link to the CCS Redesign Stakeholder Process.	Ruth Watson, COO provided information. Information sent to CAC members.	7/29/2015
12/16/2015	Helene Smith	Disease Management	Provide CAC members with links as listed in the Diabetes FAQ sheet	Helene Smith sent links to members.	12/23/2015
12/16/2015	Lupe Gonzalez	Health Education	Provide information on obtaining the booklet used in the Diabetes Management program to Paula Johnson, ARC.	Vicky Connaughton has contacted Paula Johnson on this issue.	3/19/2016
12/16/2015	Curtis Updike	H.S.A.	Provide a flyer containing information on Medi-Cal enrollment to Pedro Mendoza.	Brochure and flyer received from Curtis Updike and forwarded to Pedro Mendoza.	3/21/2016



No presentation materials for this item.

AGENDA ITEM 4

To: Gold Coast Health Plan Consumer Advisory Committee
From: Patricia Mowlavi, Chief Financial Officer
Date: May 18, 2016
Re: Financial Update

Financial Update

Gold Coast Health Plan's financial performance remains strong. For the nine months ended March 31, 2016, total revenues were \$498 million and total operational expenses were \$465 million, resulting in an increase in net assets of \$33 million.

March membership was approximately 205,000. Membership continues to grow but at a slower rate than that experienced over the past two years. The Plan is looking forward to the addition of SB75 'Medi-Cal for All Children' members, beginning in May.

Gold Coast Health Plan's Tangible Net Equity was \$133 million, which is 545% of the State's requirement. The \$7 million line of credit was repaid to Ventura County, in March.

The current value of the Plan's investment portfolio was \$253 million at March 31, 2016. The portfolio includes both short term and long term investments with a current average yield of approximately 0.50%. All investments are in compliance with the Plan's investment policy.

AGENDA ITEM 5

To: Gold Coast Health Plan Consumer Advisory Committee

From: Tami Lewis, Director of Operations

Date: May 18, 2016

Re: Operations Update

Membership Update – May 2016

Gold Coast Health Plan (GCHP) has experienced incremental membership gains over the past few months; the net increase in May was 650 members. As of May 1, 2016, GCHP's new membership is 204,619 and has increased by 86,107 (72.7%) since the beginning of Medi-Cal Expansion in January 2014. The cumulative new membership since January 1, 2014 is summarized as follows:

Aid Code	# of New Members
L1 – Low Income Health Plan (LIHP)	1,407
M1 – Adult Expansion	52,898
7U – CalFresh Adults	1,820
7W – CalFresh Children	433
7S – Parents of 7Ws	478
Traditional Medi-Cal	29,071
Total New Membership 1/1/14 – 5/1/16	86,107

Adult Expansion members (aid code M1) represent 61.4% of GCHP's new membership since the start of Medi-Cal Expansion.

SB 75 – Full Scope Medi-Cal for All Children

The implementation of SB 75 occurred on May 1, 2016, as scheduled. DHCS provided a file for the Transition Population (children under the age of 19 who were enrolled in restricted scope Medi-Cal with unsatisfactory immigration status) to GCHP towards the end of April. The file identified 2,917 children in Ventura County who will be automatically transitioned into full scope coverage with GCHP on June 1, 2016 (these children will have fee-for-service Medi-Cal for the month of May). The New Enrollee Population (children under the age of 19 who meet all eligibility requirements for SB 75 but were not enrolled in the Medi-Cal program at the implementation of SB 75) were able to start applying for Medi-Cal on May 16, 2016.

Behavioral Health Treatment (BHT) Transition

The transition of BHT services from the regional centers to managed care plans continues. GCHP members who previously received BHT services at the regional center have been transitioning since February, based on month of birth, as long as they could be transitioned safely. GCHP is required to send 60-day and 30-day notices to all transitioning members and has sent out the following notices:

Transition Month	60-Day Notices Sent	30-Day Notices Sent
February 2016 (Jan & Feb birth month)	12/1/15	1/1/16
March 2016 (Mar & Apr birth month)	1/1/16	2/1/16
April 2016 (May & Jun birth month)	2/1/16	3/1/16
May 2016 (Jul & Aug birth month)	3/1/16	4/1/16
June 2016 (Sep & Oct birth month)	4/1/16	5/1/16
July 2016 (Nov & Dec birth month)	5/1/16	

GCHP's BHT services are being provided through Beacon Health Options.

Member Orientation Meetings

A total of 39 members (35 English, 4 Spanish) have attended Member Orientation meetings from January through April 2016. Of the 39 members, 28 indicated they learned about the meeting as a result of the informational flyer included in each new member packet.

Call Center Statistics

GCHP's Call Center received 14,545 member calls during 1Q2016. The Average Speed to Answer (ASA) was 83.6 seconds compared to a goal of 30 seconds or less and the Abandonment Rate was 4.2% compared to a goal of 5% or less. The results were skewed as a result of Xerox experiencing significant staffing issues in December 2015 which impacted our service levels at the Call Center in January. Metrics returned to normal in February following the implementation of a Corrective Action Plan and have been maintained since March.



**Gold Coast
Health Plan**SM
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GCHP Membership Update

Consumer Advisory Committee

May 18, 2016

Prepared by:

Tami Lewis, Director of Operations

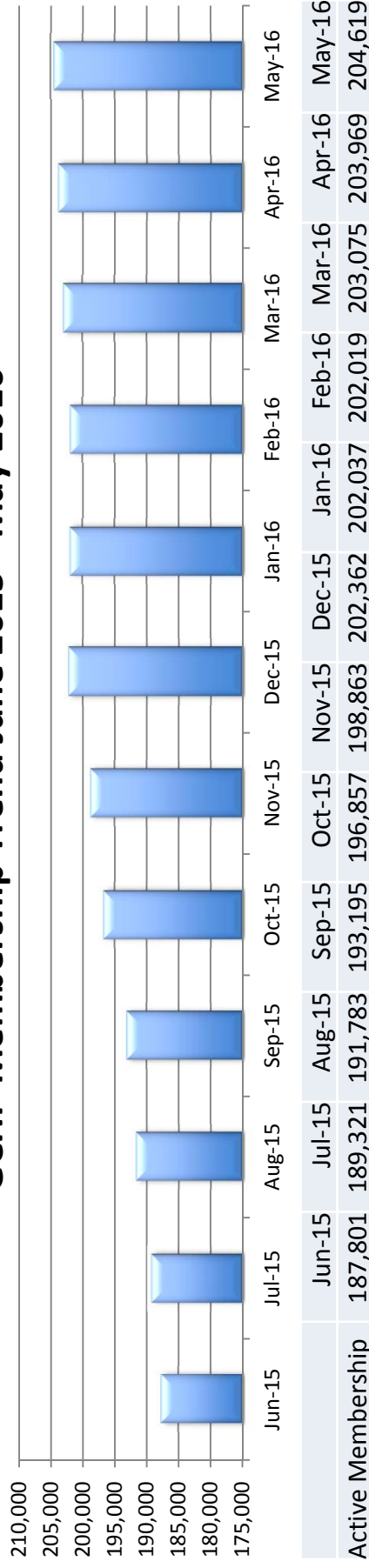
www.goldcoasthealthplan.org

GCHP Membership

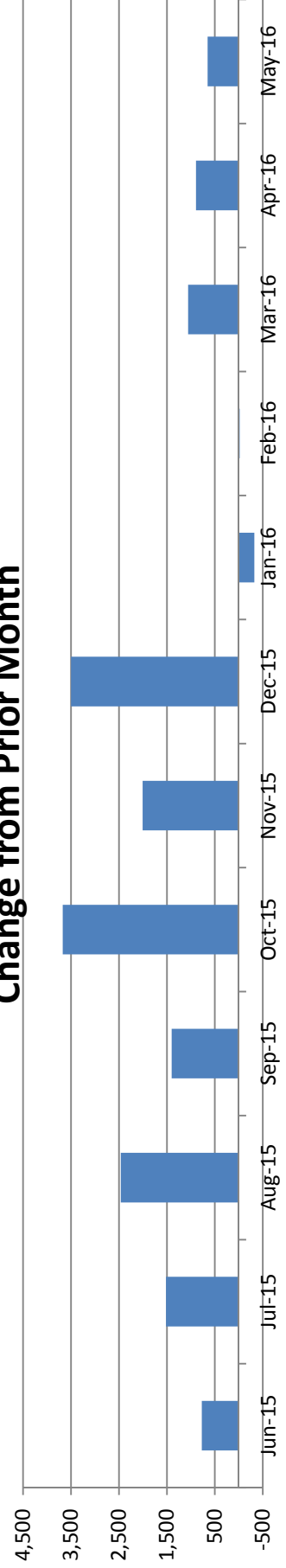
Total Membership as of May 1, 2016 – 204,619

*New Members Added Since January 2014 – 86,107

GCHP Membership Trend June 2015 - May 2016

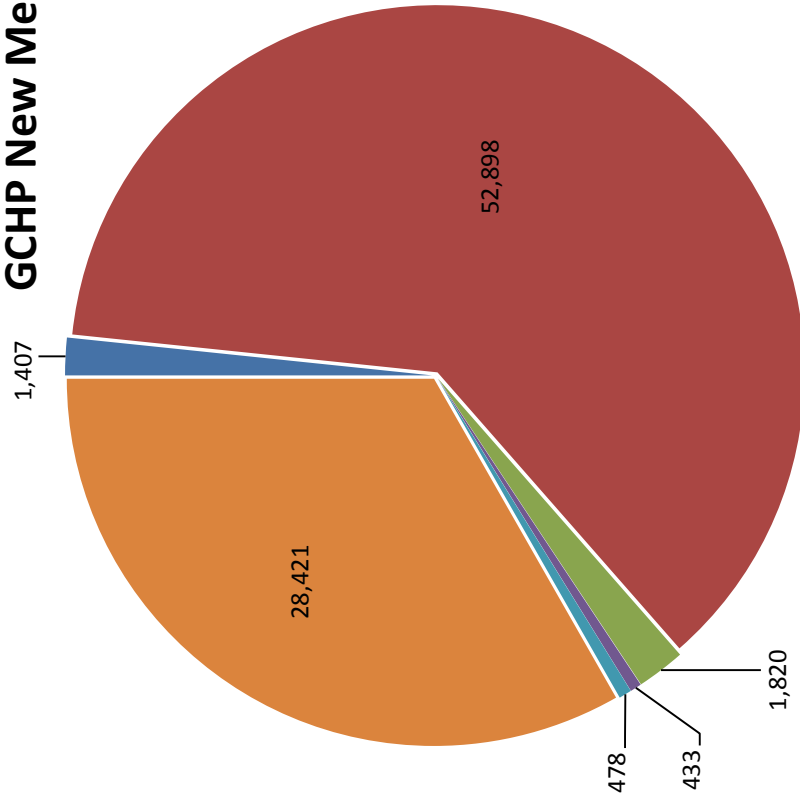


Change from Prior Month



Membership Growth

GCHP New Membership Breakdown



- L1 - Low Income Health Plan - 1.65%
- M1 - Medi-Cal Expansion - 61.90%
- 7U - CalFresh Adults - 2.13%
- 7W - CalFresh Children - 0.51%
- 7S - Parents of 7Ws - 0.56%
- Traditional Medi-Cal - 33.26%



5th Annual **Community**

Resource Fair

Saturday, May 14, 2016

10:00 am – 2:00 pm

Plaza Park, Downtown Oxnard

500 S. 'C' Street, Oxnard, CA 93030

For more information please call the
Health Education Department at:

805.437.5500

or email outreach@goldchp.org

If you need interpreter services or special assistance
to participate, please contact us by April 22, 2016.



**Gold Coast
Health Plan**SM
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5ª Feria Anual de Recursos

Comunitarios

- * Exámenes de Salud Gratuitos
- * Entretenimiento
- * Mesas de Recursos
- * Regalos

sábado, 14 de mayo de 2016

10:00 am – 2:00 pm

La Placita en el Centro de Oxnard
500 S. 'C' Street, Oxnard, CA 93030

Para más información por favor llame al
Departamento de Educación para la Salud al:

805.437.5500

O por email outreach@goldchp.org



**Gold Coast
Health Plan**
A Public Entity

Si necesita servicios de intérprete o asistencia especial para participar, por favor comuníquese con nosotros antes del 22 de abril de 2016.



Community Outreach Schedule 2016

May 2016

Tuesday, May 3, 2016

Gold Coast Health Plan Informational Booth at the Consulate of Mexico in Oxnard

3151 W. Fifth Street, Oxnard
Time: 9:00am – 12:00pm

Friday, May 6, 2016

Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning

217 N. 10th Street, Santa Paula
Time: 9:00am – 11:30am

Tuesday, May 10, 2016

Baby Steps Program hosted by Ventura County Medical Center

VCMC Cafeteria
3291 Loma Vista Road, Ventura
Time: 5:00pm – 6:30pm

Friday, May 13, 2016

La Hermandad Food Distribution

350 "K" Street, Oxnard
Time: 10:30am – 12:00pm

Saturday, May 14, 2016 (Save the Date)

5th Annual Gold Coast Health Plan Community Resource Fair

500 S. "C" St, Oxnard
Time: 10:00am – 2:00pm

Tuesday, May 17, 2016

Baby Steps Program hosted by Santa Paula Hospital

Santa Paula Hospital
825 N. 10th Street, Santa Paula
Time: **English** 5:30pm – 6:30pm
Spanish 6:30pm – 7:30pm

Wednesday, May 18, 2016

Monthly Food Distribution Program & Health Services

Westpark Community Center
450 W. Harrison Avenue, Ventura
Time: 4:00pm – 5:30pm

Friday, May 20, 2016

Gold Coast Health Plan Informational Booth at the Consulate of Mexico in Oxnard

3151 W. Fifth Street, Oxnard
Time: 9:00am – 12:00pm

Saturday, May 21, 2016

11th Annual Summerfest hosted by Ventura Education Partnership's

Ventura Unified School District's Educational Service Center
255 W. Stanley Ave, Ventura
Time: 09:00am – 2:00pm



PLEASE NOTE: Schedule may be subject to change.

Community Outreach Schedule 2016

May 2016

Thursday, May 26, 2016

***Community Market Produce Giveaway
hosted by Moorpark/Simi Valley***

Neighborhood for Family Learning

612 Spring Road, Suite, 401, Moorpark

Time: 09:00am – 11:00am

Thursday, May 26, 2016

***Community Market Produce Giveaway
hosted by Moorpark/Simi Valley***

Neighborhood for Family Learning

1955 Bridget Ave, Simi Valley

Time: 1:00pm – 2:30pm



Community Outreach Schedule 2016

June 2016

Friday, June 3, 2016

Sharing the Harvest hosted by Santa Clara Valley Neighborhood for Learning

217 N. 10th Street, Santa Paula
Time: 9:00am – 11:30am

Tuesday, June 7, 2016

Gold Coast Health Plan Informational Booth at the Consulate of Mexico in Oxnard

3151 W. Fifth Street, Oxnard
Time: 9:00am – 12:00pm

Friday, June 10, 2016

La Hermandad Food Distribution

350 "K" Street, Oxnard
Time: 10:30am – 12:00pm

Tuesday, June 14, 2016

Baby Steps Program hosted by Ventura County Medical Center

VCMC Cafeteria
3291 Loma Vista Road, Ventura
Time: 5:00pm – 6:30pm

Wednesday, June 15, 2016

Monthly Food Distribution Program & Health Services

Westpark Community Center
450 W. Harrison Avenue, Ventura
Time: 4:00pm – 5:30pm

Tuesday, June 21, 2016

Baby Steps Program hosted by Santa Paula Hospital

Santa Paula Hospital
825 N. 10th Street, Santa Paula
Time: **English** 5:30pm – 6:30pm
Spanish 6:30pm – 7:30pm

Thursday, June 23, 2016

Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning

612 Spring Road, Suite, 401, Moorpark
Time: 09:00am – 11:00am

Thursday, June 23, 2016

Community Market Produce Giveaway hosted by Moorpark/Simi Valley Neighborhood for Family Learning

1955 Bridget Ave, Simi Valley
Time: 1:00pm – 2:30pm

Friday, June 24, 2016

Gold Coast Health Plan Informational Booth at the Consulate of Mexico in Oxnard

3151 W. Fifth Street, Oxnard
Time: 9:00am – 12:00pm



Community Health Education 2016 Diabetes Self-Management Classes

Diabetes Self-Management Classes

Camarillo

Gold Coast Health Plan
711 E. Daily Dr., Camarillo, CA
Tuesday, June 14, 2016
Time: 4:00PM – 5:30PM
Language: English

Gold Coast Health Plan
711 E. Daily Dr., Camarillo, CA
Tuesday, July 26, 2016
Time: 4:00PM – 5:30PM
Language: English

Gold Coast Health Plan
711 E. Daily Dr., Camarillo, CA
Tuesday, August 23, 2016
Time: 4:00PM – 5:30PM
Language: English

Fillmore

Location: Active Adult Center
533 Santa Clara St., Fillmore, CA
Thursday, May 12, 2016
Time: 10:30 AM – 11:30 AM
Language: Bilingual (Women's Health)

Location: Active Adult Center
533 Santa Clara St., Fillmore, CA
Thursday, June 23, 2016
Time: 10:30 AM – 11:30 AM
Language: Bilingual (Men's Health)



**Health Education 2016
Diabetes Self-Management Classes
Provider Network Locations**

Diabetes Self-Management Classes

Conejo Valley Area

**Location: Conejo Valley Family Medical Group
125 W Thousand Oaks Bl., Thousand Oaks
Friday, May 20, 2016
Time: 4:00 – 5:30 PM
Topic: Diabetes Meal Planning
Language: Spanish**

**Location: Conejo Valley Family Medical Group
125 W Thousand Oaks Bl., Thousand Oaks
Friday, June 17, 2016
Time: 4:00 – 5:30 PM
Topic: Diabetes Meal Planning
Language: Spanish**

Simi Valley

**Sierra Vista Family Medical Clinic
1227 E. Los Angeles Ave., CA
Wednesday, June 22, 2016
Time: TBD
Topic: Diabetes 101
Language: TBD**

Oxnard

**Location: Community Memorial Saviers Medical Group
246 E. Scott St., Port Hueneme, CA
Thursday, June 2, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: English**

**Location: Community Memorial Saviers Medical Group
246 E. Scott St., Port Hueneme, CA
Thursday, June 16, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: Spanish**

**Location: Community Memorial Saviers Medical Group
246 E. Scott St., Port Hueneme, CA
Thursday, June 30, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: English**



Health Education 2016 Diabetes Self-Management Classes Provider Network Locations

Oxnard- cont'

**Location: Community Memorial Saviers
Medical Group
246 E. Scott St., Port Hueneme, CA
Thursday, July 14, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: Spanish**

**Location: Community Memorial Saviers
Medical Group
246 E. Scott St., Port Hueneme, CA
Thursday, July 28, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: English**

Santa Paula

**Community Memorial - CMH
Centers For Family Health
242 E. Harvard Bl. #C, Santa Paula, CA
Thursday, May 26, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: Spanish**

**Community Memorial - CMH
Centers For Family Health
242 E. Harvard Bl. #C, Santa Paula, CA
Thursday, June 9, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: English**

**Community Memorial - CMH
Centers For Family Health
242 E. Harvard Bl. #C, Santa Paula, CA
Thursday, June 23, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: Spanish**

**Community Memorial - CMH
Centers For Family Health
242 E. Harvard Bl. #C, Santa Paula, CA
Thursday, July 7, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: English**

**Community Memorial - CMH
Centers For Family Health
242 E. Harvard Bl. #C, Santa Paula, CA
Thursday, July 21, 2016
Time: 5:30 – 7:00PM
Topic: Diabetes 101
Language: Spanish**

Health Navigator Program Update – Q1 Summary

Monthly Totals DM Program – January 2016	
Total # of calls or contacts received via phone “OUTREACH”:	29
Total # of referrals to DM Health Coach:	14
Total # of referrals to Health Ed classes:	15
Total # of DM welcome packets sent for the month:	17

Monthly Totals DM Program – February 2016	
Total # of calls or contacts received via phone “OUTREACH”:	07
Total # of referrals to DM Health Coach:	04
Total # of referrals to Health Ed classes:	05
Total # of DM welcome packets sent for the month:	06

Monthly Totals DM Program – March 2016	
Total # of calls or contacts received via phone “OUTREACH”:	75
Total # of referrals to DM Health Coach:	16
Total # of referrals to Health Ed classes:	18
Total # of DM welcome packets sent for the month:	27
*Please note: call outs to members began on March 16, 2016	

Total Q1 2016 DM Program	
Total # of calls or contacts received via phone “OUTREACH”:	11
Total # of referrals to DM Health Coach:	34
Total # of referrals to Health ED classes:	38
Total # of DM welcome packets sent for the month:	50

Year To Date Totals	
YTD Total # of contacts to DM Program received:	245
YTD Total # of DM referrals:	72
YTD Total # of Health Ed referrals:	61
YTD Total # of packets mailed:	84

Health Education – Provider/Clinic Site Q1-2016 (Jan – Mar)

2016 Provider/Clinic Name	English	Spanish
Conejo Valley Medical Group		
January 22nd	N/A	3
March 18th	N/A	6
Among Friends - ADHC		
January 22nd	50	70
Summary Totals to date	50	79

Over the last year we've seen over 150 patients at the Conejo Valley Family Medical Group. Most of the Gold Coast participants attended classed between July and November 2015. After our January, 2016 monthly class, and per the participant's request, we have now implemented a Meal planning diabetes class.

* The year to date Estimated totals for class attendance at a Provider/Clinic Setting (July 2015- March 2016) is 91 English and 152 Spanish.

Cultural and Linguistic (C&L) Services
Reporting Period: January – March 2016

Telephonic Interpreting Services

- Total call volume for reporting period from January to March 2016 is 583. The majority of calls from GCHP care management team.

Translation Services

- A total of 52 requests were received for translation services during the month of January to March 2016.

In-Person Interpreting Services

- A total of 10 requests were received for in-person interpreting services during the month of January to March 2016.

Sign Language Services

- A total of 44 requests were received for sign language interpreting services during the month of January to March 2016. The majority of the requests were received by VCMC Affiliated Clinics and Clinicas del Camino Real, Inc.

Provider Request for C&L Material

- A total 40 of provider C&L packets were assembled during the reporting period.
- A total of 250 ID badges were requested during the reporting period.
- A total of 36 ID posters were requested during the reporting period.

New Employee C&L Orientation

- A total of 14 new employee C&L orientation was provided during the reporting period.
- Of the 14 new employees, 6 employees received the certificate of completion for the Seniors and Persons with Disability (SPD) online training.

Spanish Bilingual Fluency Assessment

- A total of 3 GCHP staff were assessed for Spanish bilingual fluency test during the reporting period.

Cultural Diversity Training

- A total of 34 participants attended the “Trading Ages – Aging Sensitivity Seminar” sponsored by the C&L Department on January 28, 2016.
- Ventura Transit System (VTS) – a total of 30 VTS employees completed the SPD online training.

Group Needs Assessment (GNA) Questionnaire Summary

<p>Demographic</p> <ul style="list-style-type: none"> • Q1 • Q2 	<p>PCP Questions</p> <ul style="list-style-type: none"> • Q3, Q4 – Language Preference • Q5 – Literacy • Q6 & Q7 - Cultural Health Beliefs 	<p>Medical Interpreters</p> <ul style="list-style-type: none"> • Q8 – Q9 – Needs for Medical interpreter • Q10 – Q13 – use of Interpreter
<p>Health and Using Your Health Plan - Access</p> <ul style="list-style-type: none"> • Q14 – Social Determinate • Q15-Q16 – Knowledge of Health Plan • Q17 – Access to Care 	<p>Forms and Materials</p> <ul style="list-style-type: none"> • Q18-Q19 – Literacy 	<p>Health Promotion and Communication</p> <ul style="list-style-type: none"> • Q20 – Communication • Q21- Health Promotion • Q22 – Communication – Internet Access

Dear Parent/Guardian of (MemberName),

Gold Coast Health Plan (GCHP), your child's managed care health plan, is doing a survey. The survey is to find out how well the health plan and its doctors are meeting the needs of all its members. Your child's name was chosen at random. We would like you to fill out the survey for your child.

The survey is confidential to protect your privacy. This means Gold Coast Health Plan and the doctors will not know your responses. It also means that your name and your child's name will not be on the survey.

Your responses will not affect or change your child's benefits. You do not have to do the survey. If you choose not to do the survey, it will not affect or change your child's benefits.

If you choose to do the survey, we would like to enter you into a raffle to win a gift card to XX/give you a gift card to XX to thank you for your time.

After you fill out the survey, you can mail it back in the enclosed pre-paid envelope. If you would like to be entered into the raffle to win a gift card to XX/a gift card to XX, please fill in the information below. Send this page back with your survey. This page will not be kept with your survey answers. We will only use this page to enter you in the raffle and send you the gift card if you win/send you the gift card.

Thank you.

Name:

Address:

City:

State: California Zip Code:

Phone number (optional):

Begin Survey:

Q1. I am filling out the survey for:

- My child
- A family member who is under 18 years old
- The person I assist
- Other, specify:

Please think about your child's doctor and Gold Coast Health Plan when you answer the questions.

Q2. How long has your child been a member of Gold Coast Health Plan?

- < 6 months
- Between 6 months and 12 months
- More than 12 months (1 year)
- Not sure

I. Primary Care Providers (PCP)

A Primary Care Provider (PCP) is the main doctor your child sees for regular check-ups. The PCP is the doctor you contact when your child gets sick or when you want advice about a health problem. The PCP can be a doctor, nurse practitioner, physician's assistant, or nurse midwife. This does not include specialists.

Q3. What language do you prefer to speak with your child's PCP?

- English
- Arabic
- Armenian
- Cambodian/Khmer
- Cantonese
- Farsi
- Hmong
- Korean
- Mandarin Chinese
- Russian
- Spanish
- Tagalog
- Vietnamese
- Other, please specify:

- Q4. Does your child's PCP or their office staff speak the language you prefer?**
- Yes
 - No
 - Don't know
- Q5. How often does your child's PCP explain things in a way that is easy to understand?**
- Always
 - Sometimes
 - Never
- Q6. Health beliefs can come from your religion, culture, traditions, or family history. In your opinion, how often do your beliefs go against your child's PCP's advice?**
- Always
 - Sometimes
 - Never
- Q7. Does your child's PCP understand and respect (Check all that apply):**
- Your family health traditions or practices
 - Your family's use of alternative medicine (this can include many things, such as herbal preparations, special teas, magnet therapy, and spiritual therapy)
 - Religious beliefs your family has that are related to your child's health
 - How your family's immigration experience affects your child's health
 - How any trauma (loss, suffering) your child had or felt affects your child's health
 - Does not apply to my family/None of the above

II. Medical Interpreters

A Medical Interpreter is a person who can speak the language you prefer to speak. They listen to what the doctor says, and they explain it to you in your language. They make sure you understand what the doctor is telling you about your child's health. They work with PCPs and specialists.

- Q8. Do you ever want or need a medical interpreter?**
- Yes (Go to Q9)
 - No (SKIP to Q14; do NOT answer questions 9-13)
 - Not Sure (Go to Q9)

- Q9. Do you know that Gold Coast Health Plan has medical interpreters available at no cost to you?**
- Yes
 - No
 - Not Sure
- Q10. Are you comfortable asking for medical interpreter services?**
- Yes
 - No (Why not?):
 - Not Sure
- Q11. If you would like to use a medical interpreter, you can sometimes choose where the interpreter is during the exam. Which of these choices would you prefer? Choose one:**
- The interpreter in the exam room with me and my child
 - The interpreter on the phone
 - The interpreter using a video chat (face-to-face through a computer)
 - Other (please explain):
 - Not Sure
- Q12. Do you ever use a family member or friend to interpret for you?**
- Yes (Go to Q13)
 - No (SKIP to Q14; do NOT answer Q13)
- Q13. What are all the reasons why a family member or friend interprets for you? Check all that apply:**
- The doctor or office staff told me to bring a family member or friend to interpret for me.
 - The doctor's office didn't offer interpreter services for me.
 - I didn't know I could ask for interpreter services.
 - I feel more comfortable when a family member or friend interprets for me.
 - Other (please explain):

That was the last question about interpreters.

III. Health and Using Your Health Plan

The next four questions can have many answers. Please check all the answers that apply to you and your child.

Q14. What do you think are important health concerns or issues for all people living in your area, including the children? Check all that apply:

- Not enough safe places to walk or play
- Not enough appointment times at doctors' offices/clinics
- Not enough doctors who treat patients with respect
- Not enough information about health conditions (such as whooping cough or asthma)
- Not enough information about how to get healthy
- Not enough clinics and doctors nearby
- Not enough child behavioral (mental) health services nearby
- Not enough healthy food (such as fruits and vegetables) nearby
- Other (please explain):
- I don't think there are health concerns for the people living in my area

Q15. What information would be helpful to you on how to use Gold Coast Health Plan for your child? Check all that apply:

- How to ask a question related to the health plan
- How to choose a doctor for my child
- Who to call at night when my child is sick and their doctor's office is closed
- When to take my child to the Emergency Room
- How to handle a chronic condition, such as asthma or diabetes
- Other (please explain):
- Nothing - I have all the information I need

Q16. In the last 6 months, did your child or you do any of the following to learn more about your child's, or a family member's health? Check all that apply:

- Searched the Internet for health information
- Went to a health-related class
- Spoke to a health professional (such as a doctor, nurse, nutritionist, or health educator)
- Used the Health Plan website
- Watched a video about health on YouTube or the Internet
- Other (Please explain):
- My child and I didn't do anything

Q17. Select the items you would like help with from Gold Coast Health Plan. Check all that apply:

- Getting an appointment with my child's PCP
- Getting an appointment with a specialist for my child
- Finding a doctor that lets me bring other children to the appointment
- Transportation to get to my child's doctor visits
- Health information in my language
- Other (please explain):
- I don't need any help

IV. Forms and Health Plan Materials

The next two questions have just one answer each.

Q18. How often do you have a hard time filling out health forms, for your child, by yourself?

- Always
- Sometimes
- Never

Q19. Do the materials you get for your child from Gold Coast Health Plan give you the information you need about how the health plan works?

- Always
- Sometimes
- Never

The next two questions can have many answers. Please check all the answers that apply to you.

Q20. How would you like to get information for your child from Gold Coast Health Plan? Check all that apply:

- Gold Coast Health Plan website
- Text messages
- Voice mail/phone messages
- In person (face-to-face)
- Mail sent to my home
- E-mail
- Social media (such as Facebook, Twitter, Instagram)
- Video on the Internet/YouTube
- DVD
- Flash drive
- In Braille
- Materials with large text/font size (big print)
- Other (Please explain):

Q21. Gold Coast Health Plan gives me information for my child about (Check all that apply):

- Regular medical and dental check-ups
- Hearing and vision screening tests
- Child development (growth)
- Taking care of my child's health concerns (such as asthma or diabetes)
- Shots/vaccines for my child
- Other (please explain):
- None of the above

Q22. How often do you use the Internet?

- Daily
- Weekly
- Monthly
- A few times a year
- Never

V. Additional Questions From Your Child's Health Plan

Q23. Do you know you your child has an assigned PCP?

- Yes
- No

Q24. Do you know Gold Coast Health Plan provides a Member's Handbook?

- Yes
- No

Q25. Do you know you can call Gold Coast Health Plan to speak with a nurse coach about your child's health?

- Yes
- No

Q26. How satisfied are you with your child's doctor medication order?

- Satisfied
- Unsatisfied
- Not applicable

Q27. If your child get sick, do you take your child to the emergency room, doctor's office, or urgent care center?

- Doctor's Office
- Urgent Care Center
- Emergency Room

Q28. How long does it take you to schedule a doctor's appointment for your child?

- 1-2 weeks
- 2-4 weeks
- More than a month

Q29. Do you know that your child's health plan can help you with your feelings like depression, sadness, or anxiety?

- Yes
- No

Q30. Do you have a computer at home? If yes, do you have internet?

- Yes
- No

Q31. What is the best way to communicate with you?

- Mail
- Telephone
- Text messaging
- Email

Q32. What type of housing is your child's currently living?

- House/Apartment
- Public Housing
- Farmworker Camp
- Emergency Shelter
- Hotel/Motel
- Car

This is the last survey question.

**Q33. Is there anything else you would like to express about Gold Coast Health Plan?
If yes, please indicate:**

Responding to the following questions will help us assure that our members receive the proper culturally sensitive and language assistance needed.

Q34. What is your child's gender identity?

- Male
- Female

Q35. What is your child's age group?

- 0-1 year old
- 1-2 years old
- 2-3 years old
- 3-5 years old
- 6-8 years old
- 9-11 years old
- 12-14 years old
- 15-17 years old

Q36. In what language do you prefer to receive your child's health care services?

- English
- Spanish
- Vietnamese
- Farsi
- Arabic
- Tagalog
- Russian
- Korean
- Cambodian
- Mandarin
- Punjabi
- Braille
- Other, please write

Q37. Which category best describes your child's ethnicity origin?

- White/Caucasian
- Hispanic/Latino
- Black/African American
- America Indian/Alaska Native
- Asian/Pacific Islander
- Other, please write: _____

Thank you, this ends our survey. Your answers will help plan our programs and services. Again, thank you for your time.

Please mail the survey back in the enclosed pre-paid envelope. **If you need a new envelope, please call:**

Include the first page with your name and address if you would like to be entered into a raffle for a gift card to XX/a gift card to XX.

Dear (MemberName),

Gold Coast Health Plan (GCHP), your managed care health plan, is doing a survey. The survey is to find out how well your health plan and its doctors are meeting your needs and the needs of all its members. Your name was chosen at random to do this survey.

The survey is confidential to protect your privacy. This means Gold Coast Health Plan and the doctors will not know your responses, and your name will not be on the survey.

Your responses will not affect or change your benefits. You do not have to do the survey. If you choose not to do the survey, it will not affect or change your benefits.

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Thank you.

Name:

Address:

City:

State: California Zip Code:

Phone number (optional):

Begin Survey:

Q1. I am filling out the survey for:

- Myself**
- A family member**
- The person I assist**
- Other, please specify:**

If you are filling out this survey for someone else, please answer the questions on the member's behalf. You may ask for his or her direct input.

Q2. How long have you been a member of Gold Coast Health Plan?

- < 6 months**
- Between 6 months and 12 months**
- More than 12 months (1 year)**
- Not sure**

I. Primary Care Providers (PCP)

A Primary Care Provider (PCP) is the main doctor you see for regular check-ups. The PCP is the doctor you contact when you get sick or when you want advice about a health problem. The PCP can be a doctor, nurse practitioner, physician's assistant, or nurse midwife. This does not include specialists.

Q3. What language do you prefer to speak with your PCP?

- English**
- Arabic**
- Armenian**
- Cambodian/Khmer**
- Cantonese**
- Farsi**
- Hmong**
- Korean**
- Mandarin Chinese**
- Russian**
- Spanish**
- Tagalog**
- Vietnamese**
- Other, please specify:**

- Q4. Does your PCP or their office staff speak the language you prefer?**
- Yes
 - No
 - Don't know
- Q5. How often does your PCP explain things in a way that is easy to understand?**
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 - Never
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- Q7. Does your PCP understand and respect (Check all that apply):**
- Your family health traditions or practices
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 - Religious beliefs you have that are related to your health
 - How your immigration experience affects your health
 - How any trauma (loss, suffering) you've had or felt affects your health
 - Does not apply to me/None of the above

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- Q8. Do you ever want or need a medical interpreter?**
- Yes (Go to Q9)
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Q9. Do you know that your health plan has medical interpreters available at no cost to you?

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- No
- Not Sure

Q10. Are you comfortable asking for medical interpreter services?

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That was the last question about interpreters.

III. Health and Using Your Health Plan

The next four questions can have many answers. Please check all the answers that apply to you.

Q14. What do you think are important health concerns or issues for people living in your area? Check all that apply:

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- Not enough appointment times at doctors' offices/clinics
- Not enough doctors who treat patients with respect
- Not enough information about health conditions (such as whooping cough or asthma)
- Not enough information about how to get healthy
- Not enough clinics and doctors nearby
- Not enough behavioral (mental) health services nearby
- Not enough healthy food (such as fresh fruits and vegetables) nearby
- Other (please explain):
- I don't think there are health concerns for the people living in my area

Q15. What information would be helpful to you on how to use Gold Coast Health Plan? Check all that apply:

- How to ask a question related to the health plan
- How to choose a doctor
- Who to call at night when I'm sick, or a family member is sick, and my doctor's office is closed
- When to go to the Emergency Room
- How to handle a chronic condition, such as asthma or diabetes
- Other (please explain):
- Nothing - I have all the information I need

Q16. In the last 6 months did you do any of the following to learn more about your health or a family member's health? Check all that apply:

- Searched the Internet for health information
- Went to a health-related class
- Spoke to a health professional (such as a doctor, nurse, nutritionist, or health educator)
- Used the Health Plan website
- Watched a video about health on YouTube or the Internet
- Other (Please explain):
- I didn't do anything

Q17. Select the items you would like help with from Gold Coast Health Plan. Check all that apply:

- Getting an appointment with my PCP
- Getting an appointment with a specialist
- Finding a doctor that lets me bring children to the appointment
- Transportation to get to doctor visits
- Health information in my language
- Other (please explain):
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- Gold Coast Health Plan website
- Text messages
- Voice mail/phone messages
- In person (face-to-face)
- Mail sent to my home
- E-mail
- Social media (such as Facebook, Twitter, Instagram)
- Video on the Internet/YouTube
- DVD
- Flash drive
- In Braille
- Materials with large text/font size (big print)
- Other (Please explain):

Q21. Gold Coast Health Plan gives me information about (Check all that apply):

- Regular medical and dental check-ups
- Cancer screening tests
- Tests for diabetes
- Taking care of my health concerns (such as diabetes or asthma)
- Shots/vaccines (for children, teens and adults)
- Other (please explain):
- None of the above

Q22. How often do you use the Internet?

- Daily
- Weekly
- Monthly
- A few times a year
- Never

V. Additional Questions From Your Health Plan

Q23. Do you know you have an assigned PCP?

- Yes
- No

Q24. Do you know Gold Coast Health Plan provides a Member's Handbook?

- Yes
- No

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- No

Q26. How satisfied are you with your doctor's medication order?

- Satisfied
- Unsatisfied
- Not applicable

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- Urgent Care Center
- Emergency Room

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- 2-4 weeks
- More than a month

Q29. Do you know that your health plan can help you with your feelings like depression, sadness, or anxiety?

- Yes
- No

Q30. Do you have a computer at home? If yes, do you have internet?

- Yes
- No

Q31. What is the best way to communicate with you?

- Mail
- Telephone
- Text messaging
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- House/Apartment
- Public Housing
- Farmworker Camp
- Emergency Shelter
- Hotel/Motel
- Car

This is the last survey question.

**Q33. Is there anything else you would like to express about Gold Coast Health Plan?
If yes, please indicate:**

Responding to the following questions will help us assure that our members receive the proper culturally sensitive and language assistance needed.

Q34. What is your gender identity?

- Male
- Female

Q35. What is your age group?

- 18-24 years old
- 25-44 years old
- 45-64 years old
- 65+ years old

Q36. In what language do you prefer to receive your health care services?

- English
- Spanish
- Vietnamese
- Farsi
- Arabic
- Tagalog
- Russian
- Korean
- Cambodian
- Mandarin
- Punjabi
- Braille
- Other, please write

Q37. Which category best describes your ethnicity origin?

- White/Caucasian
- Hispanic/Latino
- Black/African American
- America Indian/Alaska Native
- Asian/Pacific Islander
- Other, please write: _____

Thank you, this ends our survey. Your answers will help plan our programs and services. Again, thank you for your time.

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Include the first page with your name and address if you would like to be entered into a raffle for a gift card to XX/a gift card to XX.



Annual Report to the Community

Growing Together

2014/15



A MESSAGE FROM THE CEO

We Put Our Members First

A primary care physician voiced his appreciation for the attention Gold Coast Health Plan (GCHP) delivered to his patient and how essential it was in that member's successful outcome after her diagnosis of breast cancer.

A grieving husband reached out to a GCHP care manager and expressed his heartfelt gratitude for the difference she made during his wife's final days.

Stories like these—about the people and the important work being done at GCHP—inspire me every day in my role as chief executive officer (CEO).

Since my arrival in June 2015, I have heard dozens of stories like these that bring to life the impact being made in Ventura County by the incredible people who work at GCHP.

During the 2014/15 fiscal year, our dedicated and talented staff coordinated Medi-Cal services for more than 187,000 members in the county. Remarkably, this includes 1 in 2 children under the age of 5, and the numbers are growing for both adults and children.

With recent program expansion, more than 2 million Californians—about one-third of the state's population—are newly eligible for Medi-Cal. Even after this massive expansion, the Department of Health Care Services (DHCS) estimates that nearly 3 million residents will remain uninsured.

As of February 2016, GCHP membership reached 202,018 and will exceed that number by the end of the current fiscal year.

As membership increases, so does our responsibility of providing first-rate health care services. GCHP has improved the rates for diabetes care. Diabetes is a serious chronic disease that, according to the American Diabetes Association, was the seventh leading cause of death in the United States in 2010. Rates for GCHP member retinal eye exams for persons with diabetes improved more than 14 percent from 2013 to 2014. HbA1c testing, an important blood test that shows how well a member's diabetes is being controlled, improved more than 5 percent from 2013 to 2014.

Stories like these—about the people and the important work being done at GCHP—inspire me every day in my role as chief executive officer.

— Dale Villani, CEO, Gold Coast Health Plan

GCHP has also had an effect on the fiscal health of the residents of the county. In fiscal year 2014/15, the Plan contributed more than \$423 million into the economic growth of the county through provider reimbursements.

These are just some examples of the quality services and fiscal impact GCHP has had in the county since beginning operations in July 2011.

Working collaboratively with the Ventura County Board of Supervisors and with the oversight of the Ventura County Medi-Cal Managed Care Commission (VCMCC), GCHP has demonstrated a willingness to be a responsible member of the community and understands that its continued success depends on fostering an environment of respect.

I joined the team at GCHP for the same reason as most people: to improve the health of our members by providing the best possible quality care and services. Our mission will always maintain a member-first focus; our internal core values of integrity, accountability, collaboration, trust and respect ensure that GCHP is a preferred place for people to work. And finally, many thanks to all of our strategic partners who have contributed to the success of GCHP over the past year.



**Dale Villani, CEO,
Gold Coast Health Plan**

Mission Statement

To improve the health of our members through the provision of high-quality care and services.



**Anthony Alvarado,
GCHP Compliance Specialist**

MEMBER SERVICES

Hello?

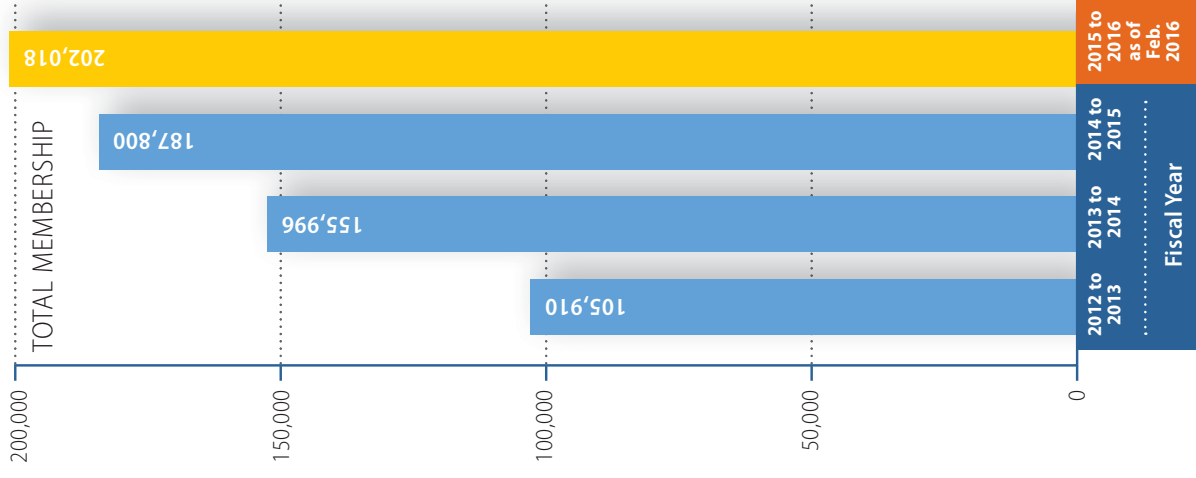
faster than the state requirement. Also, the percentage of people who hang up before being helped is 0.86 percent, far below the 5 percent goal.

Outreach

GCHP's outreach efforts and community participation also increased in FY 2014/15. Thousands of educational materials were distributed via health classes, food distribution events, health fairs and other community programs.

An increase in membership means a jump in call volume. With more than 10,000 calls per month, GCHP's numbers have only improved. On average, calls are answered within 17.58 seconds—more than 12 seconds

Growth Over Time



Member Services:

Answered more than 120,000 calls during FY 2014/15.

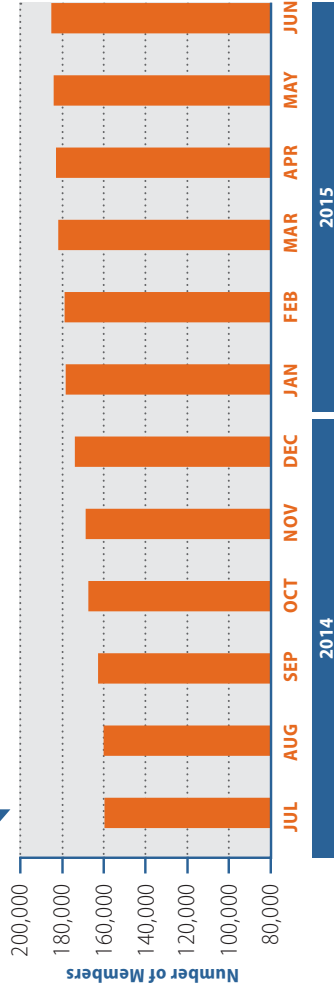
Experienced a 20 percent increase in call volume as a result of membership growth.

Vision Statement

Compassionate care, accessible to all, for a healthy community.



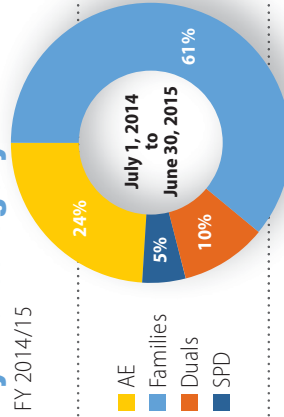
GCHP Membership Growth (July 2014–June 2015)



Membership

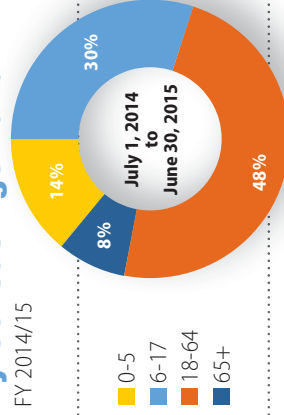
By Aid Category

FY 2014/15



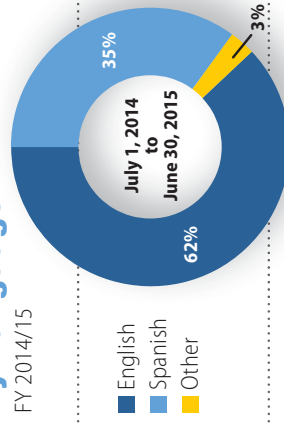
By Census Age Band

FY 2014/15



By Language

FY 2014/15



AE: Adult Expansion, SPD: Seniors and Persons with Disabilities, Duals: Dually Eligible for Medicare and Medi-Cal

Seal of Approval Earned



GCHP's Quality Improvement Department passed the 2015 Health Care Effectiveness Data and Information Set (HEDIS®) Compliance Audit by the National Committee for Quality Assurance (NCQA). The Plan's rates improved in 22 quality measures over the previous year.

The Plan also launched three member incentive programs to encourage members to receive important preventive screenings (postpartum care, well-child visits and retinal eye exams).

GCHP is currently partnering with select clinics to improve immunization rates for 2-year-olds.

More Health Services

FY 2013/14 ■ FY 2014/15

Amid an increase in service requests, GCHP's Health Services Department was able to implement new programs. Because nearly half of GCHP's members are under the age of 21, the Plan implemented a pediatric Case Management program. Also, to identify and reduce the barriers to care for high-risk members who are discharged from hospitals, the Plan implemented a transition care program.



Utilization Management (UM) service requests increased by 15%



Referrals to Case Management (CM) doubled

ER Utilization per 1,000

According to the most recent figures released by the state Department of Health Care Services, ER utilization by GCHP members is consistent with that of other managed care plans throughout the state.



State
36 visits/1,000 member months*

GCHP
38 visits/1,000 member months*

*Accounts for monthly fluctuations in membership.



Making Happy Employees:

GCHP's 170+ employees are a vital piece in the Plan's mission to improve the health of our members through the provision of high-quality care and services. On a daily basis, they display the Plan's core values in their encounters with members, providers, community partners and with each other. Whether they deal with members directly or not, GCHP employees have one thing in common: A member-first focus.

Building Partners

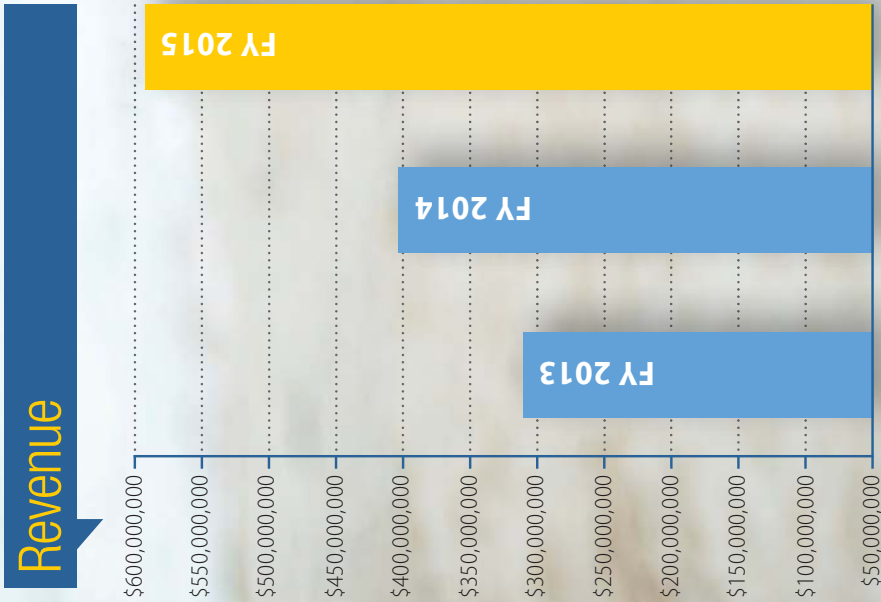
Alzheimer's Association Ventura County Regional Office	Community Action of Ventura County	HICAP/County of Ventura Area Agency on Aging	Planned Parenthood Rainbow Connection	Adriana Sandoval- Jimenez, GCHP Member Services Representative	Ventura County Child Health and Disability Prevention Program	Ventura County Public Health, CATCH Program
American Cancer Society	Community Memorial Hospital/Centers for Family Health	Joyful Entertainment Kids and Families Together	Shield Health Care Tri-County GLAD	Sarah Palomino, GCHP Legal Assistant	Ventura County Chronic Disease Prevention Program	Ventura County Public Health, NEOP Program
Among Friends Adult Day Health Care Center	Dignity Health, St. John's Hospitals	Livingston Memorial Visiting Nurse Association and Hospice	United Parents Ventura County Behavioral Health		Ventura County Department of Child Support Services	Ventura Transportation Services (VTS)
Beacon Health Strategies	Every Woman Counts	Mixteco/Indigena Community Organizing Project (MICOP)	Ventura County Behavioral Health, Alcohol and Drug Program			Vision Service Plan (VSP)
Center for Employment Training	First 5 Ventura County	Oxnard Fire Department				
Child Development Resources	Food Share	Oxnard Police Department				
Clinicas del Camino Real, Inc.	Gold Coast Ambulance					



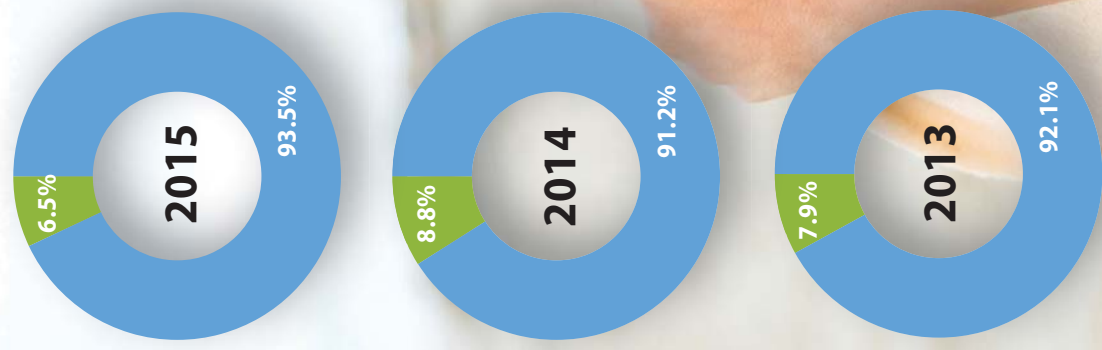
Funding GCHP's Future

The Plan's financial stability continued, allowing for expansion in space and resources to accommodate the growth in membership.

The Plan will implement alternative payment strategies for its providers, such as those based on performance value.



Operating Expenses



■ Health Care Costs
■ Administration Expenses

GCHP Core Values

- Integrity ■ Accountability
- Collaboration ■ Trust ■ Respect

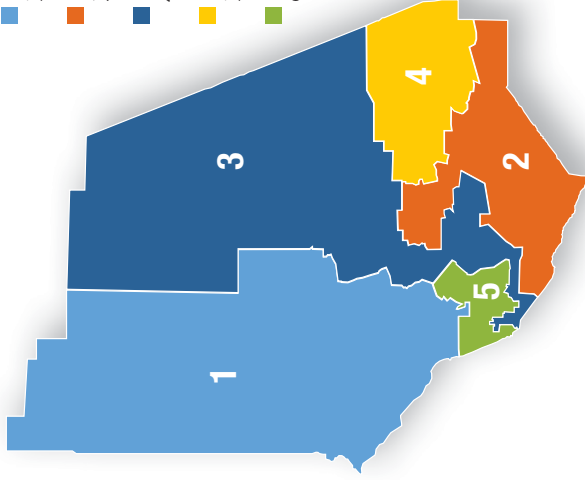


Committed to Diversity:

To build on its core values of trust and respect, GCHP strives to serve its internal and external communities with an appreciation for and support of all differences.

Membership by District

- District 1
36,401
- District 2
21,125
- District 3
41,814
- District 4
31,935
- District 5
90,410



Gold Coast Health Plan Governance

Gold Coast Health Plan Executive Leadership

- Dale Villani**
Chief Executive Officer
- Ruth Watson**
Chief Operating Officer
- Patricia Mowlavi**
Chief Financial Officer
- Melissa Scrymgeour**
Chief Information and Strategy Officer
- C. Albert Reeves, MD**
Chief Medical Officer
- Nancy R. Wharfield, MD**
Associate Chief Medical Officer
- Scott H. Campbell**
General Counsel

Gold Coast Health Plan Directors

- Brandy Armenta**
Compliance Officer/Director
- William E. Freeman**
Director of Network Operations
- Anne Freese**
Director of Pharmacy
- Danita Fulton**
Senior Director of Human Resources
- Lupe Gonzalez**
Director of Health Education
- Steven Lalich**
Director of Marketing and Communications
- Vickie Lemmon**
Director of Health Services

- Tami Lewis**
Director of Operations
- Helen Miller**
Director of Information Technology
- Kim Osajda**
Director of Quality Improvement
- Ralph Oyaga**
Executive Director for Government, Regulatory and External Relations
- Lyndon Turner**
Director of Financial Analysis

Commissioners

- Antonio Alatorre (Acting Chair)**
Clinicas del Camino Real, Inc.
- Shawn Atin**
County of Ventura

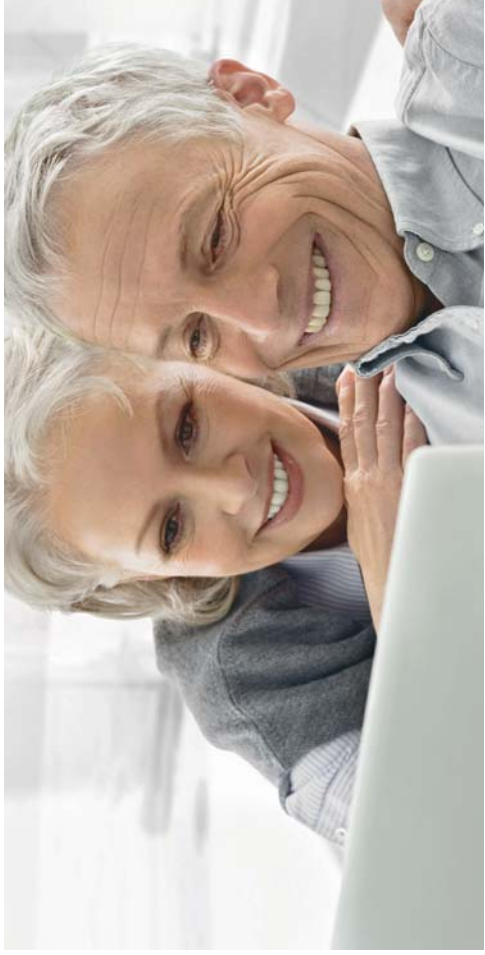
- Lanyard Dial, MD**
Ventura County Medical Association
- Barry Fisher**
Ventura County Health Care Agency
- Peter Foy**
Ventura County Board of Supervisors
- David Glycer**
Private Hospitals/Healthcare System
- Michelle Laba, MD**
Ventura County Medical Center Executive Committee
- Darren Lee**
Private Hospitals/Healthcare System
- Gagan Pawar, MD**
Clinicas del Camino Real, Inc.
- Dee Pupa**
Ventura County Health Care Agency

NETWORK OPERATIONS/IT

Paying It Forward

GCHP's relationships with its network providers is of critical importance as a means to facilitate timely health care access for members. The Network Operations Department has increased the number of qualified physicians, hospitals, clinics and other health care professionals by 14%. This continues to be a major focus of the Plan to ensure enhanced health care access for members.

This year, the Plan started using Quest Analytics, a software tool that analyzes network data (e.g., where there are gaps in provider locations; which providers are near public transportation; whether



GCHP is meeting the rule about members having 10-mile, 30-minute access to providers). That tool is an example of the solutions the Information Technology (IT) Department has introduced to support programs around health care delivery and quality.

This fiscal year, the IT and Network Operations departments will work together to build a new Provider Portal that will simplify how the Plan and its network do business.

Provider Network

Total number of
279 Primary Care
Physicians

Total number of
2,821 Specialists

Acute Care
Hospitals
11
Tertiary
Hospitals
5

Total number of
265 Behavioral Health
Providers

Total number of
101 Pharmacy
Providers

Total number of
385 All Other Service
Providers



The Claims Department:
Processed 1,560,695 provider claims during FY 2014/15. That's an average of 130,058 claims processed per month.

Board of Supervisors

Steve Bennett
Supervisor, District 1

Linda Parks
Supervisor, District 2

Kathy Long
Supervisor, District 3

Peter C. Foy
Supervisor, District 4

John C. Zaragoza
Supervisor, District 5

Consumer Advisory Committee

Alicia Flores
La Hermandad

Norma Gomez
Mixteco/Indigena Community Organizing Project (MICOP)

Frisa Herrera
Casa Pacifica

Paula Johnson
ARC of Ventura County

Laurie Jordan
Rainbow Connection/Tri-Counties Regional Center

Ruben Juarez
County Health Care Agency

Pedro Mendoza
Amigo Baby

Katharine Raley
County of Ventura Area Agency on Aging

Curtis Updike
County Human Services Agency (HSA)

Rita Duarte-Weaver
Ventura County Public Health Department

Gilda Macias
Member/Beneficiary

Provider Advisory Committee

Sue Andersen
Dignity Health Central Coast Service Area

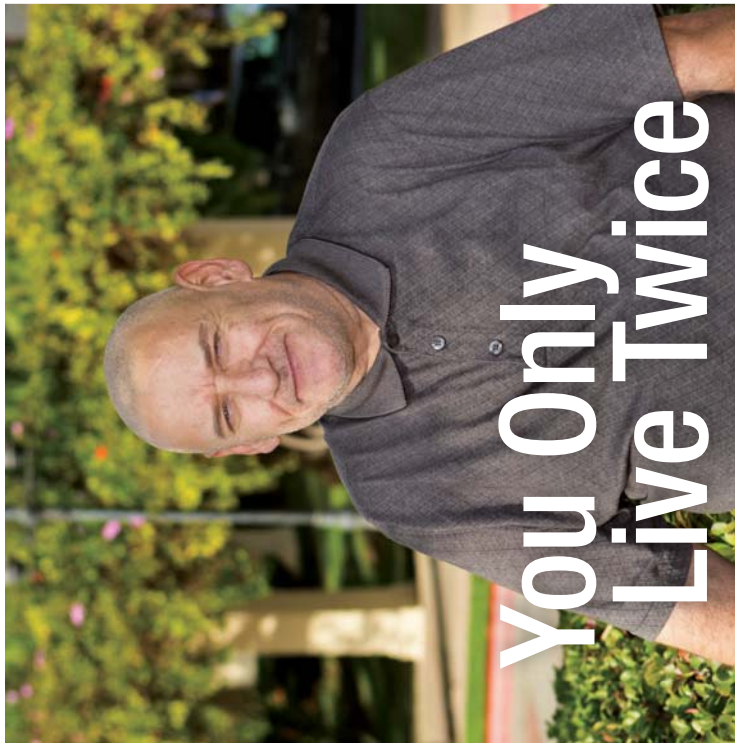
Inna Berger
Oxnard Family Circle Adult Day Health Care Center

Fred Deharo
Clinicas del Camino Real, Inc.

David A. Fein
Shield Healthcare

Will Garand
Community Memorial Health System

Bryan Wong, MD
Ventura County Medical Center



You Only Live Twice

Mark Heurung had to die twice so that he could live.

In 2009, Mark was diagnosed with chronic thromboembolic pulmonary hypertension (CTEPH), a condition that develops when the body cannot absorb blood clots, causing them to get lodged in the blood vessels of the lung. The blood clots can cause swelling, shortness of breath, fatigue and pain and, if left untreated, can lead to disability and death.

From the time he was diagnosed, Mark got progressively worse. The simplest of tasks rendered him exhausted. Every two weeks, he was having as many as 10 liters of fluid drained from his abdomen. Between January and March of 2014, Mark was hospitalized four times.

"I never thought I'd make it to 50," Mark said.

"I just couldn't believe it when I woke up. I kept yelling, 'I'm alive!'"

— Mark Heurung, GCHP Member

But there was a ray of hope: Dr. Daniel Clark from Ventura County Medical Center, GCHP's provider partner, referred Mark to USC's Pulmonary Hypertension Clinic. Dr. Tauseef Qureshi then referred him to an out-of-network, highly specialized team at UC San Diego Health to see if he was a candidate for pulmonary thromboendarterectomy (PTE) surgery.

On May 6, 2015, led by Dr. Michael Madani, a team of surgeons opened Mark's chest, hooked him up to a heart-lung bypass machine, and cooled his body to between 64 and 68 degrees to reduce its need for oxygen. Over the course of 12 hours, the surgeons would turn off the machine for 20 minutes at a time, stopping all blood circulation, to open and clear Mark's blocked arteries.

He was patient No. 3,273 to undergo the lifesaving procedure.

"I just couldn't believe it when I woke up," Mark said. "I kept yelling. 'I'm alive!'"

Even though Mark will have to take blood thinners for the rest of his life, he is now able to do the simple things that he couldn't do before, like go to the grocery store, walk down the aisles and carry his own groceries—"the small things in life that people take for granted," he said.

But beyond that, Mark is also enjoying some of his old favorite pastimes, like playing pool with his son and fixing motorcycles with his brother.

"I'm learning how to enjoy life now," he said.

And it wouldn't be possible, Mark said, without GCHP.

From associate chief medical officer Dr. Nancy Wharfield to utilization management nurses Mona Keeton and Diana Lewis

and the clinical operations assistants, dozens of Plan employees touched Mark's case—inputting case notes, handling prior authorizations and coordinating out-of-network care.

"I've had so much [medical] care, and Gold Coast has been there every step with me," Mark said.

But it was the regular phone calls from care management nurse Linda Smith to answer his questions, tell him about available resources and offer moral support that left him most impressed.

"Without Gold Coast, I'd be buried by now," he said. "I'm so grateful."



Diana Lewis, GCHP Utilization Management RN;
Linda Smith, GCHP Care Management RN; Mona Keeton,
GCHP Utilization Management RN



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Health Plan**SM
A Public Entity



Quality Improvement Activities

**Consumer Advisory Committee
Wednesday, May 18, 2016**

Kim Osajda RN, MSN

www.goldcoasthealthplan.org

DHCS Improvement Project (IP)

- Annual Monitoring for Patients on Persistent Medication (MPM)

HEDIS Measure	2013 HEDIS Rate	2013 Percentile	2014 HEDIS Rate	2014 Percentile	2015 HEDIS Rate	2015 National Percentile Ranking
ACE/Arbs	86.73	25th	88.47	50th	82.14	<10th
Diuretics	88.46	25th	93.33	75th	56.25	<10th
Digoxin	86.28	25th	89.51	75th	83.27	10th

MPM IP

- Medical record review of 112 records
 - ▶ QI RN found three primary barriers
 - (1) members were not compliant with provider lab orders
 - (2) providers' offices did not perform outreach to non-compliant members
 - (3) large time gaps between providers' orders for therapeutic monitoring, with an average time gap of 16 months between orders/testing.

MPM IP Cont'd

- Performance Feedback Reports
 - ▶ We predict that giving practitioners performance feedback reports, which list which members have not had medication monitoring for persistent medication, will remind providers to order lab tests and this will improve medication monitoring.
 - ▶ Focus on five VCMC clinics with high volume of members who had no labs performed for medication monitoring, if improvement noted expand to other clinics

MPM IP Results

- Gold Coast Health Plan (Arial 36)
- ▶ Study Outcome Rates After Medical Record Reviews

Baseline Rate	New Rate after 3-Monthly Study
2892/3382 85.48	3047/3382 90.10

MPM Current HEDIS Rates

HEDIS Measure/Data Element	Rate Comparison				2016 NCQA Percentile Ranking				
	GCHP 2012 Rate	GCHP 2013 Rate	GCHP 2014 Rate	GCHP 2015 Rate*	10th	25th	50th	75th	90th
Effectiveness of Care: Medication Management									
Annual Monitoring for Patients on Persistent Medications									
<i>ACE Inhibitors or ARBs</i>	86.73	88.47	82.14	86.29		84.87			92.01
<i>Digoxin</i>	88.46	93.33	56.25	50.00		49.35			61.04
<i>Diuretics</i>	86.28	89.51	83.27	86.81		84.66			91.78
<i>Total</i>	82.47	88.94	82.30	86.13					

Performance Improvement Project (PIP)

- Managed Care Plans are required to conduct two PIPs
 - ▶ First PIP, GCHP was able to choose from one of four State-selected topics
 - ▶ Diabetes
 - ▶ Hypertension
 - ▶ Postpartum visits
 - ▶ Immunizations of two year olds
 - ▶ Second PIP is plan specific and requires DHCS approval

PIP #1 Immunizations for Two Year Olds

- The Quality Improvement (QI) Department selected immunizations for two-year olds as the PIP topic due to the continually decreasing rates reported in 2013, 2014 and 2015 for the Childhood Immunization Status (CIS) Combo 3 HEDIS measure.
- Las Islas Family Medical Group
 - Currently in progress

PIP #2 Developmental Screening

- On February 12, 2016 the Quality Improvement (QI) Department proposed selecting the utilization of standardized child developmental screening tools during well-child exams as a PIP topic and DHCS granted approval on February 17, 2016.
- This topic was selected due the result of an analysis of January 1, 2015 to December 31, 2015 claims data that showed significantly low to no utilization of standardized tools for assessing child development at two clinic systems.

PIP #2 Developmental Screening

- Collaboration between GCHP and Help Me Grow Ventura County.
- Standardized and age-specific developmental screening tools can be a critical factor in helping clinicians to identify and address any developmental issues in the earliest stages.
- The American Academy of Pediatrics also advises that a clinician's estimate of a child's developmental progress is more accurate when clinical assessments are coupled with standardized developmental screening tools.

PIP #2 Developmental Screening

- ▶ CMH Centers for Family Health Arneill
Road Clinic
- ▶ GCHP's goal to increase the utilization
of standardized child developmental
screening tools
- ▶ Project just began 3/16/16

Other QI Activities

- ▶ Well-child Exam Member Incentive- monthly raffle for parents/children
- ▶ Results for 2015

Age Group	Count of Members Who Successfully Completed Incentive
≤ 11 Months	12
12 - 24 Months	10
25 Months - 6 Years	82
7 - 11 Years	37
12 - 19 Years	26

- ▶ Well- child exam continuing for 2016
 - ▶ 20 parents and 20 children entered into monthly raffle

Well-Child Exam Preliminary

Results

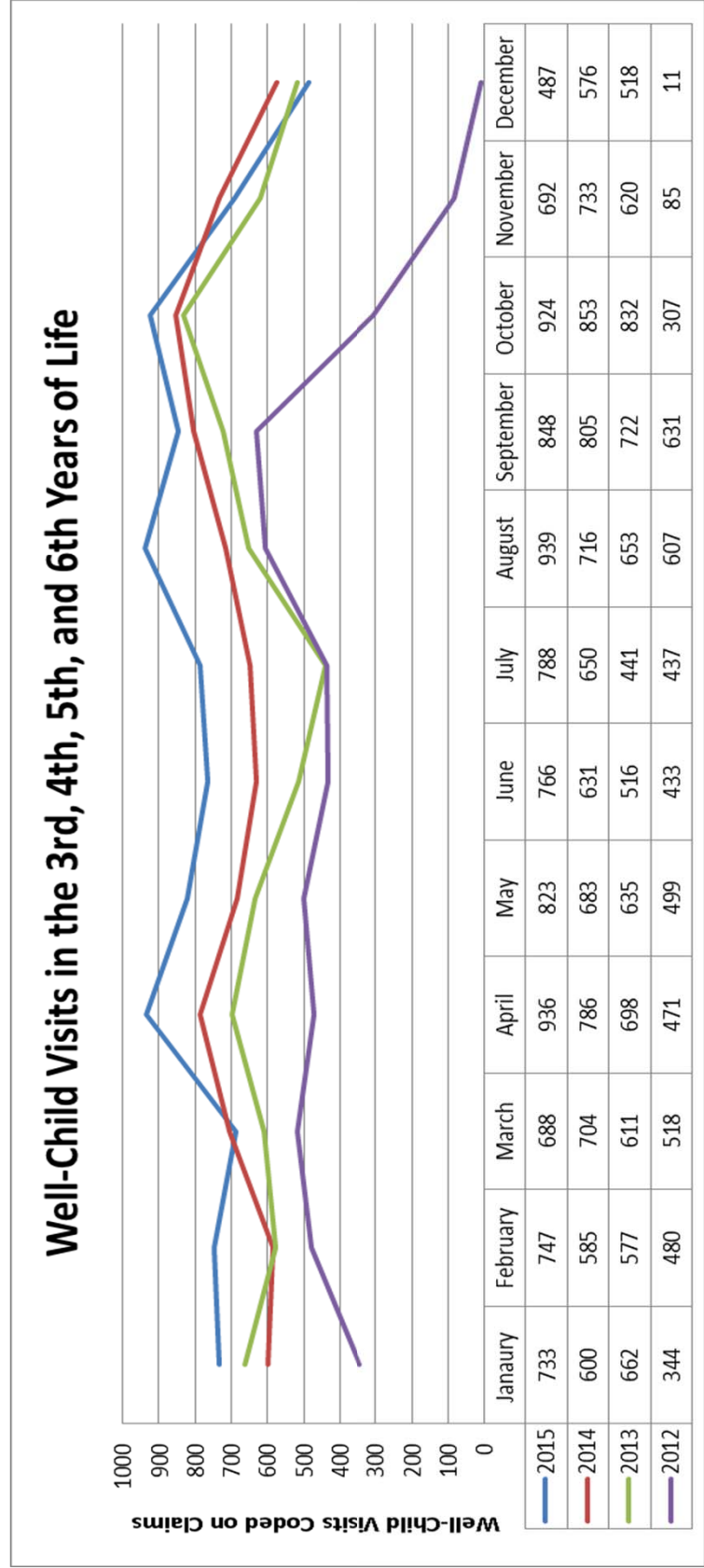
Children and Adolescent Access to Primary Care Physician (CAP)

Age Group	2015 Q1 January - March	2015 Q2 January - June	2015 Q3 January - September	2015 Q4 January - December	HEDIS 2014 MY Administrative Rates	2014 - 2015 Rate Change	DHCS 2016 MPL
12-24 Months	71.81	83.40	93.80	94.41*	95.42	-1.01	94.23
25 Months - 6 Years	44.89	61.27	79.67	83.64*	83.12	+0.52	85.41
7-11 Years	73.84	77.69	83.37	85.03*	83.31	+1.72	88.89
12-19 Years	71.75	75.44	82.11	83.68*	82.01	+1.67	87.25

Well-Child Exam Preliminary

Results

2012 - 2015 Well-Child Visits By Month



Other QI Activities

- ▶ **Postpartum Member Incentive**
- ▶ **Postpartum Incentive**
 - ▶ **Pampers Swaddlers New Baby Welcome Pack:** two jumbo packs of diapers (size newborn and size 1), one tub (64) sensitive wipes and a hat and pair of booties
 - ▶ **Results for 2015**
 - ▶ 21 packs shipped to new mothers in 2015
 - ▶ 2016 10 packs to date shipped
- ▶ **Ongoing incentive**



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



Consumer Advisory Committee CAC 2.0

Wednesday, May 18, 2016
Ruth Watson, COO

www.goldcoasthealthplan.org

Agenda

- Review of Existing Charter
- Officers
- Meeting Agenda Brainstorming
- Report to the Commission
- Elections

Purpose

- The Ventura County Medi-Cal Managed Care Commission (VCMCC) and the Department of Health Care Services (DHCS) require the establishment of a Consumer Advisory Committee (CAC)
- The committee meets quarterly and makes recommendations, reviews policies and programs, explores issues and discusses how the plan may best fulfill its mission
- The creation of the CAC gives members a voice at Gold Coast Health Plan (GCHP)
- The CAC gives GCHP information about important issues that affect Medi-Cal members in Ventura County to further enhance the quality of the experience between the members and the Plan

Duties and Responsibilities

- To ensure a member centered delivery system that promotes optimal health outcomes and member experiences
- Inform the Plan of member needs by engaging our members to communicate their needs to the Plan

Composition and Qualifications

- Eleven members including two permanent seats representing the following:
 - Ventura County Health Care Agency (1) and Ventura County Human Services Agency (1) – permanent seats
 - Foster Children (1)
 - Medi-Cal Beneficiaries (3)
 - Beneficiaries with Chronic Medical Conditions (1)
 - Persons with Disabilities (1)
 - Persons with Special Needs (1)
 - Seniors (1)
 - Consumer (1)
- Each of the appointed members, with the exception of the permanent seats, serve a two-year term; individuals can apply for re-appointment as there are no term limits

Mission, Vision and Values

Mission

- To improve the health of our members through the provision of the best possible quality care and services

Vision

- Improve access to primary, specialty and ancillary services

Values

- Medical care provided will meet appropriate quality of care standards
- Long term viability of a locally operated Medi-Cal managed care system inclusive of the existing participating provider networks of “Safety Net” providers
- Expand access, improve benefits and augment provider reimbursement
- Focus on prevention, education, early intervention services and case management
- Programs will ensure a high level of member satisfaction

CAC Evolution

- Commission updates – CAC is a committee of the Commission and requires reporting to the Commission
- Structure – CAC should be driven by committee members instead of GCHP staff
 - GCHP would continue to provide staff support to the committee
- Ad hoc committees for:
 - Recruiting CAC members
 - Nominations
 - Obtaining public opinion on GCHP programs as requested by the Commission
- Program recommendations – CAC should make recommendations to GCHP based on needs of the Medi-Cal members in Ventura County