Ventura County
Medi-Cal Managed Care Commission
Executive / Finance Committee Meeting

DATE: Wednesday, December 8, 2010
TIME: 2:30-3:00 pm
PLACE: 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

AGENDA

1. Call to Order, Welcome and Roll Call
2. Approval of Minutes
   a. October 25, 2010
   b. November 10, 2010
3. Public Comment / Correspondence
4. CEO Update (Verbal)
5. Financial Update
6. CEO Hiring Authority
7. CEO Contract Execution Authority
8. Auto-Assignment of Beneficiaries without PCP Selection
9. Provider Advisory Committee
10. HELA Response: Beneficiary / Advocate Commissioner
11. HELA Response: Executive Recruitment Process
12. Comments from Committee Members
13. Adjournment

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

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT TRACI AT 805/981-5320. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING.
<table>
<thead>
<tr>
<th>Committee Members in Attendance</th>
<th>Staff in Attendance</th>
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<tbody>
<tr>
<td>√ Terrie Stanley, Co-Chair, Interim CEO</td>
<td>√ Dee Pupa, Interim Assistant Clerk of the Board</td>
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<tr>
<td>√ Narcisa Egan, Co Chair, Assistant Health Care Agency CFO (Arrived 2:40 p.m.)</td>
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<td>Lanyard Dial, MD, Physician, Ventura County Medical Association</td>
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<td>Rick Jarvis, Private Hospitals / Healthcare System (Excused)</td>
<td>√ Jeff Mahoney, City Creative Group</td>
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<td>√ Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.</td>
<td>√ Traci R. McGinley, GCHP Consultant</td>
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<td>√ Michael Powers, Director, Ventura County Health Care Agency</td>
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<td>√ Catherine Rodriguez, Ventura County Medical Health System</td>
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<tr>
<th>AGENDA ITEM / PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
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<tr>
<td>1 Call to Order</td>
<td>• The meeting was called to order at 2:30 p.m.</td>
<td>Member Juarez moved to approve the October 13, 2010 minutes, Member Powers seconded.</td>
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<tr>
<td>Welcome and Roll Call</td>
<td>• All Members present except Commissioners Dial and Jarvis.</td>
<td>Member Juarez moved to approve the October 13, 2010 minutes as amend, Member Powers seconded.</td>
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<tr>
<td>Terrie Stanley</td>
<td>• A quorum was present.</td>
<td>Approved 3-0.</td>
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<td></td>
<td>Co-Chair Stanley welcomed everyone and introduced Jeff Mahoney of City Creative Group.</td>
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<tr>
<td>2 Public Comment / Correspondence</td>
<td>None.</td>
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<tr>
<td>Terrie Stanley</td>
<td>Minutes of October 13, 2010 Executive / Finance Committee meeting were presented for review and approval.</td>
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<td>3 Review and Approval - Minutes October 13, 2010</td>
<td>Member Rodriguez requested clarification of the Severance Package section of the Motion for Item 8. The Motion portion of Item 8 was amended to read: “approve the new compensation package: Evaluation in 6 months, with possibility up to 5% increase; Holiday is as accrued or without pay; Car allowance up to $1,000; $10,000 relocation and $1,000 Housing; Severance to be a total of 2 months the 1st year, 4 months the 2nd year and 6 months the 3rd year.”</td>
<td>Approved 3-0.</td>
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<td>4</td>
<td>Logo Selection for Gold Coast Health Plan</td>
<td>The Committee was provided with updated versions of the logos, showing different logos and color schemes.</td>
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<td>Executive Finance Committee</td>
<td>Jeff Mahoney indicated that when the logos were previously brought to the Committee there was consensus that the brown version of the &quot;Stethoscope&quot; was preferred. Of the public input received, 65% was in favor of that logo and 75% of staff. He pointed out that page 3 of the handout shows that same logo in varied color schemes.</td>
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<td>Recommendation for Logo</td>
<td>There was discussion regarding ensuring that the logo is unique which was confirmed would be the case if the Trade Mark was received.</td>
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<td>Result of Community Input</td>
<td>There was Committee Consensus that the logos be forwarded to the Commission.</td>
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<td>Final Selection</td>
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<td></td>
<td>Terrie Stanley</td>
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<td>Jeff Mahoney, City Creative Group</td>
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<td>5</td>
<td>VCMMCC and Executive Finance Committee 2011 Meeting Dates</td>
<td>There was Committee Consensus on the Committee Dates.</td>
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<td>6</td>
<td>Adjourn</td>
<td>Adjourned at 2:43 p.m.</td>
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VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (VCMMCC)  
dba GOLD COAST HEALTH PLAN (GCHP)  
EXECUTIVE / FINANCE COMMITTEE MEETING MINUTES  

NOVEMBER 10, 2010

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE  
Earl Greenia, Chair, CEO  
Terrie Stanley  
Narcisa Egan, Assistant Health Care Agency CFO  
Lanyard Dial, MD, Physician, Ventura County Medical Association  
Rick Jarvis, Private Hospitals / Healthcare System  
Roberto S. Juarez, CEO, Clinicas del Camino Real, Inc.  
Michael Powers, Director, Ventura County Health Care Agency  
Catherine Rodriguez, Ventura County Medical Health System

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

STAFF IN ATTENDANCE  
Traci R. McGinley, Interim Clerk of the Board  
Candice Limousin, Interim Human Resources Director

GUESTS IN ATTENDANCE  
Jennifer Bower, Human Resource Director, RGS-LGS

1. CALL TO ORDER.

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

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

2. PUBLIC COMMENT.

None.

3. CORRESPONDENCE.

Receive October 27. 2010 Correspondence from Health Education League of America (HELA) and Direct Staff Response. Chair Greenia requested that staff be
directed to respond to the request. There are two issues, one is a request for suspension of hiring of the CMO & CFO; the other is the Beneficiary Appointment on the Commission.

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

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

Dialogue was held regarding the interim individuals and their qualifications.

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

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

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

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

Ms. Stanley reiterated that many seats are organization specific.

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

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

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

Member Powers moved to have a copy of the process of both items be provided to HELA and that they be forwarded to the full Commission. Member Jarvis seconded. **Approved 5-0.**
4. REVIEW AND APPROVAL - MINUTES OCTOBER 13, 2010

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

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

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

5. CURRENT FINANCIAL OVERVIEW

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

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

6. OFFICER ELECTION FOR CALENDAR YEAR 2011

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

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

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

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

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

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

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

**COMMITTEE MEMBER COMMENTS**

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

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

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

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

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

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

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

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

Chair Greenia adjourned the meeting at 5:10 p.m.
### Gold Coast Health Plan

**Cash Flow Projection - Preoperational Period**

**Revised 12/3/2010**

**Cumulative Enrollment**

<table>
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<tr>
<th></th>
<th>YTD</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<tr>
<td>Total Staff</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>11</td>
<td>14</td>
<td>19</td>
<td>24</td>
<td>35</td>
<td>36</td>
<td>36</td>
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<td>Incremental Staff Increase</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>11</td>
<td>1</td>
<td>36</td>
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**Beginning Cash Balance**

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**Cash In-Flow**

- **ACS - LOC***
  - 330,000
  - 330,000
  - 265,000
  - 395,000
  - 130,000
  - 460,000
  - 390,000
  - 2,300,000

**Total Receipts**

- 330,000
- 330,000
- 265,000
- 395,000
- 130,000
- 460,000
- 390,000
- 2,300,000

**Cash Out-Flows**

- **Salaries & Benefits**
  - 25,854
  - 23,910
  - 61,530
  - 66,898
  - 94,683
  - 182,139
  - 234,243
  - 271,860
  - 344,962
  - 1,306,080

- **Sign On Bonus**
  - -
  - 20,000

- **Relocation**
  - -
  - 10,000

- **Temporary Living Expenses**
  - -
  - 8,600

- **Car Allowance**
  - -
  - 1,000

- **Consultants**
  - 5,805
  - 2,000
  - 5,000

- **LGS Fees**
  - 5,000
  - 2,000

- **Occupancy Office Lease**
  - -
  - 13,420

- **Tenant Improvements***
  - 20,000
  - 100,000

- **Furniture & Equipment**
  - 14,058
  - 55,000

- **Computers, Monitors, Printers (Non-Capitalized)**
  - 10,281
  - 6,599

- **General Liability Insurance**
  - 2,419
  - 2,419

- **Info Systems - License Fees++**
  - 2,000
  - 300

- **Info Systems (Depreciation)**
  - -
  - -

- **Info Systems - Software***
  - -
  - 20,000

- **Info Systems - Maintenance & Expenses**
  - -
  - -

- **Pharmacy Mgt Expense**
  - -
  - -

- **Travel**
  - 5,000
  - 1,000

- **Copiers**
  - 500
  - 500

- **Supplies**
  - 500
  - 5,400

- **ACS Fees**
  - -
  - -

- **Printing outsourcer**
  - -
  - 105,000

- **Printing**
  - -
  - 1,000

- **Postage**
  - 500
  - 500

- **Prep Lab, D&O Insurance**
  - 6,744
  - 20,000

- **Reinsurance**
  - -
  - -

- **Legal fees**
  - 12,284
  - 15,272

- **Actuary fees**
  - 19,284
  - 17,402

- **Audit fees**
  - -
  - -

- **Miscellaneous Operating Fees+**
  - -
  - -

**Sub Total Administrative Expense**

|       | 86,434 | 69,865 | 181,354 | 184,277 | 239,928 | 674,809 | 600,663 | 348,780 | 438,232 | 2,824,343 |

**ENDING CASH BALANCE**

|       | 243,566 | 503,701 | 322,347 | 138,069 | 163,142 | (116,668) | (587,330) | (476,111) | (524,343) | (1,048,686) |

**Assumptions:**

- Base assumption - 30 day payment lag
  - LOC Draws are based on the following assumptions:
    - YTD & November are actual cash received
    - No draws anticipated for December & January
    - February - assume 66% of the deliverables will be sent to the state (phase 1 @ 200K) and plan rates will be finalized (phase 2 @ 5%)
    - March - assumes 100% of deliverables will have been sent to the state (phase 1 @ 200K) and Provider Network is set up (phase 2 @ 15%)
    - April - assumes code, build and configuration will be completed (phase 2 @ 10%)
    - May - assumes contract has been signed by the state (phase 1 @ 200K) and testing has been completed (phase 2 @ 20%)
    - June - implementation (phase 2 @ 30%)
  - Assumes current interim positions convert to permanent in February 2011; all new hires come in as permanent.
  - Total Cost from 06/16/2010 Cash Flow Projection prepared by N. Egan
  - Includes Dues, Subscriptions, Bank Fees, Maintenance Fees, miscellaneous licenses
  - Includes only costs known to-date
AGENDA ITEM 6

TO: Gold Coast Health Plan Executive / Finance Committee
FROM: Earl Greenia, CEO
DATE: December 10, 2010
SUBJECT: Delegation of Authority to CEO: Hiring Decisions

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

In order to facilitate the timely hire of qualified candidates, I respectfully request that the Commission extend the authority for staffing, hiring and salary decisions (within established ranges) to include permanent hires.
AGENDA ITEM 7

TO: Gold Coast Health Plan Executive / Finance Committee
FROM: Earl Greenia, CEO
DATE: December 10, 2010
SUBJECT: Delegation of Authority to CEO: Contract Execution

It is my understanding that the Commission has not yet formally delegated authority to the Chief Executive Officer (CEO) to execute contracts that have a fiscal impact.

I respectfully request that the Commission formally delegate contract execution authority, subject to the following parameters:

- Contracts for procurement of goods and services below $250,000 do not require Commission approval, provided that the expense was budgeted.
- Contracts for procurement of goods and services of $250,000 or more require Commission approval.

Contracts with healthcare providers for the delivery of services to Medi-Cal beneficiaries are not subject to Commission review or approval, provided that the contract does not vary significantly from the model contract. Contracts that have been modified must be reviewed by legal counsel before execution. Given the sensitive nature of such contracts, and potential for conflict-of-interest (refer to attached legal opinion), management may not disclose the rates for such services to the Commission or Commission members.
AGENDA ITEM 8

TO: Gold Coast Health Plan Executive / Finance Committee

FROM: Earl Greenia, CEO

DATE: December 10, 2010

SUBJECT: Auto-Assignment of Beneficiaries without PCP Selection

A multi-specialty medical group, California HealthFirst Physicians (CHFP), has requested it be included in the auto-assignment rotation schedule. It is likely that other groups or providers will request inclusion, prompting the need to revisit and establish a policy.

BACKGROUND

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

CURRENT POLICY

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

RESEARCH

Other COHS were surveyed for their practices:

Central California Alliance for Health: Allows any participating PCP open to new members to participate in auto-assignment. Assignment considers members’ zip code, language, age and other family members’ linkage (try to keep families linked to same PCP). Allocates more heavily to safety net clinics, on a 2 to 1 basis.

CenCal Health: PCP auto-assignment is made based upon member age, zip code, and language preference. Also considered is whether the available PCPs for assignment have a weighted selection based upon if they are new to the plan building a patient base or new clinic with Pediatricsians open in area with high demand for that provider type. Usually new PCPs are given 90 days with a weighted 3 to 1 ratio. Partnership HealthPlan of California: Allows any participating PCP open to new members to participate in auto-assignment. Considers providers within a zip code service area to proportionally assign. Allocates 2:1 to safety net clinics.

RECOMMENDATION

The Commission should consider a policy that maximizes member choice and access to care.
AGENDA ITEM 9

TO: Gold Coast Health Plan Executive / Finance Committee

FROM: Earl Greenia, CEO

DATE: December 10, 2010

SUBJECT: Provider Advisory Committee

The contract with the California Department of Health Care Services, Medi-Cal Managed Care Division, requires the establishment of a Provider Advisory Committee. Management requests that the Provider Advisory Committee seats be established with provider representative appointments as outlined in the enabling Ordinance.

BACKGROUND
The VCMMC Commission was established pursuant to Ordinance 4409 passed by the Ventura County Board of Supervisors in April 2010. The ordinance required that a Provider Advisory Committee be established to guide the operations of the Health Plan. At a minimum, this committee is scheduled to meet quarterly and make recommendations, review policies and programs, explore issues and discuss how the plan may best fulfill its mission.

POLICY
The Commission decided that the Provider Advisory Committee would consist of ten members with one dedicated seat representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members, with the exception of the designated VCHCA seat position, would serve a two-year term, but individuals could apply for re-appointment as there were no term limits. The ten voting members, with each seat representing a professional health care discipline or constituency served by the plan, would include: Allied Health Services, Community Clinics, Hospital, Long Term Care, Non-Physician Medical Practitioners, Nurses, Physician, Pharmacist, and Traditional/Safety Net.

RECOMMENDATION
After reviewing the appointment requirements for representation and the present constitution of the Commission, staff recommends the following appointments to the Provider Advisory Committee:

- Allied Health Services: Pattie Baker, DME/Medical Supplies
- Community Clinics: Mike Lurie, VP, Centers for Family Health, CMH
- Long Term Care: Alger Brion, COO, Maywood Acres SNF
- Non-Physician Practitioner: Gary Jacobs, O.D., Optometrist
- Nurse: Joyce Weckly, Certified Nurse Midwife
- Physician: Gary Proffett, MD, Medical Director, SeaView IPA
- Pharmacist: To be determined
- Traditional/Safety Net: To be determined
- VCHCA: Terrie Stanley, RN, Deputy Director, Managed Care
AGENDA ITEM 10

TO: Gold Coast Health Plan Executive / Finance Committee
FROM: Earl Greenia, CEO
DATE: December 10, 2010
SUBJECT: Response to HELA: Beneficiary / Advocate Commissioner

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

Background
The enabling ordinance reads, “Consumer Representative: shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position.” The announcement of the opening was posted on the COHS website on or around January 6, 2010. Three individuals submitted their names for consideration: Dr. Lanyard Dial, Dr. Henry Oster and Ms. Berry. Since there was sufficient physician representation on the Commission, Ms. Berry was selected.

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

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

Health Programs Manager and Community Leader
Healthcare Providers • Hospitals • Cancer Treatment Centers • Government Policies

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

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

American Cancer Society Experience

AMERICAN CANCER SOCIETY 1991–Present

Health Programs Manager, Silicon Coastal Region (2009–Present)
Oversee healthcare providers, hospitals, cancer treatment centers, and government issues on the local, state, and federal level in three counties: San Luis Obispo, Santa Barbara, and Ventura. Prepare and administer annual budgets for mission delivery programs. Coordinate and supervise 40 volunteers and provide trainings, materials, and weekly information via email and telephone.

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

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

Health Promotions Director, Gold Coast Region (1994–2009)
Coordinated cancer patients, programs, and services, the medically underserved, healthcare providers, and government issues on the local, state, and federal level in three counties: San Luis Obispo, Santa Barbara, and Ventura. Supervised staff assistant and three other exempt employees.

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

Program Director, Ventura County (1991–1994)
Directed programs for cancer prevention and early detection for adults and youth.

Other Experience

Event Planner – Koranda-Berry Enterprises, Ventura 1985–1991

Continued...
Community Involvement

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

Public Speaking & Workshop Presentations

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

Education & Professional Development

- B.A. Degree in General Education – University of California, Los Angeles

- American Cancer Society Training: Negotiation Skills, Harassment in the Workplace, Working With At-Risk Population

- Computer Training: Adult Education, Ventura Unified School District, Ventura, CA
October 27, 2010

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

Transmitted Via Electronic Mail

Dear Commission Members,

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

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

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

One member shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position. (Consumer Representative)

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

- List the specific publications and community-organizations utilized to issue notice for this position and the period of time each notice was posted.
- Provide a copy of each notice issued.
- List the language of each publication utilized for issuance of the notice.
- The language utilized by each organization to issue notice for this position.
- The location of each publication and organization utilized for this search.
- Cost by publication and organization for issuing notice of this position.
- A list of other specific media, if any, utilized to conduct this search.
- Independently-certified distribution, geographic and demographic data for each publication.
- The specific cost required of a member of the public to obtain access to these publications, free-versus-subscription (listed individually).
- The number of applicant responses received for this position.
- Applicant responses received by gender and ethnicity.
- Applicants selected as finalists by gender and ethnicity.
- Individual(s) who selected the Medi-Cal / Advocacy Representative.
- Describe fully the selection process utilized to make the final appointment.
- Confirmation whether the Commissioner is or is not a Medi-Cal recipient.
• The Commissioner’s specific written job function that qualifies her as a “representative” of Medi-Cal recipients.
• Provide the written Mission / Vision Statement confirming said Commissioner belongs to an “advocacy organization that serves the Medi-Cal population.”
• Since other COIS Commissiones already represent Ventura County Medi-Cal recipients afflicted by or with the potential of being afflicted by Cancer, specify how the present Beneficiary Representative or the organization to which she belongs “is not otherwise represented on the Ventura County Medi-Cal Managed Care Commission”.

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

We look forward to prompt and courteous reply.

Sincerely,

David V. Cruz
David Cruz
President

Cc: Jim Hensley – District Director, League of United Latin American Citizens
   Thomas Saenz, Attorney - Mexican-American Legal Defense and Education Fund
   Ruben Guerra – Chairman, Latin Business Association (LBA)
AGENDA ITEM 11

TO: Gold Coast Health Plan Executive / Finance Committee
FROM: Earl Greenia, CEO
DATE: December 10, 2010
SUBJECT: Response to HELA: Executive Recruitment Process

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

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

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

The Ad placement sources are listed below:

- American Association of Healthcare Administration Management
- American Association of Public Administrators
- American College of Physician Executives
- American Public Health Association
- Association for Public Policy Analysis and Management
- Association of Hispanic Healthcare Executives (Has Southern California Chapter)
- Association of State and Territorial Health Officials
- California State Association of Counties
- Goldman School of Public Policy
- Health Care Financial Management Association
- Health Career Web
- HealthCareJobs
- Healthfax
- International City and County Management Association
- LobbyingJobs.com
- Managed Care Jobs Network
- ManagedCareJobs
- Municipal Management Association of Southern California
- National Association of Counties
- National City and County Health Officials
- National Healthcare Career Network Executive Network
It is important to note that many of these distribute or cross-post the ad across a network of sources. This information is provided below:

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

**ManagedCareJobs**
- LatPro.Com
- Disability Jobs

**National Healthcare Career Network - Executive Network**
- Academy of Correctional Health Professionals
- Alexander Graham Bell for the Deaf and Hard of Hearing
- Ambulatory Surgery Center Association
- America's Health Insurance Plans
- American Academy of Audiology
- American Academy of Hospice and Palliative Medicine
- American Academy of Pain Medicine
- American Art Therapy Association
- American Association for Clinical Chemistry
- American Association of Colleges of Osteopathic Medicine
- American Association of Diabetes Educators
- American Association of Homes and Services for the Aging
- American Association of Integrated Healthcare Delivery Systems
- American Association of Managed Care Nurses
- American Association of Neuroscience Nurses
- American Association of Orthopaedic Executives
- American Association of Pharmaceutical Scientists
- American Association of Tissue Banks
- American Board of Physician Specialties
- American Board of Quality Assurance and Utilization Review Physicians
- American College of Cardiology
- American College of Cardiology - Alabama Chapter
- American College of Cardiology - Arizona Chapter
- American College of Cardiology - California Chapter
- American College of Cardiology - Florida Chapter
- American College of Cardiology - Indiana
- American College of Cardiology - Maryland Chapter
- American College of Cardiology - Michigan Chapter
- American College of Cardiology - Missouri Chapter
- American College of Cardiology - New York Chapter
- American College of Cardiology - North Carolina
Florida Medical Directors Association
Florida Naturopathic Physicians Association
Florida Psychological Association
Florida Society of Ambulatory Surgery Centers
Freestanding Ambulatory Surgery Center Association of Tennessee
Georgia Orthopaedic Society
Georgia Society of Ambulatory Surgery Center
Global Health Council
Health Facilities Association Of Maryland
Health Industry Group Purchasing Association
Healthcare Businesswomen's Association
Heart Rhythm Society
Hospital Association of Southern California
Indiana Orthopaedic Society
International Association of Forensic Nurses
Iowa Orthopaedic Society
Kansas Psychological Association
Louisiana State Medical Society
Maryland Hospital Association
Maryland Orthopaedic Association
MedChi The Maryland State Medical Society
Medical Device Manufacturers Association
Medical Fitness Association
Medical Society of Virginia
Metropolitan Chicago Healthcare Council
Michigan Association of Ambulance Services
Michigan Association of Emergency Medical Technicians
Michigan Orthopaedic Society
Military to Medicine Association
Minnesota Hospital Association
Mississippi Orthopaedic Society
National Association for Healthcare Quality
National Association Medical Staff Services
National Association of Health Services Executives
National Association of Managed Care Physicians
National Association of Rehabilitation Providers and Agencies
National Association of Social Workers
National Athletic Trainers Association
National Hospice and Palliative Care Organization
National Kidney Foundation
National Medical Association
National Rural Health Association
National Sleep Foundation
New Hampshire Orthopaedic Society
New Jersey Psychological Association
New Mexico Association for Home & Hospice Care
New Mexico Center for Nursing Excellence
New Mexico Health Care Association
New Mexico Hospital Association
New Mexico Medical Society
New Mexico Osteopathic Medical Association
North Carolina Medical Society
North Carolina Orthopaedic Association
North Carolina Osteopathic Medical Association
NYS Society of Orthopaedic Surgeons
OASIS Certificate & Competency Board
Ohio Orthopaedic Society
Ohio Psychological Association
Oncology Nursing Society
Outpatient Ophthalmic Surgery Society
Pennsylvania Ambulatory Surgery Association
Pennsylvania Medical Society
Pennsylvania Orthopaedic Society
Pennsylvania Psychological Association
Pharmacy Benefit Management Institute
Physicians Hospitals of America
Professional Association of Health Care Office Management
Public Responsibility in Medicine and Research
Renal Physicians Association
Sixth District Branch of MSSNY
Society for Imaging Informatics in Medicine
Society for Laboratory Automation and Screening
Society for Radiation Oncology Administrators
Society of Correctional Physicians
Society of Hospital Medicine
South Carolina Orthopaedic Association
Texas Association of Homes and Services for the Aging
Texas Psychological Association
The American Health Quality Association
The Workgroup for Electronic Data Interchange
Urgent Care Association of America
Washington State Orthopaedic Association
West Virginia Health Care Association
West Virginia Orthopaedic Society
LatPro.com

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Cost</th>
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<tbody>
<tr>
<td>CMO</td>
<td>$2,380.55</td>
</tr>
<tr>
<td>CFO</td>
<td>$2,380.55</td>
</tr>
<tr>
<td>Directors (Total)</td>
<td>$12,058.25</td>
</tr>
<tr>
<td>Director of Governmental Affairs</td>
<td>$2,159.71</td>
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<tr>
<td>Director of Health Services</td>
<td>$1,979.71</td>
</tr>
<tr>
<td>Director of Claims Services</td>
<td>$1,979.71</td>
</tr>
<tr>
<td>Director of Information Technology</td>
<td>$1,979.71</td>
</tr>
<tr>
<td>Member Services Director</td>
<td>$1,979.71</td>
</tr>
<tr>
<td>Director of Provider Relations</td>
<td>$1,979.71</td>
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</tbody>
</table>
While it cannot be accurately estimated, it can be safely assumed that a significant number of people with broad-based experience and representing a variety of ethnic and cultural backgrounds were reached.

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

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<thead>
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<th></th>
<th>Total</th>
<th>American Indian/Alaskan Native</th>
<th>Asian/Pacific Islander</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other/ Bi-Racial</th>
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<tr>
<td>Claims Services</td>
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<td>7</td>
<td>2</td>
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<tr>
<td>Government Relations</td>
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<td>0</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>33</td>
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<td>2</td>
<td>1</td>
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<td>9</td>
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<tr>
<td>Information Technology</td>
<td>44</td>
<td>0</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>24</td>
<td>2</td>
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<tr>
<td>Member Services</td>
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<td>0</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Provider Relations</td>
<td>44</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>2</td>
<td>28</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>American Indian/Alaskan Native</th>
<th>Asian/Pacific Islander</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other/ Bi-Racial</th>
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<td>9.8%</td>
<td>17.1%</td>
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<td>3.8%</td>
<td>13.5%</td>
<td>11.5%</td>
<td>3.8%</td>
<td>63.5%</td>
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<td>Provider Relations</td>
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<td>6.8%</td>
<td>15.9%</td>
<td>4.5%</td>
<td>63.6%</td>
<td>4.5%</td>
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</tbody>
</table>