

**Ventura COHS
Executive/Finance Committee
Meeting Minutes**

Ventura County Public Health
2240 E. Gonzales Road, Suite 200
Oxnard, CA 93036

June 16, 2010

√	Committee Members in Attendance		Staff in Attendance
√	Terrie Stanley, Interim CEO		Narcisa Egan, Assistant Health Care Agency CFO
√	Anil Chawla, MD, Director, Physician, Clínicas del Camino Real, Inc.		Dee Pupa, Interim Assistant Clerk of the Board
	Lanyard Dial, MD, Vice-Chair, Physician, Ventura County Medical Association		Alison Sawyer, Interim Clerk of the Board
√	Rick Jarvis, Private Hospitals/Healthcare System		
√	Michael Powers, Director, Ventura County Health Care Agency		
√	Catherine Rodriguez, Ventura County Medical Health System		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1. Call to Order Welcome and Roll Call Terrie Stanley	<ul style="list-style-type: none"> The meeting was called to order at 4:04 p.m. All Members present, except for Dr. Lanyard Dial <p>Ms. Stanley welcomed everyone to the first meeting of the Ventura COHS Executive/Finance Committee.</p>	
2. Interim Committee Co-Chair Terrie Stanley	<p>Recommendation: Select a committee member to serve as interim co-chair for this committee until a permanent CFO is selected for the Ventura COHS.</p> <p>Ms. Stanley noted that other COHS have their CEO and CFO act as chair and vice-chair of the Executive/Finance Committees. The same is proposed for Ventura COHS and in the interim (until the positions are permanently filled), it is recommended that the Ms. Stanley, as the Interim CEO, serve as Chair and Ms. Narcisa Egan (HCA Asst CFO)</p>	<p>Mr. Powers made the motion to select Ms. Stanley as the interim Committee Chair and Ms. Egan as the interim Vice-Chair, Mr. Jarvis seconded.</p> <p>Approved: 4-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	serve as Vice-Chairs.	
<p>3. Roles and Responsibilities of Executive/Finance Committee</p> <p>Terrie Stanley</p>	<ul style="list-style-type: none"> Ms. Stanley reviewed with Committee members the composition and duties of the Committee as authorized by the Commission on 5/24/10. She noted that the composition was designed to reflect the categorical representation on the Commission. By way of information, she reminded the Committee that its Clinic Representative member had not been determined during the Commission meeting. As of 5/28/10, Dr. Chawla is the final member of this Committee. Ms. Stanley queried the Committee for any thoughts on additions to the listed duties. In response to a question from Ms. Rodriguez, Ms. Stanley said that the Executive/Finance Committee reviews information and forwards it to the full Commission with its recommendations. Ms. Stanley noted that there are a number of contracts that are in the works. With that in mind, she requested the Committee to set a maximum amount that the CEO may approve before bringing it to the Committee. There was discussion from Dr. Chawla, Mr. Jarvis, Mr. Powers, and Ms. Rodriguez on what would be an appropriate amount. Ms. Rodriguez inquired if this would include one-time agreements or provider agreements. Ms. Stanley responded that the Committee is set to discuss provider agreements separately at Agenda Item 8. In response to Mr. Jarvis question, Ms. Stanley said that there could be quite of few contracts for over \$100,000. Ms. Rodriguez recommended \$100,000 and three bids. Ms. Stanley reviewed the list of contracts that are in the works. These included: <ul style="list-style-type: none"> Insurance broker: insurance for both Directors/Officers and health plan claims reinsurance. Ms. Stanley noted that legal has been asked to take a look at the agreement and, if approved, she will proceed. Admin Services Agreement: Ms. Stanley was pleased to announce that the final piece of the agreement with ACS is 	

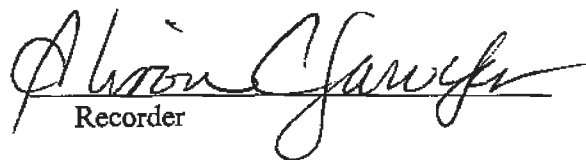
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>in place. The goal is to have it signed next week. In response to a question from Mr. Powers she stated that there had been no material change to the agreement since its approval by the Commission. She did point out to the committee that the pharmacy contract is a separate agreement—not rolled into with administrative services.</p> <ul style="list-style-type: none"> ○ Staffing: including working on the benefit package for the staff. ○ Actuarial Services: analysis of the rates, both from the state to the plan and from the plan to providers. ○ General Legal Counsel: County Counsel is helping out now, but moving forward the COHS will hire its own counsel. Ms. Stanley noted that they have the names of two potentials. In the interests of having a list of at least three from which to choose, she polled the Committee for any additional recommendations that would not be in conflict. Mr. Jarvis and Mr. Powers both commented that Hooper Lundy would be an acceptable addition. In response to a question from Mr. Powers, Ms. Stanley noted that the COHS counsel would not necessarily attend all meetings. • Graphics and Printing: Ms. Stanley noted that they are looking for a cost-effective source for graphics and printing. In addition, a working priority is deciding on a “dba” and developing a logo before any large print job is ordered. • Mail House: Ms. Stanley noted that the COHS will be looking for a mail distribution vendor to distribute member packets, etc. • Office Space: Ms. Stanley commented that there is space that may meet the needs in a building near to this Committee’s meeting room. An appropriate space would have: working space for 39 Ventura staff co-located with 6-10 ACS staff, 2+ conference rooms, break room, mail room, etc. Ms. Stanley informed the committee that she will continue to look for other likely spaces and bring back the options to the Committee. • Office Furniture, Phone and Equipment • Bank Account vs Ventura County Treasury Trust Account: Ms. 	

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	<p>Stanley noted that the COHS has filed for a tax ID which is required to open a bank account. In the interim, in order to have a place into which moneys can be deposited and out which payments can be made, she has talked to the Ventura County Treasurer and Auditor-Controllers about setting up a trust account. In addition, she has spoken with Wells-Fargo (four out the five other COHS use Wells-Fargo). Nothing has been finalized.</p> <ul style="list-style-type: none"> • Business license: once the decision is made about office space, a business license for that city will be obtained. Important attributes for the locations are: centralized on a bus route for more convenient access by beneficiaries. 	
<p>4. 2010 Meeting Schedule</p> <p>Terrie Stanley</p>	<p>Recommendation: Approve 2010 Committee Meeting Schedule</p> <p>Ms. Stanley presented the 2010 meeting schedule for approval. There was some discussion on moving the meetings to the first Wednesday of each month. However, some Committee members noted that would cause conflicts.</p>	<p>Mr. Powers made the motion to approve the 2010 Meeting Schedule, Ms. Rodriguez seconded.</p> <p>Approved: 4-0</p>
<p>5. CLOSED SESSION</p> <p>Narci Egan</p>	<p>MEDI-CAL NEGOTIATIONS (Health & Saf. Code, sec. 1457, 1462; Welf. & Inst. Code, sec. 14081, 14082; Gov. Code, sec. 6254, subd. (q))</p>	
<p>6. Provider Contracting Negotiations and General Principles of Reimbursement</p> <p>Terrie Stanley</p>	<p>Recommendation: Authorize the interim CEO to open provider negotiations for contracting based on current Ventura County Medi-Cal reimbursement rates.</p> <p>Ms. Stanley reviewed the general principles of reimbursement with the Committee adding that a contract template is available (see Agenda Item 8). She proposed that the COHS begin by paying according to current Medi-Cal rates – at least for year one – as there is a need to build experience and develop procedures. She commented that the budget for provider reimbursement will be set but, recognizing the make-up of the Committee, individual contracts will not be brought back to the Committee.</p> <p>Ms. Stanley also noted that demonstration of network adequacy is</p>	<p>Mr. Powers made the motion to approve the recommendation, Ms. Rodriguez seconded.</p> <p>Approved: 4-0</p>

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	<p>required by DHCS before approval of implementation.</p> <p>In response to a question about next steps, Ms. Stanley informed the Committee that this would be brought forward to the full Commission.</p>	
<p>7. Member Auto-Assignment Policy</p> <p>Terrie Stanley</p>	<p>Recommendation: Approve an auto assignment policy for members who do not select a PCP within 30 days of assignment to the Ventura COHS plan.</p> <p>Ms. Stanley reviewed the policy with the Committee, noting that the goal was to get every member to a PCP. However, there is a subset of members ("administrative member") who do not get assigned—their care and needs do not fall under the purview of a PCP; examples of this are long-term care patients or out-of-area residents. With this in mind, assignment of these members still occurs—taking geographic, cultural, and linguistic preferences into account. The auto-assignment policy assures that such a member is assigned by rotation to a PCP – maintaining an even distribution of patient load across the panel of providers. Mr. Powers asked how the policy is implemented and Ms. Stanley stated that rules would be installed in the system with ACS.</p>	<p>Mr. Powers made the motion to approve the recommendation, Mr. Jarvis seconded.</p> <p>Approved: 4-0</p>
<p>8. Template Provider Contracts</p> <p>Terrie Stanley</p>	<p>Recommendation: Approve use of template provider contracts for Primary Care Physicians, Specialty Physicians, Hospitals, and Ancillary Service Providers.</p> <p>Ms. Stanley informed the Committee that, as mentioned earlier (Agenda Item 6), a template provider agreement, developed by a consortium of other COHS, is available for use. She noted that this template contains all the required language and is a good place to start. It will be sent to our attorney for review and to tailor to our use. Ms. Stanley reviewed the listed recommended duties of the PCP, adding that it is possible that there may be some fee-for-service items outside of those included in the capitation rate. Dr. Chawla inquired if Specialty Physicians would be reimbursed on a PMPM (per member per month) basis. Ms. Stanley responded that, if the Committee agreed, the COHS could consider this type of reimbursement but it would have to be developed. In response to a question, Ms. Stanley noted that Ancillary Services would include</p>	<p>Mr. Powers made the motion to approve the recommendation, Mr. Jarvis seconded.</p> <p>Approved: 4-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	laboratories.	
9. Names for Ventura COHS Terrie Stanley	<p>Recommendation: Select possible names for the Ventura COHS and bring forward to next Commission meeting.</p> <p>Ms. Stanley started the discussion of choosing a "name" (dba) for the COHS by noting that a name should be recognizable and meaningful -- it should reflect on the mission, the bylaws, and what is important to the COHS. A few names were suggested and it was stated that there could be an advantage to having a name that would be closer to the top of an alphabetized list.</p>	The Committee declined to make a recommendation, preferring to bring the issue, as is, forward to the Commission for further discussion and decision.
10. Final Comments from Commissioners All	Dr. Chawla suggested a 3:30 p.m. start to future Executive/Finance Committee meetings. Other Committee members agreed conditional upon schedule checking.	
11. Public Comment/Correspondence Open	No Public Comment or Correspondence	
12. Adjourn Chair	Ms. Stanley adjourned the meeting at 5:49 p.m.	

Submitted by:


Recorder

Public Meeting of the Ventura COHS Executive/Finance Committee

ATE: Wednesday June 16, 2010

IME: 4-5:30 PM

LACE: 2240 E Gonzales Road Suite 200
Oxnard CA 93036

AGENDA

Item	Documents for Review	Subject	Presenter	Time
1		Call to Order, Welcome and Roll Call	Terrie Stanley	4:00-4:05
2 ACTION	Board Letter Recommendation for Committee Member and Interim CEO to serve until permanent staff in place	Select Interim Committee Co-Chair	Terrie Stanley	4:05-4:10
3 REVIEW	Review Adopted Resolution of May 24, 2010	Roles and Responsibilities of Committee	Terrie Stanley	4:10-4:15
4 ACTION	Board Letter -Meeting Schedule	Approve 2010 Meeting Schedule Committee Meeting Schedule	Terrie Stanley	4:15-4:20
5 CLOSED SESSION	CLOSED SESSION	MEDI-CAL NEGOTIATIONS (Health & Saf. Code, sec. 1457, 1462; Welf. & Inst. Code, sec. 14081, 14082; Gov. Code, sec. 6254, subd. (g))	Terrie Stanley/ Narci Eagan	4:20-4:35
6 ACTION	Board Letter on Provider Contracting Negotiations and General Principles of Reimbursement	Authorize the interim CEO to open provider negotiations for contracting based on current Ventura County Medi-Cal reimbursement rates	Terrie Stanley	4:35-4:45
7 ACTION	Board Letter Recommending Auto Assignment Policy	Auto Assignment-Members Not Selecting a PCP	Terrie Stanley	4:45-4:55
8 ACTION	Board Letter Recommending use of Template Provider Contracts ATTACHMENT: PCP Duties and Capped Services	Template Provider Contracts	Terrie Stanley	4:55-5:10
9 ACTION	Board Letter to Recommend Name for Ventura COHS	Select Options for Name for Ventura COHS and Bring Recommendation to June Commission Meeting	Terrie Stanley	5:10-5:20
11		Final Comments from Commissioners	All	5:20-5:25
12		Public Comment/Correspondence	Open	5:25-5:30
13		Adjourn	Commission Chair	5:30

Meeting agenda and documents available at meeting location and at our website www.vchca.org/cohs

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

**VENTURA COUNTY
MEDICAL
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COMMISSION**

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Powers
Health Care Agency

yard K. Dial
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Medical Association
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Family Medicine
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Health System

Commission Staff

Stanley, RN CPHQ,
MPA

2323 Knoll Dr.
Ventura, Ca. 93003

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

DATE: June 16, 2010
TO: Ventura COHS Executive/Finance Committee
FROM: Terrie M Stanley, Interim CEO
SUBJECT: Interim Committee Co-Chair

Recommendation: Recommend a committee member serve as interim co- chair for this committee until a permanent CFO is selected for the Ventura COHS.

Discussion:

The Ventura COHS Executive/Finance committee will be Co-Chaired by the Permanent CEO and CFO once those positions have been finalized. Until that can occur, it is recommended that the Interim CEO and a member of the Executive-Finance Committee be assigned the roles.

ADOPTED 5-24-2010

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Mike Powers
Health Care Agency

Lanyard K. Dial
Medical Association
Chair

David Araujo
Family Medicine
Policy Program Director

Mike Berry
Medical Beneficiary /
Policy Representative

Anil Chawla
Anil Chawla
Del Camino Real Inc.

John Fankhauser
Executive Committee

Rick Jarvis
Hospital/
Care System
Bless Hospital

Dr. S. Juarez CEO
Del Camino Real Inc.

Director Kathy Long
County
of Supervisors

Director Maurice
Hospital /
Care System
St. Reg. Med. Center

Catherine Rodriguez
Health System

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Terrie Stanley, RN CPHQ,
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Phone: (805) 677-5238
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DATE: May 24, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Terrie Stanley
SUBJECT: Authorize the Formation of an Executive/Finance Committee as a Subcommittee of the VCOMMCC

Recommendations:

- Recommendation 1: Approve the composition of the Committee
Recommendation 2: Approve the recommended duties of the Committee
Recommendation 3: Approve the meeting frequency of the Committee

Discussion: In order to assist the commission in the work that needs to be accomplished in a compressed timeframe, it is recommended that an executive/finance committee be formed.

Ventura COHS Executive/Finance Committee- Composition

5 Members of the Commission- representative of the major categories that Commission is composed of: As of 5-24

- | | |
|-----------------------------------|------------------------|
| • Chair | Mike Powers |
| • Vice-Chair (Physician) | Lanyard Dial |
| • Hospital/Health System –Private | Rick Jarvis |
| • Hospital/Health System –Public | Catherine Rodriguez |
| • Clinic Rep | Anil Chawla As of 5-28 |

Ventura COHS Executive/Finance Committee- Duties

- Focus on Fiscal Issues- Budget pre-operational and operational
- Review proposed State contracts and rates-once actuary has had review and recommendations
- Review proposed contracts for services over the assigned dollar value/limit of the CEO
- Establish basic tenets for payment-provider class and levels as related to M-CAL rates
 - PCP
 - Specialists
 - Hospitals
 - LTC
 - Ancillary Providers
- Recommend auto assignment policies for beneficiaries who do not select a Primary Care Provider
- Review and recommend Provider Incentive Program Structure
- Review Investment Strategy and Make Recommendations
- Serve as Interview Committee for CEO/CMO/CFO

Ventura COHS Executive/Finance Committee-

- MONTHLY meetings with Date/Time/Location TBD

VCOMMCC MAY 2010

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DATE: June 16, 2010
TO: Ventura COHS Executive/Finance Committee
FROM: Terrie M Stanley, Interim CEO
SUBJECT:

Recommendation: Approve 2010 Meeting Schedule

Discussion:

This committee will meet monthly at the following:

TIME: 4:00-5:30 PM

LOCATION: Ventura County Public Health
2240 E Gonzales Road Suite 200
Oxnard CA 93036

DATES: WEDNESDAY

June 16th
July 14th
Aug. 11th
Sept. 8th
Oct. 13th

Nov. 10th
Dec. 8th

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DATE: June 16, 2010
TO: Ventura COHS Executive/Finance Committee
FROM: Terrie M Stanley, Interim CEO
SUBJECT: **Provider Contracting Negotiations and General Principles of Reimbursement**

Recommendation: Authorize the interim CEO to open provider negotiations for contracting based on current Ventura County Medi-Cal reimbursement rates, using the following principles for negotiation purposes:

Pay providers within the same class at the same (or if agreed to lower than) current MediCal payment rate.

:

Primary Care Physicians
Specialty Physicians
Free Standing Skilled Nursing Facilities
Long Term Care Providers
Ancillary Service Providers

Out
patient
Hospit
al

Inpatient
Hospital/
Acute
Rehab

Discussion: In order to meet contractual requirements for managed care contracting, the VCMGCC will need to develop an extensive network of health care providers throughout Ventura County that will ensure access, quality and cost effective care. The Ventura COHS will need template contracts similar to what the other COHS use in their contracting efforts as they contain the contractual requirements that the Department of Health Care Services (DHCS) imposes on the plan. These contracts will need to be submitted by Ventura to DHCS for their formal approval-it is better to have these approved up front, rather than begin the contracting process and have additions or deletions made which could result in having to make amendments or changes.

The provider network can be in development (meaning providers can be added to the network on an ongoing basis) but will need to be able to demonstrate adequacy to the department. DHCS will not approve implementation of the Ventura COHS unless it meets network requirements as described as follows:

NETWORK CAPACITY: Maintain a network to serve eligible beneficiaries and provide the scope of benefits. It is anticipated there will be 100,000 eligibles across the county.

NETWORK COMPOSITION: Maintain a network of primary and specialty physicians, inpatient facilities, emergency services, allied and supportive paramedical personnel to provide required covered services to enrollees.

PROVIDER to MEMBER RATIOS: Full-time equivalent provider to member ratios are as follows:

PCP 1:2,000

Total Physicians 1:1200

(If non-Physician Medical Practitioners are included in the network, there are separate caseload and supervision ratios required)

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

and DISTANCE STANDARDS: PCP Network must be within thirty (30) minutes or ten (10) miles of member residence unless Ventura has established a DHCS approved alternative time and distance standard.

24-HOUR AVAILABILITY: Contracting Physicians must be available twenty-four (24) hours/day, seven (7) days a week to coordinate the care of members and approve medically necessary post-stabilization care and services.

LANGUAGE AND CULTURAL COMPOSITION: The provider network must meet the ethnic, cultural and linguistic needs of the plan membership.

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

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DATE: June 16, 2010
TO: Ventura COHS Executive/Finance Committee
FROM: Terrie M Stanley, Interim CEO
SUBJECT: Member Auto-Assignment Policy

Recommendation: Approve auto assignment principles for members who do not select a primary care provider within 30 days of assignment to the Ventura COHS plan. Principles for auto assignment will be that clinics (Rural Health, FQHC and County) will rotate (based on current Medi-Cal volume) having the plan assign these members to them based on member geographical, cultural and linguistic preference data.

Discussion:

There are typically two categories of members that plans such as Ventura have. One is a member who has selected or been assigned to a PCP these are often times referred to as "assigned" members. The second category is that of an "administrative member". This is a member who is not assigned to a specific physician or clinic and, therefore, may see any willing Medi-Cal provider within the service area. Administrative members will have "Administrative Member" listed on their ID cards in the PCP section, rather than the name of a doctor or clinic. Newly eligible members will have "Administrative Member – Newly Eligible" on their ID cards in the PCP section. Other categories of member types who would also be included in this category could include:

- Long-Term Care — A member who is residing in a skilled or intermediate-care nursing facility for more than 30 days after the month of admission.
- Out of Area — A member who resides out of the service area but whose Medi-Cal case remains in County. These may include out-of-area foster-care or adoption-assistance placements and long-term care placements. Out of area Administrative Members may access care from any Medi-Cal provider within California.
- Other Health Care (OHC) — A member who has other health insurance that is primary to Medi-Cal. This includes members with both Medi-Cal and Medicare Part B, as well as members with both Medi-Cal and commercial insurance.
- Share of Cost — A member who has Medi-Cal with a share of cost.

For members who do not select a PCP but qualify to be assigned to one, there should be principles for how assignment will occur. Both the adopted COHS Establishing Ordinance NO. 4409 (section 1380-4(c)) and the Bylaws adopted by the Ventura County Medi-Cal Managed Care Commission (ARTICLE I (c)) state the following:

"The Ventura County Medi-Cal Managed Care Commission shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

...Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics. "

For members who do not select a PCP but qualify to be assigned to one, there need to be established principles for how assignment will occur. Adoption of this principle for auto assignment will meet our mission and reach our intended goal of protection for the safety net.

ATTACHMENT PCP CONTRACT

Duties of PCP

- Provide primary and preventive care-health education
- Arrange for appropriate referral /consultation to specialty care-EXCEPTION - CCS Carve-Out as well as having a system in place for follow-up of referrals/missed appointments
- RX prescriptions using pre-established formulary
- Request authorization for services when necessary
- Maintain medical record
- Health risk assessment-initially within 120 days after enrollment for members 21+-as soon as possible for those under 21-minimum requirements is Med History, wt/height/BP. Preventive health screening and testing required and future follow-up as needed
- CHDP-PM 160 billing form will be required
- Access and availability of services-after hours care (24X7)
- Culturally and Linguistically appropriate and non-discriminatory care
- Member re-assignment policy-cannot be based on medical condition requiring increased care, and member can request re-assignment monthly
- HIPAA compliance patient confidentiality
- Cooperation with audits/reviews ect
- Participation with peer review process, if needed
- Participation with appeal and grievance process for both members and providers, if needed

Ratios

2000 members per PCP-max ratio non-physician medical practitioner under supervision of PCP 1:1000 members.
Single PCP limited supervision of 4 NP's/PA any combination that would not include more than 3NM or 2 PA

PROPOSED Scope of Capitated Primary Care Services

OFFICE VISITS

CPT Code -New Patient

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

Established Patient

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

PREVENTIVE MEDICINE SERVICES (if not covered by CHDP)

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

Established Patient

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

ATTACHMENT PCP CONTRACT

MINOR SURGICAL AND OTHER MISCELLANEOUS PROCEDURES

Surgical Procedures

10060	Drainage of Boil
10080	Drainage of Pilonidal Cyst
10120	Remove Foreign Body
10140	Drainage of Hematoma
10160	Puncture Drainage of Lesion
11100	Biopsy of Lesion
11101	Biopsy, Each Added Lesion
11200	Removal of Skin Tags
11400	Removal of Skin Lesion
11420	Removal of Skin Lesion
11440	Removal of Skin Lesion
11740	Drain Blood from under Nail
11900	Injection into Skin Lesions
16000	Initial Treatment of Burn(s)
20600	Arthrocentesis, Aspiration and/or Injection; Small Joint, Burns or Ganglion Cyst
26600	Treat Metacarpal Fracture
26720	Treat Finger Fracture, Each
28470	Treat Metatarsal Fracture
28490	Treat Big Toe Fracture
28510	Treatment of Toe Fracture

Splints

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

Strapping – Any Age

29200	Strapping; thorax
29220	low back
29240	shoulder (eg.Velpeau)
29260	elbow or wrist
29280	hand or finger
29520	Strapping; hip
29530	knee
29540	ankle
29550	toes

ATTACHMENT PCP CONTRACT

46600	Diagnostic Anoscopy
51701	Insertion of non-indwelling bladder catheter
51702	Insertion of temporary indwelling bladder catheter
65205	Removal of Foreign Body, Eye
69200	Clear Outer Ear Canal
69210	Remove Impacted Ear Wax

Laboratory

81000	Urinalysis with Microscopy
81002	Routine Urine Analysis
81005	Urinalysis; Chemical, qualitative
82270	Blood; Occult, Feces
82271	Blood; Occult - Other Sources
82948	Stick Assay Blood Glucose
82947	Glucose; Quantitative
85014	Hematocrit
85018	Hemoglobin, Colorimetric
85025	Automated Hemogram
86580	TB Intradermal Test
87081	Bacteria Culture Screen
87088	Urine Bacteria Culture
87177	Ova and/or parasites
87205	Smear, Stain & Interpretation - Routine Stain
87210	Smear, Stain & Interpretation - Wet Mount
87220	Tissue Examination for Fungi (KOH Slide)

ECG, HEARING TEST, SUPPLIES

93000	Electrocardiogram, Complete
93005	Electrocardiogram, Tracing
93010	Electrocardiogram Report
93040	Rhythm ECG with Report
93041	Rhythm ECG, Tracing
93042	Rhythm ECG, Report
92551	Pure Tone Hearing Test, Air
92552	Pure Tone Audiometry, Air
92553	Audiometry, Air & Bone
X4540	Tympanometry
Z0316	Tympanometry codes
99070	Special Supplies

VENTURA COUNTY
MEDI-CAL
MANAGED CARE
COMMISSION

www.vdhca.org/cohs

Powers
Health Care Agency

Gary K. Dial
Medical Association
Chair

Ricardo Araujo
Family Medicine
Primary Program Director

Debbie Berry
Local Beneficiary /
Community Representative

Dr. Dil Chawla
Del Camino Real Inc.

John Fankhauser
Executive Committee

Dr. Chris
Hospital/
Care System
Crestview Hospital

Dr. S. Juarez CEO
Del Camino Real Inc.

Director Kathy Long
County
of Supervisors

Dr. Maurice
Hospital /
Care System
St. Reg. Med. Center

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DATE: June 16, 2010

TO: Ventura COHS Executive/Finance Committee

FROM: Terrie M Stanley, Interim CEO

SUBJECT: Name for the Ventura County Organized Health System

Recommendation: Select possible names for the Ventura County Organized Health System and bring forward to next commission meeting

Discussion:

Ventura County's COHS has been using the name of the governing body-Ventura County Medi-Cal Managed Care Commission. For the purposes of "branding" and having a name that is easily recognized and captures what we hope to accomplish with our efforts in bringing this new entity into the county. Below are some options for consideration.

OPTION 1

Ventura County CHOICE

Community Health Organization to Improve Care and Effectiveness

Community Health Organization to Improve Care and Efficiency

OPTION 2

CAL-CHOICE

County And Local Community Health Organizations to Improve Care and Effectiveness

County And Local Community Health Organizations to Improve Care and Effectiveness

REASON- Having the CAL puts us more at the top of listings for Medi-Cal Health Plans. ie COHS second to Alliance

OPTION 3

CHOICE Health Plan

This would still put us in the bottom portion of the list as we would be after Alliance, CalOPTIMA and CENCAL Health.