

**Joint Meeting of the  
Ventura County Medi-Cal Managed Care Commission (VCMCC)  
dba Gold Coast Health Plan and the Compliance Oversight Committee**

**Strategic Planning Retreat  
Residence Inn by Marriott Oxnard River Ridge  
2101 W. Vineyard Ave  
Oxnard, CA 93036**

**Thursday December 15, 2022 2:00 p.m.**

**Due to the public health emergency,**

**the meeting is being held virtually pursuant to AB 361.**

**Members of the public can participate using the Conference Call Number below.**

**Conference Call Number: 1-805-324-7279**

**Conference ID Number: 804 473 903#**

**Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234**

**Due to the declared state of emergency wherein social distancing measures have been imposed or recommended, this meeting is being held pursuant to AB 361.**

**Regular Commission and Compliance Oversight Committee Meeting**

**AGENDA**

**CLERK ANNOUNCEMENT**

All public is welcome to call into the conference call number listed on this agenda and follow along for all items listed in Open Session by opening the GCHP website and going to ***About Us > Ventura Country Medi-Cal Managed Care Commission > Scroll down to Commission Meeting Agenda Packets and Minutes***

**CALL TO ORDER**

**INTERPRETER ANNOUNCEMENT**

**ROLL CALL**

## **PUBLIC COMMENT**

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCOMMCC) doing business as Gold Coast Health Plan (GCHP) and the Compliance Oversight Committee (Committee) on the agenda.

Persons wishing to address VCOMMCC and Committee are limited to three (3) minutes unless the Chair of the Commission extends time for good cause shown. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Commission.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee and Committee via email by sending an email to [ask@goldchp.org](mailto:ask@goldchp.org). If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

## **CONSENT**

### **1. Joint Findings of the Commission and Committee to Continue to Hold Remote Teleconference Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

**RECOMMENDATION:** It is recommended that the Commission and Committee adopt the findings to continue to meet remotely

### **2. Approval of Salary Schedule**

Staff: Michael Murguia, Executive Director of Human Resources

**RECOMMENDATION:** Receive and File the 2021 – 2022 position leveling salary matrix as presented.

### **ACTION ITEM**

- 3. Provide Direction on the Commission's Position on the County's Proposed Ordinance Increasing the Number of Commissioners from Eleven (11) to Thirteen (13);**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Provide direction to staff on the Commission's position, if any, on the County's proposed ordinance adding two new Commission seats, one for a Medi-Cal beneficiary and one for a representative of the Ventura County Human Services Agency.

### **Strategic Planning Retreat**

- 4. Welcome and Introductions**

Staff: Marlen Torres, Executive Director of Strategy & External Affairs

Ms. Torres will present an overview of the meeting agenda and what to expect from the Strategic Planning Session

- 5. Commission and Management Partnership**

Staff: Nick Liguori, Chief Executive Officer

CEO Liguori will present an overview of the Plan's Vision/Strategic Direction

- 6. Report: Actions to Improve Health, Healthcare and Service to Our Members**

Staff: Erik Cho, Chief Program & Policy Officer

CPPO Cho will present information on Actions to Improve Health, Healthcare and Service to Our Members

- 7. Quality and Health**

Staff: Kim Timmerman, Sr. Director of Quality Improvement

Ms. Timmerman will review the progress report for Year 1 Operational Goals

## **CLOSED SESSION**

### **8. CONFERENCE WITH REAL PROPERTY NEGOTIATORS**

Property: 711 E. Daily Drive, Camarillo CA 93010

770 E. Daily Drive, Camarillo CA 93010

Agency Negotiator: Nick Liguori, Chief Executive Officer

Michael Murguia, Exec. Director of Human Resources

Negotiating parties: 711 E. Daily Drive, LLC and 770 Paseo Camarillo, Suite 200 LP

Under Negotiation: Price and terms of payment

### **9. REPORTS INVOLVING TRADE SECRETS**

Discussion will concern: New service and program

Estimated Date of Public Disclosure: January 23, 2023, and Fiscal Year 2023/2024.

## **CLOSING REMARKS & NEXT STEPS**

Staff: Nick Liguori, Chief Executive Officer

Marlen Torres, Executive Director of Strategy & External Affairs

## **ADJOURNMENT**

Date and location of the next meeting to be determined at the January 9, 2023 Special Commission Meeting

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

**In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.**



## **AGENDA ITEM NO. 1**

**TO:** Ventura County Medi-Cal Managed Care Commission and Compliance Oversight Committee

**FROM:** Scott Campbell, General Counsel

**DATE:** December 15, 2022

**SUBJECT: Findings to Continue to Hold Remote Teleconference/Virtual Commission and Committee Meetings Pursuant to Assembly Bill 361**

### **SUMMARY/RECOMMENDATION:**

At its May 23, 2022, regular meeting, the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) made findings pursuant to Assembly Bill 361 to continue to meet remotely. On October 21, 2022, at the meeting of the Compliance Oversight Committee (“Committee”), which was held virtually pursuant to Assembly Bill 361, and which was now deemed a standing Committee pursuant to the Corporate Integrity Agreement, the Committee expressed the desire to continue to meet remotely. To continue this practice, it is required, that the Commission and Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Commission in deciding to continue to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. Because these findings must be made every thirty (30) days, it is time to make the findings.

### **BACKGROUND/DISCUSSION:**

Traditionally, the Brown Act allows for teleconference or virtual meetings, provided that the physical locations of the legislative body’s members joining by teleconference are posted on the agenda, that those locations are open to the public and that a quorum of the members is located within its jurisdiction. Newly enacted AB 361 provides an exception to these procedures in order to allow for fully virtual meetings during proclaimed emergencies, including the COVID-19 pandemic.

Since March of 2020 and the issuance of Governor Newsom’s Executive Order N-29-20, which suspended portions of the Brown Act relating to teleconferencing, the Commission and Committee have had virtual meetings without having to post the location of the legislative

body members attending virtually. Most public agencies have been holding public meetings using virtual platforms since this time. In June of 2021, Governor Newsom issued Executive Order N-08-21, which provided that the exceptions contained in EO N-29-20 would sunset on September 30, 2021.

On September 10, 2021, the Legislature adopted AB 361, which allows public agencies to hold fully virtual meetings under certain circumstances without the posting of the agenda from each location a legislative body member is attending. Governor Newsom signed the bill into law on September 16, 2021. Because it contained an urgency provision, it took immediate effect.

### *Specific Findings Required under AB 361*

Under AB 361, the Commission and Committee, can hold virtual meetings without providing notice of the Commissioner's teleconference location if they make the determination that there is a Governor-proclaimed state of emergency which they will consider in their determination, and one of two secondary criteria listed below exists:

1. State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or
2. The Commission and Committee determine that requiring a meeting in person would present an imminent risk to the health or safety of attendees.

COVID-19 continues to present an imminent threat to the health and safety of Commission and Committee members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. Additionally, several Commissioners and Committee members attend meetings in medical facilities or offices, and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated would pose a threat to the health or safety of attendees. Further, as winter approaches, COVID-19 continues to spread through the county and world and social distancing requirements still exist. .

### *Re-Authorization is Required Within 30 Days*

The Commission made the findings listed above for itself and Commission Committees at its October 25, 2021 and at its following meetings. The Committee met on October 21, 2022. Consistent with the provisions of Government Code Section 54953(e), the findings must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Commission and Committee desire to continue to meet remotely without having to post the location of each teleconference location, the Commission and Committee must find that the

COVID-19 emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Commission and Committee make these findings.

**CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:**

The Commission and Committee will have to follow the Brown Act provisions that existed prior to the COVID-19 pandemic.

**FOLLOW UP ACTION:**

That the Commission and Committee make the findings under AB361 at their joint January 9, 2023 meetings.

**ATTACHMENT:**

None.



**AGENDA ITEM NO. 2**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Michael Murguia, Executive Director of Human Resources  
**DATE:** December 15, 2022  
**SUBJECT:** Approval of Salary Schedule

**SUMMARY:**

The attached is the current salary schedule which is required to be provided to the Commission every year by the delineation of authority.

**RECOMMENDATION:**

Receive and File the 2021 – 2022 position leveling salary matrix as presented.



2021 - 2022 Position Leveling Matrix

Title	Department	FLSA Status	Pay Band Level	Min	Mid	Max	Min	Mid	Max	State
Reception Associate	Member Services	NE	102	\$32,000	\$40,000	\$48,000	\$ 15.38	\$ 19.23	\$ 23.08	
Claims Processor I	Claims	NE	103	\$35,600	\$39,500	\$43,800	\$ 17.12	\$ 18.99	\$ 21.06	
Member Services Representative I	Member Services	NE	105	\$38,000	\$47,500	\$57,000	\$ 18.27	\$ 22.84	\$ 27.40	
Clinical Operations Assistant I	Utilization Management	NE	106	\$40,000	\$50,000	\$60,000	\$ 19.23	\$ 24.04	\$ 28.85	
Pharmacy Technician	Pharmacy	NE	106	\$40,000	\$50,000	\$60,000	\$ 19.23	\$ 24.04	\$ 28.85	CA
Pharmacy Technician- Part Time	Pharmacy	NE	106	\$40,000	\$50,000	\$60,000	\$ 19.23	\$ 24.04	\$ 28.85	CA
Pharmacy Technician- Part Time	Pharmacy	NE	106	\$37,600	\$47,000	\$56,400	\$ 18.08	\$ 22.60	\$ 27.12	NH
Grievance & Appeals Intake Coordinator I	Grievance and Appeals	NE	107	\$42,000	\$52,500	\$63,000	\$ 20.19	\$ 25.24	\$ 30.29	
PC Desktop Technician I	Infrastructure	NE	107	\$42,000	\$52,500	\$63,000	\$ 20.19	\$ 25.24	\$ 30.29	
Administrative Assistant	Care Management	NE	108	\$44,000	\$55,000	\$66,000	\$ 21.15	\$ 26.44	\$ 31.73	
Administrative Assistant	Health Education	NE	108	\$44,000	\$55,000	\$66,000	\$ 21.15	\$ 26.44	\$ 31.73	
Care Management Coordinator I	Care Management	NE	108	\$44,000	\$55,000	\$66,000	\$ 21.15	\$ 26.44	\$ 31.73	
Claims Processor II	Claims	NE	108	\$44,000	\$55,000	\$66,000	\$ 21.15	\$ 26.44	\$ 31.73	
Facilities Administrative Technicians	Facilities	NE	108	\$44,000	\$55,000	\$66,000	\$ 21.15	\$ 26.44	\$ 31.73	
Health Navigator I	Health Education	NE	108	\$44,000	\$55,000	\$66,000	\$ 21.15	\$ 26.44	\$ 31.73	
Member Services Representative II	Member Services	NE	108	\$44,000	\$55,000	\$66,000	\$ 21.15	\$ 26.44	\$ 31.73	
UM/CM Float Staff	Care Management	NE	108	\$44,000	\$55,000	\$66,000	\$ 21.15	\$ 26.44	\$ 31.73	
Claims Adjuster I	Claims	NE	109	\$48,900	\$54,200	\$60,300	\$ 23.51	\$ 28.06	\$ 32.99	
Clinical Operations Assistant II	Utilization Management	NE	109	\$46,000	\$57,500	\$69,000	\$ 22.12	\$ 27.64	\$ 33.17	
PC Desktop Technician II	Infrastructure	NE	109	\$46,000	\$57,500	\$69,000	\$ 22.12	\$ 27.64	\$ 33.17	
Grievance & Appeals Intake Coordinator II	Grievance and Appeals	NE	110	\$48,000	\$60,000	\$72,000	\$ 23.08	\$ 28.85	\$ 34.62	
Purchasing Coordinator	Financial Planning & Analysis	NE	110	\$48,000	\$60,000	\$72,000	\$ 23.08	\$ 28.85	\$ 34.62	
Care Management Coordinator II	Care Management	NE	111	\$50,000	\$62,500	\$75,000	\$ 24.04	\$ 30.05	\$ 36.06	
Human Resources Specialist	Human Resources	NE	111	\$50,000	\$62,500	\$75,000	\$ 24.04	\$ 30.05	\$ 36.06	
Sr. Facilities Administrative Technicians	Facilities	NE	111	\$50,000	\$62,500	\$75,000	\$ 24.04	\$ 30.05	\$ 36.06	
Clinical Operations Assistant III	Utilization Management	NE	112	\$52,000	\$65,000	\$78,000	\$ 25.00	\$ 31.25	\$ 37.50	
Grievance & Appeals Resolution Specialist I	Grievance and Appeals	NE	112	\$52,000	\$65,000	\$78,000	\$ 25.00	\$ 31.25	\$ 37.50	
Health Navigator II	Health Education	NE	112	\$52,000	\$65,000	\$78,000	\$ 25.00	\$ 31.25	\$ 37.50	
Sr. Member Services Representative	Member Services	NE	112	\$52,000	\$65,000	\$78,000	\$ 25.00	\$ 31.25	\$ 37.50	
Contracts Coordinator	Network Operations	E	113	\$54,000	\$67,500	\$81,000				
Provider Services Representative I	Provider Relations	NE	113	\$54,000	\$67,500	\$81,000	\$ 25.96	\$ 32.45	\$ 38.94	
Administrative Analyst	Operations	NE	114	\$56,000	\$70,000	\$84,000	\$ 26.92	\$ 33.65	\$ 40.38	
Care Management Coordinator III	Care Management	NE	114	\$56,000	\$70,000	\$84,000	\$ 26.92	\$ 33.65	\$ 40.38	
Claims Analyst II	Claims	NE	114	\$56,000	\$70,000	\$84,000	\$ 26.92	\$ 33.65	\$ 40.38	
Communication Specialist I	Communications	NE	114	\$56,000	\$70,000	\$84,000	\$ 26.92	\$ 33.65	\$ 40.38	
Cultural and Linguistic Specialist	Health Education	NE	114	\$56,000	\$70,000	\$84,000	\$ 26.92	\$ 33.65	\$ 40.38	
Health Navigator III	Health Education	NE	114	\$56,000	\$70,000	\$84,000	\$ 26.92	\$ 33.65	\$ 40.38	
Provider Data Coordinator	Provider Relations	NE	114	\$56,000	\$70,000	\$84,000	\$ 26.92	\$ 33.65	\$ 40.38	
Grievance & Appeals Resolution Specialist II	Grievance and Appeals	NE	115	\$58,000	\$72,500	\$87,000	\$ 27.88	\$ 34.86	\$ 41.83	
Operations Data Analyst	Operations	NE	115	\$58,000	\$72,500	\$87,000	\$ 27.88	\$ 34.86	\$ 41.83	
QI Specialist	Quality	E	115	\$58,000	\$72,500	\$87,000				
Senior Service Desktop Technician	IT Infrastructure & Security	NE	115	\$58,000	\$72,500	\$87,000	\$ 27.88	\$ 34.86	\$ 41.83	
Sr. Human Resources Associate - Strategy	Human Resources	E	115	\$58,000	\$72,500	\$87,000				
Claims Adjuster II	Claims	NE	116	\$60,000	\$75,000	\$90,000	\$ 28.85	\$ 36.06	\$ 43.27	
Community Relations Specialist	Government Relations	E	116	\$60,000	\$75,000	\$90,000				
Provider Project Coordinator	Provider Relations	E	116	\$60,000	\$75,000	\$90,000				
Sr. HR Specialist	Human Resources	E	116	\$60,000	\$75,000	\$90,000				
Communications Specialist II	Communications	E	117	\$62,000	\$77,500	\$93,000				
Operations Oversight Analyst	Grievance and Appeals	NE	117	\$62,000	\$77,500	\$93,000	\$ 29.91	\$ 37.26	\$ 44.71	
Provider Services Representative II	Provider Relations	NE	117	\$62,000	\$77,500	\$93,000	\$ 29.91	\$ 37.26	\$ 44.71	
Senior Grievance & Appeals Specialist	Grievance and Appeals	NE	117	\$62,000	\$77,500	\$93,000	\$ 29.91	\$ 37.26	\$ 44.71	
Senior Health Navigator/Educator	Health Education	E	117	\$62,000	\$77,500	\$93,000				
Staff Accountant - AP/Payroll Specialist	Finance	E	117	\$62,000	\$77,500	\$93,000				
System Administrator I	IT Infrastructure & Security	E	117	\$62,000	\$77,500	\$93,000				
Claims Quality Analyst	Claims	E	118	\$66,000	\$82,500	\$99,000				
Claims Quality Assurance Analyst	Claims	NE	118	\$66,000	\$82,500	\$99,000	\$ 31.73	\$ 39.66	\$ 47.60	
Communications Specialist III	Communications	E	118	\$66,000	\$82,500	\$99,000				
Compliance Analyst	Compliance	E	118	\$66,000	\$82,500	\$99,000				
Compliance Specialist	Compliance	E	118	\$66,000	\$82,500	\$99,000				
IT Management Analyst	Information Technology	E	118	\$66,000	\$82,500	\$99,000				
IT Service Desk Lead	Information Technology	NE	118	\$66,000	\$82,500	\$99,000	\$ 31.73	\$ 39.66	\$ 47.60	
Legal Compliance Specialist	Compliance	E	118	\$66,000	\$82,500	\$99,000				
Policy Analyst	Government Relations	E	118	\$66,000	\$82,500	\$99,000				
Provider Contracts Specialist	Network Operations	E	118	\$66,000	\$82,500	\$99,000				
Provider Relations Operations Lead	Provider Relations	E	118	\$66,000	\$82,500	\$99,000				
Provider Relations Project Administrator	Provider Relations	E	118	\$66,000	\$82,500	\$99,000				
Registered Dietician	Health Education	E	118	\$66,000	\$82,500	\$99,000				
Senior Administrative Analyst	Health Services	NE	118	\$66,000	\$82,500	\$99,000	\$ 31.73	\$ 39.66	\$ 47.60	
Senior Claims Analyst	Claims	NE	118	\$66,000	\$82,500	\$99,000	\$ 31.73	\$ 39.66	\$ 47.60	
Decision Support Analyst	IT Population & Data Warehouse	E	119	\$70,000	\$87,500	\$105,000				
Executive Assistant	Compliance	NE	119	\$70,000	\$87,500	\$105,000	\$ 33.65	\$ 42.07	\$ 50.48	
Provider Relations Analyst	Provider Relations	E	119	\$70,000	\$87,500	\$105,000				
QI Data Analyst I	Quality	E	119	\$70,000	\$87,500	\$105,000				
Senior Claims Operations Analyst	Claims	NE	119	\$70,000	\$87,500	\$105,000	\$ 33.65	\$ 42.07	\$ 50.48	
Senior Community Relations Specialist	Government Relations	NE	119	\$70,000	\$87,500	\$105,000	\$ 33.65	\$ 42.07	\$ 50.48	
Associate Clerk of the Board/Sr. Executive Assistant	Executive	E	120	\$74,000	\$92,500	\$111,000				
Business Systems Analyst I	Portfolio & Project Management	E	120	\$74,000	\$92,500	\$111,000				
Compliance Internal Auditor	Compliance	E	120	\$74,000	\$92,500	\$111,000				
Delegation Oversight Auditor I	Compliance	E	120	\$74,000	\$92,500	\$111,000				
Encounter Data Analyst	Operations Support Services	E	120	\$74,000	\$92,500	\$111,000				
Operations Business Analyst	Operations Support Services	E	120	\$74,000	\$92,500	\$111,000				
Operations Supervisor	Operations Support Services	E	120	\$74,000	\$92,500	\$111,000				
Regulatory Affairs Analyst	Compliance	E	120	\$74,000	\$92,500	\$111,000				
Senior Claims Analyst Lead	Claims	E	120	\$74,000	\$92,500	\$111,000				
Senior Executive Assistant	Executive	E	120	\$74,000	\$92,500	\$111,000				
Senior Policy Analyst	Government Relations	E	120	\$70,300	\$87,875	\$105,450				
Senior Policy Analyst	Government Relations	E	120	\$74,000	\$92,500	\$111,000				
Senior QI Data Analyst	Quality	E	120	\$74,000	\$92,500	\$111,000				

Senior Staff Accountant	Finance	E	120	\$74,000	\$92,500	\$111,000				
Training Administrator/HR Integrator	Human Resources	E	120	\$74,000	\$92,500	\$111,000				
Clerk of the Board/Sr. Executive Assistant	Executive	E	121	\$78,000	\$97,500	\$117,000				
Delegation Oversight Auditor II	Compliance	E	121	\$78,000	\$97,500	\$117,000				
Developer I	IT Data Warehouse	E	121	\$78,000	\$97,500	\$117,000				
Human Resources Administrator	Human Resources	E	121	\$78,000	\$97,500	\$117,000				
Human Resources Business Partner I	Human Resources	E	121	\$78,000	\$97,500	\$117,000				
Project Manager I	Portfolio & Project Management	E	121	\$78,000	\$97,500	\$117,000				
Talent Acquisition Recruiter/ Strategist	Human Resources	E	121	\$78,000	\$97,500	\$117,000				
Clinical Care Manager, LCSW I (CM or UM)	Health Services	E	122	\$76,875	\$102,500	\$128,125				
Clinical Program Manager, Behavioral Health	Population Health	E	122	\$76,875	\$102,500	\$128,125				
IT Systems Administrator II	Infrastructure	E	122	\$76,875	\$102,500	\$128,125				
RN, Clinical Care Manager I	Care Management	E	122	\$76,875	\$102,500	\$128,125				
RN, Quality Improvement	Quality	E	122	\$76,875	\$102,500	\$128,125				
RN, Utilization Management I	Utilization Management	E	122	\$61,500	\$82,000	\$102,500				MT
RN, Utilization Management I	Utilization Management	E	122	\$66,113	\$88,150	\$110,188				NM
RN, Utilization Management I	Utilization Management	E	122	\$66,881	\$89,175	\$111,469				AZ
RN, Utilization Management I	Utilization Management	E	122	\$73,031	\$97,375	\$118,872				WA
RN, Utilization Management I	Utilization Management	E	122	\$76,875	\$102,500	\$128,125				CA
RN, Utilization Management, Part Time	Utilization Management	NE	122	\$76,875	\$102,500	\$128,125	\$ 36.96	\$ 49.28	\$ 61.60	
Utilization Management Nurse	Utilization Management	E	122	\$76,875	\$102,500	\$128,125				
Business Systems Analyst II	Portfolio & Project Management	E	123	\$80,625	\$107,500	\$134,375				
Delegation Oversight Auditor III (Lead)	Compliance	E	123	\$80,625	\$107,500	\$134,375				
Human Resources Business Partner II	Human Resources	E	123	\$80,625	\$107,500	\$134,375				
Human Resources Strategist I	Human Resources	E	123	\$80,625	\$107,500	\$134,375				
Senior Financial Analyst	Finance	E	123	\$80,625	\$107,500	\$134,375				
Talent Acquisition Manager	Human Resources	E	123	\$80,625	\$107,500	\$134,375				
Clinical Care Manager, LCSW II (CM or UM)	Health Services	E	124	\$84,375	\$112,500	\$140,625				
Manager, Facilities	Facilities	E	124	\$84,375	\$112,500	\$140,625				
Manager, Operations Support Services	IT Population Health Enablement	E	124	\$84,375	\$112,500	\$140,625				
RN, Clinical Care Manager II	Care Management	E	124	\$84,375	\$112,500	\$140,625				
RN, Utilization Management II	Utilization Management	E	124	\$67,500	\$90,000	\$112,500				MT
RN, Utilization Management II	Utilization Management	E	124	\$72,563	\$96,750	\$120,938				NM
RN, Utilization Management II	Utilization Management	E	124	\$73,406	\$97,875	\$122,344				AZ
RN, Utilization Management II	Utilization Management	E	124	\$80,156	\$106,875	\$133,594				WA
RN, Utilization Management II	Utilization Management	E	124	\$84,375	\$112,500	\$140,625				CA
Senior Decision Support Analyst	IT Population & Data Warehouse	E	124	\$84,375	\$112,500	\$140,625				
Sr. IT Quality Control Analyst	IT Architecture & Testing	E	124	\$84,375	\$112,500	\$140,625				
Business Intelligence Developer	IT Population Health Enablement	E	125	\$88,125	\$117,500	\$146,875				
Developer II	IT Data Warehouse	E	125	\$88,125	\$117,500	\$146,875				
Human Resources Business Partner III	Human Resources	E	125	\$88,125	\$117,500	\$146,875				
Manager, Member Services	Member Services	E	125	\$88,125	\$117,500	\$146,875				
Project Manager II	Portfolio & Project Management	E	125	\$88,125	\$117,500	\$146,875				
Quality Improvement Program Manager I	Quality	E	125	\$88,125	\$117,500	\$146,875				
Sr. Human Resources Strategist	Human Resources	E	125	\$88,125	\$117,500	\$146,875				
Clinical Care Manager, LCSW III (CM or UM)	Health Services	E	126	\$91,875	\$122,500	\$153,125				
Delegation Oversight Auditor, RN	Compliance	E	126	\$91,875	\$122,500	\$153,125				
Manager, Accounting Operations	Finance	E	126	\$91,875	\$122,500	\$153,125				
Product Owner/ Business Systems Analyst	Information Technology	E	126	\$91,875	\$122,500	\$153,125				
RN, Clinical Care Manager, III	Care Management	E	126	\$91,875	\$122,500	\$153,125				
RN, Utilization Management III	Utilization Management	E	126	\$73,500	\$98,000	\$122,500				MT
RN, Utilization Management III	Utilization Management	E	126	\$79,013	\$105,350	\$131,688				NM
RN, Utilization Management III	Utilization Management	E	126	\$79,931	\$106,575	\$133,219				AZ
RN, Utilization Management III	Utilization Management	E	126	\$87,281	\$116,375	\$145,469				WA
RN, Utilization Management III	Utilization Management	E	126	\$91,875	\$122,500	\$153,125				CA
Trainer, Health Services	Care Management	E	126	\$91,875	\$122,500	\$153,125				
Business Intelligence Architect	IT Population Health Enablement	E	127	\$95,625	\$127,500	\$159,375				
Business Intelligence Lead	IT Population Health Enablement	E	127	\$95,625	\$127,500	\$159,375				
Clinical Compliance Program Manager	Compliance	E	127	\$95,625	\$127,500	\$159,375				CA
Clinical Compliance Program Manager	Compliance	E	127	\$82,238	\$109,650	\$137,062				MT
Delegation Oversight Program Manager	Compliance	E	127	\$95,625	\$127,500	\$159,375				
Manager, Accounting & Finance	Finance	E	127	\$95,625	\$127,500	\$159,375				
Manager, Change Control	Grievance and Appeals	E	127	\$95,625	\$127,500	\$159,375				
Manager, Human Resources - FT	Human Resources	E	127	\$95,625	\$127,500	\$159,375				CA
Manager, Human Resources - PT	Human Resources	E	127	\$99,450	\$132,600	\$165,750				WA
Manager, Operation Analytics	Claims	E	127	\$95,625	\$127,500	\$159,375				
Manager, Procurement Operations and Sourcing	Financial Planning & Analysis	E	127	\$95,625	\$127,500	\$159,375				
Manager, Provider Relations	Network Operations	E	127	\$95,625	\$127,500	\$159,375				
Microsoft Cloud Collaboration & Systems Specialist	Infrastructure	E	127	\$95,625	\$127,500	\$159,375				
Senior Business Systems Analyst	Portfolio & Project Management	E	127	\$95,625	\$127,500	\$159,375				CA
Senior Business Systems Analyst	Portfolio & Project Management	E	127	\$86,063	\$127,500	\$159,375				GA
Sr. ETL Developer/Sr. Data Engineer	IT Data Warehouse	E	127	\$81,281	\$108,375	\$135,469				KY
Sr. ETL Developer/Sr. Data Engineer	IT Data Warehouse	E	127	\$95,625	\$127,500	\$159,375				CA
Manager, Quality Improvement	Quality	E	128	\$99,375	\$132,500	\$165,625				
Quality Improvement Program Manager II	Quality	E	128	\$99,375	\$132,500	\$165,625				
Database Administrator Architect	Information Technology	E	129	\$105,000	\$140,000	\$175,000				
Developer III	IT Data Warehouse	E	129	\$105,000	\$140,000	\$175,000				
Manager, Business Intelligence & Analytics	IT Population Health Enablement	E	129	\$105,000	\$140,000	\$175,000				
Manager, Care Management (CalAIM)	Care Management	E	129	\$105,000	\$140,000	\$175,000				
Manager, Clinical Care Management	Care Management	E	129	\$105,000	\$140,000	\$175,000				
Manager, Government Relations	Government Relations	E	129	\$105,000	\$140,000	\$175,000				
Manager, Utilization Management	Utilization Management	E	129	\$105,000	\$140,000	\$175,000				
Privacy Officer	Compliance	E	129	\$105,000	\$140,000	\$175,000				
Senior Project Manager	Portfolio & Project Management	E	129	\$105,000	\$140,000	\$175,000				
Sr. Manager, Human Resources	Human Resources	E	129	\$105,000	\$140,000	\$175,000				
Test Automation Engineer	IT Architecture & Testing	E	129	\$105,000	\$140,000	\$175,000				
Clinical Pharmacist	Pharmacy	E	130	\$112,500	\$150,000	\$187,500				
Data Information Architect	Information Technology	E	130	\$112,500	\$150,000	\$187,500				
EDI Manager	Solution Services	E	130	\$112,500	\$150,000	\$187,500				
Incentive Strategy Manager	Health Services	E	130	\$112,500	\$150,000	\$187,500				
Manager, IT Quality Control	Infrastructure	E	130	\$112,500	\$150,000	\$187,500				

Principal Data Analyst	IT Data Warehouse	E	130	\$112,500	\$150,000	\$187,500				
Quality Improvement Program Manager III	Quality	E	130	\$112,500	\$150,000	\$187,500				
Sr. Analyst, Data Modeler	IT Data Warehouse	E	130	\$112,500	\$150,000	\$187,500				
Sr. Manager Operations	Operations	E	130	\$112,500	\$150,000	\$187,500				
Sr. Manager Operations, Claims	Operations	E	130	\$112,500	\$150,000	\$187,500				
Sr. Manager, Care Management & Programs	Health Services	E	130	\$112,500	\$150,000	\$187,500				
Sr. Manager, Communications and Marketing	Communications	E	130	\$112,500	\$150,000	\$187,500				
Sr. Manager, Finance Analysis	Finance	E	130	\$112,500	\$150,000	\$187,500				CA
Sr. Manager, Finance Analysis	Finance	E	130	\$101,250	\$135,000	\$168,750				VA
Sr. Manager, Population Health	Population Health	E	130	\$112,500	\$150,000	\$187,500				
Director, Health Education, C & L	Population Health	E	131	\$120,000	\$160,000	\$200,000				
IT Infrastructure & Operations Manager	Infrastructure	E	131	\$120,000	\$160,000	\$200,000				
Senior Data Operations Engineer	Information Technology	E	131	\$120,000	\$160,000	\$200,000				CA
Sr. Site Reliability Engineer	Information Technology	E	131	\$120,000	\$160,000	\$200,000				
Clinical Program Pharmacist	Pharmacy	E	132	\$127,500	\$170,000	\$212,500				
Director, Communications	Communications	E	132	\$127,500	\$170,000	\$212,500				
Principal Business Systems Analyst	Information Technology	E	132	\$125,000	\$170,000	\$212,500				
Procurement Officer	Financial Planning & Analysis	E	132	\$127,500	\$170,000	\$212,500				
Sr. Information Security Engineer	IT Infrastructure & Security	E	132	\$125,000	\$170,000	\$212,500				
Director Utilization Management	Health Services	E	133	\$135,000	\$180,000	\$225,000				
Director, Behavioral Health & Social Services	Population Health	E	133	\$135,000	\$180,000	\$225,000				
Director, Clinical Care Management	Health Services	E	133	\$135,000	\$180,000	\$225,000				
Director, Compliance	Compliance	E	133	\$135,000	\$180,000	\$225,000				
Director, Network Operations	Network Operations	E	133	\$135,000	\$180,000	\$225,000				
Director, Quality Improvement	Population Health	E	133	\$135,000	\$180,000	\$225,000				
Director, Strategy & Enterprise Analytics	Health Services	E	133	\$135,000	\$180,000	\$225,000				
Principal Business Relationship Manager	Information Technology	E	133	\$108,000	\$144,000	\$180,000				FL
Principal Business Relationship Manager	Information Technology	E	133	\$122,850	\$163,800	\$204,750				VA
Principal Business Relationship Manager	Information Technology	E	133	\$135,000	\$180,000	\$225,000				
Director, Data and Analytics	Information Technology	E	134	\$142,500	\$190,000	\$237,500				
Director, IT Business Solutions	IT Information Technology	E	134	\$142,500	\$190,000	\$237,500				CA
Director, IT Business Solutions	IT Information Technology	E	134	\$135,375	\$180,500	\$225,625				OR
Director, Portfolio and Project Management	IT Information Technology	E	134	\$142,500	\$190,000	\$237,500				
Principal Enterprise Architect	IT Architecture & Testing	E	134	\$142,500	\$190,000	\$237,500				
Principal Solution Architect	IT Architecture & Testing	E	134	\$142,500	\$190,000	\$237,500				
Director IT, Infrastructure & Operations	Infrastructure	E	135	\$150,000	\$200,000	\$250,000				
Director, Data Engineering	Infrastructure	E	135	\$150,000	\$200,000	\$250,000				
Director, Data Management Operation	Infrastructure	E	135	\$150,000	\$200,000	\$250,000				
Director, Finance	Finance	E	135	\$150,000	\$200,000	\$250,000				
Director, Health Informatics	Health Services	E	135	\$150,000	\$200,000	\$250,000				
Director, Infrastructure & Operations	IT Information Technology	E	135	\$150,000	\$200,000	\$250,000				
Director, IT	IT Information Technology	E	135	\$150,000	\$200,000	\$250,000				
Director, IT Data Warehouse	Information Technology	E	135	\$150,000	\$200,000	\$250,000				
Director, Architecture	IT Information Technology	E	136	\$165,000	\$220,000	\$275,000				
Director, Pharmacy	Pharmacy	E	136	\$165,000	\$220,000	\$275,000				
Senior Director, Finance	Finance	E	136	\$156,750	\$209,000	\$261,250				TX
Senior Director, Finance	Finance	E	136	\$165,000	\$220,000	\$275,000				CA
Senior Director, IT Data Engineering	Information Technology	E	136	\$165,000	\$220,000	\$275,000				
Senior Director, IT Data Engineering	Information Technology	E	136	\$168,300	\$224,400	\$280,500				VA
Senior Director, Operations	Operations	E	136	\$165,000	\$220,000	\$275,000				
Senior Director, Pop Health & Interoperability	Information Technology	E	136	\$165,000	\$220,000	\$275,000				
Executive Director, Population Health	Population Health	E	137	\$180,000	\$240,000	\$300,000				
Executive Director, Strategy and External Affairs	Government Relations	E	137	\$180,000	\$240,000	\$300,000				
Executive Director, Human Resources	Human Resources	E	138	\$195,000	\$260,000	\$325,000				
Executive Director, Information Technology	IT Information Technology	E	138	\$195,000	\$260,000	\$325,000				
Chief Compliance Officer	Compliance	E	140	\$225,000	\$300,000	\$375,000				
Executive Director, Optimization & Transformation	Executive	E	140	\$225,000	\$300,000	\$375,000				
Chief Human Resources Officer	Executive	E	141	\$243,750	\$325,000	\$406,250				
Associate Chief Medical Officer	Executive	E	142	\$262,500	\$350,000	\$437,500				
Chief Financial Officer	Executive	E	142	\$262,500	\$350,000	\$437,500				
Chief Information Officer	Executive	E	142	\$262,500	\$350,000	\$437,500				
Chief Operating Officer	Executive	E	142	\$262,500	\$350,000	\$437,500				
Chief Program & Policy Officer	Executive	E	143	\$270,000	\$370,000	\$470,000				
Chief Medical Officer	Executive	E	144	\$300,000	\$400,000	\$500,000				
Chief Executive Officer	Executive	E	145	\$375,000	\$500,000	\$625,000				



The ordinance was scheduled for introduction on December 13, 2022, after this report was prepared and provided to the Commission. Staff will update the Commission on any action taken by the Board of Supervisors at the December 13, 2022.

Because the proposed ordinance contains changes to the governing ordinance different than recommended by the Commission, a Commissioner has asked that the Commission provide guidance on the Commission's position on the proposed ordinance. As the proposed ordinance is not scheduled for adoption until January 10, 2023, there is time for the Board of Supervisors to consider the Commission's input before any adoption of the proposed ordinance.

**FISCAL IMPACT:**

None

**RECOMMENDATION:**

Provide direction to staff on the Commission's position, if any, on the proposed ordinance.

**ATTACHMENTS:**

February 28, 2022 Commission Staff Report  
December 13, 2022 letter from County CEO Sevet Johnson and a red-lined and clean version of the proposed ordinance.

## **AGENDA ITEM NO. 5**

**TO:** Ventura County Medi-Cal Managed Care Commission

**FROM:** Scott Campbell, General Counsel

**DATE:** February 28, 2022

**SUBJECT:** Consideration of Recommendations from the Delineation of Authority and Bylaws Subcommittee's to the Commission's Bylaws and Governing Documents

### **SUMMARY:**

The Ventura County Medi-Cal Managed Care Commission (dba as Gold Coast Health Plan) ("Commission") created a Delineation of Authority and Bylaws Subcommittee ("Subcommittee") to review and make recommendations regarding potential changes to the Commission's bylaws and governing documents. The Subcommittee has met and made recommendations, which will be considered by the Commission. The following Commissioners serve on the Subcommittee: Dee Pupa, Jennifer Swenson, Antonio Alatorre, Laura Espinosa and Shawn Atin.

### **BACKGROUND/DISCUSSION:**

On February 10, 2022, the Subcommittee met and received and reviewed a memo that discussed nine (9) topics related to the Commission's and Executive Finance Committee's structure and governance and the authority that had been delegated to the Plan's Chief Executive Officer. A copy of that memo is attached as Exhibit "A". The Subcommittee also reviewed recent changes to the Commission's Governing Ordinance adopted by the Ventura County Board of Supervisors ("County BOS") on January 25, 2022.

The Subcommittee made several recommendations for changes which are discussed below. The recommendations that pertain to the make-up and term limits of the Commissioners require approval from the County BOS. Such recommendations would be forwarded to the County BOS for their consideration. The other suggested changes just require Commission approval and do not need County BOS approval. Once direction is provided, any changes the Commission requests will be brought to the Commission meeting of March 28, 2022 for consideration and adoption.

Exhibit B: Table Tracking Specific Topics of Governance for each County Health Organized System

	<b>Gold Coast Health Plan</b> (Single County Model)	<b>Cal Optima</b> (Single County Model)	<b>San Mateo County Health Plan</b> (Single County Model)	<b>Partnership Health Plan of CA</b> (Dual or Multiple County Model)	<b>Central Coast Alliance for Health</b> (Dual or Multiple County Models)	<b>LA Care Health Plan</b> (Local Initiatives, One COHS and One Private Insurer)	<b>Inland Empire Health Plan</b> (Local Initiatives, One COHS and One Private Insurer)
<b>Number and Term Limits of Commissioners/Board Members</b>	There are eleven (11) Commissioners. Term of Commissioners: Four (4) years. No member may serve more than two (2) consecutive four (4) year terms.	There are twelve (12) Directors on the Board and one non-voting member who is the Director of the Health Care Agency. Board members who are on the Orange County Board of Supervisors serve as long as they are on the Board of Supervisors. Other Board Member's terms are four (4) years and they may serve two (2) consecutive terms. A Director who is NOT a Board of Supervisors, will serve a four (4) year term.	There are eleven (11) Commissioners. Term of Commissioners is four (4) years. May serve for up to three (3) terms.	The number of Commissioners is determined by a formula based on the amount of Medi-Cal PHC Members for each [county/region] in the plan. In e.g., 1-25,000 Medi-Cal PHC members = 1 seat, and 25-40,000 = 2 seats. Commissioners serve for a term of four (4) years, with the exception of two (2) at large consumer representatives who serve a two (2) year term. The consumer representatives rotate between the county regions. The Bylaws state that nothing prohibits a person from serving more	Commission consists of twenty-one (21) members. Each member serves a four (4) year term. No term limits.	There are thirteen (13) members on the Board. All Board Members serve a four (4) year term. Board members are limited to two (2) consecutive four (4) year terms.	There are seven (7) Board Members. Terms are two (2) years and no Board member shall serve longer than two (2) consecutive terms.

Set forth below are summaries of the Subcommittee's recommended changes:

1. *Term Limits of Commissioners*

The Subcommittee is recommending to eliminate the current term limits of the Commissioners. Currently, the Governing Ordinance provides that no Commissioner may serve more than two consecutive four-year terms. The Governing Ordinance does not prohibit a Commissioner who has served the two four-year terms from being reappointed after there is a break of service in the two consecutive four-year terms. If the Commission agrees with these suggested changes, the recommendation would be forwarded to the County BOS for consideration. This was a unanimous recommendation of the Subcommittee.

2. *Term limits of the Commission's Chair and Vice Chair*

Currently the Chair and Vice Chair can serve two two-year terms. The Subcommittee is recommending to reduce this to one two year term. This change does not need approval of the County BOS, only a bylaws amendment by the Commission. The bylaws require that any proposed amendments be provided to the Commission at least two weeks before the meeting in which they are considered. If the Commission approves this recommendation, the Commission must also decide whether this change shall take effect immediately (for the election of officers in 2022) or for the next election (in 2024). None of the other bylaws reviewed had term limits for the Chair or Vice Chair. Subcommittee members Alatorre, Espinosa and Atin approved this recommendation. Subcommittee member, Pupa did not recommend this change. Commissioner Swenson had to leave the meeting before this item was voted upon. On another note, during the Subcommittee meeting, Commissioner Alatorre stated that he was informed in 2020 by our office that he was not eligible to serve another term as Commission Chair. To make sure the record is clear, that not accurate. Attached is the staff report for the 2020 meeting that our office prepared that clearly states that the Chair, then occupied by Mr. Alatorre, was eligible to serve another term.

3. *Whether Vice Chair Automatically Becomes Chair*

Currently there is no provision in the bylaws providing that the Vice-Chair becomes the Chair upon the expiration of the Chair's term. The Subcommittee is recommending that if the Vice-Chair is still on the Commission at the expiration of the Chair's two year term, then the Vice-Chair shall automatically become Chair. A new Vice-Chair will then be selected by the Commission. Implementing this change will require the Commission to amend its bylaws. No County BOS approval is required. If the Commission agrees with the recommendation, it must also decide whether this change shall take effect immediately (for the election of officers in 2022) or for the next election (in 2024). Subcommittee members Alatorre, Atin and Espinosa approved of this recommendation. Subcommittee member Pupa did not recommend this change. Commissioner Swenson had to leave the meeting before this item was voted upon.



4. *Whether there is a Dedicated Seat for a Consumer Representative on the Commission, and if so, How Many.*

Currently, there is a single seat on the Commission for a consumer representative. The Subcommittee is recommending adding two additional consumer representative members, for a total of three on the Commission. Implementing this change would require a change in the Governing Ordinance and thus require approval from the County BOS. If the Commission decides to proceed with this recommendation, the Commission must forward the recommendation to the County BOS for approval. Commissioners Pupa, Swenson, Alatorre and Espinosa approved this recommendation, Commissioner Atin did not.

To aid in the Commission’s review, below is a table that tracks the amount of consumer representatives and their membership of the Commission and of the certain other health plans whose governing documents were reviewed by the Subcommittee.

	<b>Gold Coast Health Plan</b>	<b>Cal Optima</b>	<b>San Mateo County Health Plan</b>	<b>Partnership Health Plan of CA</b>	<b>Central Coast Alliance for Health</b>	<b>LA Care Health Plan</b>	<b>Inland Empire Health Plan</b>
<b>Number of Commissioners/Board Members</b>	11	13	11	No set no.	21	13	17
<b>Number of Consumer Representatives</b>	1	1	4	2	6	2	No specific requirement in the JPA agreement.
<b>Type of Consumer Representatives</b>	Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is not otherwise represented on the Commission.	Current CalOptima member or a family member of a current Cal Optima member.	One is a beneficiary or representative of beneficiaries.  The second is a representative of senior and/or union communities.  The third is a business community representative.  The fourth is public member at large.	Current PHC members or family members of a current PHC member.	Two beneficiaries from each of the following counties: Santa Cruz, Monterey, and Merced.	One is an L.A. Care member. The other is a L.A. Care member advocate.	N/A

5. *What Policymaking Decisions are Made by the Commission, and which are Delegated to the CEO.*

The Subcommittee is recommending two changes pertaining to this subject. First, “significant compensation changes” of chief positions of the Commission must be approved by the Commission. Second, if any policies issued by the Department of Health Care Services (“DHCS”) require Commission approval, the Plan is to follow DHCS requirements. According to the Chief Compliance Officer, this is already the Plan’s practice. This was a unanimous recommendation.

6. *Spending Authority of CEO*

Currently, the CEO is authorized to enter into vendor contracts for up to \$100,000 annually pursuant to the CEO Signing Authority Policy (Note, my recollection at the meeting was that the word “annually” had been removed and that the word annually was a typo but upon further review, the word annual is in the current policy). Contracts for more than \$100,000 annually require Commission approval. In recent years, staff has had an effort to bring vendor contracts that result in a total \$100,000 spend to the Commissioner for approval. The Subcommittee recommended bringing vendor contracts over \$100,000 to the Commission for approval, not just those that are for more than \$100,000 annually. Implementing this change will require the Commission to formally amend its CEO Signing Authority Policy. This was a unanimous recommendation.

The Commission needs to Update its Bylaws to Conform to the Recent Changes of the Governing Ordinance

Notwithstanding whether the recommended changes discussed above are approved by the Commission, the recent changes to the Governing Ordinance adopted by the County BOS on January 25, 2022, conflict with current provisions of the Commission’s bylaws pertaining to the membership of the Commission and nomination of some its members. These changes are discussed in the Commission memo dated January 26, 2022, which is included in Exhibit “A”. Therefore, even if none of the Subcommittee’s recommended changes that must be accepted by the Commission, the Commission will still need to update its current bylaws to conform to the recent changes of the Governing Ordinance.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

Review and analyze the Subcommittee’s proposed changes to the Commission’s bylaws and governing documents and provide recommendations on such changes.

**ATTACHMENT:**

1. Exhibit A: February 10, 2022 Staff Report for the Bylaws & Delineation of Authority Subcommittee.
2. Exhibit B: April 27, 2020 Staff Report regarding Election of Chairperson and Vice Chairperson.

**TO:** Delineation of Authority and Bylaws Subcommittee  
**FROM:** Scott Campbell, General Counsel  
**DATE:** February 10, 2022  
**SUBJECT:** Bylaw Revisions and Review of Governance Memo

**SUMMARY:**

The Delineation of Authority and Bylaws Subcommittee (“Subcommittee”) should review the new ordinance establishing the Commission membership criteria and the Memo Regarding the Governing Documents and provide direction regarding any changes to the Bylaws or Governing Documents.

**BACKGROUND/DISCUSSION:**

The Subcommittee was formed by the Commission to review the bylaws and delineation of authority and provide recommendations for the Commission to consider. At the last meeting of the Subcommittee, staff has asked to compare certain provisions of the governing ordinance, bylaws and delineation of authority with those of similar health care plans and make any recommendations for changes. The memo and accompanying documents discussing these items are attached as Exhibit A. After review of the memo, any recommendations will be forwarded to the Commission for their consideration.

Additionally, the Ventura County Board of Supervisors recently amended the governing ordinance to change some requirements for the Commissioners as well as the number of required nominees that must be submitted to the County for consideration of appointment to the Commission. A memo describing these changes is attached as Exhibit B. Insofar as the bylaws are inconsistent with the governing ordinance, the bylaws should be amended to reflect the updated provisions of the governing ordinance. A copy of the recommended revisions to the bylaws incorporating these changes is attached as Exhibit C in red-lined version so the changes can be easily seen.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

That the Subcommittee consider what if any changes should be made to the appropriate documents and that such recommendations be forwarded to the Commission. At a minimum, the Subcommittee should recommend that the bylaws be updated to reflect the governing ordinance's New requirements for Commissioners.

**ATTACHMENTS:**

**Exhibit A:** Memo on Analysis and Comparison of Bylaws and Policies of County Organized Health Systems

**Exhibit B:** Memo on Recent Changes to Gold Coast Heath Plan's Governing Ordinance

**Exhibit C:** Redline Version of Bylaws Showing Changes Due to New Governing Ordinance

# EXHIBIT A



**BEST BEST & KRIEGER**  
ATTORNEYS AT LAW

**Memorandum**

**To:** Bylaws and Delineation of Authority Subcommittee of the Ventura County  
Medi-Cal Managed Care Commission

cc: Margaret Tatar, CEO  
Marlen Torres, Executive Director, Strategy and External Affairs

**From:** Scott H. Campbell, General Counsel

**Date:** January 12, 2022

**Re:** Analysis and Comparison of Bylaws and Policies of County Organized Health  
Systems

**INTRODUCTION/BACKGROUND**

This memorandum is a follow up to the Bylaws and Delineation of Authority Subcommittee (“Subcommittee”) of the Ventura County Medi-Cal Managed Care Commission’s (“Commission”) meeting, where the Subcommittee asked for information on how other County Organized Health Systems (“COHS”) and Local Initiative Plans address specific topics of governance. The purpose of this exercise is to provide information to the Subcommittee so that it can analyze and determine if changes in the Commission’s Bylaws and Delineation of Authority Policy should be recommended to the Commission.

**DISCUSSION**

The Subcommittee met to determine what information it needed to provide recommendations to the Commission on any changes to the Bylaws and Delineation of Authority Policy. Both the Bylaws and Delineation of Authority Policy are attached as Exhibit A. During its meeting, the Subcommittee members indicated that it would be helpful for staff to review the bylaws and other relevant governing documents of the other COHS and Local Initiative Plans to understand how other similarly situated entities address specified topics of governance.

The Subcommittee asked that the following six specific areas be reviewed for comparison: (1) number and term limits of commissioners; (2) election of officers and their terms; (3) whether the Vice-Chair automatically becomes Chair; (4) whether there is a dedicated seat for a consumer representative on the commission, and if so, how many; (5) whether there are required consumer representatives on the executive committee, and if so, how many; and (6) what personnel decisions have been delegated to the CEO, if any.

In addition to the Subcommittee’s requested areas of inquiry, Commission staff looked into three other areas of governance to provide information for the Subcommittee on specific policies



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of other entities to determine if any other changes should be considered. These three additional areas are: (1) the spending authority of the CEO; (2) whether the CEO has the authority to enter into provider contracts; and (3) what policymaking decisions are specifically assigned to the Commission and which are delegated to the CEO.

Marlen Torres worked with the other entities to gather the requested information. In some instances, the entities did not or were not able to provide us with the requested materials. She also provided assistance with the discussion of the traits of the entities described below. To the extent the underlying governing documents from the other entities address these nine areas of inquiry, they will be sent in a separate email if Subcommittee members want to review these documents. They are voluminous.

Materials were received from the following entities

1. Single County Organized Health Systems (“COHS”)<sup>1</sup>
  - a. Cal Optima (Orange County)
  - b. San Mateo County Health Plan (“SMCHP”) (San Mateo County)
2. Dual or Multiple County COHS
  - a. Partnership Health Plan of California (“PHC”)
  - b. Central Coast Alliance for Health (“CCAH”); (Santa Cruz, Monterey and Merced Counties)
3. Local Initiatives
  - a. LA Care Health Plan (“LA Care”) (Los Angeles County)
  - b. Inland Empire Health Plan (“IEHP”)

Established 30 years ago, a COHS exists in 22 California counties. The COHS model has proven a high quality, innovative, culturally competent, locally responsive and cost-effective model for providing care to California’s most vulnerable residents. COHS allow for enrollment in a local public health plan, making entry into the health care system and managing care for members more effective and efficient.

Each of the COHS plans emerged from local movements to establish more cost-effective, coordinated and culturally responsive services for low-income residents. Commitment to low-income residents in specific communities has allowed the COHS plans to develop unique expertise in member outreach, cultural competency, health promotion and disease management to serve low-income members effectively. COHS plans re-invest resources back into their communities and regularly outperform health plans in other counties.

In order to make comparison between Gold Coast Health Plan (“GCHP”) and the other entities easier, a table has been prepared. The table is organized so that similar types of entities can be compared side to side. The table, attached as Exhibit B, addresses the following topics of governance for each entity:

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<sup>1</sup> CenCal did not provide us any of the requested documents.



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1. Number and Term Limits of Commissioners;
2. Election of Officers and their Terms;
3. Whether Vice-Chair Automatically becomes Chair;
4. Whether there is a Dedicated Seat for a Consumer Representative on the Commission, and if so, how many;
5. Whether there are Required Consumer Representatives on the Executive Committee, and if so, how many;
6. What Personnel Decisions have been Delegated to the CEO, if any;
7. The Spending Authority of the CEO;
8. Whether the CEO has the Authority to Enter into Provider Contracts; and
9. What Policymaking Decisions are Made by the Commission, and which are Delegated to the CEO.

Below is a brief summary of the general findings of each of the specified topics of governance.

***1. Number and Term Limits of Commission Members***

The number of commissioners of the entities range from seven to twenty-one members. IEHP has the least amount of members with seven and CCAH has the most amount of members with twenty-one. The large number of commissioners associated with CCAH is due to the fact that commissioners have been added as the plan expanded to new counties. PHC determines its number of commissioners by a formula based on the amount of Medi-Cal members for each county/region in its jurisdiction. The difference in commission representation among these entities with larger numbers is partly due to the amount counties/regions they serve. For example, CCAH and PHC have larger commission member representation because they serve several counties.

Additionally, with the exception of IEHP, whose members serve a two-year term, commission members generally serve a four-year term. As for term limits, the commissioners of the following entities may serve for no more than two consecutive terms: GCHP, LA Care and IEHP. Commissioners of SMCHP may serve for up to three terms. It is unclear from the documents reviewed whether PHC and CCAH have established term limits for their commissioners. Further, although CenCal never provided us with their governing documents, their website states that their board is comprised of thirteen members, and two of these members serve as Medi-Cal or Medicare or Medi-Cal/Medicare representatives.

Any changes to the number of commissioners and their term limits for GCHP must be made by amending GCHP's governing ordinance which establishes the number of commissioners and their term limits. That amendment can only be done by action of the Ventura County Board of Supervisors, but the Commission can suggest amendments.



**2. Election of Officers & Their Term**

All of the entities have a Chair and Vice-Chair as officers that are elected by their fellow commissioners. With the exception of GCHP and Partnership, whose such officers serve two-year terms, the Chairs and Vice-Chairs serve one-year terms.

**3. Does Vice-Chair Automatically become Chair?**

None of the entities has a rule that provides that the Vice-Chair automatically becomes Chair of the respective governing body when the Chair's term expires.

**4. Is there a Dedicated Seat for a Consumer Representative on the Commission and, if so, how many?**

With the exception of IEHP, that has a "Public Member" on its board that is not specifically defined as a consumer representative, each entity has at least one dedicated seat for a consumer representative. CCAH has the largest amount of such consumer representatives with six and this is due to the fact that CCAH encompasses three counties.

**5. Executive Committee: Are there Required Consumer Representatives, and if so, how many?**

The following entities do not require a consumer representative in its respective executive committee: GCHP, CCAH, and IEHP. Whether the other entities have a dedicated consumer representative in their executive committee, if any, is unknown because the documents provided to Commission staff do not expressly establish such a committee or its representatives.

**6. What Personnel Decisions have been Delegated to the CEO, if any?**

Generally, the commissioners of each entity have delegated to their CEO the authority to appoint or employ specified personnel. Some of the entities however, constrain the CEO's power in this realm by requiring commission approval through a resolution for specified personnel. Please note that GCHP's Personnel Subcommittee revised the job description of the CEO to require the CEO to notify the Commission prior to implementation of changes to executive staff and reorganizations. That job description is attached to the memorandum as Exhibit C. Further, it should be noted that the Commission has asked Commissioner Shawn Atin to be advised of significant personnel issues given his human resources background.

**7. Spending Authority of CEO and Commission/Board for Contracts**

With the exception of PHC and IEHP, whose documents do not set forth the spending authority of its respective CEO<sup>2</sup>, the spending authority of the CEOs of the other entities generally varies depending on the type of contract, agreement or transaction involved and/or the amount of

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<sup>2</sup> Such spending authority may exist but documents or policies establishing such authority were not provided even though staff requested the information.



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such contract, agreement or transaction. No clear pattern amongst the entities is evident. For example, SMCHP requires that all “goods and services” contracts of \$10,000 or more be made through a request for proposal process and pursuant to a commission approved resolution. Another example is from CCAH which determines the amount of spending authority of the CEO based on budgeted and non-budgeted expenditures. Generally, GCHP has authorized the CEO to enter into contracts for less than \$100,000 annually. Any detailed analysis of the spending authority of the CEO and entities would require significant resources dedicated to reviewing their budget processes, procurement policies and signing authorities which Commission staff can undertake if so directed.

**8. *Whether the CEO has the Authority to Enter into Provider Contracts***

Based upon the documents provided, the CEOs for the following entities are specifically authorized to enter into provider contracts on behalf of the entities: GCHP, Cal Optima, PHC, LA Care, and CCAH. The documents provided by the other entities do not specify whether the CEO has the authority to enter into provider contracts although some authorization probably exists in documents or policies not provided. Given the fact that providers sit as commissioners on these entities, delegation of such authorizations lessens potential conflict of issues regarding provider contracts.

**9. *What Policymaking Decisions are Made by the Commission/Board, and which are Delegated to its CEO?***

Based upon the documents received to date, GCHP and PHC are the only entities that specify which decisions are made by the commission and what decisions are delegated to the CEO. GCHP sets out the CEO’s policymaking authority in its “Delineation of Authority Policy”. This policy delegates all provider contracts, vendor contracts that are under \$100,000 annually and final personnel decisions to the CEO. The Commission can provide input and direction but personnel decisions ultimately rest with the CEO. The policy also states that, “actions not specified as being the responsibility of the Commission are delegated to the CEO,” but does not specify those delegated actions, nor does the policy define what non-delegated functions remain with the Commission. PHC designates its CEO’s policymaking authority in its “Financial Chart of Authority—CEO Delegation Policy”. Pursuant to this policy, the CEO is the authorized signor on bank accounts regarding the following areas of cash management: (1) check disbursement; and (2) investments. PHC’s CEO recommends policy in these two areas to the commission and the commission approves the policy. PHC’s CEO also has the authority to approve unbudgeted items up to \$150,000 based on availability of funds in specified categories of transactions (*See Exhibit B for specified categories*). If other entities have established a similar policies, they have not been provided to Gold Coast staff.

In our view, the non-delegable duties are those specifically conferred upon the Commission by the state statute that authorized the creation of the Commission and/or the ordinance passed by the County of Ventura which actually established the Commission, and have always governed by the Commission fiduciary duties.



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Specifically, Welfare and Institutions Code Section 14087.53 empowers the Ventura County Board of Supervisors to establish the Commission by ordinance and provide for the membership of the Commission. No specific powers or duties that only the Commission may undertake are expressly provided in the statute. A copy of that statute is attached as Exhibit D.

The ordinance establishing the Commission confers general powers to GCHP and establishes the membership of the Commission and requires the creation of two committees, a provider based committee and a member/consumer based committee and mandates a Cultural Diversity Program. A copy of the ordinance is attached as Exhibit E. That ordinance directs that the Commission to, “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 duty to oversee the design and operation of such programs is a non-delegable duty. The implementation and day to day management of these programs can be delegated but ultimately, the Commission is responsible for the programs necessary to provide the best possible quality care and services. The exercise of the Commission oversight is always governed by the Commission’s fiduciary duty.

The fiduciary duty means acting collectively as stewards and policy makers to make sure Gold Coast Health Plan’s Mission is carried out. The Mission is to “design and operate a program or programs to improve the health of its members through the provision of the best possible quality care and services.” As Commissioners, this means carrying out the Mission diligently, responsibly and honestly.

**Next Steps**

Upon review of the materials, the Subcommittee can make recommendations that can be brought to the Commission for its consideration. If any such changes to the Commission’s governing documents are recommended, they should be prospective only, and not change the terms and positions of current Commission members and officers. This would be consistent with the practice of most public entities when making changes to its governing documents.

**Attachments:**

- Exhibit A: Bylaws and Delineation of Authority
- Exhibit B: Table Tracking Specific Topics of Governance
- Exhibit C: CEO Job Description
- Exhibit D: Welfare and Institutions Code Section 14087.53
- Exhibit E: GCHP’s Governing Ordinance

**AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF  
THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM**

**VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION  
(dba Gold Coast Health Plan)**

**Approved: October 24, 2011  
Amended: January 23, 2017**

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# **AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM (dba Gold Coast Health Plan)**

## **ARTICLE I**

### **Name and Mission**

The name of this Commission shall be the Ventura County Medi-Cal Managed Care Commission, hereafter referred to in these Bylaws as the VCMMCC. VCMMCC shall operate under the fictitious name, Gold Coast Health Plan.

The VCMMCC 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:

- (a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;
- (b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;
- (c) 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;
- (d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;
- (e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;
- (f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the VCMMCC and shall not be the obligations of the County of Ventura or the State of California; and
- (g) Implementing programs and procedures to ensure a high level of member satisfaction.

## ARTICLE II

### Commissioners

The governing board of the VCMMCC shall consist of eleven (11) voting members ("members" or "Commissioners") who shall be legal residents of Ventura County. Members shall possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system.

Members of the VCMMCC shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

(a) Physician Representatives. Three members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Association, one shall be selected from a list with a minimum of three (3) nominees submitted by Clinicas Del Camino Real and one shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center Executive Committee.

(b) Private Hospital/Healthcare System Representatives. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be selected from a list with a minimum of three (3) nominees submitted by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system.

(c) Ventura County Medical Center Health System Representative. One member shall be a representative of the Ventura County Medical Center Health System and shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center administration.

(d) Public Representative. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors.

(e) Clinicas Del Camino Real Representative. One member shall be the chief executive officer of Clinicas del Camino Real or designee nominated by the Clinicas del Camino Real chief executive officer and approved by the Ventura County Board of Supervisors.

(f) County Official. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director and approved by the Board of Supervisors.

(g) Consumer Representative. 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.

(h) Ventura County Medical Center Health System Representative. One member shall be the Ventura County Medical Center Family Medicine Residency Program Director or Faculty Designee and approved by the Board of Supervisors.

### **Selection and Terms of Commissioners**

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: one of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the VCMMCC shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the VCMMCC. The term of each subsequent appointment shall be deemed to commence on March 15 of the year of the appointment.

A member may resign effective on giving written notice to the Clerk of the VCMMCC, unless the notice specifies a later date for his/her resignation to become effective. Upon receipt of such notice, the Clerk shall notify the Chairperson and the Board of Supervisors. The Clerk of the VCMMCC shall enter the notice in the proceedings of the Commission. The acceptance of a resignation shall not be necessary to make it effective.

A member may be removed from the VCMMCC by a 4/5 vote of the Board of Supervisors.

Nominations to the VCMMCC shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Board of Supervisors.

## **ARTICLE III**

### **Officers**

(a) Officers of the VCMMCC shall be a Chairperson and Vice-Chairperson.

(b) The Chairperson and the Vice-Chairperson shall be elected by majority vote of the members in attendance at the first meeting of the VCMMCC to serve for the remainder of the calendar year in which the first meeting occurs. Officers subsequently elected to these offices, pursuant to the procedures outlined under "Election" below, shall serve a term of two years or until their successor(s) has/have been duly elected.



(c) No individual shall serve more than two consecutive terms in any of the elected officer positions.

## **Election**

- (a) The VCMMCC shall elect officers by majority vote of the members present.
- (b) The election of officers shall be held at the first regular meeting of the VCMMCC after March 15 (or after the date upon which the Board of Supervisors appoints Commissioners for the present term if later than March 15) in every even-numbered year. The two-year terms of office shall be deemed to commence on March 15 of the year of the election, regardless of when the election actually occurs. The officers of the prior term shall continue to preside over any meetings and perform all other functions of their offices until new officers are elected.
- (c) Notwithstanding the normal election process detailed in paragraphs (a) and (b) above, when circumstances warrant it, an election may be held at any time during the year. Circumstances that would warrant a special election include: one or more of the officers wishes to resign as an officer, or one or more of the officers is terminated.

## **Duties**

(a) The Chairperson shall:

1. Preside at all meetings;
2. Execute all documents approved by the VCMMCC;
3. Be responsible to see that all actions of the VCMMCC are implemented; and
4. Maintain consultation with the Chief Executive Officer (CEO).

(b) The Vice-Chairperson shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson; and
2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.

## ARTICLE IV

### Standing Committees

(a) At a minimum, the VCOMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCOMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCOMMCC for membership on these boards. Each of the boards shall submit a charter to the VCOMMCC for approval. All meetings of standing committees shall be subject to the provisions of the Brown Act.

(b) Executive/Finance Committee.

- i. Purpose. The role of the Executive/Finance Committee shall be to assist the CEO and VCOMMCC accomplish its work in the most efficient and timely way. Meetings of this committee shall be at the request of the Chairperson or CEO to evaluate time sensitive matters. The Committee shall report on all of its activities to the governing board at the next regular meeting of the governing board.
- ii. Membership. The Executive/Finance Committee shall be comprised of the following five (5) Commissioners:
  1. Chairperson.
  2. Vice-Chairperson.
  3. Private hospital/healthcare system representative (to rotate between the two representatives following the representative's resignation from the committee). If the Chairperson and/or Vice-Chairperson is a private hospital/healthcare system representative, then the Commission may appoint any one of its members to fill this position.
  4. Ventura County Medical Center Health System representative. If the Chairperson and/or Vice-Chairperson is a Ventura County Medical Center Health System representative, then the Commission may appoint any one of its members to fill this position.
  5. Clinicas Del Camino Real representative. If the Chairperson and/or Vice-Chairperson is a Clinicas Del Camino Real representative, then the Commission may appoint any one of its members to fill this position.

The CEO and Finance Director will serve as Ex-Officio members to Co-Chair the committee.

Appointments to the Committee shall be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected or at the next regular meeting immediately thereafter. Appointments may also be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election of officers, or other event which results in the Committee lacking full membership.

iii. Duties of the Executive/Finance Committee.

1. Advise the governing board Chairperson on requested matters.
2. Assist the CEO in the planning or presentation of items for governing board consideration.
3. Assist the CEO or VCMMCC staff in the initial review of draft policy statements requiring governing board approval.
4. Assist the CEO in the ongoing monitoring of economic performance by focusing on budgets for pre-operational and operational periods.
5. Review proposed State contracts and rates, once actuary has reviewed and made recommendations.
6. Review proposed contracts for services over the assigned dollar value/limit of the CEO.
7. Establish basic tenets for payment-provider class and levels as related to Medi-Cal rates:
  - o PCP
  - o Specialists
  - o Hospitals o LTC
  - o Ancillary Providers
8. Recommend auto-assignment policies for beneficiaries who do not select a Primary Care Provider.
9. Review and recommend provider incentive program structure.
10. Review investment strategy and make recommendations.
11. On an annual basis, develop the CEO review process and criteria.
12. Serve as Interview Committee for CEO/CMO/CFO.

13. Assist the governing board and/or the CEO in determining the appropriate committee, if any, to best deal with questions or issues that may arise from time-to-time.

14. Develop long-term and short-term business plans for review and approval by the governing board.

15. Undertake such other activities as may be delegated from time-to-time by the governing board.

iv. Limitations on Authority. The Executive/Finance Committee shall not have the power or authority in reference to any of the following matters:

1. Adopting, amending or repealing any bylaw.

2. Making final determinations of policy.

3. Approving changes to the budget or making major structural or contractual decisions (such as adding or eliminating programs).

4. Filling vacancies or removing any Commissioner.

5. Changing the membership of, or filling vacancies in, the Executive/Finance Committee.

6. Hiring or firing of senior executives, but may make recommendations to the governing board as to their appointment, dismissal or ongoing performance.

7. Taking any action on behalf of the governing board unless expressly authorized by the governing board.

## **ARTICLE V**

### **Special Committees**

Members may be asked to participate on a subcommittee, task force or special project as part of their responsibilities. The VCMMCC may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the VCMMCC:

## **ARTICLE VI**

### **Meetings**

- (a) All meetings shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies ("Brown Act").
- (b) A regular meeting shall be held monthly. The VCMMCC shall by resolution establish the date, time and location for the monthly meeting. A regular meeting may, for cause, be rescheduled by the Chairperson with 72 hour advance notice.
- (c) Closed session items shall be noticed in compliance with Government Code section 54954.5.
- (d) Special meetings may be called, consistent with the Brown Act, by the Chairperson or by a quorum of the VCMMCC. Notice of such special meeting shall conform to the Brown Act.
- (e) Any meeting at which at least a quorum cannot attend, or for which there is no agenda item requiring action may be cancelled by the Chairperson with 72 hour advance notice.
- (f) A quorum shall be defined as one person more than half of the appointed members of the VCMMCC. For these purposes, "appointed members" excludes unfilled positions and those vacated by resignation or removal. Unless otherwise expressly stated in these bylaws, a majority vote of members present and constituting a quorum shall be required for any VCMMCC action.
- (g) After three (3) absences of any member during a fiscal year, the reasons for the absences will be reviewed by the VCMMCC and it may notify the Board of Supervisors of the absences, if it deems this action appropriate. Three or more absences from regular meetings may be cause for the VCMMCC to recommend dismissal of that member to the Board of Supervisors.

### **Conduct of Meetings**

- (a) The Chairperson shall adhere to the order of items as posted on the agenda. Modifications to the order of the agenda may be made to the extent that (on the advice of counsel) the rearrangement of the agenda items does not violate the spirit or intent of the Brown Act.
- (b) All motions or amendments to motions require a second in order to be considered for action. Upon a motion and a second the item shall be open for discussion before the call for the vote.

(c) Voice votes will be made on all items as read. An abstention will not be recognized except for a legal conflict of interest. In furtherance of the foregoing, an abstention or refusal to vote (not arising from a legal conflict of interest) shall be deemed a vote with the majority of those Commissioners who do vote, except when there is a tie vote and the motion or action fails. For example, if there are 7 Commissioners present at a meeting (none of whom are subject to a legal conflict of interest), (i) a motion passes with 3 votes in favor and 4 Commissioners abstaining, (ii) a motion passes with 3 votes in favor, 2 votes against and 2 Commissioners abstaining; and (iii) a motion fails with 3 votes in favor, 3 votes against and 1 Commissioner abstaining.

(d) A call for a point of order shall have precedence over all other motions on the floor.

(e) Without objection, the Chairperson may continue or withdraw any item. In the event of an objection, a motion to continue or reset an item must be passed by a majority of the members present. A motion to continue or reset an item shall take precedence over all other motions except for a point of order.

(f) An amendment to a motion must be germane to the subject of the motion, but it may not intend an action contrary to the motion. There may be an amendment to the motion and an amendment to an amendment, but no further amendments. In the event the maker of the original motion accepts the amendment(s), the original motion shall be deemed modified. In the event the maker of the original motion does not accept the amendment(s), the amendment(s) shall be voted separately and in reverse order of proposal.

(g) Where these Bylaws do not afford an adequate procedure in the conduct of a meeting, the Chairperson may defer to the most current edition of *Rosenberg's Rules of Order*, to resolve parliamentary questions.

(h) The Chairperson shall be permitted to make motions and vote on all matters to the same extent and subject to the same limitations as other Commissioners.

## **ARTICLE VII**

### **Powers and Duties**

The VCMMCC is responsible for all of the activities described in Article I of these Bylaws and in its enabling ordinance. In furtherance of such responsibility, the VCMMCC shall have the following powers and duties and shall:

(a) Advise the Chief Executive Officer (CEO) and request from the CEO information it deems necessary;

(b) Conduct meetings and keep the minutes of the VCMMCC;

(c) Provide for financial oversight through various actions and methodologies such as the preparation and submission of an annual statement of financial affairs and an estimate of the amount of funding required for expenditures, approval of an annual

budget, receipt of monthly financial briefings and other appropriate action in support of its financial oversight role;

- (d) Evaluate business performance and opportunity, and review and recommend strategic plans and business strategies;
- (e) Establish, support and oversee the quality, service utilization, risk management and fraud and abuse programs;
- (f) Encourage VCMMCC members to actively participate in VCMMCC committees as well as subcommittees;
- (g) Comply with and implement all applicable federal, state and local laws, rules and regulations as they become effective;
- (h) Provide for the resolution of or resolve conflict among its leaders and those under its leadership;
- (i) Respect confidentiality, privacy and avoid any real or potential conflict of interest; and
- (j) Receive and take appropriate action, if warranted, based upon reports presented by the CEO (or designated individual). Such reports shall be prepared and submitted to the VCMMCC at least annually.

## **ARTICLE VIII**

### **STAFF**

The VCMMCC shall employ personnel and contract for services as necessary to perform its functions. The permanent staff employed by the VCMMCC shall include, but not be limited to, a Chief Executive Officer (CEO), Clerk and Assistant Clerk.

#### **Chief Executive Officer**

The CEO shall have the responsibility for day to day operations, consistent with the authority conferred by the VCMMCC. The CEO is responsible for coordinating all activities of the County Organized Health System.

The CEO shall:

- (a) Direct the planning, organization, and operation of all services and facilities;
- (b) Direct studies of organizations, operations, functions and activities relating to economy, efficiency and improvement of services;

- (c) Direct activities which fulfill all duties mandated by federal or state law, regulatory or accreditation authority, or VCMMCC board resolution, and shall bring any conflict between these laws, regulations, resolutions or policy to the attention of the VCMMCC;
- (c) Appoint and supervise an executive management staff, and such other individuals as are necessary for operations. The CEO may delegate certain duties and responsibilities to these and other individuals where such delegated duties are in furtherance of the goals and objectives of the VCMMCC;
- (d) Retain and appoint necessary personnel, consistent with all policies and procedures, in furtherance of the VCMMCC's powers and duties; and
- (f) Implement and enforce all policies and procedures, and assure compliance with all applicable federal and state laws, rules and regulations.

### **Clerk**

The Clerk shall:

- (a) Perform the usual duties pertaining to secretaries;
- (b) Cause to be kept, a full and true record of all VCMMCC meetings and of such special meetings as may be scheduled;
- (c) Cause to be issued notices of regular and special meetings;
- (d) Maintain a record of attendance of members and promptly report to the VCMMCC any member whose position has been vacated; and
- (e) Attest to the Chair or Vice-Chair's signature on documents approved by the VCMMCC.

### **Assistant Clerk**

The Assistant Clerk shall perform the duties of the Clerk in the Clerk's absence.

## **ARTICLE IX**

### **Rules of Order**

The Chairperson shall be responsible for maintaining decorum during VCMMCC meetings. All motions, comments, and questions shall be made through the Chairperson. Any decision by the Chairperson shall be considered final unless an appeal of the decision is requested and passed by a majority of the VCMMCC members present.



## **ARTICLE X**

### **Amendments**

(a) These Bylaws may be amended by an affirmative vote of a majority of the voting members of the VCMMCC. A full statement of a proposed amendment shall be submitted to the VCMMCC at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon.

(b) The Bylaws shall be reviewed annually and amendments to the Bylaws may be proposed by any VCMMCC member.

(c) Bylaws may be suspended on an ad hoc basis upon the affirmative vote of a majority of the VCMMCC members present.

## **ARTICLE XI**

### **Nondiscrimination Clause**

The VCMMCC or any person subject to its authority shall not discriminate against or in favor of any person because of race, gender, religion, color, national origin, age, sexual orientation or disability with regard to job application procedures, hiring, advancement, discharge, compensation, training or other terms or condition of employment of any person employed by or doing business with the VCMMCC or any person subject to its direction pursuant to federal, state or local law.

## **ARTICLE XII**

### **Conflict of Interest and Ethics**

VCMMCC members are subject to conflict of interest laws, including Government Code section 1090 and the 1974 Political Reform Act (Government Code section 8100 et seq.), as modified by Welfare and Institutions Code section 14087.57, and must identify and disclose any conflicts and refrain from participating in any manner in such matters in accordance with the applicable statutes. Members of the VCMMCC agree to adhere to all relevant standards established by state or federal law regarding ethical behavior.

## **ARTICLE XIII**

### **Dissolution**

Pursuant to California Welfare & Institutions Code, section 14087.54:

(a) In the event the Commissioners determine that VCMMCC may no longer function for the purposes for which it was established, at the time that VCMMCC's then existing

obligations have been satisfied or VCMMCC's assets have been exhausted, the Board of Supervisors may by ordinance terminate the VCMMCC.

(b) Prior to the termination of the VCMMCC, the Board of Supervisors shall notify the State Department of Health Care Services ("DHCS") of its intent to terminate VCMMCC. The DHCS shall conduct an audit of VCMMCC's records within 30 days of the notification to determine the liabilities and assets of VCMMCC. The DHCS shall report its findings to the Board of Supervisors within 10 days of completion of the audit. The Board of Supervisors shall prepare a plan to liquidate or otherwise dispose of the assets of VCMMCC and to pay the liabilities of VCMMCC to the extent of VCMMCC's assets, and present the plan to the DHCS within 30 days upon receipt of these findings.

(c) Upon termination of the VCMMCC by the Board of Supervisors, the County of Ventura shall manage any remaining assets of VCMMCC until superseded by a DHCS-approved plan. Any liabilities of VCMMCC shall not become obligations of the County of Ventura upon either the termination of the VCMMCC or the liquidation or disposition of VCMMCC's remaining assets.

(d) Any assets of VCMMCC shall be disposed of pursuant to provisions contained in the contract entered into between the state and VCMMCC.



**POLICY**

**DELINEATION OF AUTHORITY**

1. **Any actions not specified as being the responsibility of the Commission are delegated to the CEO including, but not limited to:**
  - **Negotiation, execution and termination of provider contracts. As new model contracts are developed, Management will present such models to the Executive / Finance Committee as an information item.**
  - **Negotiation and execution of vendor contracts, subject to thresholds established by the Commission (See Attached: VCOMMCC CEO Signing Authority for Contractual Agreements for Administrative Goods and Services, approved on June 28, 2010).**
  - **Authority to select, hire, evaluate, terminate and compensate all employees, including the Chief Medical Officer and Chief Financial Officer.**
  - **Management will inform the Commission of changes in senior executive positions.**
  - **Authority to establish and amend the staffing plan, provided that any changes to the staffing plan do not change the number of budgeted full-time equivalent employees by more than 10% and that the change does not exceed the total budget.**
  - **Management will develop a salary range schedule for each established position. While the schedule is not subject to Commission approval, it will be presented to the Commission on an annual basis as an information item.**

Amended: November 28, 2011

## **AGENDA ITEM 4A - 1**

### **POLICY**

#### **VCOMMCC CEO Signing Authority for Contractual Agreements for Administrative Goods and Services**

The Ventura County Medi-Cal Managed Care Commission CEO/Interim CEO shall have the authority to enter into contractual agreements and/or Memorandums of Understanding for administrative goods and services, inclusive of Information Technology (IT), up to a \$100,000.00 annually. Agreements shall be based on obtaining a minimum of three bids. Services with an aggregate total value of \$50,000 or less will not require the bidding process. In the event that there is only a single or sole source for the goods or services in excess of \$50,000 required, documentation shall be kept on file to substantiate the following:

- 1 Why the selected product and/or vendor was chosen.
2. What the unique performance factors of the selected product/service are.
3. Why the specific factors are required.
4. Other products/services examined and rejected and the reasons they were rejected.
5. Why other sources providing like goods or services were found to be unacceptable.

The CEO/Interim shall sign administrative services and goods contracts and or agreements above these limits at the direction of the Commission.

Contracts with providers for the delivery of needed and required health care services to beneficiaries shall be exempt from this process.

Approved by Commission  
June 28, 2010

Exhibit B: Table Tracking Specific Topics of Governance for each County Health Organized System

	Gold Coast Health Plan (Single County Model)	Cal Optima (Single County Model)	San Mateo County Health Plan (Single County Model)	Partnership Health Plan of CA (Dual or Multiple County Model)	Central Coast Alliance for Health (Dual or Multiple County Models)	LA Care Health Plan (Local Initiatives, One COHS and One Private Insurer)	Inland Empire Health Plan (Local Initiatives, One COHS and One Private Insurer)
<b>Election of Officers &amp; Their Term</b>	Officers are: Chair and Vice-Chair.  Such officers are elected by the Commission and serve a term of two (2) years. No officer may serve more than two (2) consecutive terms.	Officers are: Chair and Vice-Chair.  The Board elects one of its Directors as Chair and Vice-Chair annually for a one (1) year term, or until a successor is elected.  Whether the Chair and Vice-Chair are subject to term limits is not stated.	Officers are: Chair and Vice-Chair.  Such officers are elected by the Commission, annually for a one (1) year term.  Whether the Chair and Vice-Chair are subject to term limits is not stated.	Officers are: Chair, and Vice-Chair.  Commission elects officers for a two (2) year term.  Officers are rotated every two (2) years between the four (4) County regions that make up the plan.  Whether the Chair and Vice-Chair are subject to term limits is not stated.	Officers are: Chair, Vice-Chair, Commissioners elect officers to a one (1) year term.  Whether the Chair and Vice-Chair are subject to term limits is not stated.	Officers are: Chair, and Vice-Chair, Treasurer, Secretary.  The terms are one (1) year.  Whether the Chair and Vice-Chair are subject to term limits is not stated.	Officers are: Chair and Vice Chair.  The terms are one (1) year. The position of the Chair shall rotate each year between board members of San Bernardino and Riverside Counties.  Whether the Chair and Vice-Chair are subject to term limits is not stated

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<b>Does Vice-Chair become Chair?</b>	No.	No.	No.	No.	No.	No.	No.
<b>Commission/Board: Is there a Dedicated Seat for a Consumer Representative, and if so, how many?</b>	Yes. There is one (1).	Yes. There is one (1)	Yes. There are four (4) public members as follows: 1. A beneficiary or representative of beneficiaries. 2. Representative of senior and/or union communities. 3. Business community representative. 4. Public member at large.	Yes. There are two (2).	Yes. There are six (6).	Yes. There are two (2): one (1) is a member and the other is a member advocate.	No specific requirements in the JPA agreement but the Board currently has a public member but not defined.
<b>Executive Committee: Are there Required Consumer Representatives, and if so, how many?</b>	No.	Unknown.	Unknown.	No. The bylaws reference a Finance Committee but	No.	Unknown. The bylaws do NOT create an Executive Committee but the	No.

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<b>What Personnel Decisions have been Delegated to the CEO, if any?</b>	<p>CEO shall retain and appoint necessary personnel, consistent with all policies and procedures, in furtherance of the Commission's powers and duties.</p> <p>Inform the Commission of changes in senior executive positions. Executive Finance shall serve as Interview Committee for CEO/CMO/CFO.</p>	<p>The CEO may employ and discharge (subject to the pleasure of the Board, any contract of employment, and CalOptima personnel employment policies) such subordinate officers and employees as are necessary for the purpose of carrying out the normal functions of CalOptima.</p>	<p>The Executive Director is the direct and executive representative in the management of the affairs and activities of the Commission. The Executive Director shall designate the Finance Director of the Commission and may appoint and engage individuals to full such other executive, administrative and management positions for the</p>	<p>there is nothing in the bylaws that specifies the membership or term of office for members of the Finance Committee</p> <p>All personnel serve at the pleasure of the CEO subject to any contract between the employee and the Commission or any applicable personnel policies.</p>	<p>CEO is responsible for the management and hiring of personnel subject to personnel policies which are the responsibility of the CEO to establish and carry out. All personnel shall serve at the pleasure of the CEO subject to any personnel policies adopted by the Commission.</p> <p>Only the CEO has the authority to approve</p>	<p>current committee has one consumer representative member.</p> <p>CEO shall designate a CFO, and may also appoint and engage individuals to fill such other executive, administrative, and management positions as the Board shall authorize by resolution.</p> <p>All personnel shall serve at the pleasure of the CEO, subject to any contract of employment between L.A. Care and any such employee and the</p>	<p>Chief administration has the power to appoint, remove and transfer employees except the attorney agencies.</p>

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<b>Spending Authority of CEO and Commission/Board for Contracts</b>	The CEO has the authority to enter into contracts and/or MOU's for administrative goods and services, inclusive of IT up to \$100K annually.	Funding for all requisitions shall be approved by the Board through: (1) Annual operating or capital budget; (2) Specific Board actions; or (3) Budget	All goods and service contracts of 10K or more must be made through an RFP and pursuant to a Commission approved resolution.	The CEO has the authority to approve <i>unbudgeted</i> items up to \$150,000 based on availability of funds in the following categories of transactions: (1)	The spending authority and limits are approved by the Commission. Expenditures are divided by budgeted and non-budgeted expenditures. The only spending	Various levels of expenditure.	Not Provided.
			Commission, as the Commission shall authorize by resolution.		involuntary staff terminations. CEO is also required to submit to the Board annually (for approval) an administrative budget that provides for necessary personnel, equipment, supplies, and other expenditures.	personnel policies adopted by the Board. The Board establishes by resolution the executive, administrative and management positions. CEO has final approval for all recruiting, hiring – salary, position – control, and termination.	



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		<p>allocation change.</p> <p>The Board has delegated requisition authority to the CEO.</p>		<p>State and Federal revenue contracts; (2) "other source" of revenue contracts; (3) provider contracts; (4) pharmacy contracts; (5) enhanced member benefits; (6) "other healthcare costs: contracts"; (7) quality improvement program; (8) staffing and salary increases; (9) employee benefits; (10) administrative expenses contracts; (11) administrative expense contracts; and (12) capital purchases.</p> <p>Items approved over \$50,000 are reported to the Board at a</p>	<p>limit that requires Board approval; are non-budgeted expenditures over 150K.</p>		

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<b>Does the CEO have the Authority to enter into Provider Contracts ?</b>	Yes. The CEO is vested with the responsibility to negotiate, execute and terminate provider contracts.	Contracts for the provision of healthcare services must be coordinated by the Provider Operations Department with approval of an appropriate signing party under Cal Optima Policy No. GA.3202 "Cal Optima Signature Authority", within limits delegated by the Board, and with approval of the contract template and any deviations therefrom by approval from legal counsel.	N/A Not specified in the materials provided.	subsequent meeting. Yes. The CEO reviews and authorizes all provider contracts. The CEO can also delegate authorization to the Deputy Director/COO and/or CFO based on approved internal policy and within budget.	Yes. The CEO has the authority to sign, renew, and amend provider contracts. Any changes to provider payment policies require Board's approval before being implemented into contracts.	Yes. The CEO has the final approval of provider contracts as delegated through the Plan's "policy" (type of policy not specified).	N/A Not specified in materials provided.

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<b>What Policymaking Decisions are Made by the Commission/Board, and which are Delegated to the CEO?</b>	<p>Executive/Finance Committee: Assists the CEO or Commission staff in initial review of draft policy statements requiring Board approval.</p> <p>Executive Finance Committee reviews proposed state contracts and rates; reviews contracts over \$100,000, establishes basic tenants for payment – provider class and levels; recommend auto assignment policy; recommend provider incentive program structure, make investment strategy recommendations; develops long and short term</p>	Unknown.	Unknown.	The CEO is the authorized signor on bank accounts regarding the following areas of cash management: (1) check disbursement; and (2) investments. CEO recommends policy in these two areas to the Commission and the Commission approves the policy.	Unknown.	Unknown.	Unknown.

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	business plans. Executive Finance Committee shall NOT make final determinations on policy.  Executive Finance Committee also recommends auto-assignment policies for beneficiaries who do not select a Primary Care Provider.  The Commissions powers and duties include: provide financial oversight, evaluate business performance care opportunity, review and recommend strategic plans and business strategies; establish, support and oversee						

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	quality, service utilization, risk management and fraud and abuse programs.						



Department: CY6/105-00 Executive

FLSA Status: Exempt

Grade/Level:

Job Type: Regular

## CHIEF EXECUTIVE OFFICER

### **WORK SCHEDULE**

Travel; work protracted and irregular hours and evening meetings, or work unusual hours for meeting attendance or participation in specific projects or programs.

### **POSITION SUMMARY**

Reporting to the Ventura County Medi-Cal Managed Care Commission (Commission), develop and direct the successful implementation of short- and long-term strategic goals and plans for Gold Coast Health Plan (Plan); provide direction and oversight of programs and functional areas of the Plan through division/department directors; actively demonstrate leadership in the development of health policy affecting underserved residents of Ventura County; develop and maintain positive working relationships with providers, members, community representatives, and federal, state, and county agencies on behalf of the Plan; and attract and retain the talent necessary to effectively manage the Plan. This position shall maintain oversight of all aspects of the Plan. This position also provides the Commission with regular informational updates on significant matters, as well as notice prior to implementation of changes to executive staff, re-organizations, salary schedule changes, etc.

In light of the COVID-19 pandemic, the State of California anticipates a huge surge in Medi-Cal enrollment expected to result in an influx of Plan members, as well as a protracted period of economic uncertainty and forecasted downturn. As such, this position must have expertise with public agencies that administer Medi-Cal managed care plans, preferably with County Organized Health Systems (COHS), as well as the skills to responsibly manage challenging public agency budgets. This position will be required to rapidly address a complex and fast-changing, post-COVID-19 regulatory landscape, as well as address the likely financial constraints and deficits accompanying the forecasted economic downturn.

### **ESSENTIAL FUNCTIONS**

#### **Reasonable Accommodations Statement**

To accomplish this job successfully, an individual must be able to perform, with or without reasonable accommodation, each essential function satisfactorily. The requirements listed below as essential functions represent the knowledge, skill, or ability required for this position. Reasonable accommodations that do not cause an undue hardship may be made for individuals with disabilities.

#### **Essential Functions Statement(s)**

- Commission Administration and Support – Develops policy recommendations for Commission consideration by advising and communicating with Commissioners; being the primary contact point between the Commission and staff; supporting operations and administration through timely agendas for meetings that are reflective of issues, opportunities, and priorities; oversees the Clerk of the Commission activities, and provides a written report for all Commission meetings; communicates regular information updates to the Commission on significant matters, including but not limited to grievances, major financial losses/gains affecting budget, major projects; and provides notice, prior to implementation, of changes to executive staff, re-organizational efforts; salary schedule changes; etc.
- Collaborate with the executive team and business unit leaders in setting the strategic direction and in developing effective metrics to measure progress. Provide creative, innovative, and resourceful solutions to evolving regulatory developments and service challenges necessitated by the COVID-19 pandemic. Monitor performance against specific business goals and objectives ensuring compliance with regulatory requirements and company policies.
- Identify and address areas of improvement relating to fiscal responsibility. Adapt, train, and implement changes quickly as necessary to address financial constraints and deficits caused by the anticipated economic downturn following the COVID-19 pandemic.
- Establish relationships and serve as the principle contact with community leaders, providers, and regulatory agencies relative to the Plan's lines of business. Utilize network of contacts to influence outcomes consistent with the Plan's long-term strategies and short-term goals.
- Establish and implement the policies, procedures and practices of the Plan, as directed by the Commission, and in the best interests of Plan's members in the operation of the Medi-Cal managed care program.
- Act as the duly authorized representative of the Plan in all matters in which the Commission has not formally designated some other person to act.



**Department:** CY6/105-00 Executive

**FLSA Status:** Exempt

**Grade/Level:**

**Job Type:** Regular

- Thorough knowledge and application of all relevant Federal and California public agency rules and regulations. Ability to keep current on fast-evolving changes to the regulatory landscape necessitated in response to the COVID-19 pandemic and resulting influx in Plan member enrollment.
- Manage and direct the operations of the Plan, with sound personnel, financial, accounting and statistical information practices, such as preparation of budgets and forecasts, maintenance of proper financial and other statistical records, collection of data required by governmental and accrediting agencies and special studies and reports required for efficient operation of the Plan.
- Provide leadership by promoting morale and resolving conflicts and problems. Ability to work in a coordinated manner on dispute resolution with the Plan's Chief Diversity Officer.
- Implement community relations activities, including, public appearances and responsive communication with the media.
- Develop and maintain positive ongoing relations with local, state, and federal government officials and agencies.
- Inform the Commission of governmental legislation and regulations and requirements of official agencies and accrediting bodies, which affect the planning and operation of the facilities, services and programs sponsored by the Plan, and maintain appropriate liaison with governments and accrediting agencies and implement actions necessary for compliance.
- Employ and discharge, subject to the pleasure of the Commission, any contract employment, and Plan personnel employment policies.
- Act as administrator of all contracts to which the Plan is a party.
- Provide the Commission, its Committees, with adequate staff support.
- Send periodic reports to the Commission on the overall activities of the Plan and its finances and financial status, as well as pertinent federal, state, and local developments that effect the Plan's operations.
- Maintain insurance or self-insurance to cover the physical properties and activities of the Plan.
- Develop, amend, promulgate, and implement personnel policies for the Plan.
- Other projects and duties as assigned.

### **POSITION QUALIFICATIONS**

#### **Competency Statement(s)**

- Proficiency – Ability to perform each essential duty of the work group type efficiently, safely, and in an acceptable manner.
- Efficiency – Ability to identify and adapt to a quickly evolving regulatory and economic landscape. Ability to address new issues and challenges with creativity, innovative solutions, and resourcefulness. Commitment to fiscal responsibility and identifying and resolving financial constraints and deficits caused by the anticipated economic downturn resulting from the COVID-19 pandemic and address Plan's operation and staffing as necessary to provide services to the anticipated influx of new Plan members.
- Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions.
- Relationship Building - Ability to effectively build relationships with customers, co-workers, and community.
- Strategic Planning - Ability to develop a vision for the future and create a culture in which the long range goals can be achieved.
- Accountability - Ability to accept responsibility and account for his/her actions. Ability and desire to communicate with and update the Commission regarding significant matters. Ability to provide notice to the Commission prior to implementation of proposed changes to executive staff, re-organizations, salary schedule, etc.
- Management Skills - Ability to organize and direct oneself and effectively supervise others.
- Diversity Oriented - Ability to work effectively with people regardless of their age, gender, race, ethnicity, religion, or job type.

### **SKILLS & ABILITIES**

**Education:** Bachelor's Degree (four year college or technical school): Required Master's Degree Preferred, Field of Study: Health care, public administration or business.

**Experience:** A minimum of 15 years of experience in healthcare field, having significant experience working with public agencies in the public health arena and preferably administering prepaid health delivery systems in a responsible position. Extensive experience in health care, and particularly managed care, or financial services and demonstrated knowledge and experience in managed care operations in the areas of provider contracting, negotiations, claims, fiscal management, and medical services; and making presentations is required. Experience with Medi-Cal



**Department:** CY6/105-00 Executive  
**FLSA Status:** Exempt  
**Grade/Level:**  
**Job Type:** Regular

and/or government health care programs and related public policy strongly preferred. Experience operating a public agency, working with a governing board or Commission; knowledge of Brown Act, Public Records Act and other public agency regulatory requirements recommended.

**Computer Skills:** Ability to utilize industry standard equipment and contemporary electronic communications platforms.

**Certifications & Licenses:** All licenses and certificates must be maintained as a condition of employment.

- Possession of, or ability to obtain, a valid appropriate California driver's license.
- Maintain a satisfactory driving record.
- MBA or MPA or similar degree is preferred.

**Other Requirements:** **Knowledge of:** Business principles and techniques of administration, organization, and management including an in-depth understanding of the key business issues that exist in the health care industry. Principles, practices, techniques, and theories of strategic and operational planning, health care economics, personnel administration, federal, state and local laws, marketing, financial and cost analysis, trends in the health care industry, and primary health care administrative. Principles, practices, techniques, and theories of management and supervision, including selecting, training, delegating, advising, mentoring, evaluating, and disciplining.

**PHYSICAL DEMANDS**

**N (Not Applicable)** Activity is not applicable to this position.  
**O (Occasionally)** Position requires this activity up to 33% of the time (0 - 2.5+ hrs/day)  
**F (Frequently)** Position requires this activity from 33% - 66% of the time (2.5 - 5.5+ hrs/day)  
**C (Constantly)** Position requires this activity more than 66% of the time (5.5+ hrs/day)

<b>Physical Demands</b>		<b>Lift/Carry</b>	
Stand	F	10 lbs or less	O
Walk	F	11-20 lbs	O
Sit	F	21-50 lbs	O
Manually Manipulate	O	51-100 lbs	N
Reach Outward	O	Over 100 lbs	N
Climb	N	<b>Push/Pull</b>	
Crawl	N	12 lbs or less	O
Squat or Kneel	O	13-25 lbs	O
Bend	O	26-40 lbs	N
Grasp	O	41-100 lbs	N
Speak	F		

**Other Physical Requirements**

- Vision (Near, Distance, Color, Peripheral, Depth)
- Speech and hearing sufficient to communicate and lead

**WORK ENVIRONMENT**

The work environment described here is generally representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations that do not cause an undue hardship may be made for individuals with disabilities to perform the essential functions.

Prepared by: Date: \_\_\_\_\_

Approval Signature: Date: \_\_\_\_\_

Approval: Date: \_\_\_\_\_





Deering's California Codes Annotated  
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\*\*\* Deering's California Codes are current with urgency legislation through Chapter 8 \*\*\*  
of the 2016 Regular Session and Chapter 3 of the 2015-16 2nd Extraordinary Session.

WELFARE AND INSTITUTIONS CODE  
Division 9. Public Social Services  
Part 3. Aid and Medical Assistance  
Chapter 7. Basic Health Care  
Article 2.8. County Health Systems

**GO TO CALIFORNIA CODES ARCHIVE DIRECTORY**

*Cal Wel & Inst Code § 14087.53 (2016)*

**§ 14087.53. Establishment of special commission in Ventura County**

(a) It is necessary that a special commission be established in Ventura County in order to meet the problems of the delivery of publicly assisted medical care in the county and to demonstrate ways of promoting quality care and cost efficiency. Because there is no general law under which such a commission could be formed, the adoption of a special act and the formation of a special commission is required.

(b) The Board of Supervisors of Ventura County may, by ordinance, establish a commission to negotiate the exclusive contract specified in Section 14087.5 and to arrange for the provision of health care services provided pursuant to this chapter, and to enter into contracts for the provision of health care services to subscribers in the Healthy Families Program. If the board of supervisors elects to enact this ordinance, all rights, powers, duties, privileges, and immunities vested in a county by this article shall be vested in the county commission. Any reference in this article to "county" shall mean the commission established pursuant to this section.

(c) The enabling ordinance shall specify the membership of the county commission, the qualifications for individual members, the manner of appointment, selection, or removal of commissioners, and how long they shall serve, and any other matters as the board of supervisors deems necessary or convenient for the conduct of the county commission's activities. The commission so established shall be considered an entity separate from the county, shall file the statement required by *Section 53051 of the Government Code*, and shall have, in addition to the rights, powers, duties, privileges, and immunities previously conferred, the power to acquire, possess, and dispose of real or personal property, as may be necessary for the performance of its functions, to employ personnel and contract for services required to meet its obligations, and to sue or be sued. Any obligations of the commission, statutory, contractual, or otherwise, shall be the obligations solely of the commission and shall not be the obligations of the county or of the state.

(d) Upon creation, the commission may borrow from the county and the county may lend the commission funds, or issue revenue anticipation notes to obtain those funds necessary to commence operations.

(e) In the event the commission may no longer function for the purposes for which established, at such time as the commission's then existing obligations have been satisfied or the commission's assets have been exhausted, the board of supervisors may by ordinance terminate the commission.

(f) Prior to the termination of the commission, the board of supervisors shall notify the State Department of Health Services of its intent to terminate the commission. The department shall conduct an audit of the commission's records within 30 days of notification to determine the liabilities and assets of the commission. The department shall report its findings to the board within 10 days of completion of the audit. The board shall prepare a plan to liquidate or otherwise dispose of the assets of the commission and to pay the liabilities of the commission to the extent of the commission's assets, and present the plan to the department within 30 days upon receipt of these findings.

(g) Any assets of the commission shall be disposed of pursuant to provisions contained in the contract entered into between the state and the commission pursuant to this article.

(h) It is the intent of the Legislature that if such a commission is formed, the County of Ventura shall, with respect to its medical facilities and programs, occupy no greater or lesser status than any other health care provider in negotiating with the commission for contracts to provide health care services.

(i) Upon termination of the commission by the board, the County of Ventura shall manage any assets of the commission until superseded by a department approved plan. Any liabilities of the commission shall not become obligations of the county upon either the termination of the commission or the liquidation or disposition of the commission's remaining assets.

#### **HISTORY:**

Added Stats 1986 ch 399 § 1, effective July 17, 1986. Amended Stats 1993 ch 654 § 2 (SB 256); Stats 1997 ch 625 § 7 (AB 1572), effective October 3, 1997.

#### **NOTES:**

##### **Editor's Notes**

For contingency, see *W & IC § 14087.5*.

#### **Amendments:**

##### **1993 Amendment:**

(1) Added subdivision designations (a) through (i); (2) substituted the last sentence of subd (f) for the former last sentence which read: "The board shall present a plan to resolve all liabilities of the commission to the department within 30 days upon receipt of these findings."; and (3) amended subd (i) by (a) deleting "Notwithstanding the other provisions of this section" at the beginning; and (b) substituting "manage any assets" for "be responsible for any liabilities"; and (c) adding the last sentence.

##### **1997 Amendment:**

Added ", and to enter into contracts for the provision of health care services to subscribers in the Healthy Families Program" at the end of the first sentence of subd (b).

##### **Hierarchy Notes:**

Div. 9, Pt. 3, Ch. 7, Art. 2.8 Note

ORDINANCE NO. 4552

**AN ORDINANCE OF THE VENTURA COUNTY BOARD OF SUPERVISORS, REPEALING AND REENACTING, AS AMENDED, ARTICLE 6, CHAPTER 3, DIVISION 1 OF THE VENTURA COUNTY ORDINANCE CODE (COUNTY ORGANIZED HEALTH SYSTEM)**

**The Board of Supervisors of the County of Ventura ordains as follows:**

**SECTION 1: Repeal of Existing Ventura County Organized Health System Ordinance**

Ordinance No. 4481 of the County of Ventura, which repealed Ordinance No. 4409 and reenacted article 6 of chapter 3 of division 1 of the Ventura County Ordinance Code, is hereby repealed.

**SECTION 2: Enactment of Ventura County Organized Health System Ordinance**

Article 6 of chapter 3 of division 1 of the Ventura County Ordinance Code is hereby amended and reenacted as follows:

**Chapter 3.**

**Article 6. County Organized Health System**

**1380 General Provisions.**

**1380-1.**

Pursuant to Welfare and Institutions Code section 14087.54, there is hereby formed a commission, referred to in this Article as the Ventura County Medi-Cal Managed Care Commission.

**1380-2.**

The Ventura County Medi-Cal Managed Care Commission is empowered to negotiate and enter into exclusive contracts with the State of California Department of Health Care Services pursuant to Welfare and Institutions Code section 14087.5, and to arrange for the provision of health care services under division 9, part 3, chapter 7 of the Welfare and Institutions Code. The Ventura County Medi-Cal Managed Care Commission is also authorized to:

- (a) Enter into contracts for the provision of health care services to persons who are eligible to receive medical benefits, subject to the limitations of Welfare and Institutions

Code section 14087.54, subdivision (b)(2);

(b) Provide health care delivery systems for:

(1) persons who are eligible to receive medical benefits under both the Medicare program as defined in title 18 of the Federal Social Security Act (42 U.S.C. § 1395 et seq.) and under the Medicaid program as defined in title 19 of the Federal Social Security Act (42 U.S.C. § 1396 et seq.), and/or

(2) persons who are eligible to receive medical benefits under the Medicaid program as defined in title 19 of the Federal Social Security Act (42 U.S.C. § 1396 et seq.);

(c) File the statement required by Government Code section 53051;

(d) Acquire, possess, and dispose of real or personal property, as may be necessary for the performance of its functions;

(e) Employ personnel and contract for services required to meet its obligations;

(f) Sue and be sued; and

(g) Enter into agreements under chapter 5 (commencing with section 6500) of division 7 of title 1 of the Government Code.

**1380-3.**

The Ventura County Medi-Cal Managed Care Commission shall for all purposes be an entity separate from the County of Ventura, and shall be deemed a public entity for purposes of division 3.6 (commencing with section 810) of title 1 of the Government Code. Any obligations of the Ventura County Medi-Cal Managed Care Commission (statutory, contractual, or otherwise) shall be the obligations solely of the Ventura County Medi-Cal Managed Care Commission and shall not be obligations of the County of Ventura or the State of California.

**1380-4.**

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:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) 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;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the Ventura County Medi-Cal Managed Care Commission and shall not be the obligations of the County of Ventura or the State of California; and

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

#### 1381 Board of Directors (Commission)

##### 1381-1.

The governing board of the Ventura County Medi-Cal Managed Care Commission shall consist of eleven (11) voting members. It is

desirable that members of the Ventura County Medi-Cal Managed Care Commission possess skills and knowledge in the design and operation of a publicly managed health care delivery system.

**1381-2.**

**Members of the Ventura County Medi-Cal Managed Care Commission shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:**

a. Three members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Association, one shall be selected from a list with a minimum of three (3) nominees submitted by Clinicas Del Camino Real and one shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center Executive Committee. (Physician Representatives)

b. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be selected from a list with a minimum of three (3) nominees submitted by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system. (Private Hospital/Healthcare System Representatives)

c. One member shall be a representative of the Ventura County Medical Center Health System and shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center System Administration. (Ventura County Medical Center System Representative)

d. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors. (Public Representative)

e. One member shall be the Chief Executive Officer of Clinicas del Camino Real or designee nominated by the Clinicas del Camino Real Chief Executive Officer. (Clinicas Del Camino Real Representative)

f. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director. (Ventura County Health Care Agency Representative)

g. 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)

h. One member shall be a representative of the County of Ventura nominated by the Ventura County Executive Officer. (County of Ventura Representative)

### 1381-3.

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: One of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the Ventura County Medi-Cal Managed Care Commission shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by appointment by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the Ventura County Medi-Cal Managed Care Commission.

A member may be removed from the Ventura County Medi-Cal Managed Care Commission by a 4/5 vote of the Board of Supervisors.

Nominations to the Ventura County Medi-Cal Managed Care Commission shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Ventura County Board of Supervisors. Appointments will be based on the individuals' knowledge of the healthcare needs of women, children, seniors, and/or the disabled, and business, finance and/or political experience.

**1381-4.**

Procedures for the conduct of business not otherwise specified in this Article shall be contained in bylaws adopted by the Ventura County Medi-Cal Managed Care Commission.

**1381-5.**

The Ventura County Medi-Cal Managed Care Commission may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the Ventura County Medi-Cal Managed Care Commission. At a minimum, two (2) committees/advisory boards shall be established, one member/consumer based and one provider based.

**1382 Cultural Diversity Program**

The Ventura County Medi-Cal Managed Care Commission shall establish a Cultural Diversity Program to ensure that employees, contractors and recipients of health care services are treated with respect and without discrimination. The governing board of the Ventura County Medi-Cal Managed Care Commission shall appoint a Chief Diversity Officer, who shall be responsible for implementation of the Cultural Diversity Program, and shall provide staff and resources for the Chief Diversity Officer as necessary and appropriate. The Chief Diversity Officer shall report directly to the governing board of the Ventura County Medi-Cal Managed Care Commission, and shall have the authority, independent of any other executive officer, to take disciplinary action against any employee, except the chief executive officer, for failure to comply with the Cultural Diversity Program. The Chief Diversity Officer shall also provide reports to the Ventura County Board of Supervisors, through the County's Chief Executive Officer, on a quarterly or more frequent basis.




**SECTION 3:** This ordinance shall take effect and be in full force and effect thirty (30) days after its passage. Before the expiration of fifteen (15) days after passage of this ordinance it shall be published once with the names of the members of the Board of Supervisors voting for and against the ordinance in the Ventura County Star, a newspaper of general circulation published in the State of California.

**PASSED AND ADOPTED** this 10th day of December, 2019, by the following vote:

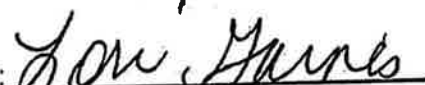
AYES: *Supervisor Parks, Long, Huber, Zaragoza, Bennett*

NOES: *None*

ABSENT: *None*

  
\_\_\_\_\_  
CHAIR, BOARD OF SUPERVISORS

ATTEST: MICHAEL POWERS,  
Clerk of the Board of Supervisors,  
County of Ventura, State of California.

By:   
Deputy Clerk of the Board



ORDINANCE NO. 4481

**AN ORDINANCE OF THE VENTURA COUNTY BOARD OF SUPERVISORS, REPEALING AND REENACTING, AS AMENDED, ARTICLE 6, CHAPTER 3, DIVISION 1 OF THE VENTURA COUNTY ORDINANCE CODE (COUNTY ORGANIZED HEALTH SYSTEM)**

**The Board of Supervisors of the County of Ventura ordains as follows:**

**SECTION 1: Repeal of Existing Ventura County Organized Health System Ordinance**

Ordinance No. 4409 of the County of Ventura, which enacted Article 6 of Chapter 3 of Division 1 of the Ventura County Ordinance Code, is hereby repealed.

**SECTION 2: Enactment of Ventura County Organized Health System Ordinance**

Article 6 of Chapter 3 of Division 1 of the Ventura County Ordinance Code is hereby amended and reenacted as follows:

**Chapter 3.**

**Article 6. County Organized Health System**

**1380 General Provisions.**

**1380-1.**

Pursuant to Welfare and Institutions Code section 14087.54, there is hereby formed a commission, referred to in this Article as the Ventura County Medi-Cal Managed Care Commission.

**1380-2.**

The Ventura County Medi-Cal Managed Care Commission is empowered to negotiate and enter into exclusive contracts with the State of California Department of Health Care Services pursuant to Welfare and Institutions Code section 14087.5, and to arrange for the provision of health care services under Division 9, Part 3, Chapter 7 of the Welfare and Institutions Code. The Ventura County Medi-Cal Managed Care Commission is also authorized to:

- (a) Enter into contracts for the provision of health care services to persons who are eligible to receive medical benefits, subject to the limitations of Welfare and Institutions

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:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) 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;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the Ventura County Medi-Cal Managed Care Commission and shall not be the obligations of the County of Ventura or the State of California;

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

1381 Board of Directors (Commission)

1381-1.

The governing board of the Ventura County Medi-Cal Managed Care Commission shall consist of eleven (11) voting members who shall be legal residents of the County of Ventura. Members of the

**f. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director and approved by the Ventura County Board of Supervisors. (County Official)**

**g. 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)**

**h. One member shall be a representative of the County of Ventura nominated by the Ventura County Executive Officer and approved by the Board of Supervisors. (Ventura County Representative)**

**1381-3.**

**In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: One of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the Ventura County Medi-Cal Managed Care Commission shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the Ventura County Medi-Cal Managed Care Commission.**

**A member may be removed from the Ventura County Medi-Cal Managed Care Commission by a 4/5 vote of the Board of Supervisors.**

**Nominations to the Ventura County Medi-Cal Managed Care Commission shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Ventura County Board of Supervisors. Appointments will be based on the individuals' knowledge of the**

PASSED AND ADOPTED this 6<sup>th</sup> day of October, 2015, by the following vote:

AYES: *Bennett, Parks, Foy, Zaragoza, and Long*

NOES:

ABSENT:

*Kathy Long*  
\_\_\_\_\_  
CHAIR, BOARD OF SUPERVISORS

ATTEST: MICHAEL POWERS,  
Clerk of the Board of Supervisors,  
County of Ventura, State of California.

By: *M. Pellicano*  
Deputy Clerk of the Board



# EXHIBIT B

Bend OR  
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**To:** The Board of the Ventura County Medi-Cal Managed Care Commission  
cc: Margaret Tart and Nick Liguori

**From:** Scott H. Campbell

**Date:** January 26, 2022

**Re:** Recent Changes to Gold Coast Health Plan's Governing Ordinance

**INTRODUCTION/BACKGROUND**

The Ventura County Board of Supervisors adopted an ordinance amending the Ventura County Medi-Cal Managed Care Commission's ("Commission")(dba as Gold Coast Health Plan) Governing Ordinance on January 25, 2022. The amended Governing Ordinance requires the following:

- Only two rather than three members of the Board of the Commission are required to be practicing physicians who serve a significant number of Medi-Cal beneficiaries in the County. Additionally, one of these physicians shall be nominated by the Ventura County Medical Association and the other by the Ventura Medical Center Executive Committee. The amended ordinance thus eliminates the requirement that these entities each provide a list of a minimum of three nominees to the County for their consideration. Now, the County will only consider the single nominee offered by such entities rather than picking and choosing from each entity's list of three nominees. (*See Amended Governing Ordinance, § 1381-2(a).*)
- Two members of the Board of the Commission shall be representatives of Clinicas del Camino Real, and one is no longer required to be a practicing physician who serves a significant number of Medi-Cal beneficiaries in the County. Previously, Clinicas del Camino Real's CEO, or designee nominated by the CEO, was required to serve on the Board. Clinicas del Camino Real was also previously required to offer a list of a minimum of three nominees of practicing physicians who serve a significant number of Medi-Cal beneficiaries in the County for the County's consideration. The amended ordinance eliminates these requirements. (*See Amended Governing Ordinance, § 1381-2(a) and (e).*)

The amended Governing Ordinance is enclosed with this memo for your reference. Should you wish to discuss further, please feel free to reach me at: (213) 617-7489.

65172.00000\34766300.1



**BEST BEST & KRIEGER**  
ATTORNEYS AT LAW

Encl: Governing Ordinance of the Ventura County Medi-Cal Managed Care Commission  
adopted on January 25, 2022.



# EXHIBIT C

**AMENDED AND RESTATED BYLAWS FOR THE OPERATION  
OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM**

**VENTURA COUNTY MEDI-CAL MANAGED CARE  
COMMISSION (dba Gold Coast Health Plan)**

**Approved: October 24, 2011  
Amended: January 23, 2017**

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**AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE  
VENTURA COUNTY ORGANIZED HEALTH SYSTEM  
(dba Gold Coast Health Plan)**

**ARTICLE I**

**Name and Mission**

The name of this Commission shall be the Ventura County Medi-Cal Managed Care Commission, hereafter referred to in these Bylaws as the VCMMCC. VCMMCC shall operate under the fictitious name, Gold Coast Health Plan.

The VCMMCC 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:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) 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;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the VCMMCC and shall not be the obligations of the County of Ventura or the State of California; and

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

## ARTICLE II

### Commissioners

The governing board of the VCMMCC shall consist of eleven (11) voting members ~~(“ It is desirable that members” or “Commissioners”)~~ who shall be legal residents of Ventura County. ~~Members shall~~ of the VCMMCC possess ~~the requisite~~ skills and knowledge ~~necessary to in the~~ design and ~~operate~~ operation of a publicly managed health care delivery system.

Members of the VCMMCC shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

(a) Physician Representatives. ~~Three~~ Two members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be ~~selected from a list with a minimum of three (3) nominees submitted~~ nominated by the Ventura County Medical Association, ~~one shall be selected from a list with a minimum of three (3) nominees submitted by Clinicas Del Camino Real~~ and one shall be ~~selected from a list with a minimum of three (3) nominees submitted~~ nominated by the Ventura County Medical Center Executive Committee.

(b) Private Hospital/Healthcare System Representatives. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be ~~selected from a list with a minimum of three (3) nominees submitted~~ nominated by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system.

(c) Ventura County Medical Center Health System Representative. One member shall be a representative of the Ventura County Medical Center Health System and shall be ~~selected from a list with a minimum of three (3) nominees submitted~~ nominated by the Ventura County Medical Center ~~administration~~ System Administration.

(d) Public Representative. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors.

(e) Clinicas Del Camino Real ~~Representative. One member~~ Representatives. Two members shall be ~~the chief executive officer~~ representatives of Clinicas del Camino Real ~~or designee~~ nominated by the Clinicas del Camino Real ~~chief executive officer and approved by the Ventura County Board of Supervisors~~ Chief Executive Officer.

(f) Ventura County Official Health Care Agency Representative. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director ~~and approved by the Board of Supervisors~~.

(g) Consumer Representative. 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~~ VCMCC. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position.

(h) County of Ventura ~~County Medical Center Health System~~ Representative. One member shall be a representative of the County of Ventura nominated by the Ventura County Medical Center Family Medicine Residency Program Director or Faculty Designee Executive Officer and approved by the Board of Supervisors.

### **Selection and Terms of Commissioners**

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: one of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the VCMCC shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the VCMCC. The term of each subsequent appointment shall be deemed to commence on March 15 of the year of the appointment.

A member may resign effective on giving written notice to the Clerk of the VCMCC, unless the notice specifies a later date for his/her resignation to become effective. Upon receipt of such notice, the Clerk shall notify the Chairperson and the Board of Supervisors. The Clerk of the VCMCC shall enter the notice in the proceedings of the Commission. The acceptance of a resignation shall not be necessary to make it effective.

A member may be removed from the VCMCC by a 4/5 vote of the Board of Supervisors.

Nominations to the VCMCC shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Board of Supervisors.

## **ARTICLE III**

### **Officers**

(a) Officers of the VCMCC shall be a Chairperson and Vice-Chairperson.

(b) The Chairperson and the Vice-Chairperson shall be elected by majority vote of the members in attendance at the first meeting of the VCMCC to serve for the

remainder of the calendar year in which the first meeting occurs. Officers subsequently elected to these offices, pursuant to the procedures outlined under "Election" below, shall serve a term of two years or until their successor(s) has/have been duly elected.

(c) No individual shall serve more than two consecutive terms in any of the elected officer positions.

#### Election

(d) The VCOMMCC shall elect officers by majority vote of the members present.

(e) The election of officers shall be held at the first regular meeting of the VCOMMCC after March 15 (or after the date upon which the Board of Supervisors appoints Commissioners for the present term if later than March 15) in every even-numbered year. The two-year terms of office shall be deemed to commence on March 15 of the year of the election, regardless of when the election actually occurs. The officers of the prior term shall continue to preside over any meetings and perform all other functions of their offices until new officers are elected.

(f) Notwithstanding the normal election process detailed in paragraphs (a) and (b) above, when circumstances warrant it, an election may be held at any time during the year. Circumstances that would warrant a special election include: one or more of the officers wishes to resign as an officer, or one or more of the officers is terminated.

#### Duties

(a) The Chairperson shall:

- i. Preside at all meetings;
- ii. Execute all documents approved by the VCOMMCC;
- iii. Be responsible to see that all actions of the VCOMMCC are implemented; and
- iv. Maintain consultation with the Chief Executive Officer (CEO).

(b) The Vice-Chairperson shall:

- i. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson; and
- ii. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.

#### ARTICLE IV

## Standing Committees

(a) At a minimum, the VCOMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCOMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCOMMCC for membership on these boards. Each of the boards shall submit a charter to the VCOMMCC for approval. All meetings of standing committees shall be subject to the provisions of the Brown Act.

(b) Executive/Finance Committee.

- i. Purpose. The role of the Executive/Finance Committee shall be to assist the CEO and VCOMMCC accomplish its work in the most efficient and timely way. Meetings of this committee shall be at the request of the Chairperson or CEO to evaluate time sensitive matters. The Committee shall report on all of its activities to the governing board at the next regular meeting of the governing board.
- ii. Membership. The Executive/Finance Committee shall be comprised of the following five (5) Commissioners:
  1. Chairperson.
  2. Vice-Chairperson.
  3. Private hospital/healthcare system representative (to rotate between the two representatives following the representative's resignation from the committee). If the Chairperson and/or Vice-Chairperson is a private hospital/healthcare system representative, then the Commission may appoint any one of its members to fill this position.
  4. Ventura County Medical Center Health System representative. If the Chairperson and/or Vice-Chairperson is a Ventura County Medical Center Health System representative, then the Commission may appoint any one of its members to fill this position.
  5. Clinicas Del Camino Real representative. If the Chairperson and/or Vice-Chairperson is a Clinicas Del Camino Real representative, then the Commission may appoint any one of its members to fill this position.

The CEO and Finance Director will serve as Ex-Officio members to Co-Chair the committee.



Appointments to the Committee shall be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected or at the next regular meeting immediately thereafter. Appointments may also be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election of officers, or other event which results in the Committee lacking full membership.

iii. Duties of the Executive/Finance Committee.

1. Advise the governing board Chairperson on requested matters.
2. Assist the CEO in the planning or presentation of items for governing board consideration.
3. Assist the CEO or VCMMCC staff in the initial review of draft policy statements requiring governing board approval.
4. Assist the CEO in the ongoing monitoring of economic performance by focusing on budgets for pre-operational and operational periods.
5. Review proposed State contracts and rates, once actuary has reviewed and made recommendations.
6. Review proposed contracts for services over the assigned dollar value/limit of the CEO.
7. Establish basic tenets for payment-provider class and levels as related to Medi-Cal rates:
  - o PCP
  - o Specialists
  - o Hospitals o LTC
  - o Ancillary Providers
8. Recommend auto-assignment policies for beneficiaries who do not select a Primary Care Provider.
9. Review and recommend provider incentive program structure.
10. Review investment strategy and make recommendations.
11. On an annual basis, develop the CEO review process and criteria.

12. Serve as Interview Committee for CEO/CMO/CFO.
  13. Assist the governing board and/or the CEO in determining the appropriate committee, if any, to best deal with questions or issues that may arise from time-to-time.
  14. Develop long-term and short-term business plans for review and approval by the governing board.
  15. Undertake such other activities as may be delegated from time-to-time by the governing board.
- iv. Limitations on Authority. The Executive/Finance Committee shall not have the power or authority in reference to any of the following matters:
1. Adopting, amending or repealing any bylaw.
  2. Making final determinations of policy.
  3. Approving changes to the budget or making major structural or contractual decisions (such as adding or eliminating programs).
  4. Filling vacancies or removing any Commissioner.
  5. Changing the membership of, or filling vacancies in, the Executive/Finance Committee.
  6. Hiring or firing of senior executives, but may make recommendations to the governing board as to their appointment, dismissal or ongoing performance.
  7. Taking any action on behalf of the governing board unless expressly authorized by the governing board.

## ARTICLE V

### Special Committees

Members may be asked to participate on a subcommittee, task force or special project as part of their responsibilities. The VCMMCC may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the VCMMCC.

## ARTICLE VI

### Meetings

(a) All meetings shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies ("Brown Act").

(b) A regular meeting shall be held monthly. The VCMMCC shall by resolution establish the date, time and location for the monthly meeting. A regular meeting may, for cause, be rescheduled by the Chairperson with 72 hour advance notice.

(c) Closed session items shall be noticed in compliance with Government Code section 54954.5.

(d) Special meetings may be called, consistent with the Brown Act, by the Chairperson or by a quorum of the VCMMCC. Notice of such special meeting shall conform to the Brown Act.

(e) Any meeting at which at least a quorum cannot attend, or for which there is no agenda item requiring action may be cancelled by the Chairperson with 72 hour advance notice.

(f) A quorum shall be defined as one person more than half of the appointed members of the VCMMCC. For these purposes, "appointed members" excludes unfilled positions and those vacated by resignation or removal. Unless otherwise expressly stated in these bylaws, a majority vote of members present and constituting a quorum shall be required for any VCMMCC action.

(g) After three (3) absences of any member during a fiscal year, the reasons for the absences will be reviewed by the VCMMCC and it may notify the Board of Supervisors of the absences, if it deems this action appropriate. Three or more absences from regular meetings may be cause for the VCMMCC to recommend dismissal of that member to the Board of Supervisors.

### **Conduct of Meetings**

(a) The Chairperson shall adhere to the order of items as posted on the agenda. Modifications to the order of the agenda may be made to the extent that (on the advice of counsel) the rearrangement of the agenda items does not violate the spirit or intent of the Brown Act.

(b) All motions or amendments to motions require a second in order to be considered for action. Upon a motion and a second the item shall be open for discussion before the call for the vote.

(c) Voice votes will be made on all items as read. An abstention will not be recognized except for a legal conflict of interest. In furtherance of the foregoing, an abstention or refusal to vote (not arising from a legal conflict of interest) shall be deemed a vote with the majority of those Commissioners who do vote, except when there is a tie vote and the motion or action fails. For example, if there are 7

Commissioners present at a meeting (none of whom are subject to a legal conflict of interest), (i) a motion passes with 3 votes in favor and 4 Commissioners abstaining, (ii) a motion passes with 3 votes in favor, 2 votes against and 2 Commissioners abstaining; and (iii) a motion fails with 3 votes in favor, 3 votes against and 1 Commissioner abstaining.

(d) A call for a point of order shall have precedence over all other motions on the floor.

(e) Without objection, the Chairperson may continue or withdraw any item. In the event of an objection, a motion to continue or reset an item must be passed by a majority of the members present. A motion to continue or reset an item shall take precedence over all other motions except for a point of order.

(f) An amendment to a motion must be germane to the subject of the motion, but it may not intend an action contrary to the motion. There may be an amendment to the motion and an amendment to an amendment, but no further amendments. In the event the maker of the original motion accepts the amendment(s), the original motion shall be deemed modified. In the event the maker of the original motion does not accept the amendment(s), the amendment(s) shall be voted separately and in reverse order of proposal.

(g) Where these Bylaws do not afford an adequate procedure in the conduct of a meeting, the Chairperson may defer to the most current edition of Rosenberg's Rules of Order, to resolve parliamentary questions.

(h) The Chairperson shall be permitted to make motions and vote on all matters to the same extent and subject to the same limitations as other Commissioners.

## **ARTICLE VII**

### **Powers and Duties**

The VCMMCC is responsible for all of the activities described in Article I of these Bylaws and in its enabling ordinance. In furtherance of such responsibility, the VCMMCC shall have the following powers and duties and shall:

(a) Advise the Chief Executive Officer (CEO) and request from the CEO information it deems necessary;

(b) Conduct meetings and keep the minutes of the VCMMCC;

(c) Provide for financial oversight through various actions and methodologies such as the preparation and submission of an annual statement of financial affairs and an estimate of the amount of funding required for expenditures, approval of an annual

budget, receipt of monthly financial briefings and other appropriate action in support of its financial oversight role;

(d) Evaluate business performance and opportunity, and review and recommend strategic plans and business strategies;

(e) Establish, support and oversee the quality, service utilization, risk management and fraud and abuse programs;

(f) Encourage VCOMMCC members to actively participate in VCOMMCC committees as well as subcommittees;

(g) Comply with and implement all applicable federal, state and local laws, rules and regulations as they become effective;

(h) Provide for the resolution of or resolve conflict among its leaders and those under its leadership;

(i) Respect confidentiality, privacy and avoid any real or potential conflict of interest; and

(j) Receive and take appropriate action, if warranted, based upon reports presented by the CEO (or designated individual). Such reports shall be prepared and submitted to the VCOMMCC at least annually.

## **ARTICLE VIII**

### **STAFF**

The VCOMMCC shall employ personnel and contract for services as necessary to perform its functions. The permanent staff employed by the VCOMMCC shall include, but not be limited to, a Chief Executive Officer (CEO), Clerk and Assistant Clerk.

#### **Chief Executive Officer**

The CEO shall have the responsibility for day to day operations, consistent with the authority conferred by the VCOMMCC. The CEO is responsible for coordinating all activities of the County Organized Health System.

The CEO shall:

(a) Direct the planning, organization, and operation of all services and facilities;

(b) Direct studies of organizations, operations, functions and activities relating to economy, efficiency and improvement of services;

(c) Direct activities which fulfill all duties mandated by federal or state law, regulatory or accreditation authority, or VCOMMCC board resolution, and shall bring any

conflict between these laws, regulations, resolutions or policy to the attention of the VCMMCC;

(d) Appoint and supervise an executive management staff, and such other individuals as are necessary for operations. The CEO may delegate certain duties and responsibilities to these and other individuals where such delegated duties are in furtherance of the goals and objectives of the VCMMCC;

(e) Retain and appoint necessary personnel, consistent with all policies and procedures, in furtherance of the VCMMCC's powers and duties; and

(f) Implement and enforce all policies and procedures, and assure compliance with all applicable federal and state laws, rules and regulations.

### **Clerk**

The Clerk shall:

(a) Perform the usual duties pertaining to secretaries;

(b) Cause to be kept, a full and true record of all VCMMCC meetings and of such special meetings as may be scheduled;

(c) Cause to be issued notices of regular and special meetings;

(d) Maintain a record of attendance of members and promptly report to the VCMMCC any member whose position has been vacated; and

(e) Attest to the Chair or Vice-Chair's signature on documents approved by the VCMMCC.

### **Assistant Clerk**

The Assistant Clerk shall perform the duties of the Clerk in the Clerk's absence.

## **ARTICLE IX**

### **Rules of Order**

The Chairperson shall be responsible for maintaining decorum during VCMMCC meetings. All motions, comments, and questions shall be made through the Chairperson. Any decision by the Chairperson shall be considered final unless an appeal of the decision is requested and passed by a majority of the VCMMCC members present.

## **ARTICLE X**

### **Amendments**

(a) These Bylaws may be amended by an affirmative vote of a majority of the voting members of the VCOMMCC. A full statement of a proposed amendment shall be submitted to the VCOMMCC at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon.

(b) The Bylaws shall be reviewed annually and amendments to the Bylaws may be proposed by any VCOMMCC member.

(c) Bylaws may be suspended on an ad hoc basis upon the affirmative vote of a majority of the VCOMMCC members present.

## **ARTICLE XI**

### **Nondiscrimination Clause**

The VCOMMCC or any person subject to its authority shall not discriminate against or in favor of any person because of race, gender, religion, color, national origin, age, sexual orientation or disability with regard to job application procedures, hiring, advancement, discharge, compensation, training or other terms or condition of employment of any person employed by or doing business with the VCOMMCC or any person subject to its direction pursuant to federal, state or local law.

## **ARTICLE XII**

### **Conflict of Interest and Ethics**

VCOMMCC members are subject to conflict of interest laws, including Government Code section 1090 and the 1974 Political Reform Act (Government Code section 8100 et seq.), as modified by Welfare and Institutions Code section 14087.57, and must identify and disclose any conflicts and refrain from participating in any manner in such matters in accordance with the applicable statutes. Members of the VCOMMCC agree to adhere to all relevant standards established by state or federal law regarding ethical behavior.

## **ARTICLE XIII**

### **Dissolution**

Pursuant to California Welfare & Institutions Code, section 14087.54:

(a) In the event the Commissioners determine that VCOMMCC may no longer function for the purposes for which it was established, at the time that VCOMMCC's then existing obligations have been satisfied or VCOMMCC's assets have been exhausted, the Board of Supervisors may by ordinance terminate the VCOMMCC.

(b) Prior to the termination of the VCOMMCC, the Board of Supervisors shall notify the State Department of Health Care Services ("DHCS") of its intent to terminate VCOMMCC. The DHCS shall conduct an audit of VCOMMCC's records within 30 days of the notification to determine the liabilities and assets of VCOMMCC. The DHCS shall

report its findings to the Board of Supervisors within 10 days of completion of the audit. The Board of Supervisors shall prepare a plan to liquidate or otherwise dispose of the assets of VCMMCC and to pay the liabilities of VCMMCC to the extent of VCMMCC's assets, and present the plan to the DHCS within 30 days upon receipt of these findings.

(c) Upon termination of the VCMMCC by the Board of Supervisors, the County of Ventura shall manage any remaining assets of VCMMCC until superseded by a DHCS-approved plan. Any liabilities of VCMMCC shall not become obligations of the County of Ventura upon either the termination of the VCMMCC or the liquidation or disposition of VCMMCC's remaining assets.

(d) Any assets of VCMMCC shall be disposed of pursuant to provisions contained in the contract entered into between the state and VCMMCC.



<b>Summary report:</b>	
<b>Litera Compare for Word 11.1.0.69 Document comparison done on 2/8/2022 2:29:32 PM</b>	
<b>Style name:</b> Default Style	
<b>Intelligent Table Comparison:</b> Active	
<b>Original filename:</b> GCHP Amended Bylaws 1.23.17 Revision.DOCX	
<b>Modified filename:</b> Amended and Restated Bylaws for the Operation of the Ventura County Organized Health System.DOCX	
<b>Changes:</b>	
Add	24
Delete	26
Move From	0
Move To	0
Table Insert	0
Table Delete	0
Table moves to	0
Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
<b>Total Changes:</b>	<b>50</b>



**AGENDA ITEM NO. 5**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Scott Campbell, General Counsel  
**DATE:** April 27, 2020  
**SUBJECT:** Election of Chairperson and Vice Chairperson to serve two-year terms and appointments to the Executive/Finance Committee

**SUMMARY:**

Pursuant to the bylaws, last amended on January 23, 2017, the Commission must elect from its membership a Chairperson and a Vice Chairperson to serve two-year terms. The Chairperson and Vice Chairperson also both serve on the Executive/Finance Committee. Once these officers are elected, the Commission will need to make appointments to fill the balance of the Executive/Finance Committee in accordance with the bylaws which are addressed in a separate Agenda Report.

**BACKGROUND/DISCUSSION:**

The Commission's bylaws require that the Chairperson and Vice Chairperson be elected to a two-year term by a majority vote of its members, and that no individual serve more than two consecutive terms in either position. (See Bylaws, Art. III). The current Chairperson and Vice Chairperson are eligible to serve another term. The Chairperson and Vice Chairperson must be elected at the first regular meeting of the Commission after March 15th in every even-numbered year. (See Bylaws, Art. II). Accordingly, the Commission must now elect its officers. (See Bylaws, Art. III.)

The Chairperson is responsible for presiding at all meetings, executing all documents approved by the Commission, seeing that all actions of the Commission are implemented, and maintaining consultation with the Chief Executive Officer. The Vice Chairperson is responsible for performing the duties of the Chairperson in the Chairperson's absence and performing such other responsibilities as agreed upon with the Chairperson. The bylaws do not contain any specific nominating process; Staff recommends that the Commission nominate names for Chairperson (no second is needed) and then vote on each name nominated. If no majority is reached, the list of names can be reduced to the top two vote recipients until a majority is reached. The same process may then be followed for the Vice Chairperson.

The bylaws establish the five-person Executive/Finance Committee, which must consist of the Chairperson, Vice Chairperson, and three other members. The bylaws also provide that the

Executive/Finance Committee consist of at least one member from the following represented groups: a private hospital/healthcare representative, a Ventura County Medical Health System representative, and a Clinicas Del Camino Real representative. (See Bylaws, Art. IV, section (b)(ii).) If the Chairperson and/or Vice Chairperson is a representative from one of these agencies, then the Commission "may appoint any one of its members to fill" those open Committee positions. (See Bylaws, Art. IV, section (b)(ii).) Appointments to the Executive/Finance Committee must be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected, or at the next regular meeting thereafter.

The Executive/Finance Committee is an advisory committee to the Commission.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

1. Elect a Commissioner to serve as Chairperson for a two-year term.
2. Elect a Commissioner to serve as Vice Chairperson for a two-year term.
3. Make any necessary appointments to the Executive/Finance Committee as follows:
  - a. Chairperson (same as Commission Chair).
  - b. Vice Chairperson (same as Commission Vice Chair)
  - c. Private Hospital Healthcare Representative (if required).
  - d. Ventura County Medical Health System Representative (if required).
  - e. Clinicas Del Camino Real Representative (if required).

**CONCURRENCE:**

N/A.

**ATTACHMENT:**

1. Gold Coast Health Plan Bylaws



**Mike Pettit**  
Assistant County Executive Officer

**Kaye Mand**  
County Chief Financial Officer

**Shawn Atin**  
Assistant County Executive Officer/  
Human Resources Director  
Labor Relations

December 13, 2022

Board of Supervisors  
County of Ventura  
800 South Victoria Avenue  
Ventura, California 93009

**SUBJECT: Repeal and Reenactment of the Ordinance Establishing the County Organized Health System**

**RECOMMENDATIONS:**

1. Open a public hearing, introduce and read in title only, and waive further reading of the attached proposed ordinance, which would repeal Ordinance No. 4593 and reenact the provisions of that ordinance, with modifications, including changing the composition of the Ventura Medi-Cal Managed Care Commission (Commission) and increasing the number of voting members from eleven (11) to thirteen (13).
2. Set a second public hearing on January 10, 2023 at 10:30 a.m. to adopt the proposed ordinance.

**FISCAL IMPACT:**

None

**BACKGROUND:**

On December 29, 2009, your Board adopted Ordinance No. 4409, Ventura County Organized Health System Ordinance, which created the Commission as the governing board for the Medi-Cal Managed Care Plan to serve beneficiaries in Ventura County. The eleven-member Commission was established for the purpose of designing and operating a publicly operated managed health care delivery system whose mission is to improve the health of its members through the provision of quality care and services.

On October 6, 2015, your Board adopted Ordinance No. 4481, repealing Ordinance No. 4409 and reenacting the Ventura County Organized Health System Ordinance, changing the composition of the Commission and requiring the establishment of a Chief Diversity Officer Position and a cultural diversity program. The changes contained in Ordinance No. 4481 were enacted to address significant cultural diversity issues and enhance the mix of management and operational expertise of the Commission.

On December 10, 2019, your Board adopted Ordinance No. 4552, repealing Ordinance No. 4481 and reenacting the Ventura County Organized Health System Ordinance, expanding your Board's ability to appoint commissioners with qualified experience and removing the residency requirements, as well as language changes to remove redundancies and correct clerical errors. The changes contained in Ordinance No. 4552 were enacted to allow for greater consideration to be given to the expertise and qualities that demonstrate candidates' integrity and dedication to serving the Medi-Cal beneficiary population.

On January 25, 2022, your Board adopted Ordinance No. 4593, repealing Ordinance No. 4552 and reenacting the Ventura County Organized Health System Ordinance, changing the composition of the Commission. The changes contained in Ordinance No. 4593 were enacted to enhance the mix of management and operational expertise of the overall board.

### **DISCUSSION:**

On February 28, 2022, the Commission voted to recommend that your Board 1) add a second Consumer Representative seat to the Commission, and 2) eliminate terms limits for Commission members. After careful consideration, the County Executive Office (CEO) is recommending the repeal and replacement of Ordinance No. 4593, revising section 1381 which sets forth the composition, qualifications, and terms of the Commission members, proposed as follows:

#### **Addition of Two Commission Members**

- **Consumer Representative – Beneficiary**

Section 1381-2(h) allocates one Consumer Representative (Consumer Representative – Beneficiary) seat to a Medi-Cal beneficiary, who will provide additional perspective from persons experiencing the managed care system firsthand. This new seat differs from the existing Consumer Representative (Consumer Representative – Beneficiary and/or Advocate) seat under section 1381-2(g), which allocates one seat to 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 Commission. Members of both seats shall

be appointed from applications submitted to the CEO after a posting of public notice for the open position.

- **Ventura County Human Services Agency Representative**

Section 1381-2(i) allocates one Ventura County Human Services Agency Representative seat to the County's Human Services Agency Director or designee nominated by the Human Services Agency Director. The Human Services Agency provides eligibility determination and ongoing case management services for families and individuals seeking Medi-Cal health care coverage benefits.

### **Increase Number of Voting Members**

With the proposed addition of two Commission members, it is recommended that the number of voting members under section 1381-1 be increased from eleven (11) to thirteen (13).

Currently, appointments to the Commission shall be for four-year terms and no member may serve more than two consecutive four-year terms. The CEO recommends maintaining the term limits for Commission members, as outlined in the ordinance, so as to remain consistent with other County Organized Health Systems in California.

This letter has been reviewed by County Counsel. If you have any questions regarding this item, please call me at 654-2681.



Sevet Johnson, PsyD  
County Executive Officer

**Attachments:**

1. Proposed Ordinance (clean version)
2. Proposed Ordinance (legislative version)

**ORDINANCE NO.**

**AN ORDINANCE OF THE VENTURA COUNTY BOARD OF SUPERVISORS, REPEALING AND REENACTING, AS AMENDED, ARTICLE 6, CHAPTER 3, DIVISION 1 OF THE VENTURA COUNTY ORDINANCE CODE (COUNTY ORGANIZED HEALTH SYSTEM)**

**The Board of Supervisors of the County of Ventura ordains as follows:**

**SECTION 1: Repeal of Existing Ventura County Organized Health System Ordinance**

Ordinance No. 4593 of the County of Ventura, which repealed Ordinance No. 4552 and reenacted article 6 of chapter 3 of division 1 of the Ventura County Ordinance Code, is hereby repealed.

**SECTION 2: Enactment of Ventura County Organized Health System Ordinance**

Article 6 of chapter 3 of division 1 of the Ventura County Ordinance Code is hereby amended and reenacted as follows:

**Chapter 3.**

**Article 6. County Organized Health System**

**1380. General Provisions**

**1380-1.**

Pursuant to Welfare and Institutions Code section 14087.54, there is hereby formed a commission, referred to in this Article as the Ventura County Medi-Cal Managed Care Commission.

**1380-2.**

The Ventura County Medi-Cal Managed Care Commission is empowered to negotiate and enter into exclusive contracts with the State of California Department of Health Care Services pursuant to Welfare and Institutions Code section 14087.5, and to arrange for the provision of health care services under division 9, part 3, chapter 7 of the Welfare and Institutions Code. The Ventura County Medi-Cal Managed Care Commission is also authorized to:

- (a) Enter into contracts for the provision of health care

services to persons who are eligible to receive medical benefits, subject to the limitations of Welfare and Institutions Code section 14087.54, subdivision (b)(2);

(b) Provide health care delivery systems for:

(1) persons who are eligible to receive medical benefits under both the Medicare program as defined in title 18 of the Federal Social Security Act (42 U.S.C. § 1395 et seq.) and under the Medicaid program as defined in title 19 of the Federal Social Security Act (42 U.S.C. § 1396 et seq.), and/or

(2) persons who are eligible to receive medical benefits under the Medicaid program as defined in title 19 of the Federal Social Security Act (42 U.S.C. § 1396 et seq.);

(c) File the statement required by Government Code section 53051;

(d) Acquire, possess, and dispose of real or personal property, as may be necessary for the performance of its functions;

(e) Employ personnel and contract for services required to meet its obligations;

(f) Sue and be sued; and

(g) Enter into agreements under chapter 5 (commencing with section 6500) of division 7 of title 1 of the Government Code.

### 1380-3.

The Ventura County Medi-Cal Managed Care Commission shall for all purposes be an entity separate from the County of Ventura, and shall be deemed a public entity for purposes of division 3.6 (commencing with section 810) of title 1 of the Government Code. Any obligations of the Ventura County Medi-Cal Managed Care Commission (statutory, contractual, or otherwise) shall be the obligations solely of the Ventura County Medi-Cal Managed Care Commission and shall not be obligations of the County of Ventura or the State of California.



1380-4.

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:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) 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;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the Ventura County Medi-Cal Managed Care Commission and shall not be the obligations of the County of Ventura or the State of California; and

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

1381. Board of Directors (Commission)

1381-1.

The governing board of the Ventura County Medi-Cal Managed Care Commission shall consist of thirteen (13) voting members. It is desirable that members of the Ventura County Medi-Cal Managed Care Commission possess skills and knowledge in the design and operation of a publicly managed health care delivery system.

1381-2.

Members of the Ventura County Medi-Cal Managed Care Commission shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

a. Two members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be nominated by the Ventura County Medical Association and one shall be nominated by the Ventura County Medical Center Executive Committee. (Physician Representatives)

b. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be nominated by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system. (Private Hospital/Healthcare System Representatives)

c. One member shall be a representative of the Ventura County Medical Center Health System and shall be nominated by the Ventura County Medical Center System Administration. (Ventura County Medical Center System Representative)

d. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors. (Public Representative)

e. Two members shall be representatives of Clinicas del Camino Real nominated by the Clinicas del Camino Real Chief Executive Officer. (Clinicas Del Camino Real Representatives)

f. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director. (Ventura County Health Care Agency Representative)

g. 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 - Beneficiary and/or Advocate)

h. One member shall be a Medi-Cal beneficiary. 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 - Beneficiary)

i. One member shall be a representative of the County of Ventura nominated by the Ventura County Executive Officer. (County of Ventura Representative)

j. One member shall be the Ventura County Human Services Agency Director or designee nominated by the Human Services Agency Director. (Ventura County Human Services Agency Representative)

### 1381-3.

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: One of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial

appointments and all subsequent appointments to the Ventura County Medi-Cal Managed Care Commission shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by appointment by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the Ventura County Medi-Cal Managed Care Commission.

A member may be removed from the Ventura County Medi-Cal Managed Care Commission by a 4/5 vote of the Board of Supervisors.

Nominations to the Ventura County Medi-Cal Managed Care Commission shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Ventura County Board of Supervisors. Appointments will be based on the individuals' knowledge of the healthcare needs of women, children, seniors, and/or the disabled, and business, finance and/or political experience.

1381-4.

Procedures for the conduct of business not otherwise specified in this Article shall be contained in bylaws adopted by the Ventura County Medi-Cal Managed Care Commission.

1381-5.

The Ventura County Medi-Cal Managed Care Commission may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the Ventura County Medi-Cal Managed Care Commission. At a minimum, two (2) committees/advisory boards shall be established, one member/consumer based and one provider based.

1382. Cultural Diversity Program

The Ventura County Medi-Cal Managed Care Commission shall establish a Cultural Diversity Program to ensure that employees, contractors and recipients of health care services are treated with respect and without discrimination. The governing board of the Ventura County Medi-Cal Managed Care Commission shall appoint a Chief Diversity Officer, who shall be responsible for implementation of the Cultural Diversity Program, and shall provide

staff and resources for the Chief Diversity Officer as necessary and appropriate. The Chief Diversity Officer shall report directly to the governing board of the Ventura County Medi-Cal Managed Care Commission, and shall have the authority, independent of any other executive officer, to take disciplinary action against any employee, except the chief executive officer, for failure to comply with the Cultural Diversity Program. The Chief Diversity Officer shall also provide reports to the Ventura County Board of Supervisors, through the County's Chief Executive Officer, on a quarterly or more frequent basis.

**SECTION 3:** This ordinance shall take effect and be in full force and effect thirty (30) days after its passage. Before the expiration of fifteen (15) days after passage of this ordinance it shall be published once with the names of the members of the Board of Supervisors voting for and against the ordinance in the Ventura County Star, a newspaper of general circulation published in the State of California.

**PASSED AND ADOPTED** this 10th day of January, 2023, by the following vote:

AYES:

NOES:

ABSENT:

\_\_\_\_\_  
CHAIR, BOARD OF SUPERVISORS

ATTEST: DR. SEVET JOHNSON  
Clerk of the Board of Supervisors,  
County of Ventura, State of California

By: \_\_\_\_\_  
Deputy Clerk of the Board

**ORDINANCE NO.**

**AN ORDINANCE OF THE VENTURA COUNTY BOARD OF SUPERVISORS, REPEALING AND REENACTING, AS AMENDED, ARTICLE 6, CHAPTER 3, DIVISION 1 OF THE VENTURA COUNTY ORDINANCE CODE (COUNTY ORGANIZED HEALTH SYSTEM)**

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**SECTION 2: Enactment of Ventura County Organized Health System Ordinance**

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**Chapter 3.**

**Article 6. County Organized Health System**

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- (a) Enter into contracts for the provision of health care

services to persons who are eligible to receive medical benefits, subject to the limitations of Welfare and Institutions Code section 14087.54, subdivision (b)(2);

(b) Provide health care delivery systems for:

(1) persons who are eligible to receive medical benefits under both the Medicare program as defined in title 18 of the Federal Social Security Act (42 U.S.C. § 1395 et seq.) and under the Medicaid program as defined in title 19 of the Federal Social Security Act (42 U.S.C. § 1396 et seq.), and/or

(2) persons who are eligible to receive medical benefits under the Medicaid program as defined in title 19 of the Federal Social Security Act (42 U.S.C. § 1396 et seq.);

(c) File the statement required by Government Code section 53051;

(d) Acquire, possess, and dispose of real or personal property, as may be necessary for the performance of its functions;

(e) Employ personnel and contract for services required to meet its obligations;

(f) Sue and be sued; and

(g) Enter into agreements under chapter 5 (commencing with section 6500) of division 7 of title 1 of the Government Code.

1380-3.

The Ventura County Medi-Cal Managed Care Commission shall for all purposes be an entity separate from the County of Ventura, and shall be deemed a public entity for purposes of division 3.6 (commencing with section 810) of title 1 of the Government Code. Any obligations of the Ventura County Medi-Cal Managed Care Commission (statutory, contractual, or otherwise) shall be the obligations solely of the Ventura County Medi-Cal Managed Care Commission and shall not be obligations of the County of Ventura or the State of California.

1380-4.

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:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) 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;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the Ventura County Medi-Cal Managed Care Commission and shall not be the obligations of the County of Ventura or the State of California; and

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

1381. Board of Directors (Commission)



1381-1.

The governing board of the Ventura County Medi-Cal Managed Care Commission shall consist of ~~eleven-thirteen~~ (1113) voting members. It is desirable that members of the Ventura County Medi-Cal Managed Care Commission possess skills and knowledge in the design and operation of a publicly managed health care delivery system.

1381-2.

Members of the Ventura County Medi-Cal Managed Care Commission shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

- a. Two members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be nominated by the Ventura County Medical Association and one shall be nominated by the Ventura County Medical Center Executive Committee. (Physician Representatives)
- b. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be nominated by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system. (Private Hospital/Healthcare System Representatives)
- c. One member shall be a representative of the Ventura County Medical Center Health System and shall be nominated by the Ventura County Medical Center System Administration. (Ventura County Medical Center System Representative)
- d. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors. (Public Representative)
- e. Two members shall be representatives of Clinicas del Camino Real nominated by the Clinicas del Camino Real

Chief Executive Officer. (Clinicas Del Camino Real Representatives)

f. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director. (Ventura County Health Care Agency Representative)

g. 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 - Beneficiary and/or Advocate)

h. One member shall be a Medi-Cal beneficiary. 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 - Beneficiary)

hi. One member shall be a representative of the County of Ventura nominated by the Ventura County Executive Officer. (County of Ventura Representative)

j. One member shall be the Ventura County Human Services Agency Director or designee nominated by the Human Services Agency Director. (Ventura County Human Services Agency Representative)

1381-3.

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: One of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the Ventura County Medi-Cal Managed Care Commission shall be for four-year

terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by appointment by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the Ventura County Medi-Cal Managed Care Commission.

A member may be removed from the Ventura County Medi-Cal Managed Care Commission by a 4/5 vote of the Board of Supervisors.

Nominations to the Ventura County Medi-Cal Managed Care Commission shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Ventura County Board of Supervisors. Appointments will be based on the individuals' knowledge of the healthcare needs of women, children, seniors, and/or the disabled, and business, finance and/or political experience.

1381-4.

Procedures for the conduct of business not otherwise specified in this Article shall be contained in bylaws adopted by the Ventura County Medi-Cal Managed Care Commission.

1381-5.

The Ventura County Medi-Cal Managed Care Commission may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the Ventura County Medi-Cal Managed Care Commission. At a minimum, two (2) committees/advisory boards shall be established, one member/consumer based and one provider based.

1382. Cultural Diversity Program

The Ventura County Medi-Cal Managed Care Commission shall establish a Cultural Diversity Program to ensure that employees, contractors and recipients of health care services are treated with respect and without discrimination. The governing board of the Ventura County Medi-Cal Managed Care Commission shall appoint a Chief Diversity Officer, who shall be responsible for implementation of the Cultural Diversity Program, and shall provide staff and resources for the Chief Diversity Officer as necessary and appropriate. The Chief Diversity Officer shall report directly to the

governing board of the Ventura County Medi-Cal Managed Care Commission, and shall have the authority, independent of any other executive officer, to take disciplinary action against any employee, except the chief executive officer, for failure to comply with the Cultural Diversity Program. The Chief Diversity Officer shall also provide reports to the Ventura County Board of Supervisors, through the County's Chief Executive Officer, on a quarterly or more frequent basis.

**SECTION 3:** This ordinance shall take effect and be in full force and effect thirty (30) days after its passage. Before the expiration of fifteen (15) days after passage of this ordinance it shall be published once with the names of the members of the Board of Supervisors voting for and against the ordinance in the Ventura County Star, a newspaper of general circulation published in the State of California.

**PASSED AND ADOPTED** this ~~25th~~10th day of January, ~~2022~~2023, by the following vote:

AYES:

NOES:

ABSENT:

---

CHAIR, BOARD OF SUPERVISORS

ATTEST: ~~MICHAEL POWERS~~DR. SEVET JOHNSON;  
Clerk of the Board of Supervisors,  
County of Ventura, State of California

By: \_\_\_\_\_  
Deputy Clerk of the Board



**AGENDA ITEM NO. 4**

**TO:** Ventura County Medi-Cal Manager Care Commission  
**FROM:** Marlen Torres, Executive Director of Strategy & External Affairs  
**DATE:** December 15, 2022  
**SUBJECT:** Welcome & Introductions

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Welcome & Introductions*



# Strategic Planning Retreat

December 15, 2022

Marlen Torres  
Executive Director, Strategy and External Affairs

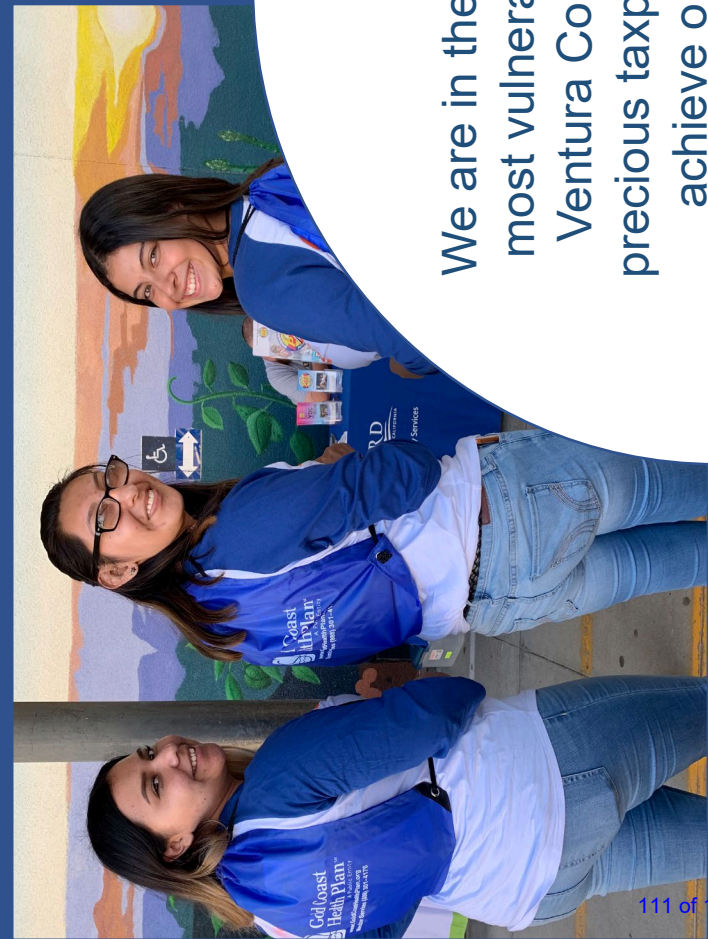
Integrity

Accountability

Collaboration

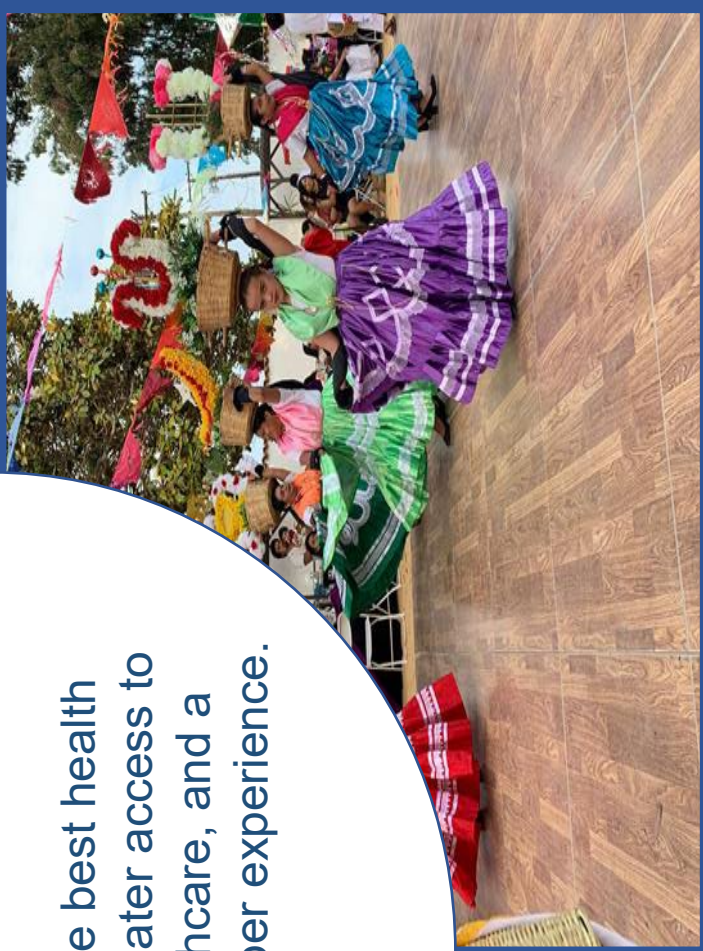
Trust

Respect



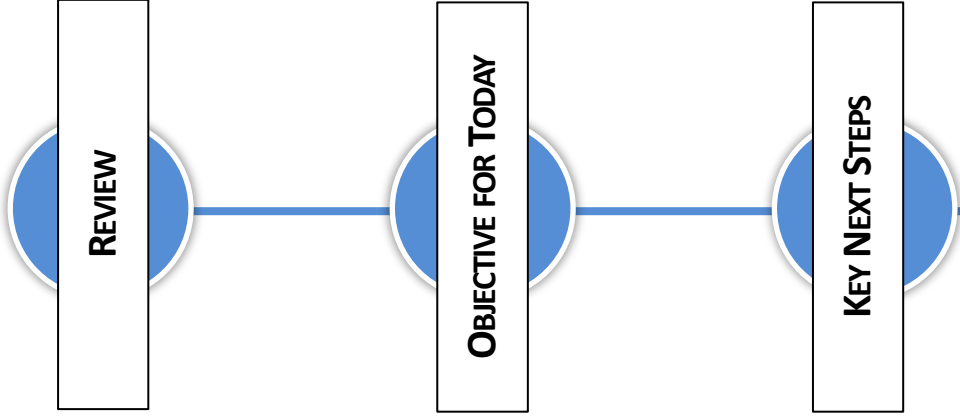
We are in the service of the most vulnerable people in Ventura County. We use precious taxpayer dollars to achieve our purpose:

To provide the best health outcomes, greater access to quality healthcare, and a superior member experience.



# What to expect from today's session

*...in the context of continuous strategic implementation*



The Commission approved GCHP's 5-year strategic plan and the FY 2022-23 fiscal budget. GCHP is in the process of implementing the first year of the 5-year plan.

Discuss this year's top strategic initiatives and engage the Commission in setting the strategic direction for this upcoming year.

GCHP to present Year 2 goals and objectives at the February 2023 Commission meeting and seek final approval from the Commission.



# Strategic Plan Process

# Our Journey to Become a Performance-Driven Organization



- GCHP Strategy: 2022-2023
- Leadership Strategy Session – September 29
- 1st Round Goal Operating Reviews – October 6, 17 and 18
- Goal Status Report Out – October 25
- Leadership Strategy Session – November 10
- 2nd Round Operating Reviews – November 17 and December 8
- Goal Status Report Out – December 6
- Strategic Planning Retreat with the Commission– December 15

**DRAFT Best Practice Operations (Regulatory Integration)**

**Imperative:** Create an operating platform "of excellence"

**Objective:** Build a modern operational model that enables best-in-class performance and enhance service at similar cost

**Goals:** #1. Establish Oversight processes that delivers "Brilliant at the Basics" outcomes

October 6, 2023

Goal	Time Period	Prioritized Milestones (Oct-Dec)	Deliverables	Start Date	End Date	Accountable Person
1. 100% of all regulated materials subject to GCHP handling	34	<ul style="list-style-type: none"> <li>Complete 100% of all regulated materials subject to GCHP handling</li> <li>Implement job standards for all regulated materials</li> <li>Complete 100% of all regulated materials subject to GCHP handling</li> <li>Complete 100% of all regulated materials subject to GCHP handling</li> </ul>	<ul style="list-style-type: none"> <li>100% of all regulated materials subject to GCHP handling</li> <li>100% of all regulated materials subject to GCHP handling</li> <li>100% of all regulated materials subject to GCHP handling</li> <li>100% of all regulated materials subject to GCHP handling</li> </ul>	7/1	11/15	Steve
2. 100% of all regulated materials subject to GCHP handling	34	<ul style="list-style-type: none"> <li>Complete 100% of all regulated materials subject to GCHP handling</li> <li>Implement job standards for all regulated materials</li> <li>Complete 100% of all regulated materials subject to GCHP handling</li> <li>Complete 100% of all regulated materials subject to GCHP handling</li> </ul>	<ul style="list-style-type: none"> <li>100% of all regulated materials subject to GCHP handling</li> <li>100% of all regulated materials subject to GCHP handling</li> <li>100% of all regulated materials subject to GCHP handling</li> <li>100% of all regulated materials subject to GCHP handling</li> </ul>	7/1	11/15	Steve

**Operating Review: Organization-HR**

**Enterprise Leadership Calendar**

Meeting	Objective	Attendees	Week of
HR Meeting	HR Meeting	HR Meeting	10/16-18
HR Meeting	HR Meeting	HR Meeting	10/23-25
HR Meeting	HR Meeting	HR Meeting	10/30-31
HR Meeting	HR Meeting	HR Meeting	11/6-8
HR Meeting	HR Meeting	HR Meeting	11/13-15
HR Meeting	HR Meeting	HR Meeting	11/20-22
HR Meeting	HR Meeting	HR Meeting	11/27-29
HR Meeting	HR Meeting	HR Meeting	12/4-6
HR Meeting	HR Meeting	HR Meeting	12/11-13
HR Meeting	HR Meeting	HR Meeting	12/18-20
HR Meeting	HR Meeting	HR Meeting	12/25-27

# Strategic Planning Process

## Strategic Planning

1. Meet with the Strategic Planning Ad Hoc Committee to determine direction of the second-year plan.
2. Discuss this year's top strategic initiatives with the Commission to set the strategic direction for this upcoming year.
3. Seek ultimate approval from the Commission at the February 2023 meeting.

116 of 134 pages

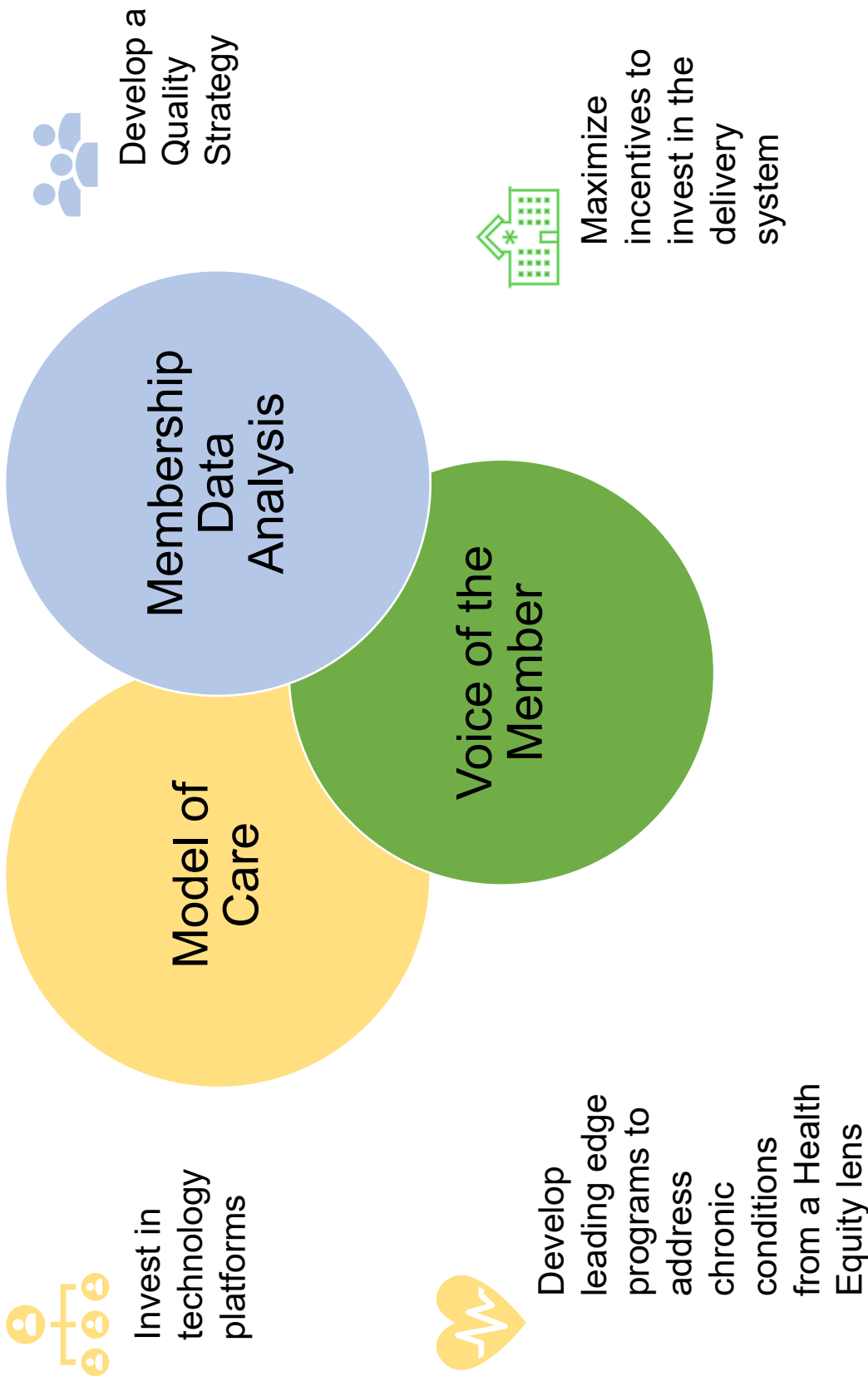
## Budget

1. The Strategic Plan will Inform FY 2023-24 Budget and subsequent budgets
2. Staffing / project needs will be allocated based on the Strategic Plan

## Reporting to the Commission

1. Report to the Commission twice a year on the progress of the identified goals in the Strategic Plan
2. Provide an update at the Executive / Finance Committee meetings from a strategic plan budgetary standpoint when appropriate

# Year 2 Proposed Theme: Actions to Improve the Health of Our Members





**AGENDA ITEM NO. 5**

**TO:** Ventura County Medi-Cal Manager Care Commission  
**FROM:** Nick Liguori, Chief Executive Officer  
**DATE:** December 15, 2022  
**SUBJECT:** Commission & Management Partnership

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Commission & Management Partnership*



# **Commission and Management Partnership: Maintaining a Shared Long-Term View for Gold Coast Health Plan**

## **December 15, 2022**

**Nick Liguori  
Chief Executive Officer**

**Integrity**

**Accountability**

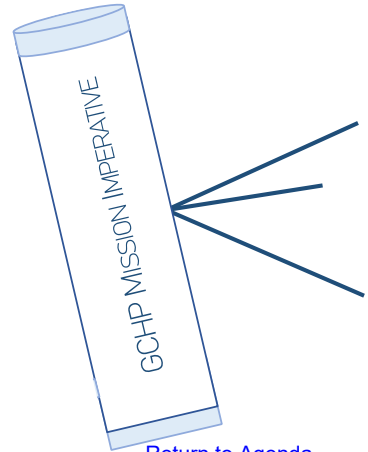
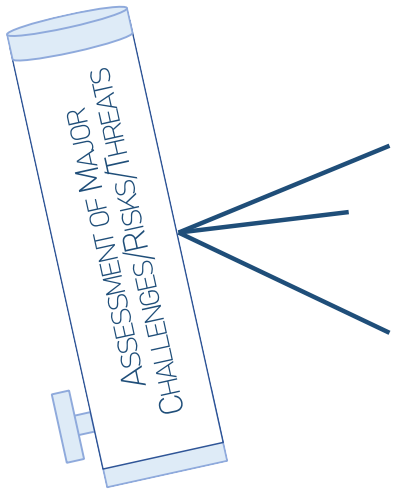
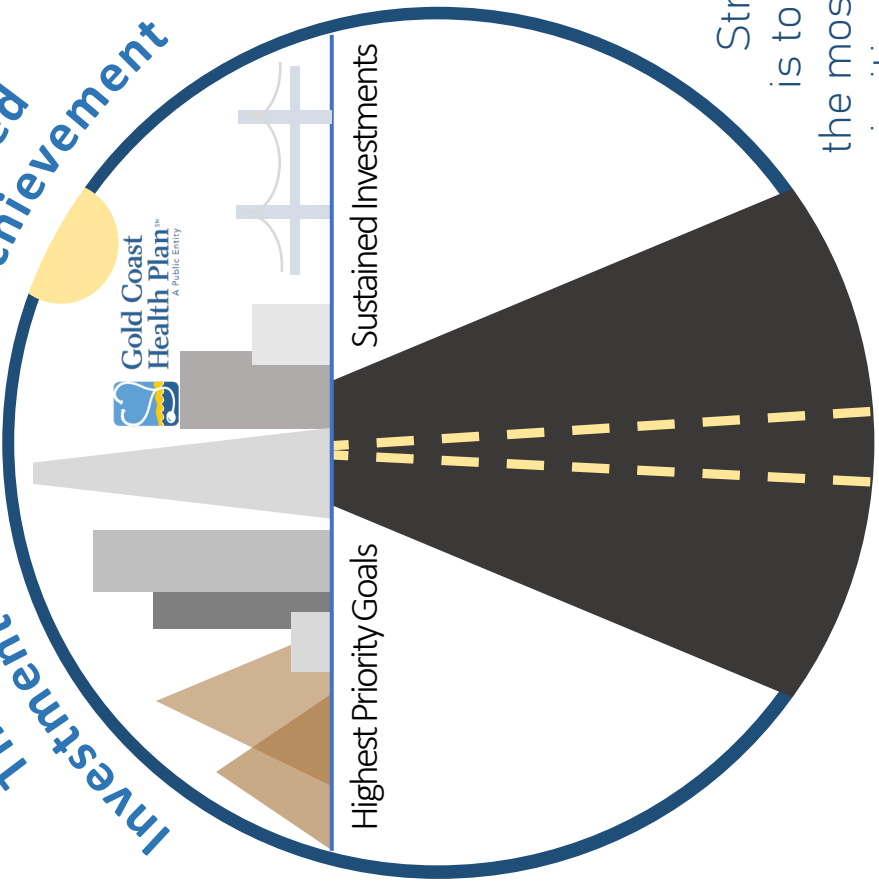
**Collaboration**

**Trust**

**Respect**

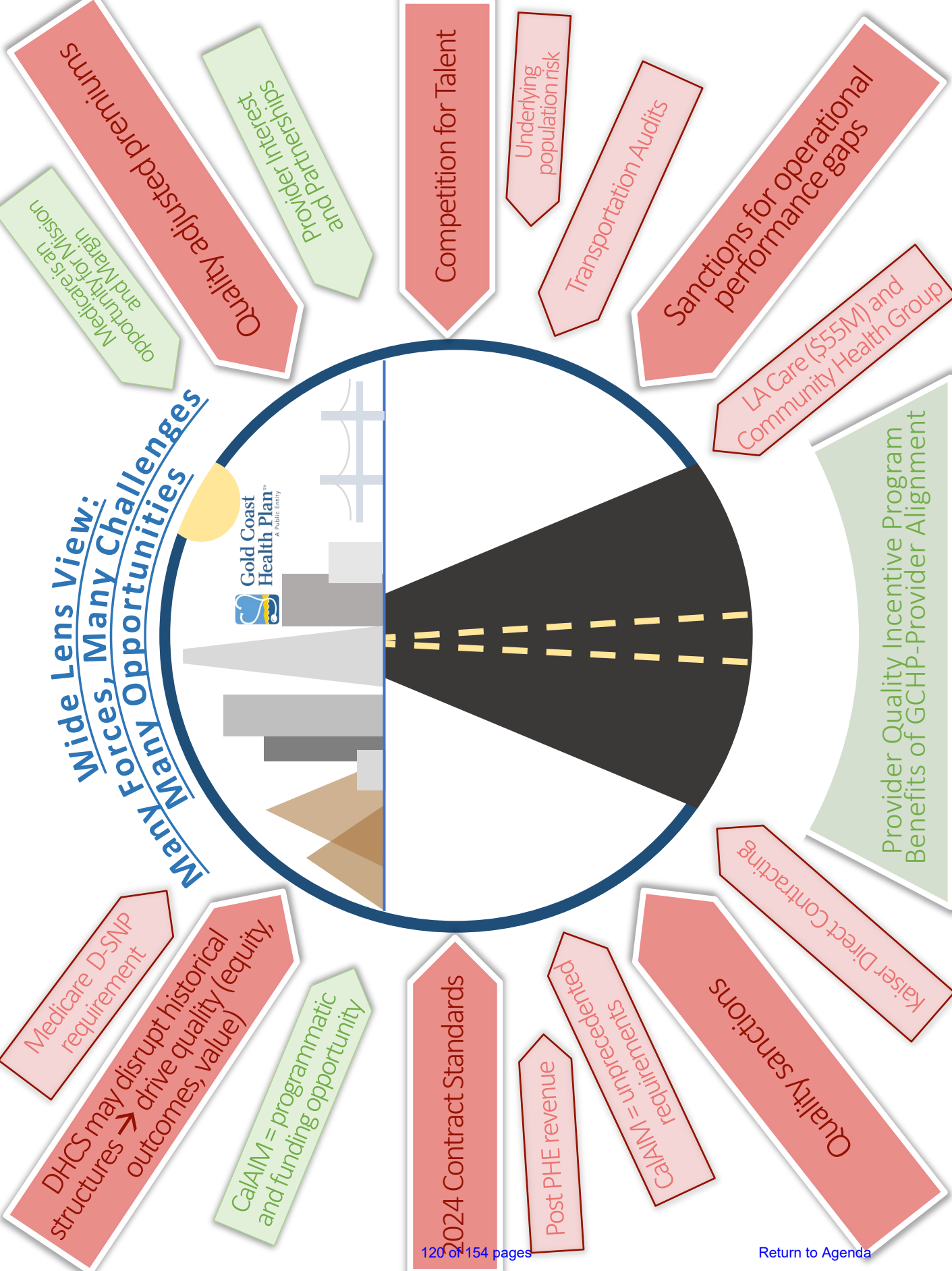
Management's View: The Commission-Management Partnership is a highest-value factor in the long-term success of Gold Coast Health Plan.

**The Long View and Sustained Investment for Mission Achievement**



A main objective of this Strategic Planning Retreat is to put into telescopic view the most critical goal/execution priorities of the approved "5 Year Strategic Plan" and to keep the vital Commission-Management focus on the long-term investments required for success.

# Wide Lens View: Many Forces, Many Challenges Many Opportunities



Medicare is an opportunity for Mission and Margin

Quality adjusted premiums

Provider Interest and Partnerships

Competition for Talent

Underlying population risk

Transportation Audits

Sanctions for operational performance gaps

LA Care (\$55M) and Community Health Group

Provider Quality Incentive Program Benefits of GCHP-Provider Alignment

Medicare D-SNP requirement

DHCS may disrupt historical structures → drive quality (equity, outcomes, value)

CalAIM = programmatic and funding opportunity

2024 Contract Standards

Post PHE revenue

CalAIM = unprecedented requirements

Quality sanctions

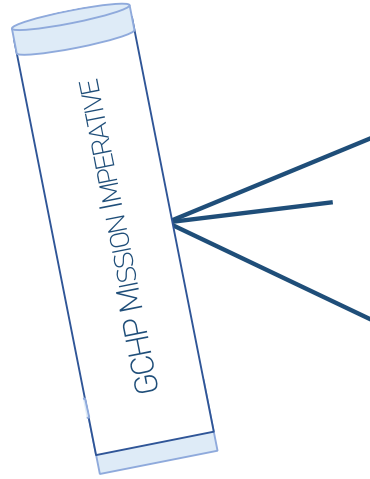
Kaiser Direct Contracting



# Commission and Management Partnership: Maintaining a Shared Long-Term View for Gold Coast Health Plan

The Gold Coast Health Plan Management Team is expected to (1) anticipate, analyze, and understand risks, challenges, and opportunities (current and future); (2) to develop responsive plans and solutions to ensure the health plan's ability to meet its Mission for the long term; and (3) to execute approved plans successfully and within budgets.

◆ To sustainably achieve the Mission, Management is working to turnaround historical Quality performance issues and build capabilities to effectively manage the cost and impact (outcomes) of care.



→ "Operations of the Future"

→ Quality Provider Incentive Pool and Program

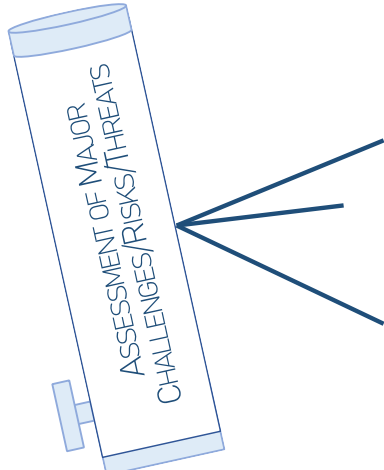
→ Member Incentives and Engagement in Health/Healthcare

→ Model of Care Programs for Chronic Condition Management and Integrated Care Teams for Most Vulnerable

→ Ensure long term financial strength and viability

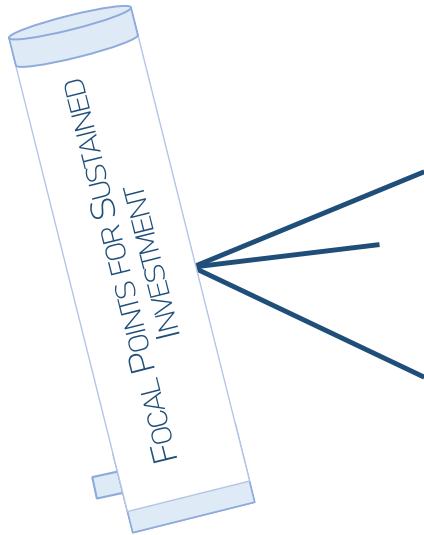
# Commission and Management Partnership: Maintaining a Shared Long-Term View for Gold Coast Health Plan

- ◆ The combination of low Quality performance + limited capability to manage the cost and improve the quality of care for the most vulnerable members is an existential risk to any Medi-Cal Health Plan.
  - Only health plans that deliver sustained high performing of both the health plan and delivery system, while controlling the growth of costs, will thrive for the long term.
- ◆ Long-standing structures of the Medi-Cal system, including county-level controls and the COHS model, are being disrupted.
- ◆ What was previously viewed by the industry as a “future risk” is a “right now reality.” CMS/DHCS requirements for higher Quality are kicking-in now ahead of the 2024 Medi-Cal Managed Care Plan contract:
  - Sanctions for low Quality and operational gaps/issues are happening now; these will grow substantially in 2024; rightly so, audits and scrutiny are increasing.
  - Quality adjusted premiums (zero sum, low Quality loses long term) expected to apply in 2025, based on 2023-2024 results.



# Commission and Management Partnership: Maintaining a Shared Long-Term View for Gold Coast Health Plan

- ✓ We highlight 3 major aspects of the Commission approved Gold Coast Health Plan “5 Year Strategic Plan” that require a long-term mindset when it comes to expectations and investments.
- ✓ Management focus now: Successful execution of the 2022-23 budget and plans approved by the Commission.
- ✓ Management focus now and throughout: Ensure timely and thorough discussions are happening with the Commission and relevant Committees.
- ✓ Management focus now and throughout: Maintain proper priority and adequate funding throughout the 5-Year Plan.



## Operations, of the Future

- Plan to procure and build modern Health Plan Capabilities and Invest for CalAIM



## Programs to Improve Quality Healthcare

- Develop and launch programs to incentivize provider performance and support member engagement in health and healthcare



## Medicare (D-SNP)

- Investments for licensure and operational readiness
- Adequate financial reserves



# Operations of the Future



*S.M.A.R.T. Goal: build and manage the health plan operations (People, Processes, and Technologies) necessary to deliver a superior experience for members and providers and to enable sustained high Quality performance.*

## Strategic Context

- 12 years dependency on outsourcing for core health plan operations has held back internal know-how
- Data/operational technologies are antiquated or non-existent; at least 3+ years behind a rapidly accelerating Medi-Cal industry
- In some key areas, more internal skill set development is still needed to meet industry standards
- Low performance in quality and service is an existential risk; need to speed up improvements to prevent regulations from outpacing us
- Financial risks (revenue, reporting) are magnified by data gaps and operational issues

## Considerations for Commission Approved Plan

*For Discussion*



# Medicare for Dually Eligible Beneficiaries



*S.M.A.R.T. Goal: In compliance with CalAIM/DHCS requirements and to more fully meet the needs of Medi-Cal beneficiaries in Ventura County, GCHP plans to build and operate (by 2025-26) a health plan for individuals who are eligible for both Medi-Cal and Medicare (dually eligible special needs plan or “D-SNP”).*

## Strategic Context

- CalAIM: DHCS requiring all Medi-Cal managed care plans to offer a D-SNP on or before January 2026
- GCHP behind the curve → only Medi-Cal managed care plan without Knox-Keene license, a requirement
- D-SNP requires advanced health plan operations and Model of Care to manage care, costs, quality and satisfaction; like managing the care for the “Top 10%”; “Stars” measures determine long term viability
- Need to hire Medicare skill set; staff up before revenue
- Compliance complexity increases with additional regulators – DMHC, CMS
- Member scale is essential – cannot remain small
- 23,000+ Duals in VC today; all enrolled in GCHP for Medi-Cal portion; ~5,000 also enrolled today in a D-SNP

## Considerations for Commission Approved Plan

*For Discussion*



**AGENDA ITEM NO. 6**

**TO:** Ventura County Medi-Cal Manager Care Commission  
**FROM:** Erik Cho, Chief Program & Policy Officer  
**DATE:** December 15, 2022  
**SUBJECT:** Actions to Improve Health, Healthcare, and Services for Our Members

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Actions to Improve Health, Healthcare, and Services for Our Members*

# Gold Coast Health Plan

## *Actions to Improve Health, Healthcare, and Services for our Members*

12/15/22

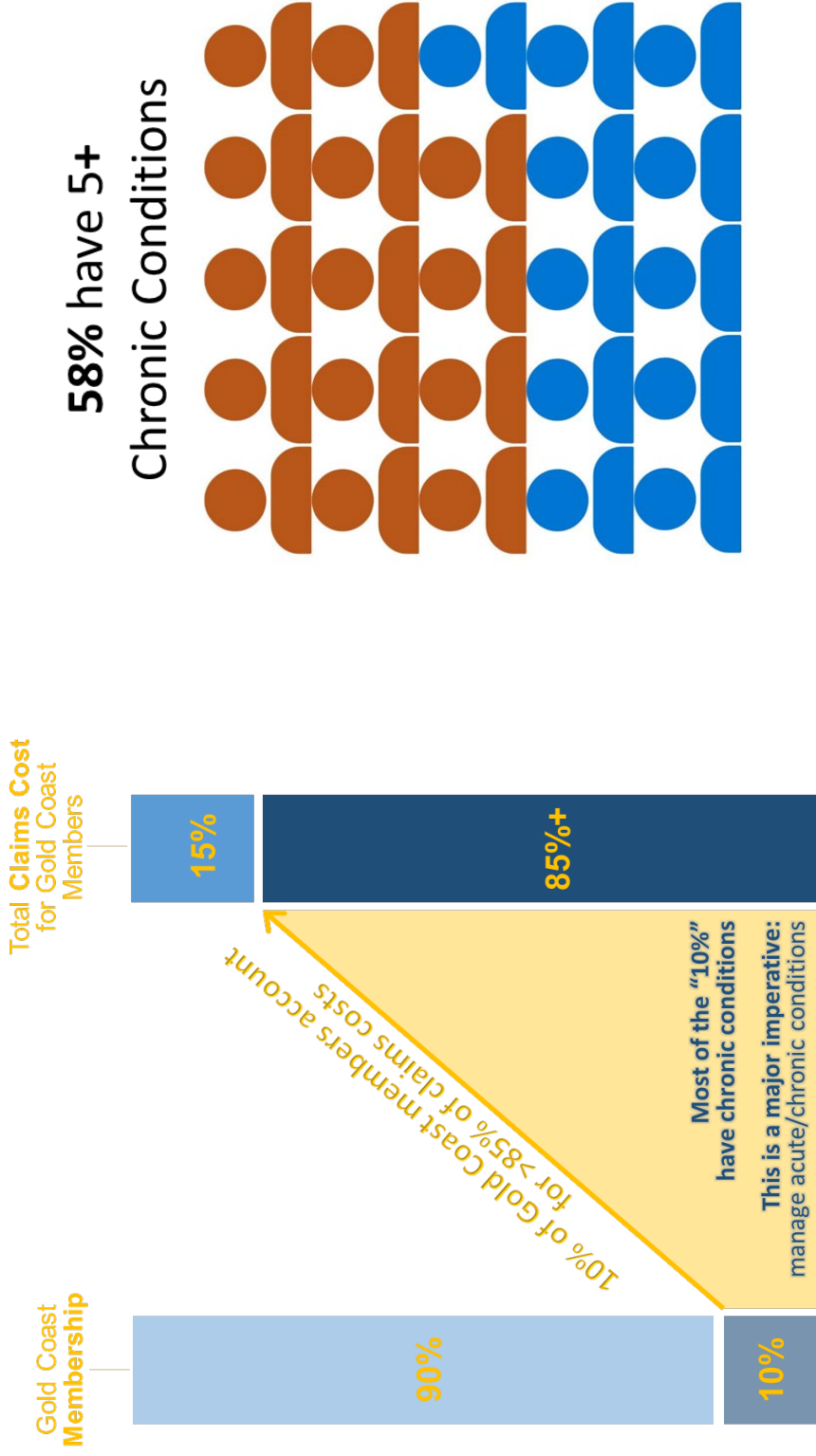
# Presentation Overview



- Our Data-Driven Focus
- Actions for our Members
- Breaking Down Barriers to Care: a Focus on Transportation



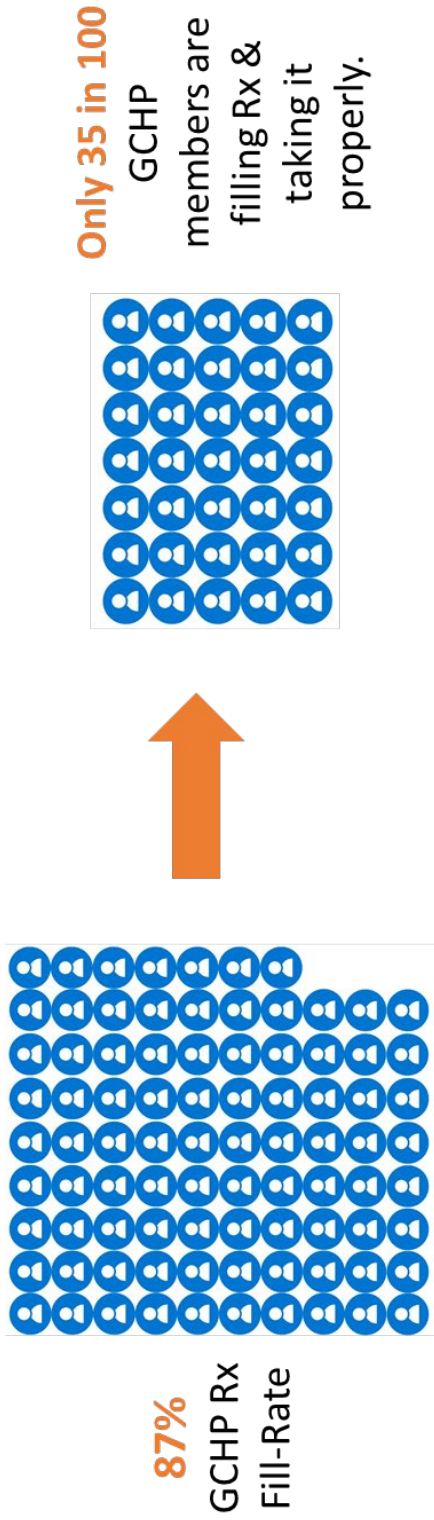
# Review: Our Data-Driven Focus



**10% of Gold Coast members account for nearly all GCHP's controllable costs. 78% of these members have 2+ chronic conditions, while 58% of these members have 5+ chronic conditions.**

# Review: Our Data Driven Focus

Over **13%** of our top 10% have had **no Rx claims in the last 3 months.** Studies show that of those who do fill their prescriptions, **only 40%** will adhere to their medication regimen.\*



- We must advance management of acute/ chronic conditions.
- We must improve linkages to and retention of care and medication adherence.

# Actions for our Members

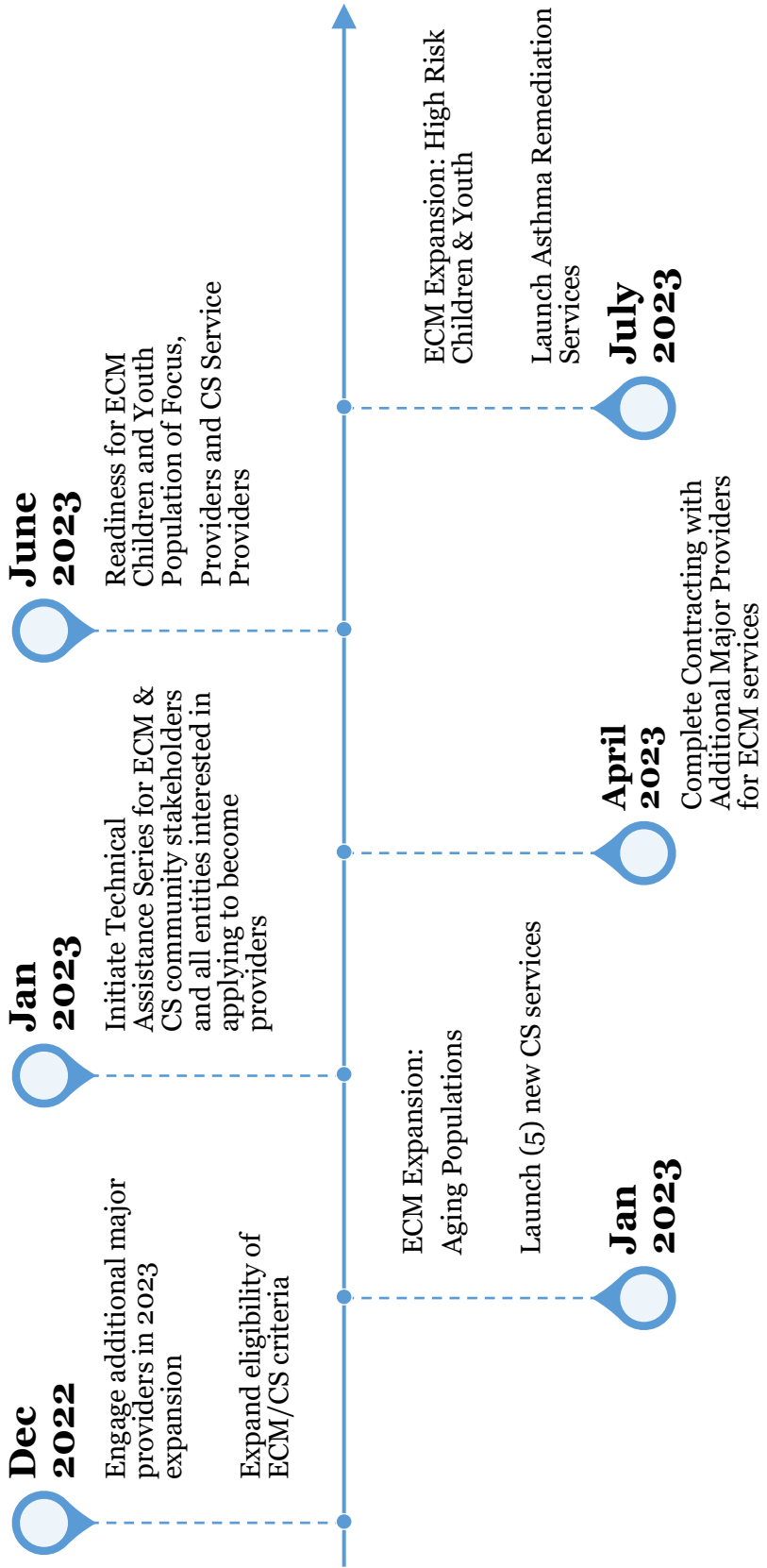


# Targeted Engagement Campaigns

ECM					
Members Served Recuperative Care					
Measure	CY 2022 Q1	CY 2022 Q2	CY 2022 Q3	Average	Trend
Number of Members Identified as ECM Eligible	2,456	3,240	3,934	3,210	
Number of ECM Eligible Members with One or More Outreach Attempts	260	608	877	582	
Number of Members Enrolled in ECM with One or More Outreach Attempt	88	247	433	256	
# of Active Cases	596	739	668	668	

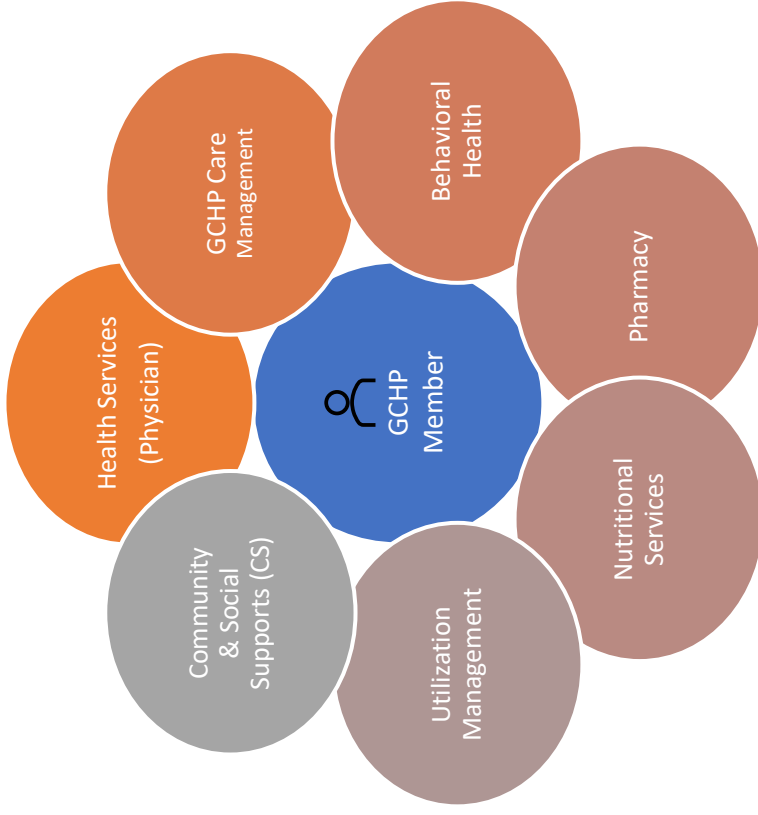
- Engagement for Enhanced Care Management has increased steadily.
- We launched targeted outreach in November for those at highest risk of hospitalization and those with no outpatient visits.
- We increased Medically Tailored Meals referrals rapidly in November with an emphasis on our top 10% members.

# ECM and CS Expansion Plan



# Interdisciplinary Care Team (ICT) Model

Examples of Populations Served:
Complex Chronic Disease
Substance Use Disorder (SUD)
Severe Mental illness (SMI)
Homelessness
High Utilizers of Hospital Based Care
Aging Population with Transitional Needs



***An Integrated Care Team Model that applies individualized member management/support on a population scale***

# Evidence Based Programs



MEDICATION THERAPY  
MANAGEMENT (MTM)



COMMUNITY HEALTH  
WORKER (CHW)  
BENEFIT



PALLIATIVE CARE  
SERVICES



CHRONIC DISEASE  
MANAGEMENT  
PROGRAM

# Member Incentives

## Purpose

Motivate individuals to adopt healthy behaviors that could ultimately lead to improving health status, enhancing prevention and health outcomes, and reducing program costs.

## Traditional Approach

Tactics like awarding members gift cards after they have completed an activity, have not proven to be effective.

## A Recent Example

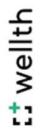
Statewide, the COVID-19 vaccination rate did not have a major increase despite Plans being able to award \$50 gift cards to members.

## A New Approach

Impact people's daily behavior through consistent nudges and a focus on the hard to reach and low adherence population



# New Approaches



Solution Who We Serve

Outcomes

Our Team

Resources

Contact Us

## It pays to be healthy.

Wellth helps you improve quality scores, reduce utilization, and improve member satisfaction by using the right incentive at the right time to motivate members to form life-changing healthy habits.

Training healthy habits helps drive down the overall cost of care and can reduce hospitalizations and other claims by 20–40%. Our solutions drive outcomes where care plan adherence is critical.

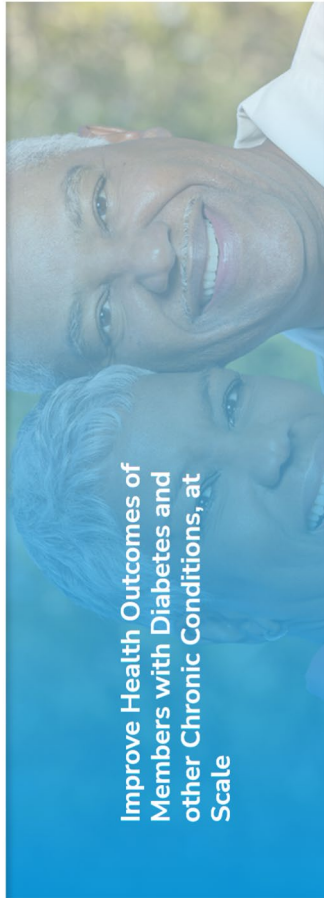


See how Wellth works



WHO WE SUPPORT WHO WE ARE INDUSTRY INSIGHTS SEARCH

CONNECT WITH US



Improve Health Outcomes of Members with Diabetes and other Chronic Conditions, at Scale

### A Proven Approach with Proven Results

Our evidence-based, expert-led digital care solution delivers meaningful results for individuals living with chronic conditions. Our participants' improved health outcomes drive positive individual experiences and an overall reduction in cost of care for organizations.

**45%+**  
Program Enrollment Rate

**+1.5pt**  
Average A1C Reduction

**90%**  
Patient Satisfaction

**80%+**  
Medication Adherence

**1.2M+**  
Live Patient Interactions

**100%**  
Device Persistence

### Delivering Meaningful, Comprehensive

At Cecelia Health, we have supported the health of their members with diabetes. We offer a comprehensive set of chronic disease management solutions.

**90.1%**  
Average care plan adherence

**45%**  
Reduction to readmissions

**1.3**  
HbA1c reduction

# Breaking Down Barriers to Care: Focus on Transportation

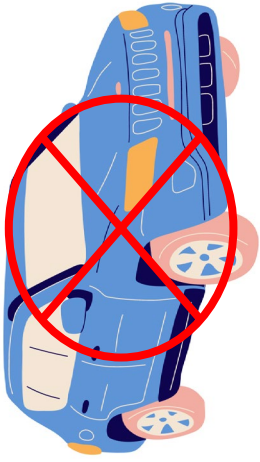
# Transportation Impacts on Health

*Each year, 3.6 million people in the United States do not obtain medical care due to transportation issues.<sup>1</sup>*

*Applied roughly to GCHP membership, this would mean at least 2,600 members would not be accessing care due to transportation.*

- ❑ Transportation is the third most cited barrier to accessing health services for older adults<sup>2</sup>
- ❑ Lack of transportation leads to poorer management of chronic illness and thus poorer health outcomes<sup>3</sup>
- ❑ Transportation is more likely a barrier in accessing healthcare for lower income populations<sup>4</sup>

# Lack of Transportation = Barrier to Access



No Personal Car



Hours of Bus Travel



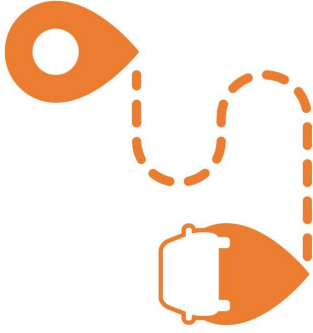
- Missed appointments
- Delayed care
- Missed or delayed medication use
- Poor management of chronic conditions

## The current state of public transportation in Ventura County

presents challenges to our members.

*For example, compared to CA and the US, Ventura County residents are almost 5x times less likely to use public transportation to commute to work<sup>5</sup>*

# GCHP Transportation Stats



Non-Medical  
Transportation to Covered  
and Non-covered Services

**201,595** One-way  
Trips\*



Grievances

**14%** of our total  
grievances\*

# The Importance of Transportation for GCHP

Criticality for care coordination and management

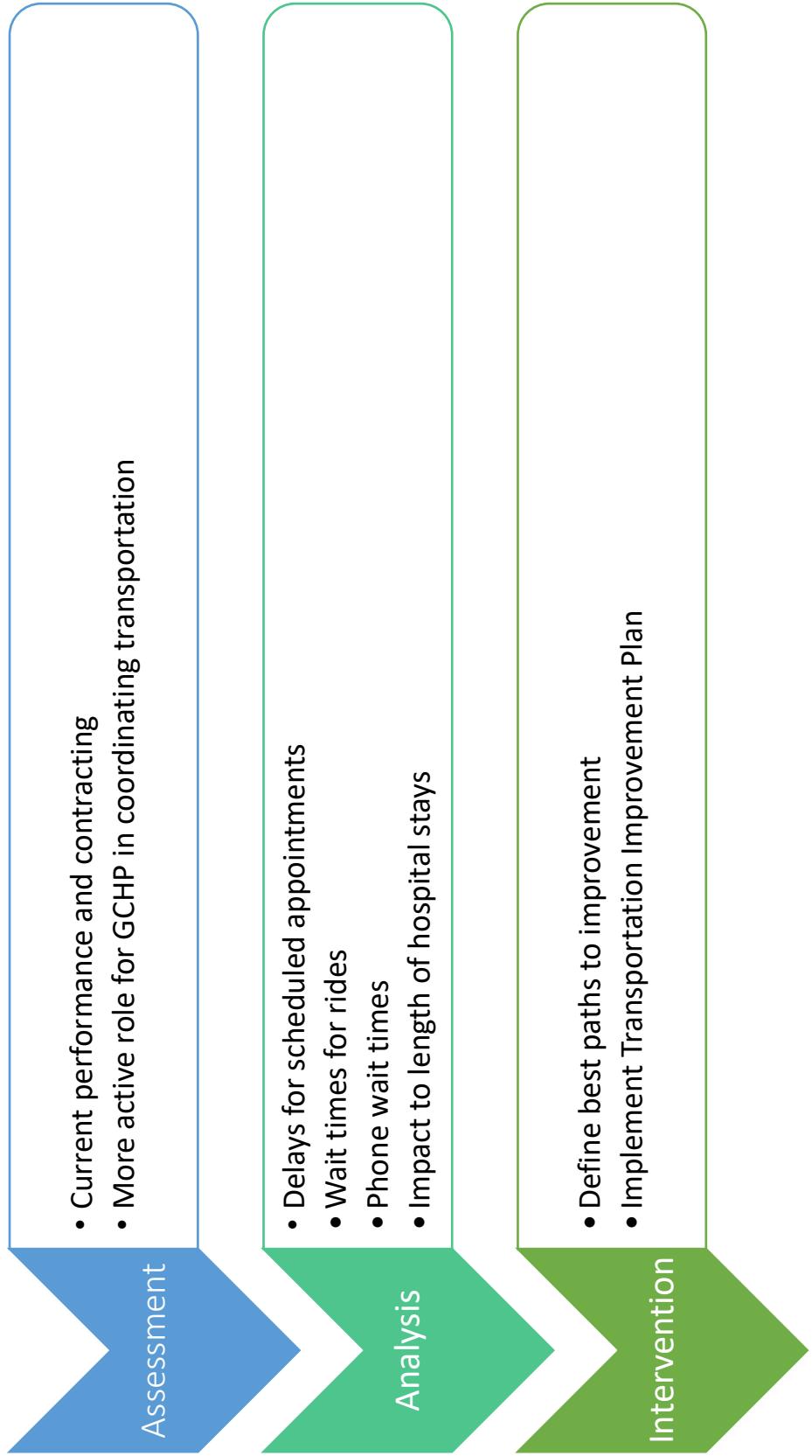
Significant member utilization and need

Future transportation services for the D-SNP population

Increased DHCS focus

# Transportation Steps Forward:

## Member Transportation Improvement Plan



**Integrity**

**Accountability**

**Collaboration**

**Trust**

**Respect**

# Questions



# Appendix A: Data Acknowledgements

- Source: Inovalon Data Lake.
- Eligible member data based on active membership between July 2021 and July 2022.
- Claims data included between October 2021 and September 2022.
- Full scope members only.
- “Medication Adherence Measures: An Overview”, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4619779/#B1>.
- Fitzpatrick, A. L., Powe, N. R., Cooper, L. S., Ives, D. G. & Robbins, J. A. (2004). Barriers to health care access among the elderly and who perceives them. American Journal of Public Health, 94(10): 1788-1794.
- “Traveling Towards Disease: Transportation Barriers to Health Care Access” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/>
- “American Community Survey 1015-2019 5 Year Data Release” <https://www.census.gov/newsroom/press-kits/2020/acs-5-year.html>



**AGENDA ITEM NO. 7**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Kim Timmerman, Sr. Director of Quality Improvement  
DATE: December 15, 2022  
SUBJECT: Quality & Health

**PowerPoint with  
Verbal Presentation**

# Quality & Health

December 15, 2022

Kim Timmerman  
Senior Director, Quality Improvement

Integrity

Accountability

Collaboration

Trust

Respect

# Quality Improvement Imperative

To Improve Health, Healthcare and Experience of our Members



Member | Achieve better health outcomes



Financial | Avoid sanctions and corrective actions (now), improve revenue (later)



Competition | Protect revenue as market shifts to quality-based premiums



Mission | Ensuring we continue to meet our mission today and in the future

# Quality and Health: Objective, Goals, Measures

Imperative	Quality Healthcare
Objective	Demonstrate GCHP quality performance through optimized MCAS and quality measure outcomes and achievement of NCQA Health Plan and Health Equity Accreditation
Goals and Measures	<p>Goal #1: Achieve optimal MCAS performance by meeting and/or exceeding MPL on all measures through the Q4 MCAS Push</p> <p>Goal #2: Achieve NCQA Health Plan and Health Equity Accreditation by January 2026</p> <p>Q4 2022:</p> <ol style="list-style-type: none"> <li>1. Assess and enhance data to ensure completeness, accuracy and improved mapping</li> <li>2. Complete medical record abstraction to compile non-standard supplemental data</li> <li>3. Implement mechanisms for closure of gaps in care</li> <li>4. Engage providers / QI administrators / clinic staff in performance improvement</li> <li>5. Engage with The Mihalik Group in NCQA consulting</li> </ol>



# Quality Repositioning

- Executive level/CEO support
- IT engagement
- Cross-organizational awareness
- Collaboration with partner organizations



# Operating Review: Quality and Health

Demonstrate GCHP quality performance through optimized MCAS and quality measure outcomes and achievement of NCQA Health Plan and Health Equity Accreditation.

Goal	Prioritized Milestones (Oct.-Dec.)	Barrier(s) / Ask	Deliverables	Start Date	End Date	Accountable* and Responsible People
1. Achieve optimal MCAS performance by meeting and/or exceeding MPL on all measures through the Q4 MCAS Push	1. Insert Q4 MCAS Push activities into existing quality interventions / workplan metrics		1. Continually refine quality workplan to leverage opportunities with vendors, internal staff, providers, and CBOs to achieve desired MCAS performance – <b>In process</b>	10/13/22	12/31/22	Kim Timmerman* Nancy Wharfield*
	2. Finalize assessment and enhancement of Inovalon data to ensure completeness and accuracy of MCAS outcomes	<p><b>1. Lack of dedicated IT resources/IT</b> to assign dedicated staff with needed skill set and prioritize Q4 MCAS push activities. <b>Additionally require IT Developer support to automate processes to reduce processing time and decrease errors</b></p> <p><b>2. Lack of EMR feeds/Executive level (CEO, CMO, CIO, CPPO) active support and outreach to systems for data feeds</b></p> <p><b>3. Lead time required to field for Clinical Data Operations Services RFP and initiate process for EMR feeds/Consider use of The Mihalik Group for technical assistance to work with GCHP and systems to expedite EMR feeds</b></p>	<p>1. Inventory by IT of available data files for Inovalon submission + enhance as appropriate  <b>✓ Initiate 11/30/22</b></p> <p>2. Consult with The Mihalik Group (TMG) - HEDIS processing / data completeness / supplemental data / interventions  <b>✓ Completed all sessions. Assessment report due 11/21. Review session 12/1.</b></p> <p>3. Ingest data available via Manifest Medex (HIE)  <b>✓ Pilot test connectivity with Manifest Medex in process</b></p> <p>4. Implement plan to obtain EMR feeds from VCMC, CMH, AHP, Dignity (CDCR already in place)  <b>✓ Fielded RFP for Clinical Data Operations Services for technical expert to accelerate consumption of clinical data (IT)</b></p>	10/1/22  10/6/22  10/6/22	4/24/22 <b>12/30/22</b>  3/15/23	Michael Mitchell* David Kirkpatrick Eric Forman  Rachel Ponce Shasta Gereau Helen Chtourou Eric Forman Mayra Hernandez  Michael Mitchell* David Kirkpatrick Eric Forman  Michael Mitchell David Kirkpatrick Eric Forman Erik Cho* Kim Timmerman

# Questions?



# Appendix – Detailed Status Report

# Status Report: Quality and Health

Goals:	
1. Achieve optimal MCAS performance by meeting and/or exceeding MPL on all measures through the Q4 MCAS Push	<b>Sponsor:</b> Nancy <b>Executive Team:</b> Marlen, Robert, Kashina, Nick (consult) <b>Leadership Team:</b> Kim, Mayra, Nicole, Pauline, Michael M.
2. Achieve NCOA Health Plan and Health Equity Accreditation by January 2026	

Last Week's Accomplishments
<ul style="list-style-type: none"> <li>Completed member texting campaign for well child / women's health gaps in care</li> <li>Onboarded / trained additional HEDIS temps to continue medical record abstraction.</li> <li>Completed 18,268 medical record abstractions (28% of total volume); 3,817 compliant hits found (21% success rate)</li> <li>The Mihalik Group (TMG) NCOA / HEDIS consulting:               <ul style="list-style-type: none"> <li>Completed business unit interviews for CR, QI, and NET standards</li> <li>Convened to review HEDIS Consulting Assessment Report and key recommendations (12/1)</li> <li>Received EMR Data Integration Proposal</li> </ul> </li> <li>Assessed IT inventory of available data files for Inovalon submission – determined limited enhancement opportunities</li> <li>Acquired IT Developer support for manual processes entailed in monthly Inovalon file processing to improve accuracy and efficiency of data submissions</li> </ul>

Goal	90 Day Milestones (Oct-Dec 2022)	Start	End	% Complete	Status
1	Insert Q4 MCAS Push activities into existing quality interventions / workplan metrics	10/13/22	12/31/22	100%	✓
1	Finalize assessment and enhancement of Inovalon data to ensure completeness and accuracy of MCAS outcomes	10/1/22	3/15/23	25%	🟢
1	Implement mechanisms to increase accuracy and improve mapping of data to Inovalon that feeds MCAS outcomes	10/2/22	11/30/22	30%	🟡
1	Complete medical record abstraction to complete non-standard supplemental data submission	10/5/22	3/15/22	28%	🟢
1	Implement mechanisms for closure of gaps in care	10/5/22	12/19/22	75%	🟢
1	Provider collaboration - Engage providers / QI administrators / clinic staff in performance improvement	10/1/22	12/31/22	90%	🟢
2	Engage with The Mihalik Group in NCOA consulting	10/1/22	12/31/22	85%	🟢

Upcoming Activities Next Two Weeks
<ul style="list-style-type: none"> <li>Evaluate effectiveness of Inovalon fix to mapping issues (prenatal codes, Kaiser well child data). Process is delayed as it was not implemented as expected during November data refresh. Delayed ability to assess impact and determine need for further analysis/resolution.</li> <li>Review EMR Data Integration Proposal from TMG with IT (12/9) and determine feasibility to execute for MY 2022 impact.</li> <li>Collaborate with LabCorp on automated member-centric lab data feeds.</li> <li>Work with Kaiser to obtain/ingest supplemental claims data files.</li> <li>Continue business unit interviews for UM and Member Experience standards with TMG (to be completed 12/16).</li> </ul>

Risks / Issues
<ul style="list-style-type: none"> <li>Continued reliance on single accountable resource in IT for processing of Inovalon data and monthly files submission. Need for cross-training and back up resource for this critical time-sensitive work.</li> <li>CAI/AM requires that all MCPs and their health plan subcontractors have National Committee for Quality Assurance (NCOA) Health Plan Accreditation and NCOA Health Equity Accreditation. Unclear if AHP contract aligns with requirement.</li> </ul>

✓ Completed	🟢 On Plan	🟡 Behind Plan	🔴 Off Plan	⏸ On Hold
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