

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

**Regular Meeting**

**Monday, April 25, 2022, 2:00 p.m.**

**Due to the public health emergency, the Community Room at Gold Coast Health Plan is currently closed to the public.**

**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: 805-324-7279**

**Conference ID Number: 767 631 736#**

**Para interpretación al español, por favor llame al 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.**

**AGENDA**

**CALL TO ORDER**

**OATH OF OFFICE** New Commissioners: Anwar Abbas, Allison Blaze, M.D., James Corwin, and Anna B. Monroy

**ROLL CALL**

**PUBLIC COMMENT**

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

Persons wishing to address VCMMCC 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 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. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of February 28, 2022, and Special Meeting of March 28, 2022.**

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of February 28, 2022, and special meeting of March 28, 2022.

**2. Findings to Continue to Hold Remote Teleconference/Virtual Commission Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Commission adopt the findings to continue to meet remotely.

**3. Approval of Credentials / Peer Review Committee Members**

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Approve Rachel Stern, M.D. and Amy Gowan, M.D. as active members of the Credentials / Peer Review Committee.

**4. DR Management – SOW #4 Contract Execution**

Staff: Anna Sproule, Senior Director of Operations

RECOMMENDATION: GCHP staff recommends the Commission approve and delegate to the CEO the authority to execute SOW #4 with DR Management for continued support through April 30, 2022, for an amount not to exceed \$40,000.

**5. Health Management Associates (HMA) Service Order #12 Contract Execution**

Staff: Nick Liguori, Chief Executive Officer  
Nancy Wharfield, MD, Chief Medical Officer

RECOMMENDATION: GCHP staff recommend the Commission approve and delegate to the CEO the authority to execute Service Order #12 with HMA for support through December 31, 2022, and for an amount not to exceed \$350,000.

**6. Consideration of Amending the Commission’s Bylaws and Delineation of Authority Documents Pursuant to Commission Direction**

Staff: Scott Campbell, General Counsel

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

**FORMAL ACTION**

**7. Election of Chairperson and Vice-Chairperson to serve two-year terms and appointments to the Executive/Finance Committee**

Staff: Scott Campbell, General Counsel

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
  - b. Vice Chairperson
  - c. Private Hospital Healthcare Representative
  - d. Ventura County Medical Health System Representative
  - e. Clinicas Del Camino Real Representative.

**8. Quality Improvement Committee 2022 First Quarter Report**

Staff: Nancy Wharfield, M.D., Chief Medical Officer  
Kim Timmerman, Director of Quality Improvement

RECOMMENDATION: Approve the 2022 QI Program Description and 2022 QI Work Plan as presented. Receive and file the complete report as presented.

**9. Housing and Homelessness Incentive Program (HHIP)**

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: GCHP staff recommends the Commission approve participation in the HHIP.

**10. February/March 2022 Financials**

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Commission approve the February and March 2022 financial package.

**REPORTS**

**11. Chief Executive Officer (CEO) Report**

Staff: Nick Liguori, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

**12. Chief Medical Officer (CMO) Report**

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the report.

**13. Chief Information Officer (CIO) Report**

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: Receive and file the report.

**14. Chief Diversity Officer (CDO) Report**

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report.

**15. Executive Director of Human Resources (H.R.) Report**

Staff: Michael Murguia, Executive Director of Human Resources

RECOMMENDATION: Receive and file the report.

## **Commission Roundtable - Future Commission Agenda Presentations**

### **16. Commissioner Requests**

Staff: Nick Liguori, Chief Executive Officer

Roll Call will be done in order to get a list of requests for future Commission presentations.

## **CLOSED SESSION**

### **17. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.

### **18. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION**

(Paragraph (1) of subdivision (d) of Section 54956.9)

Name of Case: Gandhi v. Gold Coast Health Plan, et al., Ventura Superior Court  
Case No. 56-2022-00563999-CU-WT-VTA

### **19. PUBLIC EMPLOYEE PERFORMANCE EVALUATION**

Title: Chief Executive Officer

## **ADJOURNMENT**

Unless otherwise determined by the Commission, the next regular meeting will be held on May 23, 2022.

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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 Commission 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 3 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  
**FROM:** Maddie Gutierrez, MMC, Clerk for the Commission  
**DATE:** April 25, 2022  
**SUBJECT:** Minutes of February 28, 2022, Regular Commission Meeting and March 28, 2022, Special Commission Meeting.

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENT:**

Copy of Minutes for the February 28, 2022 Regular Commission Meeting and March 28, 2022 Special Commission Meeting.

**Ventura County Medi-Cal Managed Care Commission (VCMCC)  
dba Gold Coast Health Plan (GCHP)  
February 28, 2022, Regular Meeting Minutes**

**CALL TO ORDER**

Commission Chair Dee Pupa called the meeting to order via teleconference at 2:03 p.m. The Clerks were in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

**ROLL CALL**

Present: Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

Absent: Commissioners Andrew Lane and Jennifer Swenson.

Attending the meeting for GCHP were Nick Liguori, Chief Executive Officer, Nancy Wharfield, MD., Chief Medical Officer, Kashina Bishop, Chief Financial Officer, Robert Franco, Chief Compliance Officer, Ted Bagley, Chief Diversity Officer, Alan Torres, Chief Information Officer, Michael Murguia Executive Director of Human Resources, Scott Campbell, General Counsel, Cathy Salenko, Health Care General Counsel, Marlen Torres, Executive Director of Strategy and External Affairs, and Margaret Tatar, HMA Consultant.

Additional staff participating on the call: Anna Sproule, Dr. Anne Freese, Pauline Preciado, Kim Timmerman, Carolyn Harris, Nicole Kanter, David Tovar, Susana Enriquez, Kris Schmidt, Paula Cabral, Sandi Walker, Victoria Warner, Lucy Marrero, Bob Bushey, David Kirkpatrick, Adriana Sandoval, Vicki Wrihster, Veronica Estrada, Jamie Rockhold, Jamie Louwerens, and Mike Maestaz.

Also, in attendance were Nathalie Camarena of BBK and Barry Zimmerman, County of Ventura.

**PUBLIC COMMENT**

None.

## **CONSENT**

**1. Approval of Ventura County Medi-Cal Managed Care Regular Meeting Minutes of February 28, 2022.**

Staff: Maddie Gutierrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the Regular Meeting Minutes of February 28, 2022.

**2. Adopt a Resolution to Renew Resolution No. 2022-01, to Extend the Duration of Authority Empowered in the CEO to issue Emergency Regulations and Take Action Related to the Outbreak of Coronavirus (“COVID-19”)**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Adopt Resolution No. 2022-03 to extend the duration of authority empowered in the CEO through March 28, 2022.

**3. Findings to Continue to Hold Remote Teleconference/Virtual Commission Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the Commission adopt the findings to continue to meet remotely.

Commission Chair, Dee Pupa asked for a motion on Consent items 1, 2, and 3.

Commissioner Espinosa motioned to approve Consent items 1, 2, and 3. Commissioner Alatorre seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Scott Underwood, D.O., and Terri Yanez.

**NOES:** None.

**ABSENT:** Commissioners Andrew Lane and Jennifer Swenson.

Commissioner Chair Pupa declared the motion carried.



Commissioner Andrew Lane joined the meeting at 2:05 p.m.  
Commissioner Jennifer Swenson joined the meeting at 2:06 p.m.

## **FORMAL ACTION**

### **4. January 2022 Financials**

Staff: Kashina Bishop, Chief Financial Officer

CFO Bishop gave a financial overview. January net gain was \$1.6 million. Fiscal year to date net gain is \$27.9 million. The TNE is at 357% of the minimum required. Medical loss ratio is 89.9% and administrative ratio is 5.3%. She noted that we are making incredible progress in reaching our target of 400-500% of the TNE required.

The Solvency Action Plan (SAP) was also reviewed. CFO Bishop included future financial risks. She noted GCHP must protect its TNE. The focus on solvency is still relevant and we need to continue to build a strong foundation and allow to maximize incentives.

Net premium revenue is \$578.5 million, which is over budget by \$2.1 million. We have also received approximately \$945,000 for the vaccine incentive program. We are retaining a portion of this funding for administrative costs, and half is going to providers. We have also received favorable calendar year 2022 rates.

Membership is still trending upward. Our membership is approximately 230,000. CFO Bishop also reviewed medical expense. Our FYTD healthcare costs are \$520 million and 2% under budget. Medical loss ratio is 89.9% which is a 2.1% budget variance.

CFO Bishop also reviewed IBNP, she noted we are still paying claims due to the holdup in the system conversion. Commissioner Alatorre asked if claims from one year ago are being paid at a reduced rate. CFO Bishop responded yes; it is a reduced rate.

Inpatient, long-term care, and outpatient graphs were reviewed. CFO Bishop noted the Emergency Room graph showed cost dropped during the pandemic. There is a risk in funding in 2023 because the State uses 2020 information. Commissioner Pupa asked if we knew how rate development process will go due to the downturn

Mental and behavioral health and administrative expenses were reviewed. CFO Bishop reviewed the financial statement summary. CFO Bishop stated the State is not sure how they will calculate 2023 yet. She stated the 2022 rates are still in draft format.

Supervisor Ramirez motioned to approve the January financials. Commissioner Alatorre seconded.

AYES: Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: None.

Commissioner Chair Pupa declared the motion carried.

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

Staff: Scott Campbell, General Counsel

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

General Counsel, Scott Campbell stated the Bylaws & Delineation Committee met on February 10<sup>th</sup>. They reviewed changes the Board of Supervisors (BOS) made and how it would affect the GCHP bylaws. Mr. Campbell noted that changes to the Ordinance must be presented to the BOS for approval. Changes to the bylaws must be sent to commissioners for their review, two weeks prior to the next commission meeting. There will need to be two readings; the next reading will be held at the March commission meeting. Once the March reading is done, then the changes are sent to the BOS for their consideration. Mr. Campbell also stated there were some required changes to the bylaws that needed to be done. In January, the BOS modified the governing ordinance of GCHP to change some provisions on how the commission is constituted. There was a seat held by Clinicas that was required to be a physician – that has been changed. It can now be any person nominated within the Clinicas organization. The other major change was the requirement for the private hospitals to submit three names for consideration on a commission seat. The BOS has now changed the submission to just one name.

Commissioner Atin requested each item be reviewed and discussed. Commissioner Pupa agreed.

**Item #1 Term Limits of Commissioners** - Mr. Campbell reviewed a table with various health plan board information. Currently our commissioners can serve two four-year terms, for a total of eight years. Commissioners Alatorre and Pawar have met the limit. The committee wants to recommend to the BOS that term limits eliminated. Commissioner Cho asked there were any requirements to remain on the Commission indefinitely. Mr. Campbell stated that is a criterion the BOS considers, not Gold Coast.

Commissioner Atin motioned to eliminate term limits for Commissioners. Commissioner Underwood seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

**NOES:** None.

**ABSENT:** None.

Commissioner Chair Pupa declared the motion carried.

**Item #2 Term limits of the Commission's Chair and Vice Chair** - Mr. Campbell stated the Bylaws & Delineation of Authority Committee recommends the Chair and Vice chair serve one two-year term. Mr. Campbell stated no other plan imposes these term limits. Supervisor Ramirez asked what is the reason for this recommendation. Commissioner Atin stated it is good to have a diversity of opinion on the Commission. The role of the Chair allows faster rotation so more can get experience and have more feedback of the agenda. Commissioner Cho asked what is more typical of other entities. Mr. Campbell stated we did not find term limits for some, others had one-year terms and others had two-year terms. Commissioner Pupa stated currently we have 2 two-year terms which are at the wishes of the commission. The chair must be voted in for the second two-year term. Mr. Campbell noted there are some structures in other plans where there are auto-rotations. He also stated this commission controls the bylaws. Mr. Campbell then asked if the commission wanted to make it automatic or if they wanted to wait until the next term cycle.

Commissioner Espinosa motioned to maintain the current two-year term for the Chair and Vice Chair. Commissioner Swenson seconded.

Commissioner Espinosa clarified that she agreed to a 2 two-year term with the condition that they go back to the Commission to vote at the end of the first two-year term to either re-elect the same set of officers or a new set. Commissioner Swenson seconded.

Supervisor Ramirez had a clarifying question: She asked if someone is “misbehaving” or is not able to fulfill their duties she requested for the option to select different officers. Mr. Campbell stated there is an option to make a different selection. Per the bylaws, the Commission has the authority to remove a Chair or Vice Chair. Commissioner Cho asked what the difference is with what we have now and what is being proposed. Mr. Campbell stated the difference is that at the end of the two-year term the Chair and Vice Chair can be re-elected to a second two-year term or there is an option to elect new officers for the second two-year term. Commissioner Cho asked what the Commission’s obligation is to extend – she asked if the commission could choose to not re-instate, such as a package deal. She asked if they all vote together. Commissioner Swenson stated it is treated individually. Commissioner Pawar stated they are eligible for a second two-year term but first the commission needs to vote. Commissioner Pawar stated the Chair and Vice chair are nominated separately.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

**NOES:** None.

**ABSENT:** None.

Commissioner Chair Pupa declared the motion carried.

**Item #3 Whether Vice Chair Automatically Becomes Chair** - The Bylaws & Delineation of Authority committee recommends the Vice Chair automatically becomes the Chair after a four-year period. Commissioner Espinosa stated instead of skipping the eligible Vice Chair - they would become the Chair. Commissioner Pupa stated it was not a unanimous vote. Commissioner Alatorre stated the seats are subject to a faster rotation of the Chair. He noted that with this provision Commissioner Swenson has been Vice Chair for four years and has now termed out of the Vice Chair seat. Mr. Campbell stated Commissioner Swenson has two years left. There is an election in March. If Commissioner Pupa wants to continue as Chair but is not elected, Commissioner Swenson would become Vice Chair. Commissioner Swenson stated the role of the Vice Chair gives exposure to the mechanics. It would be an easy transition into Chair. The current process is that both must be re-elected. It is not automatic, and it can be a dis-service from the Vice chair perspective. Mr. Campbell stated the bylaws can be amended. Commissioner Espinosa asked Commissioner Swenson if it has been a continuous four-year term. Commissioner Swenson stated she was Vice Chair under Commissioner Alatorre and now Vice Chair under Commissioner Pupa. Commissioner Atin stated if Commissioner Pupa is re-elected, it would be four years, then at end of four years the Vice Chair becomes the Chair.

Commissioner Atin motioned to pass the Chair position to the Vice Chair. Commissioner Cho asked for Commissioner Pupa's thoughts. Commissioner Pupa stated she did not support the automatic Chair to Vice Chair. Commissioner Espinosa noted that they still must vote. It is unfair to skip over the Vice Chair if they have learned the process over a period. Commissioner Pupa stated she agrees with Commissioner Swenson. Mr. Campbell stated there must be a vote. Commissioner Espinosa stated that if the word "automatic" is not added someone will be overlooked. Mr. Campbell stated he will add the word "shall". The Vice Chair would have two years to prepare for the role of Chair.

Commissioner Atin motioned to pass the Chair position to the Vice Chair. Commissioner Espinosa seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

**NOES:** None.

**ABSENT:** None.

Commissioner Chair Pupa declared the motion carried.

**Item #4 Whether there is a Dedicated Seat for a Consumer Representative on the Commission, and if so, How Many** - Mr. Campbell stated this item is to add more consumer representatives on the Commission. Currently there is one. Any recommendation would go to the Board of Supervisors. Mr. Campbell stated family members can be included. Mr. Campbell noted there are various definitions of Consumer Representative.

Supervisor Ramirez stated she would like to hear why Commissioner Atin is not in agreement with the addition of seats. She also wants to know the definition of who can hold the seat. There might be a family member who can be the advocate. She noted it can be hard to get participation. Commissioner Atin stated all are here to serve the community. More isn't always better. The commission can be contentious and the expansion could slow down, not improve services. Commissioner Atin asked Marlen Torres, Executive Director of Strategy & External Affairs to provide an overview of the outreach and community input that we have. Commissioner Atin stated we have an effective mechanism now and he worries about the capacity of the Commission if it gets larger and it becomes more difficult to get a clear decision. Ms. Torres stated we have the Community Advisory Committee (CAC) which meets quarterly. There is part of the regulatory contract we have with DHCS. The committee is comprised of numerous stakeholders, including parents who represent their children and serve as the voice of the member. We also have the Community Relations Team

that goes out into the community. They have promoted the vaccine drive, working with Ventura County Public Health as well as partnering with other community-based organizations. Recently, Ms. Torres' team launched the Community Insight Coalition. Updates are provided to the Commission twice per year. Commissioner Atin asked who is on CAC. Ms. Torres named all members of CAC and who they represent. Commissioner Pupa stated she was very impressed – she had reviewed the calendar, and Ms. Torres and her team have had 57 opportunities for community outreach. Ms. Torres stated she reports regularly to the Commission as part of the CEO Report.

Commissioner Espinosa stated the intention of adding two members is manageable. She noted we are in line with other health care systems. Outreach is great, but policy making is with the Commission. This would keep us in line with the transformational health care under CalAIM and our Strategic Plan.

Commissioner Espinosa motioned to add two Consumer Representatives to the Commission for a total of three Consumer Representatives.

Commissioner Alatorre stated CAC had never reported to the Commission and he has only seen two presentations. He would like to hear what is discussed at every CAC meeting and have the information presented to the Commission. This aligns with CalAIM. Commissioner Cho stated CAC needs to report to the Commission. She needs to hear that members get what they need. She stated she is not sure adding more community members to the Commission is effective.

Commissioner Espinosa motioned to add two Consumer Representatives to the Commission for a total of three Consumer Representatives. Commissioner Alatorre seconded.

AYES: Commissioners Antonio Alatorre, Laura Espinosa, Gagan Pawar, M.D., Supervisor Carmen Ramirez, and Jennifer Swenson,

NOES: Commissioners Shawn Atin, Theresa Cho, M.D., Andrew Lane, Dee Pupa, Scott Underwood, D.O., and Terri Yanez.

ABSENT: None.

The motion did not pass.

Supervisor Ramirez motioned to add one additional Consumer Representative to the Commission for a total of two Consumer Representatives. Commissioner Espinosa seconded.

AYES: Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: None.

Commissioner Chair Pupa declared the motion carried.

**Item #5 What Policymaking decision are Made by the Commission, and which are Delegated to the CEO** - The subcommittee is recommending two changes pertaining to policymaking decisions. 1) Significant compensation changes of chief positions of the Commission must be approved by the Commission and 2) if any policies issued by DHCS require Commission approval, GCHP will follow DHCS requirements. This was a unanimous recommendation.

Commissioner Atin motioned to accept the recommendation of the Bylaws & Delineation Committee. Commissioner Pupa seconded.

AYES: Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: None.

Commissioner Chair Pupa declared the motion carried.

**Item #6 Spending Authority of CEO** – The recommendation is to remove the word “annually”. If over \$100,000 the vendor contracts must be approved by the Commission.

Commissioner Underwood motioned to accept the recommendation of the Bylaws & Delineation Committee. Supervisor Ramirez seconded.

AYES: Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: None.

Commissioner Chair Pupa declared the motion carried.

Mr. Campbell stated he will present the changes at the next Commission meeting. He asked if the Commission wanted the changes to be effective immediately. Mr. Campbell stated he needed a motion to make the changes effective immediately.

Supervisor Ramirez motioned to make the changes effective immediately. Commissioner Espinosa seconded.

AYES: Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

NOES: None.

ABSENT: None.

Commissioner Chair Pupa declared the motion carried.

## **REPORTS**

### **6. Chief Executive Officer (CEO) Report**

Staff: Nick Liguori, Chief Executive Officer

**RECOMMENDATION:** Receive and file the report.

Chief Executive Officer, Nick Liguori, stated the Executive Team is meeting in the office (in person), this will continue for Commission, CAC, PAC, Executive Finance, and weekly Executive Team meetings. The Executive Team is collaborating and meeting the challenges and working on problem solving. They are working on how to translate analysis of CalAIM and will report to the Commission in future meetings.

CEO Liguori noted we are currently understaffed, but current staff is dealing with gaps and filling budgeted seats. CEO Liguori wants to ensure teams are well supported and successful as well as plans and priorities are in order.



## 7. Executive Director of Human Resources (H.R.) Report

Staff: Michael Murguia, Executive Director of Human Resources

**RECOMMENDATION:** Receive and file the report.

Mr. Murguia, Executive Director of Human Resources gave an overview of recruiting history. He noted most openings in IT. Mr. Murguia stated “The Great Resignation” is going on. Attrition is up nationally, ours has jumped over 4%. He noted more people are working remotely. Managers are very busy, and our recruiting process has been pushed to the limit and inefficiencies have created delays in staffing. We need to meet the hiring needs for this budget.

We are relying on consultants too much; we need to get skills and knowledge within the organization. The plan is to fill jobs in 75 -89 days. Currently there are requisitions that are still open after 100 days. We will be filling 50 jobs. He noted that since November, nine people have left the organization.

Commissioner Alatorre left the meeting at 3:55 p.m.

Exit interviews are held with all employees. He has noticed that they want to leave on good terms and are hesitant to speak up if there has been an issue during their employment. He is considering using a third party to do exit interviews.

He will be hiring a Talent Acquisition Manager and has started a recruiting referral program. There are currently 23 referrals and there have been good results. There are two full time contract recruiters and administrative assistants are assisting in scheduling interviews.

Commissioner Atin motioned to receive and file the CEO and HR Reports. Commissioner Pupa seconded.

**AYES:** Commissioners Shawn Atin, Antonio Alatorre, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Gagan Pawar, M.D., Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

**NOES:** None.

**ABSENT:** None.

Commissioner Chair Pupa declared the motion carried.

## **STRATEGIC PLANNING SESSION**

### **8. Gold Coast Health Plan's Vision into the Future**

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

**RECOMMENDATION:** Receive and file the updated information.

Marlen Torres, Executive Director of Strategy & External Affairs stated CEO Liguori will kick off the presentation. He reviewed the context of a continuous Strategic Plan process. CalAIM requires a five-year timeframe. He reviewed the CalAIM policy and the evolving requirements. CEO Liguori noted that quality performance expectations will change and DHCS will have fines if performance goals are not met. There will be continuous engagement with the Commission. The main purpose of today is to examine changes, examine impacts on members and review data and determine how to respond to advance strategies.

Ms. Torres gave a Medi-Cal overview. She noted that 17% of enrollees are children, people with disabilities compose 9% of Medi-Cal enrollment and three out of four enrollees are in households where they or a family member work part or full time. Ms. Torres stated that COVID increased our membership. She reviewed Medi-Cal enrollment coverage as well as aid categories and enrollee profiles. The proposed Governor budget was \$15million and we are at almost \$14million.

CEO Liguori stated that approximately 75% of all health care expenditures are for chronic conditions and the primary business of health care is managing chronic conditions. He stated we are determining how to best implement and pursue new programs. He reviewed the analysis of high utilizers of Medi-Cal services. Ten percent of Medi-Cal's population account for approximately 64% of total spending on individuals eligible for Medi-Cal only.

Ms. Torres reviewed health equity in Medi-Cal – adults with chronic conditions charted by race and/or ethnicity. We currently have 231,370 members. Ms. Torres reviewed membership by age, by spoken language and by aid category. There is an increase focus on quality and social drivers of health continue to work with stakeholders.

Ms. Torres reviewed how we will rise to the challenge by being thought and action leaders, invest in the healthcare system and improve health.

CEO Liguori stated we need to focus on the foundation through leadership, people skills and technology platform. There are noted major areas of focus – member

community experience and better health. He reviewed the current state of GCHP versus the desired state of GCHP.

At the March Commission meeting more information will be provided and staff will include strategic performance.

Commissioner Pupa stated she appreciated the efforts on the Strategic Plan – the focus is greatly appreciated. Supervisor Ramirez stated the presentation was very comprehensive and noted that GCHP is addressing the Whole Person Healthcare system. Commissioner Espinosa noted the focus is clear. Member experience is a priority, and she looks forward to monthly updates.

Commissioner Pawar left the meeting at 4:40 p.m.

Commissioner Espinosa motioned to receive and file the Strategic Planning Update. Supervisor Ramirez seconded.

**AYES:** Commissioners Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Andrew Lane, Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson, Scott Underwood, D.O., and Terri Yanez.

**NOES:** None.

**ABSENT:** Commissioners Antonio Alatorre and Gagan Pawar, M.D.

Commissioner Chair Pupa declared the motion carried.

Commissioner Pupa stated that she wanted to acknowledge and thank Commissioners Alatorre, Pawar and Cho for their dedication to the Commission and members of the community. Commissioner Cho stated it was an honor to work side by side with her fellow commissioners. She has decided to step down and not do another term, but she appreciated and thanked the Commission and GCHP staff all the hard work and efforts of both.

The Commissioner moved to Closed Session at 4:43 p.m.

## **CLOSED SESSION**

### **9. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.

### **10. PUBLIC EMPLOYEE PERFORMANCE EVALUATION**

Title: Chief Executive Officer

## **ADJOURNMENT**

General Counsel Campbell stated there was no reportable action in Closed Session and the meeting was adjourned at 6:08 p.m.

Approved:

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Maddie Gutierrez, MMC  
Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCMCC)  
dba Gold Coast Health Plan  
Special Meeting  
March 28, 2022**

**CALL TO ORDER**

Commission Chair Dee Pupa called the meeting to order via teleconference at 2:02 p.m. Commissioner Pupa welcomed three (3) of our four (4) new commissioners. She requested that they each introduce themselves.

Commissioner Anwar Abbas stated he was the Chief Information & Security Officer for Clinicas del Camino Real. Commissioner Anna Monroy stated she is the Chief Operations Officer for Clinicas del Camino Real, and Commissioner Allison Blaze, M.D., stated she is a family practice physician and is the Chief Medical Officer for Ambulatory care for the County of Ventura.

CEO Nick Liguori also welcomed the new commissioners. He stated we will be scheduling onboarding meetings very soon. Scott Campbell, General Counsel, also introduced himself to the new commissioners.

**ROLL CALL**

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Terri Yanez.

Absent: Commissioners Shawn Atin, James Corwin and Scott Underwood, D.O.

Attending the meeting for GCHP Executive team were Nick Liguori, Chief Executive Officer, Marlen Torres, Executive Director of Strategy & External Affairs, Ted Bagley, Scott Campbell of BBK, Susana Enriquez, and Lourdes Campbell, Interpreter.

**PUBLIC COMMENT**

None.

**CONSENT**

**1. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory Committee Meetings Pursuant to Assembly Bill 361.**

Staff: Scott Campbell, General Counsel

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

Commissioner Laura Espinosa motioned to approve Consent item 1. Commissioner Jennifer Swenson seconded.

Roll Call vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Anna Monroy, Dee Pupa, Supervisor Carmen Ramirez, Jennifer Swenson and Terri Yanez.

NOES: None.

ABSENT: Commissioners Shawn Atin, James Corwin and Scott Underwood, D.O.

**ADJOURNMENT**

With no further business to discuss the meeting was adjourned at 2:09 p.m.

Approved:

---

Maddie Gutierrez, MMC  
Clerk to the Commission



## **AGENDA ITEM NO. 2**

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

**FROM:** Scott Campbell, General Counsel

**DATE:** March 28, 2022

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

### **SUMMARY/RECOMMENDATION:**

At its March 28, 2022, special 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. To continue this practice, it is required, that the Commission 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 remake 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 the Plan’s Committees 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, can hold virtual meetings without providing notice of the Commissioner's teleconference location if the Commission makes the determination that there is a Governor-proclaimed state of emergency which the Commission 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 determines 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 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 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, social distancing requirements still exist.

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

The Commission made the findings listed above at its October 25, 2021, November 22, 2021, December 16, 2021, Commission meetings and again during its January 10, 2022 special Commission meeting, as well as its January 31, 2022 and February 28, 2022 regular Commission meetings and the March 28, 2022 special meeting. 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 desires to continue to meet remotely without having to post the location of each teleconference location, the Commission must again 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 make these findings.

**CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:**

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

**FOLLOW UP ACTION:**

That the Commission make the findings under AB361 at its May 23, 2022, Commission meeting.

**ATTACHMENT:**

None.



**AGENDA ITEM NO. 3**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Nancy Wharfield, M.D., Chief Medical Officer  
**DATE:** April 25, 2022  
**SUBJECT:** Approval of Credentials / Peer Review Committee Members

**SUMMARY:**

As directed by the Gold Coast Health Plan (“GCHP”) Practitioner Credentialing Policy (QI-025), the Ventura County Medi-Cal Managed Care Commission is required to approve changes to the Credentials / Peer Review Committee (“C/PRC”) membership.

Rachel Stern, M.D. has been nominated as an active member of the C/PRC to replace Allison Blaze, M.D. Dr. Stern is the Chief Medical Quality Officer for Ambulatory Care at Ventura County Health Care Agency, and an actively practicing board certified general internist at Santa Paula Medical Clinic.

Amy Gowan, M.D. has been nominated as an active member of the C/PRC to replace Julian Becher, M.D. Dr. Gowan is a board certified Family Medicine physician at Clinicas del Camino Real.

**RECOMMENDATION:**

Approve Rachel Stern, M.D. and Amy Gowan, M.D., as active members of the Credentials / Peer Review Committee.

**AGENDA ITEM NO. 4**

TO: Ventura County Medi-Cal Managed Care Commission  
 From: Anna Sproule, Senior Director of Operations  
 Date: April 25, 2022  
 Subject DR Management – SOW #4 Contract Execution

**SUMMARY:**

The Plan requires post go-live HSP and general operational support from DR Management.

**BACKGROUND/DISCUSSION:**

In April of 2019 the Commission approved awarding a contract to DR Management to provide program management services for the Enterprise Transformation Project (“ETP”). The new HSP claims system technology of the project went live in May ’21 and has required a significant amount of GCHP post go-live support. In July of 2021, and under a new and separate statement of work, GCHP contracted with DR Management on an as-needed time and materials basis through December 31, 2021, to continue to support our efforts to implement the ETP..

Due to numerous staff vacancies in the Operations department, a new statement of work was issued to DR Management to provide staff augmented operations services for GCHP’s Operations department which commenced on January 1, 2022, and will end on May 31, 2022. No further extensions are anticipated. This Statement of Work #4 includes:

- Coordinating operational efforts to remediate contract/system deficiencies
- Management of testing and closure of claims system changes
- Operations report review and validation related to claims system reports

**FISCAL IMPACT:**

There is no impact to the current fiscal year. The amount is included in the approved FY21/22 budget plan.

**Table 1: DR Management SOW #4 Total Contract Value**

Statement of Work #4	Amount	Period	Budgeted
Operations Support	\$40,000	1/01/2022 – 5/31/2022	Yes

**RECOMMENDATION:**

GCHP staff recommends the Commission approve and delegate to the CEO the authority to execute SOW #4 with DR Management for continued support through May 31, 2022, and for an amount not to exceed \$40,000.

If the Commission desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

## **AGENDA ITEM NO. 5**

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

**FROM:** Nick Liguori, Chief Executive Officer  
Nancy Wharfield, M.D., Chief Medical Officer

**DATE:** April 25, 2022

**SUBJECT:** Approval of Health Management Associates (HMA) Statement of Work—Focused Support for Development and Implementation of CalAIM Communications, Outreach and Specialized Provider Services

### **SUMMARY:**

Gold Coast Health Plan (GCHP) requires focused support in the development and implementation communications, outreach, and specialized provider requirements related to the California Advancing and Innovating Medi-Cal (CalAIM) initiative.

### **BACKGROUND/DISCUSSION:**

CalAIM is a bold transformative mandate which aligns all elements of Medi-Cal into a system that is standardized, simplified, and focused on helping enrollees live healthier lives. Success requires the investment and sustained commitment of a broad network of health partners, including plans, providers, and community-based organizations, with incentives to achieve high quality of service. When CalAIM is fully implemented, Medi-Cal will better serve and benefit enrollees because it will be a seamless and streamlined health care system.

GCHP lacks the staff, capacity, and expertise to fully support implementing the requirements of CalAIM, and we seek to augment our capabilities by partnering with Health Management Associates (HMA) to respond the demands of CalAIM fully and in a timely manner.

The term of Service Order #12 is April 11, 2022, through December 21, 2022, and includes:

1. Enhanced Care Management (ECM) / Community Supports (CS) Communications
  - a. ECM/CS providers: Policies, messaging, and materials regarding technical assistance, network inquiry management
  - b. Other providers: ECM/CS background and assessment of potential providers
  - c. Conduent and other vendors: Program requirements, FAQs
2. ECM/CS Provider Network Strategy

- a. Provider participation requirements for each ECM/CS service (requirements, credentialing, readiness, benchmarks, access, contracting requirements, policies)
- b. Delegation oversight (identification of elements of oversight, readiness and network oversight, policies)
- c. Data mining for eligible populations
- d. Provider Capacity Assessment (requirements and review with ECM/CS Advisory Committee, CAC, PAC, Commission/technical assistance)
- e. Delivery System Design (referrals, data sharing)
- f. ECM/CS Provider Manual

**FISCAL IMPACT:**

Estimated cost for the remaining months in FY 2021-22 is approximately \$90,000 and another \$60,000 through December 2022.

HMA Service Order #12 Total Contract Value

Service Order #12	Amount	Period	Budgeted
Communications and Network Strategy	NTE \$150,000	4/11/2022 – 12/31/2022	No

**RECOMMENDATION:**

GCHP staff recommends the Commission approve this service order and delegate to the CEO the authority to execute Service Order #12 with HMA for support through December 31, 2022, and for an amount not to exceed \$150,000.

## **AGENDA ITEM NO. 6**

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

**FROM:** Scott Campbell, General Counsel

**DATE:** April 25, 2022

**SUBJECT:** Consider Amending the Commission's Bylaws and Delineation of Authority Documents Pursuant to Commission Direction

### **SUMMARY:**

During its regular meeting on February 28, 2022, the Ventura County Medi-Cal Managed Care Commission (dba as Gold Coast Health Plan)("Commission") reviewed and analyzed the Delineation of Authority and Bylaws Subcommittee's ("Subcommittee") recommended changes to the Commission's bylaws, delineation of authority and governing documents. The Commission then provided direction on such changes.

Some of the suggested changes, relating to the term limits of Commissioners and the number of Consumer Representatives on the Commission, require an amendment to the governing ordinance by the Ventura County Board of Supervisors ("Board of Supervisors"). A copy of the letter sent to the Ventura County Board of Supervisors asking for such amendments is attached as Exhibit A.

While the Commission waits for the County to adopt any amendments, the Commission should implement the other changes recommended by the Subcommittee that the Commission accepted, which are discussed in more detail below. To aid in the Commission's review, attached to this staff report are REDLINED versions of the Commission's bylaws and delineation of authority document which show the recommended changes, attached as Exhibit B.

### **BACKGROUND/DISCUSSION:**

On February 28, 2022, the Commission considered the recommendations of the Subcommittee, which was established to review and suggest changes to the bylaws and governing documents. The Subcommittee's membership consisted of Commissioners Dee Pupa, Jennifer Swenson, Laura Espinosa, Shawn Atin and Antonio Alatorre. The staff report for that February 28, 2022 meeting is attached as Exhibit C and discusses in details the Subcommittee's recommendations.

The Commission accepted two recommendations for changes to the Commission. The changes were: (1) the elimination of term limits for Commissioners, and (2) the expansion of the Consumer Representative position by adding another such Representative. These two recommendations must be implemented by the Board of Supervisors through an amendment to the Governing Ordinance which established the Commission.

The Commission's other recommended changes do not require an amendment to the Governing Ordinance and may be implemented by the Commission itself by amending the bylaws and delineation of authority document.

1. *Vice Chair Automatically Becomes Chair.*

The Commission approved the Subcommittee's recommendation that the Vice-Chairperson shall automatically be entitled to become Chairperson when the position of Chairperson is vacant. The redlined version of the bylaws showing this change is attached as Exhibit C.

2. *Update of Bylaws to Reflect Changes to the Governing Ordinance.*

The Commission approved updating the current bylaws pertaining to the membership of the Commission and nomination of some its members to conform to the recent changes to the Governing Ordinance adopted by the Board of Supervisors on January 25, 2022. The differences between the County's recently amended Governing Ordinance and the Commission's bylaws are set out in detail in the February 28, 2022 staff report. Those changes largely concern the nomination process for new Commissioners and the fact that the County is no longer requiring that one of the representatives from Clinicas del Camino Real be a practicing physician.

3. *Changes in the Delineation of Authority Policy.*

The Commission approved the Subcommittee's three suggested changes pertaining to the delineation of authority policy. First, the Commission added the direction that "significant compensation changes for Chief positions must be approved by the Commission."

Second, the Commission approved adding the statement that "if any policies issued by the Department of Health Care Services ("DHCS") require Commission approval, such policies shall be brought to the Commission for approval. According to the Chief Compliance Officer, this is already the Plan's practice and this provision codifies the existing practice.

Third, the Commission approved updating the CEO Signing Authority referenced in the Delineation of Authority to remove the word "annually" from the dollar limitation of vendor contracts. Thus, Commission approval would be required for vendor contracts exceeding \$100,000, not just those which exceed \$100,000 annually. The foregoing update brings the Delineation of Authority policy into compliance with the purchasing policy, which removed the word annually several years ago. Current practice is to bring vendor contracts over \$100,000 to the Commission for approval.



**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

That the Commission consider formally adopting its approval of the Subcommittee's recommended changes to its bylaws and governing documents which is discussed in more detail above.

**ATTACHMENT:**

1. Exhibit A: Letter to Board of Supervisors regarding Ordinance Changes.
2. Exhibit B: REDLINED-Bylaws and Delineation of Authority Policy (See Attached: VCOMMCC CEO Signing Authority for Contractual Agreements for Administrative Goods and Services).
3. Exhibit C: February 28, 2022 Staff Report to Commission

*SENT VIA E-MAIL AND U.S. MAIL*

Michael Powers  
County Executive Officer  
800 S. Victoria Ave.,  
Ventura, California 93009  
CountyExecutiveOfficer@ventura.org

Re: The Ventura County Medi-Cal Managed Care Commission's Recommended Changes to its Governing Ordinance

Dear Mr. Powers:

On February 28, 2022, during its regularly scheduled meeting, the Ventura County Medi-Cal Managed Care Commission (dba as Gold Coast Health Plan) ("Commission") voted to recommend that the County of Ventura Board of Supervisors make certain changes to the governing ordinance for Gold Coast Health Plan.

Specifically, the Commission is recommending that the Board of Supervisors make the following changes to the governing ordinance:

1. Term Limits of Commissioners.

The Commission recommends the elimination of current term limits for Commissioners. Currently, the Governing Ordinance provides that no Commissioner may serve more than two consecutive four-year terms. The Commission unanimously recommended that these term limits be eliminated.

2. Consumer Representatives.

The Commission is recommending adding an additional consumer representative seat for a total of two consumer representatives on the Commission. It is recommended that the additional seat would be held by a Medi-Cal member, a family member of a Medi-Cal member, or advocate for Medi-Cal members. This recommendation was unanimous.

Please let me know if you have any questions. Thank you in advance for your consideration.

Sincerely,



Dee Pupa  
Chairwoman of the Ventura County Medi-Cal Managed Care Commission

cc: Gold Coast Health Plan Commissioners  
Nick Liguori, Chief Executive Officer, Gold Coast Health Plan

**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 (12~~1~~) voting members. ~~It is desirable that~~ (“members” or “Commissioners”) ~~who shall of the VCMMCC be legal residents of Ventura County. Members shall possess the requisite skills and knowledge necessary in the to design and 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 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 Representatives. ~~Representative. Two~~ One 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, chief executive officer and approved by the Ventura County Board of Supervisors.

(f) Ventura County Health Care Agency Representative. 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) ~~County of Ventura County Medical Center Health System Representative~~. One member shall be a representative of the the Ventura 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 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 VCMMC 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.

(b)(c) The Vice-Chair shall automatically become Chair when the position of Chair becomes available, if the Vice Chair is still one of the Commissioners.

(e)(d) Notwithstanding the normal election process detailed in paragraphs (a), ~~and~~ (b) and (c) 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.
3. Amended Bylaws - GCHP



## ARTICLE IV

### Standing Committees

(a) At a minimum, the VCMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMMCC for membership on these boards. Each of the boards shall submit a charter to the VCMMCC 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 VCMMCC 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 VCOMMCC 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:
  - PCP
  - Specialists
  - Hospitals ○ LTC
  - 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 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 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.

## **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.

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.

	Gold Coast Health Plan	Cal Optima	San Mateo County Health Plan	Partnership Health Plan of CA	Central Coast Alliance for Health	LA Care Health Plan	Inland Empire Health Plan
<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.

**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 (121) voting members. ~~It is desirable that~~ (“members” or “Commissioners”) ~~who shall of the VCMMCC- be legal residents of Ventura County. Members shall possess the requisite skills and knowledge necessary in the to design and operation ofe 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 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 Representatives. ~~Representative-Two One~~ 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, ~~chief executive officer and approved by the Ventura County Board of Supervisors.~~

(f) Ventura County Health Care Agency Representative. ~~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~~ 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) ~~County of Ventura County Medical Center Health System Representative~~. One member shall be a representative of the the Ventura 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 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 VCMMC 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.

(b)(c) The Vice-Chair shall automatically become Chair when the position of Chair becomes available, if the Vice Chair is still one of the Commissioners.

(e)(d) Notwithstanding the normal election process detailed in paragraphs (a), ~~and~~ (b) and (c) 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.
3. Amended Bylaws - GCHP

## ARTICLE IV

### Standing Committees

(a) At a minimum, the VCMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMMCC for membership on these boards. Each of the boards shall submit a charter to the VCMMCC 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 VCMMCC 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 VCOMM 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:
  - PCP
  - Specialists
  - Hospitals
  - LTC
  - 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.

## **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~~ March 2022



# Gold Coast Health Plan<sup>SM</sup>

A Public Entity

## 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).
  - Authority to select, hire, evaluate, terminate and compensate all employees, including the Chief Medical Officer and Chief Financial Officer. However, significant compensation changes for the Chief positions must be approved by the Commission.
  - 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.
  - If any policies issued by the Department of Health Care Services ("DHCS") require Commission approval, such policies shall be brought to the Commission for approval.

**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 Health Plan's Governing Ordinance

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



# EXHIBIT A

**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

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.

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.

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.

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 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**

- (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 VCMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMMCC for membership on these boards. Each of the boards shall submit a charter to the VCMMCC 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 VCMMCC 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:
  - PCP
  - Specialists
  - Hospitals ○ LTC
  - 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

Number and Term Limits of Commissioners/Board Members	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)
	<p>There are eleven (11) Commissioners.</p> <p>Term of Commissioners: Four (4) years . No member may serve more than two (2) consecutive four (4) year terms.</p>	<p>There are twelve (12) Directors on the Board and one non-voting member who is the Director of the Health Care Agency.</p> <p>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.</p> <p>A Director who is NOT a Board of Supervisors, will serve a four (4) year term.</p>	<p>There are eleven (11) Commissioners.</p> <p>Term of Commissioners is four (4) years. May serve for up to three (3) terms.</p>	<p>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.</p> <p>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.</p> <p>The Bylaws state that nothing prohibits a person from serving more</p>	<p>Commission consists of twenty-one (21) members.</p> <p>Each member serves a four (4) year term.</p> <p>No term limits.</p>	<p>There are thirteen (13) members on the Board.</p> <p>All Board Members serve a four (4) year term. Board members are limited to two (2) consecutive four (4) year terms.</p>	<p>There are seven (7) Board Members.</p> <p>Terms are two (2) years and no Board member shall serve longer than two (2) consecutive terms.</p>

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>	<p>Officers are: Chair and Vice-Chair.</p> <p>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.</p>	<p>All Non-Board of Supervisor Board Members, may serve for a maximum two (2) terms.</p> <p>Officers are: Chair and Vice-Chair.</p> <p>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.</p> <p>Whether the Chair and Vice-Chair are subject to term limits is not stated.</p>	<p>Officers are: Chair and Vice-Chair.</p> <p>Such officers are elected by the Commission, annually for a one (1) year term.</p> <p>Whether the Chair and Vice-Chair are subject to term limits is not stated.</p>	<p>than one (1) term, but does not establish term limits.</p> <p>Officers are: Chair, and Vice-Chair.</p> <p>Commission elects officers for a two (2) year term.</p> <p>Officers are rotated every two (2) years between the four (4) County regions that make up the plan.</p> <p>Whether the Chair and Vice-Chair are subject to term limits is not stated.</p>	<p>Officers are: Chair, Vice-Chair, Commissioners elect officers to a one (1) year term.</p> <p>Whether the Chair and Vice-Chair are subject to term limits is not stated.</p>	<p>Officers are: Chair, and Vice-Chair, Treasurer, Secretary.</p> <p>The terms are one (1) year.</p> <p>Whether the Chair and Vice-Chair are subject to term limits is not stated.</p>	<p>Officers are: Chair and Vice Chair.</p> <p>The terms are one (1) year. The position of the Chair shall rotate each year between board members of San Bernardino and Riverside Counties.</p> <p>Whether the Chair and Vice-Chair are subject to term limits is not stated.</p>

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>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.

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>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 LA 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 necessary 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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<p><b>What Policymaking Decisions are Made by the Commission/Board, and which are Delegated to the CEO?</b></p>	<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>	<p>Unknown.</p>	<p>Unknown.</p>	<p>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.</p>	<p>Unknown.</p>	<p>Unknown.</p>	<p>Unknown.</p>



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	<p>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</p>						

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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

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### **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 & I C § 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. Pelliciano*  
Deputy Clerk of the Board



# EXHIBIT B

Bend OR  
(541) 382-3011  
Indian Wells  
(760) 568-2611  
Irvine  
(949) 263-2600  
Los Angeles  
(213) 617-8100  
Ontario  
(909) 989-8584



300 South Grand Avenue, 25th Floor, Los Angeles, CA 90071  
Phone: (213) 617-8100 | Fax: (213) 617-7480 | www.bbklaw.com

Riverside  
(951) 686-1450  
Sacramento  
(916) 325-4000  
San Diego  
(619) 525-1300  
Walnut Creek  
(925) 977-3300  
Washington, DC  
(202) 785-0600

**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.



**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 VCOMMCC 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 VCOMMCC 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 VCOMMCC 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~~VCMACC. 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 VCMACC 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 VCMACC. 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 VCMACC, 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 VCMACC 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 VCMACC by a 4/5 vote of the Board of Supervisors.

Nominations to the VCMACC 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 VCMACC 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 VCMACC 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 VCMMCC 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 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.

(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 VCMMCC;
- iii. Be responsible to see that all actions of the VCMMCC 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 VCOMMCC 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>	
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<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>	
<a href="#">Add</a>	24
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<del>Move From</del>	0
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Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
<b>Total Changes:</b>	<b>50</b>



## **AGENDA ITEM NO. 7**

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

**FROM:** Scott Campbell, General Counsel

**DATE:** April 25, 2022

**SUBJECT:** Election of Chairperson and Vice-Chairperson to serve two-year terms and appointments to the Executive/Finance Committee

### **SUMMARY:**

Pursuant to the bylaws, 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, also in accordance with the bylaws.

### **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 Dee Pupa is eligible to serve another term. Vice-Chairperson Jennifer Swenson is not eligible for another term as Vice-Chairperson as she has served two consecutive two year terms. All Commissioners are eligible to serve as Chairperson and all Commissioners except Commissioner Swenson are eligible to serve as Vice-Chairperson.

The Commissioner who is elected Vice-Chairperson will become the Chairperson when the position of Chairperson next becomes available, assuming that the bylaws as proposed are adopted and assuming that the Commissioner who would be Chairperson is still on the Commission when the Chairperson position becomes vacant.

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 also, 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 Person 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. Elections for the Executive/Finance Committees should be held after the election of the Chairperson or Vice-Chairperson.

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 Chairperson).
  - b. Vice-Chairperson (same as Commission Vice-Chairperson)
  - 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 as proposed to be modified



**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 VCMCC shall consist of eleven (12~~1~~) voting members. ~~It is desirable that~~ (“members” or “Commissioners”) ~~who shall of the VCMCC be legal residents of Ventura County. Members shall possess the requisite~~ skills and knowledge necessary ~~in the~~ to design and operation ~~of~~ a publicly managed health care delivery system.

Members of the VCMCC 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 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 Representatives. ~~Representative. Two~~ One 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, chief executive officer and approved by the Ventura County Board of Supervisors.

(f) Ventura County Health Care Agency Representative. 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~~ 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) ~~County of Ventura County Medical Center Health System Representative~~. One member shall be a representative of the the Ventura 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 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 VCMMC 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.

(b)(c) The Vice-Chair shall automatically become Chair when the position of Chair becomes available, if the Vice Chair is still one of the Commissioners.

(e)(d) Notwithstanding the normal election process detailed in paragraphs (a), ~~and~~ (b) and (c) 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.
3. Amended Bylaws - GCHP

## ARTICLE IV

### **Standing Committees**

(a) At a minimum, the VCMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMMCC for membership on these boards. Each of the boards shall submit a charter to the VCMMCC 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 VCMMCC 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 VCOMMCC 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:
  - PCP
  - Specialists
  - Hospitals ○ LTC
  - 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 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 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.

## **AGENDA ITEM NO. 8**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Nancy Wharfield, M.D., Chief Medical Officer  
Kim Timmerman, Director of Quality Improvement  
**DATE:** April 25, 2022  
**SUBJECT:** Quality Improvement Committee 2022 First Quarter Report

### **SUMMARY:**

The Department of Health Care Services (DHCS) requires Gold Coast Health Plan (GCHP) to implement an effective quality improvement system and to ensure that the governing body routinely receives written progress reports from the Quality Improvement Committee (QIC).

The attached PPT report contains a summary of activities of the QIC and its subcommittees.

### **APPROVAL ITEMS:**

- 2022 QI Program Description
- 2022 QI Work Plan

### **RECOMMENDATION:**

Approve the 2022 QI Program Description and 2022 QI Work Plan as presented. Receive and file the complete report as presented.



# Quality Improvement Committee Report Q1 2022

Monday, April 25, 2022

Kimberly Timmerman, MHA, CPHQ  
Director, Quality Improvement

Integrity

Accountability

Collaboration

Trust

Respect



# Quality Improvement Update

- 2022 QI Program Description
- 2022 QI Work Plan
- Member Incentives Programs Evaluation
- QI – What’s Ahead?

# 2022 QI Program Description

---

**Intent:**

Ensure GCHP has the QI infrastructure necessary to improve the quality and safety of clinical care and services it provides to its members and to oversee the QI program.

**Annual Review Process:**

- Continually refine QI approach to improve and/or sustain performance through prioritization, implementation, and analysis of performance improvement initiatives
- Apply required DHCS regulatory, contractual and NCQA accreditation updates
- Align content with organizational changes and strategic direction



# 2022 QI Program Description – Minor Updates

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## Section

## Key Updates

III. Purpose and Scope	Added reference to “Triple Aim” in conjunction with DHCS Strategy for Quality Improvement in Health Care
V. QI Program Goals and Objectives	Updated identification of QI program goals to include monitoring of performance measures, e.g. Managed Care Accountability Set (MCAS)
XI. Quality Committees and Subcommittees	Updated Committee Membership and/or Responsibilities (most notably P&T functions)
XII. Delegation of Quality Improvement	Updated timing of Joint Operation Meetings (JOMs)

# 2022 Q1 Work Plan Updates

---

# Objective 1: Improve Quality and Safety of Clinical Care Services

Metrics Retained (15)	Rationale
Practice Guidelines	Ongoing metric
Tobacco Cessation	DHCS Monitoring Requirement
Initial Health Assessment (IHA)	DHCS Monitoring Requirement
Adverse Childhood Experience (ACE) Screening	DHCS Monitoring Requirement
COVID-19	Advance Prevention
Behavioral Health	MCAS measure
Lead Screening in Children	MCAS measure
Cervical Cancer Screening	MCAS measure
Chlamydia Screening in Women	MCAS measure
Childhood Immunization Status – Combo 10	MCAS measure
Developmental Screening in the First Three Years of Life	MCAS measure
Well-Child Visits in the First 30 Months of Life	MCAS measure
Child and Adolescent Well-Care Visits	MCAS measure
Cervical Cancer Screening Performance Improvement Project (PIP)	Ongoing 2020-2022 PIP
Child and Adolescent Well-Care Performance Improvement Project (PIP)	Ongoing 2020-2022 PIP

# Objective 1: Improve Quality and Safety of Clinical Care Services

Metrics Added (4)	Rationale
Breast Cancer Screening	MCAS Measure
CDC HbA1c > 9.0 Improvement Project	New 2021-2022 DHCS IP
Women's Health SWOT (BCS, CHL, CCS)	New 2021-2022 DHCS IP
COVID-19 QIP	New 2021-2022 DHCS IP

Metrics Removed (3)	Rationale
Asthma Medication Ratio (AMR)	Removed from the MCAS MPL Category
AMR Improvement Project	Completed 2020-2021 DHCS IP
COVID-19 QIP	Completed 2020-2021 DHCS IP

# Objective 2: Improve Quality and Safety of Non-Clinical Care Services

Metrics	2022 Updates
Cultural & Linguistic Needs and Preferences: Practitioner Availability	No changes
Primary & Specialty Care Access	No changes
After Hours Availability	Updated metric <ul style="list-style-type: none"> <li>Increased standards met for providers from 90% to 100%.</li> </ul>
Network Adequacy	No changes
Provider Satisfaction	No changes



# Objective 3: Improve Member Safety

Metrics	2022 Updates
Facility Site Monitoring	No changes
Credentialing/Rec credentialing	<b>Updated activity</b> <ul style="list-style-type: none"><li>• Collaborate with Sympplr and internal partners on software configuration to achieve efficiencies in the credentialing process</li></ul>
Pharmacy: Reduction in Potential Unsafe Opioid Prescriptions	<b>Updated goals</b> <ul style="list-style-type: none"><li>• Monitor the following statistics related to opioid use via Medi-Cal Rx in GCHP members.<ul style="list-style-type: none"><li>• Total number of users</li><li>• Concurrent users of benzodiazepines</li><li>• Concurrent users of antipsychotics</li><li>• New statistic: concurrent users of opioids and antipsychotic medications</li></ul></li></ul>

# Objective 4: Assess and Improve Member Experience

Metrics	2022 Updates
Member Access & Satisfaction	No changes
Call Center Monitoring	No changes

# Objective 5: Ensure Organizational Oversight of Delegated Activities

Metrics	2022 Updates
100% completion of Delegation Oversight Delegated Activities with CAPs closed timely: <ul style="list-style-type: none"><li>○ Credentialing</li><li>○ Quality Improvement</li><li>○ Utilization Management</li><li>○ Members' Rights</li><li>○ Claims</li><li>○ Call Center</li><li>○ Cultural and Linguistics Delegation</li></ul>	No changes

# 2021 Member Incentives Programs Evaluation

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## 2021 Asthma Member Incentive Program Evaluation

**Time Period:** 07/01/21 -12/31/21 (new program in 2021)

**Member Incentive:** \$40 gift card to Target, Walmart or Amazon

**Criteria:** Members (5-64 years of age) who completed an office or telehealth visit in 2021 that included :

- Asthma exam
- New or updated Asthma Action Plan
- Asthma medication assessed

**Outcome:** Preliminary MY 2021 AMR rate **increased 2.80% points** from 48.42% in MY 2020 to 51.22% in MY 2021, reflecting a **5.8% rate change**.

### **Participation:**

Study Period	Incentive Forms Mailed	Incentives Returned (Valid & Invalid)	Valid (Awarded Gift Card)	Participation Rate
07/01/21-12/31/21	437	21	16	4.80%

# 2021 Cervical Cancer Screening Member Incentive Evaluation

**Time Period:** 12/01/21 -12/31/21

**Member Incentive:** \$25 gift card to Target, Walmart or Amazon

**Criteria:** Female members (21-64 years of age) who completed a cervical cancer screening in 2021.

**Outcome:** Preliminary MY 2021 CCS rate **declined only 0.18%** points from 51.92% in MY 2020 to 51.74% in MY 2021 despite reduced access to care during the pandemic.

## **Participation:**

Study Period	Incentives Mailed	Incentives Returned (Valid & Invalid)	Valid (Awarded Gift Cards)	Participation Rate
11/01/19-12/31/19	14,555	228	166	1.56%
01/01/20-12/31/20	17,783	190	157	1.06%
01/01/21-12/31/21	19,817	403	365	2.03%

# 2021 Child & Adolescent Well-Care Member Incentive Evaluation



**Time Period:** 01/01/21 – 12/31/21

**Member Incentive:** \$15 gift card to Target, Walmart or Amazon

**Criteria:** Members (3-21 years of age) who completed a well-care exam in 2021.

**Preliminary Child and Adolescent Well-Care Visit (WCV) Rate Comparison:**  
Preliminary MY 2021 WCV rate **increased 3.09% points** from 30.78% in MY 2020 to 33.87% in MY 2021, reflecting a **10% rate change**.

## Well-Child Member Incentive Participation

Study Period	Incentives Mailed	Incentives Returned (Valid & Invalid)	Total Valid (Gift Cards Awarded)	Participation Rate
11/01/19-12/31/19	48,940	973	920	1.98%
01/01/20-12/31/20	59,664	1,744	1,484	2.92%
01/01/21-12/31/21	75,122	2,813	2,419	3.74%

# Member Incentive Evaluation Summary

## 2021 Challenges/Barriers

- Ongoing COVID-19 pandemic resulting in reduction in primary care visits, office site closures, and shift to telehealth modalities

## 2021 Successes

- Launch of new asthma member incentive program
- Increase in member incentive participation rates
- Multiple member outreach and return to care campaigns to increase preventive screenings
  - Member incentive mail campaigns: July and September
  - Member telephone and text outreach campaigns
    - Telephone campaigns: July, November
    - Texting campaigns: December
- Point of care gift card distribution for cervical cancer screenings at VCMC Magnolia Clinic

# Member Incentive Evaluation Summary

## 2022 Plan

- Conduct text/secure digital member outreach campaigns that include links to the cervical cancer screening and well-child member incentive flyers
- Launch monthly birthday-themed well-child member incentive mail campaign
- Increase Child & Adolescent Well Care gift card denomination from \$15 to \$20
- Continue to explore clinic collaboration opportunities for point-of-care gift card distribution
- Initiate provider education regarding incentive programs during Facility Site Reviews with office staff
- Continue to explore opportunities to increase awareness of member incentive programs – e.g. social media, health fairs, provider collaboration/education
- Transition processing of gift cards to external vendor to enable QI team to focus on improvement efforts
- Launch clinic incentive program to reward top submitters each quarter with lunch for staff (starting in Q2 2022)
- Explore launching Diabetes HbA1c member incentive program in Q3 2022



# 2021 Quality Improvement Strategy

**Member Outreach:** Texting and secure digital platform focused on gaps in care and education – child and adolescent well care, women’s health, chronic condition management

**Provider Report Cards/Care Gap Reports:** Inovalon INDICES® dashboards for monthly rate monitoring and member-level gaps in care reports

**Improvement Projects Focus Areas:**

- Health Equity – Cervical Cancer Screening
- Adolescent Well Care Visits
- Women’s Health – Breast Cancer, Cervical Cancer, Chlamydia Screening
- Chronic Disease – HbA1c

**GCHP QI Collaboration Forum:** Including new clinic system collaborations such as co-branded member interventions

**NCQA Accreditation:** Preparation efforts to achieve by 2025



# Questions?

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**Recommendation:**

**Approve the 2022 QI Program Description and  
2021 QI Work Plan**

*Thank you*

## **AGENDA ITEM NO. 9**

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

**FROM:** Nancy Wharfield, M.D., Chief Medical Officer

**DATE:** April 25, 2022

**SUBJECT:** Housing and Homeless Incentive Program (HHIP) Participation

### **SUMMARY:**

The State of California took extraordinary action to address homelessness, investing approximately \$12 billion to assist vulnerable Californians to ensure capacity is created to help people off the streets and get into whole-person services as needed. The State's actions focused on new funding for homelessness prevention. This major initiative makes significant investments in the Medi-Cal system to coordinate services for its members to receive behavioral, physical, and social health services throughout the care continuum.

The Housing and Homeless Incentive Program will work to improve health outcomes and access to whole-person care services by addressing housing insecurity and instability as a social determinant of health for Gold Coast Health Plan (“GCHP”) membership. GCHP and the Continuum of Care (“CoC”), a collaborative group dedicated to promoting a safe, desirable, and thriving community by ending homelessness in Ventura County) aim to support systems integration, address housing and services gaps and build off the local Homeless Housing, Assistance and Prevention (“HHAP”) Grant to address unmet housing and health needs. Using funding from the Home and Community-Based Services (“HCBS”) Spending Plan, HHIP makes investments for engaging and preventing homelessness by focusing on stabilizing housing needs for individuals and families.

HHIP is a voluntary program for Managed Care Plans (“MCPs”), and the program will operate from January 1, 2022, through December 31, 2023. The program requires the submission of a local homelessness plan (LHP) which will provide an overview of the county landscape through a needs and gaps assessment within the service area. Additionally, the LHP requires MCPS to provide strategies on how it will work to close housing and service area gaps.

GCHP and its partners will use HHIP funding to build capacity for housing-related Community Supports (“CS”), coordination of GCHP's members' health needs, and build partnerships to support the referral process from multiple entry points. GCHP has begun collaborative discussions with the CoC and their alliance, the Ventura County Health Care Agency, and other Community-Based Organization partners. GCHP has also submitted a non-binding Letter of Intent (“LOI”) to DHCS expressing GCHP's readiness to participate in the program.

Statewide funds for HHIP total \$1.288 billion. MCP payments will be based on completing and achieving program measures and Local Homelessness Plan (“LHP”) components. DHCS will evaluate submissions and performance during the measurement period and make payments related to outcomes. GCHP staff anticipates that DHCS will release local funding metrics or allocations soon.

MCP Submission	Measurement Period	MCP Submission Date	Program Year
<b>MCP Local Homelessness Plan (LHP) Submission</b>	January 1, 2022, to April 30, 2022	June 30, 2022	1
<b>MCP Submission 1</b>	May 1, 2022, to December 31, 2022	February 2023	1
<b>MCP Submission 2</b>	January 1, 2023, to October 31, 2023	December 2023	2

**RECOMMENDATION:**

GCHP staff recommend the Commission approve participation in the HHIP.

**FINANCIAL IMPACT:**

There is no fiscal impact.

**ATTACHMENTS:**

GCHP Letter of Intent Submission.



# Housing and Homelessness Incentive Program Letter of Intent

In accordance with the Home and Community Based Services Spending Plan, DHCS is implementing the Housing and Homelessness Incentive Program (HHIP) over a 24-month period starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). HHIP aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. The goals of HHIP are to:

1. Reduce and prevent homelessness; and,
2. Ensure MCPs develop the necessary capacity and partnerships to connect their members to needed housing services.

Medi-Cal MCPs interested in participating in HHIP must complete and submit a non-binding letter of intent with the information outlined below.

A summary of HHIP and supporting documents are available on the [DHCS HHIP webpage](#). Please submit this completed letter of intent form to [DHCSHHIP@dhcs.ca.gov](mailto:DHCSHHIP@dhcs.ca.gov) no later than **5pm PST on April 4, 2022**.

Medi-Cal MCP Organization Name	
<b>Contact Information</b>	
Medi-Cal MCP HHIP Lead Contact Person Name and Title	
Medi-Cal MCP Contact Phone Number	
Medi-Cal MCP Email Address	
Medi-Cal MCP Mailing Address	
Signature (Physical or electronic)	<i>Nancy Wharfield</i>



<b>HHIP Information</b>	
List of Counties MCP intends participate in the HHIP	
List of organizations MCP has engaged or will engage, including counties, HHAP eligible cities, social service, and housing agencies (e.g. CoCs), CBOs, community providers, county MHPs, and DMC-ODS and others, and proposed approach to collaborate with organizations as the MCP develops the HHIP	
For each county the MCP intends to support through HHIP, please describe current level of engagement with the Homeless Housing, Assistance and Prevention (HHAP) Round 3 Grant Program application process and its participants (if any)	
Attestation that the MCP is familiar with the HHAP Round 2 grant applications, including relevant CoCs, counties, and cities, for their service area	



<b>MCP HHIP Goals and Challenges</b>	
List three preliminary goals for the MCP in participating and implementing the HHIP <i>100 word limit</i>	
List three potential challenges or barriers MCP anticipates addressing while participating in and implementing the HHIP <i>100 word limit</i>	



**AGENDA ITEM NO. 10**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Kashina Bishop, Chief Financial Officer  
DATE: April 25, 2022  
SUBJECT: February 2022 and March 2022 Fiscal Year to Date Financials

**SUMMARY:**

Staff is presenting the attached February 2022 and March 2022 fiscal year-to-date (“FYTD”) financial statements of Gold Coast Health Plan (“GCHP”) for review and approval.

**BACKGROUND/DISCUSSION:**

The staff has prepared the February 2022 and March 2022 unaudited FYTD financial packages, including statements of financial position, statement of revenues and expenses, changes in net assets, statement of cash flows and schedule of investments and cash balances.

**Financial Overview:**

GCHP experienced gains of \$11.4 million and \$7.4 million February and March 2022 respectively. As of March 31<sup>st</sup>, GCHP is favorable to the budget estimates by \$35.5 million. The favorability is due to medical expense estimates that are currently less than budget by \$22.5 million, administrative and project expenses that are under budget by \$7.8 million, revenue that is favorable to budget by \$5.4M primarily due to vaccine incentive program not in budget and favorable CY2022 rate increase.

**Financial Report:**

GCHP is reporting net gains of \$11.4 million and \$7.4 million for the months of February and March 2022 respectively.

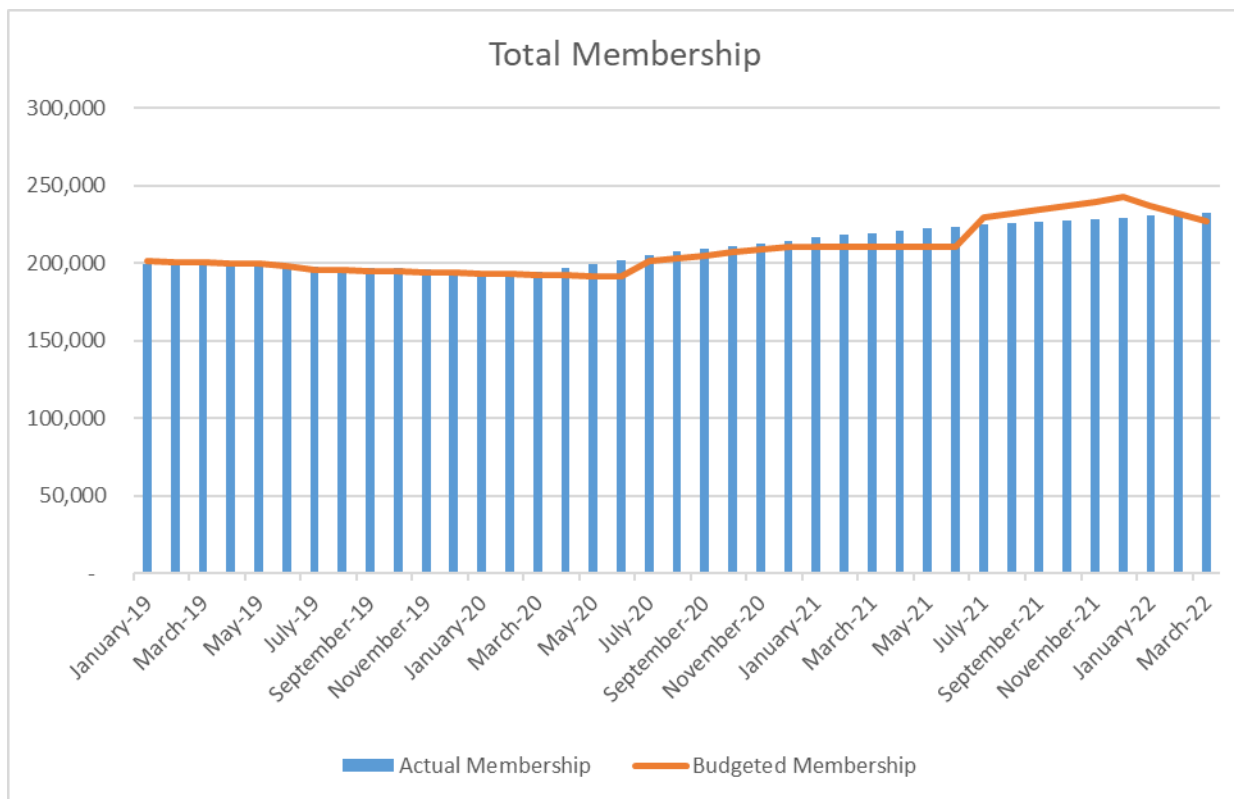
**March 2022 FYTD Highlights:**

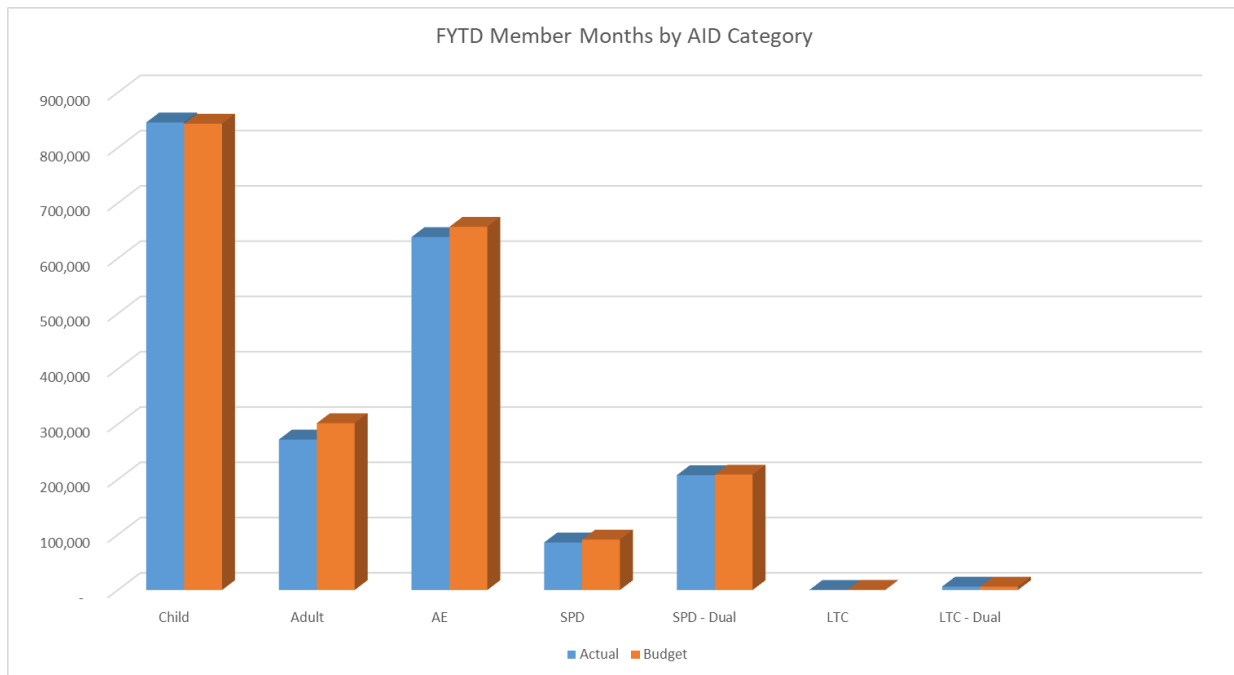
1. Net gain of \$46.9 million, a \$35.5 million favorable budget variance.
2. FYTD net revenue is \$730.5 million, \$5.4 million over budget.



3. FYTD Cost of health care is \$643.3 million, \$22.5 million under budget.
4. The medical loss ratio is 88.1% of revenue, 3.8% less than the budget.
5. FYTD administrative expenses are \$40.6 million, \$7.8 million under budget.
6. The administrative cost ratio is 5.5%, 1.1% under budget.
7. Current membership for March 2022 is 231,330.
8. Tangible Net Equity is \$152.6 million which represents approximately 54 days of operating expenses in reserve and 414% of the required amount by the State.

**Note:** To improve comparative analysis, GCHP is reporting the budget on a flexible basis which allows for updated revenue and medical expense budget figures consistent with membership trends.





**Revenue**

FYTD Net Premium revenue is \$730.5 million; a \$5.4 million and 0.7% favorable budget variance. Primarily drivers are incentive revenue from Vaccine Incentive Program not in budget (~\$.9M) and favorable CY2022 rates (~4.4M).

**Health Care Costs**

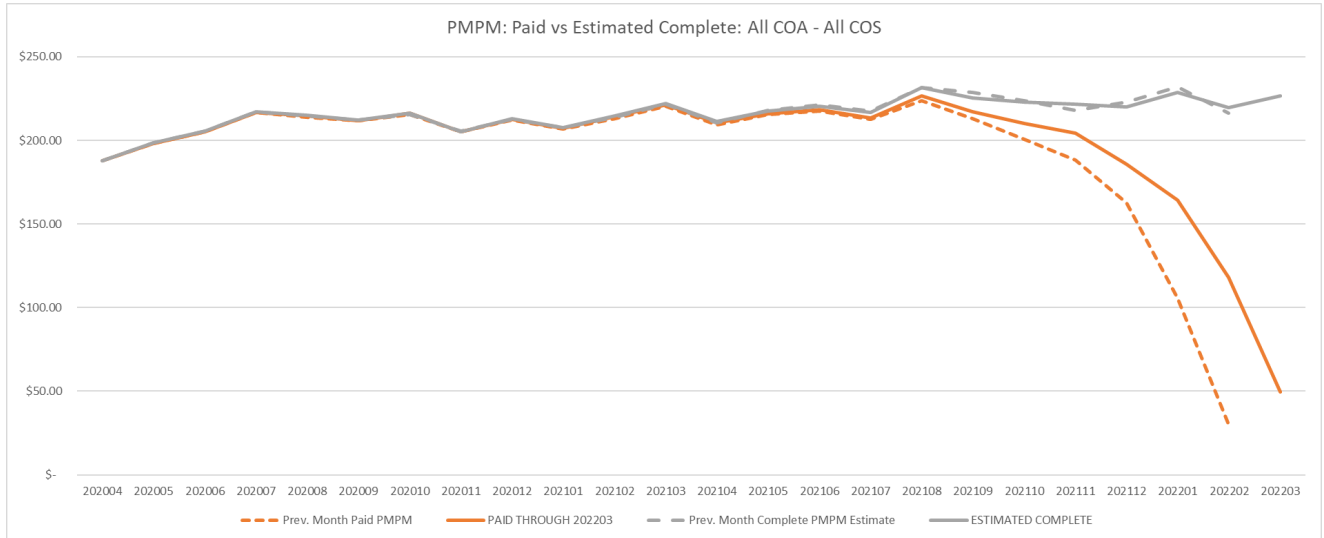
FYTD Health care costs are \$643.3 million; a \$22.5 million and 3.0% favorable budget variance. Due to the unknown impacts of the pandemic, the budget was established by trending forward CY 2019 medical expenses.

Medical expenses are calculated through a predictive model which examines the timing of claims receipt and claims payments. It is referred to as “Incurred but Not Paid” (IBNP) and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred but Not Reported and Claims Payable.

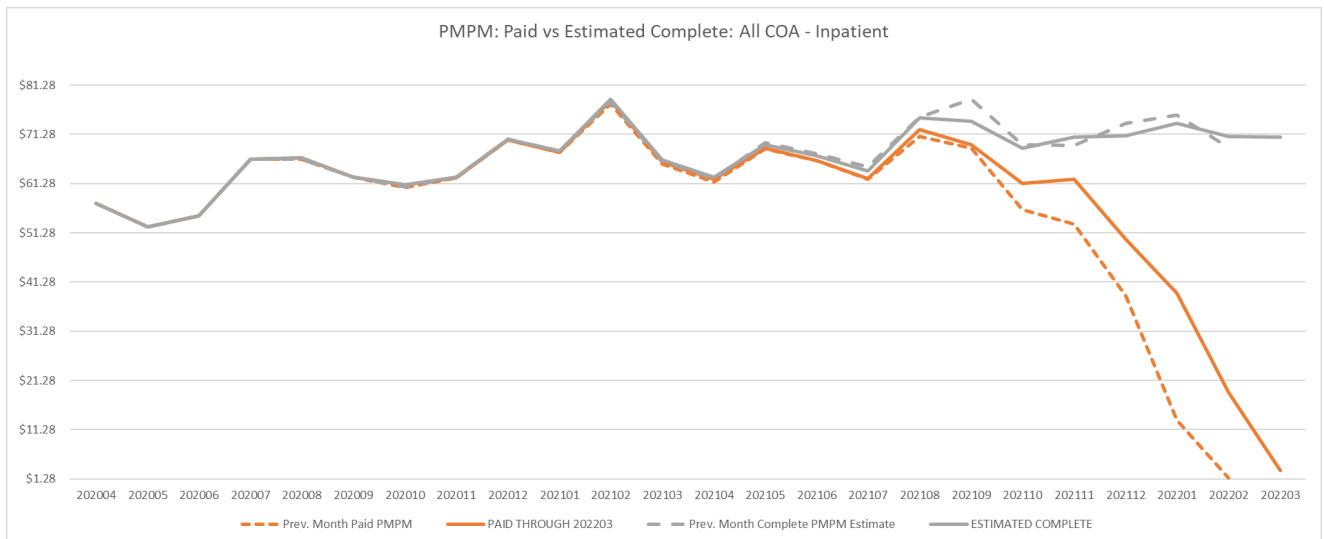
One of the issues being addressed from the system conversion is discrepancies in the mapping of data to the correct category of service. This impacts staff’s ability to research actual and budget variances at the category of service level. At a high level, medical expenses have remained consistent with prior months and are running below budget expectations which were conservative.

High level trends on a per member per month (PMPM) basis for the major categories of service are as follows:

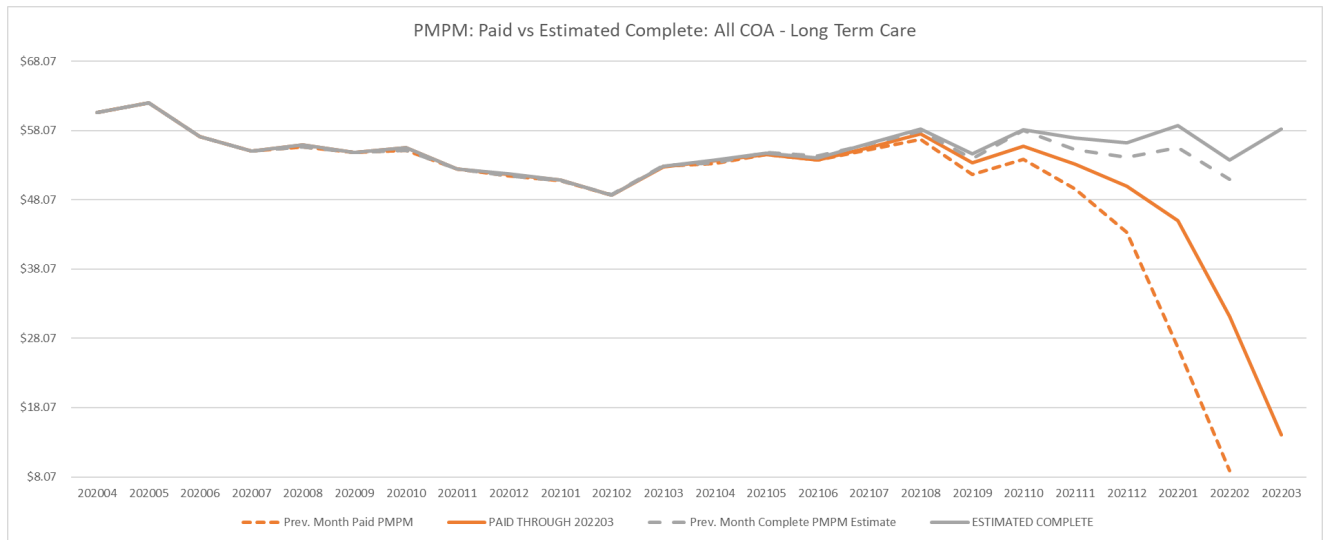
## 1. All categories of service



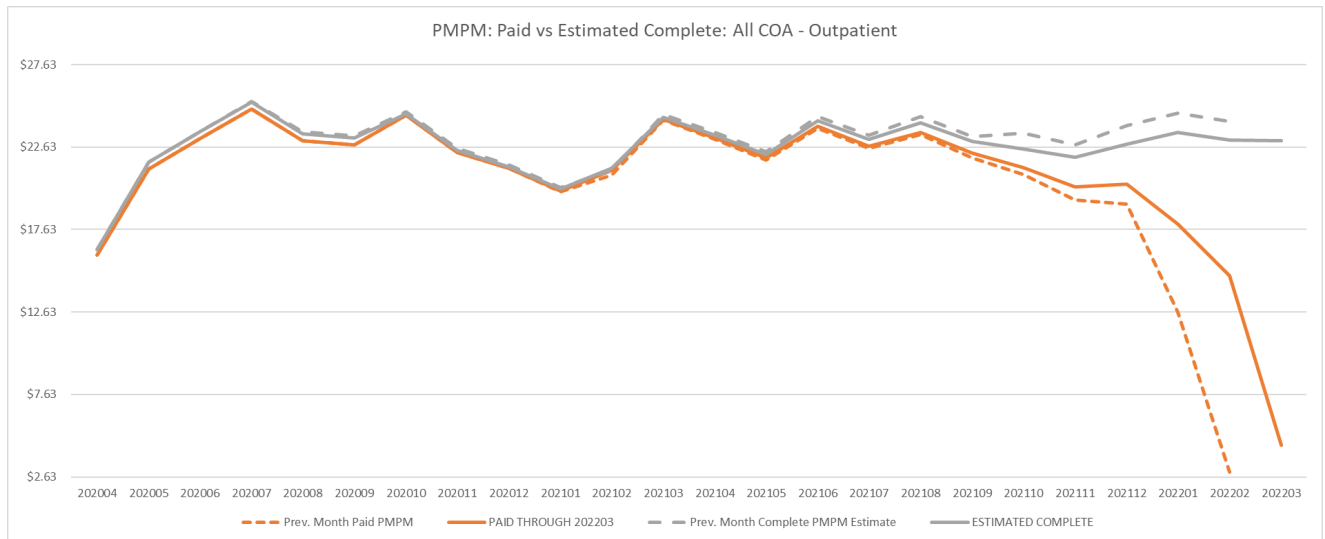
## 2. Inpatient hospital costs



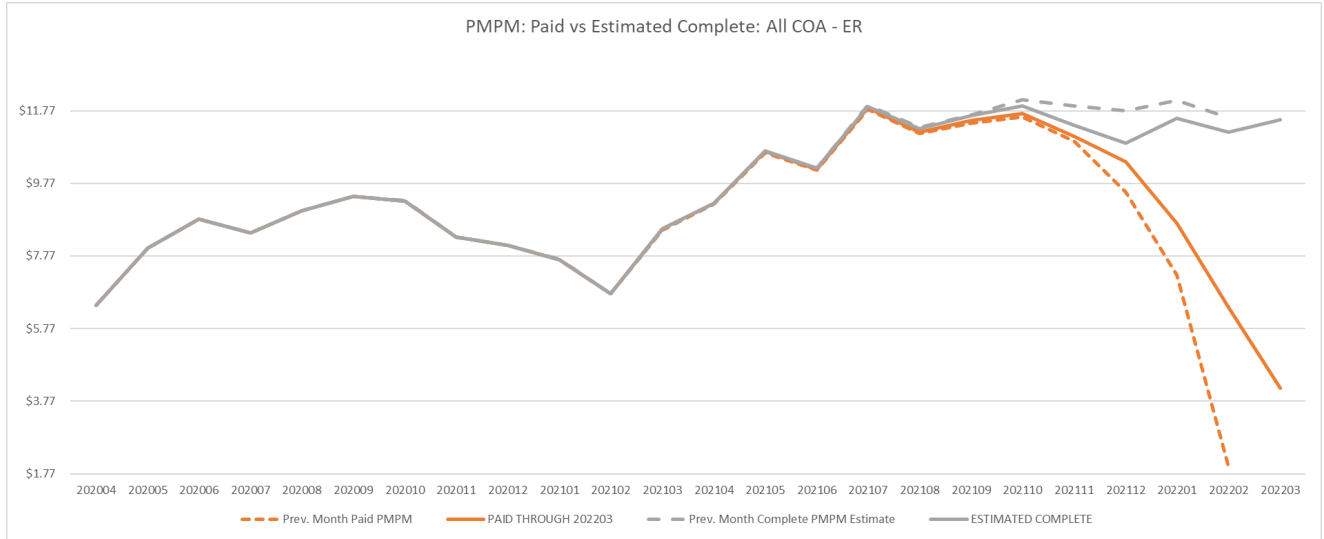
### 3. Long term care (LTC) expenses



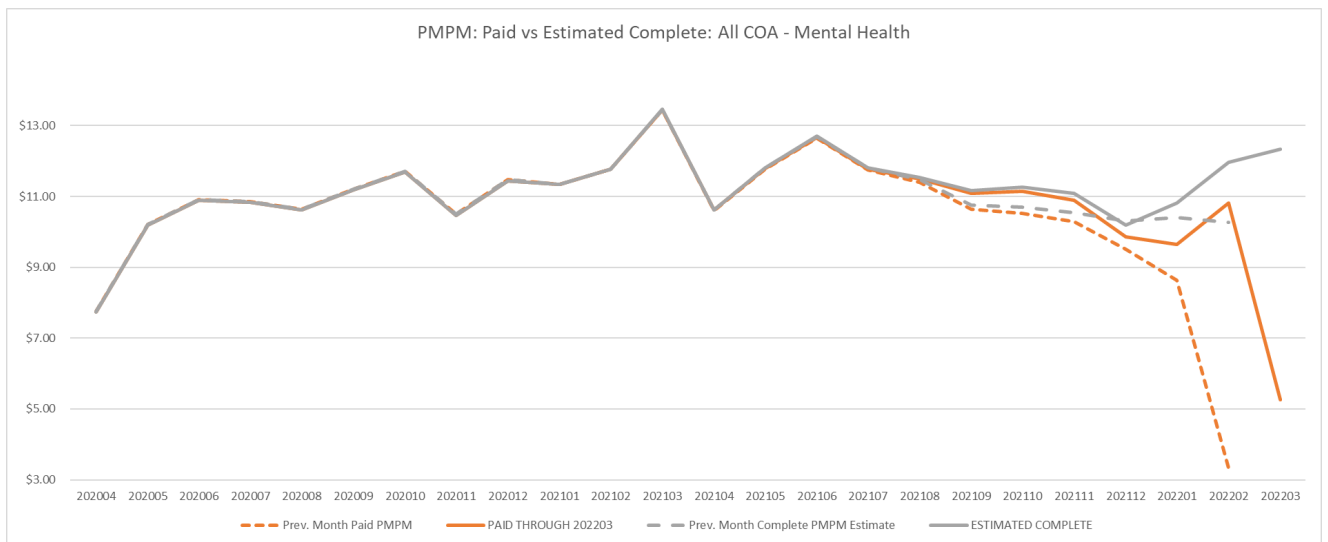
### 4. Outpatient expenses



## 5. Emergency Room expenses



## 6. Mental and behavioral health services



### Administrative Expenses

The administrative expenses are currently running within amounts allocated to administration in the capitation revenue from the State. In addition, the ratio is comparable to other public health plans in California.

For the fiscal year to date through March 2022, administrative costs were \$40.4 million and \$7.8 million under budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 5.5% versus 6.7% for budget.

The following are drivers of administrative expense favorability:

- *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~\$3.6M)
- *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions in IT/Health Services (~\$1.2M)
- *Outside Services*: favorability of Conduent and PBM admin fee expenses due to membership lower than projected and lower fulfillment related charges and Conduent invoice chargebacks (~\$2.4M)
- *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation, lower printing expenses and lower than budgeted interest expense (~\$.4M)

### Cash and Short-Term Investment Portfolio

At March 31 the Plan had \$252.4 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool \$18.4 million; LAIF CA State \$40.2 million; Cal Trust \$34.8M; the portfolio yielded a rate of 2.5%.

**SCHEDULE OF INVESTMENTS AND CASH BALANCES**

	<b>Market Value* March 31, 2022</b>	<b>Account Type</b>
Local Agency Investment Fund (LAIF) <sup>1</sup>	\$ 40,238,078	investment
Ventura County Investment Pool <sup>2</sup>	\$ 18,362,900	investment
CalTrust	\$ 34,822,560	short-term investment
Bank of West	\$ 147,217,238	money market account
Pacific Premier	\$ 10,212,063	operating accounts
Mechanics Bank <sup>3</sup>	\$ 1,537,577	operating accounts
Petty Cash	\$ 500	cash
<b>Investments and monies held by GCHP</b>	<b>\$ 252,390,915</b>	

	<b>Mar-22</b>	<b>FYTD 21-22</b>
<b>Local Agency Investment Fund (LAIF)</b>		
<b>Beginning Balance</b>	\$ 40,238,078	\$ 206,976
Transfer of Funds from Ventura County Investment Pool	-	40,000,000
Quarterly Interest Received	-	31,347
Quarterly Interest Adjustment	-	(245)
<b>Current Market Value</b>	<b>\$ 40,238,078</b>	<b>\$ 40,238,078</b>
<b>Ventura County Investment Pool</b>		
<b>Beginning Balance</b>	\$ 18,362,900	\$ 43,304,353
Transfer of funds to LAIF	-	(25,000,000)
Interest Received	-	58,547
<b>Current Market Value</b>	<b>\$ 18,362,900</b>	<b>\$ 18,362,900</b>

Medi-Cal Receivable

At March 31 the Plan had \$97.8 million in Medi-Cal Receivables due from the DHCS.

**RECOMMENDATION:**

Staff requests that the Commission approve the February 2022 and March 2022 financial packages.

**CONCURRENCE:**

N/A

**ATTACHMENT:**

February 2022 Financial Package  
March 2022 Financial Package



**FINANCIAL PACKAGE**

For the month ended March 31, 2022

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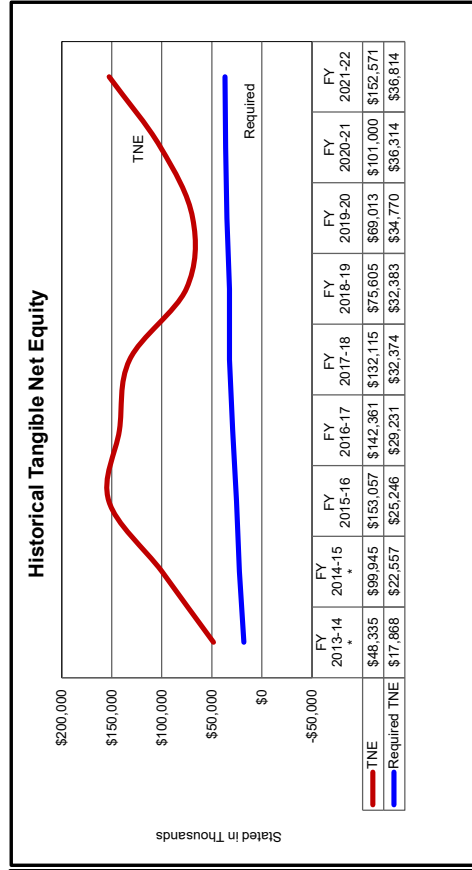
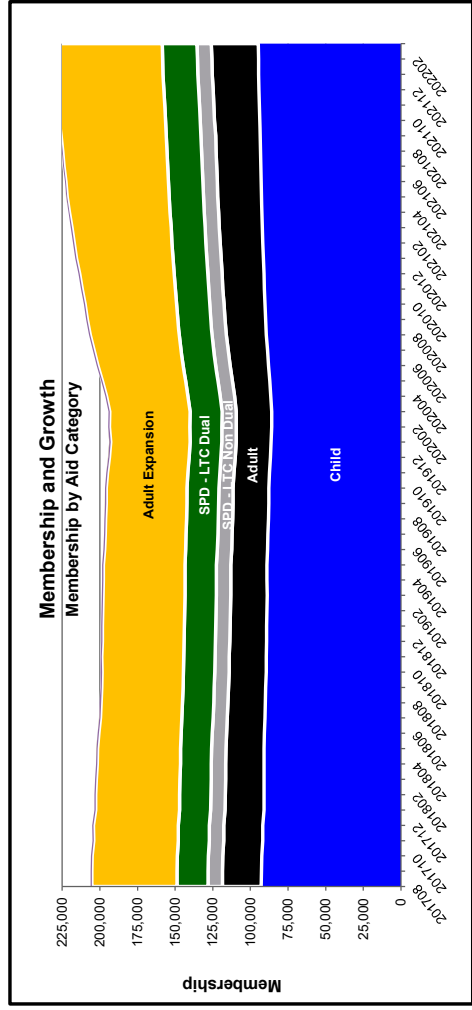
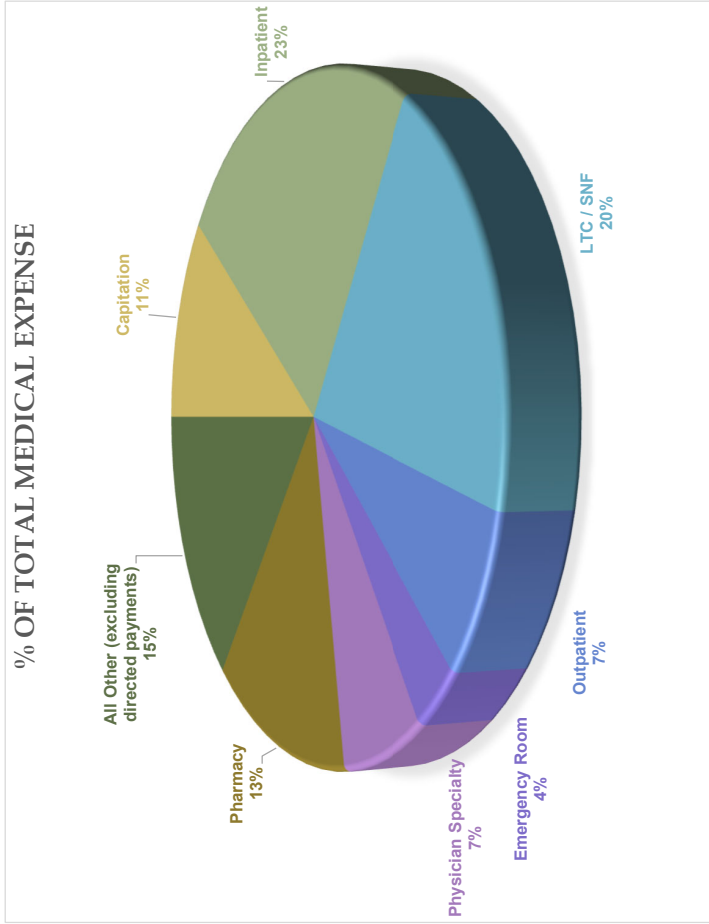
- Executive Dashboard
- Statement of Financial Position
- Statement of Revenues, Expenses and Changes in Net Assets
- Statement of Cash Flows
- Schedule of Investments & Cash Balances



**Gold Coast Health Plan**  
**Executive Dashboard as of March 31, 2022**

	FYTD 21/22 Budget*	FYTD 21/22 Actual	FY 20/21 Actual	FY 19/20 Actual
Average Enrollment	234,390	227,479	213,547	196,012
PMPM Revenue	\$ 354,21	\$ 356.79	\$ 358.22	\$ 348.73
<b>Medical Expenses</b>				
Capitation	\$ 35.58	\$ 31.77	\$ 34.03	\$ 24.93
Inpatient	\$ 68.81	\$ 69.85	\$ 66.52	\$ 65.19
LTC / SNF	\$ 55.17	\$ 60.56	\$ 55.42	\$ 59.20
Outpatient	\$ 27.29	\$ 22.66	\$ 23.16	\$ 25.81
Emergency Room	\$ 13.72	\$ 10.87	\$ 9.25	\$ 11.97
Physician Specialty	\$ 27.06	\$ 21.70	\$ 25.71	\$ 27.63
Pharmacy	\$ 43.00	\$ 40.30	\$ 62.07	\$ 61.05
All Other (excluding directed payments)	\$ 37.85	\$ 43.96	\$ 43.20	\$ 41.07
Total Per Member Per Month	\$ 308.48	\$ 301.68	\$ 319.36	\$ 316.86
Medical Loss Ratio	91.7%	88.0%	92.1%	94.6%
Total Administrative Expenses	\$ 48,159,353	\$ 40,355,962	\$ 49,637,603	\$ 50,821,685
% of Revenue	6.6%	5.5%	5.4%	6.2%
TNE	\$ 110,036,696	\$ 152,570,870	\$ 100,999,994	\$ 71,272,142
Required TNE	\$ 37,949,391	\$ 36,814,472	\$ 36,313,908	\$ 34,685,521
% of Required	290%	414%	278%	205%

\* Flexible Budget (uses actual membership & member mix against budgeted rates)



**STATEMENT OF FINANCIAL POSITION**

	<u>03/31/22</u>	<u>02/28/22</u>	<u>01/31/22</u>
<b>ASSETS</b>			
<b>Current Assets:</b>			
<b>Total Cash and Cash Equivalents</b>	<b>158,967,379</b>	<b>151,830,336</b>	<b>160,511,892</b>
<b>Total Short-Term Investments</b>	<b>93,423,537</b>	<b>93,518,470</b>	<b>93,546,906</b>
Medi-Cal Receivable	97,763,795	95,357,353	92,771,466
Interest Receivable	106,133	94,752	83,372
Provider Receivable	1,945,562	2,025,314	1,764,349
Other Receivables	4,980,336	5,462,082	6,028,196
<b>Total Accounts Receivable</b>	<b>104,795,827</b>	<b>102,939,502</b>	<b>100,647,383</b>
Total Prepaid Accounts	1,808,478	1,966,309	2,360,298
Total Other Current Assets	135,560	156,289	156,289
<b>Total Current Assets</b>	<b>359,130,781</b>	<b>350,410,906</b>	<b>357,222,769</b>
<b>Total Fixed Assets</b>	<b>1,330,197</b>	<b>1,330,290</b>	<b>1,334,177</b>
<b>Total Assets</b>	<b><u>\$ 360,460,978</u></b>	<b><u>\$ 351,741,197</u></b>	<b><u>\$ 358,556,946</u></b>
<b>LIABILITIES &amp; NET ASSETS</b>			
<b>Current Liabilities:</b>			
Incurring But Not Reported	\$ 99,620,702	\$ 105,401,474	\$ 91,756,992
Claims Payable	10,753,445	13,635,121	18,043,236
Capitation Payable	25,878,323	25,375,204	25,276,456
Physician Payable	22,193,335	20,489,605	23,100,925
DHCS - Reserve for Capitation Recoup	14,897,685	14,897,685	14,898,581
Accounts Payable	2,061,225	425,769	532,963
Accrued ACS	1,640,728	3,140,644	4,950,942
Accrued Provider Reserve	3,672,549	3,598,245	2,375,926
Accrued Pharmacy	3,300	818	175,887
Accrued Expenses	2,726,462	2,375,997	33,225,057
Accrued Premium Tax	21,565,800	14,377,200	7,188,600
Accrued Payroll Expense	1,970,842	1,976,843	2,456,446
<b>Total Current Liabilities</b>	<b>206,984,396</b>	<b>205,694,605</b>	<b>223,982,011</b>
<b>Long-Term Liabilities:</b>			
Other Long-term Liability-Deferred Rent	905,712	915,307	924,901
Deferred Revenue - Long Term Portion	-	-	-
Notes Payable	-	-	-
<b>Total Long-Term Liabilities</b>	<b>905,712</b>	<b>915,307</b>	<b>924,901</b>
<b>Total Liabilities</b>	<b>207,890,108</b>	<b>206,609,912</b>	<b>224,906,912</b>
<b>Net Assets:</b>			
Beginning Net Assets	105,714,877	105,714,877	105,714,877
Total Increase / (Decrease in Unrestricted Net Assets)	46,855,994	39,416,408	27,935,157
<b>Total Net Assets</b>	<b>152,570,870</b>	<b>145,131,285</b>	<b>133,650,034</b>
<b>Total Liabilities &amp; Net Assets</b>	<b><u>\$ 360,460,978</u></b>	<b><u>\$ 351,741,197</u></b>	<b><u>\$ 358,556,946</u></b>

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS  
FOR MONTH ENDED March 31, 2022**

	February 2022		March 2022		March 2022 Year-To-Date		Variance Fav / (Unfav)	Variance %	March 2022 Year-To-Date		Variance Fav / (Unfav)	
	Actual	Budget	Actual	Budget	Actual	Budget			Actual	Budget		
<b>Membership (includes retro members)</b>	231,044	231,330	2,047,311	2,109,514	795,794,844	\$ 725,080,030	\$ 70,714,814	(62,203)	-3%			
<b>Revenue</b>	\$ 84,906,926	\$ 82,507,512								\$ 388.70	\$ 343.72	\$ 44.98
Premium	-	-										
Reserve for Cap Requirements	-	-										
Incentive Revenue	(7,715,326)	(7,715,326)			945,045		945,045		0%	0.46	-	0.46
MCO Premium Tax	77,191,599	74,792,186	(66,277,578)	-	(66,277,578)	-	(66,277,578)	-	0%	(32.37)	-	(32.37)
<b>Total Net Premium</b>			<b>730,462,311</b>	<b>725,080,030</b>	<b>5,362,281</b>		<b>0.7%</b>			<b>356.79</b>	<b>343.72</b>	<b>13.07</b>
<b>Other Revenue:</b>												
Miscellaneous Income	105	240	108,014	-	108,014	-	108,014	-	0%	0.05	-	0.05
<b>Total Other Revenue</b>	105	240	108,014	-	108,014	-	108,014	-	0%	0.05	-	0.05
<b>Total Revenue</b>	<b>77,191,704</b>	<b>74,792,426</b>	<b>730,570,324</b>	<b>725,080,030</b>	<b>5,490,294</b>		<b>1%</b>			<b>356.79</b>	<b>343.72</b>	<b>13.12</b>
<b>Medical Expenses:</b>												
Capitation	7,202,470	7,529,904	64,344,676	72,831,020	8,486,345		12%			31.43	34.53	3.10
PCP, Specialty, Kaiser, NEMT & Vision	230,654	243,259	707,032	878,634	171,602		20%			0.35	0.42	0.07
ECM	7,433,124	7,773,164	65,051,708	73,709,655	8,657,947		12%			31.77	36.00	4.23
<b>FFS Claims Expenses:</b>												
Inpatient	15,625,974	14,739,437	143,012,509	140,849,711	(2,162,798)		-2%			69.85	66.77	(3.09)
LTC / SNF	12,386,488	16,212,965	123,981,842	112,939,309	(11,042,533)		-10%			60.56	53.54	(7.02)
Outpatient	5,971,962	3,353,323	46,388,979	55,857,167	9,468,188		17%			22.66	26.48	3.82
Laboratory and Radiology	668,084	1,322,218	6,688,091	4,562,141	(2,105,950)		-46%			3.27	2.17	(1.09)
Directed Payments - Provider	6,600,566	2,522,058	25,709,013	21,682,179	(4,026,833)		-19%			12.56	10.28	(2.28)
Emergency Room	2,733,726	2,036,145	22,254,216	28,086,553	5,832,337		21%			10.87	13.31	2.44
Physician Specialty	5,862,430	4,752,393	44,425,586	55,402,345	10,976,760		20%			21.70	26.26	4.56
Primary Care Physician	2,066,000	1,938,314	21,153,256	15,312,215	(5,841,041)		-38%			10.33	7.26	(3.07)
Home & Community Based Services	2,003,039	2,015,139	18,655,569	20,735,129	2,079,560		10%			9.11	9.83	0.72
Applied Behavioral Analysis/Mental Health Services	2,022,941	2,724,902	22,471,495	22,952,906	481,412		2%			10.98	10.88	(0.10)
Pharmacy	(13,296)	(9,505)	82,507,172	88,026,255	5,519,083		6%			40.30	41.73	1.43
Provider Reserve	73,489	74,304	874,602	-	(874,602)		0%			0.43	-	(0.43)
Other Medical Professional	333,439	414,173	2,784,463	3,710,139	925,676		25%			1.36	1.76	0.40
Other Medical Care	2,990	2,470	157,099	-	(157,099)		0%			0.08	-	(0.08)
Other Fee For Service	995,382	601,309	8,665,786	8,511,415	(154,371)		-2%			4.23	4.03	(0.20)
Transportation	(3,753,165)	109,398	1,600,744	1,684,418	83,675		5%			0.78	0.80	0.02
Total Claims	53,570,049	52,809,044	571,330,421	580,331,881	9,001,460		2%			279.06	275.10	(3.96)
Medical & Care Management Expense	977,425	1,648,485	11,564,706	11,583,766	19,061		0%			5.65	5.49	(0.16)
Reinsurance	298,898	(215,767)	617,174	2,847,844	2,230,670		78%			0.30	1.35	1.05
Claims Recoveries	(295,605)	(667,236)	(5,230,151)	(2,634,417)	2,595,733		-99%			(2.55)	(1.25)	1.31
Sub-total	980,718	765,482	6,951,729	11,797,193	4,845,464		41%			3.40	5.59	2.20
<b>Total Cost of Health Care</b>	<b>61,983,891</b>	<b>61,347,689</b>	<b>643,333,658</b>	<b>665,838,729</b>	<b>22,504,871</b>		<b>3%</b>			<b>313.89</b>	<b>315.22</b>	<b>1.33</b>
<b>Contribution Margin</b>	<b>15,207,814</b>	<b>13,444,737</b>	<b>87,236,467</b>	<b>59,241,301</b>	<b>27,995,166</b>		<b>47%</b>			<b>42.90</b>	<b>28.50</b>	<b>14.40</b>
<b>General &amp; Administrative Expenses:</b>												
Salaries, Wages & Employee Benefits	1,643,946	3,120,085	20,256,285	21,420,616	1,164,332		5%			9.89	10.15	0.26
Training, Conference & Travel	7,762	3,995	42,484	261,105	218,621		84%			0.02	0.12	0.10
Outside Services	1,785,279	1,920,115	18,710,066	21,094,356	2,384,289		11%			9.14	10.00	0.86
Professional Services	461,491	335,661	3,273,824	3,301,249	27,425		1%			1.60	1.56	(0.03)
Occupancy, Supplies, Insurance & Others	651,089	2,041,584	7,832,745	8,281,192	448,447		5%			3.83	3.93	0.10
Care Management (Reclass to Medical)	(977,425)	(1,648,485)	(11,564,706)	(11,583,766)	(19,061)		0%			(5.65)	(5.49)	(0.16)
G&A Expenses	3,572,142	5,772,954	38,550,697	42,774,751	4,224,064		10%			18.83	20.28	1.45
Project Portfolio	145,378	166,274	1,805,265	5,384,601	3,579,336		66%			0.88	2.55	1.67
<b>Total G&amp;A Expenses</b>	<b>3,717,520</b>	<b>5,939,228</b>	<b>40,355,962</b>	<b>48,159,353</b>	<b>7,803,390</b>		<b>16%</b>			<b>19.71</b>	<b>22.83</b>	<b>3.12</b>
<b>Total Operating Gain / (Loss)</b>	<b>11,490,293</b>	<b>7,505,508</b>	<b>46,880,505</b>	<b>11,081,949</b>	<b>35,798,556</b>		<b>323%</b>			<b>23.19</b>	<b>5.67</b>	<b>17.52</b>
<b>Non Operating</b>												
Revenues - Interest	(9,042)	(65,923)	(23,264)	270,000	(293,264)		-109%			(0.01)	0.13	(0.14)
Gain/(Loss) on Sale of Asset	-	-	(1,247)	-	(1,247)		0%			(0.00)	-	(0.00)
<b>Total Non-Operating</b>	<b>(9,042)</b>	<b>(65,923)</b>	<b>(24,511)</b>	<b>270,000</b>	<b>(294,511)</b>		<b>-109%</b>			<b>(0.01)</b>	<b>0.13</b>	<b>(0.14)</b>
<b>Total Increase / (Decrease) in Unrestricted Net Assets</b>	<b>\$ 11,481,251</b>	<b>\$ 7,439,585</b>	<b>\$ 46,855,994</b>	<b>\$ 11,351,949</b>	<b>\$ 35,504,045</b>		<b>313%</b>			<b>\$ 23.18</b>	<b>\$ 5.80</b>	<b>\$ 17.38</b>

<b>STATEMENT OF CASH FLOWS</b>	<b>March 2022</b>	<b>FYTD 21-22</b>
<b>Cash Flows Provided By Operating Activities</b>		
Net Income (Loss)	\$ 7,439,585	\$ 46,855,994
<b>Adjustments to reconciled net income to net cash provided by operating activities</b>		
Depreciation on fixed assets	46,462	374,294
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
<b>Changes in Operating Assets and Liabilities</b>		
Accounts Receivable	(1,856,325)	6,573,296
Prepaid Expenses	178,560	160,913
Accrued Expense and Accounts Payable	547,194	(21,708,600)
Claims Payable	(674,826)	8,362,294
MCO Tax liability	7,188,600	2,156,580
IBNR	(5,780,772)	(27,339,941)
<b>Net Cash Provided by (Used in) Operating Activities</b>	<u>7,088,478</u>	<u>15,434,830</u>
<b>Cash Flow Provided By Investing Activities</b>		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	94,932	(49,908,437)
Purchase of Property and Equipment	(46,368)	(506,019)
<b>Net Cash (Used In) Provided by Investing Activities</b>	<u>48,565</u>	<u>(50,414,456)</u>
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	7,137,043	(34,979,626)
<b>Cash and Cash Equivalents, Beginning of Period</b>	<u>151,830,336</u>	<u>193,947,005</u>
<b>Cash and Cash Equivalents, End of Period</b>	<u><u>158,967,379</u></u>	<u><u>158,967,379</u></u>

# February and March 2022 Financial Statements

April 25, 2022

Kashina Bishop  
Chief Financial Officer

Integrity

Accountability

Collaboration

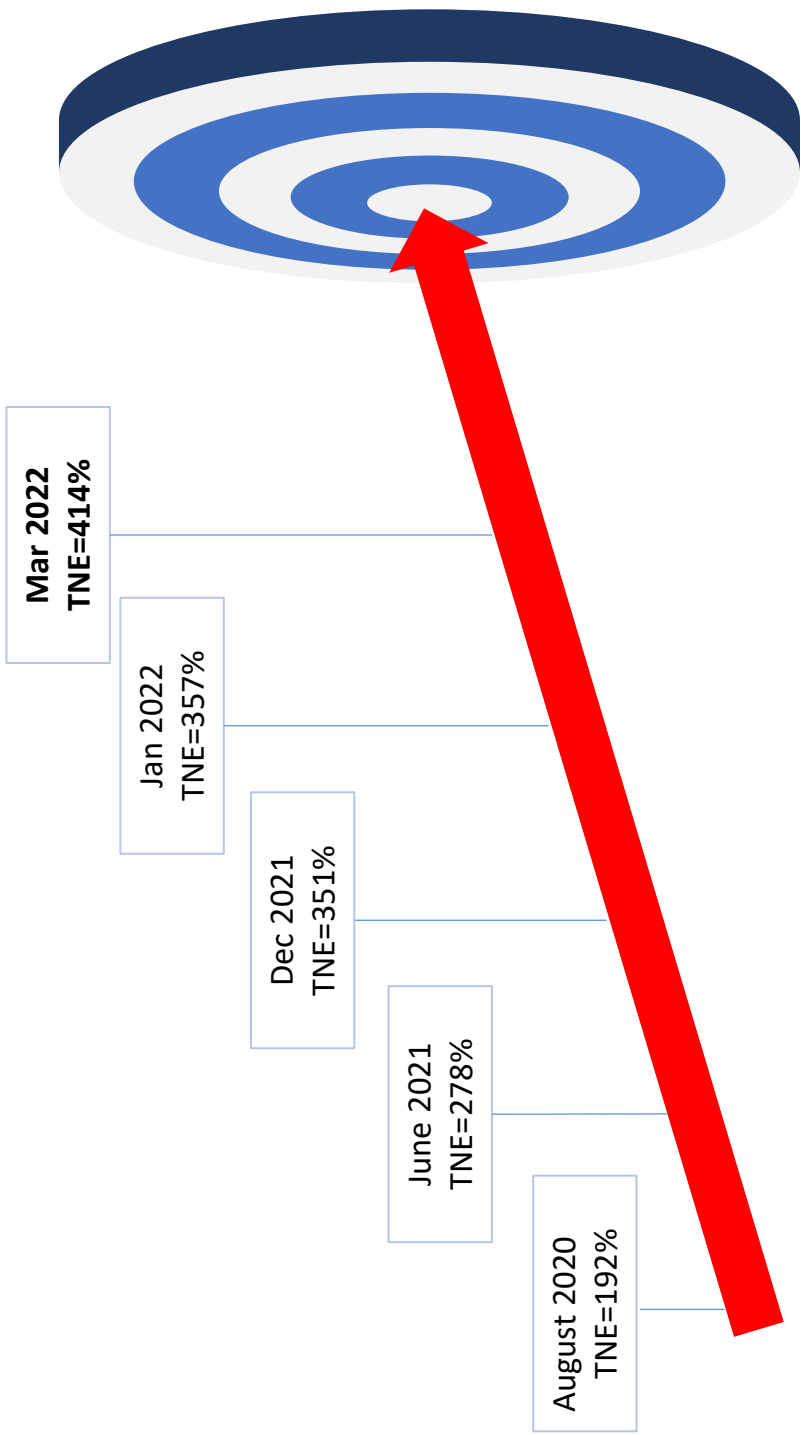
Trust

Respect

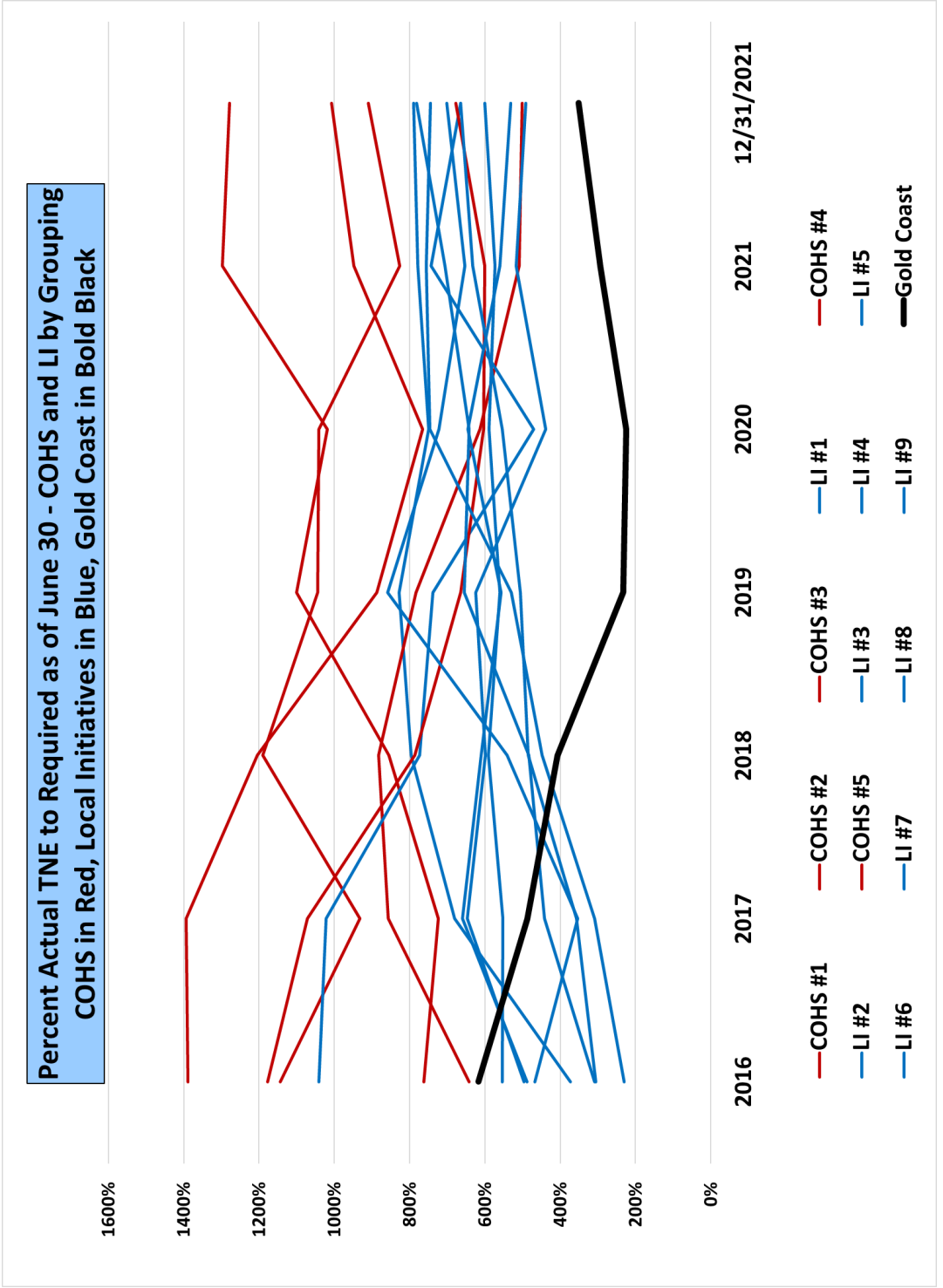
# GREAT NEWS!

## Tangible Net Equity Target Achieved

**Target:** TNE % = 400-500% of Required



# COHS/Local Initiative Comparison



# Financial Imperatives

1. Learn from past.
2. Investments are intentional and consistent with the Strategic Plan.
3. Provider contract changes are consistent with the strategy.



# Financial Overview:



February NET GAIN \$ 11.5 M

March NET GAIN \$ 7.4 M



FYTD NET GAIN \$46.9 M



TNE is \$152.6 M and 414% of the minimum required



MEDICAL LOSS RATIO 88.0%



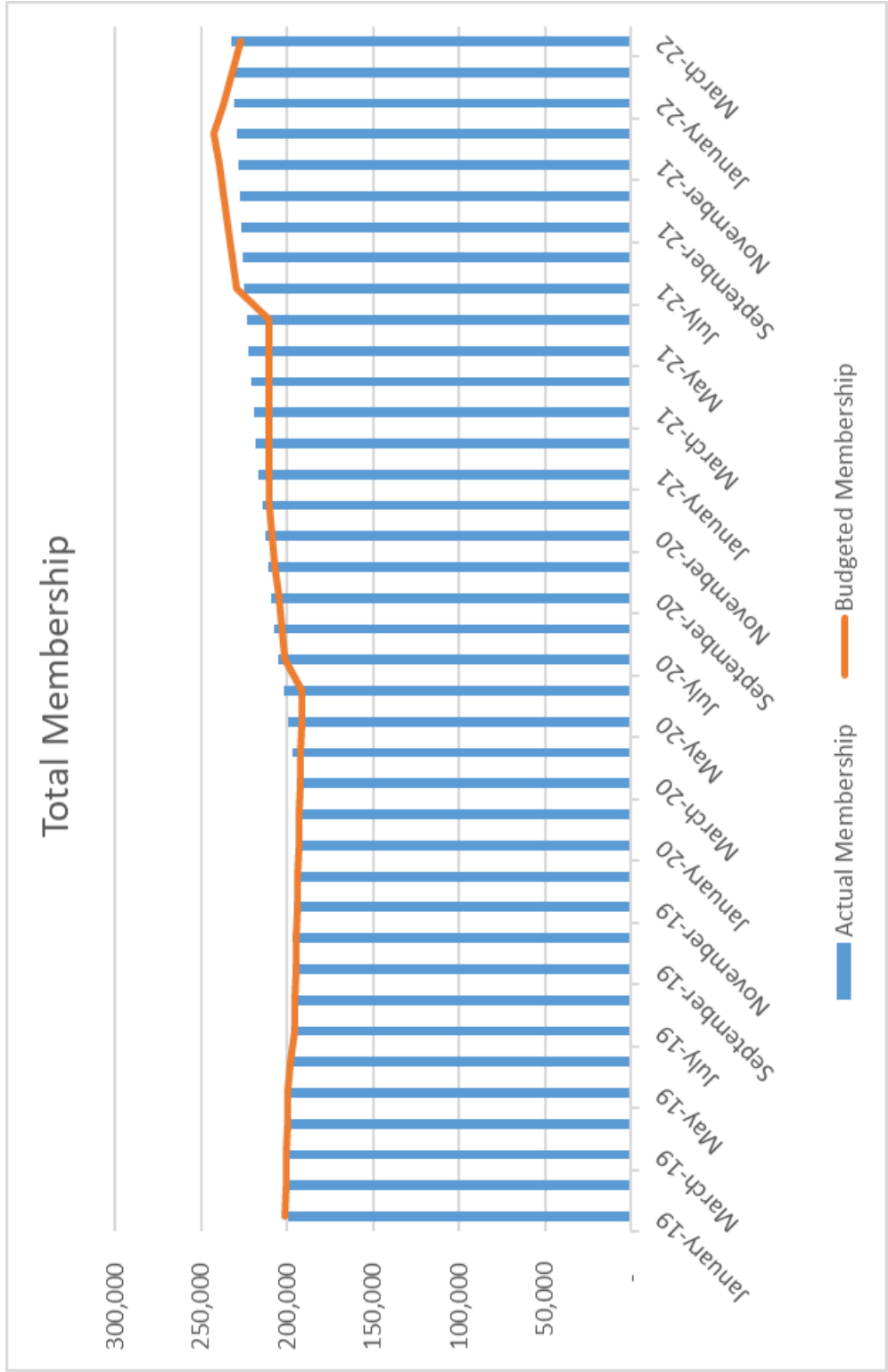
ADMINISTRATIVE RATIO 5.5%

# Revenue

Net Premium revenue is \$730.5 million, over budget by \$5.4 million.

1. Approx. \$945,000 for Vaccine Incentive Program
2. Favorable CY 22 rates

# Membership trends



# Medical Expense

FYTD Health care costs are \$643.3 million and \$22.5 million and 3% under budget. Medical loss ratio is 88.0%, a 1.7% budget variance.

The budget for medical expenses was based on CY 2019 pmpm costs and trended forward. FYTD, actual pmpm costs are have not escalated to that level.

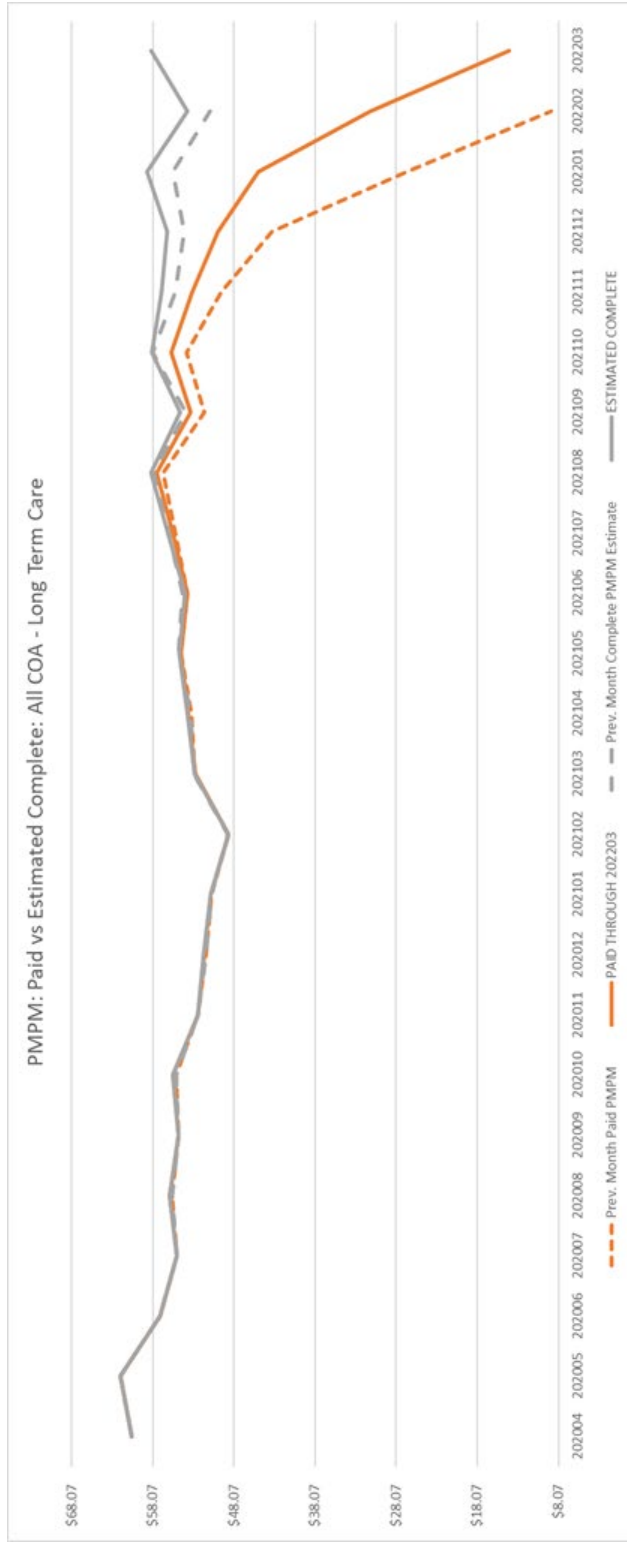
# Incurring But Not Paid (IBNP) Medical Expense Reserve



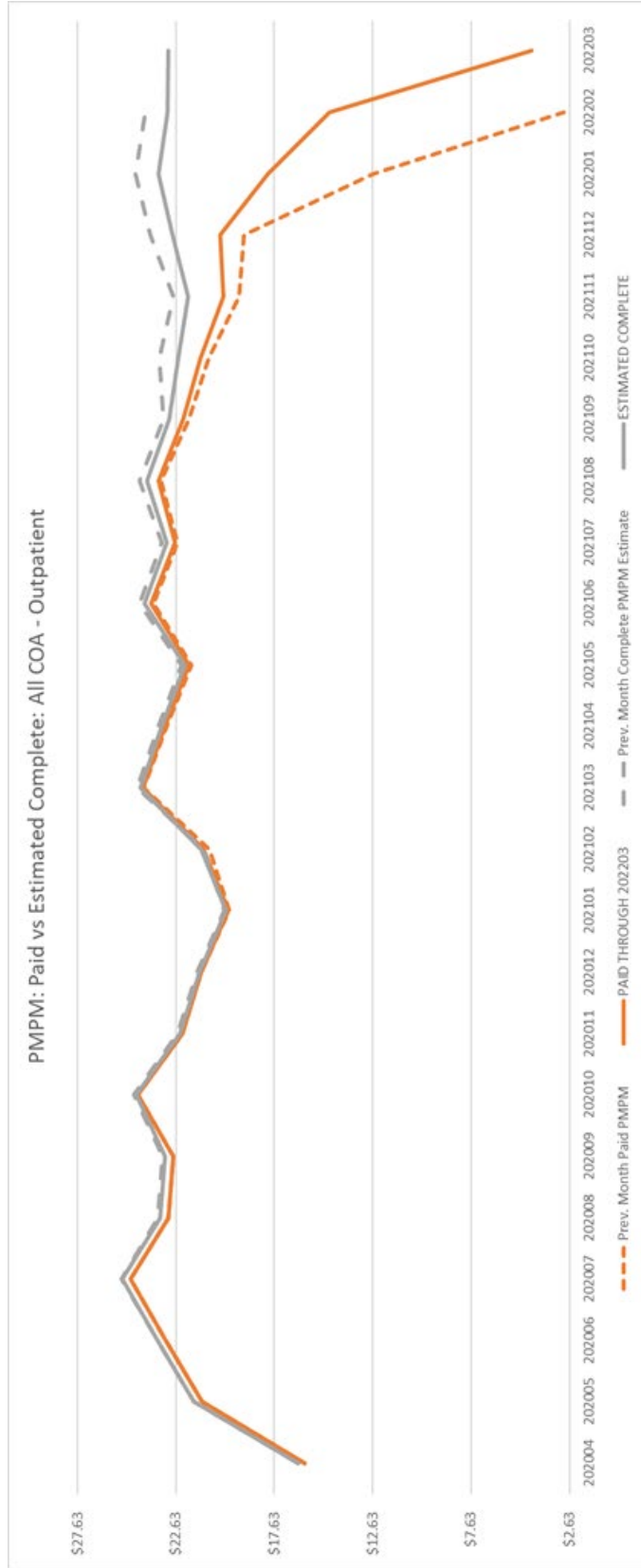
# Inpatient



# Long Term Care



# Outpatient





# Emergency Room



# Mental and Behavioral Health



# Administrative Expenses

FYTD administrative costs are \$40.4 million, \$7.8 million and 16% under budget. Administrative cost ratio is 5.5%, a 1.2% budget variance.

1. *Enterprise Project Portfolio*: timing of consulting services related to multiple projects (~\$3.6M)
2. *Salaries, Wages & Employee Benefits*: primarily related to timing of filling open positions (~\$1.2M)
3. *Outside Services*: favorability of Conduent and PBM admin expenses due to membership lower than projected and lower fulfillment related charges (~\$2.4 M)
4. *Occupancy, Supplies, Insurance and Other*: timing of software and non-capital equipment purchases and implementation, lower printing expenses and lower than budgeted interest expense (~\$.4M)

# Financial Statement Summary

	Feb 2022	March 2022	FYTD Actual	FYTD Budget	Budget Variance
Net Capitation Revenue	\$ 77,191,704	\$ 74,792,186	\$ 730,462,311	\$ 725,080,030	\$ 5,382,281
Health Care Costs	61,983,891	61,347,689	643,333,858	665,838,729	(22,504,871)
<b>Medical Loss Ratio</b>			<b>88.1%</b>	<b>91.8%</b>	
Administrative Expenses	3,717,520	5,939,228	40,355,962	48,159,353	(7,803,390)
<b>Administrative Ratio</b>			<b>5.5%</b>	<b>7.3%</b>	
Non-Operating Revenue/(Expense)	(9,042)	(65,683)	83,503	270,000	(186,496)
Total Increase/(Decrease) in Net Assets	\$ 11,481,251	\$ 7,439,585	\$ 46,855,994	\$ 11,351,949	\$ 35,504,046
Cash and Investments	\$ 252,390,916				
GCHP TNE	\$ 152,570,870				
Required TNE	\$ 36,814,472				
<b>% of Required</b>		<b>414%</b>			

## Questions?

Staff requests the Commission approve the unaudited financial statements for February and March 2022.



## **AGENDA ITEM NO. 11**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nick Liguori, Chief Executive Officer

DATE: April 25, 2022

SUBJECT: Chief Executive Officer (CEO) Report

### **Organization, People and Skills**

To best meet our mission, we must ensure that the necessary people (both people capacity and specialized, industry-based experience and expertise) are in place now and in the future. My early assessment of the needs of Gold Coast Health Plan (GCHP) for Organization, People and Skills focused on critical challenges/risks and opportunities:

#### **Challenges/Risks/Threats**

- Understaffing due to a higher rate of vacancies (“U.S. Great Resignation”) and needed investments in additional positions has lasting impact on the morale and wellbeing of GCHP’s staff and unacceptably constrains the production and quality of our work.
- The Department of Health Care Services (DHCS) is significantly increasing the requirements and standards for access and quality. Starting in July 2022, DHCS will begin to apply fines for violations identified during the DHCS Medical Audit related to the transportation benefit. Starting in January 2024, Medicaid Plans that do not ensure high quality will be subject to unprecedented penalties.
- DHCS’ plan to introduce Kaiser as a direct Medi-Cal competitor in all counties, including those with County Organized Health Systems (COHS), and the 2024 Procurement are viewed by some industry analysts and participants as part of the State’s multi-faceted strategy to drive Medi-Cal performance in cost, quality, and satisfaction.
- GCHP technology – the data and operational systems used to ensure member care and services, deliver provider services, and perform essential administrative work – requires significant investment and improvement.

## Opportunities

- A relatively small percentage (10%) of GCHP members account for nearly all our health care costs. The predominant characteristics of this population are chronic conditions and serious episodic medical issues that present significant opportunity to manage the growth in Medi-Cal costs, improve health outcomes (life and quality of life), and improve member/caregiver/family experience with health and health care. The country's leading quality health plans – in Medicare and Medicaid – focus their resources on supporting these members for better outcomes and satisfaction.
- CalAIM presents GCHP and the Ventura County system of health care and community supports with an extraordinary opportunity to earn transformative financial incentives for reinvestment and development of new capabilities that better meet our communities' needs for health, health care and social services and supports in the future. GCHP will engage the community in a larger way in the coming months to expand ECM and Community Supports access and capacity.
- Value-based health care contracting – GCHP does not currently have value-based contracting, which could lead to a reduction in medical costs through a reduction on hospitalizations, emergency room visits, and other non-value-added costs.

The impacts of such a high vacancy are being felt across the organization in the form of lower morale and productivity. To compound the issue, GCHP's attrition rate has ranged 12-15% over the prior year, which is 4-5% higher than prior experience (but also within industry benchmarks and consistent with what the U.S. economy is experiencing).

- We immediately developed a response plan to accelerate the hiring of positions through economical use of industry agencies/recruiters and internal best practices (including an employee referral program).
- In the year to date, we have filled 44 budgeted but vacant positions.
- Eight (8) of these positions have been filled through a new employee referral program.

## **I. EXTERNAL AFFAIRS:**

### **A. DHCS Coverage Ambassadors**

The state Department of Health Care Services (DHCS) has launched a statewide effort to help Medi-Cal beneficiaries keep their Medi-Cal coverage or enroll in other coverage. As California plans to resume normal Medi-Cal eligibility operations, approximately 14.5 million beneficiaries will need to have their eligibility for coverage redetermined at the end of the

Public Health Emergency (PHE). Counties will redetermine Medi-Cal eligibility for all beneficiaries based on their next annual renewal date. As a result, 2-3 million beneficiaries could no longer be eligible for Medi-Cal.

DHCS has implemented a two-phased communication campaign to reach beneficiaries with messages across multiple channels using trusted partners called DHCS Coverage Ambassadors. DHCS encourages its partners, including local county social services agencies, managed care plans (MCPs), health enrollment navigators, clinics, providers, and community stakeholders, to serve as DHCS Coverage Ambassadors.

For Phase 1 of the campaign, DHCS recently launched a customizable Medi-Cal Continuous Coverage toolkit and webpage to help trusted entities and individuals act as DHCS Coverage Ambassadors to provide critical information to beneficiaries and to help preserve health coverage for millions. The toolkit includes messaging for social media, call scripts, notices, and website banners. During Phase 1, trusted entities and individuals encourage beneficiaries to update their contact information with their local county offices if they have not done so already. Beneficiaries need to know what to expect and what they can do to keep their Medi-Cal health coverage.

Phase 2 is planned for launch approximately 60 days prior to the end of the COVID-19 PHE and is designed to encourage beneficiaries to update contact information and report any change in circumstances to their local county office, as well as to check their mail for upcoming renewal packets. As additional toolkits or resources become available, DHCS will email critical updates to keep DHCS Coverage Ambassadors informed so they can spread the word.

GCHP has assembled a workgroup to plan the roll out of this important initiative. The workgroup will include a robust communications plan that includes key community stakeholder involvement. More information to come next month.

## **B. Older Adult Expansion Coverage**

On May 1, 2022, California will expand state-funded full-scope Medi-Cal benefits to individuals who are 50 years of age or older, regardless of their immigration status. This coverage expansion includes approximately 185,000 individuals 50 years of age or older who are currently enrolled in restricted-scope Medi-Cal statewide. Under this coverage expansion, eligible individuals will be able to access the full range of benefits available to Medi-Cal beneficiaries who have full-scope coverage, including no-cost/low-cost quality health, behavioral health, substance use disorder services, and dental services under the Medi-Cal program. Enrolled individuals in restricted-scope Medi-Cal who are eligible under this expansion will receive a *My Medi-Cal Choice* packet in the mail so they can enroll in a



Medi-Cal managed care plan for coordinated, integrated medically necessary services. Once enrolled in a plan, they can select a primary care provider in their plan’s network.

The workgroup that is working on communications and outreach for the end of the Public Health Emergency (PHE) also is working on a plan to reach this population. More information to come next month.

**C. Community Relations – Sponsorships**

Gold Coast Health Plan (GCHP) continues its support of organizations in Ventura County through its sponsorship program. Sponsorships are awarded to community-based organizations in support of their efforts to help Medi-Cal members and other vulnerable populations. The following organizations were awarded November 2021 to March 2022:

Name of Organization	Description	Amount
Oxnard Police Activities League, Inc.	The goal of the Oxnard Police Activities League is to build a positive relationship between youth, police officers, and the community. The sponsorship will go toward their annual “Turkey Giveaway” providing 500 turkeys to Oxnard families.	\$4,500
Insure the Uninsured Project	The Insure the Uninsured Project focuses on promoting innovative and workable policy solutions that expand health care access for Californians. The sponsorship will go toward their “26 <sup>th</sup> Annual Conference.”	\$1,000
Forever Found	The Forever Fund is dedicated to the prevention, rescue, and restoration of child-trafficking victims. The sponsorship will go toward their annual “Golf Tournament” fundraiser benefiting youth living in safe homes.	\$500

<b>Name of Organization</b>	<b>Description</b>	<b>Amount</b>
Many Mansions	Many Mansions develops and provides quality affordable housing and life-enriching services for low-income individuals and families in Ventura County. The sponsorship will go toward their annual "Bowls of Hope" fundraising event.	\$1,000
Turning Point Foundation	Turning Point Foundation's goal is to improve communities by providing mental health, wellness, and housing services to the homeless, veterans, and transitional aged youth. The sponsorship will go toward their fundraiser, "Mardi Gras is Comin' to Town," to continue funding the services provided by the foundation.	\$1,000
Ventura County Medical Resource Foundation	Ventura County Medical Resource Foundation's goal is to improve, in partnership with others, access to needed health care for the most vulnerable. The sponsorship will go toward the "Tauber/Fainer, MD Community Health Care Awards."	\$1,000
Boys & Girls Club of Santa Clara Valley (BGCSVC)	BGCSVC provides childcare services and educational programs to children in the Santa Clara Valley. The sponsorship will go toward the organization's "19th Annual Golf Classic" fundraising event.	\$2,000
<b>TOTAL</b>		<b>\$11,000</b>

#### **D. Community Relations – Community Meetings and Events**

In March and April, the Community Relations team participated in various collaborative meetings, community events, vaccine outreach endeavors, and conferences. The purpose of these events is to connect with our community partners and members to engage in dialogue to bring awareness and services to the most vulnerable Medi-Cal beneficiaries.

<b>Name of Organization</b>	<b>Description</b>	<b>Date</b>
Human Services Agency	Ventura County Public Health and the Human Services Agency held a COVID-19 vaccine mobile clinic in Ventura.	March 14, 2022
Oxnard Police Department Outreach Coordinators meeting	Community partners share resources, promote outreach events, and bring presenters to educate participants. The goal is to bring community awareness and resources to Ventura County residents.	April 6, 2022

Name of Organization	Description	Date
Partnership for Safe Families Strengthening Families Collaborative Meeting	The Partnership for Safe Families & Communities of Ventura County is a collaborative non-profit organization providing inter-agency coordination, networking, advocacy, and public awareness. The collaborative meeting engages parents and community representatives to share resources, announcements, and community events.	April 6, 2022
Circle of Care One Step A La Vez	One Step A La Vez focuses on serving communities in the Santa Clara Valley by providing a safe environment for 13-19-year-olds and bridging the gaps of inequality while cultivating healthy individuals and community. Circle of Care is a monthly meeting with community leaders to share resources, network, and promote community events.	April 6, 2022
Keepin' It Wheels	City of Oxnard Parks, Recreation, and Community Services hosted a community event in which the goal was to provide a safe environment for families to come out to learn about street safety while riding through the city. Local agencies came out to provide community resources to residents.	April 8, 2022
Amigo Baby and Proyecto Mixteco II Annual Developmental Conference	The Annual Developmental Conference provided families with educational workshops and community resources. Families learned about children development and had the opportunity to visit agency's booths to ask questions.	April 9, 2022
<b>Total community meetings and events</b>		<b>6</b>

## E. Community Insight Coalition

From November 2021 to February 2022, the Community Insight Coalition has come together virtually to identify and address barriers members may have when accessing care and community resources. The goal of the coalition is to work with our community partners to address shared challenges to strengthen our community.

The group is made up of 15 community-based organizations representing the populations they serve. We discussed several initiatives like vaccine efforts and upcoming Medi-Cal initiatives. Some highlights include discussions on:

- Vaccine hesitancy due to myths within the community.
- How to explain to the community that Medi-Cal will not jeopardize immigration status (Public Charge).
- GCHP’s Community Project.
- How to obtain Enhanced Care Management (ECM) / Community Supports (CS) services for qualifying members.
- The Medi-Cal expansion to members over the age of 50 regardless of their immigration status.

The next CIC meeting is scheduled for May 5, 2022.

## II. PLAN OPERATIONS

### Enhancing Operational Reports Going Forward

In conjunction with budgeting and operational planning that GCHP will bring to the Commission in the May 2022 meeting, a detailed operational dashboard will be introduced. The dashboard – and accompanying report – will fully span the member and provider operations of the health plan, including claims, enrollment, call center operations, provider service (portal), authorizations and other health services operations, etc. This will be a standing monthly practice going forward.

### A. Membership

	VCM C	CLINICA S	CMH	PCP- OTHE R	DIGNIT Y	ADMIN MEMBER S	NOT ASSIGNE D	KAISE R	AHP
Mar-22	86,421	40,677	32,799	5,080	6,495	45,761	2,404	6,730	4,332
Feb-22	86,273	41,101	32,757	5,091	6,460	45,429	2,406	6,715	3,719
Jan-22	86,522	41,457	32,838	5,072	6,448	43,979	2,641	6,767	3,328

**NOTE:**

Unassigned members are those who have not been assigned to a PCP and have 30 days to choose one. If a member does not choose a PCP, GCHP will assign one to them.

**Administrative Member Details**

<b>Category</b>	<b>March 2022</b>
Total Administrative Members	45,761
Share of Cost	639
Long Term Care	710
BCCTP	78
Hospice (REST-SVS)	23
Out of Area (Not in Ventura)	442
<b>Other Health Care</b>	
DUALS (A, AB, ABD, AD, B, BD)	25,161
Commercial OHI (Removing Medicare, Medicare Retro Billing and Null)	20,186

**NOTE:**

The total number of members will not add up to the total admin members, as members can be represented in multiple boxes. For example, a member can be both Share of Cost and Out of Area. They are counted in both boxes.

**METHODOLOGY**

Administrative members for this report were identified as anyone with active coverage with the benefit code ADM01. Additional criteria is as follows:

1. Share of Cost (SOC-AMT) > zeros
  - a. AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
2. LTC members identified by AID codes 13, 23, and 63.
3. BCCTP members identified by AID codes 0M, 0N, 0P, and 0W.
4. Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.
5. Out of Area members were identified by the following zip codes:
  - a. Ventura Zip Codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
  - b. If no residential address, the mailing address is used for this determination.
6. Other commercial insurance was identified by a current record of commercial insurance for the member.

## **B. Provider Contracting Update:**

Though this is a limited report due to the focus on the CEO transition, activities within and support for the Gold Coast provider network is – and will remain – of critical importance to the CEO’s office. Here is a briefing on related activities and priorities.

The Provider Team has been supporting major initiatives associated with GCHP’s leadership for CalAIM delivery system transformation in Ventura County. This includes contracting and readiness for Enhanced Care Management capabilities at GCHP’s lead partner, the Ventura County Health Care Agency (“VCHCA”). Another focus has been the development of a ready network of Community Supports providers, including VCHCA (for medically tailored meals, housing deposits, transition, and tenancy services) and the National Health Foundation (recuperative care and post-hospitalization housing). In addition, the Gold Coast Team continues to prioritize the following:

- Major Organ Transplant (Cal AIM)
- COVID Vaccination Incentive Program
- COVID Related Access Issues –the Gold Coast Team continues to focus access-driven outreach and contracting efforts the following provider types:
  - SNF &LTC
  - Congregate Living Facilities
  - Urgent Care
  - ASC
  - Physical Therapy
  - Hospice
  - Home Health

GCHP is working to implement our communications and outreach plan to educate and engage providers and community-based services organizations about Enhanced Care Management and Community Supports. The goal of this broad-based approach is to develop future partnerships to expand access and capacity to these vitally important benefits/services.

### **Provider Services – Portal**

As reported earlier, the new GCHP provider portal went live in November 2021. The new service has delivered more of the standard portal functionality for GCHP network providers, including access and entry for authorizations, eligibility, member panels, claims and payments than before. However, the system continues to have limitations, including but not limited to, inability to view full authorization history for some providers and a mismatch of providers and addresses that complicates authorization entry and tracking.

A fully featured portal remains a top operational priority and we continue work with Conduent on necessary improvements.

### **Provider Network – November 2021 – February 2022 Snapshot**

*Network developments for November 2021 – February 31, 2022:*

1. Additions
  - 2 Specialty Care Groups
    - Neurology- (Meets Alternative Access Standards)
    - Pain Management Physician
2. Terminations
  - 5 Specialty providers (including 3 Optometrists)
  - 2 Home Health Providers
  - 1 DME Provider
  - 1 Hospice Provider

*Network developments for November 2021 – February 2022:*

- Additions
  - 99 total including Tertiary Providers
    - 49 Cedars Sinai and CHLA Providers
  - Addressed access gap in East County: 1 Urologists, 1 Cardiovascular Disease, 1 Urgent Care Specialists, 2 Physical Therapy Assistants
- Terminations
  - 284 (68 Tertiary and 110 Pharmacies (Preparation for Medi-Cal Rx): no significant impact due to additions and transitional LOAs.

## **C. Compliance**

### **Delegation Oversight**

GCHP is contractually required to perform oversight of all functions delegated through sub-contracting arrangements. Oversight includes, but is not limited to:

- Monitoring / reviewing routine submissions from subcontractor
- Conducting onsite audits
- Issuing a Corrective Action Plan (CAP) when deficiencies are identified

*\*Ongoing monitoring denotes the delegate is not making progress on a CAP issued and/or audit results were unsatisfactory and GCHP is required to monitor the delegate closely as it is a risk to GCHP when delegates are unable to comply.*

Compliance will continue to monitor all CAPs. GCHP’s goal is to ensure compliance is achieved and sustained by its delegates. It is a DHCS requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP’s policies and procedures, audit tools, audit methodology, and audits conducted, and corrective action plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility plans have in oversight of delegates.

The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity from February through March 2022.

<b>Delegate</b>	<b>Audit Year/Type</b>	<b>Audit Status</b>	<b>Date CAP Issued</b>	<b>Date CAP Closed</b>	<b>Notes</b>
Conduent	2017 Annual Claims Audit	Open	12/28/2017	Under CAP	Issue will not be resolved until new claims platform conversion
Conduent	2021 Annual Claims Audit	Open	7/21/2021	Under CAP	
Beacon	2020 Annual Claims Audit	Open	4/21/2020	Under CAP	
Beacon	2021 Annual Claims Audit	Open	5/6/2021	Under CAP	
CDCR	2021 Annual Claims Audit	Closed	12/8/2021	1/31/2022	
Kaiser	2021 Annual Claims Audit	Closed	N/A	8/25/021	

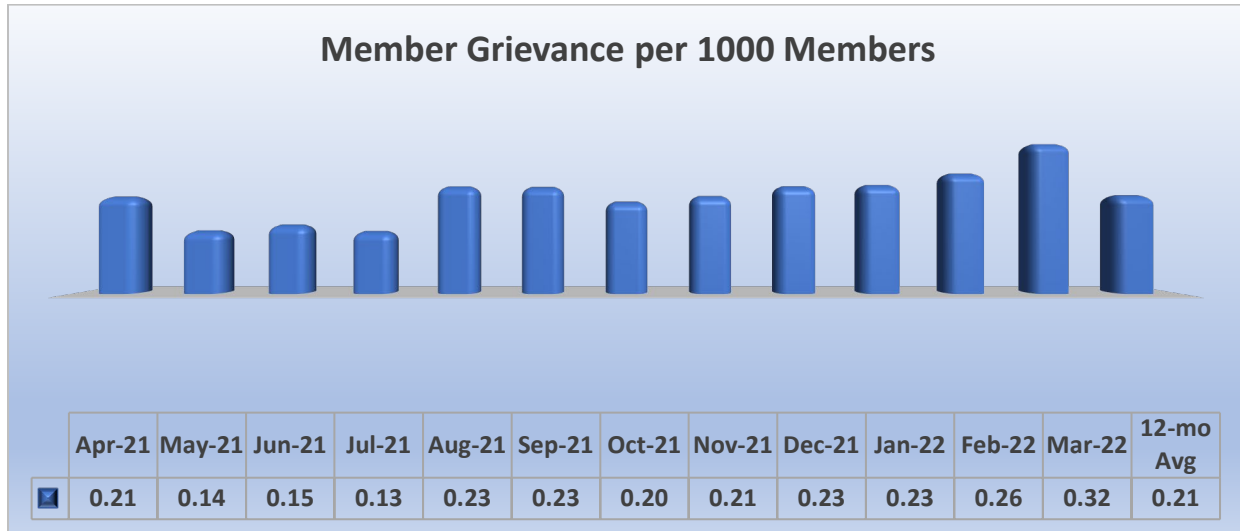


Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VSP	2021 Annual Claims Audit	Open	11/5/2021	Under Cap	
Conduent	2020 Call Center Audit	Open	1/20/2021	Under CAP	
Conduent	2021 Call Center Audit	Open	2/25/2022	Under CAP	
VTS	2021 Call Center Audit	Closed	5/21/2021	2/11/2022	
VTS	2021 Call Center Focused Audit	Open	2/2/2022	Under CAP	
VTS	2022 Call Center Audit	In Progress			
Beacon	2021 Call Center Audit	Closed	10/4/2021	2/11/2022	
CDCR	2022 Annual Credentialing and Recredentialing Audit	Open	N/A	N/A	Audit scheduled for 1/28/2022
CMHS	2022 Annual Credentialing and Recredentialing Audit	Open	N/A	N/A	Audit scheduled for 1/20/2022
Privacy & Security CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	Call Center Recordings Website	Open	1/6/2021	N/A	

Operational CAPs					
Delegate	CAP Type	Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	February 2021 Service Level Agreements	Closed	4/15/2021	3/25/2022	
Delegate	Audit Year/Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Conduent	IKA Inventory, KWIK Queue, APL 21-002	Open	4/28/2021	N/A	IKA Inventory and KWIK Queue Findings Closed
Conduent	HSP Provider Portal	Closed	4/29/2021	3/25/2022	
Conduent	Call Center Stats & System Edits	Closed	5/25/2021	N/A	Call Center Issues and SLAs open under additional CAPs
Conduent	IVR System Dropped Calls	Closed	5/27/2021	3/25/2022	Call Center Issues and SLAs open under additional CAPs
Conduent	May 2021 Service Level Agreements	Closed	7/7/2021	3/25/2022	Continuing SLA Deficiencies Tracked on SLA Performance Tracking Log
Conduent	August 2021 SLA 1. Authorization Files 2. Check Issuance Errors 3. Member Handbook 4. Dropped Calls by Call Center	Closed	9/10/2021	3/25/2022	Continuing SLA Deficiencies Tracked on SLA Performance Tracking Log

<b>Delegate</b>	<b>Audit Year/Type</b>	<b>Audit Status</b>	<b>Date CAP Issued</b>	<b>Date CAP Closed</b>	<b>Notes</b>
Conduent	10/23/2021 CAP	Open	9/23/2021	N/A	
Conduent	Oct. 2021 CAPs	Open	11/22/2021	N/A	
Conduent	Call Center Missed Metric	Closed	11/23/2021	3/25/2022	Call Center Issues and SLAs open under additional CAPs
Conduent	Key Personnel CAP	Closed	11/23/2021	3/25/2022	
Conduent	ID Card Printing Issue	Closed	1/7/2022	4/7/2022	
Conduent	Nov. 2021 SLA	Open	1/28/2022	N/A	
<b>Delegate</b>	<b>Audit Year/Type</b>	<b>Audit Status</b>	<b>Date CAP Issued</b>	<b>Date CAP Closed</b>	<b>Notes</b>
Conduent	Jan. 2021 Contract Deficiencies	Open	2/4/2022	N/A	
Conduent	Dec. 2021 Contract Deficiencies	Open	2/11/2022		
Conduent	March 2022 SLA Deficiencies & Findings	Open	3/11/2022		
Conduent	Jan. 2022 SLA	Open	3/25/2022		
USC	2022 Annual Credentialing and Re-credentialing Audit	Open	N/A	N/A	Audit scheduled for 3/30/2022

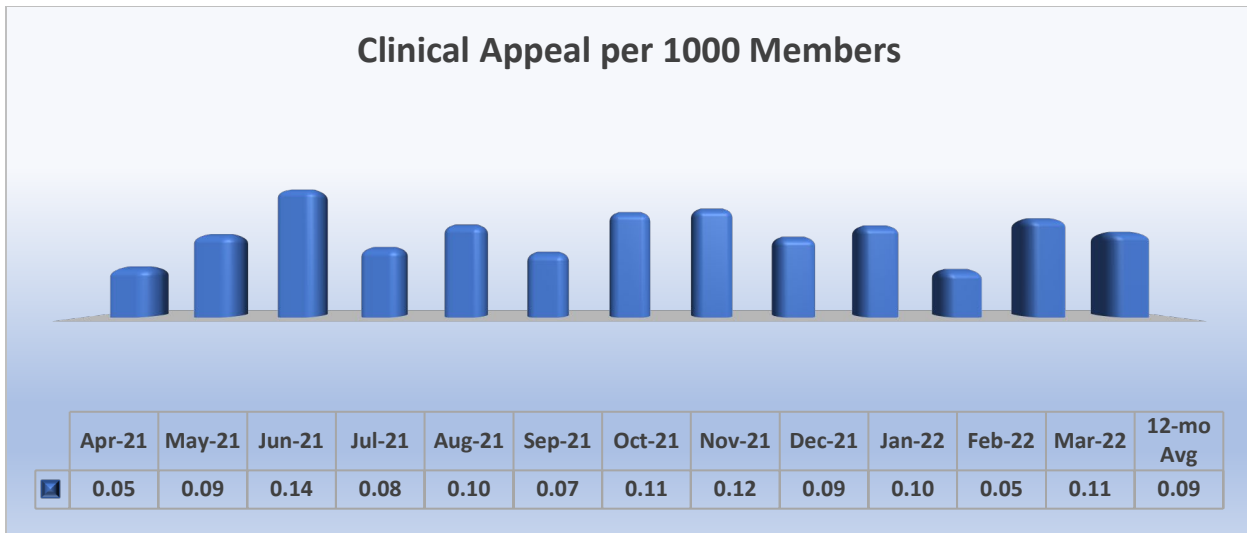
## D. GRIEVANCE AND APPEALS



### Member Grievances per 1,000 Members

The data show GCHP’s volume of grievances has increased slightly. The overall number is still low, in comparison to the number of enrolled members. The 12-month average of enrollees is 227,278, with an average annual grievance rate of .21 grievances per 1,000 members.

In March 2022, there were 75 member grievances. Only 24 cases were substantiated in favor of the member. The top reason reported was “Inappropriate Care” due to outpatient physical health. As previously reported, this is a new category created by DHCS to streamline the reporting categories for all the health plans.



**Clinical Appeals per 1,000 Members**

The data comparison volume is based on the 12-month average of .09 appeals per 1,000 members.

In March 2022, GCHP received 25 clinical appeals:

1. Eight were overturned
2. Seven were upheld
3. Six are still in review
4. Four were withdrawn

**RECOMMENDATION:**

Receive and file



**AGENDA ITEM NO. 12**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, M.D., Chief Medical Officer

DATE: April 25, 2022

SUBJECT: Chief Medical Officer (CMO) Report

**Medi-Cal Rx Update**

The transition to Medi-Cal Rx occurred on January 1, 2022. All retail pharmacy prescription claims are now submitted directly to the state via its Pharmacy Benefits Administrator (“PBA”), Magellan Medicaid Administration, Inc.

The transition appeared to go smoothly for the first couple of weeks but by late January 2022, Gold Coast Health Plan (“GCHP”) and other plans began to receive increased reports of members having challenges accessing needed medications. GCHP worked closely with DHCS and Medi-Cal Rx clinical liaisons to assist members in accessing their medications.

Due to the challenges and unexpected volume experienced by the Medi-Cal Rx pharmacy prior authorization team and the call center, DHCS lifted many pharmacy claim system edits in mid-February. As of April 2022, many prescriptions are processing for GCHP members, and other Medi-Cal beneficiaries, that will otherwise require prior authorization once the edits are re-deployed. GCHP is working closely with Medi-Cal Rx to help identify members who will be impacted by those edits to help alleviate member impact at that time. Additionally, GCHP is working proactively to help address member impact that will be experienced once the 180-day transition window closes on June 30<sup>th</sup>.

The DHCS dedicated website contains announcements, news, and secure portal training/registration. GCHP encourages all of its providers to:

1. Visit the portal
2. Sign up for the email subscription service
3. Register for the secure portal and training

DHCS’s Dedicated Medi-Cal Rx Website:

<https://medi-calrx.dhcs.ca.gov/home/>

Medi-Cal Rx Pharmacy Locator:

<https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy>

Online Searchable Contract Drug List (“CDL”):

[https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal\\_Rx\\_Contract\\_Drugs\\_List\\_FINAL.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf)

## **Population Needs Assessment (“PNA”)**

GCHP Health Education, Cultural and Linguistic Department has launched planning meetings for the 2022 Population Needs Assessment (“PNA”). The PNA is conducted annually and fulfills the contractual requirement set by the Department of Health Care Services (“DHCS”). The PNA is member-focused and assesses the health status of members, health education, cultural and linguistic needs, identifies health disparities and gaps in care. The full comprehensive PNA report is due to DHCS by June 30, 2022. Results of the 2022 PNA will be reported to the Commission in the Summer.

All Medi-Cal Plans are required to conduct an annual PNA. The goal of the PNA is to improve health outcomes for members by:

- Identifying member health needs and health disparities;
- Evaluating health education, cultural and linguistic, and quality improvement (“QI”) activities and available resources to address identified concerns; and
- Implementing targeted strategies.

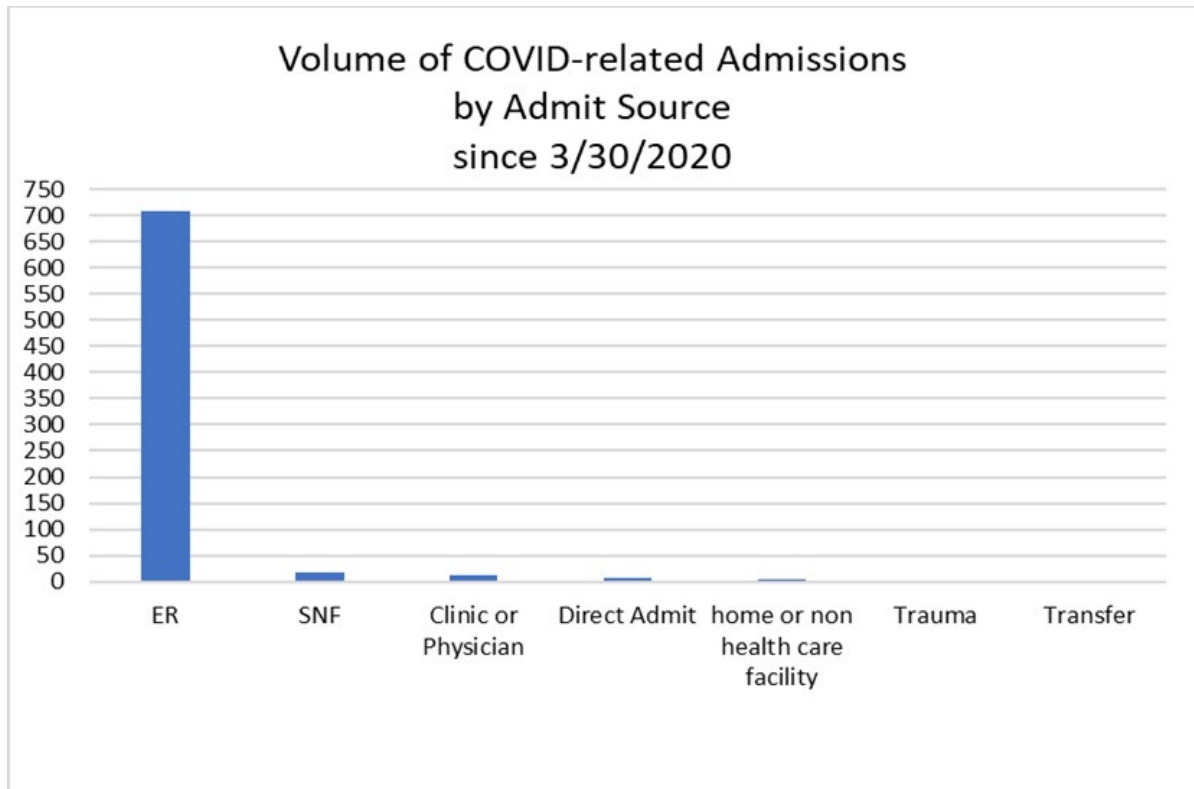
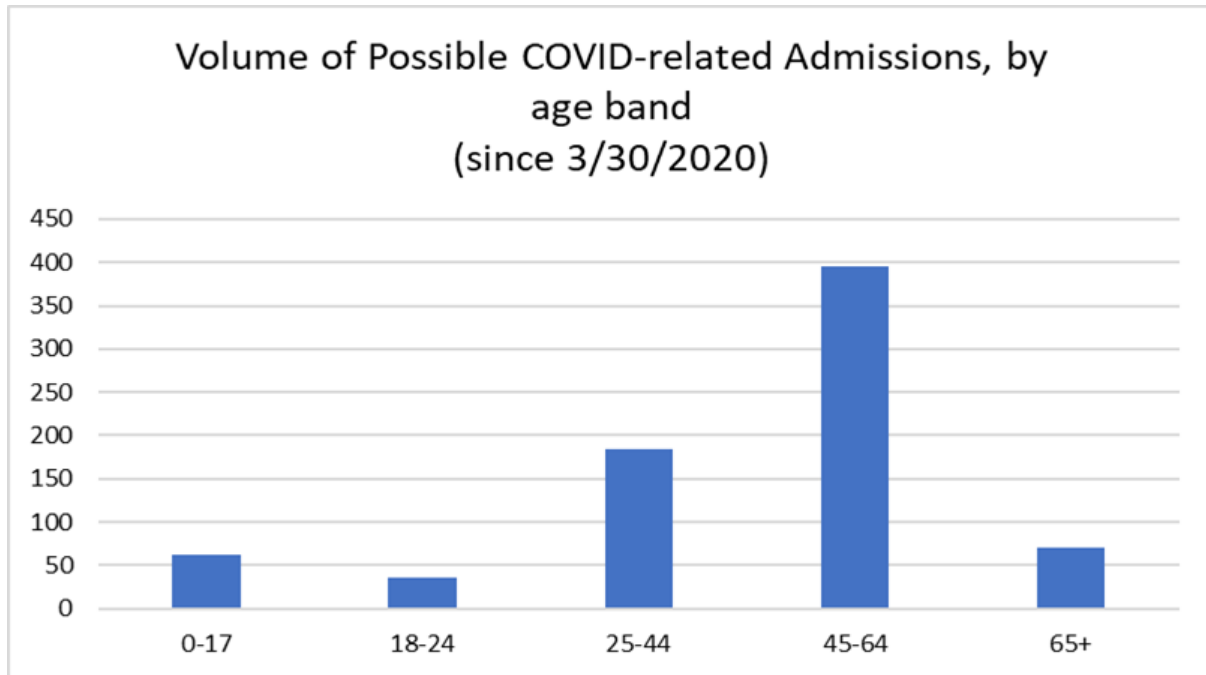
Gold Coast Health Plan’s (“GCHP”) Health Education, Cultural and Linguistic Department recently launched planning meetings for the 2022 PNA. The comprehensive report is due to the DHCS in June 2022 and results will be shared with the Commission this summer.

## **Utilization Update**

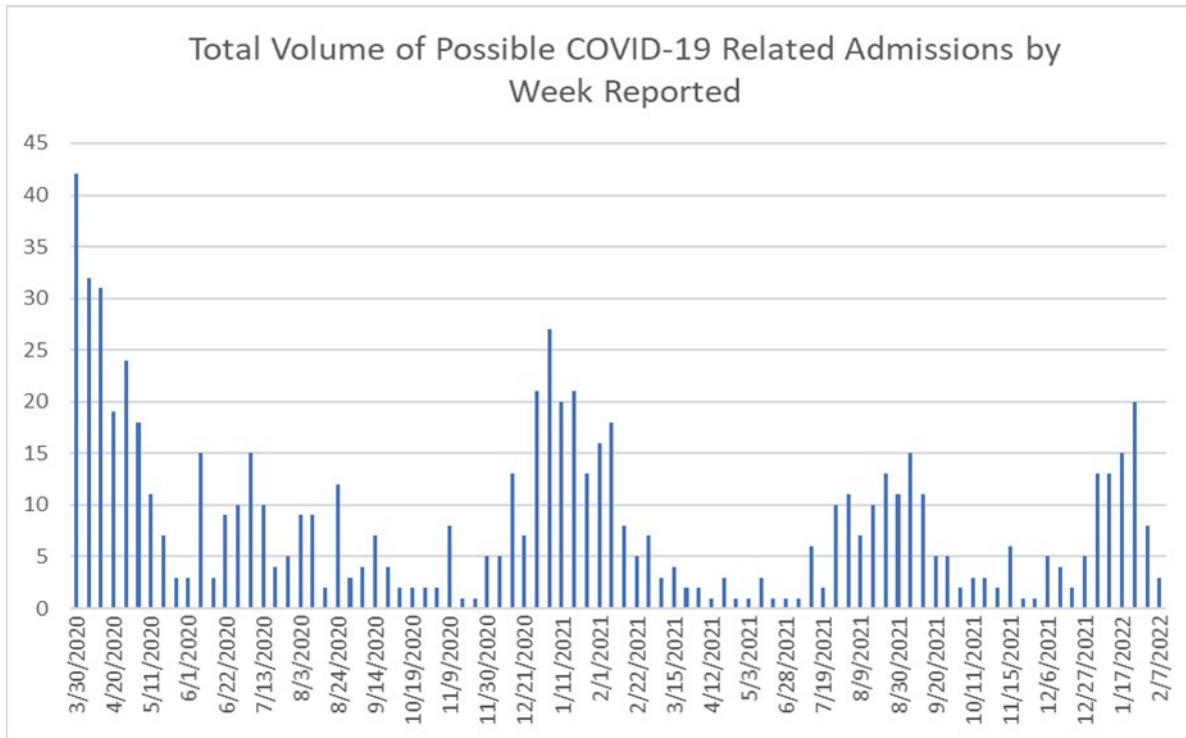
### **COVID-19**

As of March 5, 2022, the Centers for Disease Control (“CDC”) has downgraded the COVID-19 transmission rate for Ventura County to moderate. Total cases were reduced by more than 85% compared to prior week and COVID-related deaths were down by about 67%. New COVID-19 related admissions were down by nearly 24% and inpatient beds and Intensive Care Unit (“ICU”) bed usage were down by 4% and 6% respectively.

Most COVID-19 admissions are for members in the 45-64 year old age group followed by the 25-44 year old group. Most COVID-19 admissions originate from the emergency department. COVID-19 admissions have declined significantly after the most recent peak in January 2022.



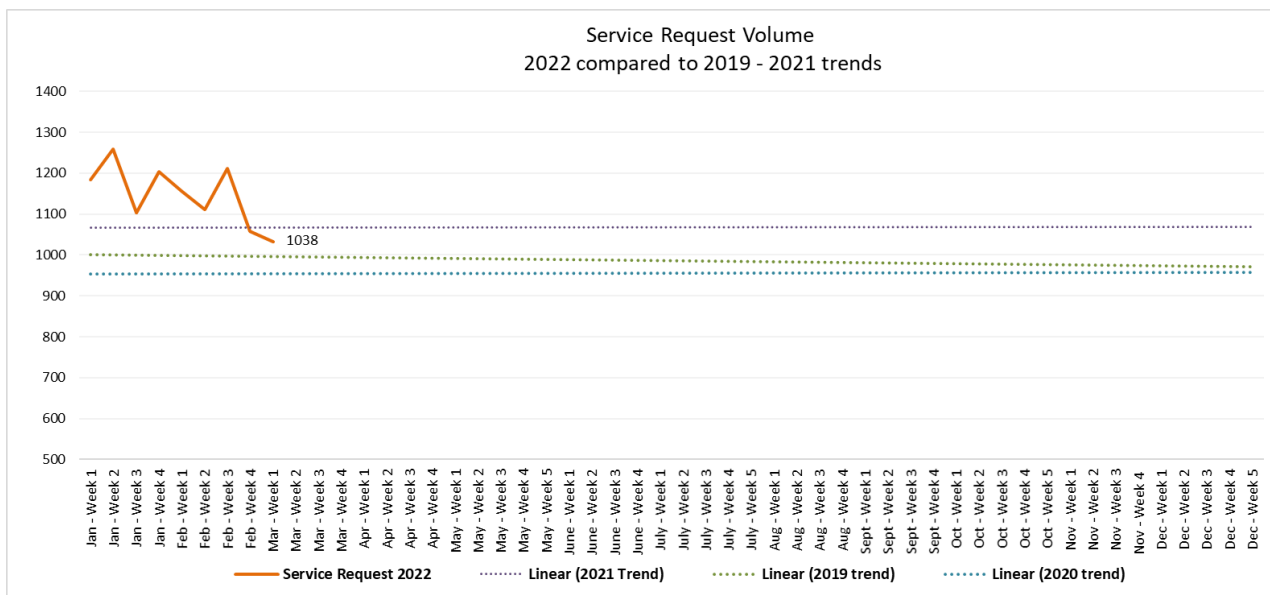
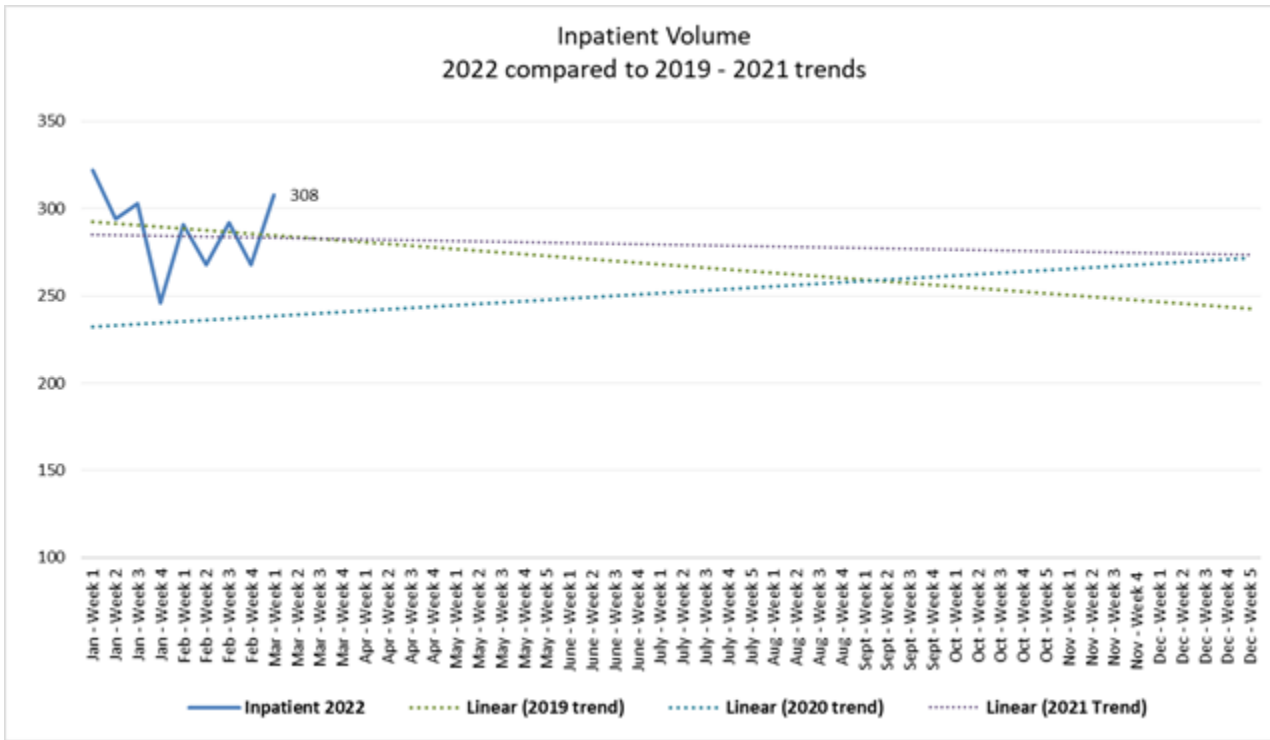




**Service Requests**

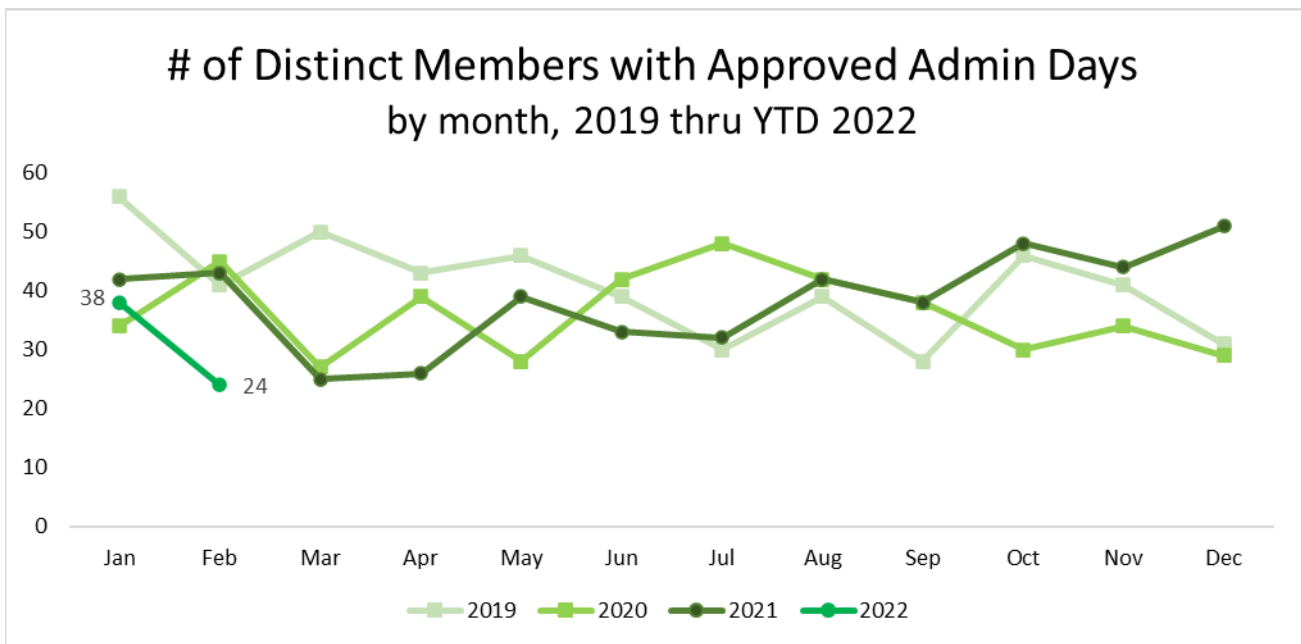
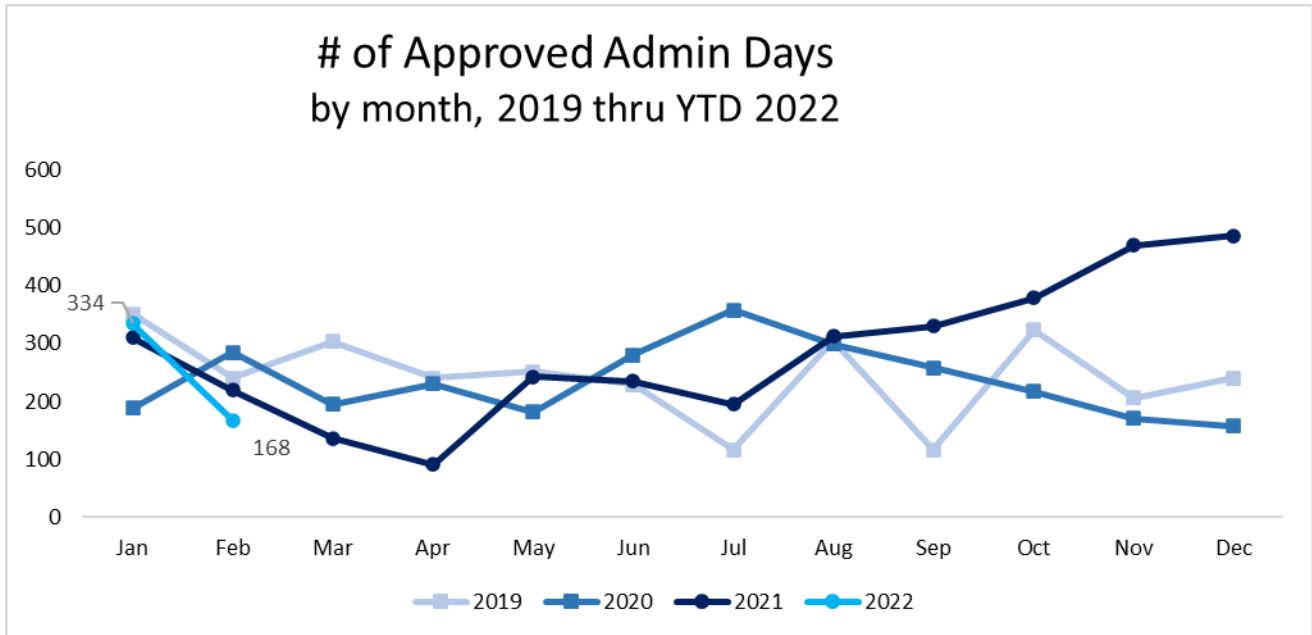
For Q4, overall requests for service with up by about 7% for CY 2021 compared with CY 2020. Q4 CY2021 inpatient request volume was nearly unchanged (decreased by 0.4%) and outpatient service request volume increased by 9%. Outpatient service requests declined for the first two months of CY 2022.

Continued on next page.



## Administrative Days

For the first two months of CY 2022, the number of Administrative Days used declined slightly compared with the same time period in CY2021 (5% decrease). The number of members utilizing Administrative Days decreased by 29% for the same period (85 compared with 60).



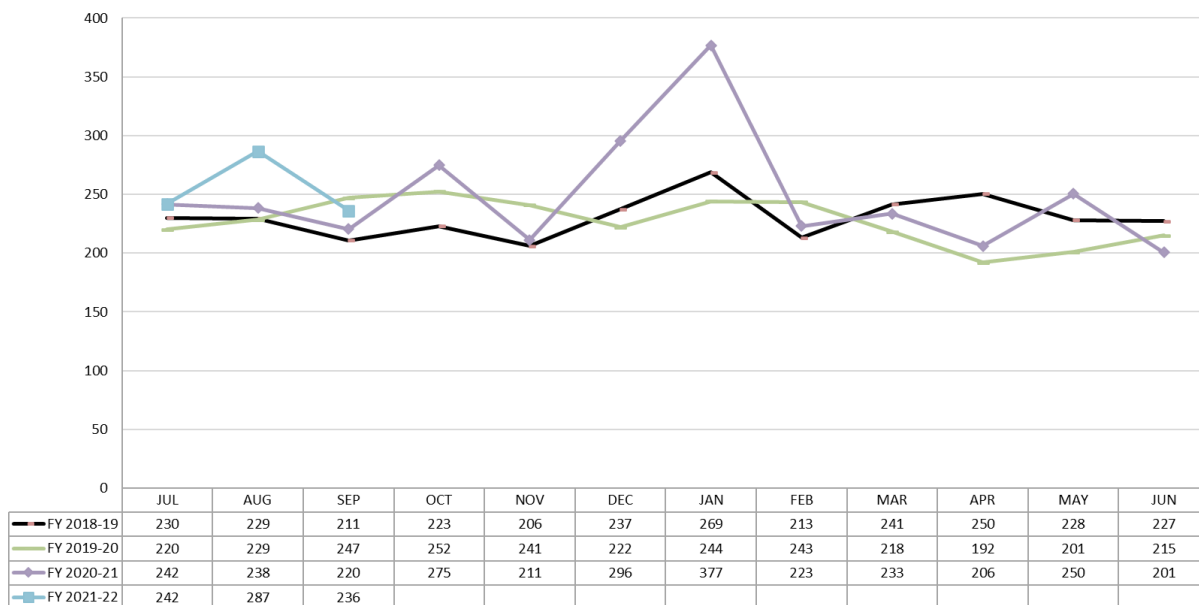
## Bed Days

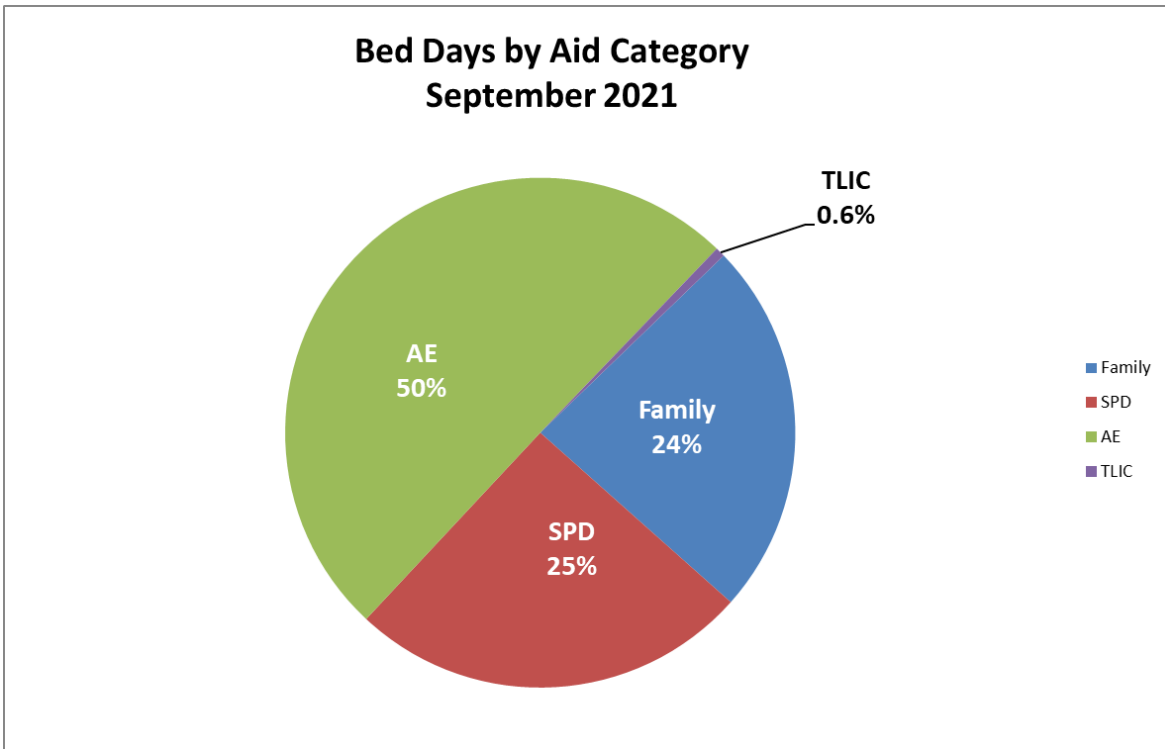
Bed days for Q3 CY2021 are about 11% higher than Q3 CY2020 (255/1000 members compared with 230/1000 members).

Bed days/1000 benchmark: While there is no Medi-Cal Managed Care Dashboard report of bed days/1000 members, review of available published data from other managed care plans averages 238/1000 members.

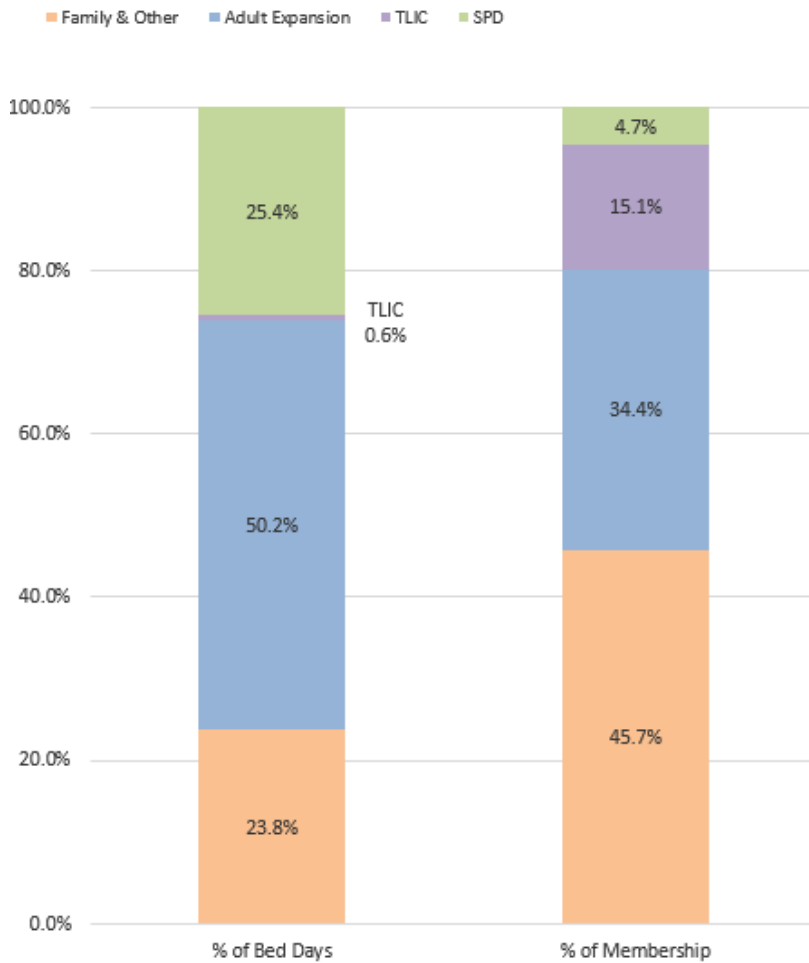
Half of all bed days are utilized by Adult Expansion (“AE”) members (50%), followed by Senior and Persons with Disabilities (“SPD”) (25%), and Family (24%) aid code groups. Low income children (“TLIC”) utilization is less than 1% (0.6%). AE members are about 34% of our population and utilize 50% of bed days. SPDs represent about 5% of membership with about 25% of bed day utilization.

**Bed Days Per 1,000 by Fiscal Year**





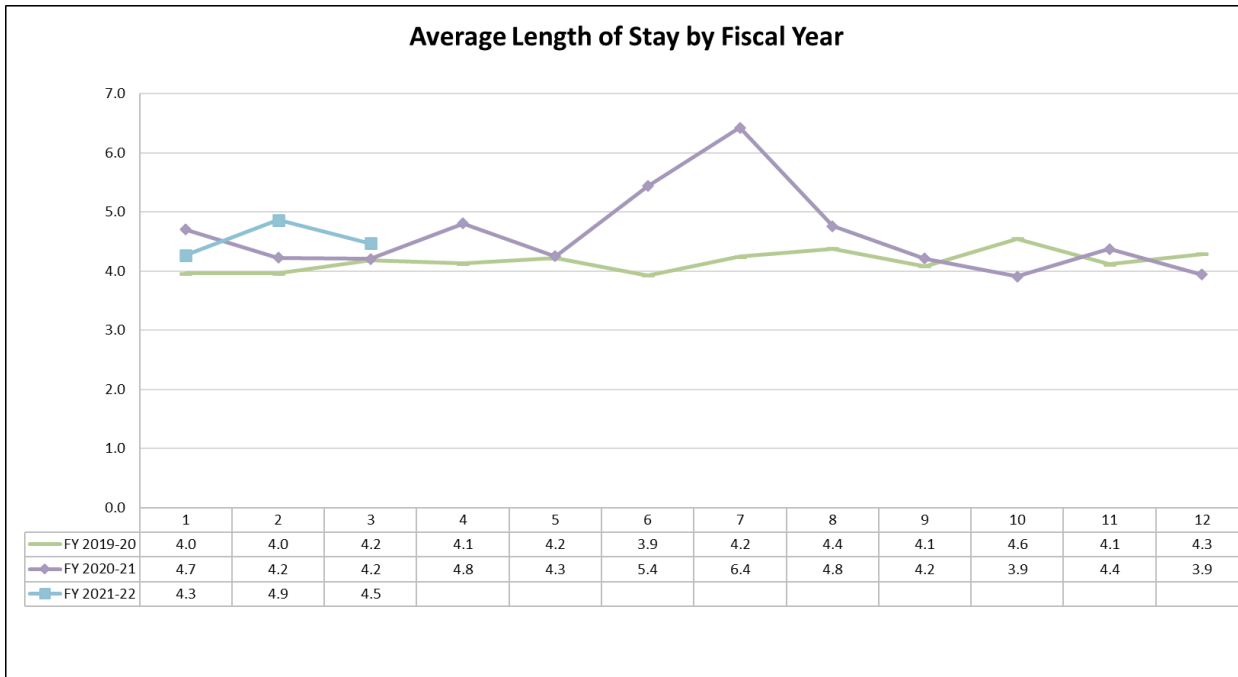
**Comparison of Proportion of Days per Aid Group to Proportion of Membership per Aid Group**  
 (September 2021 Acute days vs September 2021 Elig Members)  
 Non-Duals Only



**Average Length of Stay (“ALOS”)**

Average length of stay for Q3 CY2021 increased to 4.5 days compared to an ALOS of 4.3 for Q3 CY 2020 (4.7% increase).

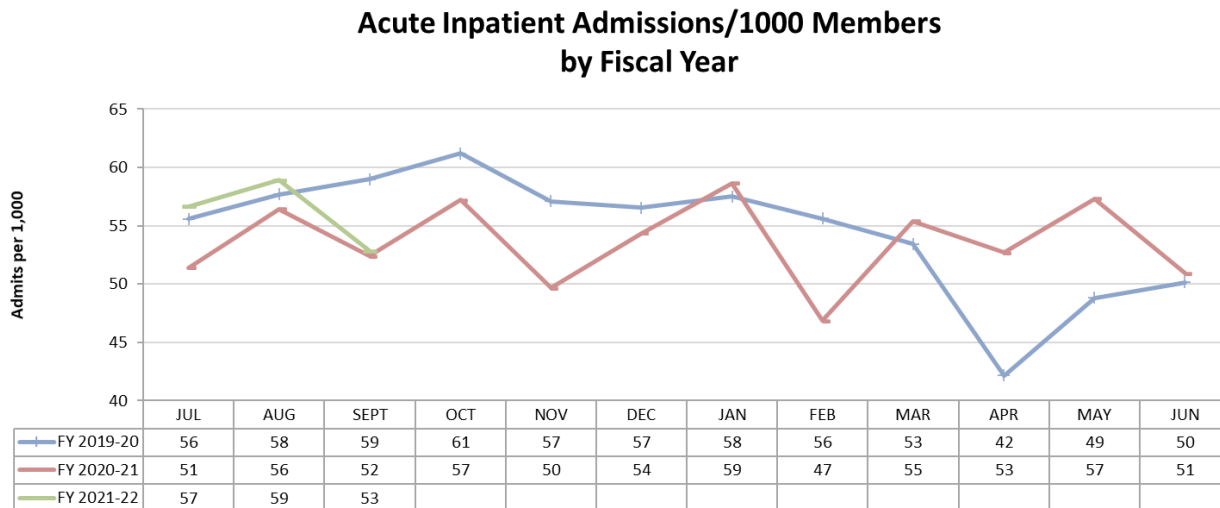
Average length of stay benchmark: While there is no Medi-Cal Managed Care Dashboard report of ALOS, review of available published data from other managed care plans averages 5 days.



## Admits/1000 Members

Admits/1000 members for Q3 CY2021 increased by about 6% compared with Q3 CY 2020 (56.1 compared with 53).

Admits/1000 members benchmark: The Medi-Cal plan average is 55/1000 members.

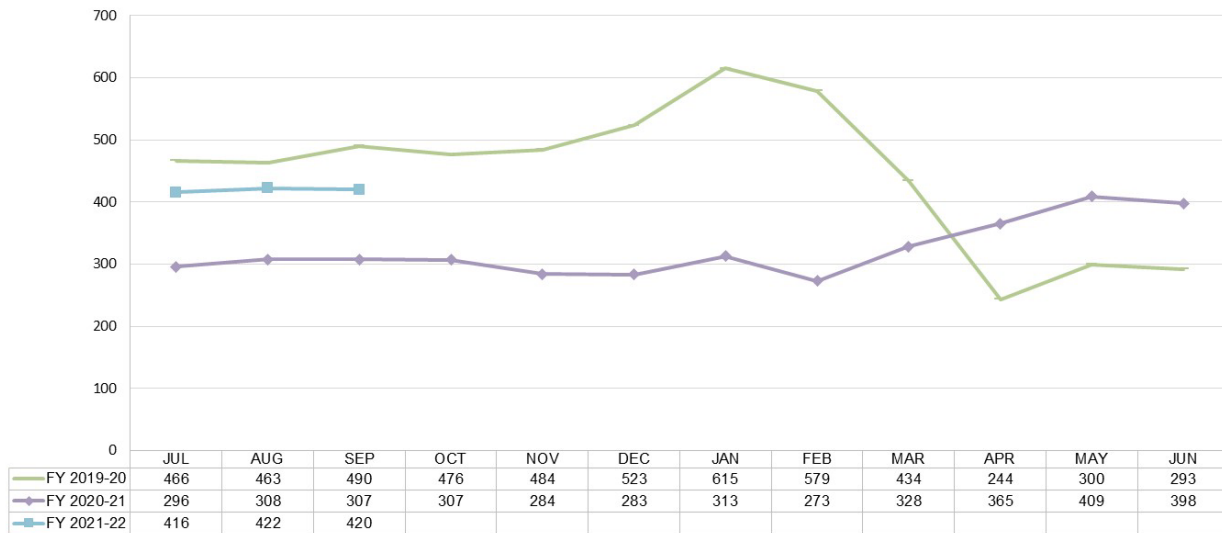


### Emergency Department (“ED”) Utilization/1000 Members

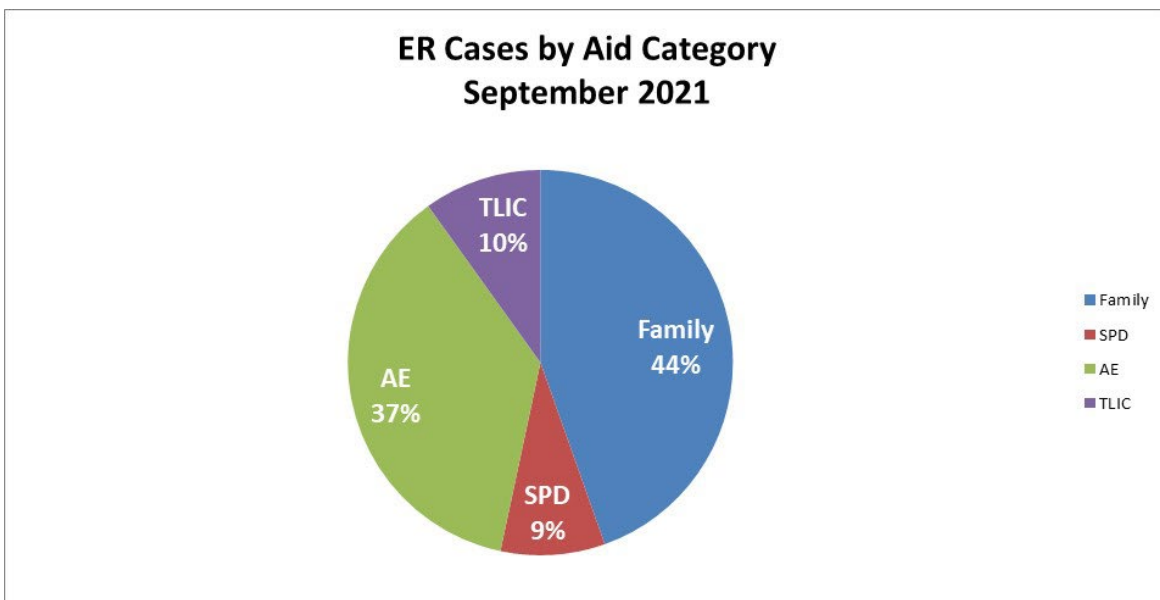
After significant declines in ED utilization due to COVID-19, ED utilization/1000 members increased by 37% in Q3 CY2021 compared with Q3 CY2020 (419 compared with 306). The AE and Family aid code groups each represented about 40% of ED utilization followed by SPD (9%) and TLIC (10%) aid code groups. SPD members comprise almost 5% of our membership but represent over 8.5% of ED visits.

ED utilization benchmark: The Managed Care Accountability Set (“MCAS”) mean for managed Medicaid plans for ED utilization/1000 members is 587.

**ER Utilization Per 1,000 by Fiscal Year**

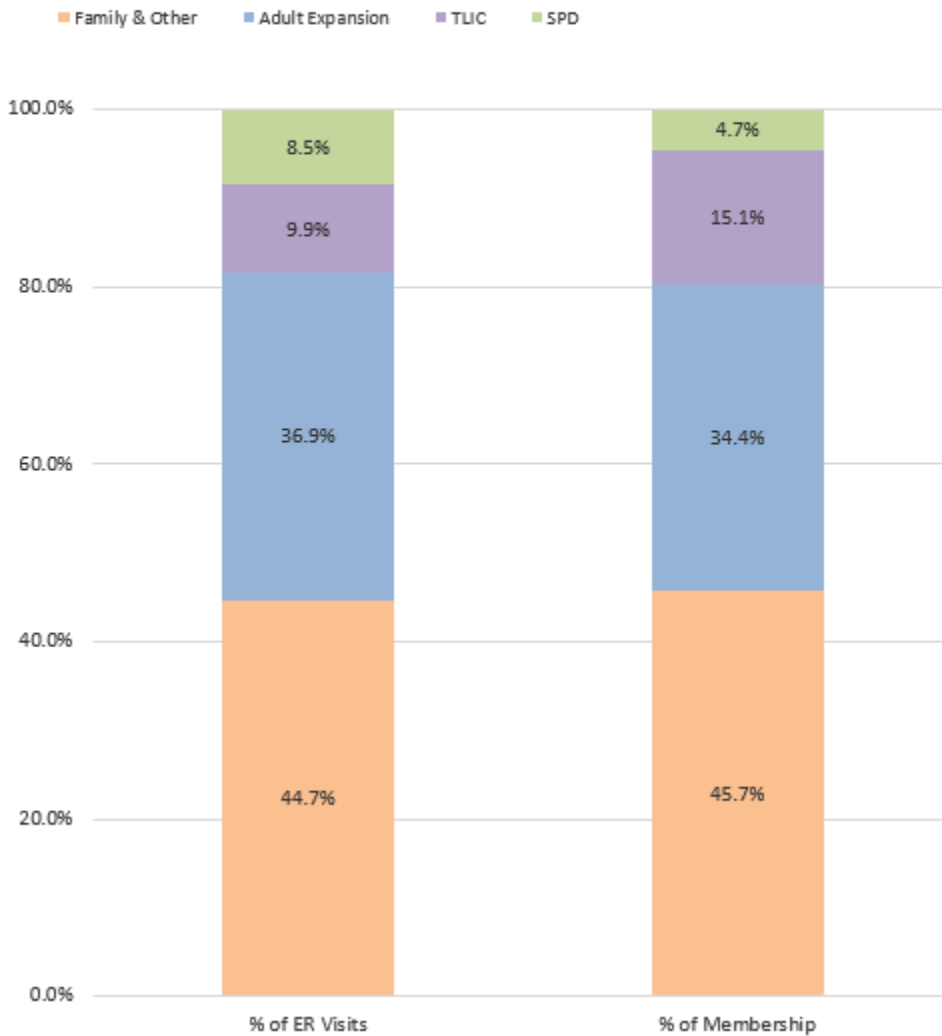


**ER Cases by Aid Category  
September 2021**





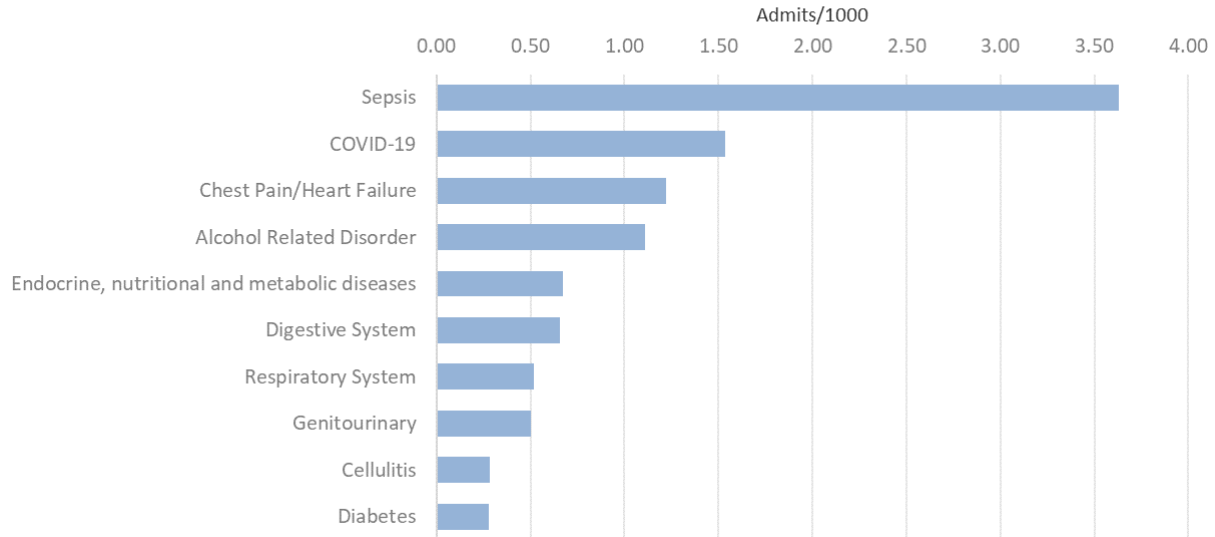
Comparison of Proportion of ER Visits per Aid Group to Proportion of Membership per Aid Group  
(September 2021 ER Visits vs September 2021 Elig Members)  
Non-Duals Only



### Top Admitting Diagnoses

Pregnancy/childbirth was our top admitting diagnosis category for CY 2021. When pregnancy is excluded, the top admitting diagnoses continue to be sepsis, COVID-19, cardiac conditions, and alcohol related disorders. COVID-19 remained at position 2 for CY2021. The alcohol related disorders category moved down from position 2 for CY2020 to position 4 for CY2021 through September.

### Top 10 Diagnoses (Excluding Pregnancy) Calendar Year 2021 (thru December)



### Readmission Rate

The quarterly readmission rate for CY2021 averaged 13.9 compared with the CY2020 average of 14.6%.

Readmission rate benchmark: The Medi-Cal Plan average readmission rate is 16.



**AGENDA ITEM NO. 13**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Alan Torres, Chief Information Officer  
DATE: April 25, 2022  
SUBJECT: Chief Information Officer (CIO) Report – Information Technology

**SUMMARY:**

**CIO Dashboard**

This is the Gold Coast Information Technology dashboard which is created on a weekly basis with focus on the following areas:

**Current Project Status:**

- |                                 |                |
|---------------------------------|----------------|
| 1. CalAIM – IPP Infrastructure  | (Green Status) |
| 2. Operational Planning         | (Green Status) |
| 3. Data Warehouse Modernization | (Green Status) |
| 4. Interoperability Phase 1     | (Red Status)   |
| 5. HIE Phase 1                  | (Green Status) |

**Completed Projects:**

1. UPS Battery Replacement
2. Data Retention M365
3. Multi-Factor Authentication
4. Encounter Data Management
5. Claims Cost Recovery

**Upcoming Projects:**

1. Data Environment Refresh
2. MHK Med Therapy Mgmt (MTM)
3. Wireless Refresh
4. Data Encryption (Cloud/On-Prem)
5. MHK (Medical Mgmt) Upgrade

## **Impact on IT Strategies**

- |                           |                 |
|---------------------------|-----------------|
| 1. Data Modernization     | (Green Status)  |
| 2. Information Security   | (Green Status)  |
| 3. Operational Efficiency | (Green Status)  |
| 4. Technology Currency    | (Yellow Status) |
| 5. Encounters Accuracy    | (Yellow Status) |

## **Budget Performance to Plan (Portfolio)**

We continue to under spend against the current portfolio budget as indicated by the attached graph. This is due to open positions not being filled, consulting labor was higher in the first half of the fiscal year and is expected to be reduced in the second half of the fiscal year. Some projects were either started late or deferred to next year as the organization focuses on the CalAIM program.

## **IT Spend**

These metrics show where the IT budget compares against the rest of the organization. The final metric shows the monthly variance target.

## **Critical KPI's**

These are the metrics used to track the health of our IT systems and the Conduent systems that support our core administration capabilities.

- |                                |           |
|--------------------------------|-----------|
| 1. GCHP Availability           | (100%)    |
| 2. HSP Production Availability | (99.995%) |
| 3. IT Ticket SLA               | (98%)     |
| 4. Security Training           | (94%)     |
| 5. Encounters Submission       | (55%)     |

## **Encounters Submission**

Over the last several months GCHP's Encounter Data Management team has increased our quality of submissions to DHCS using the following model:

- Building a comprehensive roadmap - Identified areas of improvement and assisted in building in new processes to ensure the highest quality of data.
- Provider outreach and education – Analyzed and Identified several trading partners whose submission quality was below GCHP standards and worked directly with them to increase their quality.
- Documentation – Implemented policies and procedures to clearly outline our expectations of data submissions.

The fourth quarter of 2021 came with an unacceptable score for the timing of the RX Encounter Data. This was due to the reversal and resubmission of many encounters prior to 2021 related to 340B drugs for CDCR. As of Jan 1, 2021, RX encounter submissions are now being managed by the state, ensuring that GCHP will not be responsible for the RX encounters going forward.

### **Information Security Update:**

Information Security continues to stay abreast to current threats and positions itself to prevent any exploitation. Cloud and “people” security remains on the forefront of these preventative measures. Our goal is to have >95% in our security scoring across a wide array of technical components and network architecture.

### **The Value of GCHP's Information Security Education Program**

**Phish Simulation** Emails are delivered, randomly, twice per month. Content is updated weekly for “mass-mailers” that bad-actors are actively using.

Phish simulation failures by staff are given additional training - which includes interactive games and puzzles

**Security Training** “flix-type” videos for real life scenarios and security threats to avoid. Users are assigned two per month.

- 36 training campaigns have taken place since its inception (Jan 2021)
- Active reporting to show where failures commonly occur and the ability to adjust training to combat those threats.
- MS Outlook integration for both reporting phish attacks as well as “Second Chance” weblink decoder that shows where a link takes the user.
- Monthly emailed security newsletters that give helpful tips on how to avoid a variety of threats, including @home or @work.
- Monthly bulletin posted on GCHP’s Compass (SharePoint) intranet that also provides current security awareness news for the month.



# Gold Coast Health Plan CIO Report

April 25, 2022

Alan Torres, CIO

Integrity

Accountability

Collaboration

Trust

Respect

### IT Risk

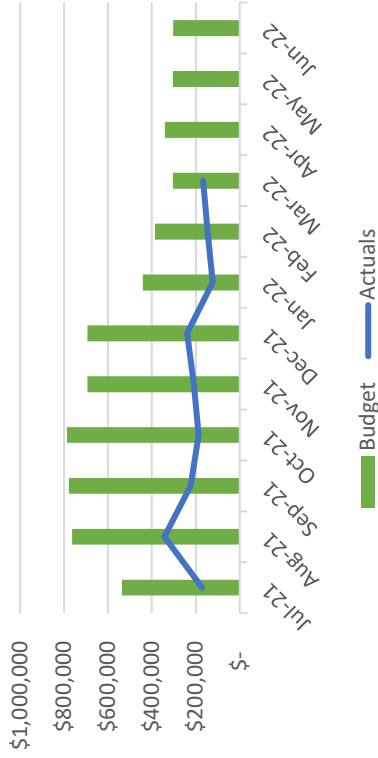
#### Project Status

Project	Status
CAI/IM – IPP Infrastructure	●
Operational Planning	●
Data Warehouse Modernization	●
Interoperability Phase 1	●
HIE Phase 1	●

#### Impact on IT Strategies

Goal	Status	Trend
Data Modernization	●	↕
Information Security	●	←
Operational Efficiency	●	↕
Technology Currency	●	↕
Encounters Accuracy	●	→

### Budget Performance to Plan (Portfolio)



### Project Complete

Project	Date
UPS Battery Replacement	3/2022
Data Retention M365	01/2022
Multi-Factor Authentication	04/2022
Encounter Data Mgmt Program Assessment, Gap, Roadmap	02/2022
Claims Cost Recovery	01/2022

### Upcoming Projects

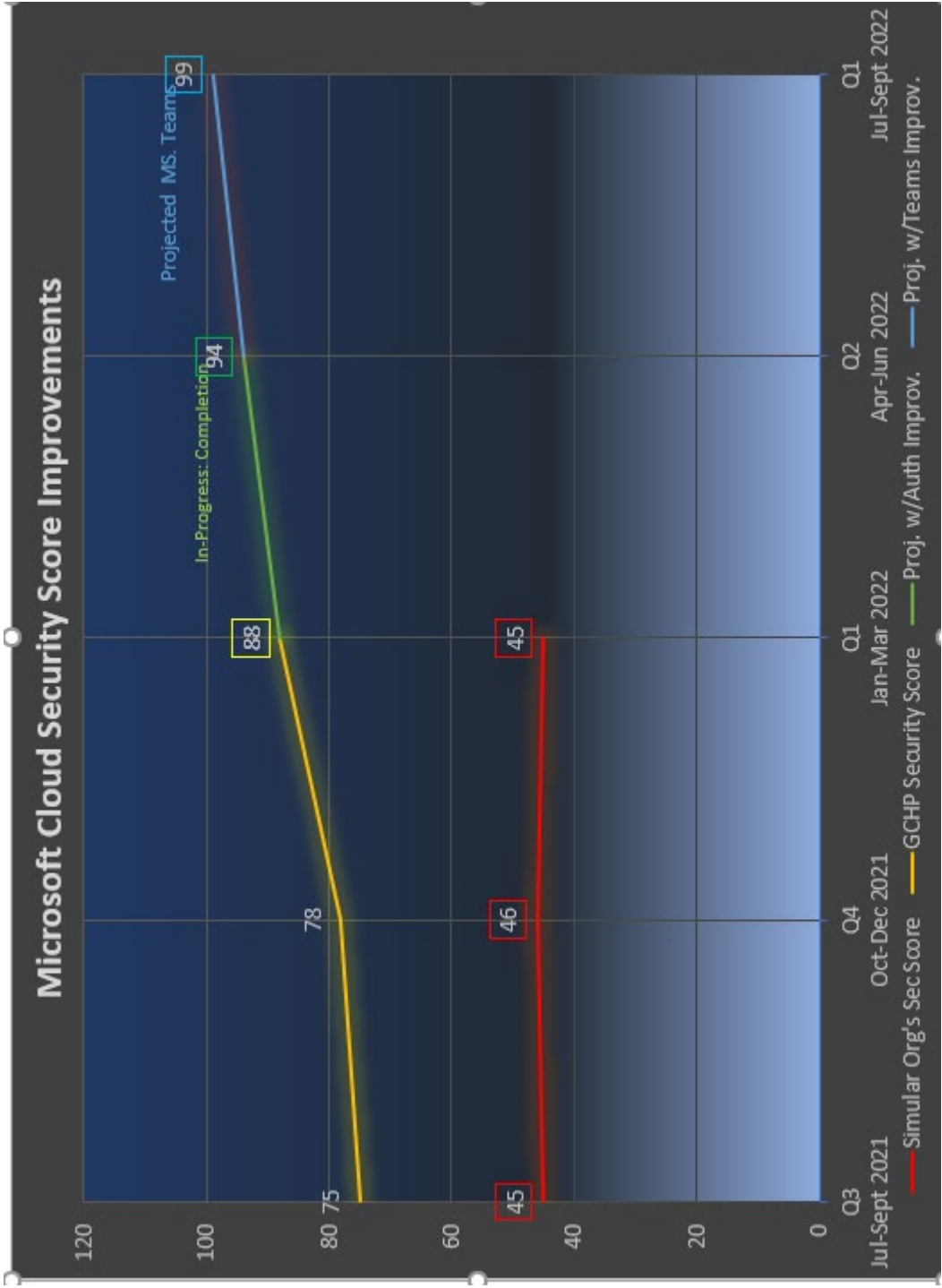
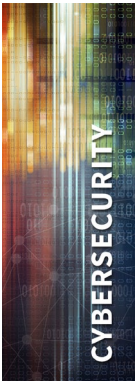
Project	Finish Date
Data Environment Refresh	Q2/2024
MHK Med Therapy Mgmt (MTM)	Q2/2023
Wireless Refresh	Q4/2022
Data Encryption (Cloud/On-Prem)	Q2/2022
MHK (Medical Mgmt) Upgrade	Q1/23

### IT Spend

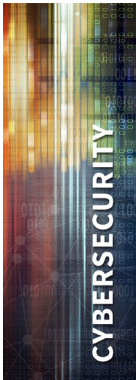
Metric	Spend
IT Spend as % of Revenue	1.0%
IT FTEs as % of Total FTEs	13.6%
IT Budget Spend: Salaries and Benefits	55.4%
IT Budget Spend: Software	84%
IT Spend: Actual vs. Forecast	30%

### Critical KPIs

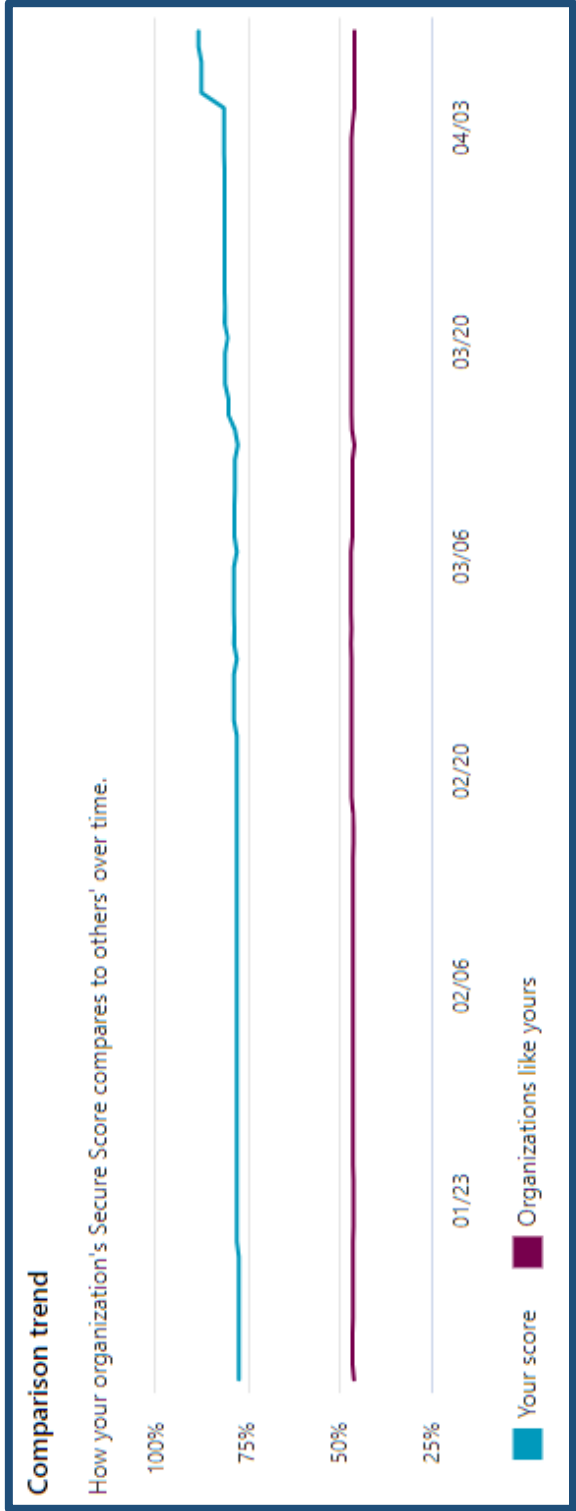
Metric	Status
GCHP Availability	100% (+0.016)
HSP Production Availability	99.995% (+0.002)
IT Ticket SLA	98% (0.0%)
Security Training	94%
Encounters Submission (DHCS Report Card Score)	55%

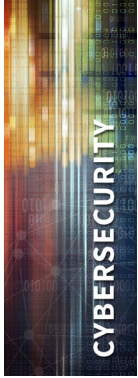






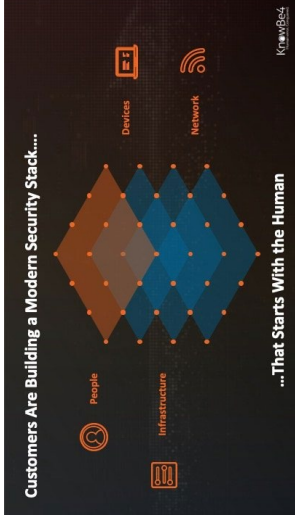
Government & Healthcare Co's.  
Companies with <math>\leq 300</math> employee's  
Microsoft 365 Analysis – Current Customers





## The Value of GCHP's Information Security Education Program

- **Phish Simulation** emails are delivered, randomly, twice per month. Content is updated weekly for “mass-mailers” that bad-actors are actively using.
  - Phish simulation failures by staff are given additional training - which includes interactive games and puzzles.
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**AGENDA ITEM NO. 14**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Ted Bagley, Chief Diversity Officer  
DATE: April 25, 2022  
SUBJECT: Chief Diversity Officer (CDO) Report

**Actions:**

**1. Community Relations**

- a. Attended the final selection session of the County Health Equity Advisory committee meeting. Seven community advocates were selected to serve with the eight county appointees. Interviewed 12 candidates.
- b. Wrote job description for a Health Equity Officer's position in support of the increased need to drive health equity across the county.
- c. Recognized Martin Luther King's birthday through articles written to our Compass newsletter as well as attending the ceremonies in Oxnard.
- d. Met with parents and teachers at Cesar Chavez Elementary School to assess their greatest needs for the school year. GCHP had selected the school as part of our Adopt the School Program.

**2. Case Investigations District**

One old case is being reviewed by legal and the insurance company. Case was originally a voluntary termination but was reversed by the grievant.

**3. Diversity Activities**

Received twelve (12) calls from employees with the following subject matter:

- Health Equity (3)
- Career counselling (4)
- Diversity discussions (1)
- Opportunities (4)

4. Continue to work with HR in structuring a strategy on return-to-work process.
5. Presented Health Equity and Diversity presentation to local high school.

6. Attended all PAC and CAC meetings as scheduled
7. Attended Cal Lutheran's Black Scholar's Program.

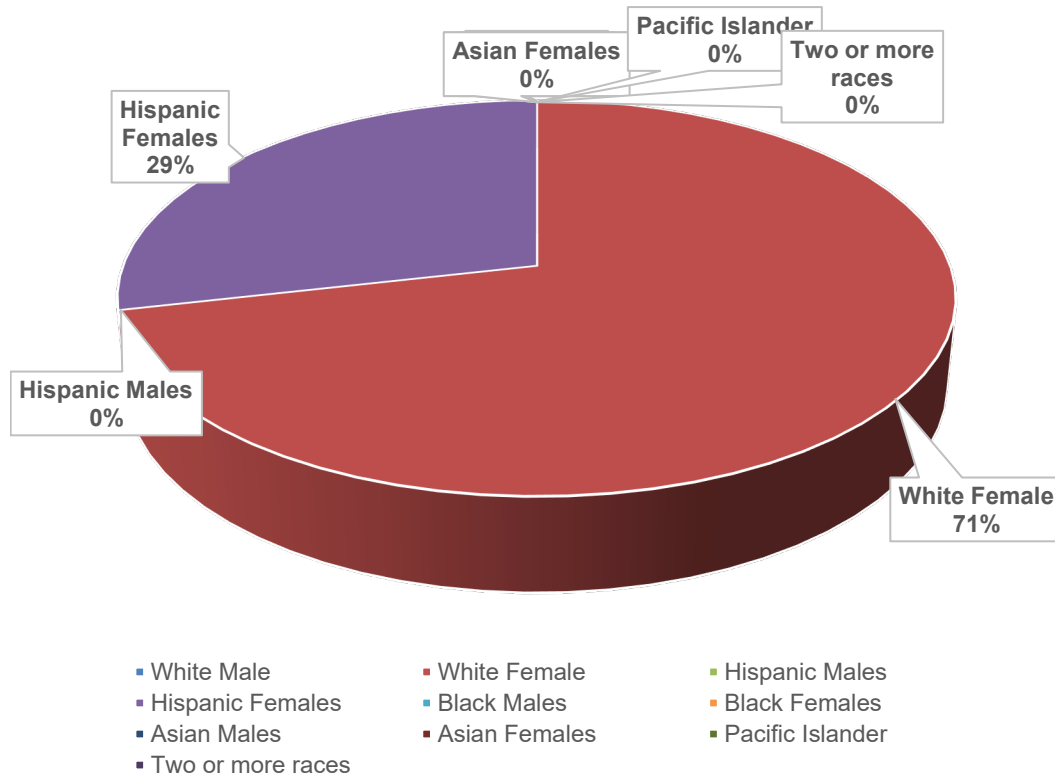
### **Other GCHP Activities**

1. Attended four strategy sessions related to the GCHP long-range plan.
2. Attended Commissioner's orientation in January.
3. Monthly 1:1 with CEO Nick Liguori.
4. Currently mentoring three exempt employees (Medical, Compliance and Community Relations)
5. Attend policy review committee meetings.
6. Final training event with the Ventura County Community College District on Diversity and Inclusion.
7. Held several DEI meetings over the past few months.
8. Loss of one DEI member. I will replace as soon as possible.
9. Attended an on-site retreat in reference to the budget and long-range plan.



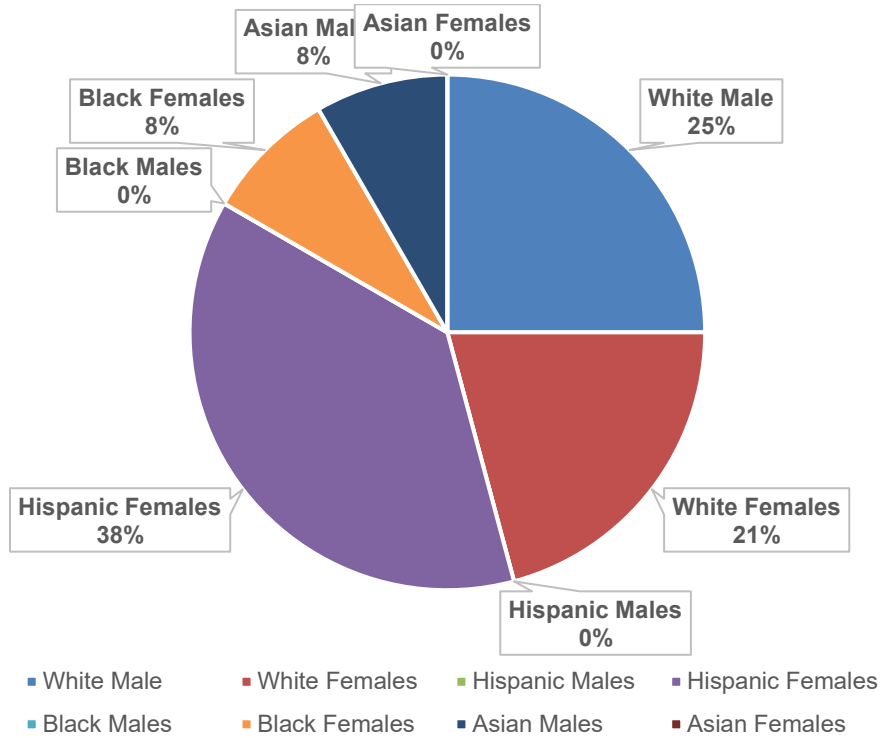
## Promotion and Attrition Report 2021-2022

### 2022 Promotions by EEO-1 Categories (7)





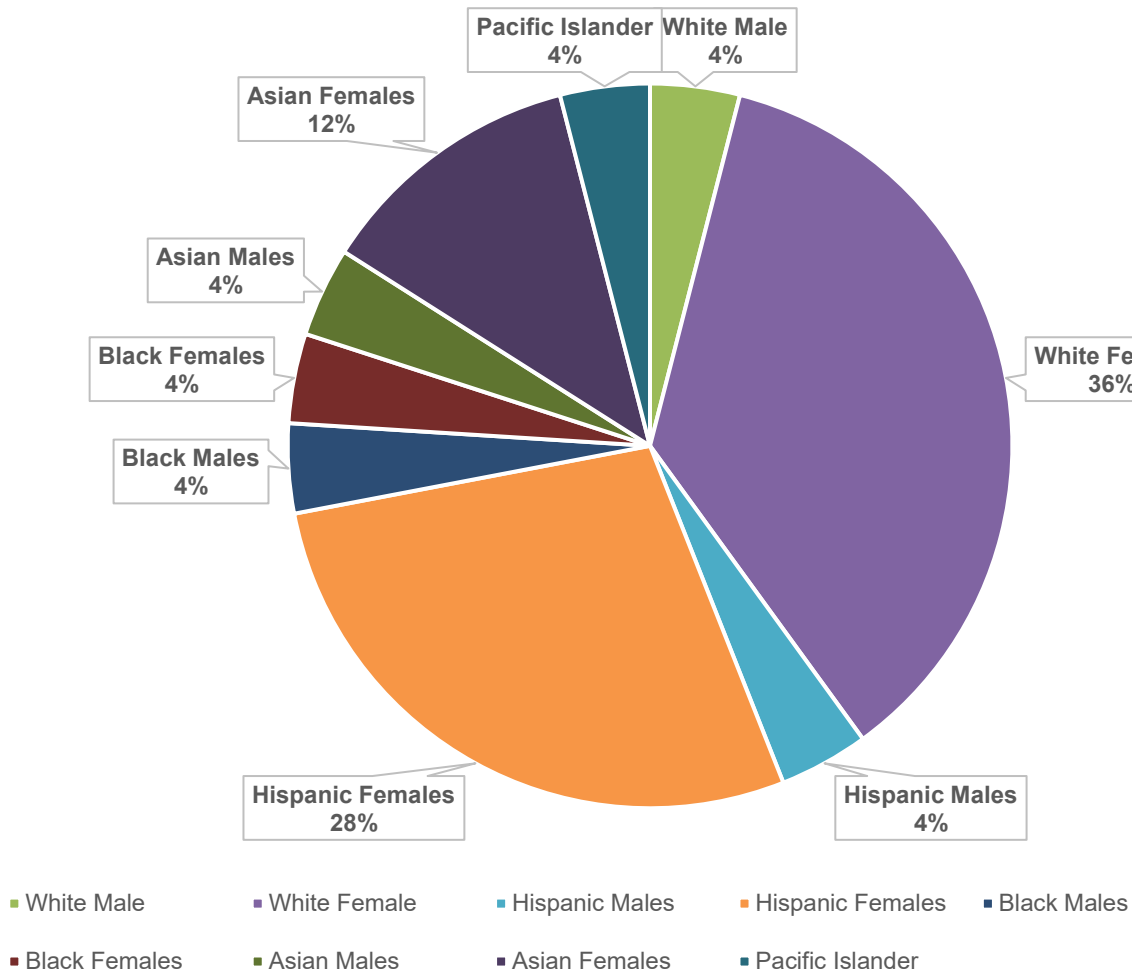
### 2021 Promotions by EEO-1 Categories (24)



- So far during 2022, there have been two (2) executive positions, one (1) manager and eight (8) below management level promotions.

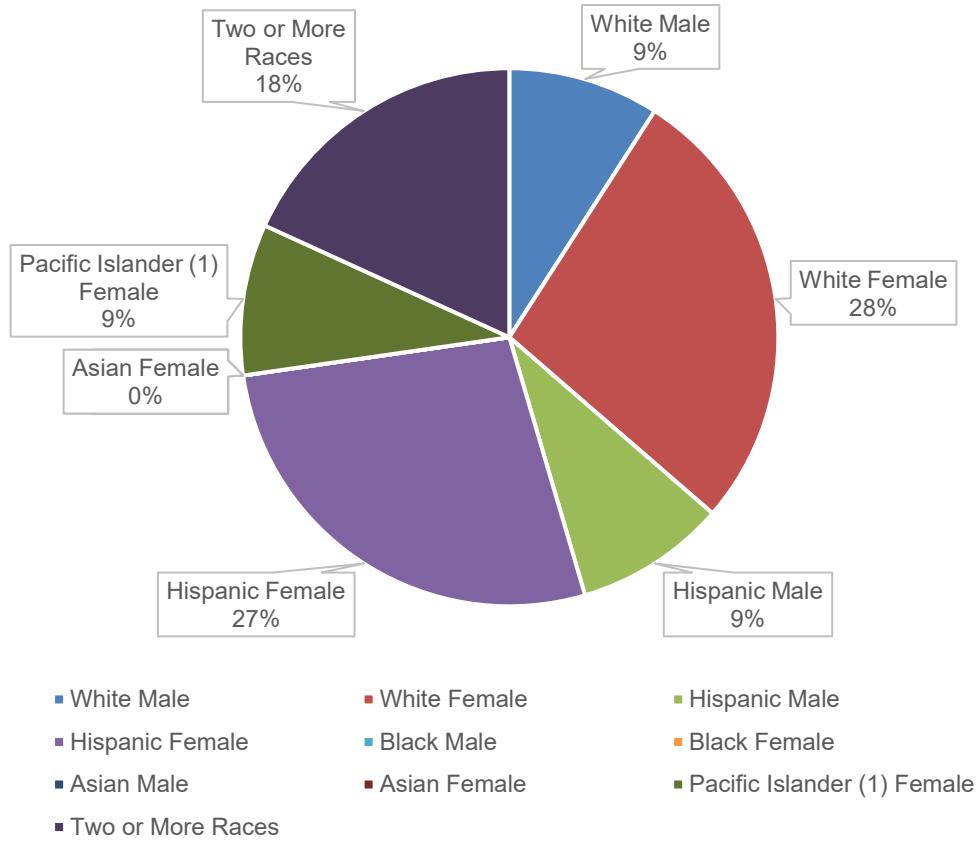


### Attrition 2021 (25)





### Attrition 2022 Female (11)







## **AGENDA ITEM NO. 15**

**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Michael Murguia, Executive Director of Human Resources  
**DATE:** April 25, 2022  
**SUBJECT:** Human Resources (H.R.) Report

### **Human Resources Activities**

We are very focused on recruiting and beginning to see the results of all our efforts. As of April 15<sup>th</sup>, we have hired 44 employees and we could potentially hire over 75 employees during this budget year. There are many factors contributing to this record year of recruiting. Attrition which is at 12.7% and is higher than normal and that is true for the entire country. We have also added very much needed additional headcount within the last month and that has increased our requisition load. To meet the demands of this increased recruiting we have partnered with a very cost-effective contract recruiter. You can see the results are beginning to pay off with an average time to fill our jobs going from 86 days to 75 days and currently 61 days on average to fill our positions. While it's important that we move quickly to fill these vacancies we are not compromising the quality of our hires. In many cases panels are used for the interview process and we always make sure a good discussion is held before we make a final selection decision.

Recruiting has been a team effort with hiring managers who are making recruiting a priority and finding time on their busy calendars to interview candidates. Also, all our administrative assistants have pitched in and helped scheduled many interviews to speed our process of interview and selection. Lastly another key contributor is our newly created employee referral program called "Expedition Gold". In February we stood this program up in one week with a tiered rewards system from \$500, \$1000, and \$1,500 reward for finders' fees depending on the criticality of the job to our Plan. In less than three months we have gotten 8 hires and we are just getting started. We held a contest with our employees to name our program and our program name of "Expedition Gold" was nominated by Kim Osjada from our Compliance department. In Human Resources we have created a weekly dashboard of our recruiting results and that is sent out to each Executive leader each week for their review. Lastly, Open requisitions and recruiting are a standing agenda item on our weekly Executive Staff meeting where we discuss and review the progress of each open requisition.

As you can tell these results have been earned by a great team effort from many sources in the organization not just Human Resources. While we have a way to go, I feel confident that we can get most of these positions filled within this fiscal budget.

Average Days to Fill (best in class is 75 days)	
7/1/21 → 1/31/22	86 Days
7/1/21 → 3/31/22	75 Days
2/1/22 → 3/31/22	<b>61 Days</b>

Currently 30 open requisitions	
7/1/21 → 4/15/22	<b>44 hires</b>
Attrition is at 12.7 %	



### **Attrition and Case Update (Since our last update in February)**

We've had four voluntary resignations one retirement since February. One new case to be discussed in closed session.

### **Facilities / Office Updates**

GCHP Facilities team is dedicated to planning a return to the office when conditions allow. The team continues to meet and evaluate:

- Protocols for the flow of employees who visit the office for supplies, printing, and other business-related activities
- Protocols for our new entrance and exit process requiring temperature checks and registration in our Proxy click system is working very well
- Protocols for a return to the office, including a temperature check
- Making any necessary modifications to improve air quality inside the buildings