



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

2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036

Wednesday March 13, 2013

5:00 p.m.

AGENDA

CALL TO ORDER

PUBLIC COMMENT

1. **APPROVE MINUTES**
 - a. Regular Meeting of December 5, 2012

2. **APPROVAL ITEMS**
 - a. Goals and Objectives

3. **INFORMATIONAL ITEMS**
 - a. Welcome – Dr. Nancy Wharfield, Medical Director Health Services
 - b. Pre-Authorization Overview
 - c. CBAS Access
 - d. Sensitive Services
 - e. PCP Access
 - f. Transportation – Ventura Transit Systems
 - g. ACE
 - h. Healthy Families Outreach
 - i. Balance Billing
 - j. Call Center Reporting

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

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND 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 SECRETARY OF THE COMMITTEE, 2220 E. GONZALES ROAD, SUITE 200, OXNARD, CA.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT 805/981-5285. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

**Ventura County Medi-Cal Managed Care Commission (VCMCC) dba Gold Coast Health Plan
March 13, 2013 Consumer Advisory Committee Meeting Agenda (continued)**

PLACE: 2240 E. Gonzalez, Room 200, Oxnard, CA

TIME: 5:00 p.m.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined by the Commission, the next regular meeting of the Consumer Advisory Committee will be held on June 12, 2013 at 5:00 p.m. at 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

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

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

Consumer Advisory Committee Minutes

December 5, 2012

(Not official until approved)

CALL TO ORDER

Chair Andre Galvan called the meeting to order at 5:05 p.m. in Suite 200 located at 2240 E. Gonzales Road, Oxnard, CA 93036.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE

Robert Dennis (arrived 5:10 pm)

Linda Smith

Curtis Updike

Ruben Juarez

Edie Brown

Katharine Raley

Frisa Herrera

EXCUSED / ABSENT COMMITTEE MEMBERS

Joseph L. Buchroeder

Julie Fjeld

Norma Gomez

COMMITTEE STAFF IN ATTENDANCE

Andre Galvan, Committee Chair

Sonji Lopez, Grievance and Appeals Assistant

Blanca Robles, Member Services

Connie Harden, Member Services

Paula Cabral, Administrative Assistant

OTHER STAFF IN ATTENDANCE

Lupe Gonzalez, Health Educator

Steve Lalach, Communications Manager

Sherri Bennett, Provider Network Manager

Erika Reyes, Outreach Coordinator

Jennifer Palm, Director, Health Services

Christina Montero, on behalf of Juliana Fjeld

The Pledge of Allegiance was recited.

Language Interpreting and Translating services provided by Gold Coast Health Plan from Lourdes González Campbell and Associates.

PUBLIC COMMENT / CORRESPONDENCE

None

1. APPROVAL OF MINUTES – SEPTEMBER 5, 2012

Minutes from September 5, 2012. Member Herrera moved to approve minutes. Member Smith seconded. **Motion carried 6-0.**

2. APPROVAL OF CONSUMER ADVISORY COMMITTEE CHARTER

Member Updike moved to approve the Charter. Member Raley seconded. **Motion carried 6-0.**

3. GOALS AND OBJECTIVES FOR 2013

Chair Galvin reviewed the Goals and Objectives and Committee objectives. Three Goals and Objectives were set for 2013.

Michael Engelhard noted that 1B listed several services which are not provided by Gold Coast Health Plan; Chair Galvin stated they are listed because they are available within the community to assist members that do not have Medi-Cal. Michael Engelhard stated that the CBAS benefit became effective October 1. A discussion was held regarding if we want to create some sort of education or awareness program that it is being managed within Gold Coast Health Plan to let the community know what programs are available. Member Raley stated the community is not aware of the CBAS Program and it would be helpful if we changed the wording.

Member Updike added there are a number of changes that will go into effect in January due to the Affordable Healthcare Act. We are estimating 30,000 people coming into Medi-Cal next year. Chair Galvin stated that the members would be given a 60-90 day notice – what more can we do for the members to bring awareness. Member Updike stated that they are getting training materials from the State that could be made available to the phone center personnel.

Member Updike asked about 2B. Chair Galvin stated that the standard method is to send letters to Members (60-90 days' notice). We try to think "outside the box" and for the best way to communicate with our members. Member Brown asked what other types of media we utilize to communicate with our members. Steve Lalich, Communications Manager, noted that we do a couple of publications, a Provider operations bulletin and a Pharmacy bulletin to push traffic to our website. Additionally, we utilize social media although Facebook and Twitter are not active at this time; YouTube is available and will be a good tool for the Plan. Social media is not being efficiently used at this time but we are working on it.

Member Juarez asked about 2A children are being referred to CCS but would like to know about programs for adults and members with special needs. Member Raley stated that Kaiser has a program for seniors with special needs and that Gold Coast should look into this and develop a program. The Committee needs to be made aware and to help the Gold Coast to grow with these types of programs for all ages. Member Smith said that more physicians are needed that have experience working with individuals who have special needs.

Chair Galvin asked the Committee for recommendations to educate the providers on what services are out there and what is needed. Member Juarez added that we need better feedback. Chair Galvin said that this would be reworked for the next meeting. Michael Engelhard recommends contacting (via email or phone) Chair Galvin if a committee member has an issue before the next scheduled meeting.

Member Dennis would like a tour of Gold Coast Health Plan facility to see what we are doing. Michael Engelhard stated that small groups could be arranged.

A break was provided at 5:55 pm.

Member Dennis left the meeting at 6:05 pm.

Meeting resumed at 6:10 pm.

Sherri Bennett, Provider Network Manager, stated that beginning February 1, 2013, members will contact transportation directly. It was noted that a 48 hour advance notice is required for routine visits and will be based upon need (vans and cabs will be available). There is also a possibility of getting bus passes. Steve Lalich will be sending a letter to the members notifying them of this service (English and Spanish) and it should be at the post office by December 18. This letter will also be posted on the website.

Member Juarez asked why there were so many Spanish calls in July. Chair Galvin stated that fewer Spanish speaking agents were available in July.

Grievance and Appeals Monthly Trend was reviewed and how many clinical and non-clinical issues took place. Member Updike was very pleased with the charts. Member Raley asked why it was so high and then dropped off. Michael Engelhard stated we will investigate and send an email to the committee within 30 days.

Communications and Outreach. E. Reyes, Outreach Coordinator, gave a brief review of the first community outreach activity that was held on Sunday, October 21st at Del Sol Park in Oxnard. This event was very successful with over 200 attendees (both members and general public). There were 23 participating agencies; St. John's Regional Medical Center and the Ventura County Healthcare Agency recorded 105 eye examinations, 104 flu shots administered, 70 blood pressure exams and a total of 88 BMI/blood pressure combination exams given. The next event is planned for next summer in the east county targeting the lower income population, with more participating agencies in a much larger area. We welcome suggestions from the committee.

Steve Lalich, Communications Manager noted that the third edition of the member newsletter has been completed. This will be distributed at the end of January/beginning of February. There is an effort to keep the newsletter relevant; month of January is Cervical Cancer month and February is Heart Awareness. This will reach 45,000 households. This will also be placed on the website.

Member Updike asked if there was a link to Benefits CalWIN; Steve Lalich said there was a link for resources on the website. It was also noted that if something is needed to be put on the website, to please let Chair Galvin or Steve Lalich know. There is also an event calendar available for committee members to promote their events.

Jennifer Palm, Director, Health Services, spoke to the Committee regarding the CBAS Program which became effective October 1st. This was a very smooth transition with 750 members already receiving services - with no break in service. The state authorized 300 new members and we are sending our nurses out to get these individuals enrolled. Michael Engelhard and Chair Galvin thanked Jennifer Palm and Lupe Gonzalez for their hard work in getting this program started.

Member Raley asked if the same services are being offered because they are hearing some negative reports; Jennifer Palm said that the services are exactly the same and new members can come from anywhere.

Lupe Gonzalez, Manager, Health Education and Disease Management, discussed the upcoming Health Education and Disease Management Programs. She also talked about putting together a tobacco cessation program brochure which will outline community based programs and hospital group smoking cessation classes. The goal is to link members with smoking cessation classes to help members stop smoking. Studies have shown that individuals who participate in Nicotine Replacement Therapy and Smoking Cessation classes have better outcomes.

Ms. Gonzalez also noted that a Health Education community calendar is being developed for our members. She plans to reach out to the Housing Authority for the City of Ventura to possibly partnership in Health Education classes.

We will be reaching out to the Ventura Housing Authority to work with them about healthcare education. Linguistic services are available and our staff has recently been tested; we will develop internal policies ensuring that our staff is trained properly. We will also develop some internal tracking insuring our material is being translated accurately.

Member Herrera stated that they are receiving a lot of calls from foster families in the community that have taken children to labs, doctors, etc. within the last couple of months; these children are Gold Coast Health Plan members but are from other counties. Some of these children are being put on hold and they have a PCP within the county. Michael Engelhard requested a list of providers not treating them be forwarded to Chair Galvin. Chair Galvin said that this will be addressed.

Member Raley spoke about the discrepancies for Medicare beneficiaries. There is one name on their Medicare card, one for the BIC card, and another one for Gold Coast. How can this be brought together because this is a common occurrence. There was a discussion regarding where the information comes from. Member Raley said that it comes from their Social Security card and should be the same on the Medicare card. Names must be validated by the state. Member Updike said they use the Social Security card. It was noted by Lupe Gonzalez that all member information sent to Gold Coast should be sent secured.

Member Updike said that there had been an issue with some members going into providers and being turned away because they were not Gold Coast members. Changes on the state level have gone from a 2-3 day turnaround to once per month. These people are fee for service until Gold Coast picks them up. The biggest problem has been at pharmacies. There was a question if these people would be turned away from the transportation services. Sherri Bennett said that she will investigate.

Member Updike announced that the Cal Fresh Program is available and they want as many eligible people as possible enrolled (especially the senior population). Eligibility is based on income only (not assets) and can be done on line at CalWIN or over the phone. Paper applications are also available and can be sent to interested agencies. Steve Lalich said that a link can be included in the newsletter and the website.

A question was asked about who Members can contact regarding dissatisfaction with their Provider services. Chair Galvin said they should call the 888 number directly.

The meeting was adjourned at 7:10 pm.



**Gold Coast
Health Plan**
A Public Entity

**Consumer Advisory Committee
2013 Goals and Objectives**

CAC Mission Statement:

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

GCHIP Goal	CAC Objective	CAC Action Steps	CAC Results
<p>1. Ensure a member centered delivery system that promotes optimal health outcomes and member experiences.</p>	<p>1A. Support GCHIP's efforts to promote quality programs and initiatives for members.</p> <p>1B. Advise GCHIP on barriers to members accessing services, which require physician authorization/approval.</p> <p>1C. Advise GCHIP on Cultural and Linguistics Programs.</p> <p>1D. Assist GCHIP with providing program and benefits options to members.</p>	<p>1A. Provide input and recommendations on interventions aimed at improving member satisfaction.</p> <p>1B. Provide input on ways to ensure and/or improve access to all services. Promote programs offered by GCHIP.</p> <p>1C. Provide input and recommendations on how to improve the health status of GCHIP's diverse population; discuss health care disparities; and assist with training programs.</p> <p>1D. Provide input on alternate programs and benefits available to members needing services.</p>	

GCHP Goal	CAC Objective	CAC Action Steps	CAC Results
<p>2. Be a dynamic organization that is prepared for growth, responsive and flexible, and encourages creativity and innovation.</p>	<p>2A. Educate GCHP providers on programs and services for members with special needs.</p> <p>2B. Assist in GCHP's efforts to increase efficient operations by optimizing clinical and business processes, including tele-health, web portal and other innovative solutions.</p>	<p>2A. Provide input and recommendations on how to improve the health status of members with disabilities; discuss barriers presented to them and how to overcome them.</p> <p>2B. Provide input and recommendations to GCHP on implementation of strategies that takes advantage of innovative opportunities.</p>	
<p>3. Influence GCHP's role to promote a healthier community.</p>	<p>3A. Provide recommendations regarding influencing existing opportunities that are responsive to and a benefit to the community.</p>	<p>3A. Provide input as GCHP introduces and implements integration strategies and programs.</p>	

winning health



Gold Coast
Health PlanSM
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Issue 1 • Winter 2013

LETTER FROM THE CEO



Michael Engelhard
CEO

Welcome to Gold Coast Health Plan's (GCHP) Member newsletter, *Winning Health*.

My name is Michael

Engelhard, and I am your new CEO. Since joining GCHP in September, I have had the great pleasure of working with Member Services and the rest of the GCHP team, and I am impressed as they make every effort to deliver high-quality health care services to you and your family. My goal is to continue to reinforce our Member-first focus. I see this focus every day in our staff, and I am committed to making certain you can see it as well.

This newsletter is dedicated to raising awareness about heart disease and increasing knowledge about its prevention. In this edition of *Winning Health*, we have articles to help you achieve those goals and much more.

I hope you find these articles educational and enjoyable. GCHP is your partner in maintaining good health. Here's wishing you and your family a healthy and happy new year. And remember, GCHP is your Plan!

Michael Engelhard
CEO, Gold Coast Health Plan

Take control of cholesterol

What does it mean to have high cholesterol? And if you have it, what should you do?

First, know that everyone needs some cholesterol to be healthy. The body makes all it needs.

But cholesterol is also in many of the foods we eat. And too much of the wrong type can build up inside arteries. That can clog blood flow to the heart. In time, it can lead to heart disease or a heart attack.

So how much is too much? It depends.

There are different healthy levels for each type:

- LDL is the bad cholesterol. It's mostly to blame for blocked arteries. A level below 100 mg/dL is desirable.
- HDL is the good cholesterol. It helps remove LDL from the bloodstream. An HDL level higher than 60 mg/dL helps protect you from heart disease, although higher than 40 mg/dL for women and higher than 45 mg/dl for men are considered good.
- Triglycerides are another type of



fat in the blood. A good reading is less than 150 mg/dL.

To get your cholesterol numbers where they should be, start with some healthy habits. Aim to:

- Be active on a regular basis.
- Stay at a healthy weight.
- Eat a diet low in cholesterol, saturated fat and trans fats.

Your Provider can help you get started. If these changes aren't enough, your Provider may also suggest you take medicine.

To find a Provider, call Member Services at **888-301-1228**.

Source: National Heart, Lung, and Blood Institute

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Have fun and control your blood pressure

You've just found out that your blood pressure is high. And your doctor says you should work to get it down. So what comes next?

Here's a tip that may help: Don't think of your efforts as work. Think of them as an adventure—a chance to try something new!

High blood pressure raises your risk for heart attack, stroke and other health problems. So bringing it down is important.

Eating well and being active are two key parts of blood pressure control. Here are some easy—and enjoyable—ways to get started.

Three food fixes

Get colorful. Take your kids on shopping trips. Then make a game out of finding different-colored fruits and veggies and loading them into your cart. They're better for blood pressure than salty chips or snacks.

Put many cooks in the kitchen. Choose one night a week when the whole family plans and cooks a heart-healthy meal together. Possible ingredients include fruits, veggies and whole-grain foods; fat-free or low-fat milk products; lean meats, skinless chicken and fish; unsalted nuts and seeds; and

cooked dry beans.

Spice things up. Season your foods with something different. Rather than salt—which can raise blood pressure—try garlic, cilantro, hot peppers or lemon juice. Get creative. It can be tasty!

Three ways to move more

Team up. Recruit friends or co-workers to join you on a sports team. Consider softball, basketball or other activities you like.

Make it a family affair. Plan a weekly family fun night. You might go for a bike ride or swim. Or perhaps you could simply go for a walk or play tag in the yard. Whatever you do, make it something active.

Schedule face time with a friend. But skip meeting for lunch. Ask your friend to bring some sneakers and join you for a walk instead.

Sometimes you need medicine to manage blood pressure too. If your doctor orders medicine for you, take it as directed. With your doctor's help, you can take control.

Sources: American Heart Association; National Heart, Lung, and Blood Institute

»» PLANNING? EXPECTING? NEW TO PARENTHOOD?

If the answer is yes, you will likely have lots of questions. Our *Pregnancy and New Parent* e-newsletters can help you find the answers. Just visit goldcoasthealthplan.org/enews and click on the link you want.

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WINNING HEALTH is published as a community service for the friends and patrons of GOLD COAST HEALTH PLAN, 2220 E. Gonzales Road, Oxnard, CA 93036, telephone 888-301-1228.

Information in WINNING HEALTH comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care Provider.

Models may be used in photos and illustrations.

Member Services

Health Education

Editor

Medical Director

Andre Galvan

Lupe Gonzalez, PhD, MPH

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Charles Cho, MD

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Four tests everybody needs

Get screened.

That's smart advice if you care about your health.

"Screening tests can find health problems before you have symptoms and feel that something may be wrong," says Dr. Charles Cho, Chief Medical Officer, GCHP. And that's important. When you find a disease early, it may be easier to treat.

This chart will help you learn about four tests all adults need.

For more information, call Member Services at 888-301-1228.



1 test for BLOOD PRESSURE

WHEN you need it	Starting at age 18, get tested at least every two years.*
HOW it's done	Your Provider can test your blood pressure at a checkup.
WHY you need it	High blood pressure often has no signs. The only way to know you have it is to be tested. Left untreated, it can cause a heart attack or stroke.

2 test for DIABETES

WHEN you need it	Starting at age 45, get tested at least every three years.*
HOW it's done	A blood sample is drawn and tested.
WHY you need it	There are only a few symptoms of diabetes in its early stages. That means it often isn't diagnosed for up to 10 years. During this time, it could harm your heart, eyes, kidneys and nerves.

3 test for CHOLESTEROL

WHEN you need it	Starting at age 20, get tested at least every five years.*
HOW it's done	A blood sample is drawn and tested.
WHY you need it	Too much cholesterol in your blood can cause a heart attack. But even when cholesterol is high, you might not feel sick.

4 test for COLON CANCER

WHEN you need it	Start at 50. There are many ways to be tested. Some tests are done every one to two years, others every 5 to 10 years.*
HOW it's done	That depends on which test you have. Some tests can be done at home. Others need to be done at a clinic or hospital.
WHY you need it	Testing can find growths before they turn into cancer.

*You may need to be tested earlier or more often depending on your personal or family medical history.

Source: American Diabetes Association; U.S. Department of Health and Human Services

Why Pap tests matter

There are plenty of things you'd probably rather do than get a Pap test.

But not many of those other things could help prevent cancer.

A Pap test looks at samples of cells from the cervix. That's the lower part of the womb. If the cells don't look right, your Provider can find out why.

Only rarely does the reason turn out to be cancer. But the test can also spot signs of infections, like the human papillomavirus (HPV). And sometimes HPV can lead to cancer.

Regular Pap tests are the best way to prevent cervical cancer. Most women should have their first Pap test at age 21. After that, you'll want to have them on a regular basis. Ask your Provider what's right for you.

TAKE HEART

Know the risks, signs of heart attack

You may say that you hope never to have a heart attack. But you can do a lot more than hope. You can take action.

Healthy habits help prevent heart disease and heart attack. Start with these important steps:

Avoid tobacco. Smoking is a huge risk factor for heart disease. All forms of tobacco smoke can hurt your heart, including:

- Cigarettes.
- Cigars.
- Pipes.
- Secondhand smoke.

If you smoke, talk to your Provider for help in quitting.

Be more active. Exercise helps keep the heart and blood vessels healthy. It also helps control other problems that can affect heart health, like high blood pressure and high cholesterol.

To do your heart the most good, try to exercise for 30 minutes on five or more days of the week.

Even a little exercise is good for you. If you aren't active now, try five minutes of exercise to start. Gradually add more until you are doing 10 minutes, then 15 and so on.

If you find it hard to fit in a

longer workout, even 10-minute chunks of activity can add up in favor of your heart.

Talk to your Provider before getting started if you haven't exercised in a while or have other health issues.

Choose good nutrition. Poor eating habits can lead to problems that harm the heart. You might gain too much weight or develop high blood pressure or diabetes.

- Go for heart-smart foods, such as:
- Fruits and veggies.
 - Whole-grain and high-fiber foods.
 - Fish and lean protein.
 - Low-fat or nonfat dairy products.

Know the signs. You can save a life by knowing heart attack signs and getting help right away.

Call 911 for:

- Chest discomfort that lasts more than a few minutes or comes and goes. This may feel like pressure, fullness, squeezing or pain in the middle of the chest.
- Discomfort in other parts of the upper body, such as one or both arms or the back, neck, jaw or stomach.



Learn more about heart health at www.goldcoasthealthplan.org.

- Shortness of breath. This may happen before or along with chest discomfort.

Other signs can include cold sweat, nausea or light-headedness.

Remember, it is never too early—or too late—to get on track to a healthy heart.

Source: American Heart Association

A new year is a great time for a new you—if you smoke, resolve to quit. Need tips? Visit our Health Library at www.goldcoasthealthplan.org/health-services.

Gold Coast Health Plan

Abandon % - Monthly Comparison Trend

Category Call Type	Mar'12	Apr'12	May'12	Jun'12	Jul'12	Aug'12	Sep'12	Oct'12	Nov'12	Dec'12	Ave total per Cat. Call
English	0.57%	0.39%	1.12%	3.95%	5.88%	0.83%	1.61%	1.74%	1.13%	0.68%	1.79%
Spanish	1.29%	1.20%	1.79%	6.19%	7.85%	2.24%	2.83%	2.68%	1.27%	0.75%	2.81%
Provider	0.73%	0.44%	1.95%	3.71%	4.96%	2.19%	2.11%	1.73%	0.61%	1.09%	1.95%
Combined	0.76%	0.53%	1.64%	4.12%	5.63%	1.73%	2.01%	1.84%	0.89%	0.89%	2.01%
Average per month - excluding combined	0.84%	0.64%	1.63%	4.49%	6.08%	1.75%	2.14%	2.00%	0.98%	0.85%	

Average Total Months Mar. through Dec. 2.14%

ABN Percentage Trend



Note: Spanish to English abandon percentage gap narrowed by 40.9%

Contributing factors surrounding the abandoned calls between English and Spanish

- Call volume is so much lower in Spanish, one dropped call percentage-wise is a big impact on the overall percentage.
- Average talk time is about 1 minute 22 seconds longer for the Spanish calls, potentially contributing to more hang-ups.

Corrective action steps taken to improve the abandoned rate between Spanish and English calls

- Call volume per hour between English/Spanish – comparing to ensure agents scheduled per high volume hours to accommodate Spanish.
- Add 2 Bilingual agents to the staff.
- Additional training for bilingual agents to improve resolution time.

**Consumer Advisory Committee
2013 Meeting Schedule**



2240 E. Gonzales Road, Suite 200
Oxnard, CA 93036
Meetings begin at 5:00 PM

JANUARY							FEBRUARY							MARCH							APRIL																
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S										
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27	28	29	30	31			24	25	26	27	28	24	25	26	27	28	29	30	28	29	30																

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MAY							JUNE							JULY							AUGUST									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
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26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31	25	26	27	28	29	30	31						

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SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
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