

VCOMMCC
dba Gold Coast Health Plan

Commission Meeting Minutes

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

August 23, 2010

√	Commission Members in Attendance	
√	Michael Powers , Director, Ventura County Health Care Agency	√ Roberto S. Juarez , CEO, Clinicas del Camino Real, Inc.
√	Lanyard Dial, MD , Physician, Ventura County Medical Association	√ Kathy Long , Ventura County Board of Supervisors
√	David Araujo, MD , Director, Ventura County Medical Center Family Medicine Residency Program	√ Tim Maurice , Private Hospitals/Healthcare System
√	Maylee Berry , Medi-Cal Beneficiary Advocate	√ Catherine Rodriguez , Ventura County Medical Health System
√	John Fankhauser, MD , Physician, Ventura County Medical Center Executive Committee.	√ Anil Chawla, MD , Physician, Clinicas del Camino Real, Inc.
√	Rick Jarvis , Private Hospitals/Healthcare System	

	Staff in Attendance	Guests
	Terrie Stanley , Interim CEO, Ventura COHS	Jennifer Bower, Human Resource Director, RGS-LGS
	Tin Kin Lee , Counsel	Cory Freshour, ACS
	Dee Pupa , Interim Assistant Clerk of the Board	Russ Finley, Division VP, ACS
	Alison Sawyer , Interim Clerk of the Board	Rob Leavey, Sales Executive, ACS

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1. Call to Order and Pledge of Allegiance Michael Powers	<ul style="list-style-type: none"> The meeting was called to order at 3:08 p.m. Pledge of Allegiance 	
2. Roll Call	<ul style="list-style-type: none"> All Commissioners present, except for Dr. Chawla. A quorum was present 	
3. Introduction of Gold Coast Health Plan Legal Counsel	Ms. Stanley introduced Tin Kin Lee, Gold Coast Health Plan Legal Counsel, to the Commission, noting he has impressive credentials with 23 years of experience. Mr. Lee expressed his appreciation, and stated that he is pleased and honored, and is looking forward to working with the Commission.	
4. Minutes of the Prior Meeting	The Minutes of the July 26, 2010 Commission meeting were	Supervisor Long made the

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Michael Powers	<p>presented for review and approval.</p> <p>Supervisor Long sought clarification as to a response to Mr. Maurice's inquiry if ACS only contracts with ScriptCare, [Item #4, 3rd bullet <i>ScriptCare (PBM)</i>, last sentence]. Ms. Stanley noted that it was decided at the July 26 meeting that follow-up information should be presented at the August 23 [today] meeting.</p>	<p>motion to approve the minutes, Ms. Berry seconded. Approved: 10-0</p>
5. Public Comment/Correspondence	No public comment or correspondence	
6. Interim CEO Report Terrie Stanley	<p>- <u>State Contract and Rates</u>: Ms. Stanley informed the Commission that the formal rate letter from the State was received July 27th. Rate development detail was included in the Rate Development Template Detail Sheet which was requested on August 6th and received on August 9th. She has been working with Plan actuaries to discuss and to understand what additional data may be required before development of Plan capitation rates. Further clarification has been requested from the State actuaries.</p> <p>- <u>Administrative Services contracts</u>: ACS – Ms. Stanley noted that the work plan has been finalized, a two-day provider network planning session had been held, and Counsel Lee is in the final review stages of the provider contract templates.</p> <p>In reference to a discussion at the previous meeting concerning ACS and the Pharmacy Benefits Manager (PBM), ScriptCare, Ms. Stanley noted that ACS had been asked to present information concerning PBM selection. They have both an in-house PBM and contracted vendors. As the determination was that their in-house PBM would not adequately meet the needs, ACS vetted the vendors. Given GCHP's requirements which included transparency in pricing and experience in Medicaid pharmacy benefits management, they selected ScriptCare. Mr. Juarez expressed concern that PBM choices were not presented to the Commission for decision. Ms. Stanley reminded the Commission that the ScriptCare agreement was presented, at an earlier meeting, as an agreement separate from the ACS agreement. Mr. Powers commented that he recalled that it was presented both at</p>	Informational Only

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	<p>the earlier meeting and before for review. Dr. Chawla is in attendance. RGS – Ms. Stanley noted that RGS has been working diligently and has received 80 applications for the CEO position, 50 for the CFO, and 16 for the CMO. For the CEO position, RGS will screen and sort all applications according to job requirements and present recommendations for the Committee to review. All members of the Executive/Finance Committee are to receive copies of all applicants' resumes. There will be two closed session Executive/Finance Committee meetings for selection of the candidates to come before the full Commission for final interviews and final selection. Jennifer Bower of RGS will be coordinating these meetings. Ms. Bower stated that the goal is to interview approximately 4 candidates at each session, resulting in a list of about three candidates for the full Commission to interview and select. Dr. Araujo and Supervisor Long commented that they would like the full Commission to receive CVs of all the candidates interviewed by the Committee. Dr. Dial inquired of the full Commission if it would like the Committee to do more than a ranking of the final candidates. Dr. Chawla commented that it is the Committee's job to narrow the candidate list down. Mr. Maurice suggested that the Committee not express an opinion until after the Commission has interviewed the candidates. There will be a post-interview discussion period. Dr. Araujo inquired if criteria used during the interview/selection process would be set by the Commission. Mr. Powers and Supervisor Long stated that they understood the job description would form the basis of the criteria. Ms. Bower stated she would send each Commission member the ranking sheet template and requested that they send her any edits. Dr. Dial reiterated that the Committee members would not express opinions until after the post-interviews discussion period. Mr. Juarez commented that he agreed that those Commission members not on the Committee should receive the candidate CVs if they wanted. He thanked Ms. Bower for the method in which she managed this process. Ms. Stanley noted that other positions had been posted – these are at</p>	

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	<p>the director level and include: Government Relations, Health Services, Claims Operations, IT Systems, Member Services, and Provider Relations & Contracting.</p> <ul style="list-style-type: none"> - <u>Logo Development</u>: Ms. Stanley informed the Commission that four vendors have provided bids – all are in California, some located in Ventura. Selected vendor will meet with the Executive/Finance Committee to develop logo options. The full Commission will be presented the final 1-2 options for selection. Supervisor Long stated that she expected the selected vendor to meet with each one of the Commission members to better get a sense of mission and vision. - <u>Outreach and Education</u>: Ms. Stanley noted that she has had meetings with HSA (Health Services Agency) division heads to begin planning for beneficiary transition and helping HSA understand what services GCHP will provide. HSA will still do eligibility determination. - Ms. Stanley attended a meeting of the California Association of Health Insuring Organizations (CAHIO) Board of Directors. This is an association of the six COHS. The CEOs and senior staff meet quarterly. In addition, CAHIO meets with the Department of Managed Health Care to discuss open issues that the plans have in common. 	
<p>7. Selection of Office Location and Lease Agreement.</p> <p>Terrie Stanley</p>	<p>Recommendation: Bring forward the recommendation from the Executive/Finance Committee on location and lease agreement terms for the Administrative Office for Gold Coast Health Plan.</p> <p>Supervisor Long, Mr. Powers, and Ms. Rodriguez informed the Commission that they would recuse themselves from discussion and voting on this item. Dr. Dial summarized the actions taken at the recent meeting of the Executive/Finance Committee and reminded the Commission that it had been unable to reach a decision at the last meeting. The issue was taken back to the Exec/Finance Committee for further review and recommendation. The Committee was unable to reach a decision on a single location, but did agree to submit three locations for the Commission’s consideration. These are the Gonzales Rd (Oxnard), Ralston Ave (Ventura), and Paseo Camarillo</p>	<p>Ms. Berry made the motion to approve the Gonzales Rd (Oxnard) location with the lease agreement terms for the Administrative offices; Dr. Fankhauser seconded.</p> <p>Vote: 6 In Favor, 2 Against, 3 Recused. Motion approved.</p>

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	<p>(Camarillo) locations.</p> <p>The Commission discussed load-factors, full-service gross vs. modified gross, relative age of the buildings, and landlord concerns with leasing to a start-up. In response to a question from Dr. Dial, Ms. Stanley noted that the basic functions of the Administrative office will include member services, provider relations, medical management, appeals/grievances, and billing issues. She stressed the fact that 50% of the beneficiaries live in Oxnard. In response to a suggestion from Mr. Juarez concerning mass transit, she informed the Commission that Camarillo has a separate transit system from Oxnard/Ventura and there is no direct connecting bus.</p> <p>Dr. Dial called for any public comments on this item. Rev. Threat noted that beneficiaries seldom come to the office and thought that housing GCHP in a County facility would cause confusion. In addition, he suggested that the office should be near the majority of the providers.</p> <p>Mr. Juarez voiced his opposition to placing the Administrative office in a County facility, both because of the potential for confusion and that it would present an unfair business advantage to the County.</p> <p>Ms. Berry moved to approved the recommendation.</p> <p>In response to Mr. Maurice inquiry about other disadvantages to the Camarillo location, Ms. Stanley said that in addition to the transportation issue, there is also a timing issue – and staff need a location fairly quickly. Dr. Dial noted the load-factor and lack of included furniture.</p> <p>Dr. Chawla commented that Camarillo would be more central in terms of provider distribution. Dr. Dial noted that the provider distribution was most likely heavier north of the grade.</p>	
<p>8. Minutes of the Executive/Finance Committee Meetings.</p> <p>Terrie Stanley</p>	<p>Recommendation: Receive and File the Minutes of the Executive/Finance Committee meeting on July 26, 2010.</p>	<p>Supervisor Long made the motion to approve the recommendation; Dr. Dial seconded.</p> <p>Approved: 11-0</p>
<p>9. The Role of the Governing</p>	<p>Recommendations: Receive and File Presentation on VCOMMCC's</p>	<p>Dr. Dial made the motion to</p>

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<p>Board in the Quality Improvement Activities for GCHP; and Policy Approval on Quality Program and Credential Committee.</p> <p>Terrie Stanley</p>	<p>Role in Quality Programs and Activities; Approve Quality Improvement Program Policy, Approve Credentials Committee Policy.</p> <p>Ms. Stanley presented a report on the Commission’s role in the Quality Program and Activities, noting that an effective Quality Improvement System (QIS) is mandated by regulation. It must include provisions for monitoring, evaluation, and addressing any needed improvements in the quality of care. She emphasized that the QIS supports a system of accountability that includes participation of the Commission, designation of a QI Committee, supervision of activities by a medical director, and the inclusion of contracted providers in the QIS development. The Commission will have the responsibility to: approve the overall QIS program and the annual QIS report; appoint the entity that will provide QIS oversight; receive written progress reports from the QI Committee, and direct review and revision of the QIS on an ongoing basis. Ms. Stanley noted that the QI Committee, which is facilitated by the Chief Medical Officer (CMO), is made up of representative contracted providers, meets at least quarterly, and reports its findings back to the Commission. Ms. Stanley informed the Commission that certain quality improvement functions (Utilization Management, Facility or Provider Credentialing/Site Review) may be delegated but oversight and accountability remain with the Commission. She reviewed for the Commission the Credentialing/Recredentialing functions, including standards for provider participation, disciplinary actions and Medi-Cal/Medicare provider status.</p> <p>Ms. Stanley reviewed the QI Program Policy and the Credentials Committee Authority and Responsibility Policy with the Commission. She reminded the Commission that its members are not personally at risk and that the accountability structure is already in place with the Committees authorized by ordinance and previous Commission action.</p> <p>In response to Dr. Fankhauser’s question concerning specialty care certification, Ms. Stanley noted that the Credentialing Committee,</p>	<p>approve the recommendations; Mr. Juarez seconded; Approved: 11-0</p>

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	<p>with the CMO’s input, will probably determine the appropriate certifications.</p> <p>Dr. Dial inquired about how GCHP will approach community standards, noting that hospitals have taken positions. Ms. Stanley noted that National Committee For Quality Assurance standards are universal, but for non-prescriptive issues, she expects there would be constructive dialog between the Plan CMO and the hospital/s. She informed the Commission that the CMO would be responsible for the broader quality issues and the Director of Health Services would manage operational policies and procedures.</p> <p>Ms. Stanley mentioned that at the last CAHIO meeting, CEOs of other plans were agreeable to having GCHP staff visit their facilities to learn about their policies and procedures by direct observation.</p>	
<p>10. Presentation by Affiliated Computer Services (ACS)</p> <p>ACS Staff</p>	<p>Before turning over the meeting to ACS staff for this agenda item Ms. Stanley noted that ACS has committed start-up funding and reimbursement is scheduled based on completion key deliverables.</p> <p>By way of introducing the Commission to ACS and its functions, Mr. Freshour, Mr. Finley, and Mr. Leavey, introduced themselves and presented the following information: Recently integrated into Xerox organization, ACS has a 22-year history in health care, including partnerships with hospitals, provider HMOs and Medicaid entities. In this sector, call center services are a significant portion of operations, all on-shore. It is the second largest Medicaid fiscal agent. Mr. Maurice noted that ACS has a contract with CHW for collection operations.</p> <p>Mr. Leavey reviewed the division of administrative responsibility with the Commission, noting that the Plan retains quality management, care management, provider relations, fiscal operations, and oversight functions. ACS delivers administrative staff, processes, and systems to insure enrollees have coverage for the benefits they are entitled to, and have access to information regarding that coverage. This includes claims administration, provider and member customer services, enrollment/maintenance, and pharmacy benefits,</p>	<p>Informational Only</p>

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	<p>managed by ACS partner, ScriptCare, LTD. A brief overview of the GCHP implementation was provided, emphasizing key interdependencies in accomplishing intermediary goals. Building the provider network will be key. Noting the critical path items leading to review of Policy and Procedures, Mr. Finley commented that it will be helpful to see what other plans have developed.</p> <p>Next steps were identified: hire the CEO and direct reports, finalize provider rates, contracting, configured system, and submit deliverables to the State for approval. Mr. Finley mentioned that Ms. Stanley and Mr. Freshour have weekly conference calls with the State. Ms. Stanley remarked that the contracting period is fluid and the network development will continue over time.</p> <p>In response to Dr. Araujo's question on web portal access, Mr. Finley stated that both providers and patients will have access.</p>	
<p>11. Final Comments from Commissioners</p>	<p>Mr. Powers commented that the Commission is making good progress. He would like to have the project timeline reviewed at future meetings.</p>	
<p>12. Adjourn</p> <p>Michael Powers, Chair</p>	<p>Mr. Powers adjourned the meeting at 4:55 p.m.</p>	

Submitted by: Alison Sawyer
 Recorder