



**Ventura County Medi-Cal Managed
Care Commission (VCMCC) dba
Gold Coast Health Plan
Executive / Finance Committee Meeting**

2240 E. Gonzales, Suite 280, Oxnard, CA 93036
Thursday, February 6, 2014
3:00 p.m.

CANCELLED DUE TO LACK OF QUORUM

Unless otherwise determined, the next regular meeting of the Executive / Finance Committee Meeting will be held on March 6, 2014 at 3:00 p.m. at 2240 E. Gonzales Road, Suite 280, Oxnard CA 93036

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 CLERK OF THE BOARD, 1701 LOMBARD STREET, SUITE 100, OXNARD, CA.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT TRACI AT 805/889-6900. 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
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Gold Coast Health Plan
Executive / Finance Committee Meeting**

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Thursday, February 6, 2014
3:00 p.m.

AGENDA

CALL TO ORDER / ROLL CALL

PUBLIC COMMENT: A Speaker Card must be completed and submitted to the Clerk of the Board by anyone wishing to comment:

- **Public Comment** - Comments regarding items not on the agenda but within the subject matter jurisdiction of the Commission.
- **Agenda Item Comment** - Comments within the subject matter jurisdiction of the Commission pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Commission Chair during Commission's consideration of the item.

1. APPROVE MINUTES

- a. [January 9, 2014 Regular Executive / Finance Meeting Minutes](#)

2. ACCEPT AND FILE ITEMS

- a. [CEO Update](#)
b. [December Financials](#)
c. [Extension of Auditors Contract \(McGladrey LLP\)](#)

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**Ventura County Medi-Cal Managed Care Commission (VCOMMCC) dba
Gold Coast Health Plan, Executive Finance Committee Meeting Agenda (continued)**

PLACE: 2240 E. Gonzalez, Room 280, Oxnard, CA

DATE: February 6, 2014

TIME: 3:00 p.m.

3. APPROVAL ITEMS

- a. [Provider Advisory Committee \(PAC\) Charter Policy and Procedure](#)

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Unless otherwise determined, the next regular meeting of the Executive / Finance Committee Meeting will be held on March 6, 2014 at 3:00 p.m. at 2240 E. Gonzales Road, Suite 280, Oxnard CA 93036

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**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Executive / Finance Committee Meeting Minutes**

January 9, 2014

(Not official until approved)

CALL TO ORDER

Legal Counsel Kierstyn Schreiner called the meeting to order at 3:01 p.m. in Suite 280 at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

As a result of the Chair and Vice Chair not being present at the meeting, Committee Member Fisler moved to have Committee Member Glycer preside as the chair of the meeting. Committee Member Pawar seconded. The motion carried. **Approved 3-0.**

COMMITTEE MEMBERS PRESENT

Eileen Fisler, Ventura County Medical Health System

David Glycer, Private Hospitals / Healthcare System

Gagan Pawar, MD, Clinicas del Camino Real, Inc.

ABSENT / EXCUSED

Robert Gonzalez, MD, Ventura County Medical Health System

Roberto Juarez, Clinicas del Camino Real, Inc.

STAFF IN ATTENDANCE

Michael Engelhard, CEO

Michelle Raleigh, CFO

Nancy Kierstyn Schreiner, Legal Counsel

Traci R. McGinley, Clerk of the Board

Al Reeves, MD, CMO

Melissa Scrymgeour, CIO

Ruth Watson, COO

Steve Lalich, Communications Director

Allen Maithel, Controller

Lyndon Turner, Financial Analysis Director

PUBLIC COMMENTS

Christine Velasco, Clinicas CFO, asked why GCHP was treating the Low Income Health Plan (LIHP) population differently than other member groups. She added that it is causing Clinicas to treat GCHP Members as if it has a two-tier program. She closed stating that the Members are being denied access to Clinicas specialty services because GCHP does not have adequate data on this population.

Chair Glycer stated that he understood this population was previously with the County and GCHP had received that data.

CEO Engelhard explained that GCHP advised providers in November and December that GCHP would initially be reimbursing for this population on a fee-for-service (FFS) basis in lieu of a capitated rate because GCHP did not receive adequate data to establish a capitated rate for these members at this time. GCHP obtained only a portion of the needed data on this population and cost data was not included. The Plan will need several months of data before it can adequately determine the rates for this population. CEO Engelhard added that GCHP has other new Members that were not in LIHP and the Plan needs to understand the costs and utilization of the groups as well. Most importantly, the Members in this population have been assigned to PCPs and have access to care.

Dr. Enrique De La Garza, Americas Health Plan (AHP) CEO, stated that when GCHP first started the County did not have utilization data. He requested GCHP reconsider this position.

1. APPROVE MINUTES

a. November 7, 2013 Regular Meeting Minutes

Committee Member Fisler moved to approve the November 7, 2013 Regular Meeting Minutes. Committee Member Pawar seconded. The motion carried. **Approved 3-0.**

2. ACCEPT AND FILE ITEMS

a. CEO Update

CEO Engelhard reviewed the written report with the Committee.

b. October Financials (Unaudited)

CFO Raleigh reviewed the unaudited October financials and highlighted that the Plan is receiving clarification on what the rates will be this fiscal year. Additional CBAS revenue was received and an amount was set-aside for the AB 97 provider reductions expected to be made by the State starting in October.

After questions were raised by the Committee, CEO Engelhard noted that the Plan will research the figures in the "120 plus days" on the Paid Claims Composition chart and clarify the information with the Committee.

c. November Financials (Unaudited)

CFO Raleigh reviewed the unaudited November financials.

Committee Member Fisler moved to accept the CEO Report, the October Financials and the November Financials. Committee Member Pawar seconded. The motion carried. **Approved 3-0.**

3. INFORMATIONAL ITEMS

a. Amended FY 2013-14 Budget

CEO Engelhard advised the Committee that since the State budget was finalized, the Plan received additional information on how the Affordable Care Act (ACA) is being implemented. The majority of GCHP's budget has been updated using the new information and it is incorporated in the presentation included in the Agenda Packet. CFO Raleigh added that the State believes that the ACA new Medi-Cal expansion population will be high users based on the estimated rates provided by the State.

b. Legislative Update (Year-End)

This matter was not reviewed and there were no questions from the Committee.

c. Affordable Care Act (ACA) Update

COO Watson explained that this was covered under the Amended FY 2013-14 Budget Item.

COMMENTS FROM COMMITTEE MEMBERS

None.

CLOSED SESSION

Legal Counsel Kierstyn Schreiner explained the purpose of the Closed Session items.

ADJOURN TO CLOSED SESSION

The Committee adjourned to Closed Session at 4:25 p.m. regarding the following items:

Closed Session Conference with Legal Counsel – Existing Litigation pursuant to Government Code Section 54956.9 Sziklai v. Gold Coast Health Plan et al VCSC Case No. 56-2012-00428086-CU-WT-VTA

RETURN TO OPEN SESSION

The Regular Meeting reconvened at 4:27 p.m.

Legal Counsel Kierstyn Schreiner announced that there was no reportable action.

ADJOURNMENT

Meeting adjourned at 4:33 p.m.



AGENDA ITEM 2a

To: Gold Coast Health Plan Executive / Finance Committee

From: Michael Engelhard, CEO

Date: February 6, 2014

Re: CEO Update

MEMBERSHIP / ENROLLMENT UPDATE:

1. Membership / Enrollment Update:

- a. February Enrollment will be in excess of 131,000 members. This is up from approximately 126,000 in January. The increase is due to the addition of approximately 1,330 new Medi-Cal expansion members, another 629 former ACE program/LIHP members, and the remainder being new Medi-Cal or reinstatement of some members who fell off GCHP rolls in January. Our year-end budget called for Medi-Cal enrollment of approximately 135,000.
- b. CalFRESH Participants / State Outreach Efforts
 - i. DHCS is mailing letters to CalFRESH members who are likely to be eligible for Medi-Cal but who are not enrolled in Medi-Cal.
 - ii. GCHP received notification on Friday, January 31, 2014 that the State will be mailing letters to more than 12,000 CalFRESH members in Ventura County. These members are ages 19-64.

AGENDA ITEM 2b

To: Gold Coast Health Plan Executive / Finance Committee

From: Michelle Raleigh, Chief Financial Officer

Date: February 6, 2014

Re: December 2013 Financials

SUMMARY

Staff is presenting the attached December, 2013 financial statements of Gold Coast Health Plan (Plan) for review by the Executive / Finance Committee. Staff also requests the Executive / Finance Committee to recommend approval of the December, 2013 financial statements to the Plan's Commission.

BACKGROUND / DISCUSSION

The Plan has prepared the December 2013 financial package, including balance sheets, income statements and statements of cash flows.

Note that the budget amounts reflect the updated FY 2013-14 budget approved by the Commission on January 27, 2014.

FISCAL IMPACT

Year-To-Date Results

On a year-to-date basis, the Plan's net income is approximately \$9.1 million compared to \$8.4 million assumed in the budget. These operating results have contributed to a Tangible Net Equity (TNE) level of approximately \$21.0 million, which exceeds both the budget of \$20.3 million by \$0.7 million and the required TNE amount as of December 31st of \$13.5 million (84% of \$16.0 million) by \$7.5 million. Note that beginning with this month, the required TNE increased with the final phase-in percentage; increasing from 68% to 84%. The required TNE phase-in percentage will remain at 84% until June 30, 2014 when it will be increased to 100%. As in prior reports, the Plan's TNE amount includes \$7.2 million in lines of credit with the County of Ventura.

December Results

Other items to note for the month include:

Membership - The Plan's December membership was 120,275 which was lower than budget by 43 members.

Revenue – December net revenue was \$27.7 million or \$0.4 million lower than budget of \$28.1 million. On a per member per month (PMPM) basis, net revenue was \$230.35 PMPM or \$3.63 PMPM less than the budget of \$233.98 PMPM. Primary drivers contributing to the variance to budget include:

- Long-Term Care revenues were approximately \$0.21 million lower than budget for the month due to negative retroactivity.
- Enrollment mix resulted in additional revenue shortfalls of approximately \$0.19 million.

Health Care Costs – Health care costs for December were \$23.5 million or approximately \$1.0 million lower than budget. On a PMPM basis, reported health care costs for December were \$195.02 versus a budgeted amount of \$203.66. Primary drivers contributing to the variance to budget include:

- Reinsurance net recoveries and provider refunds reported of \$1.8 million.
- Pharmacy, while lower than budget by \$0.27 million, was higher than the previous month by \$0.18 million due to increased utilization heading into the winter illness season.
- Long Term Care/Skilled Nursing Facility expenses were above budget by \$0.95 million. It was noted that two of the Plan's larger LTC providers had an extremely high percentage of claims paid in December relating to prior months. This pattern caused an increase in the reserve calculation and the resulting expense in December.
- Outpatient hospital expense exceeded budget by \$0.36 million, but was offset by lower inpatient hospital expense of \$0.34 million.

Administrative Expenses - For the month, overall operational costs were approximately \$2.0 million or \$0.06 million better than budget. The main reason for the variance was that Consulting expense was \$0.07 million lower than budget.

Cash + Medi-Cal Receivable - The total of Cash and Medi-Cal Premium Receivable balances of \$84.3 million reported as of December 31, 2013 included a MCO Tax component amounting to \$13.1 million. Excluding the impact of the tax, the total of Cash and Medi-Cal Receivable balance as of December 31, 2013 was \$71.2 million, or \$ 0.8 million lower than the budgeted level of \$72.0 million.

Note: the FY 2012-13 Hospital Quality Assurance Fees (HQAF) funds received by the State in November were distributed to the hospitals in December.

Fixed Assets – During the month, the Plan's new Medical Management System (MMS) was implemented. The projected cost of the MMS was \$1.43 million and was

approved by the Commission in June 2013 for the current fiscal year. Cost incurred for the project to-date is approximately \$991,000.

RECOMMENDATION

Staff proposes that the Plan's Commission approve and accept the December, 2013 financial package.

CONCURRENCE

N/A

Attachments

December, 2013 Financial Package



FINANCIAL PACKAGE

For the month ended December 31, 2013

TABLE OF CONTENTS

- Financial Overview
- Membership
- Income Statement
- PMPM Income Statement by Month
- Total Expenditure Composition
- Paid Claims and IBCP Composition
- Pharmacy Cost & Utilization Trends
- Cash & Medi-Cal Receivable Trend

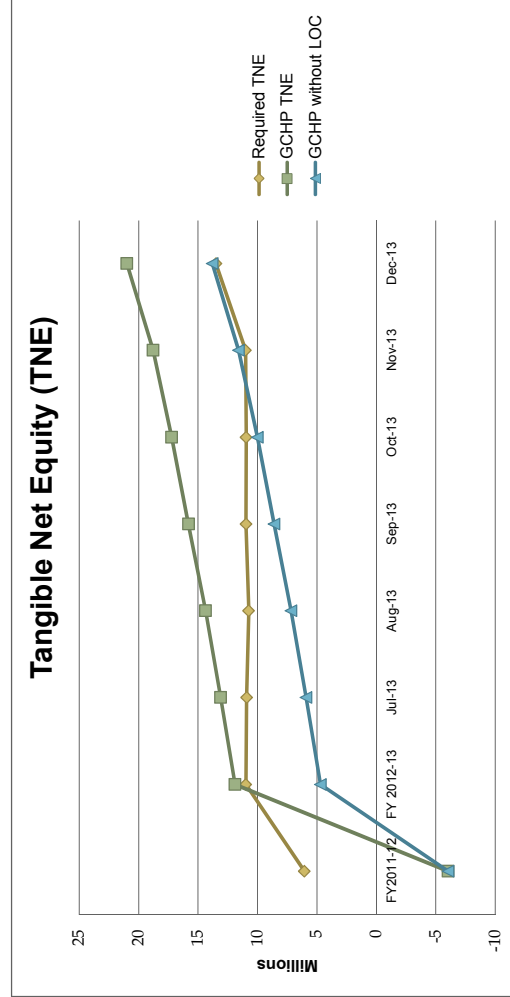
APPENDIX

- Comparative Balance Sheet
- YTD Income Statement
- Statement of Cash Flows

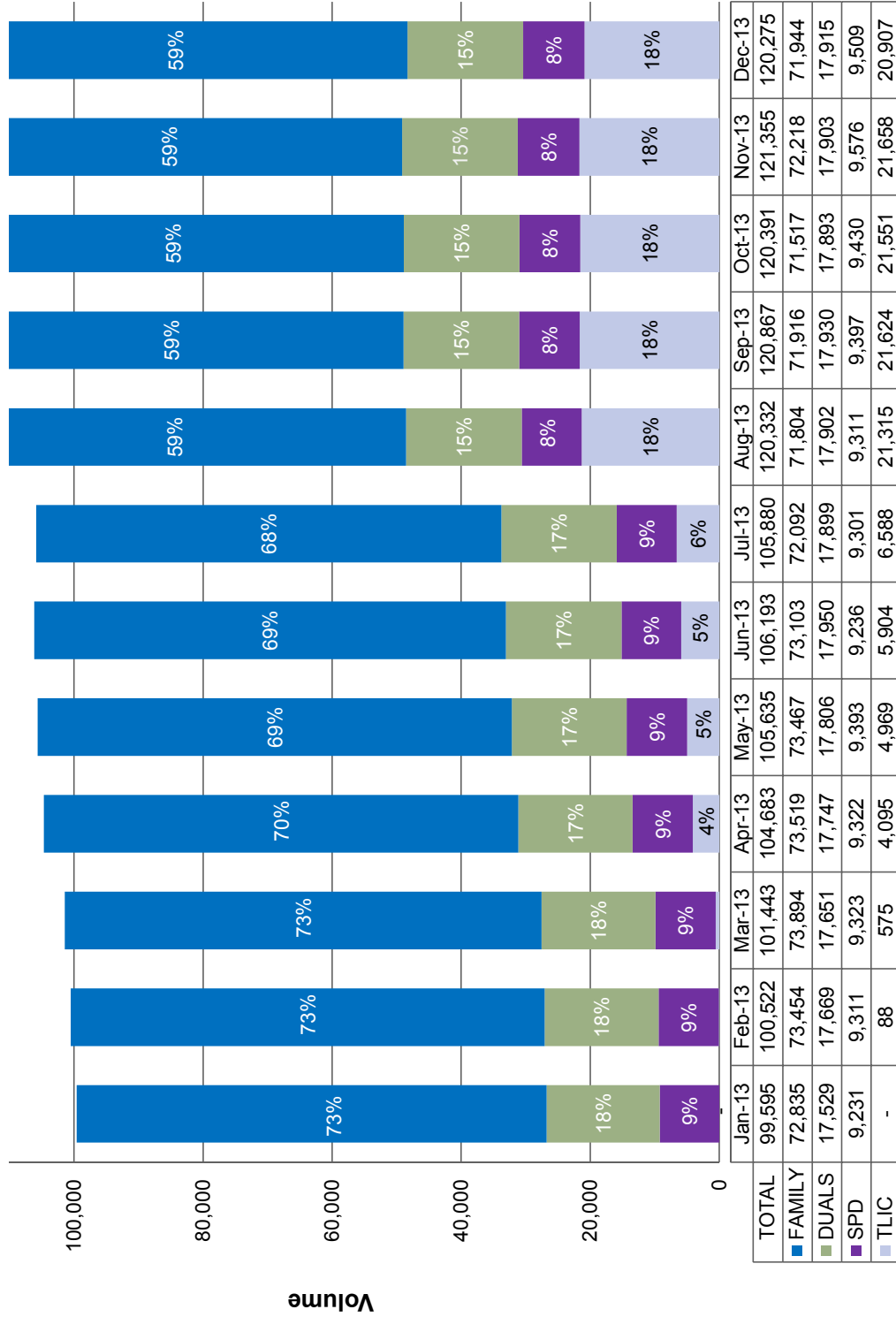
Financial Overview

Description	AUDITED		UNAUDITED FY 2013-14 Actual							Budget Comparison		
	FY2011-12	FY 2012-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	YTD	Budget YTD	Variance Fav/(Unfav)	Variance Fav/(Unfav) %
Member Months	1,258,189	1,223,895	105,860	120,332	120,867	120,391	121,355	120,275	709,100	709,146	(46)	(0.0)%
Revenue	304,635,932	315,119,611	26,680,808	26,724,574	28,583,327	28,606,892	27,758,615	27,704,949	166,059,165	166,506,620	(447,455)	(0.3)%
<i>mpm</i>	242.12	257.47	251.99	222.09	236.49	237.62	228.74	230.35	234.18	234.80	(0.62)	(0.3)%
Health Care Costs	287,353,672	280,382,704	23,496,673	23,572,589	24,806,270	25,064,919	24,356,007	23,466,586	144,743,045	145,790,632	1,047,587	0.7 %
<i>mpm</i>	228.39	229.09	221.92	195.90	205.24	208.11	200.70	195.02	204.12	205.59	1.46	0.7 %
% of Revenue	94.3%	89.0%	88.1%	88.2%	86.8%	87.6%	87.7%	84.7%	87.2%	87.6%	-0.4%	-0.5%
Admin Exp	18,891,320	24,013,927	1,968,367	1,892,167	2,341,473	2,141,010	1,833,810	2,039,656	12,216,483	12,280,214	63,731	0.5 %
<i>mpm</i>	15.01	19.62	18.59	15.72	19.37	17.78	15.11	16.96	17.23	17.32	0.09	0.5 %
% of Revenue	6.2%	7.6%	7.4%	7.1%	8.2%	7.5%	6.6%	7.4%	7.4%	7.4%	0.0%	0.3%
Net Income	(1,609,063)	10,722,980	1,215,767	1,259,818	1,435,584	1,410,963	1,568,798	2,208,708	9,099,638	8,435,774	663,863	7.9 %
<i>mpm</i>	(1.28)	8.76	11.48	10.47	11.88	11.72	12.93	18.36	12.83	11.90	0.94	7.9 %
% of Revenue	-0.5%	3.4%	4.6%	4.7%	5.0%	4.9%	5.7%	8.0%	5.5%	5.1%	0.4%	8.2%
100% TNE	16,769,368	16,138,440	16,035,509	15,766,043	16,112,437	16,107,422	16,168,860	16,056,217	16,056,217	16,118,801	(62,584)	(0.4)%
Required TNE	6,036,972	10,974,139	10,904,146	10,720,909	10,956,457	10,963,047	10,994,825	13,487,223	13,487,223	13,539,793	(52,570)	(0.4)%
GCHP TNE	(6,031,881)	11,891,099	13,106,866	14,366,684	15,802,268	17,213,231	18,782,029	20,990,737	20,990,737	20,326,875	663,862	3.3 %
TNE Excess / (Deficiency)	(12,068,853)	916,960	2,202,720	3,645,775	4,845,810	6,260,184	7,787,204	7,503,514	7,503,514	6,787,082	716,432	10.6 %

Note: TNE amount includes \$7.2 million related to the Lines of Credit from Ventura County.



Membership - Rolling 12 Months



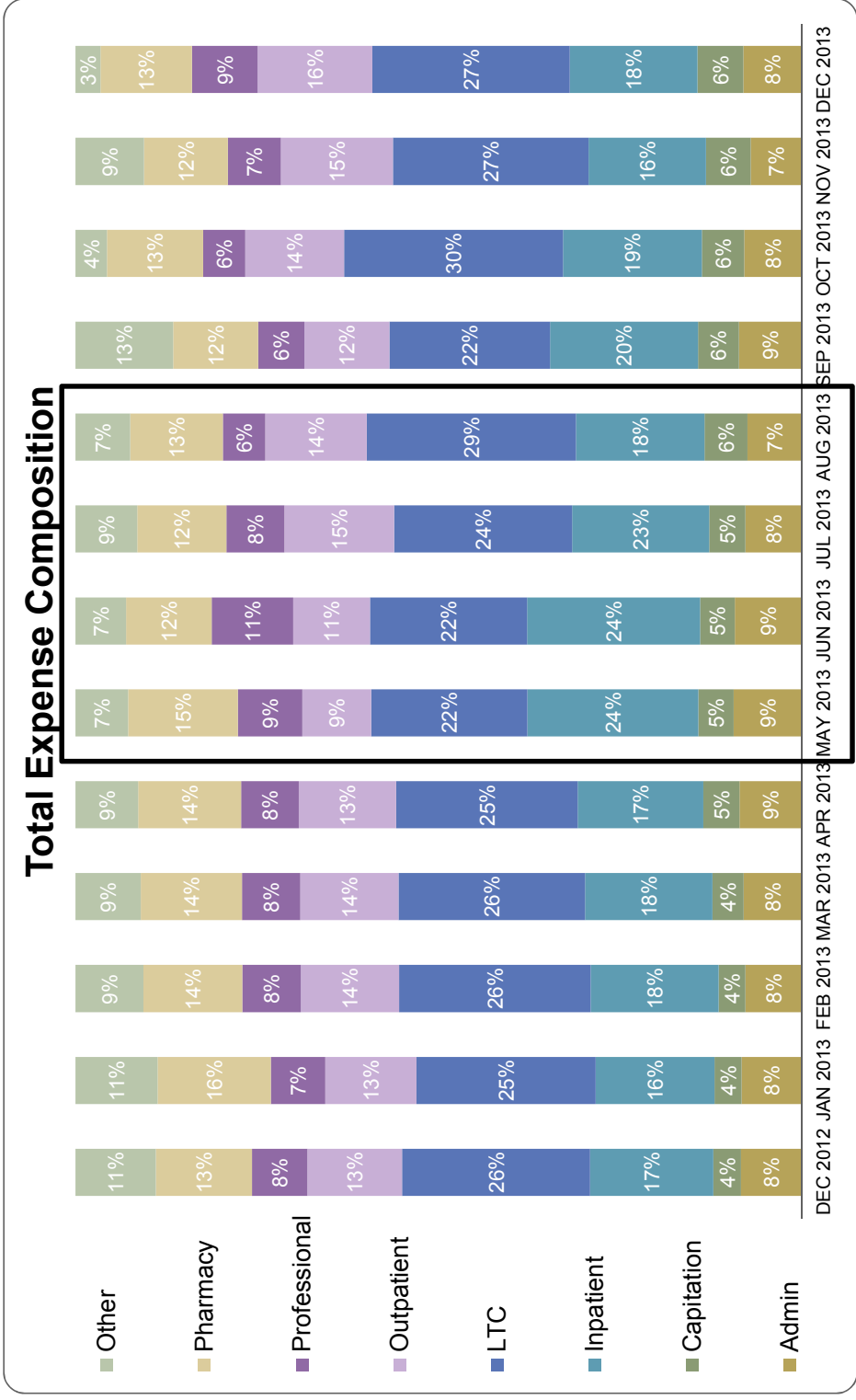
SPD = Seniors and Persons with Disabilities
 TLIC = Targeted Low Income Children

Income Statement Monthly Trend

	2014 Actual Monthly Trend				Current Month		
	AUG 2013	SEP 2013	OCT 2013	NOV 2013	DEC 2013		Variance
					Actual	Budget	Fav/(Unfav)
Membership (includes retro members)	120,332	120,867	120,391	121,355	120,275	120,318	(43)
Revenue:							
Premium	\$ 27,789,352	\$ 29,602,003	\$ 29,980,945	\$ 29,108,732	\$ 29,047,006	\$ 29,526,455	\$ (479,449)
Reserve for Rate Reduction	-	-	(278,508)	(282,654)	(281,754)	(258,638)	(23,116)
MCO Premium Tax	(1,110,416)	(1,068,828)	(1,149,386)	(1,114,454)	(1,110,666)	(1,162,604)	51,938
Total Net Premium	26,678,936	28,533,175	28,553,050	27,711,624	27,654,585	28,105,213	(450,628)
Other Revenue:							
Interest Income	7,304	11,819	15,509	8,658	12,031	8,858	3,173
Miscellaneous Income	38,333	38,333	38,333	38,333	38,333	38,333	-
Total Other Revenue	45,637	50,152	53,842	46,991	50,364	47,191	3,173
Total Revenue	26,724,574	28,583,327	28,606,892	27,758,615	27,704,949	28,152,404	(447,455)
Medical Expenses:							
Capitation (PCP, Specialty, NEMT & Visi)	1,507,335	1,533,277	1,597,311	1,616,715	1,610,161	1,625,878	15,717
FFS Claims Expenses:							
Inpatient	4,512,661	5,531,725	5,200,045	4,229,618	4,491,812	4,840,183	348,371
LTC/SNF	7,333,312	6,003,374	8,189,391	7,051,854	6,923,947	5,971,308	(952,639)
Outpatient	2,955,457	2,281,073	2,762,602	3,112,769	3,189,204	2,826,531	(362,673)
Laboratory and Radiology	113,377	96,573	101,182	149,563	111,157	181,041	69,884
Emergency Room	497,008	803,936	847,968	788,033	729,901	631,921	(97,980)
Physician Specialty	1,479,169	1,725,887	1,575,483	1,903,339	2,305,009	2,291,684	(13,325)
Pharmacy	3,253,505	3,172,116	3,599,699	3,026,831	3,210,998	3,477,848	266,850
Other Medical Professional	118,201	249,684	25,851	153,013	149,068	108,738	(40,330)
Other Medical Care	-	1,621	-	-	3,608	-	(3,608)
Other Fee For Service	1,235,873	2,100,151	1,998,727	1,800,032	1,645,707	1,525,117	(120,590)
Transportation	35,404	178,553	73,220	88,442	67,551	76,418	8,867
Total Claims	21,533,967	22,144,693	24,374,168	22,303,494	22,827,961	21,930,789	(897,172)
Medical & Care Management Expense	730,967	746,163	738,701	722,455	830,780	763,420	(67,360)
Reinsurance	258,884	277,448	(1,222,910)	277,386	(1,553,135)	184,087	1,737,222
Claims Recoveries	(458,563)	104,688	(432,352)	(564,043)	(259,182)	-	259,182
Sub-total	531,288	1,128,300	(916,560)	435,798	(981,537)	947,506	1,929,043
Total Cost of Health Care	23,572,589	24,806,270	25,054,919	24,356,007	23,456,586	24,504,173	1,047,587
Contribution Margin	3,151,984	3,777,057	3,551,973	3,402,608	4,248,363	3,648,231	600,132
General & Administrative Expenses:							
Salaries and Wages	420,641	453,818	497,163	575,414	592,047	577,040	(15,007)
Payroll Taxes and Benefits	112,105	114,103	119,840	124,386	151,109	135,115	(15,995)
Travel and Training	5,840	10,686	13,879	10,975	4,315	28,893	24,578
Outside Service - ACS	880,703	1,190,847	958,836	912,065	940,933	917,068	(23,865)
Outside Services - Other	49,938	33,271	24,974	757	19,158	20,020	862
Accounting & Actuarial Services	20,164	46,568	70,000	(71,621)	12,500	20,833	8,333
Legal	26,462	54,932	45,876	67,706	88,066	36,340	(51,726)
Insurance	9,972	12,517	12,057	13,138	13,265	10,792	(2,473)
Lease Expense - Office	28,480	28,480	22,503	28,480	25,980	28,480	2,500
Consulting Services	201,612	264,998	118,908	(17,517)	42,604	109,366	66,761
Translation Services	2,788	2,778	4,225	1,638	3,602	2,417	(1,185)
Advertising and Promotion	14,120	-	-	3,985	1,883	27,431	25,548
General Office	88,394	77,654	100,062	98,180	115,766	136,133	20,366
Depreciation & Amortization	5,235	6,492	7,015	7,015	7,015	9,541	2,526
Printing	1,418	5,605	26,510	20,347	2,022	14,015	11,993
Shipping & Postage	219	1,016	11,395	13,389	562	20,402	19,840
Interest	24,076	37,708	107,768	45,473	18,828	9,502	(9,326)
Total G & A Expenses	1,892,167	2,341,473	2,141,010	1,833,810	2,039,656	2,103,387	63,731
Net Income / (Loss)	\$ 1,259,818	\$ 1,435,584	\$ 1,410,963	\$ 1,568,798	\$ 2,208,708	\$ 1,544,844	\$ 663,863

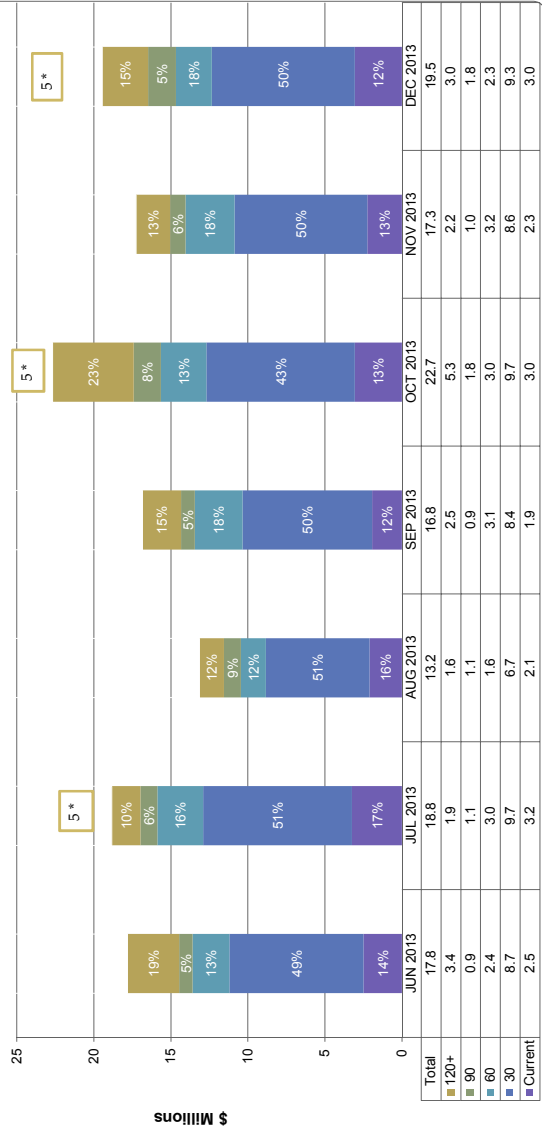
PMPM Income Statement Comparison

	2014 Actual Monthly Trend				Dec '13 Month-To-Date		Variance
	AUG 2013	SEP 2013	OCT 2013	NOV 2013	Actual	Budget	Fav/(Unfav)
Membership (includes retro members)	120,332	120,867	120,391	121,355	120,275	120,318	(43)
Revenue:							
Premium	230.94	244.91	249.03	239.86	241.50	245.40	(3.90)
Reserve for Rate Reduction	-	-	(2.31)	(2.33)	(2.34)	(2.15)	(0.19)
MCO Premium Tax	(9.23)	(8.84)	(9.55)	(9.18)	(9.23)	(9.66)	0.43
Total Net Premium	221.71	236.07	237.17	228.35	229.93	233.59	(3.66)
Other Revenue:							
Interest Income	0.06	0.10	0.13	0.07	0.10	0.07	0.03
Miscellaneous Income	0.32	0.32	0.32	0.32	0.32	0.32	0.00
Total Other Revenue	0.38	0.41	0.45	0.39	0.42	0.47	(0.05)
Total Revenue	222.09	236.49	237.62	228.74	230.35	233.98	(3.64)
Medical Expenses:							
<u>Capitation (PCP, Specialty, NEMT & Visi</u>	12.53	12.69	13.27	13.32	13.39	13.51	(0.13)
<u>FFS Claims Expenses:</u>							
Inpatient	37.50	45.77	43.19	34.85	37.35	40.23	2.88
LTC/SNF	60.94	49.67	68.02	58.11	57.57	49.63	(7.94)
Outpatient	24.56	18.87	22.95	25.65	26.52	23.49	(3.02)
Laboratory and Radiology	0.94	0.80	0.84	1.23	0.92	1.50	0.58
Emergency Room	4.13	6.65	7.04	6.49	6.07	5.25	(0.82)
Physician Specialty	12.29	14.28	13.09	15.68	19.16	19.05	(0.12)
Pharmacy	27.04	26.24	29.90	24.94	26.70	28.91	2.21
Other Medical Professional	0.98	2.07	0.21	1.26	1.24	0.90	(0.34)
Other Medical Care	-	0.01	-	-	0.03	-	(0.03)
Other Fee For Service	10.27	17.38	16.60	14.83	13.68	12.68	(1.01)
Transportation	0.29	1.48	0.61	0.73	0.56	0.64	0.07
Total Claims	178.95	183.22	202.46	183.79	189.80	182.27	(7.52)
Medical & Care Management Expense	6.07	6.17	6.14	5.95	6.91	6.35	(0.56)
Reinsurance	2.15	2.30	(10.16)	2.29	(12.91)	1.53	14.44
Claims Recoveries	(3.81)	0.87	(3.59)	(4.65)	(2.15)	-	2.15
Sub-total	4.42	9.34	(7.61)	3.59	(8.16)	7.88	16.04
Total Cost of Health Care	195.90	205.24	208.11	200.70	195.02	203.66	8.64
Contribution Margin	26.19	31.25	29.50	28.04	35.32	30.32	5.00
General & Administrative Expenses:							
Salaries and Wages	3.50	3.75	4.13	4.74	4.92	4.80	(0.13)
Payroll Taxes and Benefits	0.93	0.94	1.00	1.02	1.26	1.12	(0.13)
Travel and Training	0.05	0.09	0.12	0.09	0.04	0.24	0.20
Outside Service - ACS	7.32	9.85	7.96	7.52	7.82	7.62	(0.20)
Outside Services - Other	0.41	0.28	0.21	0.01	0.16	0.17	0.01
Accounting & Actuarial Services	0.17	0.39	0.58	(0.59)	0.10	0.17	0.07
Legal	0.22	0.45	0.38	0.56	0.73	0.30	(0.43)
Insurance	0.08	0.10	0.10	0.11	0.11	0.09	(0.02)
Lease Expense - Office	0.24	0.24	0.19	0.23	0.22	0.24	0.02
Consulting Services	1.68	2.19	0.99	(0.14)	0.35	0.91	0.55
Translation Services	0.02	0.02	0.04	0.01	0.03	0.02	(0.01)
Advertising and Promotion	0.12	-	-	0.03	0.02	0.23	0.21
General Office	0.73	0.64	0.83	0.81	0.96	1.13	0.17
Depreciation & Amortization	0.04	0.05	0.06	0.06	0.06	0.08	0.02
Printing	0.01	0.05	0.22	0.17	0.02	0.12	0.10
Shipping & Postage	0.00	0.01	0.09	0.11	0.00	0.17	0.16
Interest	0.20	0.31	0.90	0.37	0.16	0.08	(0.08)
Total G & A Expenses	15.72	19.37	17.78	15.11	16.96	17.48	0.52
Net Income / (Loss)	10.47	11.88	11.72	12.93	18.36	12.84	5.52



In May, GCHP changed its method of distributing Health Care Costs (HCC) across categories of service. Prior months utilized an allocation methodology. The methodology was updated to utilize payment information by different categories of services. Further changes have been made with the assumption of the TLIC population and its affect on various categories of service. Therefore, the months of May - August represent the transitioning to a new methodology.

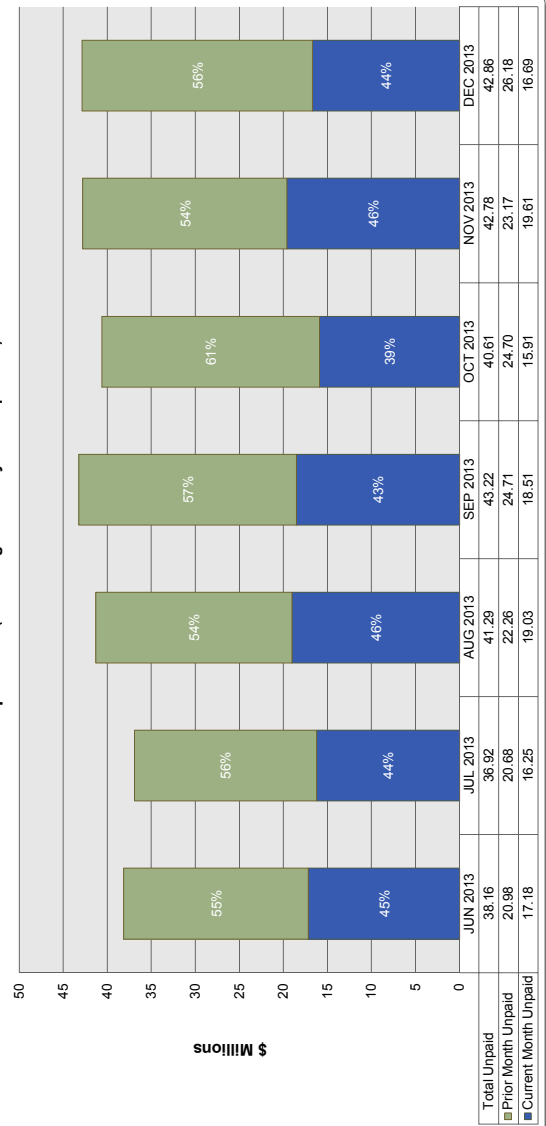
Paid Claims Composition (excluding Pharmacy and Capitation Payments)



Note: Paid Claims Composition - reflects adjusted medical claims payment lag schedule.

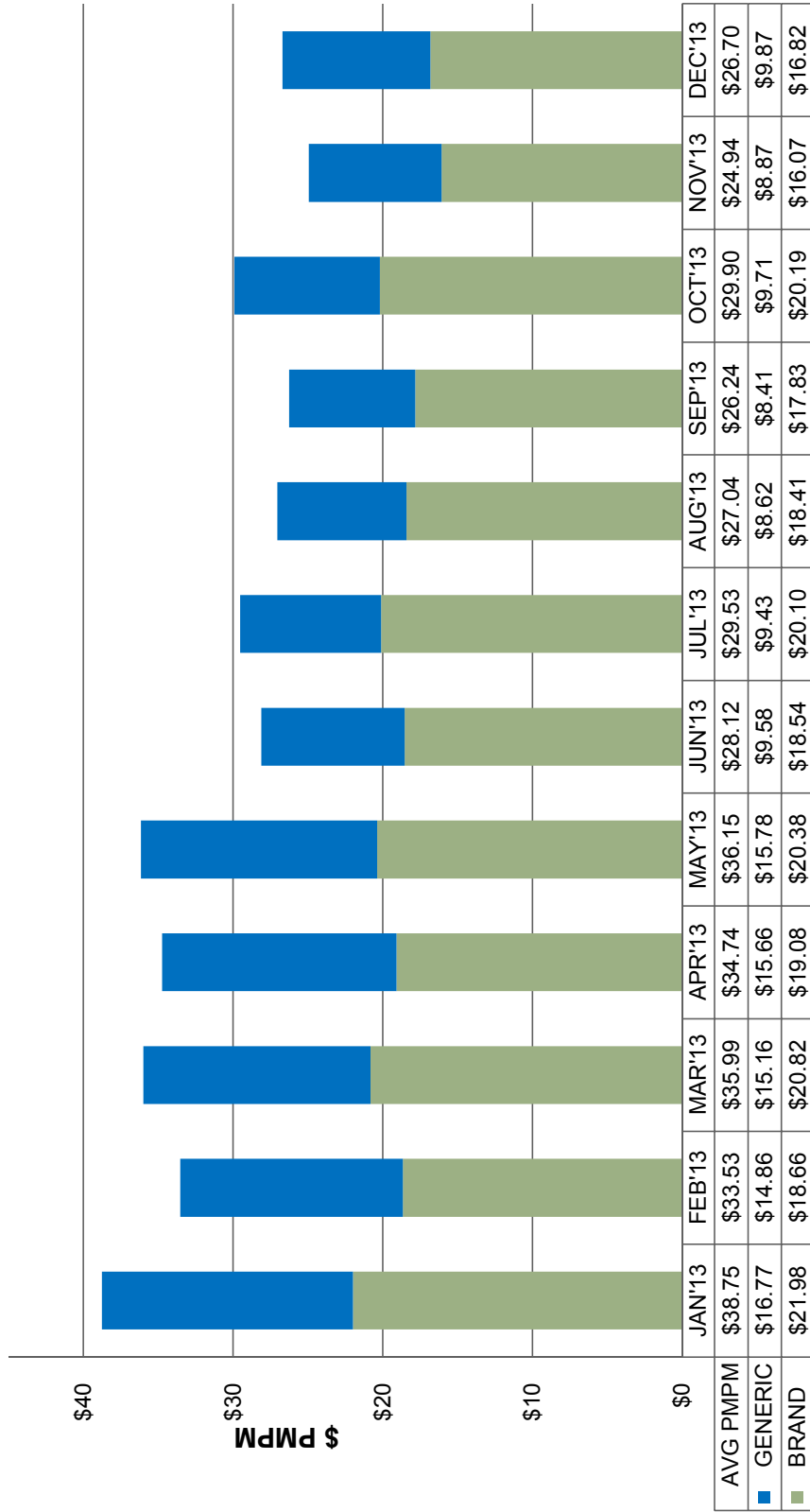
* Months Indicated with 5* represent months for which there were 5 claim payments. For all other months, 4 claim payments were made.

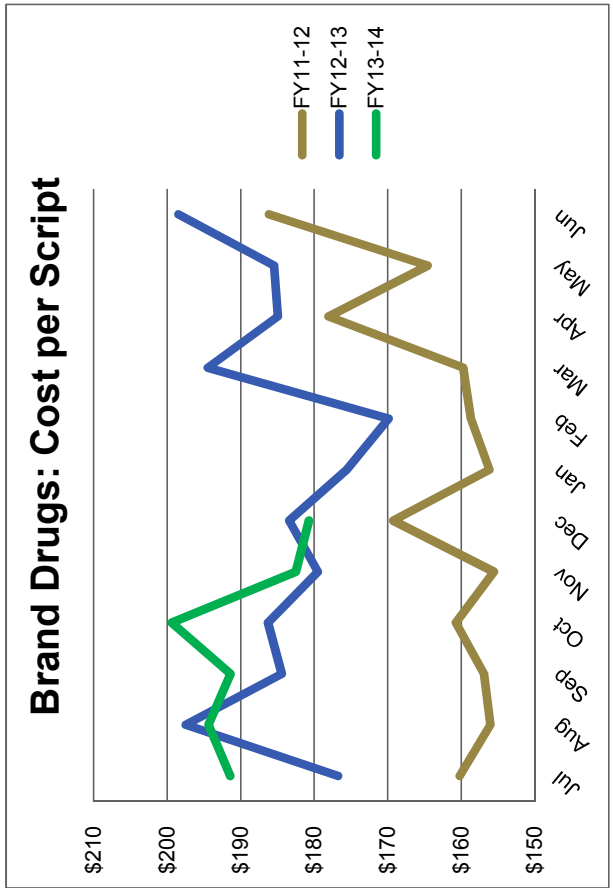
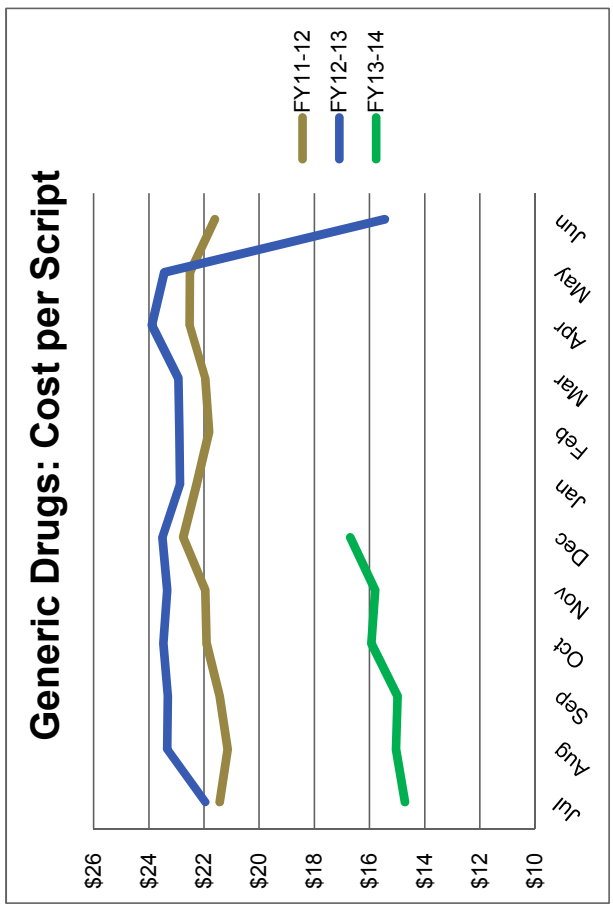
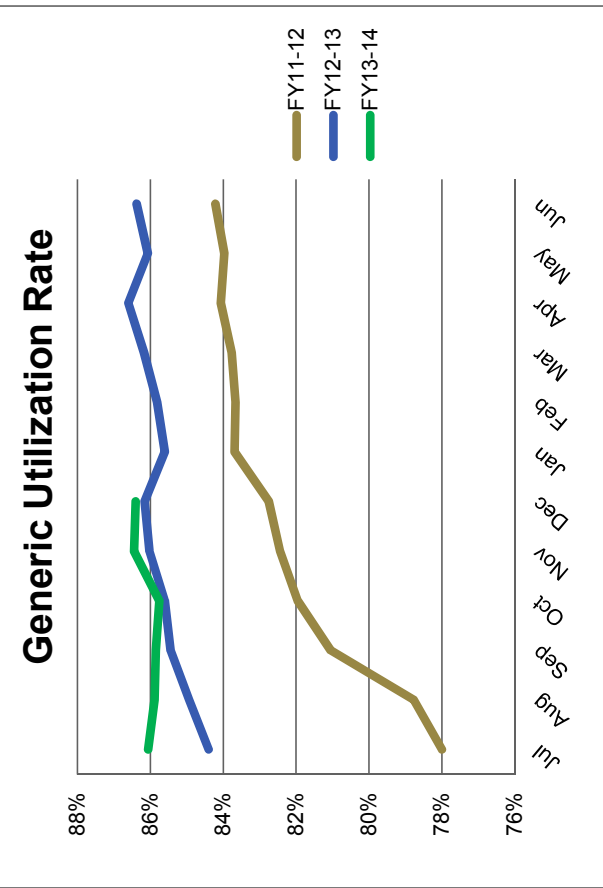
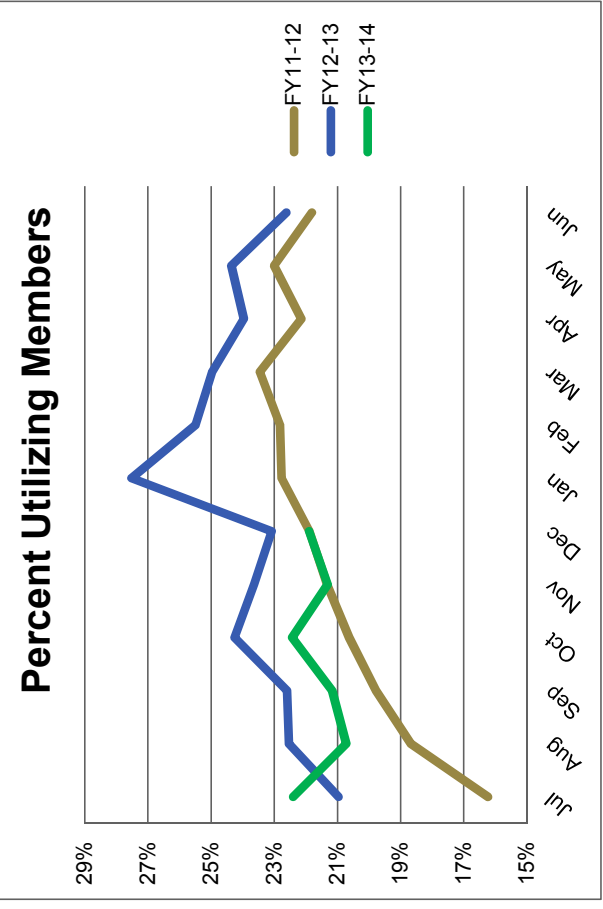
IBNP Composition (excluding Pharmacy and Capitation)



Note: IBNP Composition - reflects updated medical cost reserve calculation plus total system claims payable.

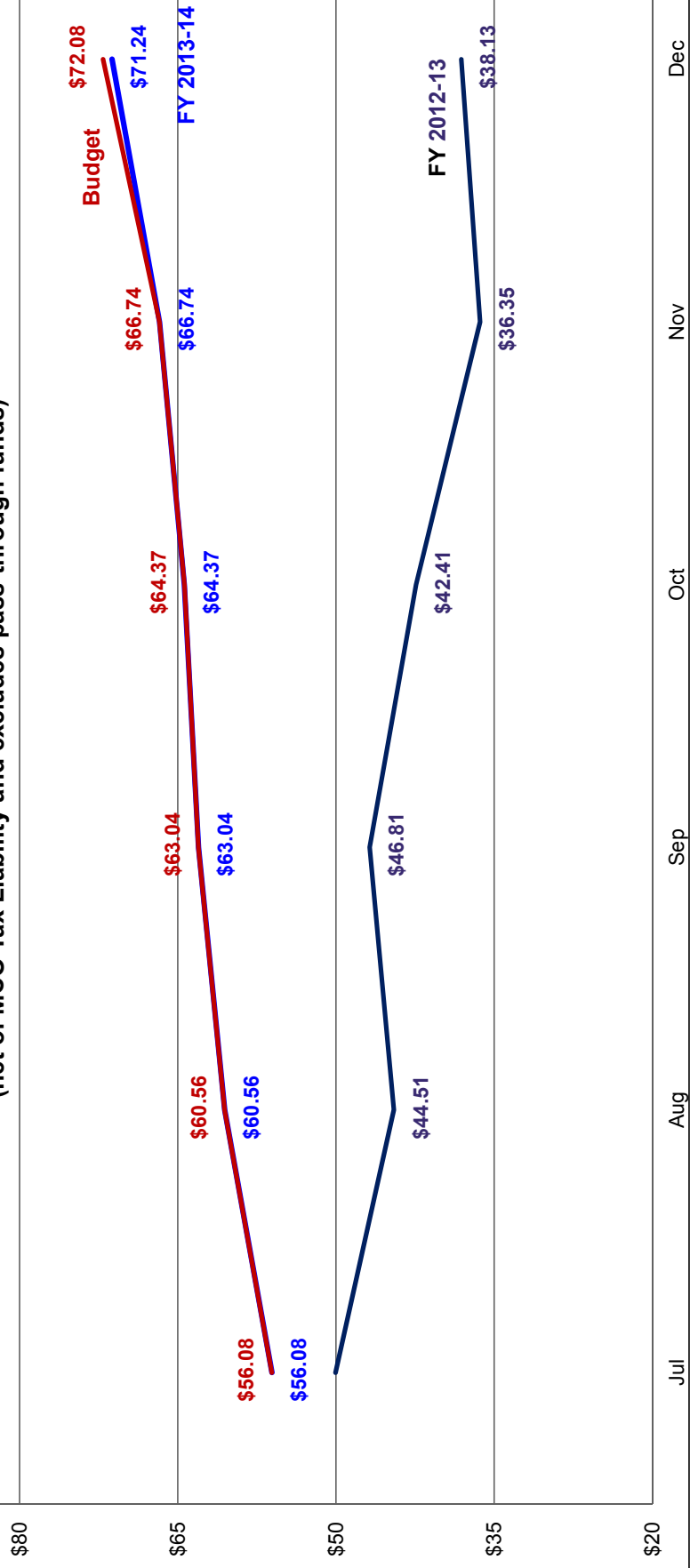
Pharmacy Cost Trend





Cash + Medi-Cal Receivable Trend (\$ in Millions)

(net of MCO Tax Liability and excludes pass-through funds)





APPENDIX

- Comparative Balance Sheet
- YTD Income Statement
- Monthly Statement of Cash Flows

Comparative Balance Sheet

	12/31/13	11/30/13	Audited FY 2012-13
ASSETS			
Current Assets			
Total Cash and Cash Equivalents	\$ 41,943,461	\$ 42,991,440	\$ 50,817,760
Medi-Cal Receivable	42,410,897	41,443,995	11,683,076
Provider Receivable	800,343	891,907	1,161,379
Other Receivables	197,606	198,749	300,397
Total Accounts Receivable	43,408,847	42,534,651	13,144,852
Total Prepaid Accounts	492,191	1,352,582	324,419
Total Other Current Assets	97,899	89,079	10,000
Total Current Assets	85,942,398	86,967,753	64,297,030
Total Fixed Assets	1,177,698	1,172,491	230,913
Total Assets	\$ 87,120,096	\$ 88,140,244	\$ 64,527,943
LIABILITIES & FUND BALANCE			
Current Liabilities			
Incurring But Not Reported	\$ 41,275,305	\$ 38,692,742	\$ 29,901,103
Claims Payable	5,313,850	5,804,043	9,748,676
Capitation Payable	1,315,435	1,332,849	1,002,623
Accrued Premium Reduction	842,917	561,162	-
Accounts Payable	1,406,476	1,908,253	1,751,419
Accrued ACS	325,466	1,133,907	422,138
Accrued Expenses	745,724	6,247,863	477,477
Accrued Premium Tax	13,118,155	12,007,489	7,337,759
Accrued Interest Payable	27,670	24,626	9,712
Current Portion of Deferred Revenue	460,000	460,000	460,000
Accrued Payroll Expense	608,361	456,947	605,937
Total Current Liabilities	65,439,358	68,629,880	\$ 51,716,843
Long-Term Liabilities			
Deferred Revenue - Long Term Portion	690,000	728,333	920,000
Notes Payable	7,200,000	7,200,000	7,200,000
Total Long-Term Liabilities	7,890,000	7,928,333	8,120,000
Total Liabilities	73,329,358	76,558,213	59,836,843
Beginning Fund Balance	4,691,101	4,691,101	(6,031,881)
Net Income Current Year	9,099,638	6,890,930	10,722,981
Total Fund Balance	13,790,738	11,582,031	4,691,100
Total Liabilities & Fund Balance	\$ 87,120,096	\$ 88,140,244	\$ 64,527,943

FINANCIAL INDICATORS			
Current Ratio	1.31 : 1	1.27 : 1	1.24 : 1
Days Cash on Hand	49	49	58
Days Cash + State Capitation Receivable	99	97	72
Days Cash + State Capitation Rec (less Tax Liab)	84	83	63

Income Statement
For The Six Months Ended December 31, 2013

	Dec '13 Year-To-Date		Variance
	Actual	Budget	Fav/(Unfav)
Membership (includes retro members)	709,100	709,146	(46)
Revenue:			
Premium	\$ 173,214,528	\$ 173,693,977	\$ (479,449)
Reserve for Rate Reduction	(842,917)	(819,800)	(23,116)
MCO Premium Tax	(6,606,962)	(6,658,899)	51,938
Total Net Premium	165,764,650	166,215,278	(450,628)
Other Revenue:			
Interest Income	64,515	61,342	3,173
Miscellaneous Income	230,000	230,000	-
Total Other Revenue	294,516	291,342	3,173
Total Revenue	166,059,165	166,506,620	(447,455)
Medical Expenses:			
<u>Capitation (PCP, Specialty, NEMT & Vision)</u>	9,134,873	9,150,589	15,717
<u>FFS Claims Expenses:</u>			
Inpatient	28,773,078	29,121,449	348,371
LTC/SNF	41,740,550	40,787,911	(952,639)
Outpatient	17,183,965	16,821,292	(362,673)
Laboratory and Radiology	794,306	864,190	69,884
Emergency Room	4,412,643	4,314,663	(97,980)
Physician Specialty	11,022,844	11,009,519	(13,325)
Pharmacy	19,390,059	19,656,909	266,850
Other Medical Professional	865,720	825,390	(40,330)
Other Medical Care	5,229	-	(5,229)
Other Fee For Service	9,918,100	9,799,131	(118,969)
Transportation	483,294	492,161	8,867
Total Claims	134,589,787	133,692,615	(897,172)
Medical & Care Management Expense	4,511,193	4,443,833	(67,360)
Reinsurance	(1,702,582)	(1,496,405)	206,177
Claims Recoveries	(1,790,226)	-	1,790,226
Sub-total	1,018,385	2,947,428	1,929,043
Total Cost of Health Care	144,743,045	145,790,632	1,047,587
Contribution Margin	21,316,120	20,715,988	600,132
General & Administrative Expenses:			
Salaries and Wages	3,101,910	3,086,904	(15,007)
Payroll Taxes and Benefits	744,853	728,858	(15,995)
Travel and Training	49,326	73,904	24,578
Outside Service - ACS	5,735,468	5,711,603	(23,865)
Outside Services - Other	144,545	145,406	862
Accounting & Actuarial Services	121,613	129,946	8,333
Legal	340,972	289,247	(51,726)
Insurance	72,786	70,313	(2,473)
Lease Expense - Office	159,903	162,403	2,500
Consulting Services	782,769	849,531	66,761
Translation Services	19,911	18,725	(1,185)
Advertising and Promotion	24,069	49,616	25,548
General Office	543,412	563,779	20,366
Depreciation & Amortization	38,007	40,533	2,526
Printing	58,530	70,523	11,993
Shipping & Postage	26,622	46,462	19,840
Interest	251,787	242,460	(9,326)
Total G & A Expenses	12,216,483	12,280,214	63,731
Net Income / (Loss)	\$ 9,099,638	\$ 8,435,774	\$ 663,863

Statement of Cash Flows - Monthly

	DEC '13	NOV '13	OCT '13	JUN'13
Cash Flow From Operating Activities				
Collected Premium	\$ 28,079,945	\$ 27,862,839	\$ 28,237,305	\$ 52,138,834
Miscellaneous Income	12,031	8,658	15,509	8,594
State Pass Through Funds		5,691,714	28,672,901	34,346,474
<u>Paid Claims</u>		-		
Medical & Hospital Expenses	(17,202,587)	(17,387,071)	(20,891,230)	(17,277,826)
Pharmacy	(1,690,164)	(3,787,143)	(3,504,662)	(4,009,168)
Capitation	(1,625,829)	(1,521,485)	(1,553,107)	(1,162,302)
Reinsurance of Claims	(278,975)	(277,386)	(281,113)	(240,430)
State Pass Through Funds Distributed	(5,691,714)	-	(28,672,901)	(34,346,474)
Paid Administration	(2,610,933)	(2,494,333)	(1,258,459)	(2,616,623)
MCO Tax Received / (Paid)	-	-	-	829,564
Net Cash Provided/ (Used) by Operating Activities	(1,008,225)	8,095,794	764,243	27,670,643
Cash Flow From Investing/Financing Activities				
Proceeds from Line of Credit				-
Repayments on Line of Credit	-	-	-	-
Net Acquisition of Property/Equipment	(39,754)	(169,050)	(31,263)	(31,026)
Net Cash Provided/(Used) by Investing/Financing	(39,754)	(169,050)	(31,263)	(31,026)
Net Cash Flow	\$ (1,047,979)	\$ 7,926,744	\$ 732,980	\$ 27,639,617
Cash and Cash Equivalents (Beg. of Period)	42,991,440	35,064,697	34,331,717	23,068,235
Cash and Cash Equivalents (End of Period)	41,943,461	42,991,440	35,064,697	50,817,760
	\$ (1,047,979)	\$ 7,926,744	\$ 732,980	\$ 27,749,525
Adjustment to Reconcile Net Income to Net Cash Flow				
Net (Loss) Income	2,208,708	1,568,798	1,410,963	4,109,976
Depreciation & Amortization	34,547	7,015	7,015	11,407
Decrease/(Increase) in Receivables	(874,196)	(1,544,001)	(1,795,333)	22,788,941
Decrease/(Increase) in Prepaids & Other Current Assets	851,572	(104,858)	62,856	769,972
(Decrease)/Increase in Payables	(6,376,146)	5,901,351	1,581,709	(1,578,838)
(Decrease)/Increase in Other Liabilities	(38,333)	(38,333)	(38,333)	(121,667)
Change in MCO Tax Liability	1,110,666	1,114,454	1,149,386	1,433,012
Changes in Claims and Capitation Payable	(507,606)	(812,202)	(4,509,964)	1,913,029
Changes in IBNR	2,582,563	2,003,570	2,895,944	(1,655,189)
	(1,008,225)	8,095,794	764,243	27,670,643
Net Cash Flow from Operating Activities	\$ (1,008,225)	\$ 8,095,794	\$ 764,243	\$ 27,670,643

Statement of Cash Flows - YTD

	Dec '13 YTD
Cash Flow From Operating Activities	
Collected Premium	\$ 141,951,785
Miscellaneous Income	64,515
State Pass Through Funds	61,123,883
<u>Paid Claims</u>	
Medical & Hospital Expenses	(104,822,529)
Pharmacy	(19,100,121)
Capitation	(8,750,730)
Reinsurance of Claims	(1,633,550)
State Pass Through Funds Distributed	(59,959,855)
Payment of Withhold / Risk Sharing Incentive	-
Paid Administration	(15,909,961)
Repay Initial Net Liabilities	-
MCO Taxes Received / (Paid)	(826,566)
Net Cash Provided/(Used) by Operating Activities	(7,863,129)
Cash Flow From Investing/Financing Activities	
Proceeds from Line of Credit	-
Repayments on Line of Credit	-
Net Acquisition of Property/Equipment	(1,011,169)
Net Cash Provided/(Used) by Investing/Financing	(1,011,169)
Net Cash Flow	\$ (8,874,299)
Cash and Cash Equivalents (Beg. of Period)	50,817,760
Cash and Cash Equivalents (End of Period)	41,943,461
	\$ (8,874,299)
Adjustment to Reconcile Net Income to Net Cash Flow	
Net Income/(Loss)	9,099,638
Depreciation & Amortization	65,540
Decrease/(Increase) in Receivables	(30,263,995)
Decrease/(Increase) in Prepays & Other Current Assets	(255,672)
(Decrease)/Increase in Payables	689,931
(Decrease)/Increase in Other Liabilities	(231,155)
Change in MCO Tax Liability	5,780,396
Changes in Claims and Capitation Payable	(4,122,014)
Changes in IBNR	11,374,202
	(7,863,129)
Net Cash Flow from Operating Activities	\$ (7,863,129)

AGENDA ITEM 2c

To: Gold Coast Health Plan Executive / Finance Committee
From: Michelle Raleigh, Chief Financial Officer
Date: February 6, 2014
RE: FY 2013-14 Financial Audit Contract

SUMMARY:

Staff is proposing to utilize McGladrey LLP (McGladrey) to perform the Plan's FY 2013-14 financial audit.

BACKGROUND / DISCUSSION:

The Plan's contract with DHCS requires an annual audit be performed on the Plan's financial statements. This audit provides confidence to the community and the Commission that the Plan's financial condition is accurately represented and that proper controls are in place. To meet these needs, the Plan hires a firm qualified to perform this annual financial audit.

In 2011, the Plan solicited a Request for Proposal (RFP) for auditing services and selected McGladrey after a thorough review and evaluation process. McGladrey has performed the financial audits for the Plan's year prior to go live (i.e., year ending 6/30/11) and the two years following (i.e., year ending 06/30/12 and 06/30/13). During the course of these audits, McGladrey has gained an understanding of the Plan staff, processes, systems, and finances.

Staff is recommending that the Plan use McGladrey for the FY2013-14 audit. This recommendation is being made for several reasons, including:

- McGladrey has been working with the Plan since start-up and will be able to leverage relationships, knowledge of systems and operations,
- McGladrey has performed professionally and is dedicated to meeting the State deadlines, and
- The audit pre-work for the FY2013-14 year will start early in 2014, which makes performing a procurement and having contract negotiations very difficult in that timeframe. Plan staff has been busy with the implementation many Affordable Care Act provisions, including the transition of the County's Low Income Health Program and the implementation of an expanded mental health benefit.

McGladrey is providing an updated engagement letter with a quote that will need to be signed by Plan's Executive / Finance Committee Chair, the Plan's CEO and CFO.

FISCAL IMPACT:

McGladrey's quote to perform the FY 2013-14 financial audit is expected to be approximately \$100,000. The FY 2012-13 financial audit was \$97,000.

RECOMMENDATION:

Staff proposes to utilize McGladrey for the FY 2013-14 audit and seeks the Committee's recommendation.

CONCURRENCE

N/A

Attachments

N/A



AGENDA ITEM 3a

To: Gold Coast Health Plan Executive / Finance Committee

From: Ruth Watson, Chief Operations Officer

Date: February 6, 2014

RE: Provider Advisory Committee Charter Policy and Procedure

SUMMARY:

The Ventura County Medi-Cal Managed Care Commission (VCOMMCC) enabling ordinance 4409 (April 2010) and the California Department of Health Care Services, Medi-Cal Managed Care Division, both require the establishment of a provider based committee, hereinafter referred to as the Provider Advisory Committee (PAC). The ordinance requires, at a minimum, that this committee meet quarterly and make recommendations, review policies and programs, explore issues and discuss how the plan may best fulfill its mission.

The Commission determined that the PAC would consist of ten members with one dedicated seat representing the Ventura County Health Care Agency (VCHCA). Each of the appointed members, with the exception of the designated VCHCA seat position, would serve a two-year term, have no term limits, and individuals could apply for re-appointment. The ten voting members would represent various professional disciplines and/or constituencies, which include: Allied Health Services, Community Clinics, Hospital, Long Term Care, Non-Physician Medical Practitioners, Nurses, Physician and Traditional / Safety Net.

BACKGROUND / DISCUSSION:

The role of the Provider Advisory Committee is to consider and analyze situations of concern and bring its recommendations to the Commission for its consideration.

The Plan has not successfully held a PAC meeting since February, 2013, due to an inability to accomplish quorum (the PAC is a ten member committee and is required to have at least six members present to hold a meeting). Three members have resigned their positions, leaving only seven active members. GCHP would like to actively recruit for committee members; however, the current Provider Advisory Committee Charter does not outline a process or procedure for this to occur.

The Plan has developed the attached “*Policy and Procedure (P&P), DRAFT Provider Advisory Committee Charter*”, for the Commission’s review and consideration. The P&P clearly outlines the composition of and requirements of the PAC membership, as well as procedures for the recruitment, nomination, and assignment of PAC members.

FISCAL IMPACT:

There is no fiscal impact to the Plan.

RECOMMENDATION:

Approval of and authority to implement “*Policy and Procedure (P&P), Provider Advisory Committee Charter*”.

CONCURRENCE:

N/A

Attachments:

Policy and Procedure (P&P), DRAFT Provider Advisory Committee Charter
Provider Advisory Committee (PAC) Nomination Process Timeline



Policies and Procedures	
Title: DRAFT- Provider Advisory Committee Charter	Policy Number: XXXXXXXXXXXXXX

Purpose:

The Ventura County Medi-Cal Managed Care Commission (Commission) enabling ordinance 4409 (April 2010) and the California Department of Health Care Services, Medi-Cal Managed Care Division, both require the establishment of a provider based advisory committee. Hereinafter referred to as the Provider Advisory Committee (PAC). The ordinance requires, at a minimum, that this committee meet quarterly and make recommendations, review policies and programs, explore issues and discuss how the Plan may best fulfill its mission.

Policy:

- A. The PAC will consider and analyze situations of concern and bring its recommendations to the Commission for consideration.
- B. For the purpose of this policy, PAC shall also be referred to as advisory committee.
- C. Commission encourages provider involvement in the GCHP program.
- D. Advisory committee members shall recuse themselves from voting or from decisions where a conflict of interest may exist.
- E. The composition of the PAC shall reflect the diversity of the health care consumer and provider community. All advisory committee members shall have direct or indirect contact with GCHP Members.
- F. In accordance with ordinance (4409, April 2011) the Commission established the PAC. The PAC is comprised of ten (10) voting members, each seat representing a constituency that works with GCHP and its Members.
 - 1. One (1) of the ten (10) positions is a standing seat represented by the Ventura County Health Care Agency (VCHCA)
 - 2. The remaining nine (9) members shall serve alternating two year terms with no limits on the number of terms a representative may serve.
 - a. The two year term shall coincide with GCHP’s fiscal year (i.e. July 1st through June 30th).
 - 3. PAC may include, but is not limited to, individuals representing, or that represent the interest of:
 - a. Allied health services providers;
 - b. Community Clinics;
 - c. Hospitals;
 - d. Long Term Care;

Policies and Procedures	
Title: DRAFT	Policy Number: XXXXXXXXXXXXXX

- e. Home Health/Hospice;
- f. Nurse;
- g. Physician;
- h. Traditional/Safety Net;
- i. VCHCA

G. PAC shall conduct a nomination process to recruit potential candidates for the impending vacant seats in accordance with this policy.

1. The advisory committee shall conduct an annual recruitment and nomination process.
 - a. At the end of each fiscal year, approximately half of the seats' terms expire, alternating between five (5) vacancies one (1) year and five (5) vacancies the subsequent year.
2. The advisory committee shall conduct a recruitment and nomination process if a seat is vacated mid-term.
 - a. Candidates that fill a vacated seat mid-term shall complete the term for that specific seat, which will be less than a full two (2) year term.

H. On an annual basis the PAC shall select a Chairperson from its membership to coincide with the annual recruitment and nomination process. GCHP's Director of Network Operations shall act as Interim Chairperson until this position is filled.

I. To establish a nomination ad hoc subcommittee, PAC chairperson shall ask for three (3) to four (4) volunteers of PAC. PAC members, who are being considered for reappointment, cannot participate in their respective nomination ad hoc subcommittee.

1. Each PAC nomination subcommittee shall:
 - a. Review, evaluate, and select a prospective candidate of each of the open seats, in accordance with "Procedure-Section E "of this policy.
 - b. Forward the prospective candidate(s) to the advisory committee for review and approval.
2. Following approval from the advisory committee, the candidates and recommendation of the advisory committee shall be forwarded to the Commission for review and approval.

Policies and Procedures	
Title: DRAFT	Policy Number: XXXXXXXXXXXXXX

- J. The Commission shall review and have final approval for all appointments and reappointments to the advisory committee.
- K. Advisory committee members shall attend all regularly scheduled meetings, unless they have an excused absence. An absence shall be considered excused if an advisory committee member provides notification of an absence to GCHP staff prior to the advisory committee meeting. GCHP staff shall inform the Chief Executive Officer, and Clerk of the Board of the Commission when an advisory committee member fails to attend two (2) consecutive regularly scheduled meetings.

Procedure:

- A. PAC composition
 - 1. The composition of the PAC shall reflect the cultural diversity and special needs of the GCHP membership.
 - 2. Specific agency representatives shall serve on the advisory committee as standing members.
 - a. VCHCA shall have one seat designated.
- B. PAC meeting frequency
 - 1. PAC shall meet at least quarterly.
 - 2. PAC shall adopt a yearly meeting schedule at the first regularly scheduled meeting during fourth quarter for the oncoming year.
 - 3. Attendance by a simple majority of appointed members shall constitute a quorum.
- C. PAC recruitment process
 - 1. GCHP Clerk of the Board shall post on the GCHP website an Annual Appointment List on, or before, December 31 of each year The Clerk of the Board shall also post said List per government code requirements. GCHP shall include, but not be limited to, the following notification methods for impending vacancies:
 - a. All California Government Code requirements.
 - b. Outreach to Provider communities
 - c. Placement of Annual Appointment List on the GCHP website
 - d. Advertisement of vacancies in GCHP monthly Provider Operations Bulletin

Policies and Procedures	
Title: DRAFT	Policy Number: XXXXXXXXXXXXXX

2. Prospective candidates shall submit their application to GCHP in accordance with GCHP requirements.
3. Advisory committee chairperson shall inquire of its membership whether there are interested candidates who wish to be considered as a chairperson for the upcoming year.

D. PAC nomination evaluation process

1. Advisory committee chairperson shall request three (3) to four (4) members, who are not being considered for reappointment, to volunteer to service on the nominations ad hoc subcommittee.
2. Prior to the PAC nomination ad hoc subcommittee meetings:
 - a. Ad hoc subcommittee members shall individually evaluate and score the application for each of the prospective candidates using the Applicant Evaluation Tool.
 - b. Ad hoc subcommittee members shall individually evaluate and select a chairperson.
 - c. At the discretion of the ad hoc subcommittee, GCHP may contact a prospective candidate and/or their references for additional information and background information.
3. Ad hoc subcommittee shall convene to discuss and select a chairperson and recommend candidates for expiring seats by using the findings for the Applicant Evaluation Tool, the attendance record if relevant, and the prospective candidate's references.
4. In the event that there is a lack of quorum due to vacancies on the PAC, GCHP will develop an internal panel to perform the evaluation process. The panel shall include at a minimum GCHP's Chief Medical Officer, Chief Executive Officer, Medical Director, Director of Network Operations and Director of Health Services.

E. PAC selection and approval process for prospective chairpersons and advisory committee candidates

1. Upon selection of a recommendation for chairperson and a slate of candidates, the Ad hoc subcommittee shall forward its recommendation to the PAC for review and approval.
2. Following PAC approval, the slate of candidates shall be submitted to the Commission for review and final approval.
3. Following Commission appointment, the new PAC members shall be effective when sworn in by the Clerk of the Board at the scheduled third quarter PAC Meeting.

Policies and Procedures	
Title: DRAFT	Policy Number: XXXXXXXXXXXXXX

4. GCHP shall provide new PAC members with a new member orientation.

Attachments:

References:

Revision History:

Review Date	Revised Date	Approved By

PROVIDER ADVISORY COMMITTEE (PAC) NOMINATION PROCESS TIMELINE

ACTION	TIMELINE
Clerk of the Board will post Annual Appointment Liston GCHP Website.	Annually by December 31
Prepare ads for expiring seats and submit to Communications Director <ul style="list-style-type: none"> • § Communication Dept. approval • 	Annually by December 8- 15
1. Ask for volunteers at March meetings to apply for Chair position 2. Ask for three to four PAC volunteers for Nominations ad hoc committee	Annually during first quarter PAC meeting
Deadline for applications at GCHP for Annual Vacancies (by February 2 nd) – (GCHP will accept applications year-round)	Annually by February 2
Send Nominations binders with REDACTED applications to all members of Nominations ad hoc subcommittees for individual review and scoring	Annually by February 10
Convene PAC ad hoc subcommittee to review and recommend candidates/Chair to full Committee <ul style="list-style-type: none"> • Proposed slate of candidates • Proposed Chairperson 	Annually by February 15
Submit FYI to execs regarding Nominations ad hoc recommendations for slate of candidates and Chairs	Annually w/in one week of ad hoc subcommittee review and recommendations
Proposed candidates/Chairs presented for consideration to full PAC Committees	Annually during first or second quarter PAC meeting depending on date of meeting.
Proposed candidates presented to Commission during April Commission meeting for consideration (and other appropriate times when a vacancy occurs)	Annually during April Commission Meeting
Thank departing members at June or July meeting	Annually during second quarter PAC meeting
Notify new PAC members of their selection after Board approval	Annually between May 1 - 15
Appointed members are sworn in by clerk of board officially take new positions	Annually during third quarter PAC and other times as needed.
New PAC representatives attend first Committee meeting. New chairperson presides.	Annually during third quarter PAC meeting and other times as needed