

**Public Meeting of the  
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION**

**DATE:** Monday JUNE 28, 2010  
**TIME:** 3:00-5:00 PM  
**PLACE:** Ventura County Public Health- 2240 E Gonzales Road Suite 200-Oxnard CA 93036

**AGENDA**

<b>Item</b>	<b>Documents for Review</b>	<b>Subject</b>	<b>Presenter</b>	<b>Time</b>
1		Call to Order Welcome and Roll Call	Michael Powers	3:00-3:05
2 ACTION	Attachment A Meeting Minutes 5-24-2010	Review and Approval- Minutes May 24, 2010	Michael Powers	3:05-3:10
3 INFORM	Attachment B INTERIM CEO REPORT	June 28, 2010 Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission	Terrie Stanley	3:10-3:15
<b>OLD BUSINESS</b>				
4 ACTION	Attachment C Board Letter Recommendation of Directors and Officers Insurance	Directors and Officers Insurance Policy Proposals	Terrie Stanley	3:15-3:20
<b>NEW BUSINESS</b>				
5 INFORM	Finance Committee REPORT Attachments: Meeting Schedule, Policy For CEO Signing Authority	Verbal Summary of the Executive Finance Committee Meeting of June 16, 2020. Committee Recommends Adoption of a Policy that Give CEO Signing Authority to Enter into Contracts on behalf of the VCOMMCC	Terrie Stanley	3:20-3:30
6 ACTION	Attachment D Board Letter Defining Executive Duties of the Executive Finance Committee	Addition of Executive Duties to Executive Finance Committee	Terrie Stanley	3:30-3:45
7 ACTION	Attachment E Board Letter to Recommend Selection of a Name "DBA" for the VCOMMCC	Selection of a Name for the Ventura County Organized Health Plan	Terrie Stanley	3:45-4:00
8 ACTION	Attachment F Board Letter Provider Reimbursement Policy	Finance Committee Recommendation to Accept Provider Reimbursement Policy	Terrie Stanley	4:00-4:10
9 ACTION	Attachment G Board Letter on Network Development, Provider Contracting and Budgetary Process	Finance Committee Recommendation to Accept Network Development, Provider Contracting and Budgetary Approval Process	Terrie Stanley	4:10-4:20

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10 ACTION	Attachment H Board Letter Development, Review and Approval of Template Contracts for PCP, Specialists, Hospitals and Ancillary Service Providers ATTACHMENT H-PCP Contract	Delegate Authority to CEO to Develop, Review and Approve Template Provider	Terrie Stanley	4:20-4:30
11 ACTION	Attachment I Board Letter on Administrative Members and Auto Assignment ATTACHMENT I- POLICY Administrative Members and Auto Assignment	Finance Committee Recommendation to Accept Administrative Members and Auto Assignment Policy	Terrie Stanley	4:30-4:40
12 ACTION	Attachment J Board Letter Recommendation for Executive/Finance Committee to Serve as Nominating Committee	Establish Executive/Finance as the Nominating Committee for 2011 Officers of the VCMMCC	Terrie Stanley	4:40-4:45
13		Final Comments from Commissioners	All	4:45-4:50
14		Public Comment/Correspondence	Open	4:50-5:00
15		Adjourn	Commission Chair	5:00

Meeting agenda and documents available at meeting location and at our website [www.vchca.org/cohs](http://www.vchca.org/cohs)

**IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT LAURA AT 805/981-5023. 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**

VCOMMCC

## Commission Meeting Minutes

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

May 24, 2010

√	<b>Commission Members in Attendance</b>	
√	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	

<b>Staff in Attendance</b>	<b>Consultants/Guests in Attendance</b>
Terrie Stanley, Health Care Agency (HCA) Director Managed Care	Tim Reilly, Pacific Health Consulting Group
Jon Polich, Assistant County Counsel	Tyrone Espinoza, California Department of Health Care Services
Dee Pupa, HCA Fiscal Manager	O. Z. Kamara, California Department of Health Care Services
Alison Sawyer, HCA Staff/Services Specialist	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
1. Call to Order Roll Call  Michael Powers	<ul style="list-style-type: none"> <li>The meeting was called to order at 3:03 p.m.</li> <li>All Commissioners present, except for Maylee Berry.</li> <li>A quorum was present</li> </ul>	
2. Minutes of the Prior Meeting  Michael Powers	The Minutes of the April 26, 2010 VCOMMCC meeting were presented for review and approval.	Mr. Juarez made the motion to approve the minutes, Dr. Araujo seconded. <b>Approved, 10-0</b>
3. Staff Appointments  Supervisor Kathy Long	Recommendation: Approve the following staff on an interim basis to fulfill duties required by the Commission: <ul style="list-style-type: none"> <li>Appoint Terrie Stanley as Chief Executive Officer</li> </ul>	Supervisor Long made the motion to approve the recommended appointments; Dr.

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	<ul style="list-style-type: none"> <li>• Alison Sawyer as Clerk of the Board and</li> <li>• Dee Pupa as Assistant Clerk of the Board</li> </ul> <p>Mr. Juarez commented that it was important for the Commissioners to receive items well in advance of the meetings. In addition, he stated that he thinks that there should be more than one candidate from which to make a choice. Supervisor Long agreed that the more advance notice the better. She commented that she did not want to see the process bog down for interim positions. She highlighted the aggressive timeline, and the importance of moving ahead on critical actions. She noted that Ms. Stanley has been working to help establish the COHS, that she has years of experience in the arena, and can keep the Commission and the COHS operating effectively. She reminded the Commission that no cost is being assessed to the COHS for the current staffing.</p>	<p>Araujo seconded.  <b>Approved, 10-0</b></p>
<p>4. Recruitment of Key Senior Leadership Positions</p> <p>Terrie Stanley</p>	<ul style="list-style-type: none"> <li>• Recommendation: Accept Job Duties, Compensation and Recruitment Plan for the position of Chief Executive Officer (CEO)</li> <li>• Recommendation: Accept Job Duties, Compensation and Recruitment Plan for the positions of Chief Financial Officer (CFO) and Chief Medical Officer (CMO)</li> </ul> <p>Noting that Agenda Item 5 proposes that a recruitment/staffing vendor be brought on. Ms. Stanley noted that an interview panel will be formed for the final selection. She suggested that a Finance Committee be created that can also serve as the interview panel. Further recommendation is to bring the CEO on first – that individual would then participate in the CFO/CMO hires.</p> <p>Dr. Araujo inquired about the reason for the salary levels recommended. Ms. Stanley said that the goal was to come in at a level reasonable for a start-up plan. She noted that this is first new start-up in about fifteen years – the others have matured over time. In addition, this will be Medi-Cal only as the sole product line. Dr. Araujo wondered if the compensation package would make recruitment difficult. He noted that proposed salaries were 20%-30%</p>	<p>Mr. Juarez made the motion to accept the recommendations for all three positions; Dr. Dial seconded.  <b>Approved, 10-0</b></p>

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	<p>below the market. Ms. Stanley mentioned that the Commission can adjust the package if, at a subsequent meeting, it is deemed necessary.</p> <p>Dr. Dial asked about the dual reporting for the CMO. Ms. Stanley responded that the two functions were separated to avoid administrative influence on medical functions.</p>	
<p>5. Authorize the Interim CEO to proceed with finalizing a contract with vendor for staffing, recruitment, and employee benefits administration</p> <p>Terrie Stanley</p>	<ul style="list-style-type: none"> <li>• Recommendation: Review and accept staffing plan for the Ventura COHS for Services that are not included in the Administrative Services Agreement</li> <li>• Recommendation: Direct the Interim CEO to execute a contract with Regional Government Services/Local Government Services (RGS/LGS) for recruitment of personnel and benefit package development.</li> </ul> <p>In addressing Mr. Juarez' concerns about having multiple vendors from which to choose, Ms. Stanley noted that RGS/LGS is unique, and the COHS would have to vendor out all functions separately, whereas they can do it all. As the employer, RGS/LGS is able to offer a strong benefit package—whereas the COHS, as a small employer, is not in that position. There is an administration charge of about 2% per employee—Ms. Stanley feels that no one else could beat that price. In addition, strong referrals have been received, including one from the Ventura County Transportation Commission. Mr. Powers agreed that typically the Commission would want competition.</p> <p>Mr. Maurice asked why the organization chart still lists an HR director if this function is being outsourced. Ms. Stanley noted that if the choice is to retain RGS/LGS, the HR function/staffing can be removed from the staffing plan.</p> <p>In response to a question from Dr. Fankhauser, Ms. Stanley affirmed that the RGS/LGS employees assigned to the COHS can eventually be transitioned over.</p> <p>Dr. Araujo asked if they would recruit for the CEO/CFO/CMO positions. Mr. Juarez inquired if the Commission would do the final selections. Ms. Stanley responded that RGS/LGS would do the</p>	<p>Dr. Dial made the motion to accept the staffing plan and to direct the Interim CEO to execute the contract with RGS/LGL for a term not to exceed 24 months and to include a 90-day termination notice clause with or without cause and reimbursement rate not to exceed 2% of payroll, Mr. Maurice seconded.</p> <p><b>Approved, 11-0</b></p>

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	<p>recruitment and initial screenings, but that final selections would reside with the Commission.</p> <p>In response to Mr. Powers' question, Ms. Stanley confirmed that the COHS can recommend recruitment parameters.</p> <p>Ms. Rodriguez asked about the term of the contract. Ms. Stanley noted that there was none specified. In the ensuing discussion, the Commission recommended that the term not exceed two years.</p> <p>Dr. Araujo wondered if there was a termination clause and, if so, could the transition occur sooner. Ms. Stanley affirmed that there was such a clause and that language could be added for early transition.</p> <p>Commissioner Berry is now in attendance.</p>	
<p>6. Authorize Interim CEO to retain vendor to broker VCOMMCC Insurance Program          Authorize Interim CEO to retain vendor for actuarial services.</p>	<ul style="list-style-type: none"> <li>• Recommendation: Authorize the Interim CEO to sign Broker of Record Letter authorizing Beecher Carlson Insurance Services LLC to request information and negotiate insurance program on behalf of VMMCC.</li> <li>• Recommendation: Authorize the Interim CEO to sign necessary documents authorizing Milliman to act as actuary for VCOMMCC.</li> </ul> <p>Ms. Stanley noted that Beecher Carlson will be acting as broker and that the needs will vary based on what is done in-house and what is out-sourced. They will work with the COHS to get a plan that fits. The first priority will be insurance for Directors and Officers.</p>	<p>Mr. Juarez made the motion to accept both recommendations, Dr. Araujo seconded.  <b>Approved, 11-0</b></p>
<p>7. Filing of Necessary Legal Documents with the Secretary of State for the Operation of the Organization</p> <p>John Polich</p>	<p>Recommendation: Authorize Counsel to File Necessary Legal Documents with the Secretary of State for the Operation of the Organization.</p> <p>Mr. Polich informed the Commission that this is a standard form from the Secretary of State. It must be filed by a newly formed Public Agency within 70 days. Mr. Polich noted that the County Counsel's office will oversee the filing.</p>	<p>Supervisor Long made the motion accept the recommendation, Dr. Dial seconded.  <b>Approved, 11-0</b></p>
<p>8. Administrative Services Proposals, including Pharmacy Benefits Management;</p>	<p>Recommendation: Selection of one of two vendors – Affiliated Computer Services, Inc. (ACS) or CenCal Health – and Authorize Interim CEO to enter into an agreement for an Administrative Service</p>	<p>Supervisor Long made the motion to authorize the Interim CEO to enter into a five year</p>

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<p data-bbox="180 220 537 315">Selection of Vendor. Authorize the Interim CEO to contract with Vendor</p> <p data-bbox="132 354 302 386">Terrie Stanley</p>	<p data-bbox="579 220 1262 282">Provider for the Ventura County Medi-Cal Managed Care Commission's Health Plan.</p> <p data-bbox="579 321 1388 451">Ms. Stanley noted that in response to Commission discussion at the previous meeting about looking for a third administrative services vendor to consider, three others were approached – two other COHS and one Local Initiative. None of these three responded.</p> <p data-bbox="579 457 1381 587">In referencing the two attached documents (Administrative Services Comparison, Administrative Cost Comparison-Start up &amp; Ongoing Fees) Ms. Stanley noted that in some areas there are similarities, in others, differences.</p> <p data-bbox="579 594 1381 656">Mr. Powers commented that CenCal provides some pieces we don't need but they did not back them out of the contract.</p> <p data-bbox="579 662 1402 724">Ms. Stanley noted that there is clearly a need, from stakeholders point of view, to keep as much as possible local.</p> <p data-bbox="579 730 1402 1088">Dr. Dial noted that CenCal has more in management fees and less in PMPM, while ACS is opposite. He wondered if either is better. Mr. Reilly commented that he noticed that CenCal has higher costs during implementation and is to be repaid in a relatively short time. This approach is possible, but would eat up cash. ACS' business strategy is (1) to minimize administrative costs (by scaling nationally) and (2) invest in the COHS as a client—hoping for more than five years. He also noted that ACS can save the COHS money because of their network, including Pharmacy management. He noted that ACS is the fiscal intermediary for Medi-Cal-State contracts to pay for fee-for-service.</p> <p data-bbox="579 1094 1388 1156">Dr. Dial stated that he thought ACS has more incentive to work with us.</p> <p data-bbox="579 1162 1402 1292">Dr. Chawla noted that CenCal has the Quality Improvement (QI)/ Legal/ Compliance pieces in place whereas with ACS we would have to develop/hire our own. Ms. Stanley reiterated that stakeholders have emphasized local control</p> <p data-bbox="579 1299 1388 1391">Mr. Maurice inquired as to how the staffing plan would differ. Ms. Stanley responded that there would be some overlap with CenCal as the COHS would still have to have an oversight function. She noted</p>	<p data-bbox="1434 220 1818 315">contract with ACS for administrative services, Dr. Dial seconded.</p> <p data-bbox="1434 321 1629 354"><b>Approved, 10-1</b></p>

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	<p>the staffing plan is fluid based.</p> <p>Mr. Powers commented that stakeholder consensus was to keep QI and credentialing local and CenCal would not adjust their proposal accordingly.</p> <p>Mr. Maurice noted that ACS is more cost-effective in terms of provider cost from a claims management point of view.</p> <p>In response to a question from Mr. Jarvis, Ms. Stanley said that costs were guaranteed for five years. Mr. Maurice expressed concern about CPI escalator over a five-year contract. Ms. Stanley noted that the first three years were fixed, the final two were negotiable. Mr. Reilly commented it will take at least until the second year before the COHS understands what it wants to bring in-house and that decision would have to be made well before the five-year point.</p> <p>Supervisor Long noted that local control for QM and Compliance will be important to the beneficiaries.</p> <p>Mr. Maurice noted that ACS has the clear advantage in the back end process and wondered if CenCal can offer anything. Ms Stanley noted that they said they will work with the COHS. Mr. Powers emphasized that CenCal is an excellent plan and their CEO is very supportive. There may still be opportunities for partnership.</p> <p>Mr. Jarvis noted that he is uncomfortable with the financial end -- there has not been enough time to digest it.</p> <p>Ms. Stanley noted three reasons to go with ACS: they can work within the current timeframe, their plan allows for the conservation of financial resources, and their plan emphasizes local control.</p>	
<p>9. Approve the Creation of a Finance Committee as a Sub-Committee of the Ventura County Medi-Cal Managed Care Commission / Member Selection</p> <p>Terrie Stanley</p>	<ul style="list-style-type: none"> <li>• Recommendation: Approve the composition of the Finance Committee</li> <li>• Recommendation: Approve the recommended duties of the Finance Committee</li> <li>• Recommendation: Approve the meeting frequency of the Finance Committee</li> </ul> <p>Mr. Juarez suggested that this Committee be called the "Executive/Finance" Committee to reflect the spectrum of issues that may be brought before it. Mr. Reilly noted that all public plans have</p>	<p>Mr. Jarvis made the motion to accept the recommendations, Ms. Rodriguez seconded.</p> <p><b>Approved, 11-0</b></p>



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	<p>and executive or finance standing committees which may address certain issues in more detail.</p> <p>In reviewing the recommended duties with the Commission, Ms. Stanley noted that the Committee will work with the CEO to set dollars limits that the CEO can authorize. She also mentioned that the Provider Incentive Program Structure would be based on Quality or some agreed-upon indicators.</p> <p>In noting that one of the duties is to serve as an interview committee for the CEO/CMO/CFO recruitment, Mr. Juarez noted that he would prefer to have a separate HR/hiring/personnel committee. Mr. Reilly commented that other plans do that or have an ad hoc committee which fulfills those functions. Supervisor Long asked if the Executive/Finance Committee will serve as the interview committee just for the first phase of the interviews. Ms. Stanley said that yes, it would conduct the first screening.</p> <p>Ms. Stanley informed the Commission that the recommended composition of the Committee reflects the composition of the Commission, representative of the majority of the stakeholders.</p> <p>In addition to the ex officio members of the Executive/Finance Committee (Commission Chair and Vice-Chair), the Commission accepted the following volunteers:  Hospital/Health System, Private: Rick Jarvis  Hospital/Health System, Public: Catherine Rodriguez  Clinic Rep: Clinicas Representative, to be determined</p>	
<p>10. California Children's Services  Current Status with County  Organized Health Systems</p> <p>Terrie Stanley</p>	<p>Ms. Stanley presented information on the California Children's Services (CCS) program. She noted the responsibility for treatment of CCS eligible conditions is carved out of most Medi-Cal Managed Plans, except for three of the original COHS plans. She informed the Commission that legislation in 1994 mandated that as new plans come on line, any of their members with CCS-eligible conditions will have the treatment for those conditions handled by CCS program staff.</p> <p>Public Comment: Janice Marder, Director of Case Management, St. Johns Regional Medical Center, asked if Santa Barbara recently had a</p>	

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	<p>carve-in. Ms. Stanley stated that Santa Barbara was on of the plans that have had the carve-in. Ms. Marder noted that it is a challenge from the hospital's perspective to coordinate care with other providers and that there are a number of providers who are reluctant to become CCS-paneled. Mr. Espinoza (DHCS) noted that in order to provide services under the CCS-program a provider would have to be impaneled and noted that the reimbursement rate is higher than the typical fee for service. Ms. Stanley commented that the focus is to co-ordinate with CCS, and do what is best for the kids.</p>	
<p>11. Final Comments from Commissioners</p>	<ul style="list-style-type: none"> <li>• Ms. Berry showed the Commission a booklet containing information on access to health care resources in the Ventura County community. She informed the Commission that the booklet, "Ventura County Access to Care Cancer Coalition (VCACCC) Resource Guide" is printed with a grant from the American Cancer Society and is available in English and Spanish. She made copies available.</li> <li>• Ms. Stanley presented the second issue of the COHS newsletter, noting it would be emailed also to the Commissioners.</li> <li>• Mr. Powers thanked Commission members for their work, for their time, and their attention.</li> </ul>	
<p>12. Public Comment/Correspondence</p>	<ul style="list-style-type: none"> <li>• Mr. Bob Rossi congratulate the Commissioners and expressed a few concerns: about beneficiaries being notified of meetings, about potential conflict of interest if a Commission member's employee applies for a COHS job, about the DMHC being provider dominated—wondering if the beneficiaries are adequately represented. Ms. Stanley commented that all notice requirements including timeframe are met. The meeting times and places are posted and are available on the website. In addition, she noted that an Advisor Committee will be established to ensure adequate representation by members.</li> <li>• Mr. Tyrone Espinoza (DHCS) acknowledged the Commission and congratulated Ms. Stanley on her interim appointment. He noted that the State supports the Commissions efforts and looks forward to working together.</li> <li>• Rev. R. Threat inquired about access to VCMCC minutes and</li> </ul>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	to the VCMMCC website. He noted that there were church and other organizations that would be happy to distribute information about meetings, and public and private clinics could post notices. Ms. Stanley explained how to access the minutes and the website. Reverend Threat wondered if the employees will be Commission or vendor employees (re Agenda Item 5). Ms. Stanley noted they will be vendor employees.	
13. Adjourn  Michael Powers, Chair	Mr. Powers adjourned the meeting at 4:46 p.m.	

Submitted by:

*Alison C. Sawyer*  
Recorder



## **June 28, 2010-Interim CEO Report to the Ventura County Medi-Cal Managed Care Commission**

### **State Contract and Rates**

Request for both contracts and rates are moving along. Verbal information from our contract manager has indicated that Ventura's rates are close to being finalized. The department will be sending a formal letter to Ventura on this item. Ventura has submitted the most current work plan to the department.

### **ACS Contract for Administrative Services**

Finalized and signed-Implementation plan calls for joint development of work plan to be assured all state deliverables are met

### **RGS Contract for Staffing and Recruitment**

Finalized and signed-already receiving inquires on available positions

### **California Association of Health Insuring Organizations (CAHIO)**

Attended a strategic planning session of all CEO's on Tuesday June 15<sup>th</sup>

Topics included:

- Opportunities under Health Care Reform and the Waiver
- Advocacy in Sacramento-what is the best approach
- State Budget issues

### **Executive Finance Committee Meeting of June 16**

First meeting held, well attended- issues of discussion will follow on the agenda



**VENTURA COUNTY  
MEDI-CAL  
MANAGED CARE  
COMMISSION**

www.vcchca.org/foia

**DATE:** June 28, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commissioners  
**FROM:** Terrie M Stanley, Interim CEO  
**SUBJECT:** Directors and Officers Insurance

Recommendation: Approve Travelers Insurance for VCOMMCC Directors and Officers Insurance and Authorize Interim CEO to Sign Agreement

Discussion:

On May 24, 2010, the VCOMMCC directed the Interim CEO to work with Beecher Carlson to obtain Directors and Officers Insurance as the initial step in a comprehensive insurance program to protect the organization. Responses were obtained from eight companies. Two of the companies would not submit a bid due to underwriting reasons-a newly formed company with no real track record at this time. Of the bids received, Travelers has been recommended by our broker as the policy that is the most comprehensive and the best value. Travelers has a proven track record of performance and a rating by AM Best of A+XV (Superior Financial Strength/Financial Size Category in excess of B\$2.) The coverage will have a limitation of \$1Million with a \$25,000 retention (the level that VCOMMCD would be responsible for). The selection of this vendor is based on this company being the only one offering a supplemental \$500,000 for personal indemnification and a \$1M for EACH of Anti-Trust Liability, EPL third party and Regulatory sub-limits. The policy will be for 12 months with a cost of \$6744 inclusive of premium plus wholesale broker fee.

Michael Powers  
 VC Health Care Agency  
 Chair

Dr. Lanyard K. Dial  
 Physician  
 VC Medical Association  
 Vice Chair

Dr. David Araujo  
 VCMG Family Medicine  
 Residency Program Director

May Lee Barry  
 Medi-Cal Beneficiary /  
 Advocacy Representative

Dr. Anil Chawla  
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 Clinicas Del Camino Real Inc.

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 Health Care System  
 Los Robles Hospital

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Supervisor Kathy Long  
 Ventura County  
 Board of Supervisors

Tim Maurice  
 Private Hospital /  
 Health Care System  
 St. Johns Reg. Med. Center

Catherine Rodriguez  
 VCMC Health System

**Commission Staff**

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 MPA

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 Ventura, Ca. 93003

Phone: (805) 677-5238

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AGENDA ITEM 5-EXEC-FINANCE MEETING SCHEDULE

ADOPTED JUNE 16, 2010



DATE: June 28, 2010
TO: Ventura County Medi-Cal Managed Care Commission
FROM: Terrie M Stanley, Interim CEO, Committee Co-Chair
Narci Eagan, Committee Co-Chair
SUBJECT: Approved 2010 Meeting Schedule of the Ventura COHS Executive/Finance Committee

It is here by noted that this Committee has agreed to meet monthly at the following:

TIME: 3:30-5:30 PM

LOCATION: Ventura County Public Health
2240 E Gonzales Road Suite 200
Oxnard CA 93036

DATES: WEDNESDAY

- June 16th
July 14th
Aug. 11th
Sept. 8th
Oct. 13th
Nov. 10th
Dec. 8th

Michael Powers
VC Health Care Agency
Chair

Dr. Lanyard K. Dial
Physician
VC Medical Association
Vice Chair

Dr. David Araujo
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Catherine Rodriguez
VCMC Health System

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## POLICY

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

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

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

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

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



**VENTURA COUNTY  
MEDI-CAL  
MANAGED CARE  
COMMISSION**

www.vchca.org/colis

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Physician  
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Vice Chair

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VCMC Family Medicine  
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**DATE:** June 28, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commissioners  
**FROM:** Terrie Stanley, Interim CEO  
**SUBJECT:** Executive Duties of the Executive Finance Committee

**Recommendation:** Define the Executive Duties of the Executive Finance Committee and Add to the Resolution that Established Said Committee

**Discussion:** The role of the Executive committee shall be to assist the CEO and Commission accomplish its work in the most efficient and timely way. Meetings of this committee shall be at the request of the Commission Chair or CEO to evaluate time sensitive matters. The Committee shall report all action taken by it to the Board at its next regular meeting succeeding the taking of such action. These can include:

- advising the board chair on matters it is requested to do so,
- assist CEO in the planning or presentation of items for board consideration,
- assist the CEO or plan staff in the initial review of draft policy statements requiring board approval,
- evaluate the Chief Executive Officer's performance,
- assist the CEO in the ongoing monitoring of economic performance, and
- assure systems are established and individuals responsible for all the areas of management.

The Committee shall not have the power or authority in reference to the following matters:

1. adopting, amending or repealing any bylaw; or
2. making final determinations of policy; or
3. approve a change to the budget or make major structural or contractual decisions (such as adding or eliminating programs); or
4. filling vacancies or removal of any Commission member; or
5. changing the membership of, or filling vacancies in, the Executive Committee; or
6. hiring or firing of senior executives, but may make recommendations to the Commission as to their appointment, dismissal or ongoing performance

The Committee may call a special meeting of the Commission and will assist the Commission and/or the CEO to determine the appropriate committee to best deal with questions or issues that may arise. They shall be empowered to appoint *ad hoc* committees as may be required and can refer matters as it may deem fit to any other standing committee or to any *ad hoc* committee it may establish.

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**VENTURA COUNTY  
MEDI-CAL  
MANAGED CARE  
COMMISSION**

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Michael Powers  
VC Health Care Agency  
Chair

Dr. Lanyard K. Dial  
Physician  
VC Medical Association  
Vice Chair

Dr. David Araujo  
VCMC Family Medicine  
Residency Program Director

May Lee Berry  
Medi-Cal Beneficiary /  
Advocacy Representative

Dr. Anil Chawla  
Physician  
Clinicas Del Camino Real Inc.

Dr. John Fankhauser  
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VCMC Executive Committee

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Los Robles Hospital

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Clinicas Del Camino Real Inc.

Supervisor Kathy Long  
Ventura County  
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**DATE:** June 28, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Ventura COHS Executive/Finance Committee  
Terrie M Stanley, Interim CEO –Committee Co-Chair  
**SUBJECT:** Name for the Ventura County Organized Health System

**Recommendation:** Select of a name for the Ventura County Organized Health System

**Discussion:**

Ventura County's COHS has been using the name of the governing body-Ventura County Medi-Cal Managed Care Commission. For the purposes of "branding" and having a name that is easily recognized and will capture the organizational mission and goals of bringing this new entity into the county. Below are a number of options for consideration.

**OPTION 1**

Ventura County CHOICE

Community Health Organizations to/for Improve(d) Care and Effectiveness

Community Health Organizations to/for Improve(d) Care and Efficiency

This selection will place Ventura in the bottom portion of the list for Medi-Cal Health Plans-COHS

**OPTION 2**

CAL-CHOICE

County And Local Community Health Organizations to/for Improve(d) Care and Effectiveness

County And Local Community Health Organizations to/for Improve(d) Care and Efficiency

By having CAL listed before CHOICE, this selection places Ventura toward the top portion of the list for Medi-Cal Health Plans. ie Second to the Alliance

**OPTION 3**

CHOICE Health Plan

This selection places Ventura in the bottom portion of the list, after the Alliance, CalOPTIMA and CENCAL Health.

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DATE: June 28, 2010
TO: Ventura County Medi-Cal Managed Care Commissioners
FROM: Ventura COHS Executive/Finance Committee
Terrie M Stanley, Interim CEO-Committee Co-Chair
SUBJECT: Network Development and Provider Contracting Negotiation Process

- Michael Powers, VC Health Care Agency Chair
Dr. Lanyard K. Dial, VC Medical Association Vice Chair
Dr. David Araujo, VCMC Family Medicine Residency Program Director
May Lee Berry, Medi-Cal Beneficiary / Advocacy Representative
Dr. Anil Chawla, Clinicas Del Camino Real Inc.
Dr. John Fankhauser, VCMC Executive Committee
Rick Jarvis, Private Hospital/Health Care System
Roberto S. Juarez, CEO Clinicas Del Camino Real Inc.
Supervisor Kathy Long, Board of Supervisors
Tim Maurice, Private Hospital / Health Care System
Catherine Rodriguez, VCMC Health System

Recommendation: The committee has met to discuss and recommends the authorization of the interim CEO to open provider negotiations for contracting based on the previously recommended provider reimbursement policy. The CEO and the provider contracting staff will begin to contact the following groups to open contract negotiations:

- Primary Care Physicians
Specialty Physicians
Free Standing Skilled Nursing Facilities
Long Term Care Providers
Ancillary Service Providers
Out patient Hospital
Inpatient Hospital/Acute Rehab

Discussion: In order to meet contractual requirements for managed care contracting, the VCMCC will need to develop an extensive network of health care providers throughout Ventura County that will ensure access, quality and cost effective care. The provider network can be in development (meaning providers can be added to the network on an ongoing basis) but will need to be able to demonstrate adequacy to the Department or Health Care Services. DHCS will not approve implementation of the Ventura COHS unless it meets network requirements as described as follows:

NETWORK CAPACITY: Maintain a network to serve eligible beneficiaries and provide the scope of benefits. It is anticipated there will be 100,000 eligibles across the county.

NETWORK COMPOSITION: Maintain a network of primary and specialty physicians, inpatient facilities, emergency services, allied and supportive paramedical personnel to provide required covered services to enrollees.

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**PROVIDER to MEMBER RATIOS:** Full-time equivalent provider to member ratios are as follows:

PCP 1:2,000

Total Physicians 1:1200

(IF non-Physician Medical Practitioners are included in the network, there are separate caseload and supervision ratios required)

**TIME and DISTANCE STANDARDS:** PCP Network must be within thirty (30) minutes or ten (10) miles of member residence unless Ventura established a DHCS approved alternative time and distance standard.

**PHYSICIAN AVAILABILITY:** Contracting Physicians must be available twenty-four (24) hours/day, seven (7) days a week to coordinate the care of members and approve medically necessary post-stabilization care and services.

**ETHNIC AND CULTURAL COMPOSTION:** The provider network must meet the ethnic, cultural and linguistic needs of the plan membership.



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**DATE:** June 28, 2010

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

**FROM:** Ventura COHS Executive Finance Committee

Terrie M Stanley, Interim CEO-Committee Co-Chair

**SUBJECT:** Template Provider Contracts

**Recommendation:** The committee recommends approval of template provider contracts for the following:

Primary Care Physicians  
Specialty Physicians  
Hospitals  
Ancillary Service Providers

The committee also recommends the adoption of the proposed "Scope of Capitated Primary Care Services" for inclusion to Primary Care Contracts

**Discussion:**

The Ventura COHS will need template contracts similar to what the other COHS use in their contracting efforts. These contracts contain contractual language requirements that the Department of Health Care Services (DHCS) imposes on the plan. These contracts will need to be submitted by Ventura to DHCS for their formal approval. It is better to have these approved up front, rather than to begin the contracting process and have additions or deletions made which could result in having to make amendments or changes to contracts once signed and executed.

Four general categories of provider contracts are recommended be approved and will be use after they have been formally approved by DHCS. Ventura will also request General Counsel review as well.

The Primary Care Physician contract will allow for services to be included under the capitation payment arrangement (see attachment PCP CONTRACT). PCP's may bill separately for other services they provide for in their office using the yet-to-be established list of services that do not need prior approval. If a service needs prior approval, they will be required to follow the established plan protocol to obtain authorization for service.



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**DATE:** June 28, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commissioners  
**FROM:** Ventura COHS Executive/Finance Committee  
Terrie M Stanley, Interim CEO Committee Co-Chair  
**SUBJECT:** Provider Reimbursement Policy

Recommendation: The committee hereby recommends provider reimbursement be based on current Ventura County Medi-Cal reimbursement rates, using the following principles for negotiation purposes:

Pay providers within the same class at the same (or if agreed to lower than) current MediCal payment rate.

- Primary Care Physicians
- Specialty Physicians
- Free Standing Skilled Nursing Facilities
- Long Term Care Providers
- Ancillary Service Providers
- Outpatient Hospital
- Inpatient Hospital/Acute Rehab

Discussion: VCCMMCC will need to develop an extensive network of health care providers throughout Ventura County that will ensure access, quality and cost effective care. The provider network can be in development (meaning providers can be added to the network on an ongoing basis) but will need to be able to demonstrate adequacy to the department of Health Care Services. DHCS will not approve implementation of the Ventura COHS unless it meets network requirements.

**FEDERALLY QUALIFIED HEALTH CARE CENTER SERVICES:** Ventura COHS is required to meet federal requirements for access to FQHC services. The COHS's DHCS contract contains language as to how FQHC's are reimbursed

**ACCEPTANCE OF RISK:** Providers will only be allowed to accept risk for services they are duly licensed to.





## **ATTACHMENT H- PCP CONTRACT**

### **Duties of PCP**

- Provide primary and preventive care-health education
- Arrange for appropriate referral /consultation to specialty care-EXCEPTION - CCS Carve-Out as well as having a system in place for follow-up of referrals/missed appointments
- RX prescriptions using pre-established formulary
- Request authorization for services when necessary
- Maintain medical record
- Health risk assessment-initially within 120 days after enrollment for members 21+-as soon as possible for those under 21-minimum requirements is Med History, wt/height/BP. Preventive health screening and testing required and future follow-up as needed
- CHDP-PM 160 billing form will be required
- Access and availability of services-after hours care (24X7)
- Culturally and Linguistically appropriate and non-discriminatory care
- Member re-assignment policy-cannot be based on medical condition requiring increased care, and member can request re-assignment monthly
- HIPAA compliance patient confidentiality
- Cooperation with audits/reviews ect
- Participation with peer review process, if needed
- Participation with appeal and grievance process for both members and providers, if needed

### **Ratios**

2000 members per PCP-max ratio non-physician medical practitioner under supervision of PCP 1:1000 members. Single PCP limited supervision of 4 NP's/PA any combination that would not include more than 3NM or 2 PA

## Scope of Capitated Primary Care Services

### **OFFICE VISITS**

#### **CPT Code -New Patient**

- 99201 Problem focused history and exam; straight forward; 10 minutes
- 99202 Expanded problem focused history and exam; straight forward; 20 minutes
- 99203 Detailed history and exam; low complexity; 30 min
- 99204 Comprehensive history and exam; moderate complexity; 45 minutes
- 99205 Comprehensive history and exam; high complexity; 60 minutes

#### **Established Patient**

- 99211 Minimal Problem; physician supervised services; 5 minutes
- 99212 Problem focused history and exam; straight forward; 10 minutes
- 99213 Expanded problem focused history and exam; straight forward; 15 minutes
- 99214 Detailed history and exam; moderate complexity; 25 minutes
- 99215 Comprehensive history and exam; high complexity; 40 minutes

### **PREVENTIVE MEDICINE SERVICES (if not covered by CHDP)**

- 99381 Initial Evaluation and Management of Healthy Individual
- 99382 Early Childhood - age 1 to 4 years
- 99383 Late Childhood - age 5 to 11 years
- 99384 Adolescent - age 12 to 17 years
- 99385 18 - 39 years
- 99386 40 - 64 years
- 99387 65 years and older

#### **Established Patient**

- 99391 Periodic Reevaluation and Management of Healthy Individual
- 99392 Early Childhood - age 1 to 4 years
- 99393 Late Childhood - age 5 to 11 years
- 99394 Adolescent - age 12 to 17 years
- 99395 18 - 39 years
- 99396 40 - 64 years
- 99397 65 years and older

## ATTACHMENT H- PCP CONTRACT

### **MINOR SURGICAL AND OTHER MISCELLANEOUS PROCEDURES**

#### **Surgical Procedures**

10060	Drainage of Boil
10080	Drainage of Pilonidal Cyst
10120	Remove Foreign Body
10140	Drainage of Hematoma
10160	Puncture Drainage of Lesion
11100	Biopsy of Lesion
11101	Biopsy, Each Added Lesion
11200	Removal of Skin Tags
11400	Removal of Skin Lesion
11420	Removal of Skin Lesion
11440	Removal of Skin Lesion
11740	Drain Blood from under Nail
11900	Injection into Skin Lesions
16000	Initial Treatment of Burn(s)
20600	Arthrocentesis, Aspiration and/or Injection; Small Joint, Burns or Ganglion Cyst
26600	Treat Metacarpal Fracture
26720	Treat Finger Fracture, Each
28470	Treat Metatarsal Fracture
28490	Treat Big Toe Fracture
28510	Treatment of Toe Fracture

#### **Splints**

29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29126	dynamic
29130	Application of finger splint; static
29131	dynamic
29505	Application of long leg splint (thigh to ankle or toes)
29515	Application of short leg splint (calf to foot)

#### **Strapping – Any Age**

29200	Strapping; thorax
29220	low back
29240	shoulder (eg.Velpeau)
29260	elbow or wrist
29280	hand or finger
29520	Strapping; hip
29530	knee
29540	ankle
29550	toes

## ATTACHMENT H- PCP CONTRACT

46600 Diagnostic Anoscopy  
51701 Insertion of non-indwelling bladder catheter  
51702 Insertion of temporary indwelling  
bladder catheter  
65205 Removal of Foreign Body, Eye  
69200 Clear Outer Ear Canal  
69210 Remove Impacted Ear Wax

### **Laboratory**

81000 Urinalysis with Microscopy  
81002 Routine Urine Analysis  
81005 Urinalysis; Chemical,  
qualitative  
82270 Blood; Occult, Feces  
82271 Blood; Occult - Other Sources  
82948 Stick Assay Blood Glucose  
82947 Glucose; Quantitative  
85014 Hematocrit  
85018 Hemoglobin, Colorimetric  
85025 Automated Hemogram  
86580 TB Intradermal Test  
87081 Bacteria Culture Screen  
87088 Urine Bacteria Culture  
87177 Ova and/or parasites  
87205 Smear, Stain & Interpretation - Routine Stain  
87210 Smear, Stain & Interpretation - Wet Mount  
87220 Tissue Examination for Fungi  
(KOH Slide)

### **ECG, HEARING TEST, SUPPLIES**

93000 Electrocardiogram, Complete  
93005 Electrocardiogram, Tracing  
93010 Electrocardiogram Report  
93040 Rhythm ECG with Report  
93041 Rhythm ECG, Tracing  
93042 Rhythm ECG, Report  
92551 Pure Tone Hearing Test, Air  
92552 Pure Tone Audiometry, Air  
92553 Audiometry, Air & Bone  
X4540 Tympanometry  
Z0316 Tympanometry codes  
99070 Special Supplies

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**DATE:** June 28, 2010  
**TO:** Ventura County Medi-Cal Managed Care Commission  
**FROM:** Ventura COHS Executive/Finance Committee  
Terrie M Stanley, Interim CEO Committee Co-Chair  
**SUBJECT:** Policy for Administrative Members and Primary Care Auto Assignment

**Recommendation:** Approve the attached policy formulated by the Executive Finance Committee that addresses categories of members and the process to assign members who fail to electively select a Primary Care Provider within 30 days of assignment to the Ventura COHS plan.

**Discussion:**

The Ventura County Medi-Cal Managed Care Commission will need to have a process in place that will allow new members a period of time to select a Primary Care Provider, and in the instance when there is not a selection, to assign members to a Primary Care Provider (PCP). Members who select or are assigned to a PCP will be referred to as "assigned" members. There will be a second category of "administrative member". This will be a member who is not assigned to a specific physician or clinic and, therefore, may see any willing Medi-Cal provider within the service area. Administrative members will have "Administrative Member" listed on their ID cards in the PCP section, rather than the name of a doctor or clinic. Newly eligible members will have "Administrative Member – Newly Eligible" on their ID cards in the PCP section.

The policy lists four other categories of members who would also be administrative members

- Long-Term Care
- Out of Area
- Other Health Care (OHC)
- Share of Cost

Both the adopted COHS Establishing Ordinance NO. 4409 (section 1380-4(c)) and the Bylaws adopted by the Ventura County Medi-Cal Managed Care Commission (ARTICLE I (c)) state the following:

"The Ventura County Medi-Cal Managed Care Commission shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

"...Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics. "

Following these principles, Ventura's auto assignment will be that clinics (Rural Health, FQHC and County) rotate (based on current Medi-Cal volume) having the plan assign these members to them based on member geographical, cultural and linguistic preference data.

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**POLICY**

**ADMINISTRATIVE MEMBERS and PRIMARY CARE AUTO ASSIGNMENT**

The Ventura County Medi-Cal Managed Care Commission shall have two categories of members for the purposes of provider enrollment. “Assigned” members will be those that have either selected or been assigned to a specific Primary Care Provider (PCP).

Members who select a primary care provider (PCP) shall be assigned to the provider they chose so long as that provider is open to accept new enrollment. Should the provider be closed to new members, staff will contact the provider office to see if they are willing to make an exception and allow the specific member be assigned to their practice. In no instance shall a member be assigned to a practice if the maximum number of members has been assigned to a site and the plan would be in violation of its Department of Health Care Services contractual requirements of limitation of members assigned to a PCP practice site for “assigned” members.

The second category is that of “administrative member”. An administrative member is one who is not assigned to a specific physician or clinic and, therefore, may see any willing currently contracted Medi-Cal provider within the service area. Administrative members will have “Administrative Member” listed on their ID cards in the PCP section, rather than the name of a doctor or clinic. Newly eligible members will have “Administrative Member – Newly Eligible” on their ID cards in the PCP section. Other categories of member also included in this category are:

- Long-Term Care — A member who is residing in a skilled or intermediate-care nursing facility for more than 30 days after the month of admission.
- Out of Area — A member who resides out of the service area but whose Medi-Cal case remains in County. These may include out-of-area foster-care or adoption-assistance placements and long-term care placements. Out of area Administrative Members may access care from any Medi-Cal provider within California.
- Other Health Care (OHC) — A member who has other health insurance that is primary to Medi-Cal. This includes members with both Medi-Cal and Medicare Part B, as well as members with both Medi-Cal and commercial insurance.
- Share of Cost — A member who has Medi-Cal with a share of cost.

For members who do not select a PCP but qualify to be assigned to one, the following principles will apply to how assignment will occur. Both the adopted COHS Establishing Ordinance NO. 4409 (section 1380-4(c)) and the Bylaws adopted by the Ventura County Medi-Cal Managed Care Commission (ARTICLE I (c)) state the following:

“The Ventura County Medi-Cal Managed Care Commission shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

“...Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of “Safety Net” providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics. “

Principles for auto assignment will be that clinics (Rural Health, FQHC and County) rotate (based on current Medi-Cal volume) having the plan assign these members to them based on member geographical, cultural and linguistic preference data.





**DATE:** June 28, 2010

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

**FROM:** Terrie Stanley, Interim CEO

**SUBJECT:** Establish Executive/Finance Committee to Serve as the Nominating Committee for the Purpose of Confirmation of Candidates for Roles of Chair and Vice Chair of the VCMMCC

Michael Powers  
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Recommendation: Since the Executive/Finance Committee has been formed, it is recommended they serve as the Required Nominating Committee for the Purpose of Confirmation of Candidates for Roles of Chair and Vice Chair of the VCMMCC.

Discussion:

ByLaws adopted on April 26, 2010 state the following:

**ARTICLE III- Election**

- (a) During the June meeting, the Chairperson shall appoint and the VCMMCC shall confirm a Nominating Committee of not less than three (3) members.
- (b) The Nominating Committee shall place in nomination the candidates selected and accept further nominations from the floor during the meeting.
- (c) During the December meeting, the VCMMCC shall elect officers by majority vote of the members present.
- (d) The officers elected at the December meeting will take their respective offices on January 1<sup>st</sup> of the following year.

**Duties**

- (a) The Chairperson shall:
  - 1. Preside at all meetings;
  - 2. Execute all documents approved by the VCMMCC;
  - 3. Be responsible to see that all actions of the VCMMCC are implemented; and
  - 4. Maintain consultation with the Chief Executive Officer (CEO).
- (b) The Vice-Chairperson shall:
  - 1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson; and
  - 2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.

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