

**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Commission Meeting Minutes
July 25, 2011**

CALL TO ORDER

Chair Dial called the meeting to order at 3:01 p.m. in Suite 200 at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

ROLL CALL

COMMISSION MEMBERS IN ATTENDANCE

Maylee Berry, Medi-Cal Beneficiary Advocate
Anil Chawla, MD, Clinicas del Camino Real, Inc.
Lanyard Dial, MD, Ventura County Medical Association
Laurie Eberst, RN, Private Hospitals / Healthcare System
John Fankhauser, MD, Ventura County Medical Center Executive Committee
Robert Gonzalez, MD, Ventura County Health Care Agency
Rick Jarvis, Private Hospitals / Healthcare System
Roberto S. Juarez, Clinicas del Camino Real, Inc.
Kathy Long, Ventura County Board of Supervisors
Catherine Rodriguez, Ventura County Medical Health System

EXCUSED / ABSENT COMMISSIONERS

David Araujo, MD, Ventura County Medical Center Family Medicine Residency Program

STAFF IN ATTENDANCE

Earl Greenia, CEO
Tin Kin Lee, Legal Counsel
Traci R. McGinley, Clerk of the Board
Charlie Cho, MD, Chief Medical Officer
Andre Galvan, Project Management Specialist
Lupe Gonzalez, Health Educator
Darlane Johnsen, Chief Financial Officer
Steven Lalich, Communications Director
Candice Limousin, Human Resources Director
Audra Lucas, Administrative Assistant
Aimee Sziklai, Operations Director
Paul Roberts, Provider Relations and Contracting Director

Language Interpreting and Translating services provided by GCHP from Lourdes González Campbell of Lourdes González Campbell and Associates.

PUBLIC COMMENT / CORRESPONDENCE

David Cruz, HELA President, stated that callers to his radio show have posed questions regarding the Primary Care Physician "PCP" selection process. He requested an audit of the process.

Christiania Velasco, Clinicas del Camino Real, Inc., CFO, expressed her concern, up to 60% of Clinicas' patients are not on their provider roster and are receiving complaints from patients regarding auto assignment. She requested information on how the auto assignments were made, and an audit of the process.

Debbie Zelaya, Mini Pharmacy, Los Angeles, voiced her concern that they have lost patients since GCHP began operations in Ventura County and 2,000 or more can no longer receive services from her Pharmacy. She expressed disappointment that ScriptCare will not consider offering a contract until November.

1. APPROVAL OF MINUTES – JUNE 27, 2011

Traci R. McGinley, Clerk of the Board, noted that the minutes will be corrected to reflect Commissioner Eberst as being present; and that the motion for 4.c. will be changed from Commissioner Long to Eberst. Commissioner Juarez moved to approve the June 27, 2011 minutes with the corrections as noted, Commissioner Gonzalez seconded. The motion carried. **Approved 10-0.**

2. ACCEPT AND FILE MANAGEMENT UPDATE

CEO Greenia reviewed highlights from his written report and emphasized the successful kickoff celebration event held on July 19th. GCHP staff recently attended the Department of Health Care Services (DHCS) meeting for Managed Care Plans in Sacramento where they discussed Medi-Cal budget reductions and the proposed use of co-pays due to State budget cuts. He noted that GCHP staff is developing a process to audit the auto-assignment and self-selection processes.

3. ACCEPT AND FILE FINANCIAL REPORT

CFO Johnsen reported that the year-end report will be submitted to the Executive / Finance Committee at the August 10th meeting. The line-of-credit agreement with Rabobank will be executed soon.

4. MANAGEMENT RECOMMENDATIONS

a. Commission Bylaws

Counsel Lee advised the Commission that proposed bylaws amendments must be submitted to the Commission at least two weeks prior to the vote on the proposed amendment.

The parameters and definitions of Safety-Net were discussed, but no agreement was reached for an amendment.

Concern was raised regarding the Executive / Finance Committee's authority (Article IV, Section (b), Standing Committees, Executive / Finance Committee). The defined areas of authority adopted June 28, 2010 were compared to the recommended changes. It was also recommended that a quorum of the Executive / Finance Committee consist of three (3) members, not four (4) as presented by Counsel.

It was recommended that Article VI, Conduct of Meetings, be amended to reflect that abstention is acceptable except when it would cause a tie vote.

In response to a question regarding the Chair voting, Counsel Lee advised the Commission that Roberts Rules of Order specifically allows a Chair to vote in Boards comprised of less than 13 members.

Counsel Lee will amend the items as discussed to be considered at a future meeting.

b. Co-Payment Policy

CEO Greenia stated that he anticipates that the Centers for Medicare and Medicaid Services (CMS) will approve the State's request to reduce provider payment rates by ten percent (10%) and the imposition of beneficiary co-payments. The State has announced that it will allow fee-for-service Providers to collect co-payments from beneficiaries. For managed care, the State is allowing the Plans the discretion to determine their policy.

CEO Greenia highlighted the position of other COHS models and stated that plans would have 60 days to implement changes once approved by CMS.

Discussion was held regarding the amount co-pays should be for each service, caps on hospitalization fees and prescription fees for chronic patients.

It was noted that it would not be necessary to amend our contracts with providers because there is blanket language regarding changes in law or regulation; however, GCHP would send notification regarding any changes.

Management will provide further information concerning co-pays at a future meeting.

c. Conflict of Interest

Commissioner Juarez expressed concern with Counsel's opinion regarding various conflict of interest issues and requested an opinion from a different attorney.

Counsel Lee suggested that it should be from an attorney that specializes in "Conflict of Interest" and cautioned that such a review would be time-intensive and the cost could be significant. He emphasized that each situation could require clarification.

Commissioner Juarez moved that Management seek an outside review of the four opinions of Counsel. Commissioner Chawla seconded. Commissioners Gonzalez, Chawla, Eberst and Juarez voted in favor of the motion; Commissioners Berry, Dial, Fankhauser, Jarvis, Long and Rodriguez voted against. The motion **failed 4-6**.

d. Auto-Assignment

CEO Greenia reported that the auto-assignment of members that did not select a Primary Care Physician (PCP) was initiated using the 3-to-1 weighting for the safety-net providers as recommended at the first meeting of the Study Group. Of our 100,000+ members, 67,663 are required to select a PCP (the remainder are “administrative” members and do not select a PCP). As of July 8th, 20,344 (30%) selected a PCP, the remainder were auto-assigned.

There have been a few reports that members have sought care from their customary provider and discovered they were auto-assigned to a different provider. When this occurs, they can call Member Services and can immediately change their PCP. The PCP selection forms that have arrived since go-live have been honored (the auto-assignment reversed and the preferred PCP assigned). CEO Greenia reiterated that staff will audit the auto-assignment and self-selection processes, further, ACS will write a narrative description of the auto-assignment process.

COMMENTS FROM COMMISSIONERS

Chair Dial congratulated staff for 25 days of experience as a COHS, as well as for a great Grand Opening Ceremony.

ADJOURNMENT

The meeting adjourned at 4:52 p.m.

APPROVED:



Traci R. McGinley, MMC, Clerk of the Board