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

2240 E. Gonzales Road, Suite 200, Oxnard, CA 93036
Wednesday, December 10, 2014
5:00 p.m.

AGENDA

SWEARING IN OF COMMITTEE MEMBERS

CALL TO ORDER / ROLL CALL

WELCOME AND INTRODUCTIONS

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

•   Public Comment – Comments regarding items not on the agenda but within the subject matter jurisdiction of the Committee.

•   Agenda Item Comment – Comments on the subject matter jurisdiction of the Committee pertaining to a specific item on the agenda. The speaker is recognized and introduced by the Committee Chair during the Committee's consideration of the item.

APPROVE MINUTES
1.   Regular Meeting of September 17, 2014

DISCUSSION ITEMS
2.   CEO / COO Update – Ruth Watson, Interim CEO / COO
3.   CFO Update – John Meazzo, Interim Chief Financial Officer
4.   Operations Update – Tami Lewis, Director of Operations
5.   Government Affairs Update – Guillermo Gonzalez, Director, Government Affairs

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

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMITTEE AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE SECRETARY OF THE COMMITTEE, 711 E. DAILY DRIVE, SUITE 106, CAMARILLO, CA 93010.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT CONNIE AT (805) 437-5562. 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.
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CALL TO ORDER

Director of Operations Tami Lewis called the meeting to order at 5:10 p.m. in Suite 200 of the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

SWEARING IN OF COMMITTEE MEMBERS

Member Services Specialist Connie Harden swore-in Committee Member Norma Gomez, Committee Member Frisa Herrera, Committee Member Paula Johnson and Committee Member Pedro Mendoza.

ROLL CALL

COMMITTEE MEMBERS IN ATTENDANCE
Alicia Flores, La Hermandad
Norma Gomez, Mixteco / Indigena Community Organizing Project
Frisa Herrera, Casa Pacifica
Paula Johnson, ARC of Ventura County
Laurie Jordan, Rainbow Connection / Tri-Counties Regional Center
Ruben Juarez, County Health Care Agency
Pedro Mendoza, Tri-Counties Regional Center
Katharine Raley, County of Ventura Area Agency on Aging
Curtis Updike, County Human Services Agency (HSA)

EXCUSED / ABSENT COMMITTEE MEMBERS
Rita Duarte-Weaver, Ventura County Public Health Department
Michelle Gerardi, Beneficiary

STAFF IN ATTENDANCE
Tami Lewis, Director of Operations
Michael Engelhard, Chief Executive Officer
Michelle Raleigh, Chief Financial Officer
Connie Harden, Member Services Specialist
Luis Aguilar, Member Services Manager
Brandy Armenta, Compliance Officer / Director
Sherri Bennett, Director of Network Operations
Anne Freese, Pharmacy Director
Guillermo Gonzalez, Director of Government Affairs  
Lupe Gonzalez, Director of Health Education  
Stacy Luney, Grievance and Appeals Manager  
Steve Lalich, Director of Communications  
Dr. Al Reeves, Chief Medical Officer  
Shean Strong, Interim Director of Quality Improvement  
Dr. Nancy Wharfield, Associate Chief Medical Officer

Language interpreting and translating services were provided by GCHP from Lourdes González Campbell and Associates.

The Pledge of Allegiance was recited.

WELCOME AND INTRODUCTIONS

Director of Operations Tami Lewis welcomed the Committee.

PUBLIC COMMENT / CORRESPONDENCE

None

APPROVAL MINUTES

1. Regular Meeting of June 18, 2014
Committee Member Curtis Updike requested a change to the Minutes from the June 18, 2014 meeting. Committee Member Updike asked for a correction to his statement on page 1-6, stating that while the renewal process has always taken place annually, there is still a requirement to report semi-annually. Committee Member Updike moved to approve the Regular Meeting Minutes of June 18, 2014. Committee Member Frisa Herrera seconded. The motion carried with the following vote:

AYE: Flores, Gomez, Herrera, Johnson, Juarez, Mendoza, Raley and Updike.
NAY: None.
ABSTAIN: Jordan.
ABSENT: Gerardi and Duarte-Weaver.
RECUSED: None.

APPROVAL ITEMS

None

DISCUSSION ITEMS

2. CEO Update
Chief Executive Officer (CEO) Mike Engelhard announced that this would be his last Consumer Advisory Committee meeting as he has resigned from GCHP with September 19, 2014 being his last day. CEO Engelhard announced that Chief Operations Officer (COO) Ruth Watson would become the Interim CEO until a new CEO is hired.
CEO Engelhard introduced Director of Health Education, Lupe Gonzalez, who provided an update on Health Education activities. Director Gonzalez presented a listing of Community Outreach events for October, 2014; Outreach Encounters data; a program promoting retinal eye exams for diabetic members and a diabetes awareness event to be held November 8, 2014 at the Oxnard Public Library. Committee Member Frisa Herrera asked if the retinal eye exam program was for all members with diabetes. Director Gonzalez stated the program was for current members with diabetes who had been identified as not yet having the exam this year. Committee Member Ruben Juarez asked Director Gonzalez about a program through the Lions Club, at the Guadalupe Church, for vision services and glasses. Committee Member Katharine Raley commented on the program also. Director Gonzalez stated she would look into it. Chief Medical Officer (CMO) Al Reeves commented that the diabetes awareness event and the retinal eye exams for diabetics was an initiative undertaken by GCHP to improve the health of our members by promoting preventative health screenings. Director Gonzalez also commented on the latest issue of the member newsletter that should be in members’ homes.

3. CFO Update
Chief Financial Officer (CFO) Michelle Raleigh reviewed the update as presented. CFO Raleigh stated that June 30, 2014 was the end of our fiscal year and the end of our third year of operations, adding that it ended nicely from a financial perspective. CFO Raleigh stated that we received more members than predicted in our budget. Committee Member Updike stated that the Human Services Agency (HSA) had received approximately 4,000 new applications a month this year, but that they are now back down to approximately 2,500 which is the normal flow of applications.

4. Operations Report
Director of Operations Tami Lewis reported on the Member Orientation meetings. Director Lewis stated that we have begun putting the orientation schedule flyer in the new member packets and it appears to have been a success for us. Director Lewis went on to state that between January and June of 2014, we had a total of 28 members who came to an orientation meeting; in July and August alone we had 55 members in attendance and 37 of these members found out about the meetings because of the flyers. Director Lewis added that the meetings have been scheduled out through March of 2015 and that the flyer with the October – December 2014 meeting schedule was included in the Committee Members’ packet.

Director Lewis reported on the new 2014-2015 Member Handbook which was sent to the State for approval in June. We will begin sending out the handbook to new members in October of this year. Director Lewis added that there will be inserts for the new handbook as new programs and benefits are introduced.

Director Lewis reviewed the Membership Summary as presented. She went on to add that GCHP is beginning to see decreases in certain aid codes as redeterminations and aid code changes are made. Discussion was held about the redetermination process and how it is affecting membership. Committee Member Updike provided information on the redetermination process for members. Committee Member Ruben Juarez asked questions about income for part-time students and working newly-graduated students and how it would affect their Medi-Cal enrollment. Committee Member Updike stated it is based on other factors in their home and how they file their taxes.
5. **Medicare Part D Report and SOC**

Director of Pharmacy Anne Freese reviewed the changes to the pharmacy processing system as presented. Director Freese stated that there were two errors in the way pharmacy claims were processed by GCHP’s pharmacy benefits manager (PBM), Script Care. Director Freese said that the errors were for members with Medicare Part D and those who have a Share of Cost. The system has been corrected and the changes will take place October 1, 2014. Director Freese added that communications were sent to the affected members with information on the issue and information on how to contact Medicare or GCHP if they have questions.

Committee Member Juarez asked if a member can exceed the medications benefit through Medi-Cal. Director Freese replied that there are some limits set up through Medi-Cal and GCHP has its set of limits; however, there are no limits on medications that are medically necessary for a member. Director Freese when on to say that GCHP does have a limit of ten (10) prescriptions per month; however, there are a number of prescriptions that don’t count towards that limit, such as if a member needs an antibiotic. If a member has reached the limit, there is an exception process, to handle this situation.

**RECESS**

A break was provided at 5:35 p.m. The meeting reconvened at 5:55 p.m.

6. **Behavioral Health Update**

Associate Chief Medical Officer (ACMO) Dr. Nancy Wharfield presented an update on behavioral health services; specifically, a new Applied Behavioral Analysis (ABA) benefit for Medi-Cal members under the age of 21 with autism which was effective September 15, 2014. Dr. Wharfield introduced Steven Graff, Ph.D. of Tri-Counties Regional Center (TCRC). Dr. Wharfield stated that members currently receiving ABA services through TCRC will stay with the Center and at some point a plan for transition will be developed. Dr. Wharfield went on to say that at this point, we don’t have a lot of information about this benefit but will share the information with Committee Members as it is developed. Dr. Wharfield added that we would work very closely with TCRC to make sure that the hand-off from TCRC to GCHP is a good experience for the members and their families.

Dr. Wharfield stated that Beacon Health Strategies (Beacon) will be providing the ABA services for our members not with TCRC. Dr. Wharfield went on to say that Beacon acquired an organization that specializes in autism treatment and is already set-up to treat these patients. This puts GCHP in a very good position with an organization and Beacon is already working on a network of providers for Ventura County.

Dr. Wharfield stated that continuity of care for this population is critical as the therapy can last for years. She added that if a member has been in treatment with a licensed provider, the member will be able to continue seeing that provider if the provider is willing to contract with GCHP.

Committee Member Updike asked if this was going to benefit the Healthy Families children who transferred to Medi-Cal last summer. Dr. Wharfield stated that ABA was a benefit for Healthy Families members prior to transferring to Medi-Cal and those families should be very happy to have that benefit back.
Discussion was held regarding Kaiser and Medi-Cal. Dr. Wharfield stated that members with Kaiser will receive those ABA services from Kaiser as Kaiser is fully delegated to provide all services.

Discussion was held regarding different aspects of the new ABA benefit. Dr. Wharfield reiterated that much of the program has not yet been decided by the State and that we will pass along information as we receive it.

7. MICOP Update
Committee Member Norma Gomez, a project manager for the Mixteco / Indigena Community Organizing Project (MICOP) (through interpreter – Lourdes Campbell) presented a brief update on how MICOP assists its members. She then stated that her organization is having difficulties with the Gold Coast Health Plan call center. Committee Member Gomez stated that when our members call, with assistance from a representative of MICOP, the GCHP agent won't speak to the MICOP representative. Manager Luis Aguilar stated that the problem may be that there is no Personal Representative Form on file for the MICOP representatives to speak to GCHP. Manager Aguilar will send the Personal Representative Form to Committee Member Gomez so MICOP can fill it out with the member and send it back to us. We need to have this form on file so that when the MICOP representative calls on behalf of a member, we can verify that we have an approval on file to speak to the MICOP representative. Committee Member Gomez stated that when they have asked the call center agent to get a Mixteco interpreter to assist, the agent can never find an interpreter. Committee Member Gomez asked why, when MICOP has their own interpreters, the call center agents cannot speak to them. Manager Aguilar explained the necessity of Personal Representative Forms and also stated he would look into the problems reported and get back to her.

Discussion was held about the interpreters we have access to.

Discussion was held regarding the use of Personal Representative Forms and easier ways of getting them to GCHP.

Comments from Committee Members

All Committee Members expressed their appreciation to CEO Engelhard for all the great progress made at GCHP and wished him well on his future endeavors.

Committee Members complimented the staff of Gold Coast Health Plan for all of their assistance and for the changes to the Consumer Advisory Committee meetings making them more interactive.

ADJOURNMENT

Meeting was adjourned at 6:26 p.m.
AGENDA ITEM 3

To: Gold Coast Health Plan Consumer Advisory Committee

From: John Meazzo, Interim CFO

Date: December 10, 2014

Re: CFO Update

Financial Update
The Plan continues to generate positive net income from operations. As of the end of the first quarter of FY 2014-2015 (at September 30, 2014), the Plan’s net income is approximately $9.3 million, which is higher than the $4.6 million assumed in the budget. The primary reason for the positive variance is driven by the increase in membership, which was above and beyond what the Plan budgeted (the Plan gained approximately 5,000 more members per month than what was estimated in the budget).

These operating results have contributed to Tangible Net Equity (TNE) reserve level of approximately $49.1 million, which exceeds both the budget of $12.1 million and the State minimum required TNE amount of $26.5 million. Note the TNE includes the $7.2 million in lines of credit with the County of Ventura. The Plan is at approximately 185% of the minimum TNE requirement when the lines of credit are excluded from the calculation.

Please note that these are unaudited results for the first quarter of FY 2014-2015. The Plan is undergoing the annual, required financial audit where results are expected to be finalized in January 2015.
AGENDA ITEM 4

To: Gold Coast Health Plan Consumer Advisory Committee
From: Tami Lewis, Director of Operations
Date: December 10, 2014
Re: Operations Update

Membership Summary
Gold Coast Health Plan (GCHP) has continued to see membership increases since we last reported enrollment information to this Committee. GCHP added 3,968 members in October, 1,042 members in November and 4,865 members in December to bring the total number of members enrolled in the Plan to 173,505 as of December 1, 2014. This represents an increase of 52,993 members or 44% since January 1, 2014. The cumulative new membership since January 1st is summarized as follows:

L1 (Low Income Health Plan) – 6,972
M1 (Adult Expansion) – 27,176
7U (CalFresh Adults) – 3,204
7W (CalFresh Children) – 589
7S (Parents of 7Ws) – 15
Traditional Medi-Cal – 15,037

Member Handbook
GCHP is required by DHCS to notify members of the new Applied Behavioral Analysis (ABA) benefit for Autism. This notification is in the form of an insert for the Member Handbook. Since the new benefit is only available to members under the age of 21, DHCS is allowing plans to mail the insert to that subset of a plan’s membership. GCHP mailed the inserts on November 26, 2014.

Member Orientation Meetings
GCHP continues to hold Member Orientation meetings several times per month in various locations throughout the County; however, attendance at these meetings has slowed down. A total of 152 individuals have attended an Orientation meeting since January 2014 and 79 indicated they learned about the meeting as a result of the flyer being included in new member packets. Member Orientation flyers will continue to be included in all new member packets to promote the meetings.
GCHP Membership

December 2014 Total Membership – 173,505
January through December membership growth – 52,993

GCHP Membership Increase January - December 2014

Change from Prior Month
New Membership

GCHP New Membership Breakdown

- L1 - Low Income Health Plan - 13%
- M1 - Medi-Cal Expansion - 51%
- 7U - CalFresh Adults - 6%
- 7W - CalFresh Children - 1%
- Traditional Medi-Cal - 29%

Note: GCHP Pended eligibility (not shown) – 358 (down 135 from November)

- Members with aid code 8E – accelerated enrollment which provides immediate temporary, fee-for service, full scope Medi-Cal benefits for ages 65 and under.
AGENDA ITEM 5

To: Gold Coast Health Plan Consumer Advisory Committee

From: Guillermo Gonzalez, Director, Government Affairs

Date: December 10, 2014

Re: November Midterm Elections

The following is a brief recap of the November 2014 midterm elections and the potential impact on the Medicaid/ Medi-Cal Program.

United States Congress
Republicans achieved major electoral gains in the November 4th midterm election, taking control of the U.S. Senate. Senate seats formerly held by Democrats in Iowa, Colorado, Arkansas, Montana, South Dakota, West Virginia and North Carolina were won by Republicans. These victories make the Republican Party the majority party in the Senate. With control of both the House and Senate, Republicans are now in position to propose and possibly make significant changes to the Medicaid program. One of these changes involves moving the Medicaid program toward a system that caps federal payments per beneficiary and implements a block grant funding approach to the Medicaid program. This proposed payment methodology could potentially shift more costs to states and ultimately patients.

Proponents of capitated federal payments or block grant funding for the Medicaid program argue that this type of funding controls federal spending while improving patient outcomes and reducing fraud and waste. Opponents argue that under federal block grants or a capitation method, payments would fall woefully short of meeting actual healthcare costs in the Medicaid system. They say such payments may not accurately reflect which rates apply to people, or facilitate increases in costs for expensive treatments with specialty drugs like Sovaldi, the breakthrough treatment for people with hepatitis C. Critics of a capitated or block grant funding method say these costs would be shifted toward states and patients.

Most Democrats in Congress and President Obama are opposed to a block grant funding approach to the Medicaid program, so it is unlikely the Medicaid block grant proposal would have broad bipartisan support. Whether Republican leaders decide to move forward with a legislative or budget action on this issue largely depends on how much enthusiasm the proposal generates among the rest of the Republican caucus.
Pending Supreme Court Decision
The following Friday after the midterm election the Supreme Court of the United States announced that they will take up the case of King v. Burwell. The central issue in this case is whether federal subsidies should be available to all Americans who qualify or only to those who purchase health insurance through exchanges established by a state. If the court decides against allowing subsidies in federally run exchanges, health insurance premiums for people in federal health exchanges will increase significantly. Currently thirty-five states have federally subsidized health exchanges. It is expected that the court will decide on the King v. Burwell case sometime in late spring or early summer of 2015.

State Legislature
At the state level the midterm elections on November 4th resulted in a few victories for the Republican Party in both chambers of the California’s state legislature. These victories enabled Republicans to pick up enough legislative seats to end the Democrats’ supermajorities in both chambers. The significance of the two-thirds supermajority is that it allows the majority party to raise taxes, put measures on the statewide ballot, and override gubernatorial vetoes without support from the minority party.

Assembly Health Committee
The Chair of the Assembly Health Committee, Richard Pan, M.D. ran for a seat in the state senate, and won, against another democrat, Roger Dickinson - an attorney. This race attracted over $4.6 million in total campaign contributions combined. Physicians and medical associations backed Pan while trial attorneys and environmental groups backed Dickinson. Because Pan won, the Chairmanship of the Assembly Health Committee is now vacant. The State Assembly and Senate Health Committees have jurisdiction and oversight of the state’s Medi-Cal Program.

Republican victories in the state legislature will likely block any attempt by the Governor or Democrats to extend the Prop 30 tax increase California voters approved in 2012. This measure temporarily raised the sales tax and income taxes on high earners to increase state revenue. Thus, this leaves the state budget process as the primary vehicle for both parties to pursue their priorities. It is unclear what cuts or increases will be proposed for the budgets of the Medi-Cal program during the upcoming legislative session.

Budget Process
The legislature reconvenes on January 5, 2015. Per state constitution the Governor must submit his proposed state budget to the legislature by January 10th. The legislature must pass a state budget by June 15th or state legislators forfeit their pay for everyday that a budget is not passed.
Introduction

More than one-fourth of the estimated 26 million Americans with diabetes remain undiagnosed, and more than 90% of the estimated 79 million adults with pre-diabetes remain undetected. Gold Coast Health Plan has identified that at least 10,000 of our members have diabetes (type I or II), pre-diabetes, or gestational diabetes. On average, medical expenses for a person with diagnosed diabetes are more than twice as much as the expenses of a person without diabetes.
Introduction

The following graph illustrates racial differences in the incidence of diabetes. Racial and ethnic differences in diagnosed diabetes among people aged 20 years or older, United States, 2010–2012

Age-adjusted* percentage of people aged 20 years or older with diagnosed diabetes, by race/ethnicity, United States, 2010–2012

- Non-Hispanic whites: 7.6%
- Asian Americans: 9.0%
- Hispanics: 12.8%
- Non-Hispanic blacks: 13.2%
- American Indians/Alaska Natives: 15.9%

*Based on the 2000 U.S. standard population.
Among Hispanic adults, the age-adjusted rate of diagnosed diabetes was 8.5% for Central and South Americans, 9.3% for Cubans, 13.9% for Mexican Americans, and 14.8% for Puerto Ricans.
Among Asian American adults, the age-adjusted rate of diagnosed diabetes was 4.4% for Chinese, 11.3% for Filipinos, 13.0% for Asian Indians, and 8.8% for other Asians.
Among American Indian and Alaska Native adults, the age-adjusted rate of diagnosed diabetes varied by region from 6.0% among Alaska Natives to 24.1% among American Indians in southern Arizona.
Introduction

Gold Coast Health Plan plans to implement a diabetes disease management program with the following goals:

- Impact members before becoming high risk and high cost
- Reduce utilization of services
- Improve health outcomes and HEDIS scores
Elements of the DM Program

Identification

Risk Stratification

Engagement

Program Participation

Measurement
Member Identification

- Pharmacy Data
- Laboratory Data
- Care Management Referral
- Member
- Claims/Encounter Data
- Practitioner Referral
Engagement

- Member Newsletter
- GCHP Website
- Phone Calls
- Mail
- Member Orientation Meetings
- GCHP Diabetes Disease Management resource
Program Participation

Education

Support

Incentives

Provider Collaboration

PROGRAM PARTICIPATION
Non-Emergency Medical Transportation (NEMT) Overview

Current Process

MEMBER Requests NEMT from NEMT provider.

Solution Process

MEMBER Requests NEMT from MD provider.

PROVIDER
- Determines eligibility per Manual of Criteria (+prior auth).
- Complete & transmit Rx form to GCHP.

GCHP HS
- Reviews for completeness
- Stores document
- Notifies NEMT provider

NEMT PROVIDER
- Review request per GCHP tools (+prior auth)
- Approves or denies request
- Provides transportation
- Reporting

END

www.goldcoasthealthplan.org
Questions about: Non-Emergency Medical Transportation (NEMT) Services

Question: What is Non-Emergency Medical Transportation (NEMT)?
Answer: NEMT is a ride to get to medical care that is not an emergency.

Question: Does Gold Coast Health Plan (GCHP) have an NEMT benefit?
Answer: Yes, but this benefit is very limited.

Question: Who provides NEMT Services?
Answer: GCHP contracts with Ventura Transit System (VTS) to provide NEMT.

Question: How do I receive NEMT Services?
Answer: Call your doctor first if you feel you need NEMT services.

Question: How do I qualify for NEMT?
Answer: You may qualify for NEMT if you cannot travel by bus, car, taxi, or other public transportation and/or have a serious medical condition.

Question: If I qualify for NEMT services, do I need a prescription?
Answer: Yes, if you qualify, your doctor will write a prescription for NEMT services.

Question: What happens after my doctor approves NEMT?
Answer: Your doctor will complete a prescription and submit it to GCHP.

Question: What happens after GCHP receives the prescription from my doctor?
Answer: GCHP will let VTS know you are eligible for NEMT.

Question: Do I need to call VTS to schedule an appointment?
Answer: No. As soon as VTS receives the prescription, you will be contacted to schedule a ride.

Question: Is NEMT available on the weekends?
Answer: Yes.

Question: Who do I call if I have questions about NEMT benefits?
Answer: Call GCHP Member Services at 1-888-301-1228, TTY 1-888-310-7347.
Welcome, ACE Members!

If you were a Member of the Access Coverage and Enrollment (ACE) Program for adults on December 31, 2013, your health care benefits coverage moved to the Medi-Cal program effective January 1, 2014. In Ventura County, these benefits are provided by Gold Coast Health Plan (GCHP). You should have received a letter from us with your GCHP membership card and Member Handbook. If you have any questions, please call Member Services at 888-301-1228/TTY 888-310-7347 Monday through Friday from 8 a.m. to 6 p.m.

What is a pulmonologist?

Your child often wheezes and seems short of breath. Your partner snores loudly and frequently gasps for air during sleep. After you've smoked for years, you suspect you have chronic obstructive pulmonary disease (COPD).

What do each of these situations have in common?

They all signal that you should talk to your Primary Care Provider (PCP). When a condition is severe, your doctor may decide to refer you to a pulmonologist.

Breathing specialists. A pulmonologist is a doctor who specializes in diseases of the lungs and respiratory system.

Diagnosis and treatment of conditions that affect breathing and the lungs may involve evaluation of:
- Sinuses.
- Nose.
- Throat.
- Trachea.

Symptoms and illnesses a pulmonologist may address include:
- Asthma.
- Breathing difficulty.
- A cough that lasts a long time.
- COPD.
- Lung cancer.
- Pneumonia.
- Pulmonary hypertension.
- Sleep apnea.
- Tuberculosis.

Pulmonologists may also manage ventilators for patients who need breathing assistance.

Education. Pulmonologists generally attend medical school for four years and then receive five to six years of additional training.

Sources: American Board of Medical Specialists; American College of Physicians

TAKE ACTION To learn about the pulmonologists who are part of our team, visit www.goldcoasthealthplan.org/choosaphysician and run a search with “Pulmonology” in the “Search by Specialty” field.
Mental health: Key to your well-being

Wellness is a lot more than not being sick. Yes, your body’s health is important. But so is the health of your mind.

Mental health is how your thoughts and feelings affect your life. People with good mental health tend to make decisions that they are happy with. They deal more easily with life’s hurdles.

How’s your mental health? Some signs can point to a problem that could get better with medical help. Examples of these signs are:

- Finding little joy in life or feeling worthless or guilty.
- Crying without knowing why.
- Intense worries or fears.
- Low energy or anger flare-ups.
- Mood swings—feeling very high, then very low.
- Seeing or hearing things that aren’t there.

If you have symptoms like these, let your Provider know. He or she will help you get care that can help you feel better. That might include talking with a mental health expert and taking medicine.

Some people think they should be able to handle these types of issues on their own—and that it’s a sign of weakness if they don’t.

When drinking becomes a problem

Maybe a friend has worried about how much you drink. Or you might miss work or school because of drinking too much.

A drinking problem isn’t always easy to spot—or admit to. But those are two of the many signs that point to trouble.

And the fact is: Alcohol is a problem if it affects any part of your life.

What are the risks? Drinking clouds your judgment and slows your brain function. That means you’re more likely to be hurt in an accident. You might also do something you regret later.

Alcohol also harms the body. It raises your risk of certain cancers, stroke and liver disease.

Warning signs. People who have a problem with alcohol:

- Think about drinking much of the time.
- Have tried but can’t cut back or quit on their own.
- Often drink more than they say.
- Drinking causes problems at home, at work, or elsewhere.
- Need to drink more of the time to feel “normal.”
Care for mind and body

There are many things you can do to work toward wellness. For instance:

- **Eat healthy foods.** Have breakfast every day.
- **Exercise.** It’s a great stress-buster.
- **Unwind.** Listen to music. Read or watch things that make you feel good.
- **Sleep.** Most adults need seven to nine hours of sleep every night.

But thinking that way only makes it harder to get healthy. The sooner you get help, the sooner your outlook will improve.

Sometimes people need emergency help. If you or someone you are with feels the need to do harm to anyone, including him- or herself, call 911.

Source: American Psychological Association; Mental Health America

Mental health and substance use disorder benefits

Outpatient mental health services are now a benefit covered by Beacon Health Strategies. You can call Beacon Health Strategies at 855-765-9702/TTY 800-735-2929 Monday through Friday, 8:30 a.m. to 5 p.m., or ask your Primary Care Provider (PCP) to make a behavioral health referral for you.

If you are experiencing a mental health crisis, please call the Ventura County Behavioral Health line 24/7 at 866-998-2243. For other questions, please call GCHP Member Services at 888-301-1228/TTY 888-310-7347 Monday through Friday, 8 a.m. to 6 p.m.

These services are for the treatment of mild to moderate mental health conditions, and they include:

- Individual and group mental health testing and treatment (psychotherapy).
- Psychological testing to evaluate a mental health condition.
- Outpatient services such as lab work, drugs and supplies.
- Outpatient services to monitor drug therapy.
- Psychiatric consultation.

Getting help. If you think you might have a drinking problem, talk to your Provider about how to quit. He or she may also help you find groups that help people beat alcohol.

Source: National Council on Alcoholism and Drug Dependence
Glaucoma: Save your sight

Our eyes have this fact in common: We need to keep them healthy to see. What is glaucoma? It is a group of eye conditions that can harm the tiny nerves that send signals from our eyes to our brain, which is how we see. Unless it is treated, glaucoma can cause people to lose much of their vision or even go blind.

Eye health matters. When glaucoma is found early, treatments help. Check with your Provider to find out when and how often to have your eyes checked.

Glaucoma most often starts slowly. But there's also a type of glaucoma that can cause blindness in a day or two if it isn't treated. Get medical help right away for signs like these:
- Bad eye pain or red eyes.
- Blurred vision.
- Seeing colored rings around lights.

Sources: American Optometric Association; National Eye Institute

Why do you need a Pap test?

A Pap test can save a woman's life. It can find early signs of cancer in the cervix. Even better, a Pap test can help prevent cancer. Most women should have regular Pap tests starting at age 21.

Some things can cause wrong test results. To be sure your next Pap test is accurate:
- Have the test when you don’t have your period.
- Try to be tested 10 to 20 days after the first day of your last period.
- Also, for two days before your Pap test:
  - Don’t have sex.
  - Don’t use tampons.
  - Don’t use any kind of vaginal douche, cream or medicine.

Schedule your test today. Contact your Provider.

Source: Office on Women’s Health

TAKE ACTION Need to know more about your eye health benefits? Give VSP Customer Service a call at 800-877-7195/TTY 800-428-4833. You can also check out www.goldcoasthealthplan.org.
Summary of Member Incentive –
Diabetes Eye Exam
Consumer Advisory Committee
December 10, 2014
Prepared by: Lupe Gonzalez, MPH, Ph.D.
Retinal Eye Exam

• A comprehensive annual eye exam is recommended for people with diabetes.

• Common diseases and vision problems includes: Diabetic retinopathy, macular degeneration, cataracts and glaucoma.

• Diabetes is the third highest cause of blindness (American Diabetes Association, Website 2014).
Retinal Eye Exam – Program Goals

• Reduce healthcare cost associated with diabetes-related blindness
  – Diabetes-related blindness and costs associated with personal and healthcare expenses is approximately $500 million annually (National Association of Chronic Disease Directors, 2012)

• Improve related diabetes screenings

• Improve quality of care and HEDIS Performance Scores
Program Summary

- Findings from the HEDIS Measure - Annual eye exam results among diabetic members showed that GCHP did not meet the minimum performance level.

- Goal: To determine if a member incentive to receive two free movie tickets for completing an annual eye exam before December 31, 2014, will increase the number of exams among full-scope Medi-Cal members diagnosed with diabetes.
Program Summary

- GCHP’s Quality Improvement Department provided a list of members diagnosed with diabetes.
- Approximately 3,700 members were identified and mailed a flyer/form:
  - Group A: Approximately 3,300 members did not receive their annual eye exam at the time of the mailing.
  - Group B: Approximately 369 members completed their eye exam and 120 members met the criteria for member incentive at the time of the mailing.
- **Follow-up** - The Health Education Department staff called members to encourage them to get their eye exam, answer any questions and to return the form for their free movie tickets.
- A total of 176 calls were made to members who did not receive an eye exam and 369 calls to members who completed their exam. A total of 545 calls were attempted.
- A total of 75 forms were received from members.
- Of the 75 forms returned:
  - 9% (7) incomplete/pending due to missing data
  - 32% (24) received an eye exam which was verified by provider
  - 59% (44) received - pending verification
- List of Providers/Clinics who completed the form:
  - Advanced Retina Associates
  - Magnolia Family Medical Clinic
  - Clinicas del Camino Real
  - Miramar Eye Specialists
  - Las Islas Family Medical Group
  - Alta Vista Eye Care
  - Sierra Vista Family Medical Group
  - Of the 75 forms returned, 68 or 91% will receive movie tickets.
  - Of 369 members who received their eye exam, 120 will receive movie tickets. A total of 188 movie tickets will be mailed to members.
Retinal Eye Exam - Feedback

Feedback from Calls:

• “Thank you for the early Christmas gift.”
• “Thank you very much from the bottom of my heart.”
• “Very thankful, I will be having a date with my wife.”
• “Gracias por hacer esto por nosotros (Thank you for doing this for us).”
• “That’s great you are doing this. Bless your heart.”

Feedback from Calls:

• “Thank you for being such a good company.”
• “Never been to the movies in my life. Thank you so much.”
• “I was very lucky you called me. Even though I am losing my sight, I want to go to the movies before I lose my eye sight completely. This is going to be my New Year’s gift from you.”
Any Questions?

Thank you!
Summary Report for Health Education, Outreach and Cultural & Linguistic Services

Health Education Workshops (October & November):

October marked the first of a series of workshops presented by Gold Coast Health Plan. In honor of Breast Cancer Awareness Month, four (4) workshops were held during the month of October and one (1) workshop was held in November to celebrate Diabetes Awareness Month. The dates and times, number of attendees and amount of materials are as follows:

**October 15, 2014**
Speaker: Alicia Zaragoza, RN, NP, CBPN-C, Oncology Nurse Navigator, Cancer program at St. John's Hospitals  
Time: 1:00 PM-1:30 PM  
Total Number of Participants: 23 Attendees  
Total Number of Materials Distributed:  
50 GCHP Summer 2014 Newsletters

**October 22, 2014**
Lemonwood Elementary School  
Speaker: Veronica Estrada  
Time: 8:00 AM-8:30 AM  
Total Number of Participants: 21 Attendees  
Total Number of Materials Distributed:  
21 GCHP Summer 2014 Newsletters  
21 HE Referral forms  
21 GCHP Mission Statement Pamphlets  
21 Ten (10) Tips Nutrition Sheet

**October 22, 2014**
Lemonwood Elementary School  
Speaker: Maria Felix-Ryan  
Time: 6:00 PM-6:30 PM  
Total Number of Participants: 6 Attendees  
Total Number of Materials Distributed:  
6 GCHP Summer 2014 Newsletters  
6 GCHP Mission Statement Pamphlets
October 24, 2014
Central Station Townhomes - Community Room
Speaker: Maria Felix-Ryan
Time: 6:00 PM - 7:00 PM
Total Number of Participants: 10 Attendees
Total Number of Materials Distributed:
- 6 GCHP Summer 2014 Newsletters
- 2 Denti-Cal provider list

November 8, 2014 “2nd Annual Diabetes Awareness Seminar and Resource Fair”
Oxnard Public Library
Speaker: Dr. Cheryl Lambing
Time: 10:00 AM - 2:00 PM
Total Number of Participants: 42 Attendees
- 30 Adults, 12 minors
Total Number of Materials Distributed:
- 14 GCHP Summer 2014 Newsletters
- 28 Agendas
- 6 GCHP Mental Health FAQ
- 4 GCHP Orientation Flyer
- 8 10 Tips Nutrition Sheet
- 1 Covered VC ways to apply for Medi-Cal
- 9 Whooping Cough flyer
- 28 Band Aid cases
- 25 Hand sanitizers

Participating agencies: CMH, Livingston Memorial, FOOD Share, Community Action of Ventura County, Clinicas Del Camino Real, VCHP – Chronic Disease Prevention Program, VCHP – Nutrition Education and Obesity Prevention Program, VCHP Health Care for Kids, HICAP & MICOP.

November 19, 2014
Ventura Housing Authority – Resident Meeting
Speakers: Sarah Palomino, Community Outreach Representative and Vicky Connaughton, MHA, Health Education Specialist, GCHP
Time: 1:00 PM-1:30 PM
Total Number of Participants: 20 Attendees
Total Number of Materials Distributed:
- 20 RYD Beverages; Make Every Sip Count
- 20 10 Tips – make better beverage choices
- 20 How much sugar is in your drink?
**December Health Education Workshops:** The Health Education Department will culminate its 3rd Quarter of Health Education Workshops with a series on Healthy Eating through the holidays during the month of December. The tentative schedule for the month of December is below:

- Clinicas del Camino Real in Moorpark on December 11th from 5:30 PM to 7:30 PM
- Housing Authority on December 17th from 1:00 PM to 2:00 PM

**Articles in Newsletter:** Gold Coast Health Plan’s Member Newsletter “Winning Health” will be in member homes towards the end of February 2015. The articles to be included are as follows:

- Autism & Vaccines
- Cholesterol
- Heart Health
- Hand Washing
- Men’s Health
- Preventing Hospital Readmissions

**Provider Education Training** – GCHP’s Health Education Department, in collaboration with UCLA, will be planning an SBIRT Training for providers in May 2015.
Gold Coast Health Plan strives to increase cultural sensitivity and awareness among employees, contractors and providers. On October 25, 2014, Cultural and Linguistic (C&L) Services hosted two trainings for employees on “How to access a telephonic interpreter.” John Reitano, from Pacific Interpreters Incorporated, was the guest speaker and provided an overview of the legal and regulatory requirements for providing services to individuals with limited English proficiency.

A total of 42 GCHP employees attended the trainings and overall, employees found the workshop to be very informative and helpful.

In collaboration with the GCHP Human Resource Department, C&L staff provides an overview to all new employees on cultural sensitivity and services available to members with limited English. The orientation consists of an overview of materials and services provided to members.

**Request for Telephonic Interpreters:**
**Pacific Interpreters – 3rd Quarter July – September 2014**
- 253 calls were made to our members by GCHP staff and providers
- A total of 13 languages were requested: Spanish, Arabic, Mandarin, Korean, Farsi, Tagalog, Vietnamese, Hungarian, Punjabi, Thai, Indonesian, Dari and Tongan
- There is an 11% increase from last quarter
Request for Translation Services

Translation Requests by Department

<table>
<thead>
<tr>
<th></th>
<th>Health Ed</th>
<th>Member Services</th>
<th>Health Services</th>
<th>Comm.</th>
<th>Provider Relations</th>
<th>Pharmacy</th>
<th>Govn’t Affairs</th>
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</thead>
<tbody>
<tr>
<td>2nd Quarter</td>
<td>16</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>April - June</td>
<td>(N=23)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3rd Quarter</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>July - Sept.</td>
<td>(N=18)</td>
<td></td>
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</tbody>
</table>

Request for Sign Language Interpreters

- A total of 34 ASL interpreter request forms were submitted
- A total of 5 ASL interpreter request forms were received for Specialty Centers or Providers
- A total of 29 ASL interpreter request forms came from Network Providers
- A total of non-duplicate Members are 15, which averages 2 requests per Member
- A total of 4 minors and 11 adults received interpreter services
Health Navigator Program

ER Health Navigator Program Summary Year-to-Date:

- The Health Navigator Program, also known as the Community Health Workers/Promotoras, are peer-educators trained to reach out to members who frequent the emergency room (ER) three or more times per month for preventable conditions. The health navigators encourage the member to follow-up with their Primary Care Provider, and when appropriate, make a referral to case management for additional follow-up. The following is summary of contacts and referrals:

- Total member cases: **445**
- Total overall phone calls from ER data report: **849**
  1. Total direct phone contacts: **212**
  2. Total Unable to Reach (UTR) Letters Mailed: **92**
  Undeliverable/Returned Mail: **11**

Urgent Care Brochure
In an effort to reduce frequent ER use for avoidable, preventable conditions, a list of urgent care centers has been prepared. Members and providers will receive a copy of the brochure which lists the location address, hours of services, and contact information for each of the contracted urgent care centers.

Diabetes Eye Exam – Two (2) Free Movie Tickets
In collaboration with the Quality Improvement Department, the Health Education staff will contact members who received a flyer to encourage them to get their annual eye exam before December 31, 2014, in order to qualify for two (2) free movie tickets. A total of 493 phone calls have been made to members, and the health navigators have been able to reach 130 members. As of December 2, 2014, a total of 151 movie tickets will be mailed to members who have completed their eye exam.

Community Outreach Schedule
A total of twelve (12) outreach events are scheduled for the month of December. Attached is the schedule of events with location address, dates and times.
FREE Health Education Workshops

October is Breast Cancer Awareness Month!

Please join Gold Coast Health Plan (GCHP) to learn more about how early breast cancer detection can help save lives. Talk to your doctor now and make an appointment!

Friday, October 24, 2014
6:00 pm – 7:00 pm

Location
Central Station Townhomes (Community Room)
272 Main St, Fillmore, CA 93015

For more information please call Member Services at:
1-888-301-1228 / TTY 1-888-310-7347
or email healtheducation@goldchp.org

Gold Coast Health Plan
A Public Entity

Interpreter services will be provided. If you need special assistance to participate in this workshop, please contact us at 805-437-5604 or email culturallinguistics@goldchp.org

www.goldcoasthealthplan.org
Talleres Gratis de Educación de la Salud

¡Octubre es el Mes de Educación del Cáncer de Mama!

Por favor acompañe a Gold Coast Health Plan (GCHP, por sus siglas en inglés) para aprender más sobre la detección temprana del cáncer de mama que puede ayudar a salvar vidas.
¡Hable con su doctor ahora mismo y haga una cita!

viernes, 24 de octubre de 2014
6:00 pm – 7:00 pm

Lugar
Central Station Townhomes (Salón Comunitario)
272 Main St, Fillmore, CA 93015

Para más información por favor llame a Servicios para Miembros al:
1-888-301-1228 / TTY 1-888-310-7347
o por email healtheducation@goldchp.org

Se proporcionará servicios de intérprete. Si necesita asistencia especial para participar en este taller, por favor contáctenos al 805-437-5604 o por email culturallinguistics@goldchp.org

www.goldcoasthealthplan.org
November is Diabetes Awareness Month

Saturday, November 8, 2014
10:00 am to 12:00 pm
Oxnard Public Library, 251 South A Street, Oxnard, CA 93030

- Guest Speakers
- Free Health Screenings
- Resource Booths
- One-on-One and Group Demonstrations for TRUEresult™ Glucose Meter

For more information please call Member Services at:
1.888.301.1228 TTY 1.888.310.7347
or email HealthEducation@goldchp.org

Interpreter services will be provided. If you need special assistance to participate in this event, please contact us before October 31st.
Noviembre es el mes de Educación sobre la Diabetes

sábado, 8 de noviembre de 2014
10:00 am to 12:00 pm
Biblioteca Pública de Oxnard
251 South A Street, Oxnard, CA 93030

- Conferenciantes Invitados
- Exámenes de Salud Gratuitos
- Mesas de Recursos
- Demostraciones individuales y de grupo sobre el uso del Medidor de Glucosa TRUEresult™

Para más información por favor llame a Servicios para Miembros al:
1.888.301.1228 TTY 1.888.310.7347
O por email HealthEducation@goldchp.org

Se proporcionará servicios de intérprete. Si necesita asistencia especial para participar en este evento, por favor llame antes del 31 de octubre.
Avoid the long waits and crowds in the Emergency Room.

Evite las largas esperas y multitudes en la Sala de Emergencia.

Your doctor can give you the best medical care.

Su doctor le puede brindar la mejor atención médica.

Not sure it’s an emergency?

- Call your doctor for advice.
- Make an appointment or visit an urgent care center.

¿No esta seguro si es una emergencia?

- Consulte a su médico.
- Haga una cita o visite un centro de atención de urgencia.

For more information, call Member Services at 1-888-301-1228; TTY: 1-888-310-7347

Please visit our website at www.goldcoasthealthplan.org
Academic Family Medicine Urgent Care
3291 Loma Vista Road, Suite 101, Ventura, CA 93003
Monday-Friday 9:00 am - 6:00 pm
Saturday-Sunday 9:00 am - 5:00 pm
Phone/teléfono: 805-652-6500

Conejo Valley Urgent Care
125 W. Thousand Oaks Blvd., Thousand Oaks, CA 91360
Monday-Friday 9:00 am - 6:00 pm
Saturday-Sunday 9:00 am - 5:00 pm (7 days)
Phone/teléfono: 805-418-9105

Fillmore Urgent Care
828 W. Ventura Street, Suite 100, Fillmore, CA 93015
Monday-Friday 9:00 am - 6:30 pm
Saturday and Sunday 9:00 am - 5:00 pm
Phone/teléfono: 805-524-2000

Las Islas Urgent Care
325 W. Channel Islands Blvd., Oxnard, CA 93033
Monday-Friday 9:00 am - 7:00 pm
Saturday and Sunday 9:00 am - 5:00 pm
Phone/teléfono: 805-204-9500

Magnolia Urgent Care
2240 E. Gonzales Road, Suite 120, Oxnard, CA 93036
Monday-Friday 9:00 am - 7:00 pm
Saturday-Sunday 8:00 am - 5:00 pm
Phone/teléfono: 805-981-5181

Sierra Vista Urgent Care
1227 E. Los Angeles Avenue, Simi Valley, CA 93065
Monday-Friday 9:00 am - 7:00 pm
Saturday and Sunday 9:00 am - 5:00 pm
Phone/teléfono: 805-582-4050

West Ventura Urgent Care
133 W. Santa Clara Street, Ventura, CA 93001
Monday-Friday 8:00 am - 7:00 pm
Saturday and Sunday 8:00 am - 5:00 pm
Phone/teléfono: 805-641-5620

Center for Family Health Camarillo Urgent Care
422 Arneill Road, Suite B, Camarillo, CA 93010
Monday-Saturday 9:00 am - 7:00 pm
Phone/teléfono: 805-383-4520

Center for Family Health Santa Paula Urgent Care
242 E. Harvard Blvd., Suite C, Santa Paula, CA 93060
Monday-Saturday 9:00 am - 9:00 pm
Phone/teléfono: 805-525-9895

Center for Family Health Saviers Urgent Care
2921 S. Saviers Road, Oxnard, CA 93033
Monday-Friday 8:00 am - 8:00 pm
Saturday and Sunday 9:00 am - 8:00 pm
Phone/teléfono: 805-487-5585

Center for Family Health Ventura Urgent Care
3291 Loma Vista Road, Suite 101, Ventura, CA 93003
Monday-Saturday 9:00 am - 9:00 pm
Phone/teléfono: 805-652-6500

Center for Family Health file
422 Arneill Road, Suite B, Camarillo, CA 93010
Phone/teléfono: 805-383-4520

Community Memorial Health System / Sistema de Salud Community Memorial
Hours Verified: November 2014
Horas Verificadas: Noviembre 2014
Covered California™ is a place where you can compare and shop for private health insurance plans, and get financial assistance to pay for health coverage if you qualify. This guide will help you better understand your options and enroll in the health plan that best fits your needs.

**STEP 1: See if you qualify for a tax credit.**

Health insurance protects you from the what-ifs of life and brings peace of mind, but many of us are concerned about the cost. Financial assistance in the form of a tax credit is available to people who qualify based on household size and income. The amount is based on a sliding scale, which means the lower your income, the more help you may receive. If you don’t qualify for financial help, you can still enroll in health coverage through Covered California.

See the chart below or visit the Shop and Compare Tool at CoveredCA.com to find out how much your plan might cost, and to learn if you qualify for financial assistance or Medi-Cal.

**See if you may be eligible for financial assistance:**

<table>
<thead>
<tr>
<th>Number of people in your household</th>
<th>If your 2015 household income is less than...</th>
<th>If your 2015 household income is between...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,105</td>
<td>$16,105 – $46,680</td>
</tr>
<tr>
<td>2</td>
<td>$21,708</td>
<td>$21,708 – $62,920</td>
</tr>
<tr>
<td>3</td>
<td>$27,311</td>
<td>$27,311 – $79,160</td>
</tr>
<tr>
<td>4</td>
<td>$32,913</td>
<td>$32,913 – $95,400</td>
</tr>
<tr>
<td>5</td>
<td>$38,516</td>
<td>$38,516 – $111,640</td>
</tr>
</tbody>
</table>

You may be eligible for Medi-Cal

You may be eligible for financial help to purchase insurance through Covered California
STEP 2: Explore your coverage options.

Covered California offers a range of plans so you can choose the one that best meets your health needs and budget.

Before you choose your plan, consider these factors:

What level of coverage will you and your family need? Covered California offers a range of plans to choose from based on your overall health and financial status. Here are some things you should consider as you select a plan:

- **Coverage Level:**
  - Choose Platinum or Gold if you will need more care. These plans have a higher monthly payment, so when you need medical services you can pay less.
  - Choose Silver or Bronze if you're in good health and don't need as much care. With these plans you can pay less monthly, but pay more when you need medical services. For those who qualify, Enhanced Silver plans also offer lower out-of-pocket payments.
  - A minimum coverage plan is also available to people younger than 30 or to those who can prove they're experiencing hardship. These plans have low monthly premiums and protect from worst-case scenarios. You can't use financial assistance to help pay for a minimum coverage plan.

- **Expected Costs:**
  - When considering a plan, be sure you fully understand the premiums, deductibles, copays and out-of-pocket limits you will be responsible for, what kinds of services are covered and whether your current doctors accept the coverage.

<table>
<thead>
<tr>
<th>Key benefits</th>
<th>Bronze covers 60% of average annual cost</th>
<th>Silver covers 70% of average annual cost</th>
<th>Gold covers 80% of average annual cost</th>
<th>Platinum covers 90% of average annual cost</th>
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</thead>
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<tr>
<td>Deductible</td>
<td>$5,000</td>
<td>$2,000***</td>
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<td>no deductible</td>
</tr>
<tr>
<td>Annual Preventive Care Visit</td>
<td>no cost</td>
<td>no cost</td>
<td>no cost</td>
<td>no cost</td>
</tr>
<tr>
<td>Primary Care Visit Copay</td>
<td>$60 *1st 3 visits</td>
<td>$45</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>Urgent Care Visit Copay</td>
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<td>$90</td>
<td>$60</td>
<td>$40</td>
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<tr>
<td>Emergency Room Copay</td>
<td>$300</td>
<td>$250</td>
<td>$250</td>
<td>$150</td>
</tr>
<tr>
<td>Generic Medication Copay</td>
<td>$15 or less</td>
<td>$15 or less</td>
<td>$15 or less</td>
<td>$5 or less</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum for One</td>
<td>$6,250</td>
<td>$6,250</td>
<td>$6,250</td>
<td>$4,000</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum for Family***</td>
<td>$12,500</td>
<td>$12,500</td>
<td>$12,500</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

* Chart does not include all medical copays and coinsurance rates. For complete information, visit www.CoveredCA.com.
* For Bronze plans, the deductible is waived for the first three primary care or urgent care visits. Additional visits are charged at full cost until deductible is met.
** The annual out-of-pocket maximum for an individual within a family cannot be more than half the annual out-of-pocket maximum for the entire family.
*** Silver is the only level where your deductible and other costs may be lower based on your household income.

For a complete explanation of the different coverage levels and to explore your options, visit www.CoveredCA.com.
What provider networks are available in your area? Covered California is a marketplace for private insurance plans from trusted providers. While all insurance companies offer the same levels of coverage, they offer different plan types and provider networks (the doctors and hospitals in your area that accept your insurance). If you wish to keep seeing your current doctors, find out which plans include them as part of their network.

What type of plan is best for your family? Most insurance companies offer three types of coverage plan products: health maintenance organizations (HMOs), preferred provider organizations (PPOs) and exclusive provider organizations (EPOs). These plan types define what doctors and hospitals you can visit and how you access certain health services.

- **HMOs** only cover visits to doctors and hospitals inside the plan's network. HMOs often require members to get a referral from their primary care doctor to see a specialist.
- **PPOs** pay for visits to doctors both inside and outside the plan's network, but members pay a higher amount of the cost for out-of-network care.
- **EPOs** generally don't cover care outside the plan's network, but members may not need a referral to see an in-network specialist.

It's important to remember that not all PPOs, HMOs and EPOs are the same. Be sure to get all the details about a plan — like what doctors and hospitals are covered, and what it will cost to see a doctor out of the network — before choosing.

**STEP 3: Gather the information you need.**

Once you choose the plan that's right for you, it's time to begin the enrollment process. Make sure you have the right papers and information ready when you apply.

---

For every family member who will be covered by the health plan (including you), you should have:

- **Income Information*** – 2014 tax returns, recent pay stubs and/or W2 forms
- **Identification** – California Driver’s License, California ID Card, U.S. Passport or other form of ID card.
- **Proof of citizenship or lawful presence** – U.S. passport, legal resident card or naturalization documentation

Also, for all family members who apply, you should know:

- **Social Security Numbers**
- **Birth dates**
- **Home ZIP codes**

---

* Proof of current income of all family members applying. (A dependent's income should only be included if their income level requires them to file a tax return.) A family is defined as the person who files taxes as head of household and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

** Families that include unlawfully present immigrants can apply. You can apply for your child even if you are not eligible for coverage.

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As of January 2014, most people are required to have health insurance or pay a tax penalty.

In 2015, the penalty will be 2 percent of your yearly household income or $325 per adult (and $162.50 per child under 18), whichever is higher.

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*Proof of current income of all family members applying. (A dependent’s income should only be included if their income level requires them to file a tax return.) A family is defined as the person who files taxes as head of household and all the dependents claimed on that person’s taxes. If you don’t file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

**Families that include unlawfully present immigrants can apply. You can apply for your child even if you are not eligible for coverage.
STEP 4: Create an account and enroll.
You can enroll in your plan online at www.CoveredCA.com. All you need to do is create a user account and follow the enrollment process with the information that you collected in Step 3.

If you want help with enrollment, Covered California offers free, confidential help near you. To find local help, go to www.CoveredCA.com/enrollment-assistance and enter your zip code. You can also call us at (800) 300-1506.

STEP 5: Save the important information.
In case you have a question about your coverage in the future, it’s important to keep a record of certain names and numbers from your application and insurance plan. Be sure to write down this key information:

<table>
<thead>
<tr>
<th>YOUR APPLICATION ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUR CASE NUMBER</td>
</tr>
<tr>
<td>YOUR INSURANCE PLAN INFORMATION (PLAN NUMBER, GROUP NUMBER, ETC.)</td>
</tr>
<tr>
<td>THE NAME AND CONTACT INFORMATION OF THE CERTIFIED ENROLLMENT COUNSELOR (CEC), CERTIFIED INSURANCE AGENT OR PLAN BASED ENROLLER (PBE) WHO HELPED YOU ENROLL</td>
</tr>
</tbody>
</table>

STEP 6: Pay your premium.
Every month, pay your insurance premium by the due date to the health insurance company you pick — not to Covered California.

For more information or to find free, confidential local help, please contact:

Ventura County Public Health
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