



**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)  
dba Gold Coast Health Plan**

**Provider Advisory Committee (PAC) Regular Meeting**

**Tuesday, June 9, 2026, 7:30 a.m.**

**Gold Coast Health Plan, 711 East Daily Drive, Community Room, Camarillo, CA 93010**

**Members of the public can participate using the Conference Call Number below.**

**Conference Call Number: 1-805-324-7279**

**Conference ID: 101 459 407#**

1901 N Rice Avenue, Suite 325-6  
Oxnard, Ca 93030

**AGENDA**

**CALL TO ORDER**

**ROLL CALL**

**PUBLIC COMMENT**

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCOMMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda.

Persons wishing to address VCOMMCC are limited to three (3) minutes unless the Chair of the Commission extends time for good cause shown. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Commission.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to [ask@goldchp.org](mailto:ask@goldchp.org). If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

**OPENING REMARKS / WELCOME**

Felix L. Nunez, M.D., Chief Executive Officer  
Erik Cho, Chief Policy & Programs Officer

## **CONSENT**

### **1. Approval of Regular Meeting Minutes of March 17, 2026**

Staff: Maddie Gutierrez, MMC, Sr. Clerk of the Commission

**RECOMMENDATION:** Approve the minutes as presented.

## **UPDATES**

### **2. Enrollment Data Update**

Staff: Erik Cho, Chief Policy & Programs Officer  
Adriana Sandoval, Community Relations Manager

**RECOMMENDATION:** Receive and file the update.

### **3. PNO and Provider Survey Update**

Staff: Michelle Espinoza, Executive Director, Delivery System Operations & Strategies  
Vicki Wrihster, Sr. Director, Network Operations

**RECOMMENDATION:** Receive and file the update.

### **4. RISE Grant Update**

Staff: Ellen Rudy, Director of Grants Administration & Oversight

**RECOMMENDATION:** Receive and file the update.

### **5. D-SNP Update**

Staff: Eve Gelb, Chief Innovation Officer  
Kimberly Marquez-Johnson, Sr. Director, Duals Special Needs Plan

**RECOMMENDATION:** Receive and file the update

## **ADJOURNMENT**

Unless otherwise determined by the PAC, the next meeting is scheduled for September 8, 2026 and will be held at Gold Coast Health Plan located at 711 E. Daily Drive, Suite 110, Community Room, Camarillo, CA 93010.

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Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. 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.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5562. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

## **AGENDA ITEM NO. 1**

**TO:** Provider Advisory Committee (PAC)  
**FROM:** Maddie Gutierrez, MMC, Sr. Clerk of the Commission  
**DATE:** June 9, 2026  
**SUBJECT:** Approval of the regular Provider Advisory Committee Meeting minutes of March 17, 2026

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENTS:**

Copy of the March 17, 2026 Provider Advisory Committee meeting minutes.



**Ventura County Medi-Cal Managed Care Commission (VCMCC)  
dba Gold Coast Health Plan (GCHP)  
Provider Advisory Committee (PAC)  
Regular Meeting  
March 17, 2026**

**CALL TO ORDER**

The Clerk called the meeting to order at 7:37 a.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

**ROLL CALL**

Present: Committee members: Masood Babaeian, Molly Corbett, Claudia Gallard, Katy Krul, Amanda Larson, Josie Roemhild, Kristine Supple, and Pablo Velez

Absent: Committee member: Amelia Breckenridge, M.D.

Gold Coast Health Plan Staff in attendance: Felix Nunez, M.D., Chief Executive Officer, Marlen Torres, Chief of Member Experience & External Affairs, Chief Policies & Programs Officer, Erik Cho, Chief Medical Officer, James Cruz, M.D., Chief Compliance Officer, Robert Franco, Chief Innovation Officer Eve Gelb, Chief Operations Officer Suma Simcoe, Chief Diversity Officer, Ted Bagley, Vicki Wrihster, Carolyn Harris, Susana Enriquez-Euyoque, Michelle Espinoza, Pshyra Jones, Vallie Coakley, Erin Slack, Ellen Rudy, Carmen Moran, and Kim Timmerman.

**PUBLIC COMMENT**

None.

Committee member Amelia Breckenridge, M.D., arrived at 7:39 a.m.

**OPENING REMARKS**

Chief Executive Officer Felix L. Nunez, M.D., welcomed everyone. He thanked everyone for being such an active committee and stated that the organization appreciates the feedback they have received.

CEO Nunez stated that we have all been discussing everything that is coming and happening right now. We are facing external pressures in the health plan, and risks to our Medi-Cal membership. We have already seen some of the effects of HR1 even though the full effect does not come in until 2027 and 2028 in terms of work requirements and more frequent enrollment cycles, but we are already seeing the challenges. We have seen a significant drop

in enrollment, approximately 8,000 members – which is the largest we have ever seen. We have been tracking since last July when HR1 passes and we have been seeing a small drop month after month. We have seen two significant drops in January and February due to multiple factors.

In Ventura County we have stood up a healthcare coalition specifically targeting continuation of enrollment in Medi-Cal, as well as continuous enrollment in any insurance product. We know that the infrastructure of Ventura County is fragile. Our safety net providers are trying to balance their commitment to serving the community with the need to maintain financial stability. We are addressing and preparing to meet the challenges we are facing with HR1. Our enrollment this month improved a bit, and we are still at approximately 230,000 members, but there are many forces that are driving us in the wrong direction in terms of enrollment. We must address those issues with urgency. The impact will be felt across the county when the burden is felt by our providers, the emergency rooms, increase in hospitalizations, and increase burden of disease. Coalition is the first step in starting to plot our trajectory and strategy. There is a lot of work that needs to be done. We have an opportunity to advocate with the state for more resources to aid folks enrolled in the Medi-Cal program. He noted that the asset test came back in place in January and that test impacted enrollment. There is an opportunity at the state level to advocate to ease the process and help facilitate people maintaining enrollment and gaining access through the Medicaid program. Advocacy at the federal level is currently challenging but we must continue to try our advocacy.

Chief Experience & External Affairs Officer, Marlen Torres, leads these efforts and we are partnering with our sister organizations up and down the state. One of the good things we have seen coming out of this is that there is an awareness now of the importance of healthcare coverage, folks are more aware of how important it is to maintain some type of coverage. This is an opportunity for us to provide more education in the community. We have enrollment specialists who are working to contact hard to reach individuals or those who may have challenges in continuous enrollment. We are aiding and working together with the Human Services Agency and developing a work plan for this year.

CEO Nunez stated that our sister plans are also doing something similar in terms of developing coalitions and meeting the threat that we have from HR1. This is going to be important work for us for the rest of the year. Here at GCHP, internally, change is happening all the time, if we are not changing, we are not growing, maturing, and developing as a health plan. We have our new line of business, D-SNP – and we continue to develop that line of business and will continue to move forward. The more that we can develop other lines of business, the more resilience we have as a health plan and the more we will be able to weather changes in any one line of business. Our vision for the future is continuous growth as an organization.

Chief Policy & Programs Officer, Erik Cho, reviewed the PAC agenda topics that will be presented at this meeting. He noted that GCHP staff appreciate the input from this committee.

## **CONSENT**

### **1. Approval of Regular Meeting Minutes of December 9, 2025**

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

**RECOMMENDATION:** Approve the minutes as presented.

Committee member Masood Babeian motioned to approve agenda item 1 as presented.  
Committee member Amanda Larson seconded.

**AYES:** Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Molly Corbett, Claudia Gallard, Katy Krul, Amanda Larson, Josie Roemhild, Kristine Supple, and Dr. Pablo Velez.

**NOES:** None.

The motion carried.

## **PRESENTATION**

### **2. Advancing Children's Health**

Staff: James Cruz, M.D., Chief Medical Officer  
Marlen Torres, Chief Member Experience & External Affairs Officer  
Kim Timmerman, Executive Director of Quality Improvement  
Erin Slack, Sr. Manager, Population Health  
Dr. Lupe Gonzalez, Sr. Director Health Education, Cultural & Linguistic Services  
Pshyra Jones, Executive Director, Health Equity

James Cruz, M.D., Chief Medical Officer, stated that he was going to present an overview on the focus on children's health. He stated that children regularly face barriers that include social determinants of health that prevent them from accessing healthcare. A new barrier is now the legal and governmental policies that are impacting them and their families. CMO Cruz noted that GCHP is doing innovative work in partnership with the California State Department Health Care Services Child Health Equity Collaborative strongly bolsters advancing children's health in Ventura County.

Kim Timmerman, Executive Director of Quality Improvement, gave an overview of our well child measure performance, trending the data from measurement year 2020/2021 through our preliminary rates for measurement year 2025. She noted those rates will be final in June. Ms. Timmerman stated that for well-child measures our performance has improved year after year. She reviewed child and adolescent well care visits measures, well care visits from children ages 3 to 21, immunizations for children between ages 9 and 13, lead screenings, and topical fluoride in children – all have improved greatly. She also noted that GCHP has ranked as the highest performing Medi-Cal plan by DHCS for two consecutive years – measurement year 2023 and measurement year 2024. Developmental screening for the first three years of life has also progressively improved year after year. There are six visits required in the well-child visits in the first 15 months of life, this has exhibited the most significant gain – achieving the minimum performance level in measurement year 23 after performing at the tenth percentile in MY21 and MY22. There are two required visits for well-child visits from 15 months to 30 months of age, and this has also shown significant improvement. Ms. Timmerman stated that we have been able to achieve these gains due to our provider quality incentive pool and program, we have strengthened our provider partnerships, and this program aligns providers and GCHP with the MCAS requirements and the DHCS goals. We have also collaborated on joint activities such as health fairs and member incentives, as well as investment in program incentives for well-child measurement achievement. We have been able to achieve improved data capture through electronic medical record data feeds and deep dive analysis on data discrepancies between the plan and our provider systems. We have also engaged in collaboration with QI entities and community-based organizations. We are engaged in performance improvement projects developed in collaboration with the Institute for Healthcare Improvement, WIC, and MICOP to target disparate populations. There are health education workshops with First Five to promote well-care visits and immunizations. The Health Education team has also conducted focus groups to identify barriers to completing well-child visits and immunizations to understand those barriers and develop interventions. We have focused on complete data capture for services rendered. We have also done data mapping to ensure that codes denoted as an eligible service are identified through our HEDIS certified software vendor.

Ms. Timmerman stated that there are some challenges and our key challenge in terms of well-child measures is with childhood immunizations – this performance has steadily declined after MY21, however our preliminary measurement year 25 rate does show a slight improvement of 3%. We believe the childhood vaccinations declined due to vaccine hesitancy, distrust, and misinformation because of the pandemic. Our recommendation is to continue strong vaccine recommendation guidelines in accordance with CDPH, the West Coast Healthcare Alliance, American Academy of Pediatrics, and the American Cancer Society. We aim to provide clear messaging and

align with providers regarding the vaccine schedule recommendations and payment coverage despite CDC guidance.

Committee member, Amanda Larson, asked about member incentives. Ms. Timmerman stated these programs reward our members for getting preventive services, providing gift cards for either Target, Amazon, or Walmart in the amount of \$25.00. Many of our clinics provide these gift cards at the point of care or we can also mail the gift card to the member once they fill out the member incentive form.

Erin Slack, Sr. Manager, Population Health, stated she wanted to talk about some of the work that Population Health Management is doing with our partners in the community. She highlighted the ongoing collaboration with the Ventura County Community Health Improvement Collaborative. This collaboration brings together partners from across the county, including contracted providers, health systems, government agencies, and community-based organizations. This partnership is vital because it enables us to concentrate our collective efforts where it will have the greatest impact. By all working together we increase our ability to address the most pressing health needs within our community while also fulfilling DHCS regulatory requirements.

Ms. Slack stated that our VCHIC partners identified three priority areas for the next three-year cycle. These include behavioral health, older adult health, and women's health. Women's health is a part of the children's health issue, and we want to be able to provide that wrap-around support to women in preconception, health, and wellness, and during the prenatal period. Across all the priorities, access to healthcare, navigation support and health equity are integrated themes. GCHP has staff participating in each of the work groups for each of the priority areas.

GCHP also hosts a quarterly birth equity stakeholder meeting to strengthen cross-sector collaboration to support pregnant and parenting women. GCHP began bringing partners together once DHCS launched the birth equity population of focus for enhanced care management. This group is a way for us to get feedback from our partners. The feedback helps to shape our prenatal and early childhood program planning and will continue to strengthen our maternal child health program over the next year.

We also have a doula pilot program with the Mixteco Indigenous Community Organizing Project (MICOP). We are approaching our one-year anniversary and so far, the pilot program has supported twenty women across the Mixteco, Zapotec, and Spanish speaking communities. There are multiple active doulas, as well as doulas in training in collaboration with Ventura County Medical Center. Ms. Slack noted that we saw a difference in birth outcomes for women that were not born in this country, and this project is aimed at trying to improve the birth process for those women.

The last partnership is our partnership with the Ventura County Community Information Exchange (VCCIE). A CIE is the care coordination and data sharing network that brings together partners across healthcare, social services, housing, behavioral health, education, and other community sectors so that they can collaborate around a person's needs. GCHP is both a partner and a funder of the VCCIE. The CIE officially launched in Ventura County in April of 2025 after years of planning. In the next few weeks will be going live with our medically supportive food referrals also through VCCIE. We want to expand the use of the system throughout the year to improve care coordination for our members. Our community partnerships are important and enable us to improve health and wellness for our members.

Carmen Moran, Sr. Health Navigator/Educator presented on behalf of Dr. Lupe Gonzalez. She stated that her team is working on promoting childhood immunizations – it is a priority. The team will be working with different partnerships internally and externally to promote immunizations and different screenings for our children. Ms. Moran stated that the focus groups have helped shape some of the work that is being done.

The Health Education Cultural Linguistics team has interventions and activities specifically that are culturally and linguistically appropriate for our different membership. We have included member incentives for vaccines and screenings. Now we will be combining our upcoming childhood obesity prevention program with our immunization promotion. This summer we will be providing an obesity program with some of the VCMC clinics. It is going to be a pilot program, and we will be trying to help our children with overall wellbeing. Next steps will include the communication piece collaborating with our community partners and other agencies that our membership trusts, to promote the different vaccines and screenings. Partnerships include First Five, Centers for Employment Training, MICOP, Foodshare, VCOE, and WIC.

Committee member Katie Krul asked if the go-live for VCCIE did happen in February. Ms. Slack stated there have been some changes in contracting with our Medically Tailored Meals providers, so there is a bit of a delay due to the contracting, but we do plan to move forward with the program. We are waiting on a couple of providers for the participation agreement.

Pshyra Jones, Executive Director, Health Equity shared a slide on our HEDIS cycle. She will give a summary of measurement of year 2024 childhood immunization rates. Ms. Jones stated childhood immunization rates show clear disparities across geography, clinical systems, race, and ethnicity. The lowest rates are concentrated in specific communities. Children without a primary care provider show low completion. An analysis did show there are pronounced racial and ethnic disparities, including 0% rate American Indian, Alaska Native children and lower rates among African

Americans and Hispanic children. This data highlights priority populations for Gold Coast and targeted outreach, emphasizing the need for culturally responsive communication, stronger medical home connections, and community-based strategies. She also reviewed recommendations for addressing these disparities. There is a need to increase access and bring service to families through mobile clinics, weekend events, and school-based partnerships. GCHP is addressing these disparities and tailoring strategies to groups. She noted that materials are linguistically accessible and culturally relevant. There are also strategies around reminder calls, hosting weekend and/or evening events to reduce barriers and build trust through community partnerships.

Ms. Jones also gave an overview of a HealthEquity collaborative with DHCS and IHI. The focus is on improving child visits. It is a way to provide technical assistance to our clinic partners. This phase will close at the end of September, and we will report on any findings and best practices.

Committee member Amanda Larson stated she noticed information on Oxnard was missing. Ms. Jones stated this is the analysis for MY2024 and there may not have been a measurable difference, but she will research.

**RECOMMENDATION:** Receive and file the presentation.

## **UPDATES**

### **3. Grants Update (RISE & Pathways to Wellness)**

Staff: Erik Cho, Chief Policy & Programs Officer  
Marlen Torres, Chief Member Experience & External Affairs Officer  
Ellen Rudy, Director of Grants Administration & Oversight

Ellen Rudy, Director of Grants Administration & Oversight, will give an update on the RISE Grant program. This program is a three-year initiative designed to improve access to care and improve the health outcomes of our community and GCHP members. We are moving into year two of the grant and the focus is very strategic this year. This focus is to support Medi-Cal members to maintain the Medi-Cal coverage and avoid administrative disenrollment, complete renewal requirements, and ensure that we connect members to qualifying work, training, education, or community engagements through our community partners.

RISE grant program for 2026/27: applications open February 18. We have had two information session – one held February 25 and the other on March 10, there was a strong attendance at both webinars. We have two upcoming office hours for community and provider organizations to ask questions about the program.

Applications will close on April 15<sup>th</sup>, and announcement of the grantees will be on June 1 of 2026. This year the grant starts on July 1 and runs through June 30, 2027. This year we are only awarding one year grant programs with a cap of \$400,000 per awardee, and both providers and community organizations are eligible to apply. IHI, a third party will help review, score, and manage the applications and grant awards.

Committee member Amanda Larson asked if there are any providers from year one that are not continuing into year two. Ms. Rudy stated that from year one there are three provider groups that have their grant running for a three-year program, there are many grantees from year one whose grant will end at the end of June 2026. If they are a current grantee or a grantee who has a three-year grant, they are still eligible to apply for this program.

CPPO Cho stated we are in the application period now and all are welcome to apply. Applications close on April 15. There is still time to apply and we encourage applications. We had a nice mix in year one because the focus was broader. We have a tighter focus this year which is to assist members to keep their coverage.

RECOMMENDATION: Receive and file the update.

#### **4. Ventura County Healthcare Coalition Update**

Staff: Marlen Torres, Chief Member Experience & External Affairs Officer

Marlen Torres, Chief Member Experience & External Affairs Officer, stated that throughout today's presentations it can be noted that the prime focus for the plan has been membership retention. This is key to helping and supporting members to navigate through all the member eligibility changes that are occurring and preparation for January 1, 2027, HR1 implementation. Several members in attendance today were either present at the last coalition meeting or had representatives present or online. The first meeting was a time for grounding; we provided an overview of the changes as well as impact from a financial level and general impact on the system. She noted that GCHP Commissioner Anwar Abbas gave a strategic example of breaking into different work groups to tackle some of the issues. Ms. Torres requested feedback from those present who attended the meeting, as well as what they would like to see discussed at the next meeting, and what we can do differently for future meetings.

Committee member Dr. Pablo Velez stated that personally what he has seen in the community is that families that have Medi-Cal care through Kaiser are more lost. Kaiser does not have a hand-holding system that the rest of the county provides for families. That is a concern because they are leaving families up in the air, and those families do not have a second chance. He stated that there is not the same

commitment that Gold Coast or the rest of the coalition has in working together. Although Kaiser was present at the meeting, it was not translated to the consumers or the families that are members of their plan. We need to ask Kaiser what they are doing because communication is not getting across to their members.

Committee member Molly Corbett stated her feedback would be to have tangible action steps. There is a need for training, not just as a volunteer but to have an action plan, and make sure that at the six-month intervals someone is contacting the member to see if they need assistance with keeping their enrollment current. She asked if then a GCHP member is assigned to a clinic, if there is something at the clinic level where they reach out to the patient to say they have been assigned to the clinic and invite them to go in to establish with a physician. Committee member Christine Supple stated CMH makes a call to the patient within a specific period. This is, however, clinic specific. Committee member Amanda Larson stated it would be great if it was done across the clinic systems. One of the barriers is that members have not established with a physician. It would be great to see that all three of the big systems are working on outreach. CPPO Cho stated this would be a good thing to have because it is one of the biggest struggles we have with members. CIO Eve Gelb noted that we have a great program called Wellth which creates a lot of incentives for healthy behaviors, one is engaging with primary care. He stated that Ms. Slack has been stewarding Wellth and it has been highly effective. Committee member Amanda Larson stated that having a connection with the Medi-Cal home is important. It is a challenge in keeping people connected to a PCP. People do want that connection, they want to feel trusting relationship with a clinician. They want consistency in seeing the same person and not having to tell their story repeatedly.

Committee member Dr. Pablo Velez stated that if providers can see when the member must be renewed, that would be helpful. It would be proactive, and providers would be more invested and would help to facilitate renewals to assist in avoiding gaps. Enrollment assistance on site would be great. Ms. Torres thanked everyone for their feedback. She stated the next two years are going to get harder, it is a reality. Ms. Torres encouraged all to apply for the RISE grant if they have strategies on how to assist in supporting members.

**RECOMMENDATION:** Receive and file the update.

## **5. Provider Network Operations Update**

Staff: Michelle Espinoza, Executive Director, Delivery System Operations & Strategies

Michelle Espinoza, Executive Director, Delivery System Operations & Strategies stated she wanted to share what our plans are for the 2025 and 2026 provider

satisfaction survey. She noted that recent and past surveys have been very uniform. With implementing changes, our 2025 survey results just came back, and we are analyzing them specifically to claims, UM network coordination of care, our call center activities, and our provider relations department. We focus on key outcomes specifically on whether our providers would recommend GCHP, how we compare it to other health plans and our overall satisfaction. Although our surveys are annual, we have not been good about getting actual feedback after the survey from the provider community. For the 2025 survey results, once we get those back we are going to engage outreach to our provider community and have them be a part of the process as far as what do you think, here are the results, make it more interactive as opposed to a one way where we are just shooting information, sharing results, and then waiting for the next survey. We want the outcomes to become meaningful because the providers play a big part in how we engage with our community, with our members, and how GCHP can help with our member healthcare. This year we want to ensure that we include engagement. We will present survey results to this committee and then look for provider community partners to help.

We also want to discuss access and availability, which go hand in hand with satisfaction. Ms. Espinoza noted that access and availability surveys are required, and they happen through an independent survey that occurs through a vendor, as well as the state will do their own outreach to see if providers are meeting access and availability requirements. We will also be sharing those results, and we want to engage with our external providers instead of being punitive and transactional.

Access is important, and we know there is a shortage, we must be creative, and our provider community is a big part of this. Providers are leading the access and availability as far as members are getting seen. Another opportunity to not make this so transactional and engage in our provider partners on how we can increase these standards and make sure that our members are seen within the appropriate time frames.

If a provider fails to take a certain measure, we let them know. We try not to make this punitive, but really involve engaging with providers to explore opportunities, whether through after hours, increasing telehealth, we want to identify shortages in our key provider specialty types. It is all about connecting better with our provider network. We want to help our providers and see how we can achieve the best results together.

Due to limited time, we will have a longer presentation in the future and Ms. Espinoza will share the actual outcomes on both access, availability, and provider satisfaction where we can have more discussion.

**RECOMMENDATION:**      Receive and file the update.

Committee member Amanda Larson motioned to approve agenda items 2 through 5 as presented. Committee member Masood Babeian seconded.

AYES: Committee members: Masood Babaeian, Amelia Breckenridge, M.D., Molly Corbett, Claudia Gallard, Katy Krul, Amanda Larson, Josie Roemhild, Kristine Supple, and Dr. Pablo Velez.

NOES: None.

The motion carried.

### **ADJOURNMENT**

With no further items to be addressed, the Clerk adjourned the meeting at 9:03 a.m.

Approved:

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Maddie Gutierrez, MMC  
Clerk to the Commission



**AGENDA ITEM NO. 2**

**TO:** Provider Advisory Committee

**FROM:** Erik Cho, Chief Policy & Programs Officer  
Adriana Sandoval, Community Relations Manager

**DATE:** June 9, 2026

**SUBJECT:** Enrollment Data Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Enrollment Data*



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# Membership Disenrollment Trends

## Jan – Jun 2026

**Integrity**

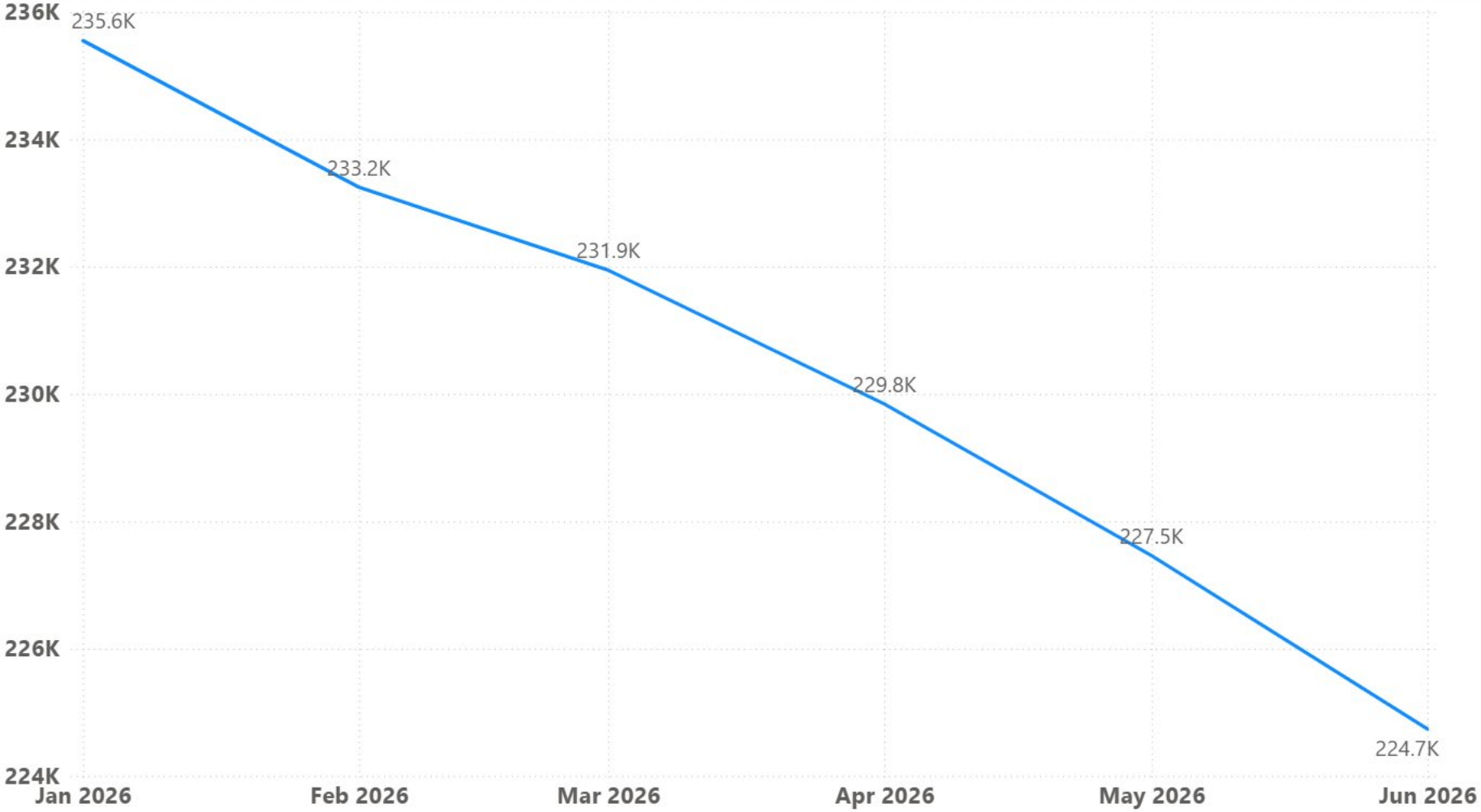
**Accountability**

**Collaboration**

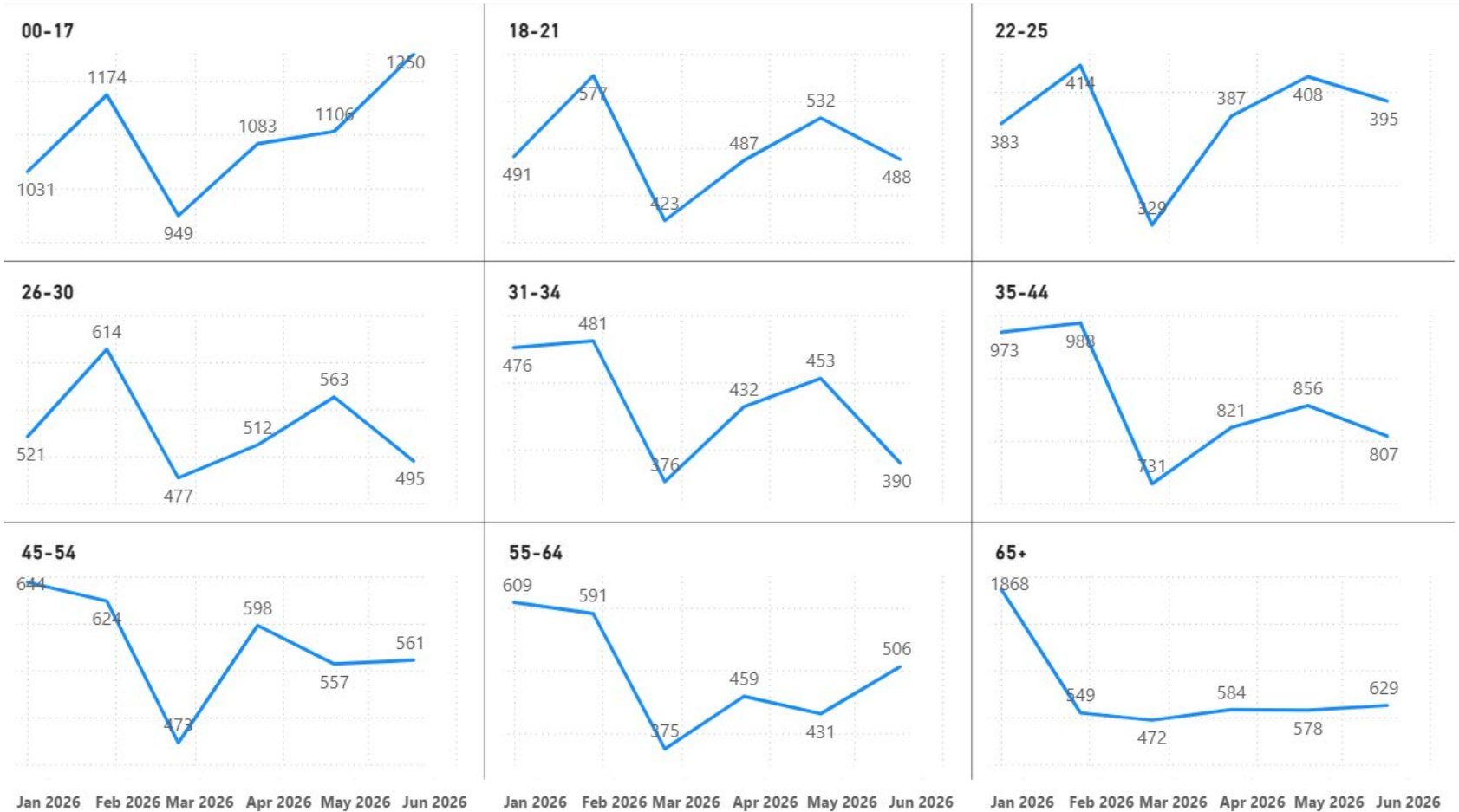
**Trust**

**Respect**

# Enrolled Members Jan 2026 – Jun 2026



# Disenrollments by Age Group



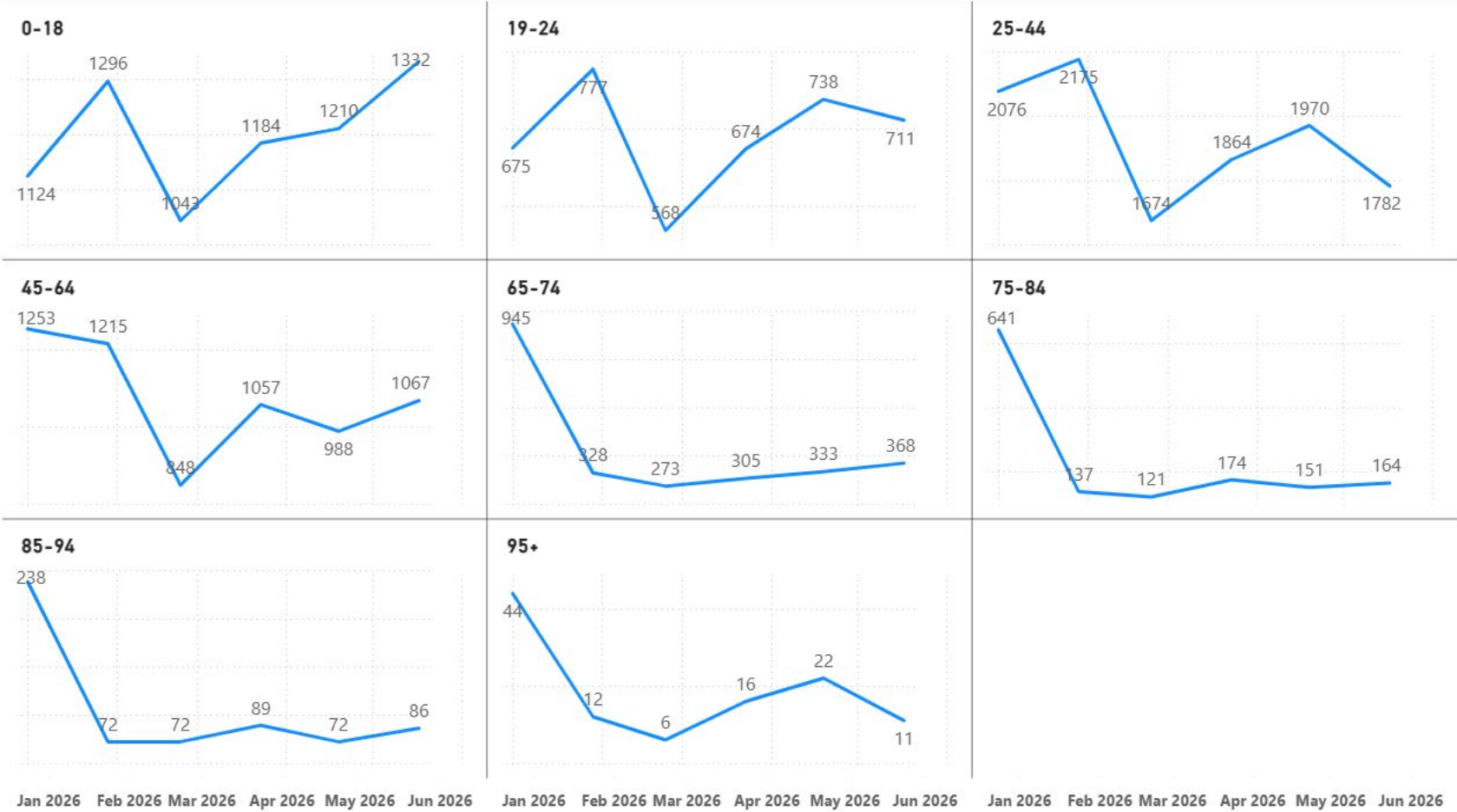
Jan 2026 Feb 2026 Mar 2026 Apr 2026 May 2026 Jun 2026

Jan 2026 Feb 2026 Mar 2026 Apr 2026 May 2026 Jun 2026

Jan 2026 Feb 2026 Mar 2026 Apr 2026 May 2026 Jun 2026

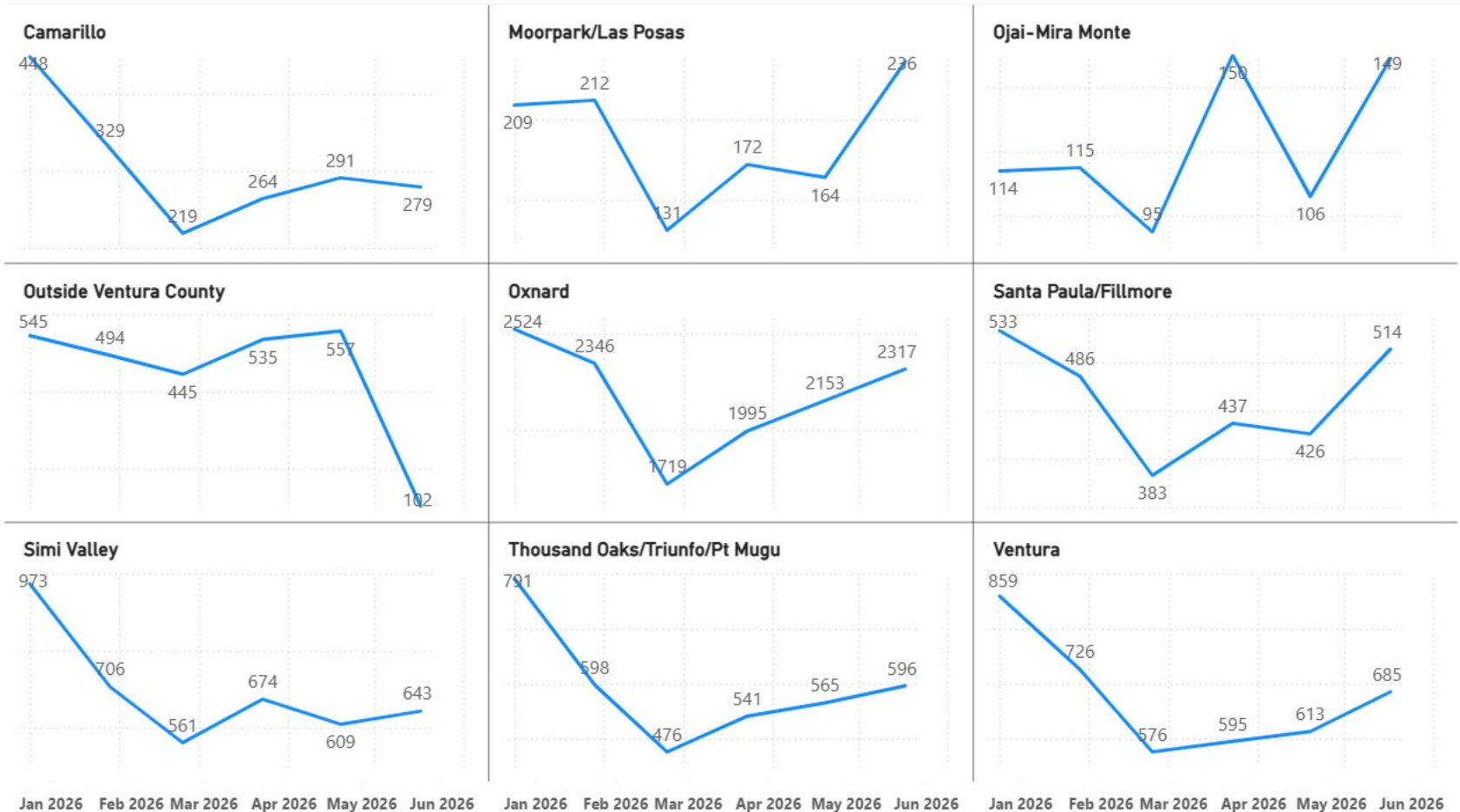
Note: Vertical axis scales vary by chart.

# Disenrollments by Age Group (alternative)



Note: Vertical axis scales vary by chart.

# Disenrollments by City



Note: Vertical axis scales vary by chart.

# Zip codes by city

City	Zip code
Camarillo	93010
Camarillo	93011
Camarillo	93012
Fillmore	93015
Fillmore	93016
Fillmore	93040
Las Posas	93066
Moorpark	93020
Moorpark	93021
Ojai-Mira Monte	93022
Ojai-Mira Monte	93023
Ojai-Mira Monte	93024

City	Zip code
Oxnard	93030
Oxnard	93031
Oxnard	93032
Oxnard	93033
Oxnard	93034
Oxnard	93035
Oxnard	93036
Oxnard	93041
Oxnard	93044
Santa Paula	93060
Santa Paula	93061

City	Zip code
Simi Valley	91304
Simi Valley	91307
Simi Valley	91311
Simi Valley	93062
Simi Valley	93063
Simi Valley	93064
Simi Valley	93065
Simi Valley	93094
Thousand Oaks	91319
Thousand Oaks	91320
Thousand Oaks	91358
Thousand Oaks	91359
Thousand Oaks	91360
Thousand Oaks	91361
Thousand Oaks	91362
Thousand Oaks	91377

City	Zip code
Triunfo Pass-Point Mugu	90265
Ventura	93001
Ventura	93002
Ventura	93003
Ventura	93004
Ventura	93005
Ventura	93006
Ventura	93007
Ventura	93009
Ventura	93013



**AGENDA ITEM NO. 3**

**TO:** Provider Advisory Committee

**FROM:** Michelle Espinoza, Exec. Director Delivery System Operations & Strategies  
Vicki Wrihster, Sr. Director, Network Operations

**DATE:** June 9, 2026

**SUBJECT:** PNO and Provider Survey Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Provider Satisfaction Survey*



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# Gold Coast Health Plan

June 2026

S. Michelle Espinoza  
Executive Director Provider Network Operations and  
Vicki Wrihster  
Sr. Director Provider Network Operations

Integrity

Accountability

Collaboration

Trust


Respect

# Survey Topics for Discussion

- Power Chart / Dashboard
- Finance Issues
- Utilization and Quality Management
- Network/Coordination of Care
- Health Plan Call Center Service Staff
- Provider Relations
- Loyalty Analysis
- Areas of Opportunity

# Dashboard and Key Findings


**Changes from 2024**



## TRENDING UP

Measures that increased significantly from 2024

- 13A. Consistency of reimbursement fees with your contract rates
- 13B. Accuracy of claims processing
- 13C. Timeliness of claims processing
- 13D. Resolution of claims payment problems or disputes
- 14F. Degree to which the plan covers and encourages preventive care and wellness
- 15A. Number of specialists in this plan's provider network
- 15B. Quality of specialists in this plan's provider network
- 15C. Timeliness of feedback/reports from specialists
- 16C. Helpfulness of plan call center staff in obtaining referrals
- 16D. Overall satisfaction with health plan's call center service
- 17. Have a Provider Relations representative assigned to practice
- 17A. Quality of encounter with a Provider Relations Representative during an in-person site visit
- 17B. Helpfulness of your assigned Provider Relations Representative
- 18A. Ease of reaching a Provider Relations representative
- 18B. Timeliness of feedback from a Provider Relations representative
- 18D. Provider Relations' facilitation of Joint Operations Meetings
- 18E. Procedures for obtaining New Provider Orientation



## TRENDING DOWN

Measures that decreased significantly from 2024

None of the measures decreased significantly

Measure Name	2025 Summary Rate Score	2024 PG Medicaid BoB %tile
<b>Willingness to Recommend</b> (%Yes)	<b>89.1%</b>	<b>65<sup>th</sup></b>
<b>All Other Plans (Comparative Rating)</b> (%Well or Somewhat above average)	<b>46.3%</b>	<b>84<sup>th</sup></b>
<b>Overall Satisfaction</b> (%Completely or Somewhat Satisfied)	<b>74.4%</b>	<b>64<sup>th</sup></b>
<b>Finance Issues</b> (%Well or Somewhat above average)	<b>31.9%</b>	<b>51<sup>st</sup></b>
<b>Utilization and Quality Management</b> (%Well or Somewhat above average)	<b>35.1%</b>	<b>63<sup>rd</sup></b>
<b>Network/Coordination of Care</b> (%Well or Somewhat above average)	<b>37.3%</b>	<b>81<sup>st</sup></b>
<b>Health Plan Call Center Service Staff</b> (%Well or Somewhat above average)	<b>37.4%</b>	<b>57<sup>th</sup></b>
<b>Provider Relations</b> (%Well or Somewhat above average)	<b>55.3%</b>	<b>NA</b>

**Net Satisfaction Score: 60.7%**

**Net Loyalty Score: 64.2%**

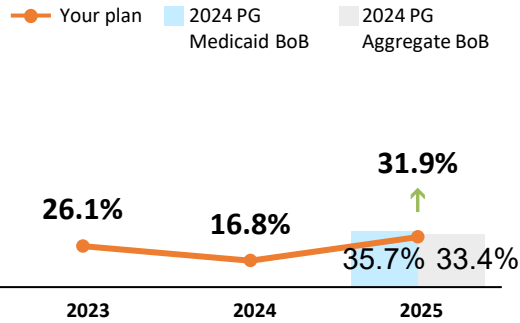
**SatisAction™ KEY DRIVER STATISTICAL MODEL**  
Key Drivers of Overall Satisfaction with Health Plan

**POWER**  
(Top 4)  
Promote and Leverage Strengths

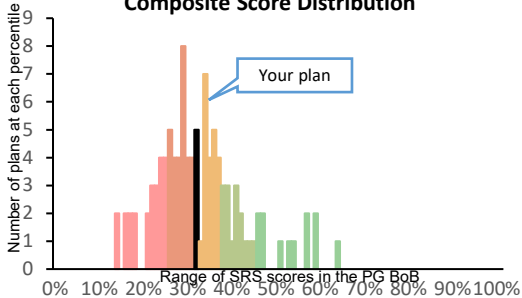
- 13A Consistency of reimbursement fees with your contract rates
- 13D Resolution of claims payment problems or disputes
- 16D Overall satisfaction with health plan's call center service
- 16C Helpfulness of plan call center staff in obtaining referrals

# Finance

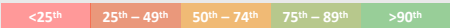
## Composite Summary Rate Score



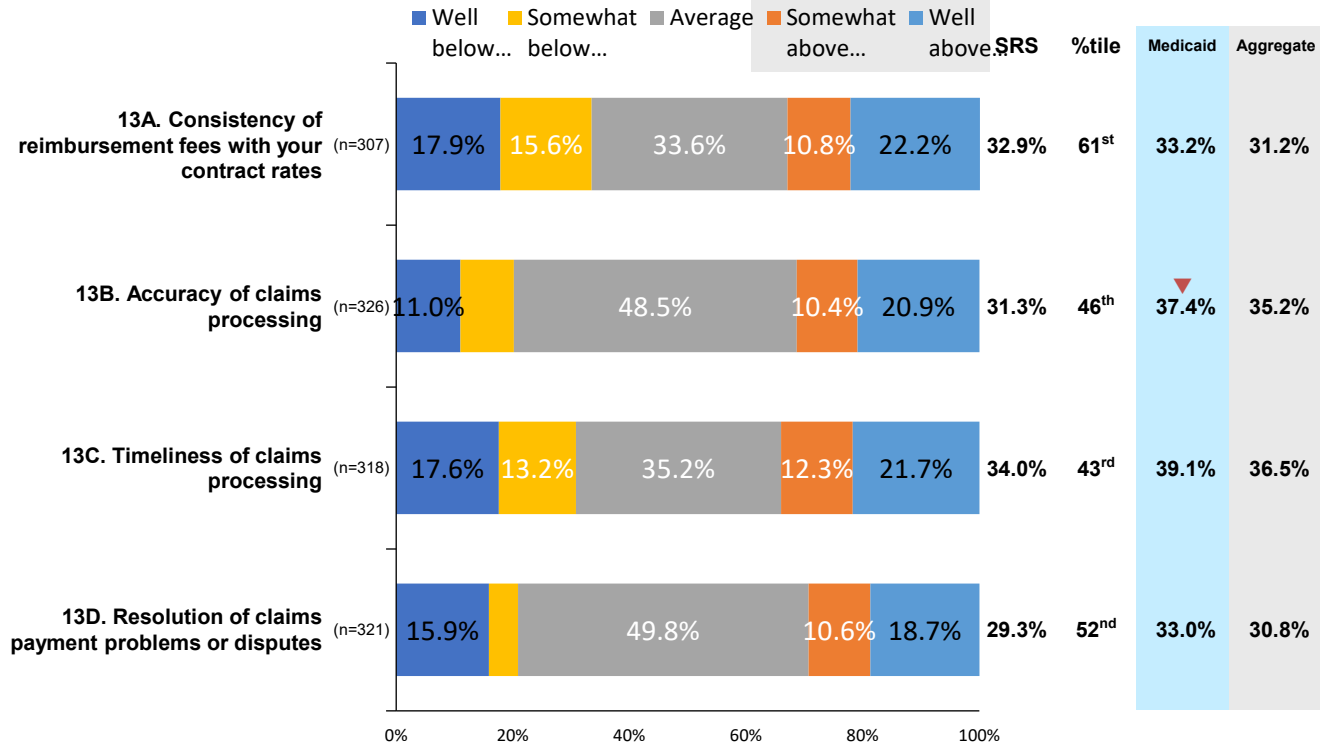
## 2024 Medicaid BoB Composite Score Distribution



The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentile range represented by each color are defined below.



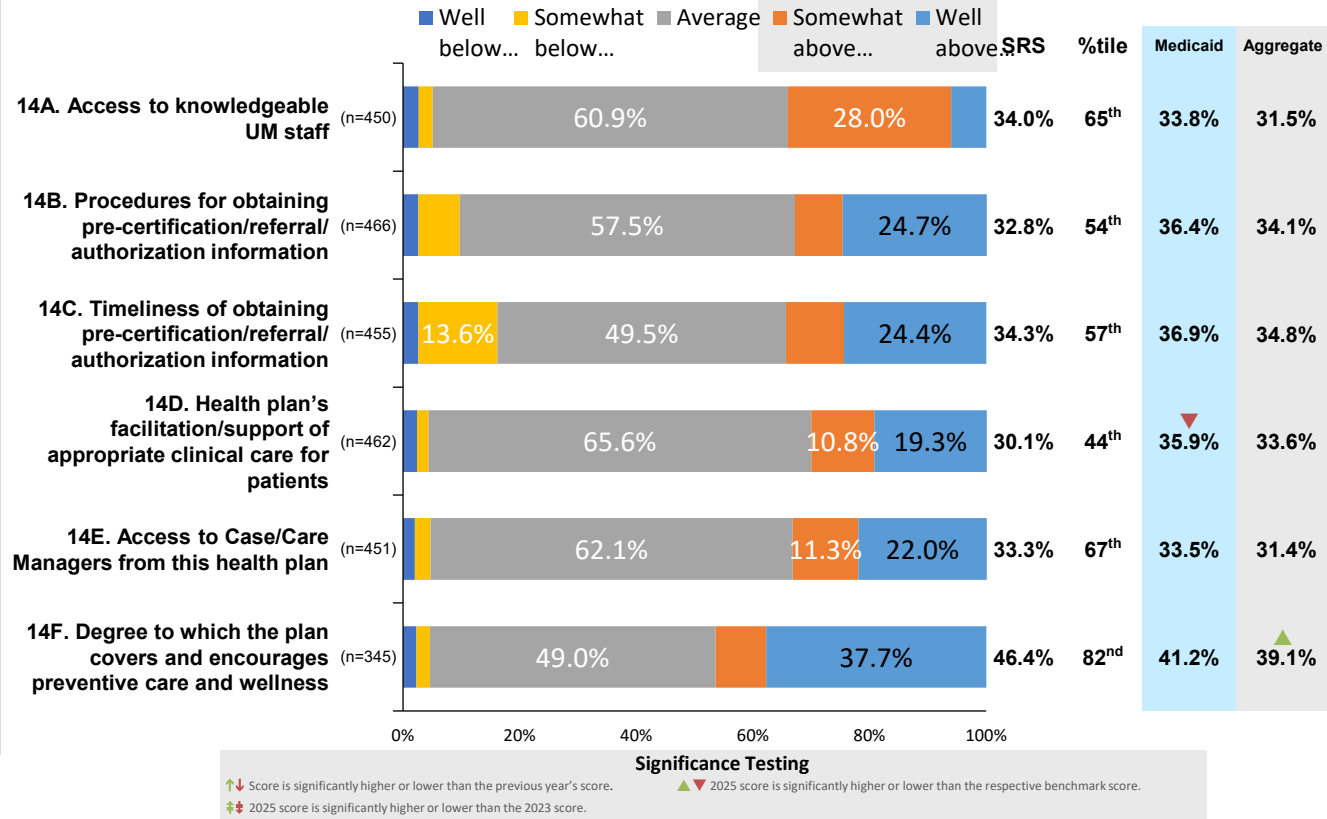
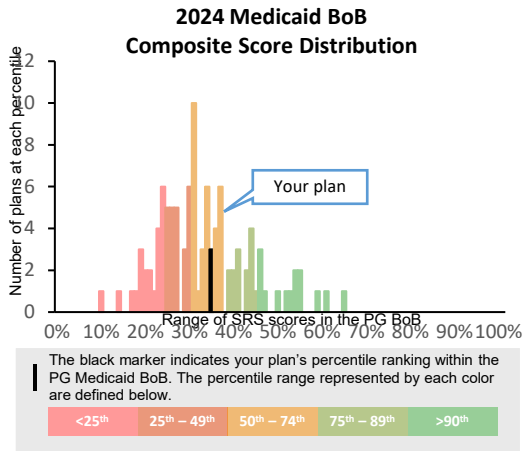
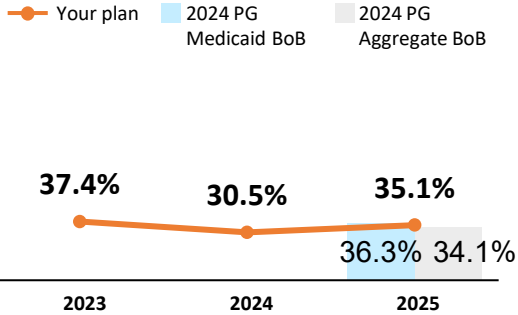
## 2025 Attribute Response Distributions



## Significance Testing

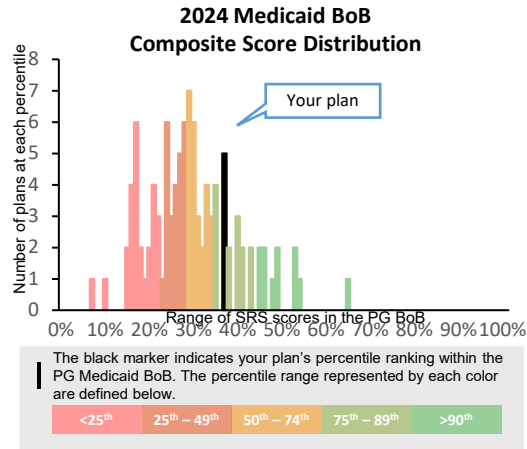
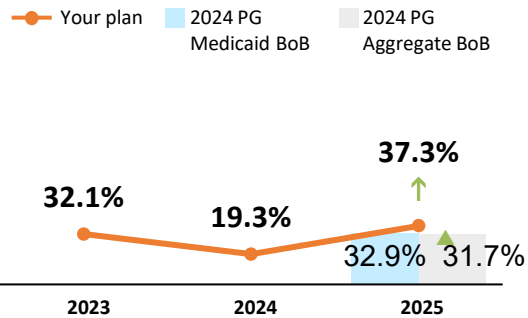
↑ ↓ Score is significantly higher or lower than the previous year's score.
 ▲ ▼ 2025 score is significantly higher or lower than the respective benchmark score.
 ⬆ ⬇ 2025 score is significantly higher or lower than the 2023 score.

# Utilization & Quality Management

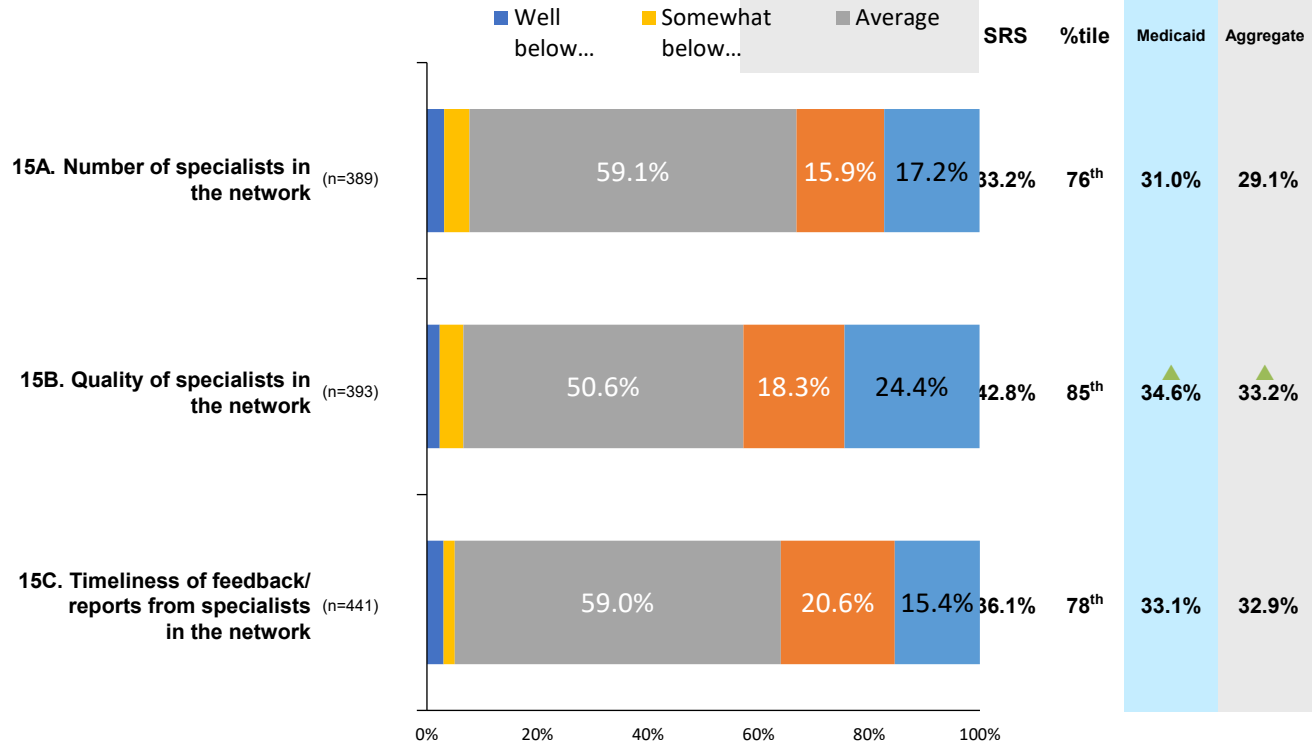


# Network Coordination of Care

Composite Summary Rate Score



2025 Attribute Response Distributions

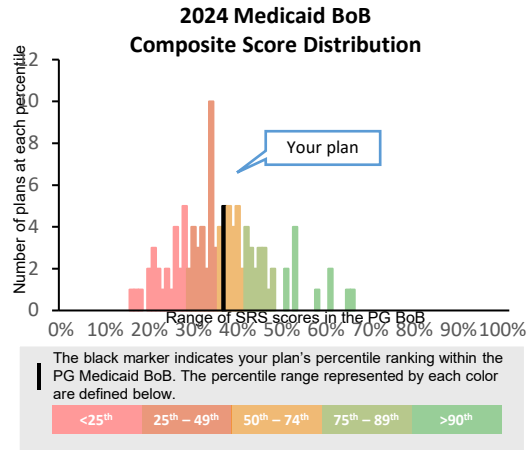
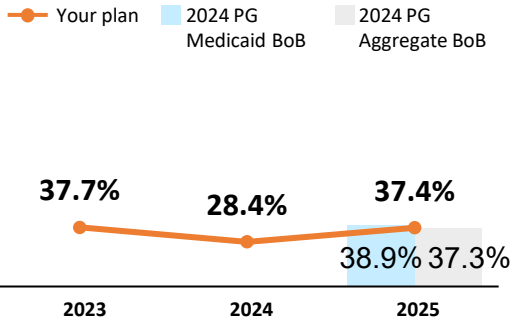


Significance Testing

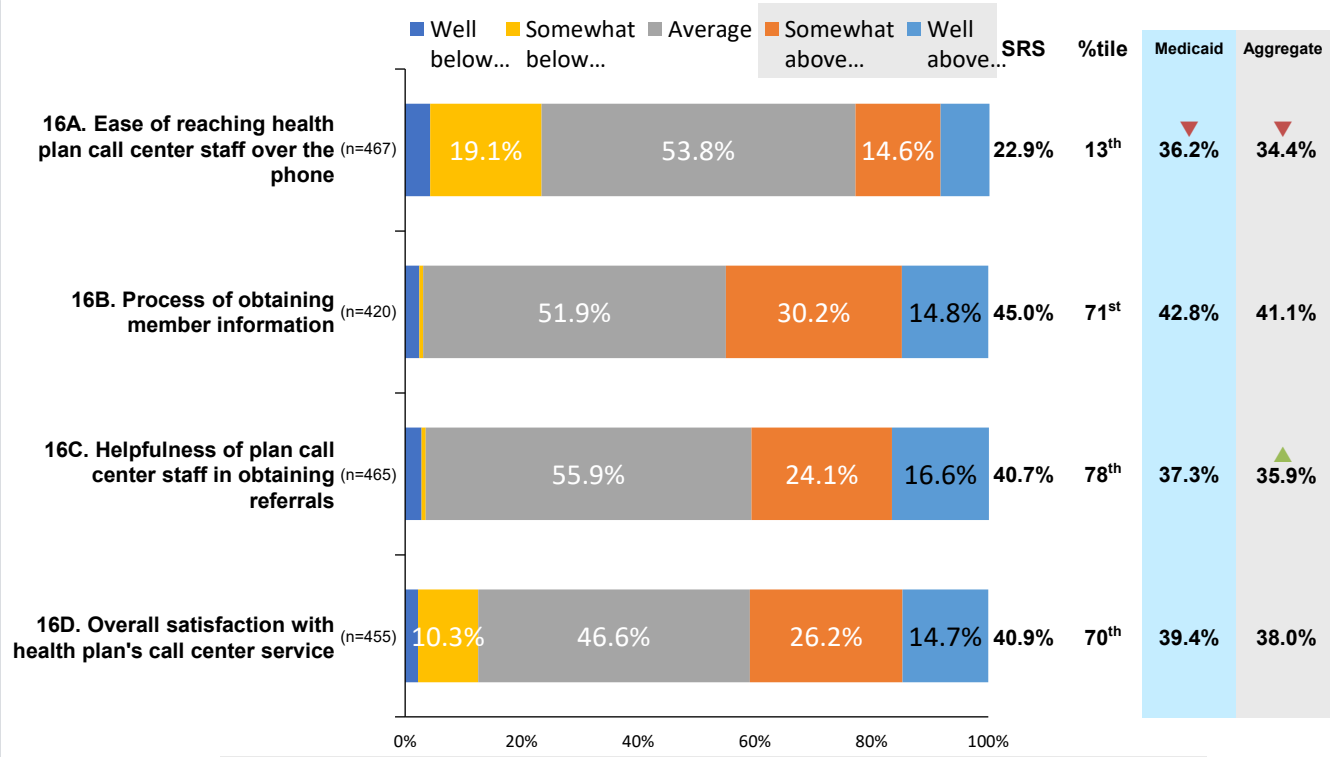
↑↓ Score is significantly higher or lower than the previous year's score. 
 ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. 
 ↕↘ 2025 score is significantly higher or lower than the 2023 score.

# Health Plan Call Center

## Composite Summary Rate Score



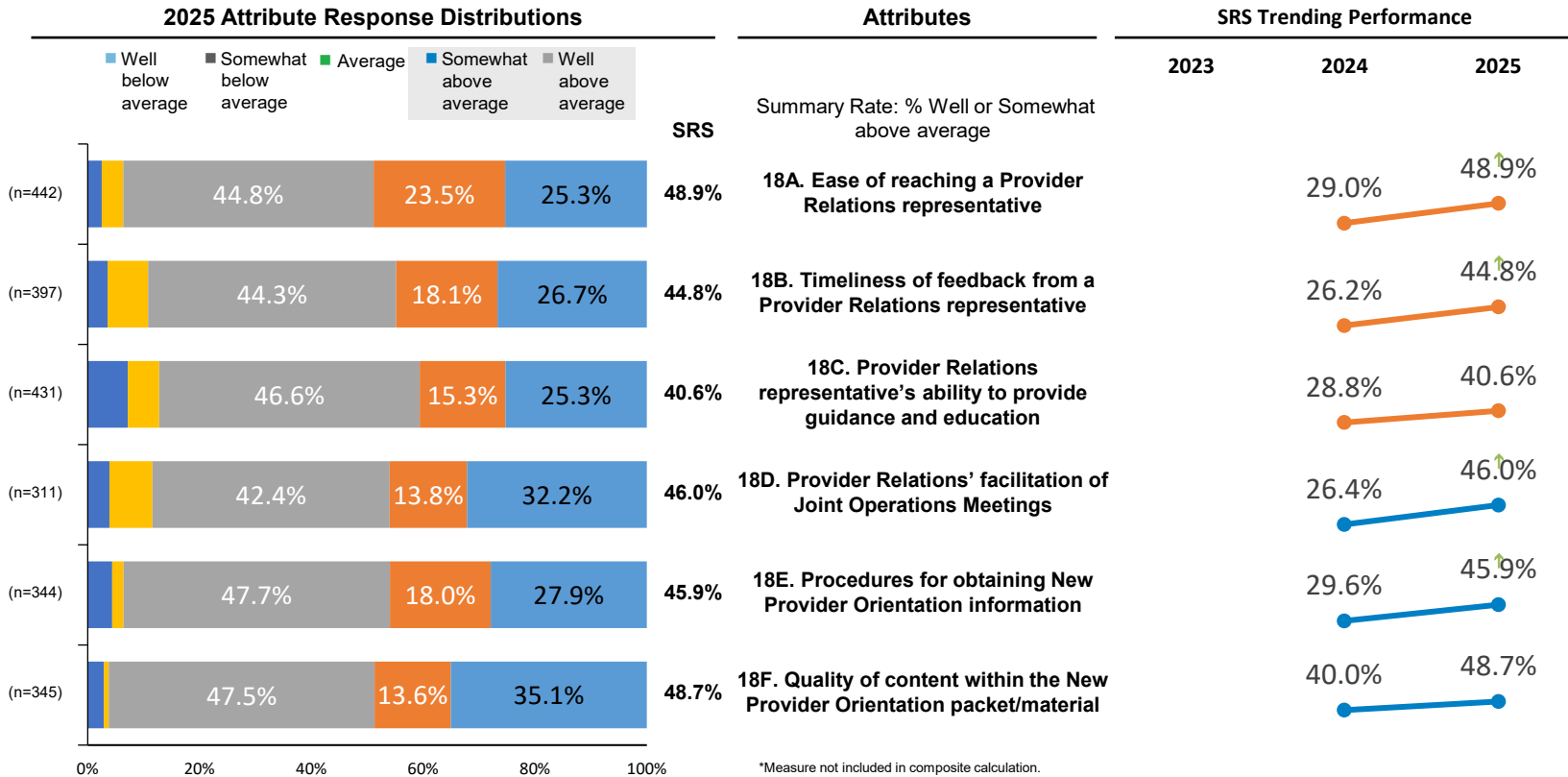
## 2025 Attribute Response Distributions



### Significance Testing

↑ ↓ Score is significantly higher or lower than the previous year's score.
 ▲ ▼ 2025 score is significantly higher or lower than the respective benchmark score.
 ◆ ◆ 2025 score is significantly higher or lower than the 2023 score.

# Provider Relations



\*Measure not included in composite calculation.

### Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score.

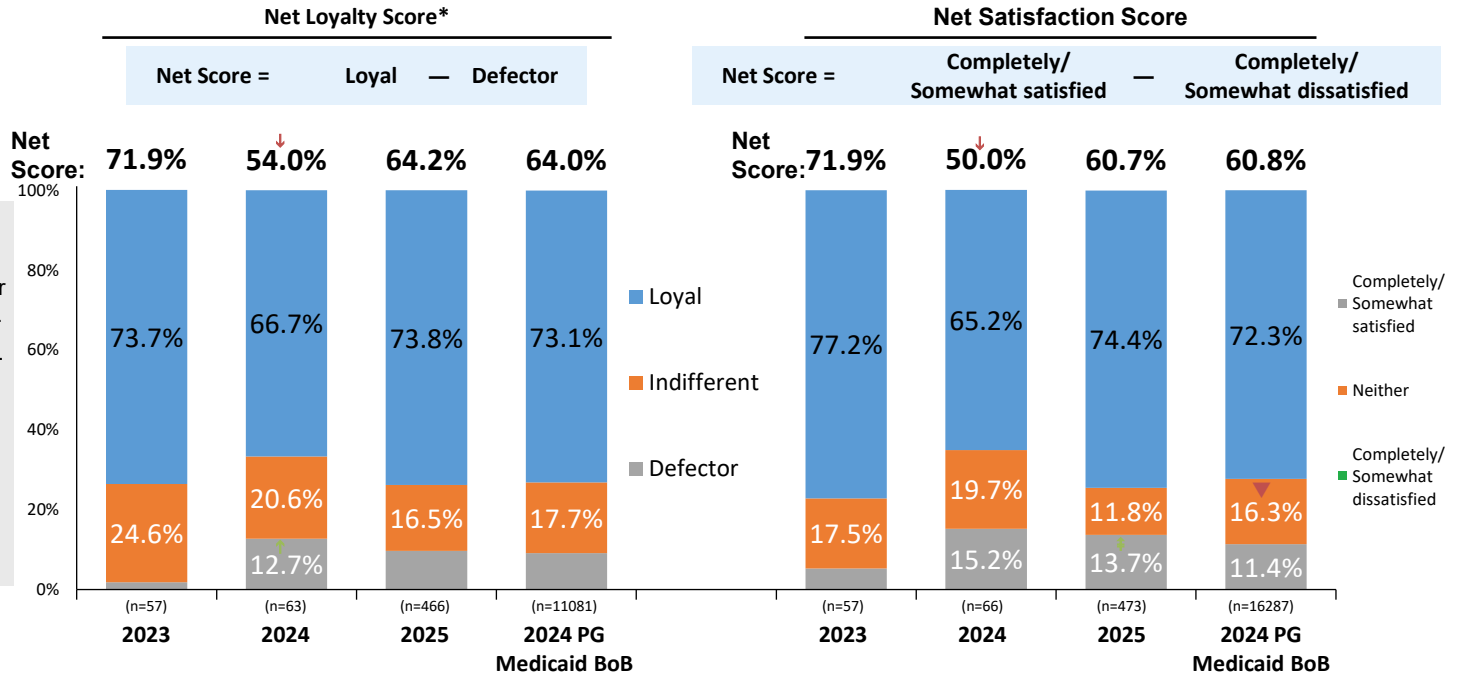
⬆️⬆️ 2025 score is significantly higher or lower than the 2023 score.

# Loyalty Analysis

**Definitions of groups:**

- **Loyal** – Would recommend the health plan and are completely or somewhat satisfied with the plan.
- **Indifferent** – All other responses.
- **Defector** – Would not recommend the health plan and are completely or somewhat dissatisfied with the plan.

\*Loyalty is measured using only those respondents who answered both questions.



The Net Loyalty Score (NLS) is an index ranging from -100% to 100% which measures providers' overall satisfaction with the health plan and willingness to recommend. It is calculated by subtracting the percentage of respondents in the Defector group from the percentage in the Loyal group. The Net Satisfaction Score (NSS) is also an index ranging from -100% to 100% and measures providers' overall satisfaction with the health plan by subtracting the percentage who are completely or somewhat dissatisfied from the percentage who are completely or somewhat satisfied.

**Significance Testing**

↑ ↓ Score is significantly higher or lower than the previous year's score.    ▲ ▼ 2025 score is significantly higher or lower than the respective benchmark score.  
 ⬆ ⬇ 2025 score is significantly higher or lower than the 2023 score.

# Areas of Opportunity

## Top 4

### Focus Resources on Improving Processes That Underlie These Items

**13C** Timeliness of claims processing

**13B** Accuracy of claims processing

**16A** Ease of reaching health plan call center staff over the phone

**18C** Provider Relations representative's ability to provide guidance and education

# Next Steps

- Start working with key provider partners for feedback and collaboration
- Work with internal stakeholder departments to develop workplans that address key findings
- Track progress and provide routine updates
- Evaluate progress against next Provider Satisfaction Survey

# Thoughts & Questions



Gold Coast  
Health Plan<sup>SM</sup>  
A Public Entity

# Gold Coast Health Plan

June 9, 2026

Michelle Espinoza, Executive Director Provider Network Operations &  
Vicki Wrighster, Sr. Director Provider Network Operations

Integrity

Accountability

Collaboration

Trust

Respect

# **External Provider Representative Visits**

**Michelle Espinoza, Executive Director Provider Network Operations &  
Vicki Wrihster, Sr. Director of Provider Network Operations**

# Provider Office Visits December 2025 – May 2026

Month	Miles	Total Site Visited	Average Visits/Day	Total Manager Meetings
Dec 2025	746	102	8	0
Jan 2026	600	104	7	37
Feb 2026	562	98	7	38
Mar 2026	761	110	6	51
Apr 2026	651	81	5	42
May 2026	543	58	4	43
Total	3827	553	6 per day	211

# Key Trends and Actions

Topics	Discussion Topics	Follow-up
Claims Status and Reimbursement	Rising provider outreach on claim status	Reinforce claims-turnaround training; Direct providers to provider portal PNO coordination for follow-up
Provider and Provider Portal Training	Increased request for portal training, including CalAIM providers	Expand provider and portal training volume; Virtual Provider Operations Meetings (Jul–Aug 2026)
Provider Disputes/Appeals	Increase provider PDR submission guidance	Increased 1:1 provider trainings Develop enhanced PDR training modules
Provider Claim Status	PR teams conducts deeper research and cross-department follow-up	Educate on submission steps; increase outreach to Operations and other GCHP teams
Provider Demographic Updates	Delays in demographic and group updates impacting operations	Reminder to providers that delay causes operational issues (i.e. claims, authorization, payments)

# Positive Impact

## **Strengthen GCHP/Provider Relationship**

- Build deeper, proactive engagement with GCHP-contracted providers to improve collaboration and trust.

## **Early Identification of Office Changes**

- Build deeper, proactive engagement with GCHP-contracted providers to improve collaboration and trust.

## **Structured Issue Escalation**

- Serve as a defined escalation path for complex or unresolved provider concerns requiring higher-level intervention

## **Enhanced Information Tracking**

- Maintain a clear, consistent documentation trail of provider needs, requests, and follow-ups to support continuity and accountability

## **Reduced Data Inaccuracies**

- Improve accuracy of provider data by validating information and minimizing gaps or inconsistencies.

## **Targeted In-Person Training**

- Deliver focused 1:1 onsite training for provider staff to address knowledge gaps and support operational excellence

# Questions



**AGENDA ITEM NO. 4**

**TO:** Provider Advisory Committee (PAC)  
**FROM:** Ellen Rudy, Director of Grants Administration  
**DATE:** June, 9, 2026  
**SUBJECT:** GCHP RISE Year 2 Grant Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*GCHP RISE Year 2 Grant Update*



Gold Coast  
Health Plan<sup>SM</sup>  
A Public Entity

# Gold Coast Health Plan RISE Year 2 Grant Update

June 9, 2026

Ellen Rudy, Director of Grants Administration

Integrity

Accountability

Collaboration

Trust

Respect

## Overview of the RISE Grant Program: Year 2

### Year 2 Strategic Priority

**Support Medi-Cal members in understanding, navigating, and complying with evolving Medicaid eligibility, work, and community engagement requirements.**

This may include provider- and community-led initiatives that help members:

- Maintain Medi-Cal coverage
- Avoid administrative disenrollment
- Successfully complete renewal requirements
- Connect to qualifying work, training, education, or community engagement activities through appropriate navigation, community or volunteer programs and opportunities, and education support

### Key Activities

- Request for applications closed April 15, 2026
- Robust response from the community: **29 grant applications received**
- Institute for Healthcare Improvement (IHI) selected as third party reviewer to review, score and manage applications and grant awards
- **7 organizations selected to fund, July 1, 2026 – June 30, 2027**
- Award letters send out June 1, 2026; grantees accept awards, June 8, 2026
- **Total funding: \$2.087M**



**AGENDA ITEM NO. 5**

**TO:** Provider Advisory Committee

**FROM:** Eve Gelb, Chief Innovation Officer  
Kimberly Marquez-Johnson, Sr. Director D-SNP

**DATE:** June 9, 2026

**SUBJECT:** D-SNP Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Total Care Advantage Update*



Gold Coast  
Health Plan<sup>SM</sup>  
A Public Entity

# Total Care Advantage Update

June 9, 2026

Kimberley Marquez-Johnson, Sr. Director D-SNP

Integrity

Accountability

Collaboration

Trust

Respect

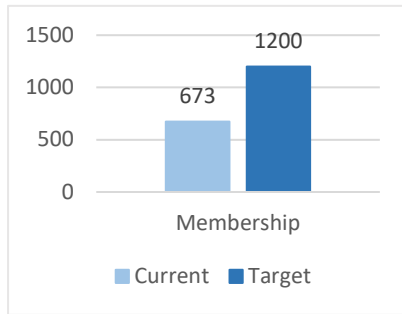
# Total Care Advantage Key Performance Indicators



## Increase Total Care Advantage Membership

Goal: 1200 – 2500 Total Care Advantage Members by 12/31/26

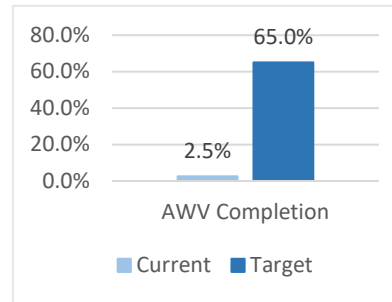
- 673 Members as of 5/30/2026



## Optimize Total Care Advantage Provider partnership

Goal: 65% of members completed Annual Wellness visit in 2026

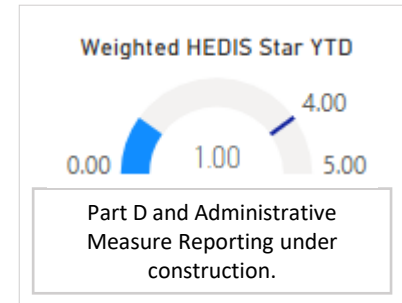
- 2.5% of members received AWV to date. This is expected as providers started AWV in March.



## Achieve Total Care Advantage Quality Targets

Goal: 80% of Star Measures meeting performance targets for 2026 Measurement Year

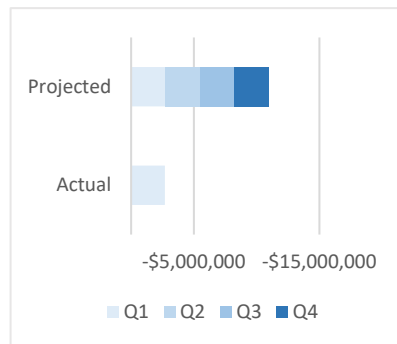
- Current rates are low, as expected due to small population and short measurement period to date.



## Meet Financial Target

Goal: Less than \$11M Loss for Total Care Advantage 2026

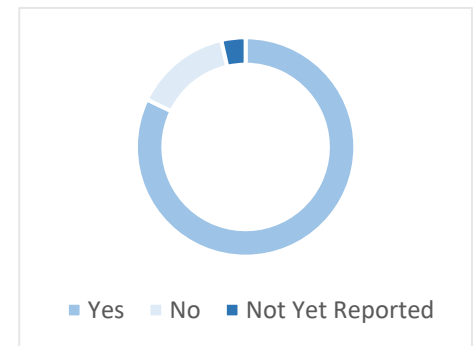
- Q1 Loss as expected at (\$2.7M)



## Meet Compliance Targets

Goal: 85% of prioritized Metrics meeting compliance targets for 2026

- 29 of 30 Member Impact Compliance Metrics reported.
- 83% of metrics met compliance targets in April.



# Total Care Advantage Members



Members by Age Group		
Age Group	Members	% Members
00-64	81	12.0%
65-69	286	42.5%
70-74	138	20.5%
75-79	95	14.1%
80-84	42	6.2%
85-89	21	3.1%
90-94	7	1.0%
95-99	3	0.4%
<b>Total</b>	<b>673</b>	<b>100.0%</b>

Members by ACG Patient Need Group		
ACG Patient Need Group	Members	% Members
05 Multi-Morbidity Medium Complexity	193	28.7%
04 Multi-Morbidity Low Complexity	123	18.3%
09 Dominant Major Chronic Condition	122	18.1%
10 Multi-Morbidity High Complexity	116	17.2%
03 Low Need Adult	37	5.5%
01 Non-User	29	4.3%
11 Frailty	27	4.0%
08 Dominant Psychiatric/Behavioral Condition	25	3.7%
<b>Total</b>	<b>673</b>	<b>100.0%</b>

Members by Language		
Language	Members	% Members
Spanish	386	57.4%
English	280	41.6%
Tagalog	2	0.3%
Arabic	1	0.1%
Mandarin (China)	1	0.1%
No Valid Data Reported	1	0.1%
Other	1	0.1%
Russian	1	0.1%
<b>Total</b>	<b>673</b>	<b>100.0%</b>

Johns Hopkins ACG® System, used by Total Care Advantage to categorize members by the complexity and intensity of their healthcare needs.

# Total Care Advantage 2027 Program Status

