Gold Coast Health Plan℠
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Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)

Executive Finance Committee
AGENDA

Regular Meeting
Thursday, August 20 2026 – 3:00 p.m.
711 E Daily Drive #110 Camarillo, CA 93010

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

Conference Call Number: 805-324-7279
Conference ID Number: 216 296 195 #

Los Robles Health System
215 W Janss Road
Thousand Oaks, CA 91360

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

Persons wishing to address VCMMCC 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 attend the meeting in person, call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to 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.

CONSENT

1. Approval of Executive Finance Committee special meeting minutes of June 30, 2026.

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented

FORMAL ACTION

2. Request For Proposal Number GCHP10232025: Consideration of Recommendation for a Rejection of All Bids and Renewal of Work with Inovalon for HEDIS and Risk Adjustment Services

Staff: Eve Gelb, Chief Innovation Officer
Kim Timmerman, Executive Director Quality Improvement

RECOMMENDATION: It is the Plan's recommendation that the Executive Finance Committee recommend the Ventura County Medi-Cal Managed Care Commission approve the Notice of Non-Award and reject all bids for Request For Proposal Number GCHP10232025 and approve a three-year contract amendment to renew four, (4) Statement of Works, (SOWs #4, 5, 6 & 7), for these services commencing January 1, 2027, and ending on December 31, 2029, at a reduced amount, for an amount not-to-exceed $5.7M, with Inovalon.

3. Contract Approval – Cotivity – Implementation and Software License, Interoperability 57F & APL 26-008 Requirements

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: It is the Plan's recommendation that the Executive Finance Committee recommend the Commission authorize the CEO to execute a contract with Cotivity. The term of the contract will be 5 years of services commencing September 1, 2026, and expiring on August 31, 2031, for an amount not to exceed $2.6M.

4. June Year-To-Date Financials

Staff: Jeff Register, Interim Chief Financial Officer / Controller
Felix L. Nunez, M.D., Chief Executive Officer

RECOMMENDATION: Approve the June financials as presented.

5. Continuation of Approval of Contract Renewal List

Staff: Jeff Register, Interim Chief Financial Officer / Controller
Bob Bushey, Executive Director of Procurement

RECOMMENDATION: It is recommended that the Executive Finance Committee recommend the Commission approve the contract renewal list.

ADJOURNMENT

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 Clerk of the Board.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Tuesday prior to the meeting by 3 p.m. will enable the Clerk of the Board to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Executive Finance Committee

FROM: Maddie Gutierrez, MMC – Sr. Clerk of the Board

DATE: August 20, 2026

SUBJECT: Meeting Minutes for special meeting of June 30, 2026.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the Executive Finance Committee special meeting minutes of June 30, 2026.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
Executive/Finance Committee
Special Meeting via Teleconference
CFO Interviews
June 30, 2026

CALL TO ORDER

Committee Chair Laura Espinosa called the meeting to order at 4:05 p.m. The meeting was held via teleconference. The Clerk was in the Community Room, 711 E. Daily Drive, Suite 110 Camarillo, California.

ROLL CALL

Present: Commission Chair Laura Espinosa, Commissioners Anwar Abbas, Allison Blaze, M.D., and Mark Sewell

Absent: Commissioner Tim Myers

GCHP Executive Team in attendance: CEO Felix L. Nunez, M.D., CHR Paul Aguilar, and General Counsel Scott Campbell,

Guests: Anne Landrum – Recruiter for NexxThing

PUBLIC COMMENT

None.

Closed Session started at 4:06 p.m.

CLOSED SESSION

1. PUBLIC EMPLOYEE APPOINTMENT
Title: Chief Financial Officer

ADJOURNMENT

There was no reportable action. The meeting adjourned at 5:44 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Executive Finance Committee

FROM: Eve Gelb, Chief Innovation Officer
Kim Timmerman, Executive Director Quality Improvement

DATE: August 20, 2026

SUBJECT: Request For Proposal Number GCHP10232025: Notice of Non-Award, Rejection Of All Bids and Renewal of Work with Inovalon for HEDIS and Risk Adjustment Services

Executive Summary

The Plan is requesting that the Executive Finance Committee recommend the Ventura County Medi-Cal Managed Care Commission to approve 1) the Notice of Non-Award and the Rejection Of All Bids associated with Request for Proposal Number GCHP10232025 for the Quality Measures and Risk Adjustment services and 2) the approval to renew the existing Statements of Work at significantly lower costs for these services with the incumbent vendor, Inovalon.

BACKGROUND/DISCUSSION

Procurement, together with participation from Quality Improvement, IT and Finance, initiated a Request for Proposal (RFP) to procure a technology platform and its associated services to help improve the Plans HEDIS and Risk Adjustment scores for both its Medi-Cal, and Medicare lines of business.

Procurement Background

On October 31, 2025, Procurement issued a Request for Proposal, (RFP) for Quality Measures and Risk Adjustment to the following 7 vendors:

Careseed	Inovalon
CitiusTech	Optum
Cotiviti	SS&C
Cozeva	

GCHP received six responsive proposals. In January 2026, a cross functional team evaluated and scored the proposals, using predetermined evaluation criteria and weights.

The scoring results from the evaluation team using the standard Evaluation Matrix were as follows:

Evaluation Matrix Scores (High to Low):

Rank	Vendor	Score
1	Cotiviti	60.28
2	Cozeva	59.22
3	CitiusTech	58.14
4	SS&C	54.43
5	Inovalon	52.07
6	Optum	45.17

Contract Negotiations

In February the team began discussions with the top scoring vendor, Cotiviti. The contract negotiations became increasingly difficult and were slow and arduous, partially due to complications introduced with the Cotiviti acquisition of Edifecs in March 2025. By May, the team still had a significant number of outstanding contractual issues to resolve. As the runway for concluding the negotiations and working on implementation of a new system continued to compress, the Plan became increasingly concerned about the risk and ability to switch vendors for these services by December 2026. The inability to complete the vendor transition timely would put the Plan at risk for the Measurement Year 2026 HEDIS project and delay the needed progress on risk adjustment activities.

Notice of Non-Award

By late June, contract discussions were still not completed with Cotiviti and the Plan determined that the risk of switching exceeded the value of using a new vendor. As such, on July 14, 2026, the Plan issued an Intent of a Notice of Non-Award and Rejection of All Bids for Request for Proposal Number GCHP10232025 to all responsive Proposers. Concurrently, the Plan began contract renewal discussions with the incumbent, Inovalon. The time for any protest of the Non-Award and Rejection of All Bids has passed and no protest was received.

Inovalon Statements of Work Renewal Discussion

Inovalon was responsive and agreed to reduce their current pricing by thirty-four percent, 34%, in exchange for a three-year renewal term.

FISCAL IMPACT:

The historical annual cost and market pricing for these services is approximately $2.8M. The new unit pricing is fixed with annual costs projected to be $1.8M. This represents annual savings of approximately $1M, and $3.2M over the term of the three-year renewal period.

Year	Prior Run Rate	New Run Rate	Savings YOY
2027	$2,856,524	$1,871,203	$(985,322)
2028	$2,913,655	$1,871,203	$(1,042,452)
2029	$2,971,928	$1,871,203	$(1,100,725)
Total	**$8,742,107**	**$5,613,608**	**$(3,128,499)**

RECOMMENDATION:

It is the Plan's recommendation that the Executive Finance Committee recommend the Ventura County Medi-Cal Managed Care Commission approve the Notice of Non-Award and reject all bids for Request For Proposal Number GCHP10232025 and approve a three-year contract amendment to renew four, (4) Statement of Works, (SOWs #4, 5, 6 & 7), for these services commencing January 1, 2027, and ending on December 31, 2029, at a reduced amount, for an amount not-to-exceed $5.7M, with Inovalon.

If the Executive Finance Committee desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

AGENDA ITEM NO. 3

TO: Executive Finance Committee

FROM: Alan Torres, Chief Information Officer

DATE August 20, 2026

SUBJECT: Contract Approval – Cotiviti – Implementation and Software License, Interoperability 57F & APL 26-008 Prior Authorization Rule Requirements

BACKGROUND/DISCUSSION:

Executive Summary

GCHP staff is seeking the recommendation of the Executive Finance Committee that the Ventura County Medi-Cal Managed Care Commission approve the execution of additional contract authorizations with Cotiviti Inc. for Software and implementation services to address DHCS & CMS compliance requirements for interoperability Prior Authorization Rule.
Cotiviti acquired Edifecs in March of 2025.

The term of the contract will be 5 years of services commencing September 1, 2026, and expiring on August 31, 2031, for an amount not to exceed $2.6M.

Background:

In June 2020 (See attachment below for Commission materials from June 22, 2020), the Commission approved contracts with Edifecs, for the interoperability base product in support of the new Interoperability requirements. The first set of foundational software licenses:

a.) Edifecs hosting services
b.) Edifecs hosting of database engine – Fast Healthcare Interoperability Resources (FHIR)

In 2020, GHCP made significant investments to develop and implement the data feeds into the Edifecs base product (database engine – FHIR data repository).

In 2026, CMS and DHCS aligned their interoperability approach, requiring all plans to implement the technical provisions of CMS-0057-F and CMS-4208-F2. These provisions introduce four new APIs and require updates to the Patient Access API to include prior authorization information by January 1, 2027.

We are adding a new license to the Cotiviti base product. Instead of going to the market for a product to support just the prior authorization rule requirements, GCHP will leverage existing

investments and use existing technical data integration approaches, while saving significant time and money by avoiding moving towards a new vendor not just for this requirement but for all existing interoperability services and capabilities.

What is Interoperability and why do we need to support it?

According to the Centers for Medicare & Medicaid Services (CMS) and California's Department of Health Care Services (DHCS), interoperability is the secure, seamless, and standardized exchange of electronic health data across the healthcare ecosystem. Rather than keeping vital medical details isolated within separate health IT silos, it leverages open standards, such as Fast Healthcare Interoperability Resources (FHIR) Application Programming Interfaces (APIs), to ensure that information can be easily accessed, integrated, and interpreted. These comprehensive guidelines focus on connecting disparate networks, electronic health records (EHRs), and systems maintained by patients, providers, and payers. By establishing standardized schemas, federal and state regulators mandate that a patient's clinical records, provider directories, and claims history flow seamlessly to where they are needed most.
Supporting interoperability is essential to reduce administrative burdens, eliminate system redundancies, and empower individuals to manage their own healthcare.

Current Status and the Need for Additional Technology Services:

To comply with DHCS (Department of Health Care Services) and CMS (Centers for Medicare & Medicaid Services) interoperability goals (including CMS-9115-F and CMS-0057-F), impacted payers and state programs must implement a core set of standards-based Fast Healthcare Interoperability Resources (FHIR) application programming interfaces (APIs) and supporting data architectures.
Core APIs to Implement

- Patient Access API: A secure, mobile-compatible FHIR R4 endpoint allowing members to retrieve their adjudicated claims, encounter data, and clinical records via third-party apps.
- Provider Directory API: A public-facing digital endpoint exposing accurate provider network information, specialties, and contact details in standard FHIR formats.
- Provider Access API: A bulk data exchange solution allowing attributed providers to query clinical and claims data for care coordination.
- Payer-to-Payer API: A mechanism to transfer a member's historical clinical and claims data when transitioning between different health plans.
- Prior Authorization API: An automated electronic prior authorization (ePA) workflow system to streamline the submission and decision-making process for medical items and services.

FISCAL IMPACT:

The incremental cost to add and implement this additional software over the projected useful life of the 4-6-month implementation period and 5-year license term (9/1/2026 - 8/31/2031) is projected to not exceed $2.6M.

There is no expense impact to the 2026 budget. There will be an annual amortization cost of approximately $570,000 per year starting in 2027 and ending in 2031.

RECOMMENDATION:

It is the Plan's recommendation that the Executive Finance Committee recommend the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute a contract with Cotiviti Inc., to include the add work associated with the licensing and implementation of Cotiviti's 57-F Interoperability software. The term of the contract will be 4-6 months of implementation and 5 years of production commencing September 1, 2026, and expiring on August 31, 2031, for an amount not to exceed $2.6M.

If the Executive Finance Committee desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

Attachment (June 22, 2020 Staff Report):

Gold Coast Health Plan SM A Public Entity

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AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eileen Moscaritolo, HMA Consultant
Helen Miller, Senior Director Information Technology

DATE: June 22, 2020

S
UBJECT: Procurement of CMS Interoperability & Patient Access Final Rule Software Solution and Approval of Program Staffing Plan

SUMMARY:

Gold Coast Health Plan (GCHP) staff seek approval to:

1. Enter into a five-year contract with Edifecs, Inc. to purchase their interoperability solution at a not-to-exceed cost of $1,723,575 inclusive of a 4.22% contingency of $69,828.
2. Add 6.0 full time equivalent (FTE) positions to permanently staff a new GCHP interoperability and data intelligence product team that supports an ongoing program of work for interoperability, data and analytics, and health information exchange.

BACKGROUND/DISCUSSION:

The Centers for Medicare & Medicaid Services (CMS) Interoperability and Patient Access final mandated Rule (Rule) for payers, is effective on January 1, 2021, with enforcement deferred to July 1, 2021. The Rule's overarching goal is to enable patient access to personal health information along with the choice as to when, who, and how that information is shared and utilized.

The Rule transforms healthcare by allowing patients to make informed decisions about their healthcare. Patients will have easy access to:

- clinical and claims data, including treatment history and prescriptions
- up-to-date provider listing and pharmacy formulary for their health plan's network
- share data between their providers including hospital notifications
- bring their data with them when switching plans or providers
- know their benefits are coordinated if a dually eligible individual
- gain insight on which providers share data versus which providers block data to help guide care decisions

As a Medi-Cal payer, GCHP will have increased ability to provide more efficient and coordinated care by sharing health information with patients for better engagement, exchanging data with other payers to get patients the best outcomes, offering a shareable provider directory to help patients find the doctors they need, and maintaining historical claims and encounter data to help patients understand their healthcare and expenses.

The Rule mandates technical standards that payers and health information technology vendors must use as a common interoperability framework for information exchange. This common framework not only enables data exchange but also encourages marketplace competition for third-party healthcare applications (e.g., mobile phone apps) which patients may elect to use to keep their health data readily available.

The Rule requires GCHP to implement and support new technology and operations that make the members' claims & encounters including financial information, and a subset of defined clinical data available to third parties authorized by the member. In addition, GCHP must also make the provider directory and the drug formulary available to third parties. CMS estimates that a Plan's cost to comply ranges from $788k to $2.5M and specified that states must include these costs in the development of Medi-Cal capitation rates. Although the enforcement date was extended to July 1, 2021, this remains an aggressive timeframe. The payer-to-payer data exchange requirement, effective January 1, 2022, will require a concurrent implementation to begin once CMS defines the trusted data exchange security requirements.

GCHP is seeking to implement the most cost-effective timely compliant solution that can be supported in the current GCHP information technology architecture. GCHP currently uses a software product called Edifecs, Inc (Edifecs) to host and manage core operating rules electronic transactions for compliance with the Department of Health and Human Services ACA Section 1104 mandate. Edifecs has offered preferred interoperability shared solution pricing to 14 local not-for-profit health plans represented by Local Health Plans of California (LHPC), a statewide trade association. Software pricing is tiered based upon the combined total membership of all plans electing to participate in the founding group purchase. For example, GCHP's portion of the software licensing costs with 11 participating plans represents 5.8% of the combined total shared instance software licensing costs based upon a GCHP membership of 193,000. Staff are recommending to

sole source the purchase and use of Edifecs to minimize software and staffing costs as well as begin the project quickly leveraging the collective benefits of a solution shared by fellow CA Sister Plans.

The Edifecs proposed solution consists of the following software and services:

- Fast Healthcare Interoperability Resources (FHIR) shared instance software
- Initial base solution set-up
- Operations support for FHIR data conversions, data exchanges, and regulatory changes
- FHIR data rendering web portal for internal GCHP interoperability product team
- XE Connect software (on premise) for members to validate their GCHP eligibility prior to sharing their data
- GCHP data mappings (13) to FHIR standards
- Security and privacy certification for third-party vendor applications (apps')
- Implementation Fees
- CA Sister Plans cloud artifact repository with reusable best practice configurations and reference models

Rule implementation and ongoing administrative support requires dedicated GCHP information technology professionals, with very specific skill sets, working closely with the software vendor, Edifecs, and additional existing vendor partners and providers. These skill sets are new to GCHP and the staff is recommending a dedicated interoperability and data intelligence product team to support both the implementation and post implementation day-to-day operational activities of interoperability. In addition, the team will also support the concurrent establishment and ongoing administration of a data and analytics program including an enterprise data warehouse (EDW). The EDW will provide the foundational data and business information architecture required for interoperability and for Ventura County's new health information exchange (HIE) partner, Manifest Medex. The team would be comprised of the following new six full-time-equivalent positions:

- Program / Product Manager
- Data Integration Architect / Engineer
- Senior ETL/Integration/Business Intelligence Developer
- Senior Business Systems Analyst (2 positions)
- Senior Data Analyst

FISCAL IMPACT:

The total five-year estimated cost for the Edifecs managed services and FHIR solution is $1,653,746 for an average annual cost of $330,750. Adding a 4.22% contingency of $69,828 results in a cumulative estimated not to exceed total of $1,723,574.

Estimated Costs	Year 1	Years 2 to 5*	Total
EDIFECS			
Edifecs Software	$136,250	$616,618	$752,868
Managed services & operations support	$80,640	$364,947	$445,587
Security & Privacy Certification of Third-Party Applications	$10,000		$10,000
Data mapping (12 high complexity)	$259,200	$0	$259,200
Implementation Fees	$186,091	$0	$186,091
Total -Edifecs	$672,181	$981,565	$1,653,746
Contingency (~4.22%)	$69,828		$69,828
Total -Edifecs + Contingency Not to Exceed			**$1,723,574**
OTHER PROGRAM COSTS			
Estimated Costs	**Year 1**	**Years 2 to 5***	**Total**
On-premise hardware	$58,000		$58,000
Existing vendor (3) update or integrations	$120,000		$120,000
Printing member educational material	$5,000		$5,000
Legal fees	$32,000		$32,000
Yr 1 contingency, non Edifecs (~15.4%)	$33,109		$33,109
Total -Other Costs	$248,109		$248,109
Cumulative Total with contingencies in Year 1, excludes staffing	**$990,118**	**$981,565**	**$1,971,683**

*includes 5% maximum annual increase

RECOMMENDATION:

1. Award and authorize the CEO to execute an agreement with Edifecs, Inc. for an Interoperability FHIR data repository hosted and managed services solution, in an amount not to exceed $1,723,574 over a five-year term. Total includes a ~4.22% contingency of
$69,828.

2. Increase by 6.0 the full-time equivalent positions in the Information Technology and the Decision Support Services departments to support Rule implementation and ongoing interoperability, HIE, and data & analytics program technology services.

AGENDA ITEM NO. 4

TO: Executive Finance Committee

FROM: Jeff Register, Interim Chief Financial Officer-Controller

DATE: August 20, 2026

SUBJECT: June 2026 Year to Date Financial Results

SUMMARY:

Staff is presenting the attached June 2026 year-to-date ("YTD") unaudited financial statements of Gold Coast Health Plan ("GCHP").

ATTACHMENT:

June 2026 Financial Package

APPENDIX:

- Income Statement YTD
- Balance Sheet
- Statement of Cash Flow
- Statement of Investments and Cash Balances

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS

	For the Month Ended June 2026				Fiscal Year to Date Through June 2026			
	Jun 2026 ACTUALS	Jun 2026 BUDGET	Fav /(Unfav)	%	Jun 2026 ACTUALS	Jun 2026 BUDGET	Fav /(Unfav)	%
Membership	225,369	229,064	(3,695)	-1.6%	1,379,318	1,388,695	(9,377)	-0.7%
Revenue								
Premium	$ 137,543,671	$ 138,245,271	$ (701,601)	-0.5%	$ 842,746,562	$ 837,755,292	$ 4,991,270	0.6%
Facility Expense AB85			-			-	-	
Reserve for Cap Requirements	(238,248)	(242,833)	4,586	1.9%	(2,707,073)	(1,476,856)	(1,230,218)	-83.3%
Incentive Revenue	-	-	-		-	-	-	
MCO Premium Tax	(33,799,752)	(34,141,014)	341,263	1.0%	(206,224,287)	(207,182,110)	957,824	0.5%
Total Net Premium	**103,505,671**	**103,861,424**	**(355,752)**	**-0.3%**	**633,815,202**	**629,096,326**	**4,718,876**	**0.8%**
						-		
Other Revenue:								
Miscellaneous Income	126	-	126		838	-	838	
Total Other Revenue	126	-	126		838	-	838	
Total Revenue	**103,505,797**	**103,861,424**	**(355,626)**	**-0.3%**	**633,816,040**	**629,096,326**	**4,719,714**	**0.8%**
Medical Benefits:								
Capitation:								
PCP, Specialty, Kaiser, NEMT & Vision	3,541,836	4,420,253	878,417	19.9%	21,966,907	26,948,272	4,981,365	18.5%
ECM	2,136,434	1,051,125	(1,085,309)	-103.3%	11,220,234	6,381,704	(4,838,530)	-75.8%
Total Capitation	**5,678,270**	**5,471,377**	**(206,892)**	**-3.8%**	**33,187,141**	33,329,977	**142,836**	**0.4%**
FFS Claims:								
Inpatient	17,347,218	19,780,843	2,433,625	12.3%	119,353,511	119,545,167	191,656	0.2%
LTC / SNF	20,139,321	16,738,023	(3,401,297)	-20.3%	93,476,408	100,660,145	7,183,736	7.1%
Outpatient	8,133,400	9,704,638	1,571,238	16.2%	53,906,564	58,225,538	4,318,974	7.4%
Laboratory and Radiology	1,421,029	843,219	(577,810)	-68.5%	8,659,871	5,153,613	(3,506,257)	-68.0%
Directed Payments - Provider	967,818	807,177	(160,641)	-19.9%	4,892,471	4,871,108	(21,363)	-0.4%
Emergency Room	3,947,342	4,395,322	447,980	10.2%	27,193,863	26,268,296	(925,568)	-3.5%
Physician Specialty	9,138,470	7,235,979	(1,902,492)	-26.3%	59,482,736	43,765,182	(15,717,553)	-35.9%
Primary Care Physician	6,750,507	7,398,252	647,745	8.8%	34,687,647	44,420,629	9,732,982	21.9%
Home & Community Based Services	2,853,028	4,640,733	1,787,706	38.5%	17,915,001	27,549,782	9,634,781	35.0%
Medically Supportive Food	944,378	-	(944,378)		10,917,572	-	(10,917,572)	
Applied Behavior Analysis Services	5,248,340	5,562,461	314,121	5.6%	34,985,413	32,731,237	(2,254,176)	-6.9%
Pharmacy	375,915	221,028	(154,886)	-70.1%	1,481,617	928,928	(552,688)	-59.5%
Quality Incentive Provider Program (QIPP)	2,758,053	3,242,765	*484,712*	*14.9%*	20,256,501	19,445,740	(810,761)	*-4.2%*
Other Medical Professional	1,001,561	1,826,720	825,159	45.2%	4,781,327	11,013,642	6,232,315	56.6%
Other Fee For Service	2,027,799	1,998,237	(29,562)	-1.5%	11,356,127	12,016,174	660,047	5.5%
Settlements - Medical	-	-	-		1,112,041	-	(1,112,041)	
Transportation	799,754	492,460	(307,293)	-62%	2,993,615	2,963,156	(30,459)	-1%
Total Claims	**83,853,933**	**84,887,858**	**1,033,925**	**1.2%**	**507,452,285**	**509,558,338**	**2,106,052**	**0.4%**
Provider Grant Program	865,108	930,506	65,398	7%	5,345,628	5,505,749	160,120	3%
Medical & Care Management	2,503,553	1,926,865	(576,688)	-30%	15,401,052	11,687,250	(3,713,803)	-32%
Reinsurance	335,382	301,908	(33,474)	-11%	(419,896)	1,838,285	2,258,180	123%
Claims Recoveries	(87,759)	(158,333)	(70,574)	45%	(730,119)	(950,000)	(219,881)	23%
Sub-total	**3,616,283**	**3,000,945**	**(615,338)**	**-21%**	**19,596,667**	**18,081,283**	**(1,515,384)**	**-8%**
Total Medical Benefits	93,148,486	93,360,181	211,695	0.2%	560,236,093	560,969,597	733,504	0.1%
Contribution Margin	**10,357,311**	**10,501,243**	**(143,932)**	**-1.4%**	**73,579,947**	**68,126,729**	**5,453,218**	**8.0%**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	5,857,102	7,060,493	1,203,391	17%	39,811,452	42,362,961	2,551,509	6%
Training, Conference & Travel	14,292	52,500	38,208	73%	342,597	315,000	(27,597)	-9%
Outside Services	2,131,183	2,470,733	339,550	14%	13,842,959	14,824,398	981,439	7%
Professional Services	1,239,196	1,406,687	167,491	12%	5,657,022	8,440,125	2,783,102	33%
Occupancy, Supplies, Insurance & Others	3,834,876	2,754,097	(1,080,779)	-39%	19,070,171	16,524,583	(2,545,588)	-15%
ARCH/Community Grants	22,428	183,975	161,547	88%	207,128	1,103,848	896,720	81%
Sponsorships	4,000	61,325	57,325	93%	40,000	367,949	327,949	89%
Care Management Reclass to Medical	(2,503,553)	(1,926,865)	576,688	30%	(15,401,052)	(11,687,250)	3,713,803	32%
G&A Expenses	**10,599,525**	**12,062,946**	**1,463,421**	12%	**63,570,276**	**72,251,614**	**8,681,337**	**12%**
D-SNP	539,774	-	(539,774)		2,876,921	-	(2,876,921)	
Project Portfolio	**539,774**	**-**	**(539,774)**		**2,876,921**	**-**	**(2,876,921)**	
Total G&A Expenses	**11,139,300**	**12,062,946**	**923,646**	**8%**	**66,447,197**	**72,251,614**	5,804,417	8%
Total Operating Gain / (Loss)	**(781,989)**	**(1,561,703)**	**779,715**	50%	**7,132,750**	**(4,124,884)**	**11,257,635**	**272.9%**
Retro Premium Adj	-	-	-		-	-	-	
Non Operating								
Revenues - Interest	1,066,483	1,000,000	66,483	6.6%	5,466,278	6,000,000	(533,722)	-9%
Expenses - Interest	-	-	-		-	-	-	
Gain/(Loss) on Sale of Asset	-	-			-			
Total Non-Operating	**1,066,483**	**1,000,000**	66,483	6.6%	**5,466,278**	**6,000,000**	(533,722)	-9%
Total Increase / (Decrease) in Unrestricted Net Assets	**$ 284,495**	**$ (561,703)**	**$ 846,198**	**151%**	**$ 12,599,028**	**$ 1,875,116**	**$ 10,723,913**	**572%**

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, June 2026	As of Month Ending, December 2025
ASSETS		
Current Assets:		
Total Cash and Cash Equivalents	**$ 259,965,922**	**$ 294,296,392**
Total Short-Term Investments	**108,726,408**	**106,685,365**
Medi-Cal Receivable	162,742,912	156,518,148
Interest Receivable	711,506	808,060
Provider Receivable	41,959,927	13,571,218
Other Receivables	12,613,807	8,823,232
Total Accounts Receivable	**218,028,152**	**179,720,658**
Total Prepaid Accounts	14,572,897	8,959,028
Total Other Current Assets	430,157	320,402
Total Current Assets	**601,723,536**	**589,981,845**
Total Fixed Assets	**71,027,368**	**66,277,453**
Total Assets	**$ 672,750,904**	**$ 656,259,298**
LIABILITIES & NET ASSETS		
Current Liabilities:		
Incurred But Not Reported	$ 138,754,719	$ 131,690,924
Claims Payable	3,765,832	7,252,812
Capitation Payable	5,027,798	8,073,833
Physician Payable	14,947,816	11,519,669
DHCS - Reserve for Capitation Recoup	47,101,890	53,643,320
Lease Payable- ROU	6,317,432	7,376,788
Accounts Payable	5,618,259	(50)
Accrued ACS	364,871	407,101
Accrued Provider Incentives/Reserve	14,577,831	18,558,113
Accrued Expenses	16,825,654	25,109,373
Accrued Premium Tax	107,866,674	106,146,397
Accrued Payroll Expense	19,615,340	10,929,318
Quality Withhold	4,195,121	5,482,802
Total Current Liabilities	**385,688,611**	**386,618,131**
Long-Term Liabilities:		
Lease Payable - NonCurrent - ROU	28,052,855	23,230,757
Total Long-Term Liabilities	**28,052,855**	**23,230,757**
Total Liabilities	**413,741,466**	**409,848,888**
Net Assets:		
Beginning Net Assets	246,410,410	233,811,382
Total Increase / (Decrease in Unrestricted Net Assets)	12,599,028	12,599,028
Total Net Assets	**259,009,438**	**246,410,410**
Total Liabilities & Net Assets	**$ 672,750,904**	**$ 656,259,298**

STATEMENT OF CASH FLOWS		
	For the Month Ended June 2026	Fiscal Year to Date Through June 2026
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ 284,495	$ 12,599,028
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	1,340,845	267,343
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilities		
Accounts Receivable	(27,512,336)	(38,307,495)
Prepaid Expenses	(4,380,902)	(5,713,868)
Accrued Expense and Accounts Payable	(12,773,732)	(9,029,354)
Current Portion of Deferred Revenue	-	-
Claims Payable	(4,087,824)	(3,104,867)
MCO Tax liability	33,799,752	1,720,277
IBNR	(924,989)	7,063,794
Net Cash Provided by (Used in) Operating Activities	**(14,254,691)**	**(34,505,142)**
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(300,143)	(2,041,043)
Proceeds for Sales of Property, Plant and Equipment		
Payments for Restricted Cash and Other Assets		
Purchase of Investments plus Interest reinvested		
Purchase of Property and Equipment	(8,721,428)	(5,027,013)
Net Cash (Used In) Provided by Investing Activities	**(9,021,571)**	**(7,068,056)**
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	9,699,570	7,242,683
Net Cash Used In Financing Activities	**9,699,570**	**7,242,683**
Increase/(Decrease) in Cash and Cash Equivalents	(13,576,692)	(34,330,515)
Cash and Cash Equivalents, Beginning of Period	273,542,614	294,296,437
Cash and Cash Equivalents, End of Period	**259,965,922**	**$ 259,965,922**

SCHEDULE OF INVESTMENTS AND CASH BALANCES			
		Market Value as of Month Ending, June 2026	**Account Type**
Local Agency Investment Fund (LAIF)	$	47,259,092	Short-term investment
Ventura County Investment Pool	$	20,558,506	Short-term investment
CalTrust	$	40,908,810	Short-term investment
Bank of Montreal	$	222,590,668	Money market account
Columbia Bank	$	37,375,254	Operating accounts
Investments and monies held by GCHP	***$***	***368,692,330***	

Gold Coast Health Plan℠
A Public Entity

June 2026 YTD Results

Executive Finance Committee
August 20, 2026

Dr. Felix Nunez, Chief Executive Officer
Jeff Register, Interim Chief Financial Officer-Controller

Integrity
Accountability
Collaboration
Trust
Respect

Executive Summary

- June Medicaid membership is unfavorable to budget by approximately 3,700 members, or 1.6%, and has declined approximately 13,100 members since December 31, 2025

- Overall YTD performance is $10.7M favorable to budget
  - Net Income is $12.6M, compared to a budget of $1.9M
    - Prior year adjustments of $17.6M are favorably impacting current year results

- Revenue is $4.7M favorable to budget, driven by favorable member mix, partially offset by unfavorable volume

- Medical Expenses are $0.7M Favorable to budget
  - The Financial Statement MLR is 84.4% versus a budget of 85.2%
    - Quality Strategy costs are carved out in this presentation for tracking purposes, but they do qualify as MLR related costs
      - The MLR including Quality Strategy is 88.4% versus a budget of 89.2%

- Administrative Expenses are $5.9M Favorable to budget
  - The ALR is 10.5%, compared to the budgeted ALR of 11.5%

- Tangible Net Equity (TNE) is currently 549% of the State requirement, and is within the target range set by the Commission

- Days Cash on Hand is 107

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

June 2026 Year-to-Date Financial Results

Item	Actual	Budget
Member Months	1,379,318	1,388,695
Revenue	$633.8M	$629.1M
Revenue pmpm	*$459.51*	*$453.01*
Medical Cost	$534.6M	$536.0M
Medical Costs pmpm	*$387.61*	*$385.99*
Medical Loss Ratio	84.4%	85.2%
Administrative Cost	$66.4M	$72.3M
Admin Cost PMPM	*$48.17*	*$52.03*
Administrative Loss Ratio	10.5%	11.5%
Operating Results	**$32.7M**	**$20.8M**
Investment Income	$5.5M	$6.0M
Quality Strategy (Grants/Incentives)	$25.6M	$25.0M
Non Operating Results	**($20.1M)**	**($19.0M)**
Net Income/(Loss)	**$12.6M**	**$1.9M**
TNE	$259.0M	$248.3M
Days Cash on Hand	**107**	

June YTD Results are favorable to budget

Highlights

- Membership is 1.6% below budget, driving volume related decreases in revenue and medical expense
- Medical Loss Ratio (MLR), 84.4% is favorable to budgeted expectations of 85.2%, driven by prior year favorable IBNP restatement
    - When adjusted for prior year favorability, the MLR is 86.4% versus a budget of 85.2%
- Administrative costs variance is $5.9M, or 8.0%, favorable to budget
- Investment income is $534K, or 8.8%, unfavorable to budget due to lower interest rates and balances
- Continued strong investment in Quality Strategy initiatives
- The June TNE is 549% of the state requirement

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

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June 2026 Year-to-Date - Adjusted Financial Results

Item	Actual	Budget	Explanation
Net Income/(Loss)	**$12.6M**	**$1.9M**	
Revenue	($3.9M)		($1.1M) is the 2024 UIS Risk Corridor. ($2.8M) relates to 2025 Quality Premium Withhold
Claims (IBNP)	($16.6M)		2025 medical expenses paid in 2026 are less than the amount reserved as of 12/31/2025
Other	$2.9M		The $2.9M Various 2024 and 2025 activity reported in 2026 that was not accrued as of 12/31/2025
Net Income/(Loss), net of Prior Year Activity	**($5.0M)**	**$1.9M**	Adjusted for PY activity Net Income decreases from $12.6M to ($5M)
MLR - Adjusted	86.4%	85.2%	The net PY activity changes the MLR from 84.4% to 86.4%

- June YTD results show significant favorability to budget
  - These results are favorably influenced by prior year activity reported in 2026 of $17.6M
- Adjusting for the favorability, YTD 2026 Net Income would be Net Loss of ($5.0M)
  - The Adjusted MLR is 86.4% -vs- the 84.4% reported on a financial statement basis
  - Adjusted 2026 results represent a significant improvement over 2025 results

- GCHP continues working on a series of initiatives aimed at operational efficiency and medical utilization that will yield improved results as these efforts bear fruit

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

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Medicaid Membership Volumes and Rates

COA	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Rates
Adult Expansion - SIS	64,453	63,806	63,488	62,831	62,134	61,194	$ 464.43
Adult - SIS	21,575	21,314	21,130	20,891	20,692	20,525	$ 411.21
Child - SIS	79,204	78,805	78,600	78,198	77,973	76,996	$ 151.35
SPD - SIS	9,427	9,337	9,282	9,157	9,100	9,148	$ 1,474.57
SPD Dual - SIS	24,487	24,326	24,250	24,038	23,860	24,053	$ 661.69
Long Term Care - SIS	42	44	47	43	42	44	$ 1,474.57
Long Term Care - Dual - SIS	676	674	663	656	647	625	$ 661.69
Adult Expansion - UIS	13,893	13,473	13,247	12,951	12,565	12,616	$ 679.05
Adult - UIS	15,090	14,739	14,524	14,244	13,943	14,009	$ 350.38
Child- UIS	3,717	3,622	3,563	3,486	3,401	3,401	$ 135.34
SPD - UIS	1,845	1,805	1,780	1,757	1,716	1,806	$ 1,560.75
SPD Dual - UIS	302	299	298	304	297	264	$ 827.64
Long Term Care - UIS	15	16	17	15	14	14	$ 1,560.75
Long Term Care - Dual - UIS	7	7	7	7	8	8	$ 827.64
Total	**234,733**	**232,267**	**230,896**	**228,578**	**226,392**	**224,703**	

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

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Finance Department Update

Achievements:

- Achieved a 10 Business Day (BD) close for June
  - The goal is to consistently close within 10 BD and have reporting and analysis available by BD 14
- Quarterly regulatory reporting for DHCS, DMHC and CMS have been successfully filed
- New CFO, Christopher Lee, started!
  - Orientation/transition plans are being executed to help him hit the ground running
  - The Interim CFO is happy to retire his title, and return to normal life as the GCHP Controller

Windshield View:

- Begin work on the CY2027 Budget
  - Major impacts to GCHP from the transition of UIS members from managed care to FFS.
- Continue Workday Adaptive roll out for Budget and Reforecast processes
  - Develop/improve Adaptive reporting
- Continue to improve Workday General Ledger set up to improve efficiency and accuracy for the DHCS Quarterly Financial Reporting package
- Begin to build out additional Workday and Adaptive financial reports to improve monthly reporting capabilities and analysis
  - This process will likely take several months to build out and properly test

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

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AGENDA ITEM NO. 5

TO: Executive Finance Committee

FROM: Jeff Register, Interim Chief Financial Officer-Controller

DATE: August 20, 2026

SUBJECT: Continuation of Approval of Contract Renewal List

SUMMARY:
Staff is presenting the attached 2026 Contract Renewal List.

ATTACHMENT:
2026 Contract Renewal List

Gold Coast Health Plan℠
A Public Entity

Contract Renewal List

Executive Finance Committee
August 20, 2026

Jeff Register, Interim Chief Financial Officer-Controller
Bob Bushey, Executive Director of Procurement

Integrity
Accountability
Collaboration
Trust
Respect

Executive Summary

- GCHP Signature Policy states that the Commission must approve all contracts with a lifetime spend of $300K or greater
- Updated format to provide greater clarity
- This list is only for contracts expiring during 2026 that have not been previously approved
- We are asking for approval of the “Renewal Period” amounts
  - “Current Period” and “Relationship” contract information is provided for context and continuity over the life of GCHP’s relationship with each vendor
  - As not all of the renewals have been executed yet, the amounts noted are maximum amounts authorized, not the budgeted amounts for these contracts

2026 Contract Renewals

			Current Contract				Renewal Period				Relationship		
Vendor	Award Meth	Brief Descrip.	Start Date	End Date	Amount		Start Date	End Date	Amount	% Change	Original Contract Start Date	Years	Cumulative Amount
Simpledatalabs inc dba Prophecy Inc.	Under bidding threshold	IT software	10/01/25	09/30/26	200,000		10/01/26	09/30/27	208,000	4%	10/01/23	4	958,000
Baker Tilly Advisory Group LP	Sole Source	Financial Auditing Services	10/01/25	09/30/26	189,000		10/09/26	10/08/27	197,000	4%	10/01/15	12	1,351,780
Edelstein Gilbert Robson & Smith LLC	Under bidding threshold	Lobbyist services	10/09/25	10/08/26	60,600		10/09/26	10/08/27	63,024	4%	10/09/12	15	346,921
Milliman	Sole Source	Actuarial services	01/01/26	12/31/26	525,000		11/01/26	12/31/27	549,120	5%	10/31/25	2	1,074,120
Affiliated Monitors Inc. [AMI]	Competition	Corporate integrity agreement services	11/02/25	11/01/26	89,167		11/02/26	11/01/27	92,733	4%	11/01/22	5	456,852
TopBlock LLC	Under bidding threshold	Workday support services	12/12/25	12/11/26	228,000		12/12/26	12/11/27	237,120	4%	01/12/26	2	453,087
Perfect Gift, LLC	Competition	Gift cards	12/13/25	12/12/26	1,234,850		12/13/26	12/12/27	1,284,244	4%	12/13/21	6	7,054,136
Infomedia Group dba Carenet Healthcare Services	Competition	Outreach services	12/31/25	12/30/26	378,894		12/31/26	12/30/27	394,050	4%	01/01/24	4	1,361,042
James Vincent Pezzullo II dba The JVP Group	Under bidding threshold	Website services	12/31/25	12/30/26	98,864		12/31/26	12/30/27	102,818	4%	12/04/14	13	496,501
Inovalon, Inc.	Competition	D-SNP risk assessment services	01/01/26	12/31/26	171,000		01/01/27	12/31/27	177,840	4%	10/01/25	2	359,486
Stacy Miller Public Affairs Inc.	Competition	Public relations services	01/01/26	12/31/26	408,301		01/01/27	12/31/27	424,633	4%	08/01/24	3	1,307,077
Inovalon, Inc.	Competition	Data lake used for quality risk assessment scores	01/01/26	12/31/26	1,370,479		01/01/27	12/31/27	1,425,298	4%	08/01/22	5	6,663,647
Pacific Interpreters Language Line Services	Competition	Interpreting services	01/01/26	12/31/26	237,705		01/01/27	12/31/27	247,214	4%	08/01/20	7	1,070,774
Inovalon, Inc.	Competition	Quality and risk assessment reporting (indices)	01/01/26	12/31/26	313,242		01/01/27	12/31/27	325,771	4%	07/01/19	9	2,205,455
Inovalon, Inc.	Competition	Quality and risk assessment software platform	01/01/26	12/31/26	891,433		01/01/27	12/31/27	927,090	4%	07/01/19	9	4,724,254