

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

Provider Advisory Committee (PAC) Regular Meeting

Tuesday, March 17, 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: 897 664 734#

Telephonic Location:

3080 Bristol Street
Costa Mesa, CA 92626

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

Persons wishing to address VCMCC 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. 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 December 9, 2025

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

RECOMMENDATION: Approve the minutes as presented.

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

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

RECOMMENDATION: Receive and file the update.

4. Ventura County Healthcare Coalition Update

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

RECOMMENDATION: Receive and file the update.

5. Provider Network Operations Update

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

RECOMMENDATION: Receive and file the update.

ADJOURNMENT

Unless otherwise determined by the PAC, the next meeting is scheduled for June 9, 2026 and will be held at Gold Coast Health Plan located at 711 E. Daily Drive, Suite 110, Community Room, Camarillo, CA 93010.

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: March 17, 2026
SUBJECT: Approval of the regular Provider Advisory Committee Meeting minutes of December 9, 2025

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the December 9, 2025 Provider Advisory Committee meeting minutes.

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
dba Gold Coast Health Plan (GCHP)
Provider Advisory Committee (PAC)
Regular Meeting
December 9, 2025**

CALL TO ORDER

The Clerk called the meeting to order at 7:33 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, Amelia Breckenridge, M.D., Molly Corbett, Claudia Gallard, Katy Krul, Amanda Larson, Vince Pillard, Josie Roemhild, Kristine Supple, and Pablo Velez

Absent: Committee member: Sim Mandelbaum

Gold Coast Health Plan Staff in attendance: Felix Nunez, M.D., Chief Executive Officer, Marlen Torres, Chief of Member Experience & External Affairs, Chief Medical Officer, James Cruz, M.D., Chief Compliance Officer, Robert Franco, Chief Innovation Officer Eve Gelb, Chief Operations Officer Suma Simcoe, Vicki Wrihster, Carolyn Harris, Susana Enriquez-Euyoque, and Kimberly Marquez-Johnson.

PUBLIC COMMENT

None.

OPENING REMARKS

Marlen Torres, Chief Member Experience & External Affairs Officer, welcomed everyone. She thanked them for being such an active committee and stated that the organization appreciates the feedback they have received.

CONSENT

1. Approval of Regular Meeting Minutes of September 23, 2025

Staff: Maddie Gutierrez, MMC, Clerk of the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Approval of the 2026 Provider Advisory Committee Meeting Calendar

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

RECOMMENDATION: Approve the 2026 Provider Advisory Committee (PAC) meeting calendar as presented.

Committee member Molly Corbett motioned to approve agenda items 1 and 2 as presented. Committee member Amanda Larson seconded.

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

NOES: None.

ABSENT: Committee member Sim Mandelbaum

The motion carried.

UPDATES

3. Total Care Advantage Readiness

Staff: Eve Gelb, Chief Innovation Officer
Kim Marquez-Johnson, Director, Dual Special Needs Plan (D-SNP)

RECOMMENDATION: Receive and file the update.

Eve Gelb, Chief Innovation Officer, stated that D-SNP is now known as Total Care Advantage. She shared a view of the logo and noted that the colors align with Gold Coast Health Plan colors. She stated that it is important for GCCHP to have this product. We are based and founded here, and staff are here. We are not a large national organization which gives us the advantage of knowing our community. The disadvantage is that we do not have the big dollars that other organizations do. This product will lose money for a few years until we get to critical mass and are able to perform at a high quality. GCHP is committed to supporting it, as is the state of California.

CIO Gelb reviewed the member journey. We have something new called prospects. These individuals are members on the Medi-Cal side, but not members of Medicare, so we treat them as prospects – which means there are certain rules in place, and it can get confusing.

CIO Gelb noted that we now have a marketing team that did not exist as well as a sales team that did not exist, and they are great partners with staff and in the community. They have been doing presentations in the community, we also have sales events, as well as educational events to ensure that people understand the benefits. We have launched a tele sales call center that is staffed, receiving calls, processing enrollments and is required to be open seven days per week. We also do in-person sales. If someone wants us to go to their home or meet in the community, the team is doing that as well as going to a senior facility. When people enroll, we do not offer every doctor in Ventura County, we offer our contacted partners, and it is important that people who have been on other Medicare Advantage plans or have fee for service Medicare recognize that they must stay within the network to get their services. We will do continuity of care when people join our organization. If a specialist is not on our network, they need to understand that we will support as much as we can through continuity of care. If the specialist does not want to contract with us, then they will have to switch to another specialist. We continue to add providers to our network. There are approximately sixty specialists, and we are continually adding to our network to try and meet the needs of our members. The network is an important piece of the plan because for future enhancements in enrollment in California we will need to have an aligned network between our Medi-Cal line of business and our Medicare line of business. The state is testing auto-enrollment where when someone turns sixty-five, they automatically enroll into the Medicare Advantage plan offered by their Medi-Cal plan but the requirement for that going forward is that alignment of the network. They do not want the members who are getting their care on the Medi-Cal side to have to change providers. CIO Gelb noted that we are not participating in the pilot until the state expands that, but network is an especially important piece. Most of our members have chosen their PCP at the point of sale. The main group that has not is the group that has gone through the Medicare website and selecting us. At that point they do not choose a provider, so we do outreach, if they do not select a provider then we assign a provider.

We have a new system software tool called Wipro that we are using to process these enrollments. We get the application from the member, the application must be shared with Medicare, and this tool does that. It has a link to Medicare, so it goes directly to Medicare. Our sales and enrollment team works on this tool which processes the application with CMS. CMS then sends us confirmation if the person meets all the eligibility requirements, and if the member enrolls. When they enroll, they are entered into our core operating system, and they are officially a member. They will get a welcome packet, they get member services, outreach and they enter our Model of Care.

In July of 2024 we went through an operational shift in our systems, and all those systems have put us in a good place where we can support this line of business. We are building our claims processes; we are using our provider portal, and our medical management system is processing the authorizations. She noted that there are increased requirements for referrals and authorizations. The turnaround time

requirements are more stringent under Medicare. Grievance and Appeals are processed on our medical manage system and the turnaround times are again more stringent under Medicare; rules are more stringent as well. There is a partnership with our pharmacy benefits management (PBM) which is new to Gold Coast and there are many rules around that as well. We have been going through a readiness process, and our last milestone is Ready to Service on January 1. We are ready and only have a handful of manual workarounds. We are going through our checklist of 150 items to ensure that our members have a positive journey.

Our goal is to have more than 2,500 members by the end of the year and we will continue to enroll year-round. We are now close to three hundred members now, and our target is to have between 350 to 400 members by January. We are on track to do this. We have a process for our existing members to use their existing member ID number and are now going to become Total Care Advantage members.

Enrollment for Medicare is voluntary; members can choose to maintain their Medicare or join another Medicare Advantage plan and still have their Medi-Cal enrolled through Gold Coast.

Kimberly Marquez-Johnson, Director, Dual Special Needs Plan stated that she was going to review our Total Care Advantage benefits that will cover our members beginning January 1. Part A is the hospital coverage for both inpatient care and mental health hospitalizations as well as skilled care. Part B Medi-Cal services for doctors and specialist visits, labs, preventative services, and mental health services Part D is prescription drugs, which is a change for Gold Coast Health Plan. As we are now working with a PBM for all our members prescription drugs. Members can continue to use their Medi-Cal Rx for over-the-counter drugs.

Total Care Advantage allows us to offer additional supplemental benefits. Vision is included in the benefit. One routine exam every year and up to \$350 for frames or contact lenses every twelve months. There is also access to our network of participating gyms and fitness studios in Ventura County as well as online brain training exercise. There is also acupuncture and care giver support services which will be available in person and virtually. These classes can include but are not limited to support groups, dementia service, and seminars on how to cope with stress and burnout. We also have social transportation and readmission prevention which follows a member if they have an inpatient or outpatient procedure. A member can also receive up to twenty-eight meals delivered to their home per year and up to sixty-four hours per year of personal care services. This is all done by coordinating care. It starts with a health risk assessment which is conducted in the first ninety days that the member enrolls into Total Care Advantage and then conducted annually. Each member will be assigned a Care Navigator or Care Manager and will have a face-to-face meeting at least annually. We will also identify members for the California Integrated Care Management (CICM) which is equivalent to Enhanced Care Management. Each member will receive an individual care plan using a personal-

centered approach, allowing the member to make informed decisions about their care, goals, and preferences. Ms. Johnson noted that risk assessments and care plans will be updated accordingly. She noted that during the risk assessment staff can see if there are other services that were not captured at the point of sale. It is important to us to not disrupt services. We want to work with our care navigators to make sure that it is seamless to the members and that we are collaborating with providers in partnership.

Committee member Katy Krul asked if there is a directory of contract aid companies and contracted providers. Ms. Johnson stated that our website had a full list, and it is updated monthly. If you select the Total Care Advantage information you will see all the tools, member tools, and the member handbook, which has all the detailed benefits.

4. NCQA Health Plan Update

Staff: James Cruz, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the update.

James Cruz, M.D., Chief Medical Officer stated he was going to present on NCQA and the update on our accreditation efforts. In July Gold Coast Health Plan was awarded the NCQA accreditation for health equity. Accreditation is important because it is one of two accreditation standards that GCHP needed to achieve to participate as a Medicare D-SNP plan. We received 100% of all applicable points in the health equity accreditation survey. Comments from the surveyors noted that the plan was well prepared and that efforts were quite noticeable. We will continue to work in those areas, and we will see our NCQA accreditors in 2028. He noted that all the health plan accreditation standards were determined to have been met by the surveyors. We will receive our official letter later in December. By December 31 GCHP will be duly certified to participate in the Medicare D-SNP program and meet all the standards that the state of California has set up because of our NCQA accreditation, both Health Equity and as a health plan without any stipulations or corrective actions.

Committee member Dr. Pablo Velez congratulated CMO Cruz, noting that going through an accreditation process and double accreditation process is complex. 100% is important, it is quite an accomplishment. CMO Cruz stated that with all the policy changes coming out of D.C. regarding health equity and diversity, GCHP will not be backing away from our Health Equity efforts. We are not going to change the way we title our health equity efforts, and the efforts will be clearly designated as health equity. We will not be backing away from our commitment to the community and health equity.

5. **Quality Improvement and Health Equity Committee 2025 Third Quarter Update**

Staff: James Cruz, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the update.

James Cruz, M.D., Chief Medical Officer, shared the plan had significant quality improvement and health equity progress. CMO Cruz wants the PAC to be award and informed in order to provide feedback and guidance to ensure that our plan is able to meaningfully demonstrate a culture of continuous quality improvement, and that our programs measure and assess effectiveness and impact, as well as accountable to the committee, the community, and also to the stated and our regulatory agencies as well as meet compliance standards. We also want to objectively evaluate the program structure and resources that are required to execute on the quality improvement health equity initiatives. We also want to demonstrate that we have a realistic framework to develop future quality health equity programs and work plans. We are compliant and meeting our regulatory requirements. There are three regulatory masters that we need to serve. The first is the Department of Health Care Services, the state's comprehensive quality strategy which is developed each year by DHCS. It is not only developed in Sacramento but must be submitted to Washington D.C. to the federal Health and Human Services on a yearly basis and approved. We must be compliant and aligned. Second, DHCS issued the Cal-AIM which was a three-year transformational effort to update the Medi-Cal program for its members and providers, we must make sure that we are consistent with the efforts and policies within CalAIM. Third, NCQA, our health plan and health equity standards are continually met as part of the Quality Improvement Health Equity program.

CMO Cruz shared that our quality programs have progressed and for our 2024 program initiatives we met our objectives and goals by instituting and organization-wide commitment to quality improvement. The commitment is best exemplified by our Model of Care. We strengthened and expanded programs and partnerships with our providers, and in turn, focus and pay attention on improving our members' access to care and their experience. We committed to developing a meaningful resource commitment to clinical data processing and management of our data infrastructure. We have expanded and advanced our ability to analyze our data and that we are able to make strategic and timely decisions based on our data.

In 2024 we had forty-nine initiatives and objectives and of those 49, 40 were met. We were successful but there were nine initiatives that were not fully met, but we are working on improvements.

Committee member Dr. Pablo Velez congratulated CMO Cruz for the great work being done.

FORMAL ACTION

6. PAC AdHoc Committee Recommendation for Chair

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

RECOMMENDATION Staff requests that the PAC Committee accept the PAC AdHoc committee's Chair recommendation.

Marlen Torres, Chief Member Experience & External Affairs Officer, stated the PAC AdHoc committee unanimously voted for Dr. Pablo Velez as the PAC Chair.

A vote from the entire committee was taken and the vote was unanimous. Dr. Velez was announced as the PAC Chair.

7. PAC Recommendations for Vice Chair

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

Marlen Torres, Chief Member Experience & External Affairs Officer, asked if there were volunteers or nominations for the Vice Chair position. Committee member Amanda Larson volunteered. A vote was taken, and it was a unanimous vote to accept Ms. Larson as the PAC Vice Chair.

The Clerk stated that the next meeting is scheduled for March 17, 2026, with a start time of 7:30AM.

ADJOURNMENT

With no further items to be addressed, the Clerk adjourned the meeting at 8:56 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission



AGENDA ITEM NO. 2

TO: Provider Advisory Committee (PAC)

FROM: James Cruz, MD, Chief Medical Officer
Marlen Torres, MBA, Chief Member Experience & External Affairs Officer

DATE: March 17, 2026

SUBJECT: Advancing Children's Health

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Advancing Children's Health



**Gold Coast
Health Plan**SM
A Public Entity

Advancing Children's Health

March 17, 2026

James Cruz, MD, Chief Medical Officer

Marlen Torres, MBA

Chief Member Experience & External Affairs Officer

Integrity

Accountability

Collaboration

Trust

Respect

Quality Improvement Update

February 23, 2026

Kim Timmerman, MHA, CPHQ
Executive Director, Quality Improvement

Integrity

Accountability

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Respect

Well Child Measure Performance MY 2021-2025

Well Child Measure	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2024 Rate	MY2025 Preliminary Rate
Child and Adolescent Well-Care Visits (WCV)	33.94	42.33	49.79	55.44	57.83
Childhood Immunization Status (CIS)	42.82	40.88	32.85	29.93	32.23
Immunizations for Adolescents (IMA)	41.36	35.77	41.61	45.11	51.31
Lead Screening in Children (LSC)	64.48	65.69	69.87	78.14	79.38
Topical Fluoride for Children (TFL)	N/A	0.64	28.10	32.99	25.30
Developmental Screening in the First Three Years of Life (DEV)	39.58	38.95	47.85	55.93	65.67
Well Child Visits in the First 15 Months - Six or more visits (W30-6+)	21.12	47.38	60.70	68.35	68.31
Well Child Visits in 15 to 30 Months - 2 or more visits (W30-2)	60.40	68.14	72.94	77.72	79.78

Legend:	10th	25th	50th	75th	90th
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Well Child Measure Performance Analysis MY 2021-2025

Overall performance on well child measures has shown marked improvement since MY 2021:

- **Child and Adolescent Well Care Visits** achieved MPL in MY 2023 after performing at the 10th percentile in MY 2021 and MY 2022.
 - The preliminary MY 2025 rate of 57.8% is 23.9%% higher than MY 2021 rate.
- **Immunizations for Adolescents** increased 9.7% from MY 2021 to preliminary MY 2025 rate and moved from 75th to 90th percentile.
- **Lead Screening in Children** has progressively improved year-over-year. The preliminary MY 2025 rate of 79.3% is 13.7% higher than the MY 2022 rate.
- **Topical Fluoride in Children** – GCHP ranked as the highest performing Medi-Cal Plan by DHCS two consecutive years – MY 2023 and MY 2024.
- **Developmental Screening in the First Three Years** has also progressively improved year-over-year. The preliminary MY 2025 rate of 65.6% is 17.8% higher than MY 2023 rate.
- **Well Child Visits in the First 15 Months** exhibited the most significant gains, first achieving MPL in MY 2023 after performing at the 10th percentile in MY 2021 and MY 2022.
 - The preliminary MY 2025 rate of 68.3% is 47.2% higher than MY 2021 rate.
- **Well Child Visits 15 to 30 Months** has shown impressive incremental improvement, sustaining the 75th percentile since MY 2023 and improving 19.3% from MY 2021 rate preliminary MY 2025 rate.

Well Child Measures Improvement Activities/Interventions

Provider Quality Improvement Pool and Program (QIPP):

Aligns providers with MCAS requirements and DHCS Bold Goals

Strengthened provider partnerships and collaboration on joint activities (e.g. health fairs, incentives)

Incentivizes investment in well-child measure achievement

Improved data capture through EMR data feeds and deep dive analysis on data discrepancies

Member Incentives :

Lead Screening – age 0-2

Flu Vaccine – age 6 months-2 years

-Focus on flu vaccination as this antigen directly impacts lower CIS rates

Well-Child Visits for Children/Adolescents age 3-21

HPV Vaccine – age 9-13 (second dose)

Collaboration with QI Entities & Community-Based Organizations:

Performance improvement projects developed in collaboration with IHI, WIC, MICOP to target disparate populations

Health education workshops with First 5 to promote well-care visits and immunizations

Focus groups to identify barriers to completing well-child visits and immunizations

Internal Data Improvements:

Focus on complete data capture for services rendered (e.g. well-baby visits, fluoride varnish)

Data mapping to ensure codes denoted as an eligible service are identified through HEDIS certified software vendor

Well Child Measure Challenges – Childhood Immunizations

Measure Performance

- Childhood Immunization Status measure performance steadily declined after MY 2021, falling 12.9% between MY 2021 and MY 2024.
- Preliminary MY 2025 rate shows a slight improvement of 3% and increase from MPL to 75th percentile, however, this is due to lowered NCQA benchmarks indicative of decreased immunization rates nationwide.
- NCQA MPL benchmarks decreased: 3.4% MY 2022, 3.9% MY 2023, 3.4% MY 2024, 3.6% MY 2025
- Only ~32% of GCHP children age 0-2 are fully vaccinated for the 10 antigens in this measure.

Risks

- Childhood vaccination decline caused by:
 - Vaccination hesitancy, distrust, and misinformation partially a result of the pandemic
 - Barriers to preventive care

Recommendation

- Continue strong vaccine recommendation guidelines in accordance with CDPH, West Coast Healthcare Alliance, AAP, and ACS
- Provide clear messaging and align with providers regarding vaccine schedule recommendations and payment coverage despite CDC guidance
- Increase and enhance member education via multiple modalities
- Continue to incentivize flu shot, and consider expansion to other vaccines



**Gold Coast
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Population Health Department Updates

February 23, 2026

Erin Slack, MPH
Senior Manager of Population Health

Integrity

Accountability

Collaboration

Trust

Respect

Ventura County Community Health Improvement Collaborative (VCCHIC)

- GCHP actively collaborates through VCCHIC, a countywide partnership of contracted provider organizations, health systems, government entities, and community agencies, which conducts Ventura County's Community Health Needs Assessment (CHNA) every three years to guide shared health improvement strategies across the lifespan.
- The 2025 CHNA reflects extensive community engagement, including local health data, 6,500+ resident surveys, and 11 focus groups, capturing emerging post-COVID health challenges.
- GCHP contributed throughout the CHNA process, distributing the survey to GCHP members, reviewing and shaping the report, and supporting coordination and facilitation of community focus groups.
- VCCHIC partners identified three shared priority areas, Behavioral Health, Women's Health, and Older Adult Health, with access to care, navigation support, and health equity woven across all goals.
- With the CHNA complete, GCHP employees are actively engaged in every CHIS implementation workgroup, convening bi-monthly to translate identified priority health needs into aligned, actionable strategies that improve health outcomes across Ventura County.



Community Collaboration

Birth Equity Stakeholder Meeting

- GCHP convenes a quarterly Birth Equity Stakeholder meeting to support cross-sector collaboration between organizations serving pregnant and parenting women.
 - The next meeting is scheduled for Thursday, February 19th
- Meetings facilitate information sharing, partner coordination, and community input on perinatal and early childhood initiatives.
- Feedback is incorporated into program planning and implementation to support equitable outcomes.

Doula Pilot Program with the Mixteco Indigenous Community Organizing Project (MICOP)

- The program is approaching its one-year anniversary since the pilot launched in March 2025.
- Since launch, MICOP has served 20 women across Mixteco, Zapateco, and Spanish-speaking populations.
- MICOP currently has 2 active doulas.
 - The second cohort includes 4 doulas who are currently in training.
 - A third cohort of 4 doulas is expected to begin training in May.
- Doulas consistently share their admiration for the VCMC staff and the beauty of the delivery process, noting how meaningful it is to support mothers during such a pivotal moment.
- Member testimonies demonstrate strong appreciation for doula support, noting that doulas helped make the birth experience more positive by explaining each step of the process, advocating on the member's behalf, and providing consistent emotional support. This support increased members' confidence and comfort throughout their care.

Ventura County Community Information Exchange (VCCIE)

- All MTM/MSF provider agreements are in place, except for one. The GA Food agreement is pending.
- The system is configured to automatically generate Return Transmission Files (RTF).
- Go-live is expected by the end of February.
 - At that time, all MTM/MSF referrals will be entered through the VCCIE.

Health Education Advancing Children's Health

February 23, 2026

Guadalupe González, PhD., MPH
Sr. Director, Health Education, Cultural and Linguistic Services

Integrity

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Health Education Child Health and Wellness Initiatives

Partnerships to Advance Children's Health



GCHP's Health Education Department is working to advance children's health by working with members, providers and community-based organizations to promote preventive services, childhood vaccines, and health education resources.

Health Education: Promoting Childhood Immunizations

- **Partnership and Strategic Outreach Initiatives:** Promote preventive services and immunizations.
- **Community Collaboratives:** Partnering with WIC, First 5, Schools, Public Health and other community organizations to promote child health initiatives among a shared population.
- **Provider Engagement:** Coordinating with providers, GCHP Quality Improvement (QI) and Community Relations Departments to increase health screening, immunizations, and access to care.
- **Community Education:** Conducting health education classes in the community to promote the importance of vaccines including flu shot.

Focus Groups

- Focus on understanding the barriers and success to seeking preventive services including childhood vaccinations and well-care visits.
 - **Well-Care Focus Groups** - GCHP conducted focus groups to understand barriers and successes on well-care visit, vaccine hesitancy, and relationship with their PCP. Three cohorts, conducted in English and Spanish, in-person and telephonic interviews; participants received a \$50 gift card.

Recommendations and Next Steps

Recommendations

- Ensure all interventions and outreach activities are culturally and linguistically appropriate.
- Leverage current campaigns to promote vaccine and flu shot campaigns.
- Combine childhood obesity prevention programs with immunization promotion to address specific health disparities identified in the **NCQA Health Equity Report 2025**.

Next Steps

- **Trusted Messenger Campaigns:** Launch targeted outreach through established community partners, community health workers, and incorporate focus group findings.
- **Expanded Collaboration:** Extend internal workgroups to include external providers and community leaders.
- **Partner** with MICOP to develop Mixteco-language audio and video messaging to promote various health screenings and immunizations.

Community Collaboration – Health Education Department Working to Advance Child Health Preventive Services

Health Educators and Navigators Are Here to Help You

Gold Coast Health Plan's (GCHP) Health Education Department helps you stay on top of your health. Our Health Education team will share resources and materials with you to help with your specific needs.

Health Educators:

- Share information on health topics such as healthy eating, exercise, managing stress, and more.
- Offer health education workshops and classes to help you take control of your health.
- Help you to set goals and coach you on how to take better care of yourself or a family member.

Health Navigators:

- Connect you to services like transportation, language assistance, and community resources.
- Explain your GCHP benefits, find doctors, and schedule appointments.
- Offer support for health issues like diabetes, asthma, high blood pressure, and more.

Get Started Now! No referral is needed, and there is no cost to you. Call GCHP's Health Education Department at **1-805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use TTY, call **711**.

Explore GCHP's Health Education webpage:
www.goldcoasthealthplan.org/health-resources/health-education/
Find a wide range of health education resources, support groups, and workshops to support you in your health journey.

Gold Coast Health Plan
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For information about language assistance services and GCHP's nondiscrimination notice, visit www.goldcoasthealthplan.org/about-us/nondiscrimination-notice/.

- **First 5 of Ventura County** – Five (5) presentations conducted at Neighborhood for Learning (NFL) Centers including locations at: El Rio, Oxnard, Camarillo, Santa Paula, and Moorpark.
- **Center for Employment Training (CET)** – Oxnard. Every presentation is an opportunity to promote vaccines and healthy lifestyle.
- **MICOP** – Conducted presentation with Community Outreach Workers and Doulas to promote health education resources and flyers including childhood immunizations and member incentives.
- **Food Share** – Conducted presentation on health education resources and programs.
- **VCOE** – Health Services Collaborative meeting. Participate in monthly meetings and announce GCHP services and programs to school nurses and teachers.
- **WIC** – Presentation to staff on health education resources, member incentives, immunization, well-care visits, and other programs.

Health Promotion Flyers

Los Educadores y Navegadores de salud están aquí para ayudarle

El Departamento de Educación para la salud de Gold Coast Health Plan (GCHP) le ayuda a estar al tanto de su salud. Nuestro equipo de Educación para la salud compartirá recursos y materiales con usted para ayudarle con sus necesidades específicas.



Educadores de salud:

- Comparten información sobre temas de salud como alimentación saludable, ejercicio, manejo del estrés y más.
- Ofrecen talleres y clases de educación para la salud para ayudarle a tomar el control de su salud.
- Le ayudan a establecer objetivos y lo asesoran acerca de cómo cuidar mejor de sí mismo o de un miembro de su familia.



Navegadores de salud:

- Lo ponen en contacto con recursos como transporte, servicios de asistencia de idiomas y recursos comunitarios.
- Le explican sus beneficios de GCHP, encuentran médicos y programan citas.
- Ofrecen apoyo para problemas de salud como diabetes, asma, presión arterial alta y más.



¡Empiece ahora! No se necesitan remisiones y es sin costo para usted.

Llame al Departamento de Educación para la salud de GCHP al **1-805-437-5961** de lunes a viernes, de 8 a.m. a 5 p.m. (excepto días festivos). Si usa un TTY, llame al **711**.

Explore el sitio web de Educación para la Salud de GCHP:
www.goldcoasthealthplan.org/health-resources/health-education/
 Encuentre una amplia gama de recursos de educación para la salud, grupos de apoyo y talleres para acompañarlo en su camino hacia una mejor salud.



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Para encontrar información acerca de la asistencia de idiomas y el aviso de no discriminación de GCHP, visite www.goldcoasthealthplan.org/about-us/nondiscrimination-notice/.

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¡Reciba hoy su vacuna contra la gripe!

Gold Coast Health Plan

¿Con qué frecuencia se deben programar las consultas de rutina?

A partir de que un niño cumple los 3 años de edad, las consultas de rutina se deben programar cada año hasta la edad de 21 años.

¿Necesita ayuda para programar una visita de rutina? Llame al Departamento de Educación para la Salud de GCHP al **1-805-437-5961**

Gold Coast Health Plan

Mantenga a su hijo a salvo del plomo

Haga que le realicen una prueba de detección de plomo a su hijo antes de los 2 años y gane una tarjeta de regalo de \$25.

Para obtener más información, visite el enlace en nuestra biografía.

¿TIENE UN PLAN DE ACCIÓN PARA EL ASMA?

No espere. Esté preparada. Hable con su médico.

Gold Coast Health Plan

¿Sabía qué...?

¡Puede recibir atención en su idioma preferido!

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Gold Coast Health Plan

Mantenga a su hijo saludable con chequeos de bienestar anuales



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Health Equity Department Updates

February 23, 2026

Pshyra Jones
Executive Director, Health Equity

Integrity

Accountability

Collaboration

Trust

Respect

Health Disparities in Childhood Immunization Status

Lowest Immunization Rates by Category

Residence

- Camarillo, Somis, Santa Rosa (21.38%), TO, Moorpark, Newbury Park, Simi, Westlake (23.61%), Filmore, Piru, Santa Paula (24.14%), Ventura (27.84%)

Clinic System

- Dignity (10.74%), No PCP (16.67%), CMHS (24.44%), Independent (27.27%), CDCR (29.52%), VCMC (32.98%)

Gender

- Male (28.56%), Female (31.07%)

Language

- English (25.07%), Declined (30.77%)

Race

- American Indian/Alaskan Native (0%), African American (13.33%), White (19.51%), Other Race (20.17%), Unknown (27.83%), 2+ Races (31.39%)

Ethnicity

- Other (20.17%), Non-Hispanic (20.69%), Unknown (27.83%), Hispanic (31.42%)

Barrier analysis findings provided by the Quality Improvement Team

Health Disparities in Childhood Immunization Status Recommendations Based on Findings

Targeted Outreach in Lowest –Performing Geographic Areas

- Use neighborhood-specific messaging informed by local barriers.
- Deploy mobile clinics, weekend vaccine events, and partnerships with local schools and community-based organizations.

Strengthen Engagement with Clinic Systems

- Provide technical assistance on reminder/recall systems and missed-opportunity reduction.

Address Racial and Ethnic Disparities Through Culturally Responsive Strategies

- Focus on groups with the lowest rates.
- Collaborate with trusted community leaders, cultural organizations, and faith-based groups.
- Ensure materials are culturally relevant and available in multiple languages.

Expand Reminder/Recall and Follow-up Systems

- Implement automated reminders (text, email, phone).
- Use “missed opportunity” alerts in EMRs to vaccinate during any visit.
- Offer flexible hours (evening/weekend) to reduce access barriers.

Build Trust Through Community Partnerships

- Engage schools, childcare centers, WIC offices, and community health workers.
- Host vaccine education sessions and Q&A events with community-based organizations.
- Use parent ambassadors to share positive experiences.

DHCS and IHI Child Health Equity Collaborative Overview

Timeframe: Now until September 2026

About the Collaborative

The DHCS Medi-Cal Child Health Equity Sprint Collaborative focuses on building capacity of MCPs to improve health outcomes and quality of care for young children. Building on the previous Child Health Equity Collaborative, this current phase emphasizes adapting and implementing proven practices at scale across 18 counties, building on many bright spots and lessons learned. It focuses on improving two key measures:

- **Well-Child Visits in the First 0-15 Months (W30-6+)**
- **Well-Child Visits in the First 15-30 Months (W30-2+)**

Each MCP team will develop their own aims around improving W30-6+ and W30-2+ rates in a selected county, with an emphasis on advancing equity and addressing disparities in care. Provider clinics are an essential partner in this work.

Why This Matters

Well-child visits are essential for early childhood health and development. In California, many children miss these visits, especially in communities facing health inequities. Together, we can change that.

What Participation Means for Clinic Systems

- ✓ Partner with your local Managed Care Plan (MCP) to adapt and implement proven strategies.
- ✓ Remove barriers for families most impacted by gaps in care.
- ✓ Have your insights and successes elevated to peers statewide.
- ✓ Align your improvement efforts with broader statewide initiatives, including Cal-AIM and other DHCS efforts to strengthen early childhood health and reduce inequities across California.



AGENDA ITEM NO. 3

TO: Provider Advisory Committee (PAC)

FROM: Erik Cho, Chief Policy & Programs Officer
Ellen Rudy, Director of Grants Administration & Oversight

DATE: March, 17, 2026

SUBJECT: RISE Grant Program 2026-27

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

RISE Grant Program 2026-27



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Gold Coast Health Plan 2026-27 RISE Grant Update

Integrity

Accountability

Collaboration

Trust

Respect

Ellen Rudy, Director of Grants Administration

Year 2 Strategic Pillar of the RISE Grant

- 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 culturally and linguistically appropriate navigation, community or volunteer programs and opportunities, and education support

Overview of the 2026-27 RISE Grant Program

Key Activities

- Open for applications: February 18, 2026
- Two Information webinars:
 - **February 25, 2026 1:00 pm PST**
 - **March 10, 2026, 11:00 am PST**
- Two Office Hours:
 - **Wednesday, March 25: Office Hours 1 PM PDT**
 - **Wednesday, April 8: Office Hours 10AM PDT**
- Close for applications: April 15, 2026
- Announcement of selected grantees: June 1, 2026
- Timeline of grantee: July 1, 2026 through June 30, 2027
- One year only grant awards of not more than \$400,000 per awardee
- Provider-based and community-based organizations are eligible to apply
- Institute for Healthcare Improvement (IHI) will continue to serve as third party reviewer to review, score, and manage applications and grant awards



AGENDA ITEM NO. 4

TO: Provider Advisory Committee (PAC)
FROM: Marlen Torres, Chief Member Experience & External Affairs Officer
DATE: March 17, 2026
SUBJECT: Ventura County Healthcare Coalition Update

VERBAL PRESENTATION



AGENDA ITEM NO. 5

TO: Provider Advisory Committee (PAC)
FROM: Michelle Espinoza, Executive Director, Network Operations
DATE: March 17, 2026
SUBJECT: Provider Network Operations Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Provider Network Operations



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Provider Network Update
March 17, 2026

S. Michelle Espinoza
Executive Director Provider Network Operations

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Provider Satisfaction 2025 and 2026

- 2025 Provider Satisfaction
 - Results received and being analyzed
 - Claims, Utilization Management, Network Coordination of Care, Call Center, Provider Relations
 - Would Recommend Gold Coast
 - Compare to Other Health Plans
 - Overall Satisfaction
- Provider Engagement Feedback
 - How can we use the results to shape actions?
 - How can our provider network help?
 - Develop strategy around key opportunities
- 2026 Provider Satisfaction
 - Use strategy to drive improvements for 2026 survey

Access and Availability

Appointment Availability and After Hours

- Appointment types: urgent care, urgent care, non-urgent care, routine care, preventive check-up/well-child exams, well-woman exams, office wait time, patient call back time, and LTSS patient admission.

Access Standard

- Urgent Care – Within 24 Hours
- Non Urgent Appointment – Within 10 Days
- Routine, Preventive Care, Well Woman, Well Child – Within 10 Days
- Office Wait Time – 45 Minutes or Less
- Patient Call Back – Within 60 Minutes

Access and Availability *(continued)*

Activities

- Identify Network Providers with year over year failures on meeting access and availability requirements
- Evaluate member assignment and provider to member ratios
- Identify shortages in key provider specialty types
- Explore “after hours” opportunities
- Explore expansion of telehealth opportunities
- Engagement with Network Providers to obtain feedback and challenges

Thoughts & Questions