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

Regular Meeting
Monday, May 18, 2026 2:00 p.m.
Meeting Location: Community Room
711 E. Daily Drive #110
Camarillo, CA 93010

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

Conference Call Number: 1-805-324-7279
Conference ID Number: 430 208 573#

Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

80 Hilcrest Dr #200
Thousand Oaks, CA 91360

300 Hillmont Ave
Ventura, CA 93003

AGENDA

CLERK ANNOUNCEMENT

All public is welcome to call into the conference call number listed on this agenda and follow along for all items listed in Open Session by opening the GCHP website and going to ***About Us > Ventura County Medi-Cal Managed Care Commission > Scroll down to Commission Meeting Agenda Packets and Minutes***

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

Persons wishing to address VCMMCC and Committee 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 and Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Commission and 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 Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of April 27, 2026

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

RECOMMENDATION: Approve the minutes as presented.

PRESENTATION

2. Mental Health Presentation

Staff: James Cruz, M.D., Chief Medical Officer
Erik Cho, Chief Policy and Program Officer
Pauline Preciado, Executive Director of Population Health & Equity

RECOMMENDATION: Receive and file the presentation.

FORMAL ACTION

3. Signature Authority and Procurement Policy Revisions

Staff: Bob Bushey, Executive Director, Procurement

RECOMMENDATION: It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission, 1) increase the General Authorization Limit of the existing Signature Authority policy to the limits noted in Table 2, 2) assign the Chief Financial Officer as the Plan's authorized agent to sign all non-claims related contracts and purchase orders, and 3) revise the single/sole source competitive bidding threshold in the Procurement policy from $50,000 to $200,000.

4. Advance Payment Agreement to Ventura County Health Care Agency

Staff: Felix L. Nunez, M.D., Chief Executive Officer

RECOMMENDATION: Approve the Advance Payment to the Ventura County Health Care Agency.

5. April Year-To-Date 2026 Financials

Staff: Jeff Register, Interim Chief Financial Officer - Controller

RECOMMENDATION: Accept the financial information as presented.

REPORTS

6. Chief Executive Officer (CEO) Report

Staff: Felix L. Nunez, M.D., MPH, Chief Executive Officer

RECOMMENDATION: Receive and file the report

CLOSED SESSION

7. REPORT INVOLVING TRADE SECRET:
Discussion will concern: Proposed new service/program
Estimated Date of Public Disclosure: Oct 1, 2026

8. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of Litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.

9. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer.

ADJOURNMENT

The next meeting will be held on June 29, 2026, at 2:00 p.m., in the Community Room located at GCHP 711 E. Daily Dr. Suite 110, 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 Clerk of the Commission.

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 Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO.1

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Maddie Gutierrez, MMC, Sr. Clerk for the Commission

DATE: May 18, 2026

SUBJECT: Regular Meeting Minutes of April 27, 2026

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Commission meeting minutes for April 27, 2026

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
Commission Meeting
Regular Meeting

April 27, 2026

CALL TO ORDER

Committee Chair Laura Espinosa called the meeting to order at 2:07 p.m. The meeting was held in the Community Room located at 711 E. Daily Drive, Suite 110, Camarillo, CA 93010

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

OATH OF OFFICE

Douglas Kleam – Private Hospital / Healthcare Representative
Loretta Denering, Dr PH, MS – Ventura County Health Care Agency Representative.
Yohan Perera, MD - Beneficiary Representative
Mark Sewell - County CEO Representative

Commission Chair, Laura Espinosa, welcomed the new commissioners.

RECOGNITION OF COMMISSION VICE CHAIR DEE PUPA

Commission Chair Laura Espinosa stated Vice Chair Dee Pupa has been a guiding light for this commission for over a decade, she is highly respected, and she will be missed. She noted there is a resolution recognizing and thanking her for her dedication to the Commission and to Gold Coast Health Plan, Total Care Advantage, and the community. The Resolution was read, listed all the time, and work that Vice Chair Pupa has dedicated.

Several Commissioners and GCHP staff wished Commissioner Pupa the best as she retires. Commissioner Pupa shared a few stories about the start of GCHP and how she helped the new organization get furniture – which was purchased for one dollar. Many thanks were given for her commitment to the organization and the Commission.

Supervisor Vianey Lopez stated she was honored to present Commissioner Pupa with a proclamation from the Board of Supervisors of the County of Ventura and thanked her for her twenty-four years of dedicated service at the County of Ventura.

Chief Executive Officer, Felix L. Nunez, M.D., also stated his gratitude for her tremendous work and guidance for the organization. Chief Member Experience & External Affairs Officer, Marlen Torres presented Commissioner Pupa with an engraved vase with a beautiful flower arrangement.

The vote for approval of Resolution 2026-001 is as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Motion carried.

ROLL CALL

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

Attending the meeting for GCHP were Felix L. Nunez, M.D., CEO James Cruz, M.D., CMO, CPPO Erik Cho, Interim CFO Jeff Register, Paul Aguilar, Chief of Human Resources, Robert Franco CCO, Eve Gelb, Chief Innovation Officer, Ted Bagley, CDO, Marlen Torres, Chief Member Experience & External Affairs, Suma Simcoe, COO, Alan Torres, CIO, and Scott Campbell, General Counsel.

Also in attendance were the following GCHP Staff: Lupe Gonzalez, Susana Enriquez-Euyoque, Vicki Wrighster, TJ Piwowarski, Holly Krull, Ellen Rudy, Patrick Warfield, Joanna Hioureas, Pshyra Jones, Victoria Warner, Pauline Preciado, Lupe Harrion, Zed Haydar, Ben Lacy, Kris Schmidt, Brenda Gomez-Garcia, Chris Dulan, Josephine Gallella, Kim Timmerman, Shannon Robledo, David Tovar, Adriana Sandoval, Ross Hooper, Chris Beeson, Michelle Espinoza, Nicole Kanter, Kim Marquez-Johnson, Paul VerHaar, Allison Jewell, Veronica Estrada, Sandi Walker, Corey Stephenson, Erin Slack, Lauren Burnette, David Kirkpatrick, Alex Fernandez, Lupe Nunez, and Lily Yip.

Guests: Demitric Franklin, Dr. Kumar, Dr. Fankhauser, and Michael Taylor – County of Ventura
Victoria Navarro, and Gavin Ward – 24 Hr. Home Care
Stelian Damu, Kimberly Sokoloff, Ashely Merda – Baker Tilly

PUBLIC COMMENT

None.

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CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes February 26, 2026, and Special Meeting minutes of March 18, 2026.

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

RECOMMENDATION: Approve the minutes as presented.

Commissioner Blaze motioned to approve Agenda Item 1. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Dee Pupa, Roger Robinson, and Scott Underwood, D.O.

NOES: None.

ABSSTAIN: Commissioners Dr. Loretta Denering, Douglas Kleam, Yohan Perera, M.D., and Mark Sewell

ABSENT: None.

Motion carried.

2. Adoption of Resolution 2026-002 Authorizing the Chief Executive Officer, Interim Chief Financial Officer and Chief Policy and Program Officer to initiate banking and fund management transactions as well as sign and execute contractual documents, management transactions.

Staff: Scott Campbell, General Counsel
Jeff Register, Interim Chief Financial Officer / Controller

RECOMMENDATION: Staff recommends the Commission adopt Resolution 2026-002.

Commissioner Monroy motioned to approve Agenda Item 2. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Motion carried.

UPDATES

3. Operations Update

Staff: Suma Simcoe, Chief Operations Officer

RECOMMENDATION: Receive and file the update

COO Simcoe stated she has completed her six months at GCHP. She did a reorganization of the department in March. She stated one of the most significant changes was the establishment of a quality tower, which will audit claims to see what issues we have, the root cause analysis, to help us move in the right direction.

COO Simcoe has also hired a Senior director for Quality Assurance who is leading with training and documentation because of the audit. There are times the documentation is not correct, and the team is not trained correctly. The Sr. Director is establishing the document process for training claims compliance. The team will be responsible that all requirements are implemented and monitored. The team will also be monitoring and managing appeals and grievances. CCO Simcoe also stated that the claims tower will manage the claims provider dispute resolution and payment integrity. The tower will also focus on service operations. She also has a team of two who will focus on strategy and initiatives in operations.

COO Simcoe stated that she established a quality tower, which will take the regulatory intakes that come out, and will be monitored, and will make sure that after we implement it for ninety days, they audit the claims to ensure that we are doing them correctly. Before we move, change things and move into production she wanted to make sure they are tested in lower environments and monitored again with contracts to make sure our understanding of the contract that we signed aligns with the understanding of the providers as well so that later we do not have to deal with the provider dispute and interest payment, incorrect payments.

CCO Simcoe stated that with an operations update from the first quarter we had several contractors working for us, and she reported that she does not have individual contractors supporting different activities and operations. We closed all that transition. Two challenges associated with that are the financial challenge, when you engage with contractor. The other was that no one on the Health Plan had hands on these issues that the contractors were working on. We need to know what our issues are, what we are doing so that we can continue the process, and it does not break when the contractor leaves. This is now done. We have Gainwell, they are our recovery vendor. They have recovered$404k. This is due to other insurance coverage. We pay as a primary, but we should be secondary. The contract was established before CCO Simcoe started at GCHP. The next step for her is to rather than recovering the claims payment, she wants to make sure that we have the secondary insurance coverage in our system. We would not pay the claim, working with HMS is to provide us with the other primary coverage information that we will load in our system. When the claim comes in, we will pay as secondary only, not primary, and we can avoid cost rather than paying and recovering. By April 30th we should complete our requirements with the vendor, and we will start receiving the files, we will process internally.

Next is anomalous claims. There are hospice fraudulent activities. As one of COO Simcoe's projects on her list is to pull some claims reports for the out-of-network providers for the past six months, and some providers stood out, especially hospice providers. For the volume of members, the hospice utilization is high. We looked at nine entities and four of the entities were fraudulent. We have established a work group to look at these things; the network is involved, finance is involved, and medical management is involved, and we meet weekly. Unfortunately, some of the fraudulent providers do not exist in business, so we may not be able to recover, but we are putting a process in place. CCO Simcoe met with Compliance, and they are putting a process in place so that whenever we receive a claim out of network, we are going to deny and request medical records. If we get the records, we will review, evaluate, and then pay the claim later. We must take measures to prevent fraudulent activities.

CCO Simcoe stated her goal is to make sure that we take appropriate actions before the claim comes in before we pay a claim from the utilization perspective and network perspective.

CCO Simcoe stated that when she started at GCHP we had 20,000 provider dispute backlog that was sitting in a bucket, we have now cleared up that backlog and we are compliant with the fifteen-day acknowledgement letter for PDR and forty-five-day disposition decision. Commissioner Espinosa asked if there was a timeframe associated with those denied claims that are out of county/out of network – it can be denied or paid if a final decision is made, we are good.

CCO Simcoe stated the next update is service operations. In March, her team went through a re-organization, and there were staff changes, and the implementation of IVR which will minimize some of the manual intervention.

Commissioner Blaze asked about out of network fraudulent claims – she asked if those need prior authorization. CCO Simcoe stated that Hospice cannot require prior authorization. She did note that GCHP had never turned on the system to request the prior authorization until recently – it was turned on in March. CEO Nunez stated that we are within the current regulation through July – we are allowed to ask for medical records so we can review for appropriateness. In July we will be able to provide greater scrutiny – more to come in July.

Commissioner Espinosa asked how many hospice organizations there are in Ventura County. Erik Cho, CPPO, stated we have approximately twenty in Ventura County.

4. D-SNP Update

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

RECOMMENDATION: Receive and file the update

Chief Innovation Officer, Eve Gelb, introduced Kimberly Marquez-Johnson, Sr. Director Duals Special Needs Plan. Ms. Marquez-Johnson stated they will be giving an update on where we are currently and where we are working towards. We went live on January 1 with Ready to Serve our Total care Advantage members. The first quarter of the year was putting into action our workflows, our desktop procedures, and working with Deloitte, our implementation consultant partner, on the final sign-off of their work, as well as knowledge transfer to IT and impacted business units. Their last day was March 31st.

We have now entered the second quarter and are developing and refining reports, revising workflows, and finishing PNPs for daily operations, while preparing for the year 2027 benefit. The Medicare Advantage line of business for D-SNP is an annual process, always preparing, designing, building, testing, and training for the next year. We are in the process of working on our 2027 bid to CMS which is due June 1. The bid submission is the first milestone that kicks off our Total care Advantage annual enrollment period for readiness preparations. We will also be signing a new state Medicaid agency contract for the year 2027 with CMS and will submit it to DHCS and CMS which will take place in July. We will go into ready-to-selling preparations while we await updates from CMS and DHCS on marketing material templates. – this is done by the end of July / beginning of August, allowing plans to get ready to sell on October 1, and then ready to enroll on October 15, then ready to serve our Total Care Advantage members on January 1, 2027.

CIO Gelb stated our first big milestone for 2027 is a bid, which is an annual process. Last year the bid was presented to the commission in closed session because it was a trade secret until October 1. This year we will not be able to adjust the bid and present it to commission prior to submission; therefore, we are presenting our status today. In December we asked for approval for the 2027 program which includes the bid and our state Medicaid agency contract, SMAC contract, and CMS contract. Each county has a benchmark rate that is set based on fee for service expense from prior years. Our bid is

slightly less unfavorable than our 2026 bid because the benchmark rates increased over the year. CMS changes them every year, at times they go down, and sometimes they go up. This year they went up in Ventura because it is additional revenue that allows us to improve our benefits and improve our offer overall. Our goal is to stay as stable as possible. We do not want to offer benefits and then must pull them back from our members. We started our business with very conservative benefits because we knew that we would not be able to sustain a rich benefit package. Each year we are going to try to improve the benefits, but it all depends on the benchmark. We will present to our executive team, request response from them, then finalize the bid. We will share that information at the May commission meeting. We need to submit that bid by June 1 – Medicare will review all the bids it receives and set the Part D benchmark, which is the pharmacy benchmark. If it is higher than we thought it was, we adjust our benefits to either higher or lower. We submit our final bid and benefits in September. It is a complicated process because we must make decisions on 2027 benefits before we have had experience with our 2026 benefits.

CIO Gelb reviewed enrollment by demographic breakdowns of age, sex, language, ethnicity, city, behavioral health, category of aid, PCP system, case type, and HRA status. She noted that our enrollment has increased from 561 to 597. She also reviewed key performance indicators and noted that our target is low because we want to make sure that our system is ready, and that we serve the members in the right way. Our target for enrollment as our first key performance indicator is between 1200 to 2500 – we do not want to be too big. We are currently three members shy of 50% of the way there and in less than half of the year. We are doing well. Our disenrollments are higher than anticipated and we are finding that our disenrollments are greater when members enroll online because they do not have a chance to talk with someone about benefits and services. We are doing what we can to improve our website and our materials, so it is as clear as possible. We must have a membership of approximately 9,000 members to get to the breakeven point.

CEO Nunez stated that he wanted to thank the entire Total Care Advantage team – they have done an incredible job in advancing this work.

Commissioner Abbas motioned to approve Agenda Items 3 and 4. Commissioner Kleam seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Motion carried.

PRESENTATION

5. Member Retention Presentation / Strategic Plan Quarterly Update

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

RECOMMENDATION: Receive and file the presentation.

Marlen Torres, Chief Member Experience & External Affairs Officer stated she is presenting a quarterly update on the strategic plan for 2026, as committed at the January 2026 commission meeting. In October of 2025, the Commission and Executive team came together to discuss the organization's strategic plan. There were several discussions; the main topics included HR1 and changes in member eligibility, membership, and enrollment. Also discussed was continuing to improve our quality scores and optimize provider relationships. She reviewed the three main pillars (Enhance Member Experience, Optimize Provider Relationships, and Advance Quality of Care) that were the focus of discussion. Under the Member Experience pillar a member retention strategy was discussed. There is an overall summary of all the work that has been or is currently being conducted.

The Enhance Member Experience pillar was reviewed. Ms. Torres stated that the goal is not to fall lower than the 223,000-member range. Work has embarked through our coalition meetings – we need to come together as a county to be able to retain membership. We have also begun efforts to look at renewals. We are moving along with preparation. We have also had the foresight to launch the pathways to Wellness Community Grant Program. Two of our grantees, MICOP and El Concilio are focusing on the same efforts. Other organizations are focusing on other areas such as food insecurities and are also beginning to provide support for outreach and member engagement. She noted that there will be additional support to help with conducting monthly outreach calls to remind members of their renewal date. We will be able to provide support either on the phone or boots on the ground at county clinic sites through our member care ambassadors. She reviewed our outreach campaign through billboards, bush shelter ads, social media, etc.

Commissioner Espinosa stated we know Medi-Cal is changing but are we able to explain why it is changing. Ms. Torres stated it comes from the federal government, our members are not angry at GCHP for the changes, and we are going to look at diverse ways of messaging. We are looking at how to explain the differences. CEO Nunez stated that all our messaging must be approved by DHCS. We must be cautious not to appear partisan in our messaging. Our messaging must align with DHCS messaging.

Commissioner Robinson stated the Human Services Agency is working to help members keep their Medi-Cal enrollment active because if they fall off Medi-Cal it will be difficult for them to get back on. They are ramping up the appropriate staff and expanding their work hours to accommodate people so they can retain their enrollment. He stated there needs to be a foundation of how to move forward to address concerns with HR1, and it is going to take the community as a whole.

Marlen Torres, Chief Member Experience & External Affairs Officer, stated this concluded her presentation. She noted that the sections on Quality and D-SNP are open if there are any comments, questions, or feedback. She noted there will be quarterly updates on each section for each goal.

Commissioner Abbas motioned to approve Agenda Item 5. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Motion carried.

The clerk asked if the commission wanted to take a short break before Formal Action or if they wanted to continue and take a break before Closed Session. The commission chose to move on with Formal Action items.

FORMAL ACTION

6. Election of Chairperson and Vice-Chairperson to serve two-year terms and appointments to the Executive/Finance Committee

Staff: Scott Campbell, General Counsel

RECOMMENDATION:

1. Elect a Commissioner to serve as Chairperson for a two-year term.
2. Elect a Commissioner to serve as Vice-Chairperson for a two-year term.
3. Make any necessary appointments to the Executive/Finance Committee as follows:

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a. Chairperson (same as Commission Chairperson).
b. Vice-Chairperson (same as Commission Vice-Chairperson)
c. Private Hospital Healthcare Representative (if required).
d. Ventura County Medical Health System Representative (if required).
e. Clinicas Del Camino Real Representative (if required).

General Counsel, Scott Campbell, stated this is our biannual elections of Chair, Vice Chair, and the Executive Finance Committee. The bylaws' structure states there are certain seats that are required, which are the Chair and Vice Chair and at lease one Clinicas representative, the VCA system and the private hospitals. We usually start with the Chair and Vice Chair seats, then those two positions, once selected will dictate what open spots we need to fill on Executive Finance. If all positions are filled, there may be a position that is open and that is not one of the three required seats. Currently we have two Clinicas people on Exec. Finance because we filled all the slots and we have one of them.

The first open slot is the Chair seat. The current Chair is eligible for another term, and she is willing to serve as Chair. Mr. Campbell asked if there was any motion to keep the current Chair.

Supervisor Lopez motioned to elect Laura Espinosa for a second term as Chair. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Laura Espinosa was appointed Chair for a second term.

General Counsel Scott Campbell stated the next seat up for election is Vice Chair. Commissioner Blaze stated that she would like to follow Commissioner Pupa's footsteps, she has learned a lot from her. This is her second term on the commission, and she would like to nominate herself for Vice Chair. Commissioner Underwood stated he was going to nominate her. Mr. Campbell asked if there were any other nominations.

Commissioner Blaze motioned to elect herself for Vice Chair. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Allison Blaze, M.D., was appointed Vice Chair.

General Counsel, Scott Campbell stated the next position that is required is a private hospital seat. There are two members who are eligible: Mr. Myers and Mr. Kleam.

Commissioner Kleam motioned to elect Commissioner Myers for the private hospital seat on the Executive Finance Committee. Commissioner Myers agreed to the nomination.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Tim Myers was elected to the Executive Finance Committee as the private hospital representative.

General Counsel, Scott Campbell stated the next required position in Executive Finance is a position from Clinicas.

Commissioner Espinosa motioned to elect Commissioner Abbas for the Clinicas seat on the Executive Finance Committee. Commissioner Abbas agreed to the nomination.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Anwar Abbas was elected to the Executive Finance Committee as the Clinicas representative.

General Counsel, Scott Campbell stated that all the required positions in Executive Finance Committee have been filled. There is one seat that is vacant that any commissioner can take.

Commissioner Blaze stated she would like to nominate Commissioner Sewell, he is a CFO. Commissioner Corwin left the commission, and he gave useful information from the fiscal side. Commissioner Sewell accepted the nomination.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioner Mark Sewell was elected to the Executive Finance Committee.

7. Compliance Oversight Committee Appointments

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Staff requests that the Commission determine how it wants to fill the vacancies in the Compliance Oversight Committee

General Counsel, Scott Campbell stated the Compliance Oversight Committee required by GCHP Corporate Integrity Agreement with the Office of Inspector General. We currently have four members on this committee. We only require three, but we would like to have four to ensure we have a quorum. The current members are Chair Espinosa and Supervisor Lopez. Stepping off are Commissioners Corwin and Pupa. This committee meets one hour prior to a commission meeting once per quarter.

Commissioner Kleam nominated Commissioners Denering, Blaze, and Abbas. Commissioner Espinosa seconded the motion. All three commissioners accepted the nomination.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Commissioners Dr. Lorretta Denering, Allison Blaze, M.D., and Anwar Abbas were elected to the Compliance Oversight Committee.

8. Advance Payment Agreement to Ventura County Health Care Agency

Staff: Felix L. Nunez, M.D., Chief Executive Officer

RECOMMENDATION: GCHP staff recommend that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute an Advance Payment Agreement in the amount of $30,000,000 with the Ventura County Health Care Agency.

General Counsel, Scott Campbell, stated for the record there are commissioners who will be abstaining from this item. He asked Commissioners Underwood, Blaze, and Denering to recuse themselves from the discussion.

Mr. Campbell stated that at the April 23, 2026, Executive Finance Committee meeting the Executive Finance Committee recommended this matter be continued until the next commission meeting to allow the Executive Finance to direct staff to meet with the county to add some additional conditions and present those conditions to the Committee for review and then a recommendation to the commission.

The Executive Finance Committee recommended that the administrative fee that is in the package of $189,000 be added to this and conditions discussed at Executive Finance and present at the May commission meeting. The recommendation is to table this item for a month. It is the option of the commission to accept the recommendation or to hear it today. The only thing the commission must do is to hear public comments on this matter because it is agendized. He stated he leaves it to the commission to decide what they want to do on this item. Mr. Campbell noted that the Executive Finance Committee made a unanimous recommendation to continue this until the next meeting.

Commissioner Kleam motioned to continue this item to the next meeting. Commissioner Espinosa seconded the motion.

General Counsel Campbell stated that before there is a vote, the commission must give the opportunity for public comment. He noted that there are public comments. We normally limit public comments to three minutes, but additional time will be allowed. Mr. Campbell stated that the County has a document to present, and that document will also be displayed.

PUBLIC COMMENT

John Fankhauser, M.D., Director of the Ventura County Healthcare Agency, and still in the position of CEO of the Ventura County Medical Center and Santa Paula Hospital. Dr. Fankhauser addressed the commission and presented his information. He asked that the commission consider the proposal management has brought forth to align what other county managed medical systems do in the state of California and offer a cash advance to the County Health care system. He noted that approximately 60% of GCHP members receive both primary and specialty care from the county. Dr. Fankhauser stated that the VC Medical System is losing money year after year. He stated that they received a cash advance last year and paid it last year. This is a cash flow issue. He stated that they are asking for a temporary bridge. He noted that last year they had an intense cash flow challenge in their system, and they are requesting a cash advance again this year.

Commissioner Sewell asked if there was time to give a decision if there was a special Executive Finance meeting on May 13 and then make the recommendation for the commission meeting scheduled for May 18. Chief Executive Officer, Felix L. Nunez, M.D., stated GCHP will be ready for whatever needs to happen.

Commissioner Abbas stated there is lots of discussion on a $30 million request. Staff must do due diligence. GCHP is not as healthy financially as before and the commission needs to do their fiduciary responsibility, the decision needs to be in the best interest of Gold Coast Health Plan, and we need to ask for more research. Commissioner Kleam asked if this advance was money that will be due to the County. Mr. Campbell stated this money was not due to the county, it is an advance, and it will come out of our TNE. Commissioner Myers asked what the timeline from last year's advance. Commissioner Espinosa stated the first advance was in 2024 for $10 million, the second advance was in 2025 for $26 million and this will be the third advance.

The motion on the floor was as follows:

Commissioner Kleam motioned to continue this item to the next meeting. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Roger Robinson, and Mark Sewell.

NOES: None.

ABSTAIN: Commissioners Allison Blaze, M.D., Dr. Loretta Denering, Dee Pupa, and Scott Underwood, D.O.

Motion carries.

The Commission took a short break at 4:25 p.m. Open Session resumed at 4:33 p.m.

9. Baker Tilly Audit Information

Staff: Jeff Register, Interim Chief Financial Officer / Controller

<u>RECOMMENDATION:</u> Receive and file the audit report

Jeff Register, Interim Chief Financial Officer / Controller, introduced Baker Tilly representatives: Stelian Damu, Kimberly Sokoloff, and Ashley Merda.

Ms. Sokoloff stated the Baker Tilly team will be presenting audit results for December 31, 2025, six-month period. She noted that they presented information to the Executive Finance Committee the previous week. This presentation will summarize.

the results of the financial statement audit for the six-month period ending December 31. She reviewed the required auditing standards to identify certain areas, to go deeper in applying audit procedures. She stated there were not any notable findings.

Ashley Merda stated that Baker Tilly is required to form and express an opinion on whether the financial statements have been prepared by management, and all material is in accordance with accepted accounting principles. Throughout the audit they are required to exercise professional judgement and maintain professional skepticism.

Ms. Merda stated there were no significant unusual transactions identified, and there were no findings or issues arising from the audit report.

Ms. Sokoloff stated there were a handful of adjustments that were deemed immaterial to the financial statements and were passed on by management. The first is a judgmental audit misstatement. It relates to a receivable balance that reflects payments made to providers during and as of December 31 that with certain efforts in 2026 based upon industry standards have a likelihood of recovering. This adjustment reflects that the support provided could be audited by the Baker Tilly team was short by approximately $3.5 million. It was agreed with management that it was not material to the financial statements. If there were any material adjustments identified and discussed with management that were corrected in the financial statements and there were not any that rose to that level. The audited financial statements were requested and received along with a signed representation letter, which is a requirement of the audit.

CEO Nunez stated the audit went smoothly and GCHP appreciates Baker Tilly for their diligence – they were coordinating with us and providing transparency throughout the entire process.

Commissioner Monroy motioned to approve Agenda Item 9 Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Motion carried.

10. March 2026 Financials

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

RECOMMENDATION: Receive and file the financials as presented.

Jeff Register, Interim Chief Financial Officer – Controller, reviewed the March 2026 year-to-date results. He stated that we are in line with budget overall. Our capitated 2026 premium rates reflect an 11.7% increase over our 2025 capitated premium rates. He noted that we had unfavorable financial results in 2025, and those rates are designed to make us whole. 11.7% is baked into the current year budget that was presented in January, and it is what we are comparing against now. Our quarter membership is unfavorable to budget by approximately 1,000 members and has declined by 7,000 members since December 2025. This is in line with expectations that our TNE stands at 543%, which is within the guidelines. Our medical loss ratio is 84.8% and is aligned with our budgeted expectations.

Our medical, our administrative costs are still beating budget. Investment income is $400,000 unfavorable to budget and we are exploring with our bank ways to improve our returns on our interest rates. We are showing income of $2.3 million against the budget of $2.5 million. Our TNE is 248.7 million versus the budget of 248.9.

Commissioner Pupa thanked Mr. Register for stepping into the vacancy and his work is very appreciated. She did note that when reviewing the financials, the December IBNR and claims payable was about 139 million and then for March it is 147 million. She asked

if this has anything to do with the claims cleanup or did the margin for IBNR increased a bit in March. Our margin is 10% and has been consistent for a few years and the percentage has not changed. Mr. Register stated the IBNR can move up or down depending on the number of pay cycles in a month, as well as the volume of the payments. If we pay less in claims our IBNR will go up, if we pay more the IBNR goes down. We are currently paying claims twice a month, twice a week. The week of March 31 would have impacted as to whether the IBNR is a little higher or lower – it is based on our claims experience. The paid claims are spread by service months, so even if we were reprocessing old claims, it would not have a significant impact on our current protection. Commissioner Abbas asked if it would be possible to see a comparison for the same month from the previous year because it might be helpful with some seasonality.

Mr. Register reviewed the entire financial package and gave a finance department update. He did note the financial results presented are unaudited, preliminary, and subject to restatement.

Commissioner Underwood motioned to approve Agenda Item 10 Commissioner Myers seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Motion carried.

The Commission agreed to receive and file all three of the Chief reports – agenda items 11 through 13.

REPORTS

11. Chief Executive Officer (CEO) Report

Staff: Felix L. Nunez, M.D., MPH, Chief Executive Officer

RECOMMENDATION: Receive and file the report

12. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

13. Human Resources (HR) Report

Staff: Paul Aguilar, Chief Human Resources & Organizational Performance Officer

RECOMMENDATION: Receive and file the report

Commissioner Underwood motioned to approve Agenda Items 11 through 13. Commissioner Myer seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Yohan Perera, M.D., Dee Pupa, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: None.

Motion carried.

Closed session began at 5:12 p.m.

CLOSED SESSION

14. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of Litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.

15. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer.

General Counsel, Scott Campbell stated there was no reportable action.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 6:09 p.m.

Approved:

____
Maddie Gutierrez, MMC
Sr. Clerk to the Commission

Gold Coast Health Plan[SM]
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, M.D., Chief Medical Officer
Erik Cho, Chief Policy and Program Officer
Pauline Preciado, Executive Director of Population Health & Equity

DATE: May 18, 2026

SUBJECT: Mental Health Presentation

PowerPoint with Verbal Presentation

ATTACHMENTS:

Mental Health Presentation

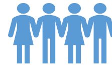
Gold Coast Health Plan[SM]
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Mental Health Presentation

May 18, 2026

Member Impact: *Voice of the Member*



Case Background

Ten-year-old member admitted to Children's Hospital Los Angeles (CHLA) for eating disorder and co-occurring mental health diagnosis.

Actions Taken

GCHP, Ventura County Behavioral Health (VCBH) , and CHLA participated in a 22-person case consult to address the complex medical and mental health needs of the patient and maintain closed collaboration to address the member's needs and facilitate her care transition.

Core Challenges:

Multi-System Coordination

Adolescent Clinical Complexity

Limited Placement Availability

Home & Psychosocial Factors

Current Status

Member successfully transitioned from Children's Hospital LA after 40 days LOS to Centers for Discovery residential treatment placement. She decompensated briefly and returned inpatient but has since been accessing her programming at residential and her functioning has improved.

Why is Access to Mental Health Important Now?

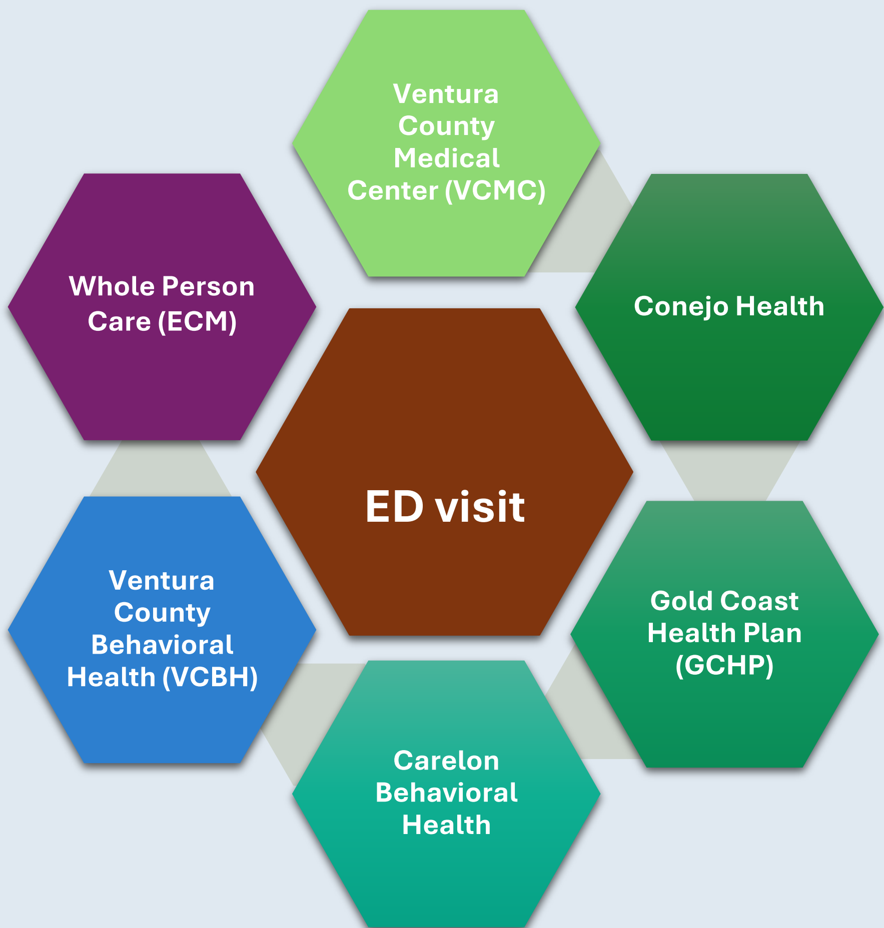
- 1 in 5 members have persistent mental illness
  - Access gaps lead to delays in care, high utilization and poorer outcomes
- Prepare for upcoming Headwinds:
  - Member Retention
  - Maternal Health

Psychosocial Conditions Total Count of Members as of June 2025 = 48,533	
Anxiety, neuroses	Post traumatic stress disorder
Attention deficit disorder	Psychologic signs and symptoms
Bipolar disorder	Psychological disorders of childhood
Depression	Psychosexual
Eating disorder	Psych-physiologic and somatoform disorders
Impulse control	Schizophrenia and affective psychosis
Major depression	Substance use
Personality disorders	

Source: John's Hopkins ACG.

Gold Coast Health Plan A Public Entity | Ventura County Behavioral Health A Department of Ventura County Health Care Agency | Ventura County Medical Center A Division of Ventura County Health Care Agency | Conejo Health | carelon Behavioral Health

Ventura County Interagency Improvement Project with Institute For Healthcare Improvement (IHI)



The Aim

By 6/25, increase follow-up by 5% for Ventura County Gold Coast Health Plan Medi-Cal beneficiaries with behavioral health (BH)-related emergency department (ED) visits.

The Problem

Gaps in follow-up related to lack of information about when and where (and why) ED visits occur.

Theory of Change

We can best identify and serve members through face-to-face (F2F) BH navigators in the ED, who coordinate care to enter/re-enter treatment

MY2024

> 1700 new navigation services

> 440 more members served

FUM 5th → 50th percentile

FUA 25th → 75th percentile

MY2025

> 2314 new navigation services

> 853 more members served

M.B. *10/2024* *10/2025*

ED visit for alcohol use disorder. M.B. expressed desire to change → Navigator & M.B. scheduled appt w/ 24/7 VCBH Access Line → M.B. attends OP treatment → 1 year of recovery! → MB works, exercises, & eats a healthy diet

"When I arrived at VCMC hospital I was scared and alone with no hope and no one to turn to, I was ready to die. Then I met Frank, from Conejo Health, who was kind, patient and knowledgeable, ready and willing to help guide me. Today I am sober and work for the largest insurance agency in the nation. Conejo Health saved my life."*

**This quote is shared with the patient's permission.*

Maternal Health SUD Affinity Group

Improvement Opportunities

- Identify SUD treatment needs earlier in pregnancy
- Improve referral pathways to treatment
- Improve the quality of treatment provided

AIM

- Increase referrals of pregnant members with identified substance use treatment needs to ECM by 10% from baseline by August 31, 2026.

Rationale

- Care navigation improves outcomes: low birth weight, babies born addicted, child welfare involvement

Key Data

GCHP Records 2025

- 2,860 pregnancies -> 51 diagnosed with SUD and were pregnant

Project Successes

- Integrated ECM education & referrals into clinical workflows with maternal health providers
- Engaged key partners: Academic Family Medicine Center (AFMC) fellows, ECM providers, Prototypes, Health Care Agency (HCA) Ambulatory Care clinic, First 5
- Improved provider awareness & education on ECM benefits/services
- Generated 4Ps report identifying population of focus
- 7 referrals completed to ECM for target population, enrollment data pending

Return to Agenda

Member Care Ambassadors

GCHP Ambassadors are out in the community to help Medi-Cal GCHP members.

- Help get / keep Medi-Cal and share information about available benefits and services
- Get connected to services for behavioral health services, housing, food, and other necessities
- Help members access well-child visits, immunizations, and other needed care
- 2 Member Care Ambassadors placed within local school districts assisting and connecting students to services

al Health reness Month: Social a Campaign

nce: Members & Community

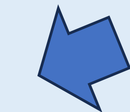
o spread awareness for mental health ering everyone to take action to seek ney need it

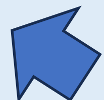
nes include:

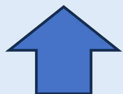
- Pathways to Wellness: managing life stressors
- Mental Health is for everyone!
- Navigating support during a mental health crisis
- Provide support for mothers by sharing resources available from pregnancy through the first year of motherhood.

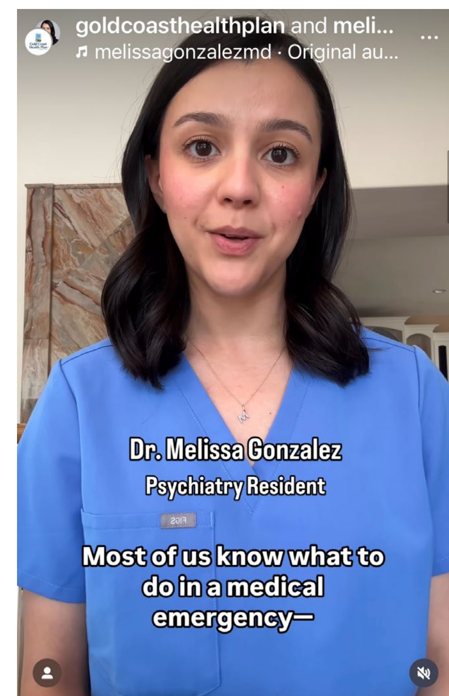
ct Impact:

- Follower growth increase by 4.6%
- Accounts reached totaled **159,374**
- Our top audience cities included: Ventura, Los Angeles, and Oxnard!









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melissagonzalezmd AD | If you or someone you love is struggling with emotional distress, mental health challenges, or substance use, help is just three numbers away: 988. It's free, confidential, and available 24/7. You can call, text, or chat with a trained counselor anytime. They're here to listen, support, and help you navigate through the toughest moments.

If you're in Ventura County, you can also call the Ventura County Behavioral Health Crisis and Access Line at 1-866-998-2243 for local support. You are never alone.

Student Behavioral Health Incentive Program (SBHIP) Scholarship

Total Budget: $1,500,000 from SBHIP Incentive Funds

GCHP Future BH Provider Scholarship

MICOP Administrator for $750,000 over 5 years

Recipients: 18

Funds awarded: 375,000

Scholarship cycles: 3

VCCF Permanent Endowment for $750,000

Recipients: 7

Funds awarded: 58,500

Scholarship cycles: 3

SBHIP Scholarship Recipient: Introducing Michelle Mendoza

AGENDA ITEM 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Bob Bushey, Executive Director, Procurement

DATE: May 18, 2026

SUBJECT: Signature Authority and Procurement Policy Revisions

EXECUTIVE SUMMARY

Staff is recommending 1) increasing the General Authorization Limits in the Signature Authority policy, 2) designating the Chief Financial Officer as the Plan's authorized agent to sign certain non-claims related contracts, and 3) revising the single/sole source or competitive bidding threshold in the Procurement policy to align with industry best practices and increase operational efficiencies. The requests were reviewed by the (prior) Executive Finance Committee ("Committee") on April 23, 2026, and the Committee concurred on the policy revisions presented in this report.

BACKGROUND / DISCUSSION

Background

In January 2015 the Ventura County Medi-Cal Managed Care Commission ("Commission") approved a single policy titled Procurement Policy which included language on internal controls and General Authorizations Limit, procurement practices, including single/sole source or competitive bidding thresholds. In October 2016, the Plan restructured these policies into the Signature Authority Policy and the Procurement Policy. Except for one minor approved change to the Signature Authority Policy in May 2019, these policies have remained unchanged and require updates.

<u>Staff's concerns with the current policies:</u>

During the last decade, staff has been faced with several challenges in executing the current procurement policies. First, the level at which contracts must be brought to the Commission for approval either directly or pursuant to the Commission's Signature Authority policy is $100,000. This amount has not changed since it was initially established, has not been adjusted for inflation and is not aligned with the practices of other similar plans. Second, under the current policies, the CEO is responsible for signing most contracts and reviewing and approving most purchase orders, even ministerial ones. Third, because the level required for competitive bidding is low ($50,000), there are often delays in the contracting processes as the Plan's staff

must seek bids for projects or resources for relatively minor amounts or complete sole source forms when the service of product can be justified without formal bidding.

Summarized, these concerns include the following:

- Slow cumbersome approval process for external contracts and any Purchase Order (PO).

PO/Contract Approval Cycle Times	
PO approved by Manager, Director, & Chief	4 – 6 days
PO approval by CFO & CEO	2 – 4 days
Commission approval by CEO	Can be up to 30 days
CEO must sign contract	2 – 3 days

- Long procurement cycle times causing slow speed to market on initiatives.
- Procurement resources are forced into transactional and compliance management, verses delivering strategic customer value.

Solutions:

Three proposed policy changes will deliver significant results.

1. Increase the General Authorization Limit from the levels in Table 1 to the levels in Table 2.

Table 1

Current General Authorization Limits (POs)							
General Authorization Limit	Title	PO Spend	# of POs	# of COs	Total POs & COs	Average Spend per PO	% of POs & COs
$100K+	Commission	$109,094,340	71	29	100	$1,536,540	35%
$50K - $100K	CFO / CEO	3,171,720	39	14	53	81,326	18%
$25K - $50K	Chief	1,077,503	31	20	51	34,758	18%
$5K - $25K	Director	584,648	41	6	47	14,260	16%
$1 - $5K	Manager	69,785	34	3	37	2,053	13%
Total		$113,997,996	216	72	288		100%

Table 2

Recommended General Authorization Limits (POs)							
General Authorization Limit	Title	PO Spend	# of POs	# of COs	Total POs & COs	Average Spend per PO	% of POs & COs
$300K+	Commission	$100,990,662	29	15	44	$3,482,437	15%
$150K - $300K	CFO / CEO	6,622,337	30	10	40	220,745	14%
$75K - $150K	Chief	3,894,680	39	7	46	99,864	16%
$25K - $75K	Director	1,835,883	43	31	74	42,695	26%
$1 - $25K	Manager	654,434	75	9	84	8,726	29%
Total		$113,997,996	216	72	288		100%

2. Delegate certain contract signatures to the Chief Financial Officer.
3. Increase the dollar threshold for single/sole source or competitive bidding from $50,000 to $200,000.

Each of these proposed changes will be discussed below.

SIGNATURE AUTHORITY POLICY - GENERAL AUTHORIZATION LIMIT

The current General Authorization Limit for employees that can approve a transaction is again set forth below in Table 1.

Table 1

Current General Authorization Limits (POs)							
General Authorization Limit	Title	PO Spend	# of POs	# of COs	Total POs & COs	Average Spend per PO	% of POs & COs
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$1 - $5K	Manager	69,785	34	3	37	2,053	13%
Total		$113,997,996	216	72	288		100%

The appropriate approval level is determined by the amount of the total transaction, and the General Authorization Limit is established by job title. Commission approval is required for non-provider transactions over $100,000. Transactions include, but are not limited to, purchase requisitions, check requests, purchase orders, contracts, leases, and capital expenditures – regardless of if such transactions were budgeted or unbudgeted. They also include transactions which are covered by the Commission's Signature Authority policy which provides that: *All transactions associated with the projects and contract renewals listed in GCHP's approved budget are hereby delegated to the Chief Executive Officer and do not require individual transactional approval from Ventura County Medi-Cal Managed Care Commission.* They *do not include* claims payments that are not processed and paid through GCHP accounts payable system; payments pursuant to provider contracts and capitation and payments of pass-through items designated by DHCS as available for disbursement to providers through various government programs.

Under the current Authorization Limits, the majority of the transactions (53% or 153 in total) are reviewed and approved at the CFO and CEO level or by the Commission directly or pursuant to the Commission's Signature Authority policy. These transactions constitute 98% of the funds expended.

By adjusting the Authorization Limits upward to $300,000 for Commission approval, 94.4% of the funds expended would still require Commission oversight and approval, but the level of senior management involvement in the day-to-day contract and PO transaction volume would be reduced from 153 POs and change orders to 84 POs and change orders. (a balance that supports less involvement in transactional volume with still a high involvement in spend approval is the overall objective)

Observations:

1. Low General Authorization Limit results in senior management involvement in **53%** of all transactions (Purchase Order/Contract approvals) and **98.5%** of the annual spend.
2. As noted, this is extremely inefficient, as it reduces PO cycle time, speed to market and bottlenecks the process.

Recommendations:

1. **INCREASED GENERAL AUTHORIZATION LIMITS**
   - Increase the CEO General Authorization Limit from $100,000 to $300,000 to align to industry's best practice levels and to create operational efficiencies and adjust other levels as set forth below and in Table 2.

Recommended General Authorization Limits (POs)							
General Authorization Limit	Title	PO Spend	# of POs	# of COs	Total POs & COs	Average Spend per PO	% of POs & COs
$300K+	Commission	$100,990,662	29	15	44	$3,482,437	15%
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$1 - $25K	Manager	654,434	75	9	84	8,726	29%
Total		$113,997,996	216	72	288		100%

   - Most large dollar initiatives (**94.4%** of the spend, but only **29%** of all transactions) may still need review and approval from senior management and the Commission pursuant to the policy.
   - Feedback from the CFO roundtable noted that our sister plans of comparable size & function have similar CEO General Authorization Limits to what we are recommending, but at the same time many of the plans are discussing that their current General Authorization Limits are also low. Alameda Alliance For Health just approved increasing their CEO General Authorization Limit from $100,000 to $1,500,000. Other Plans have the levels set forth below.

Plan	CEO General Authorization Limit
Kern Family Health Care	$200,000
Health Plan of San Joaquin	$200,000
Santa Clara Family Health Plan	$250,000
CalOptima Health	$250,000
CenCal Health	$250,000

The County of Ventura generally requires Board of Supervisors approval for transactions over $200,000.

AUTHORIZATION TO SIGN CONTRACTS

The second requested change impacts who can sign certain contracts. Currently, the Chief Executive Officer must sign most contracts and purchase orders implementing the contracts. This is extremely burdensome. The requested change would allow the Chief Financial Officer the ability to sign certain contracts and purchase orders. All fiscal and purchasing policies would still need to be followed but the task of actually signing the documents would be delegated to the Chief Financial Officer. This will improve efficiency as it will reduce overall “busy work” that is currently required of the CEO. The CEO would still be responsible for signing contracts with health care providers for the actual delivery of healthcare services, legal services, membership dues, grant agreements, sponsorships, employee benefit, utilities, insurance, business license and regulatory fees. Staff had recommended that the Director of Procurement also have signing authority, but the Committee just recommended that such signing authority be given to the Chief Financial Officer.

PROCUREMENT POLICY - SINGLE/SOLE SOURCE OR COMPETITIVE BIDDING THRESHOLD

The current sole source or competitive bidding threshold is $50,000. Due to the low limit, approximately **51%** of all procurements require a sole source or competitive bidding, representing **98%** of the spend.

Threshold	#of PO's	Spend $	% Spend	% of PO's
Above $50K	110	$112,266,060	98%	51%
Below $50K	106	$1,731,936	2%	49%
Total	216	$113,997,996	100%	100%

Recommendation. Increasing the sole source or competitive bidding threshold to $200,000 will align to industry's best practices and operational efficiencies and still allow for the majority of the annualized spend to require competitive bidding or a disciplined and factual sole source justification. Based upon past contracts, the impact of this change is displayed in the chart below.

Threshold	#of PO's	Spend $	% Spend	% of PO's
Above $200K	54	$106,706,317	94%	25%
Below $200K	162	$7,291,679	6%	75%
Total	216	$113,997,996	100%	100%

All large dollar initiatives (94% of spend) will still require competitive bidding and internal authorization from senior management and the Commission, granting the optimal level of review and oversight by the Plan's executives and governing officials.

RECOMMENDATION SUMMARY

It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission, 1) increase the General Authorization Limit of the existing Signature Authority policy to the limits noted in Table 2, 2) assign the Chief Financial Officer as the Plan's authorized agent to sign all non-claims related contracts and purchase orders, and 3) revise the single/sole source competitive bidding threshold in the Procurement policy from $50,000 to $200,000.

Attachments
Signature Authority Policy
Procurement Policy
County of Ventura – GSA Procurement Competitive Thresholds – Quick Reference

POLICY AND PROCEDURE	
TITLE: Signature Authority Policy	
DEPARTMENT: Finance	**POLICY #:** FI-005
EFFECTIVE DATE: 10/24/16	**REVIEW/REVISION DATE:** 1/26/22, 5/20/19
COMMITTEE APPROVAL DATE: 1/26/22	**RETIRE DATE:** N/A
PRODUCT TYPE: Medi-Cal	**REPLACES:** N/A
	CEO SIGNATURE:

I. Purpose

A. The purpose of this policy is to establish consistent company-wide control over accounts payable disbursements, wire transfers, purchases, and contractual commitments made on the behalf of GCHP that are non-claim related. It is essential that potential transactions have all required approvals prior to GCHP making a commitment with the associated vendor or other outside party.
B. This policy attempts to balance the need for corporate approval of transactions that could potentially have a material effect on GCHP as a whole against the need for departments to conduct their operations efficiently.

II. Background

A. Good internal controls require proper authorization of disbursement transactions to ensure that funds are expended in conformity with management's intentions.
B. Gold Coast Health Plan ("GCHP") grants specific levels of signature authority to certain employees to authorize and approve the commitment or expenditure of GCHP funds ("GCHP Commitments"). This policy is intended to ensure that any GCHP Commitment is properly authorized prior to being made.

III. Definitions

Signature: means written in the hand of the authorizing individual or an approved electronic signature format used in Workday. Signature stamps are not accepted.

IV. Scope

A. This policy is made on behalf of GCHP, applies to new transactions that will ultimately result in the use of GCHP assets. These transactions include, but are not limited to, purchase requisitions, check requests, purchase orders, contracts, leases, and capital expenditures – regardless of if such transactions were budgeted or unbudgeted. Exceptions include claims payments that are NOT processed and paid through GCHP accounts payable system; provider contracts and capitation contracts which are the responsibility of the associated Chief Officer to the extent they are routine and within budgetary expectations; payments of pass-through items designated by DHCS as available for disbursement to providers through various government programs. Invoice transactions that have been previously authorized by a requisition/purchase order do not require Signature Authority approval.

V. Policy Statement

A. GCHP's Finance Department is responsible for administering this policy. It is the responsibility of the requesting employee or business unit to obtain all necessary approvals prior to the issuance of a purchase order, signing of a contract, a capital expenditure, entering a lease agreement, etc. **No purchase orders should be issued, or contractual documents signed, or funds disbursed, until the required approvals have been obtained. Any revisions to this policy must be approved by the Ventura County Medi-Cal Managed Care Commission.**

Gold Coast Health Plan℠
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VI. Authorization Limits

A. The appropriate approval level is determined by the amount of the total transaction.
B. In situations where the appropriate level of management is not available for approval, the next higher level of management within the operating unit will apply. For control purposes, e-mails, should only be used in place of electronic signatures in Workday for urgent purchase order changes. Where the original document bears the original signatures, faxed/scanned copies are acceptable on an exception basis for urgent payment requests.
C. The proper level of authorization for transactions is defined as, "The signature of at least one employee with authorization for the related cost center and an Authorization Limit greater than or equal to the total amount of the transaction." Reference Table 1 below for the Authorization Limits.

VII. General Authorization:

A. Employees are identified with Authorization Limits up to a specified amount based on their job title within GCHP (e.g., Manager, Director, Chief, Ventura County Medi-Cal Managed Care Commission). General disbursement Authorization Limits are designated in Table1 below.

Table 1

The applicable General Authorization, as set forth in the following table, is based on the GCHP job level. **General Authorization is granted only to Procurement, Cardholders or Manager and above job levels.**

GENERAL AUTHORIZATION

Job Level	Authorization Limit
Ventura County Medi-Cal Managed Care Commission*	Over $300,000
Chief Executive Officer	Up to $300,000
Chief Financial Officer	All transactions over $150,000 and under $300,000
Department Chief	All transactions over $75,000 and up to $150,000
Department Director	Up to $75,000
Department Manager	Up to $25,000
Procurement Cardholders	Up to $10,000

*Note The Ventura County Medi-Cal Managed Care Commission may delegate approval to the Chief Executive Officer. All transactions associated with the

projects and contract renewals listed in GCHP's approved budget are hereby delegated to the Chief Executive Officer and do not require individual transactional approval from Ventura County Medi-Cal Managed Care Commission.

VIII. Delegation of Authority:

A. Authority to approve check requests or requisitions/purchase orders under this Signature Authority Policy may be temporarily delegated to another employee during periods of planned absences. Delegation must be to a direct report at a Manager or above job level. Delegation of authority is initiated in Workday, (GCHP's purchasing system).

B. Notwithstanding delegation, the responsibility for all actions remains with the originally authorized associate. At the time of signing any authorization to expend GCHP's funds, the employee to whom authority has been delegated must indicate on whose behalf the associate is exercising authority, i.e., "Joe Smith for Jane Doe."

IX. Contracts and Authorized Agents:

A. The Chief Financial Officer is GCHP's authorized agent to sign all non-claims-related contracts. Properly authorized requisitions/purchase orders from originating departments, serve as the internal authorization for the Chief Financial Officer to make external funding commitments with Vendors of administrative goods and services. The Chief Financial Officer may only temporarily delegate his/her authority to the Chief Executive Officer during periods of planned absences.

X. Legal Review of Contracts:

A. Where practical, all contractual negotiations should be initiated from legally pre-approved standard agreements. Circumstances may arise where standard contract templates are not applicable. In these situations, a standard contract template may be modified, or a different contract format may be used. In every situation, if there are changes to a legally pre-approved contract, the Legal Department must review and approve such changes. If the contract is a statement of work/service order/schedule against a pre-approved master agreement and the terms and conditions contained in the statement of work/service order/schedule do not conflict with the master agreement terms and conditions the Legal Department does not need to review the statement of work/service order/schedule.

XI. Attachments

A. N/A

XII. References

A. N/A

XIII. Revision History

STATUS	DATE REVISED	REVIEW DATE	REVISION SUMMARY
Approved		10/24/2016	VCMMC Commission
Approved		10/24/2016	Dale Villani, CEO
	5/20/2019		Robert Bushey, Procurement Officer
Approved		01/29/2020	Robert Franco, Compliance Director
		01/26/2022	Robert Bushey, Procurement Officer
Approved		02/16/2022	Robert Franco, Chief Compliance Officer

POLICY AND PROCEDURE	
TITLE: Procurement Policy	
DEPARTMENT: Finance	**POLICY #:** FI-002
EFFECTIVE DATE: 11/01/16	**REVIEW/REVISION DATE:** 1/26/22, 5/20/19
COMMITTEE APPROVAL DATE: 1/26/22	**RETIRE DATE:** N/A
PRODUCT TYPE: Medi-Cal	**REPLACES:** N/A
	CEO SIGNATURE:

I. Purpose

A. The purpose of this policy is to educate employees on the optimal methods to acquire goods and services.
B. This policy is also intended to recognize the importance of objective vendor selection, cost-effective and efficient procurement processes, fact-based analysis, and cross-functional decision making.

II. Policy Statement

A. Gold Coast Health Plan ("GCHP") utilizes a wide variety of goods and services provided by external Vendors. This policy supports GCHP's commitment to proactively control its cost base and ensures optimal value for GCHP in how goods and services are acquired in support of its business operations.
B. Purchases that do not adhere to GCHP's procurement procedures may:

1. Place the company at undue risk
2. Reduce the impact of preferred vendor agreements
3. Cause GCHP to incur higher transaction costs
4. Not leverage buyers' trade skills to objectively select Vendors and negotiate agreements.

C. All purchases are required to have proper levels of internal GCHP authorization in accordance with the Signature Authority Policy prior to making a commitment to a Vendor.

III. Scope

A. All goods and services obtained from external vendors are included within the scope of this policy.
B. This policy does not include the purchasing and contracting with healthcare providers involved in the actual delivery of healthcare services. Other exclusions include legal services, membership dues, grant agreements, sponsorships, employee benefits, utilities, insurance, business licenses and regulatory fees.

IV. Definitions

Buyer: Procurement department employees designated with buying authority for GCHP

Contracted Vendor: A contracted Vendor with a current Master Agreement that may include all security requirements, a Business Associate Agreement but *withou*t pre-negotiated pricing. Contracted Vendors should be used wherever possible to accelerate the order processing cycle time for all procurements under $200,000.

Order: An official, contractual commitment to a Vendor for goods and or services (ex. Purchase Order, signed contract, etc.)

Preferred Vendor: A Vendor with a current Master Agreement that may include all security requirements, a Business Associate Agreement and pre-negotiated enterprise-wide pricing.

Purchase Order: A Purchase Order is the authorized document issued to a Vendor for the purchase of goods and/or services. Purchase Orders are electronic and created by a Buyer from a Requisition in Workday. Prior to being disbursed to a Vendor, the Workday Purchase Order will electronically obtain all internal authorizations in accordance with the Signature Authority Policy.

Requestor: An employee of GCHP requesting the purchase of goods and/or services in Workday.

Requisition: An electronic requisition originated by a Requestor in Workday and submitted to a Buyer. The Requisition describes the goods and/or services being requested, the estimated cost the recommended Vendor and internal accounting codes.

Vendor: An external organization providing goods or services

Workday: GCHP's financial system. Modules include Strategic Sourcing, Contracts, Procurement, Accounts Payable, Budgeting and General Ledger. Workday Procurement functionality includes electronic requisitioning with automated workflow configured for every Purchase Order in accordance with the Signature Authority Policy.

V. Purchasing Considerations

A. Supplier Diversity

1. GCHP is committed to be a valuable member of the communities in which it operates. To that end, equal opportunity will be afforded to Women and Minority Business Enterprises (WMBEs) to participate with us as Vendors, contractors and subcontractors of goods and services.

B. Behavioral Standards of Procurement

1. Vendors are important assets to GCHP, as they both provide vital goods and services and represent potential customers. When dealing with Vendors, ALL GCHP employees must adhere to the ethical and legal standards for Vendor relationships as detailed in the Gold Coast Health Plan Ethics Policy, Policy Number: HR-006.
2. In addition to these standards, employees shall:
    a. Consider the interests of GCHP in all transactions and abide by its established policies
    b. Buy without prejudice, seeking to obtain the maximum ultimate value for each dollar of expenditure
    c. Subscribe to and work for honesty and truth in buying and selling, and report all forms and manifestations of commercial bribery
    d. Avoid sharp practice, which is best defined as presenting inflated quantity needs to a Vendor to obtain the lowest unit price (see Section V, E.

C. Conflict of interest

1. The Political Reform Act of 1974 prohibits an employee from making, participating in the making, or using their position to influence a company decision where it is reasonably foreseeable that the decision may have a financial effect on the employee's economic interests. Reference Exhibit B. To proactively avoid a potential conflict of interest, an employee participating in the strategic sourcing process may be required to sign a Conflict-of-Interest Compliance Certification in the form of Exhibit C.

D. Disclosure of Confidential Information

1. Employees must protect all confidential and privileged procurement-related information that has been entrusted to them. Although employees' fundamental responsibility is to protect GCHP, employees also have a responsibility to the Vendors and firms with whom GCHP does business. Employees must avoid statements that would injure or discredit a Vendor or divulge confidential information that would give an unfair advantage to specific Vendors who are involved in a competitive bidding process.

E. Misuse of Buying Power

1. Employees must not misapply the purchasing power represented by their ability to award orders to Vendors. It is unethical, for example, to obtain low pricing based on discussions of large volume when the intent is to buy only a small quantity. Under the Federal Robinson-Patman Act, it is unlawful for employees to induce or obtain more favorable prices, terms, or conditions of purchase than those available to competing buyers.

F. Unfair Buying Tactics

1. Unfair buying involves purchases made based on an associate's favoritism for a Vendor. Friendship cannot be a basis for placing an order. Orders must be placed based on predefined qualitative and quantitative factors, and practical consideration factors including cost, quality, risk, and service. Any buying decision that runs counter to these considerations puts the interest of GCHP second to the interest of the Vendor and is therefore improper.

G. Samples from Vendors

1. All samples are the property of GCHP and must not accrue to the personal benefit of any associate. Samples are defined as solicited or unsolicited products submitted to GCHP for the purpose of evaluation.

H. Policy Exceptions

1. Exceptions to this policy are provided under Section VI, H.

I. Internal Authorization to Enter Into Commitments with Vendors

1. Prior to making a commitment to a Vendor, all purchases are required to have proper levels of internal GCHP authorization in accordance with the Signature Authority Policy. Requisitions linked to Purchase Orders serve as the internal electronic authorization for GCHP to enter commitments with Vendors of administrative goods and services. For a Non-Standard Sourced Agreement, the Requestor is responsible for ensuring that the procurement is compliant with GCHP policy, including but not limited to, internal authorizations, privacy, and security policies.

J. Contracts and Legal Requirements

1. Where practical, all contractual negotiations should be initiated from legally pre-approved standard agreements. Circumstances may arise where standard contract templates are not applicable. In these situations, a standard contract template may be modified, or a different contract format may be used. In every situation, if there are changes to a legally pre-approved contract, the Legal Department must review the changes. If the contract is a statement of work/service order/schedule against a pre-approved master agreement and the terms and conditions contained in the statement of work/service order/schedule do not conflict with the master agreement terms and conditions, the Legal Department does not need to review the statement of work/service order/schedule.
2. Once a contract has been signed, Procurement will maintain a repository of all contracts and manage activities. Such activities are to include but are not limited to expiration date notification, renewals, posting new contracts to the repository, and monitoring contract compliance.

K. Purchase Orders, Invoices, and Payments

1. Upon delivery of the good and/or service from an approved Purchase Order, the Vendor will issue an invoice to GCHP's Accounts Payable department referencing the associated Purchase Order number. Using Workday, Accounts Payable will electronically send the invoice to the Requestor for review. The Requestor is responsible for performing all receiving in the form of approving an invoice. Approving the invoice confirms that the quantity of goods or services listed on the invoice was rendered at the unit cost and at or below (below for partial delivery) the quantity listed on the associated line item of the Purchase Order. Once the invoice is approved the goods and/or services are then paid against the Purchase Order by Accounts Payable.

L. Change Orders to Goods or Services Already Procured

1. Change orders are required when Requestors want to make changes to existing Purchase Orders, or when goods and/or services are no longer required. Whenever possible, change orders for additional goods and/or services should be anticipated when initially drafting an agreement through the inclusion of renewal terms and predetermined extension pricing.
2. Change order requests require approval based on the authorization limits provided in the Signature Authority policy. The approval amount is the initial Purchase Order amount plus or minus all subsequent changes. Upon receiving the change order Requisition, the responsible Buyer updates the associated Purchase Order to reflect the new changes. Change orders are not intended to compensate for significant changes in scope or to start a new project with an incumbent Vendor.

M. Procurement Service Levels

1. Requests should be initiated with Procurement as soon as the needs arise using the Sourcing Intake Form noted in Section VI, A. Project durations for ad-hoc strategic sourcing projects range from ten to twenty-four weeks, based on the scope and complexity of the sourcing initiative. Factors specific to the project will be taken into consideration when establishing work plans and estimating project duration.

VI. Process for Acquiring Goods and Services

GCHP's process for acquiring goods and services outlined below ensures that Procurement can deliver the most cost effective and efficient purchasing strategy for its customers, while simultaneously adhering to our company's guiding

principles and obligations as a public company. Failure to comply with these purchasing processes as outlined can result in serious consequences as outlined in Section II, B of this policy.

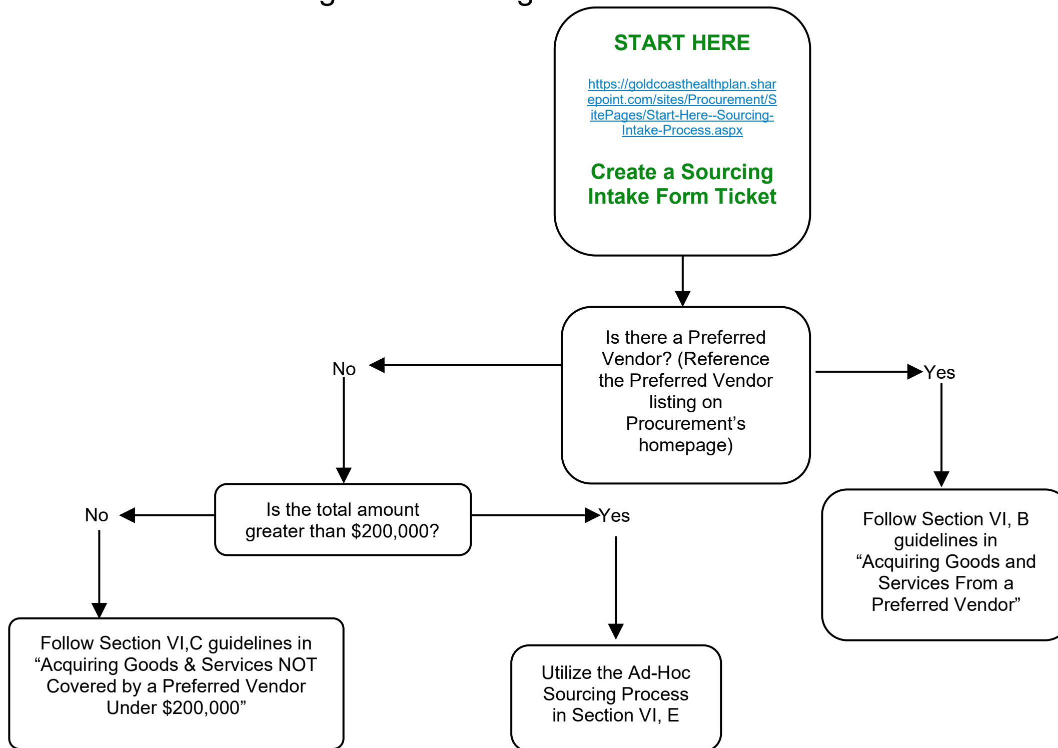
GCHP's procurement procedures ensure the purchase of goods and services from external Vendors who provide the most cost effective, technically capable solution with favorable terms and conditions. Procurement seeks to pool GCHP-wide demand volume, reduce the number of Vendors, and to standardize goods and services.

This section provides a description of the procedures that employees should follow when requisitioning goods and services and requesting change orders to existing purchase orders.

A. Acquiring Goods and Services

1. Start your procurement by creating a Sourcing Intake Form located on the SharePoint Procurement homepage: https://goldcoasthealthplan.sharepoint.com/sites/Procurement/SitePages/Start-Here--Sourcing-Intake-Process.aspx
2. The Sourcing Intake Form ticket will automatically route the customer through the bidding process listed below.

Figure 1: Bidding Determination Process



B. Acquiring Goods and Services from a Preferred Vendor

1. Procurement establishes legally approved Master Agreements with Preferred Vendors that if applicable, will include privacy and security requirements, including a Security Risk Assessment and Business Associate Agreement. These Preferred Vendor agreements may also contain enterprise-wide pre-negotiated pricing. Preferred Vendors are reviewed and updated regularly based on strategic sourcing projects and the evaluation of work performed. The only exception to this review practice is the immediate substitution or removal of a Preferred Vendor for the following reasons:

   a. Instability of a Vendor
   b. Regulatory requirements
   c. Unethical business practices
   d. Direct or indirect competition with a GCHP business
   e. Vendor is acquired by others

2. The Preferred Vendor list is published in the Sourcing Intake Form located in the Procurement homepage section on SharePoint. The use of these Vendors will significantly reduce GCHP's administrative costs through reduced procurement cycle-time, reduced risk through legally approved contracts, and utilization of enterprise-wide demand for lower negotiated pricing. Using a Preferred Vendor over contracting with a new Vendor will provide faster and overall better customer experience.

C. Acquiring Goods & Services NOT Covered by a Preferred Vendor under $200,000

1. Goods and services that are not available through a Preferred Vendor and that total less than $200,000 may not need to go through the strategic sourcing process discussed in Section VI, E below.
2. Instead, for procurements less than $200.000 requestors should create a Sourcing Intake Form and leverage a Contracted Vendor wherever possible. If a Contracted Vendor is not available, then Procurement will work with the requestor to establish a contract. NOTE: The cycle time for Procurement to finalize a contract with legal may take up to three, (3) months.

D. Acquiring Goods & Services NOT Covered by a Preferred or Contracted Vendor That Total $200,000 or More

1. Procurements requiring goods and services totaling $200,000 or more that are not covered by a Preferred or Contracted Vendor, must utilize the ad-hoc strategic sourcing process discussed in Section E below. Anytime during the ad-hoc strategic sourcing process, the Requestor may submit a Requisition from Workday describing the goods or services being procured.
2. NOTE: The cycle time for Procurement to finalize this process and negotiate a contract with legal may take up to six, (6) months.

E. Strategic Sourcing Process

Strategic sourcing is an objective, fact-based process that utilizes an assembled Sourcing Team (that includes end user representatives) to define sourcing requirements and to select the Vendors that offer GCHP the best overall value. There are two types of strategically sourced scenarios:

1. Ad-Hoc Purchase:

   One time / non-recurring purchase

   Team size and composition determined by Requestor

   Follows process outlined in Figure 2.

2. Repetitive Purchase:

   Recurring purchases used to consolidate companywide demand for goods or services and establish preferred vendors

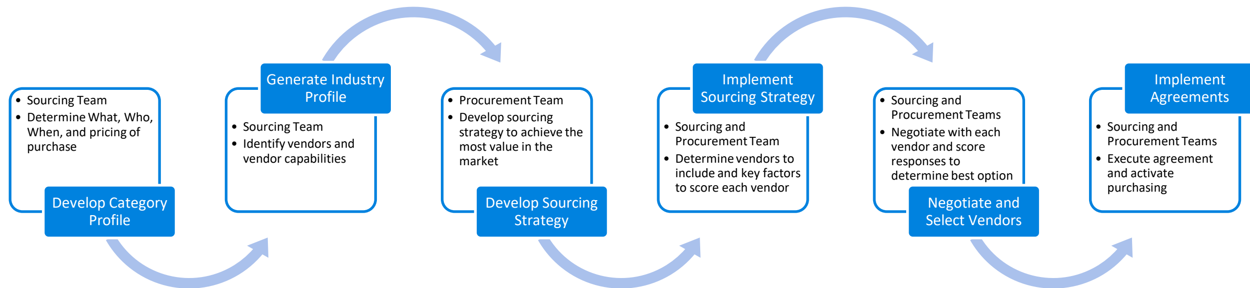
   Team composition includes key business owners throughout organization and determined by Procurement

   Follows process outlined in Figure 2.

Procurement is the primary department to distribute Requests For Proposal (RFP) and Requests For Quote (RFQ).

The following six strategic sourcing steps are the same for both the ad-hoc purchase and repetitive sourcing scenarios. However, the steps are expedited (“fast tracked”) for the ad-hoc purchase scenario.

Figure 2: Strategic Sourcing Process



F. Single or Sole Source

1. If there is only a single or sole source for the goods or services where the total purchase amount exceeds $200,000, documentation shall be kept on file to substantiate the following:

   a. Why the selected product and/or Vendor was chosen.
   b. What the unique performance factors of the selected product/service are.
   c. Why the specific factors are required.
   d. Other products/services examined and rejected and the reasons they were rejected.
   e. Why other sources providing like goods or services were found to be unacceptable.

G. Government Contracts

1. If eligible, GCHP may enroll in pre-negotiated state and municipal agreements. These agreements leverage much larger volume and may include price discounts and favorable terms and conditions that may not be available directly to GCHP. By enrolling in these agreements, GCHP does not need to use the strategic sourcing process to establish market competition and by default, the Vendors of these agreements become a Preferred Vendor.

H. Customer Directed Purchase

1. There may be legitimate business reasons to acquire goods and services without using the services of Procurement. If Procurement is not fully engaged in the full spectrum of the process, the Requestor shall acknowledge that they have performed the appropriate process to protect the company from any undue risk and that they have elected to not utilize an existing Preferred Vendor. These exceptions shall be tracked and reported to senior management as a "Customer Directed Purchase." Where these exceptions occur, the Chief of the Requester's department must complete and sign the Customer Directed Purchase Exception Form attached as Exhibit A, prior to any purchase of goods or services. If the Customer Directed Purchase is already executed by the Requestor, Procurement will file and retain the contract record in the department's contract repository. If a Customer Directed Purchase Exception Form is completed prior to contract execution, Procurement will route the contract for execution and retain the contract record in the department's contract repository.
2. **NOTE: Employees should not sign contracts, GCHP's Chief Financial Officer is the ONLY authorized agent to execute non-claims-related agreements.**

VII. RESPONSIBILITIES

A. Departments and Employees (Requestors)

1. Obtain all proper authorized approvals
2. Adhere to GCHP's ethical standards and legal requirements when dealing with Vendors.
3. Obtain goods and services in conformance with this policy.
4. Management approves the Purchase Order in accordance with their respective Authority levels provided in the Signature Authority Policy.
5. When required, work with Procurement to establish Sourcing Teams for goods and services obtained through GCHP's Ad-hoc purchase Sourcing process, including developing RFx's participating in Vendor proposal evaluation scoring and negotiations.
6. Abide with Vendor selection results based on pre-defined qualitative and quantitative factors.
7. Escalate disagreements on the outcome of the sourcing selection process to the Chief and Procurement Director level.

8. Receive goods and/or services through invoice review and approval, if necessary.
9. Communicate any order issues to the responsible Buyer.
10. Initiate Change Orders and obtain proper authorized approval.

B. Procurement

1. Adhere to GCHP's ethical standards and legal requirements when dealing with Vendors.
2. Initiate and conduct the Vendor selection process for repetitively sourced goods and services. Facilitate Requestors obtaining goods and services through the ad-hoc purchase sourcing process.
3. Review the Requisition for completeness and create the associated Purchase Order in accordance with each party's contractual understanding.
4. When appropriate, make recommendations and suggest alternatives regarding the goods and services requested.
5. Work with Requestors involved in the sourcing process to develop a TCO model, sourcing strategy, RFP and RFQ (if appropriate).
6. Manage all Vendor relationships and communications, including distribution of RFx's.
7. Research Vendor base and assist Requestors with Vendor selection for RFx's.
8. Initiate, conduct and conclude negotiations leading to the acquisition of all goods and services.
9. Work with Requestors and Vendors to resolve issues.
10. Review change orders for completeness and best practices.
11. Update Purchase Orders to reflect changes requested in the approved change orders.
12. Periodically reassess Preferred Vendor relationships.
13. Monitor compliance with this policy.
14. Handle unsolicited Vendor inquiries.
15. The Procurement Director gets involved in resolving Requestor disagreements regarding the final outcome of the sourcing selection process.

C. Legal Department

1. Reviews and approves alterations or amendments to the terms and conditions of GCHP's purchase orders or standard templates as well as all other types of agreements.

D. Accounts Payable

1. Redirects payment requests that do not follow the procedures outlined in this policy.
2. Pays invoices against Purchase Orders after proper invoice review and approval by the Requestor.

VIII. Attachments

A. N/A

IX. References

A. N/A

X. Revision History

STATUS	DATE REVISED	REVIEW DATE	REVISION SUMMARY
Reviewed	5/20/19	5/20/19	Robert Bushey
		01/29/2020	Robert Franco, Compliance Officer
Approved		02/09/2021	Robert Bushey, Procurement Officer
Approved		02/09/2021	PRC
		01/26/2022	Robert Bushey, Procurement Officer
Approved		02/16/2022	Robert Franco, Chief Compliance Officer

Gold Coast Health Plan Approval: Signatures on File in C360

Exhibit A

Customer Directed Purchase Exception Form

Requestor:					
Name:		Phone:		Date:	
Department Name:		email:			
Vendor or Contract:					
Acknowledgement					

- Requestor acknowledge that they have assumed the responsibility of protecting GCHP from any undue risk (i.e., business, legal, information security, and privacy).
- Requestor acknowledge that they have elected to not use the services of Procurement prior to making a financial commitment.

  and /or

- Requestor acknowledge that they have elected to not utilize an existing Contracted or Preferred Vendor.

Acceptance
I understand and accept the acknowledgements in this Customer Directed Purchase Exception Form. I also acknowledge that I understand the Purchasing Policy which can be found in GCHP's Compliance 360 Policy Library.

Name:	Title:	Date:	Signature:

Exhibit B

**CONFLICT OF INTEREST CODE FOR
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION
dba Gold Coast Health Plan**

The Political Reform Act, Government Code section 81000 et seq., requires local government agencies to adopt and promulgate Conflict of Interest Codes. The Fair Political Practices Commission has adopted a regulation (Cal. Code Regs. Title 2 § 18730) which contains the terms of a standard Conflict of Interest Code ("Standard Code..."), which may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act after public notice and hearings.

The terms or California Code of Regulations, Title 2, section §18730 and any amendment to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference as the Conflict of Interest Code for the Ventura County Medi-Cal Managed Care Commission ("VCMMCC"), and along with the designated positions requiring disclosure, constitute the Conflict of Interest Code of the VCMMCC dba Gold Coast Health Plan (the "Code").

Pursuant to Section 4 of the Standard Code and Government Code section § 87500. subd. (j) and (o), people holding a designated positions described below shall file originals of their statements or economic interests with the VCMMCC. With respect to the statements for each Commission Member and for the Chief Executive Officer, VCMMCC shall retain copies thereof and forward the originals to the Clerk of the Ventura County Board of Supervisors (unless VCMMCC is instructed otherwise). For all other persons holding the designated positions described below. VCMMCC shall retain the originals of such statements.

This Code establishes no additional filing requirements for public officials specified by Government Code section § 87200 if they are designated in this Code in that same capacity or if the geographical jurisdiction of the VCMMCC is the same as or is wholly included within the jurisdiction in which those persons must report their economic interest pursuant to Government Code sections § 87200, et seq.

A person holding a designated position with an assigned disclosure category shall:
(i) submit an initial statement of economic interest" within 30 days after the effective date of this Code and (ii) file annual statements of economic interest and other required statements pursuant to Section 5 of the Code as set forth in California Code of Regulations. title 2 section § 18730. Such statements shall be available for public inspection and reproduction as required by law, (Government Code Section § 81008).

Gold Coast Health Plan
A Public Entity

Exhibit C

CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENT

Project Name: ________________________________

RFP ID#: ________________________________

I certify that I have no personal or financial interest and no present or past employment or activity which would be incompatible with my participation in any activity related to the planning or procurement processes for the above-mentioned project. For the purpose of this certification, having a “financial interest” includes:

a. Having an investment interest of $2,000 or more in a bidder/proposer.
b. Having an ownership or leasehold interest of $2,000 or more in a bidder/proposer’s real property.
c. Receiving income or promised income aggregating to $500 or more in the previous 12 months from a bidder/proposer.
d. Receiving gifts aggregating to $460 or more in the previous 12 months from a bidder/proposer.

Financial interests include the community property interest in the investment, real property interest, income or gift, of my spouse or registered domestic partner. I will not acquire any personal or financial interest in any bidder or proposer without first disclosing the interest to Gold Coast Health Plan. I understand that it is my responsibility to comply with all State laws and Gold Coast Health Plan rules relates to ethics and conflicts of interest.

I certify that I will keep confidential and secure and will not copy, give or otherwise disclose any confidential information concerning the planning, processes, development or procedures of the Project which I learn in the course of my duties on the Project (“Project Information”) to any external party, except as authorized by the Procurement Lead. Project Information may be disclosed to other GCHP workforce members on a need-to-know basis. I understand that Project Information includes, but is not limited to, specifications, administrative requirements, and terms and conditions, and includes concepts and discussions as well as written or electronic materials. I understand that if I leave this Project before it ends, I must still keep all Information confidential. I agree to follow any instructions provided by the Procurement Lead relating to the confidentiality of Project Information.

I fully understand that any unauthorized disclosure I make may be a basis for disciplinary action, including dismissal. I agree to advise the Procurement Lead immediately in the event that I either learn or have reason to believe that any person who has access to Project confidential information has or intends to improperly disclose that information.

Printed Name:_________________________ Title:___________________________

Organization: _________________________ Telephone No.__________________

Signature:____________________________ Date:__________________________

County of Ventura - GSA Procurement

Competitive Thresholds Quick Reference

http://gsa.countyofventura.org/bid

Bid Threshold	$1 - $25,000	$25,001 - $200,000	$200,001 & over	Board Approval
Products	**Administrative Process** Collect verbal or written quotes use own selection process.	**3 Written Quotations**	**RFB/RFP/RFQ** Formal bidding through procurement required	**Not Required**
Services* *IT projects and SAAS same as services - Please refer to GSA Procurement Guide for more information.	**Administrative Process** Collect verbal or written quotes use own selection process.	**Quotation** **Document reasonablness of cost. Over $60,000 buyer shall require quotes, price analysis, or other research demonstrating valid cost of services.**	**RFB/RFP/RFQ** Formal bidding through procurement required	**Required, if over $200,000**

Bid Threshold	$1 - $25,000	$25,001 - $200,000	$200,001 & over	Board Approval
Maintenance	**Administrative Process** Collect verbal or written quote use own selection process.	**3 Written Quotations**	**RFB/RFP/RFQ** Formal bidding through procurement required	**Required, if over $200,000**

Bid Threshold	$1 - $75,000	$75,001 - $200,000	$200,001 & over
Public Projects/ Improvements (CUPCCAA)	**Administrative Process** Collect verbal or written quotes use own selection process.	**3 Written Quotations**	**Contact Public Works** Formal Bidding through Public Works Agency and BOS approval

Bid Threshold	$1 - $65,000	$65,001 & over
Professional Services A&E **(Architect & Engineering)**	Qualifications-based selection required; A&E Contract required	**Contact Public Works** Formal Bidding through Public Works Agency and BOS approval

Bid Threshold	$1 - $14,999	$15,000 & over	$25,000 & over
Prevailing Wage Thresholds Project Registration with Dept of Industrial Relations **(DIR)**	**Vendor Monitored** Construction, Repair, Installation, Maintenance	**Maintenance** greater than $15,000 Public Facility	**Construction** greater than $25,000 Public Facility

EXCEPTIONS TO BIDDING REQUIREMENTS

Emergencies
Sole Source
Piggyback, Cooperative
Used Equipment
Buying from other Government Agency
Medical Services
Legal Services
Utilities

DEPARTMENT'S RESPONSIBILITIES:

Provide 3rd party approvals where applicable - i.e. HR, ITSD, ITC (for IT projects over $50,000)
Make only authorized purchases.
Obtain purchase orders before buying.
Submit requisitions to Procurement Services in a timely manner.
Communicate procurement needs openly and clearly to Procurement Services.
Provide generic or non-proprietary specifications with each requisition.
Process vendor invoices in a timely manner.

5/1/2025 rev.1

Gold Coast Health Plan[SM]
A Public Entity

AGENDA ITEM NO. 4

TO: Gold Coast Health Plan Commission

FROM: Felix Nunez, Chief Executive Officer

DATE: May 18, 2026

SUBJECT: Advance Payment Agreement to County of Ventura

Summary and Background

Gold Coast Health Plan (GCHP) management seeks Commission approval an advance payment to the Ventura County Health Care Agency (VCHCA). This Advance Payment Agreement (APA) would be effective June 26, 2026. The APA would specify terms for a payment in the amount of thirty million dollars ($30,000,000.00) made by GCHP to the County of Ventura as a payment made in advance of VCHCA services to be performed pursuant to the primary care provider, specialist, and hospital Provider Agreements and GCHP's complete processing of applicable claims. This funding is allowable for reasons stated below, including that it is to a governmental entity for the public purpose of supporting the continued operation and viability of a Safety Net Provider, which is essential to the ability of GCHP to provide an adequate network for its members.

The APA details an Advance Payment that would be repaid by September 30, 2026. The Advance Payment would support VCHCA's critical operational expenses and is necessary due to a cash flow strain impacted by delays in supplemental funding reimbursement from the State of California.

Both the Executive Finance Committee and Commission discussed this request at their April meetings, and it was the direction of both to discuss additional terms with the County and bring the request back to the Executive Finance Committee and Commission in May. The Executive Finance Committee meeting was scheduled for May 13, 2026, after this staff report was drafted. GCHP Staff will update the Commission on the Executive Finance Committee's recommendation on May 14, 2026, the day after that meeting.

GCHP staff and the VCHCA staff meet on May 7 to discuss the Advance Agreement and have agreed in principle to the following:

Major terms of the APA are as follows:

- An Advance Payment would be made on June 26, 2026.
- The funds will be repaid by September 30, 2026.
- If the advance payment has not been fully repaid by September 30, 2026, GCHP may offset any unpaid amount against capitation payments, fee-for-service payments relating

to claims submitted or processed for payment, or any other amounts due to VCHCA for subsequent months at the rate of $10,000,000 a month.

- The parties agreed to collaborate on strategic planning activities with the goal of improving and advancing health in the County of Ventura, including the Santa Clara River Valley.
- The parties agree on good standing language which generally, with some exceptions, provides that the County would be in good standing with federal and California legal requirements that relate to the County as a network provider and not engage in litigation against the Plan during the term of the Advance Payment Agreement. GCHP staff is not recommending requiring an administrative fee to reimburse GCHP for the additional costs of administering this Advance Payment to demonstrate its partnership with the County. Should Executive Finance Committee recommend and the Commission decide to impose such a fee, a fee in the amount $189,440 is what GCHP staff recommends imposing.

This Advance Payment Funding Agreement does not constitute a gift of public funds because (1) the funds advanced will be fully recouped within five months as described above, and (2) the advance payment would allow the County to continue to deliver medical care without disruption, promotes the long-term viability of the provider network and will help maintain member satisfaction. (Cal Const art XVI, Section 6, *City and County of San Francisco* (1932) 216 C 187, 193), and further such funding further serves a purpose of GCHP, the donor agency. (*Golden Gate Bridge & Hwy. Dist. v. Luehring*, 4 Cal.App.3d 204 (1970).)

This request for an advance on capitation and claims payments is specifically within the authority and purpose of the Commission. The statutory purpose of the Commission is to “meet the problems of the delivery of publicly assisted medical care in the county and to demonstrate ways of promoting quality care and cost efficiency.” (Welf. & Inst. Code §14087.53.) The County Board of Supervisors ordinance establishing the Commission requires the Commission to, among other things, implement “reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of ‘Safety Net’ providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics” (Ord. 4613, Art. 6, 1380-4(c).). GCHP’s bylaws provide that the Commission shall deliver “medical care via a contracted provider network that will improve access to primary, specialty and ancillary services, …[incorporate] a plan of service delivery and [implement] reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system [and]…implement programs and procedures to ensure a high level of member satisfaction.”

Financial Impact

The Advance Payment will result in a temporary reduction in GCHP’s reserves.

Recommendation

GCHP staff recommends that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute an Advance Payment Agreement in the amount of $30,000,000 with the County of Ventura.

Gold Coast Health Plan[SM]
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Jeff Register, Interim Chief Financial Officer / Controller

DATE: May 18, 2026

SUBJECT: April Year-To-Date Financials

VERBAL PRESENTATION

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

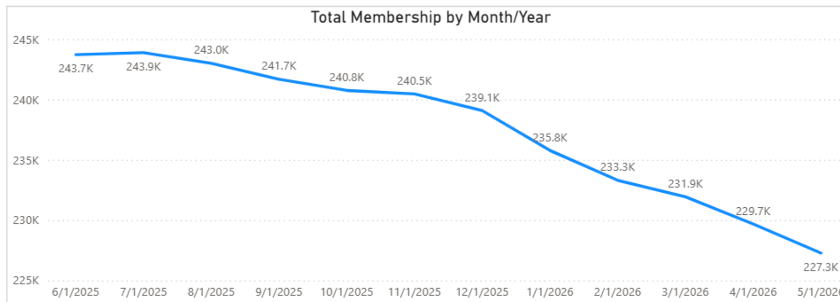
FROM: Felix Nunez, MD, Chief Executive Officer

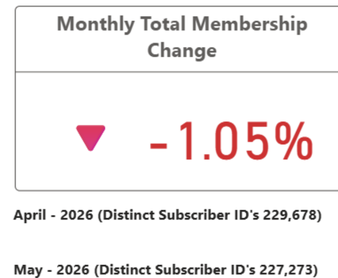
DATE: May 18, 2026

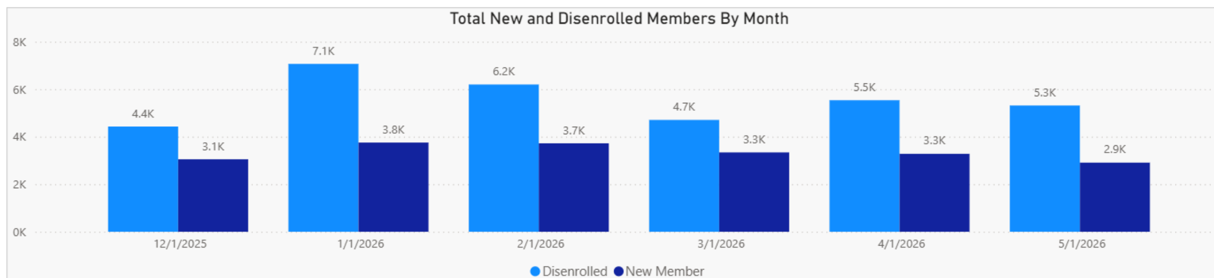
SUBJECT: Chief Executive Officer (CEO) Report

Chief Executive Officer (CEO) Update

The downward trend for membership continues. As of May 1, 2026, Gold Coast Health Plan (GCHP) has 227,273 members. GCHP lost 5,314 members and gained 2,909 new members, leading to a net loss of 2,405 members.







We are in the process of hiring temporary staff specifically focused on making outbound calls to members to support them with their renewals. This team will also be making calls to members who have entered the grace period and are at risk of losing their coverage. In addition to answering questions and providing members with updates on the Medi-Cal program, these staff members will be trained and certified to assist members with completion of the application in coordination with Ventura County Human Services Agency.

In addition to our internally focused efforts to retain membership, we continue with our efforts to bring together countywide stakeholders to pool resources and align strategies to mitigate the devastating effects of H.R. 1. Our Coalition has met twice in-person at the GCHP office to frame the challenges faced by our members and the threats to the entire county healthcare infrastructure. We are now beginning to form our Coalition workgroups, which will focus on:

1. Advocacy
2. Outreach and Education
3. Direct Member Engagement

These workgroups will develop strategies to meet enrollment goals and objectives set by the Coalition. Coalition members will be assigned to workgroups in May, and meetings will begin in June. We will continue to welcome participation in the Coalition and will provide updates on goals and workplans on a regular cadence.

Trade association meetings

As mentioned in last month's update, I attended two trade association meetings in April in an effort to stay connected to and aligned with other health plan leaders on healthcare advocacy efforts.

At the Local Health Plans of California (LHPC) board meeting on April 20, 2026, in Sacramento, we had the opportunity to meet with Michelle Baass, director of the state Department of Health Care Services (DHCS). We discussed our collective concerns about decreasing membership and reviewed the state's strategy to keep members enrolled. We spent time going over the details of the medical frailty exemption for the work requirement, which is still being developed. Director Baass emphasized the need for health plans to amplify the work that DHCS is doing and glean as much local data as possible – including which members are likely to re-enroll on their own vs. who needs assistance – to guide outreach efforts. She reaffirmed the approach health plans like GCHP are taking to create health care coalitions to mitigate the impacts of H.R. 1 on their communities. We also talked about rates and the need for them to reflect the actual costs that health plans are incurring. There was additionally some discussion on planning for continued coverage of the population with Unsatisfactory Immigration Status (UIS).

The Association for Community Affiliated Plans (ACAP) CEO meeting was held in Berkeley on April 21-22, 2026. Because this meeting includes a broader group of leaders from health plans throughout the country, it was a great opportunity to hear about the strategies other health plans are deploying to navigate the changes to the Medicaid program. Approaches to outreach and education were similar among the plans, with most being in the early stages of those efforts. The importance of coalition work was reaffirmed, with recommendations for broad inclusion among community groups like faith-based organizations and local relief agencies. Several health plan leaders shared that they are building resilience by introducing other lines of business to diversify funding sources, which is something we are exploring.

It is important to note that while H.R. 1 will impact health plans throughout the county, no other state has the scale that California does. Having members with unsatisfactory immigration status (UIS) is also unique to a few states, including California.

We will be continuing our advocacy through both LHPC and ACAP.

State budget

We are anticipating the release of the revision of the state budget, known as the May Revise. It reconciles Governor Gavin Newsom's January budget proposal with updated economic forecasts. Due to the timing of the release, I will be providing a verbal update during the Commission meeting on changes to healthcare funding that could impact the Medi-Cal program.

I. <u>Plan Operations</u>

A. Delegation Oversight

Gold Coast Health Plan (GCHP) is contractually required to perform oversight of all functions delegated through subcontracting arrangements. Oversight includes, but is not limited to:

- Monitoring / reviewing routine submissions from subcontractors
- Conducting onsite audits
- Issuing a corrective action plan (CAP) when deficiencies are identified

**Ongoing monitoring denotes the delegate is not making progress on a CAP issued and/or audit results were unsatisfactory. GCHP is required to monitor the delegate closely, as it is a risk to GCHP when delegates do not comply.*

Compliance monitors all CAPs. GCHP's goal is to ensure delegates achieve and sustain compliance. It is a state Department of Health Care Services (DHCS) requirement for GCHP to hold all delegates accountable. The oversight activities GCHP conducts are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, audits conducted, and CAPs issued by GCHP during the audit period. DHCS emphasizes the high level of responsibility plans have in the oversight of their delegates.

The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through April 30, 2026.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2026 Q3 & Q4 Call Center Audit	Open	4/3/2026	Under CAP	N/A
Carelon	2025 Annual Audit Utilization Management (UM) Quality Improvement (QI), Network Management (NET), Cultural & Linguistics (C&L), Member Experience (ME)	Closed	10/6/2025	3/19/2026	N/A
Carelon	2025 Q3 & Q4 Utilization Management (UM) and G&A (Grievance and Appeals) File Audit	Open	2/27/2026	Under CAP	N/A
Carenet	2025 Focused Call Center Nurse Advice Line	Open	1/28/2026	Under CAP	N/A
Vision Service Plan (VSP)	2025 Annual Claims Audit	Open	1/6/2026	Under CAP	N/A
VSP	2025 Q4 Claims Audit	Open	3/24/2026	Under CAP	N/A
Ventura Transit System (VTS)	2026 Annual P&Ps, NMT/NEMT CC, D2D, Driver CR, Vehicle CR, DS	Open	4/22/2026	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VTS	2025 Annual Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) Vehicle Audit	Open	1/8/2026	Under CAP	N/A
VTS	Pre-delegation D-SNP Social Transportation Benefit Audit	Open	3/20/2026	Under CAP	N/A
Wellth	2026 Population Health Management (PHM) Annual Audit	Open	3/25/2026	Under CAP	N/A
Privacy and Security CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
N/A	N/A	N/A	N/A	N/A	N/A
Operational CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
Clinicas del Camino Real (CDCR)	Claims Timeliness	Open	4/22/2025	Open	Q1 2026: Metrics of 90% in 30 days not met. 45 days not met for Q1 of 2026.

RECOMMENDATION:

Receive and file.