Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

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

Regular Meeting
Monday, August 25, 2025 5:00 p.m. Closed Session
6:00 p.m. Open Session

Meeting Location: Roberto S. Juarez Health Center / Conference Room
2100 Statham Blvd
Oxnard, CA 93033

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

Conference Call Number: 1-805-324-7279
Conference ID Number: : 402 230 175#

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

Los Robles Hospital
215 W. Janss Road
Thousand Oaks, CA91360

Community Memorial Hospital
147 N. Brent Street
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

CLOSED SESSION

1. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION**
   (Paragraph (1) of subdivision (d) of Section 54956.9)
   Name of Case: California Retina Consultants v. Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan

2. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**
   Significant Exposure to Litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9 One case
   Gold Coast Health Plan has received a written communication that, on the advice of counsel, and based on the facts and circumstances regarding such correspondence, creates a significant exposure to litigation. A copy of the written communication is attached to this agenda.

3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**
   Initiation of Litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One Case.

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

4. **Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of June 30, 2025 and Special meeting minutes of August 6,2025.**

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

   RECOMMENDATION: Approve the minutes as presented.

5. Written Summary of Quality Improvement and Health Equity Committee Activities – Q2 2025

Staff: James Cruz, MD, Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Executive Director of Quality Improvement

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the Quarter 2, 2025 Quality Improvement and Health Equity Committee summary.

PRESENTATIONS

6. Community Needs Assessment

Staff: Erik Cho, Chief Policy & Programs Officer
Pauline Preciado, Executive Director of Population Health
Erin Slack, Senior Manager, Population Health

RECOMMENDATION: Receive and file the presentation

7. Gold Coast's Health Equity Strategy for 2025-2026

Staff: Pshyra Jones, Executive Director of Health Equity

RECOMMENDATION: Receive and file the presentation

8. Quality Improvement & Health Equity Committee 2025 Second Quarter Report

Staff: James Cruz, MD, Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Executive Director of Quality Improvement

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

9. Federal and State Policy / Advocacy Update

Staff: Felix L. Nunez, M.D., Chief Executive Officer
Marlen Torres, Chief Member Experience & External Affairs Officer

RECOMMENDATION: Approve GCHP's Legislative Platform for the remainder of 2025 to allow GCHP to strategically prioritize and drive its advocacy efforts. Necessary revisions will be made by the CMMEA at the beginning of the new calendar year and annually thereafter and presented to the Commission.

10. Amendment to Advance Payment Agreement with Ventura County

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

RECOMMENDATION: Staff recommends that the Commission authorize the CEO to execute Amendment 1 to the advance payment agreement with Ventura County.

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., Acting Chief Medical Officer

RECOMMENDATION: Receive and file the report

13. Human Resources (H.R.) Report

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance Officer

RECOMMENDATION: Receive and file the report

ADJOURNMENT

The next meeting will be on held on the next meeting will be on held on September 22, 2025 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.

LOWTHORP RICHARDS

300 E. ESPLANADE DRIVE, SUITE 850
OXNARD, CA 93036
PHONE: 805.981.8555
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SETH P. SHAPIRO
ATTORNEY AT LAW
E-MAIL: sshapiro@lrmmt.com

June 11, 2025

Sent Via FedEx

U. S. Mail / Email
fnunez@goldchp.org

Felix Nunez, M.D.
Gold Coast Health Plan
711 E. Daily Drive, Suite 106
Camarillo, CA 93010-6082

Re: Ventura Orthopedics Medical Group, Inc.
Termination of Health Care Services Agreement

Dear Dr. Nunez:

This office represents Ventura Orthopedics Medical Group, Inc., a California corporation (hereinafter "Ventura Ortho"). The purpose of this letter is to give Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan ("Gold Coast") formal written notice that Ventura Ortho is terminating that certain agreement for physician and physical therapy services titled Health Care Services Agreement effective March 1, 2022, as amended (the "HCSA") due to Gold Coast's material breach of the HCSA.

Paragraph 8.5 of the HCSA provides in pertinent part that:

> In the event of a material breach by either party ... the non-breaching party may terminate this Agreement upon twenty (20) days written notice to the breaching party setting forth the reasons for such termination; provided, however, that if the breaching party cures such breach during the twenty (20) day period, then this Agreement will not be terminated because of such breach unless the breach is not subject to cure.

This termination will be effective twenty (20) days after Gold Coast's receipt of this notice pursuant to paragraph 8.5 of the HCSA unless Gold Coast cures the breach discussed in further detail below.

As has been discussed at length between the parties over the past several months, Gold Coast has failed, and continues to fail, to reimburse Ventura Orthopedics Medical Group correctly pursuant to the terms of the HCSA. More specifically, Section 5.4.1 of the HCSA provides that GCHP must pay Ventura Ortho for clean claims within 30 days of

submission. Gold Coast has failed to properly reimburse Ventura Ortho for thousands of clean claims within 30 days of submission. As of April 30, 2025, Gold Coast has failed to make full payment for at least 6,131 claimsin the total amount of $719,659 for services pursuant to the terms of the HCSA.[1] GCHP has also failed to provide a full claim-by-claim reconciliation of claims processed, claims paid and amounts recouped in settlement of the Advance Payment Agreement. Ventura Ortho is unable to determine the exact amount owed until that reconciliation is provided as required by section 5.1.4 of the HCSA.

Please be advised that if the foregoing breach is not cured within twenty (20) days of Gold Coast's receipt of this notice, the HCSA will be terminated and Ventura Ortho will not schedule any new patient clinic visits, perform any elective surgeries, or schedule any new therapy visits for Gold Coast patients. All scheduled visits for new patients or existing patients with new issues will be cancelled. Notwithstanding the forgoing, pursuant to Section 8.6 of the HCSA, Ventura Ortho will, at Gold Coast's option, continue to provide Covered Services to patients who are currently under the care of Ventura Ortho at the time of termination until the services being rendered to the patients by Ventura Ortho are completed, unless Gold Coast has made appropriate provision for the assumption of such services by another physician and/or provider.

Very Truly Yours,

LOWTHORP RICHARDS, LLP

Seth P. Shapiro

SPS:laj
cc: BARRY MATHEWS (via email)
MINERVA BUTLER (via email)
California Department of Health Care Services
Managed Care Operations Division
Attn: Contracting Officer
MS 4407
P.O. Box 997413, Sacramento, CA 95899-7413

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[1] From July 1, 2024 to December 31, 2024 – 3,724 claims pending full payment of $446,038

From January 1, 2025 to April 30th 2025 – 2,407 claims pending full payment of $273,621

Additional claims for May 1, 2025 to the present are also pending full payment in an amount not yet determined.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 25, 2025

SUBJECT: Regular Meeting Minutes of June 30, 2025, and Special Meeting Minutes of August 6, 2025

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Commission meeting minutes of June 30, 2025, and August 6, 2025.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
Commission Meeting
Regular Meeting In-Person and via Teleconference

June 30, 2025

CALL TO ORDER

Committee Vice Chair Dee Pupa called the meeting to order at 2:11 p.m. in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Suite 110, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Commissioners Anwar Abbas, James Corwin, Supervisor Vianey Lopez, Anna Monroy, Timothy Myers, and Dee Pupa,
Absent: Commissioners Allison Blaze, M.D., Jaime Duncan, Laura Espinosa, Sara Sanchez, and Scott Underwood, D.O.

Attending the meeting for GCHP were Felix L. Nunez, M.D., Chief ECMO James Cruz, M.D., Executive Officer, Alan Torres, Chief Information Officer, CPPO Erik Cho, CFO Sara Dersch, Paul Aguilar, Chief of Human Resources, Robert Franco Chief Compliance Officer, Eve Gelb, Chief Innovation Officer, Ted Bagley, CDO, Anna Sproule, Exec. Director of Operations, Scott Campbell, General Counsel, and Leeann Habte of BBK Law..

Also in attendance were the following GCHP Staff: Lupe Gonzalez, TJ Piwowarski, Victoria Warner, Susana Enriquez-Euyoque, Lupe Harrion, Kim Marquez-Johnson, Erin Slack, Pauline Preciado, Ellen Rudy, David Tovar, Vicki Wrighster, Ross Hooper, Sonia Kimbrough, Annelie Ginn, Brenda Gomez-Garcia, Charu Chhabra, Claudi Esquivel, Corey Stephenson, Liwen Lai, Lorraine Carrillo, Maria Najar, Michelle Espinoza, Binta Patel, Nathan Norbryhn, Rachel Ponce, Josephine Gallella, James Athens, Jeff Register, Lucy Marrero, Patrick Warfield, Randal Waite, Ron Reed, Pshyra Jones, Virender Singh, Zed Haydar, David Kirkpatrick, Paul Verhaar, Stacy Luney, James Sproule, Elizabeth Strammiello, Lily Yip, Chris Dulan, Ben Lacy, Adriana Sandoval, Arman Patel, Alison Armstrong, Kriscilla Walker, Mayra Hernandez, Alison Jewell, Charles Eichelberger, Juan Martinez, Lisa Contreras, Holly Krull, William Famularo, and Karina Ramirez

Guest in attendance was Culture Champion: Audrey Echavarria. Moss Adams Reps: Stelian Damu, and Kimberly Sokoloff. County of Ventura: Tracy Gallaher

PUBLIC COMMENT

None.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of April 28, 2025.

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

RECOMMENDATION: Approve the minutes as presented.

Commissioner Corwin motioned to approve Consent item 1. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, and Dee Pupa,

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, Laura Espinosa, Sara Sanchez, and Scott Underwood, D.O.

Motion carried.

Commissioner Laura Espinosa arrived at 2:14 p.m.

Commissioner Scott Underwood, D.O. joined the meeting at 2:15 p.m.

UPDATES

2. Operations of the Future (OOTF) Final Update

Staff: Alan Torres, Chief Information & System Modernization Officer
Anna Sproule, Executive Director of Operations

RECOMMENDATION: Receive and file the update

Chief Executive Officer Felix L. Nunez, M.D. made an announcement before Mr. Alan Torres, started his presentation. CEO Nunez stated that he wanted to recognize that July 1 marked 14 years of Gold Coast Health Plan. He noted that the transformation over 14 years has been amazing, the organization has matured, continues to grow, and improve as a health plan every day.

CEO Nunez expressed thanks to the Commission for their support throughout the entire project, for their patience as the organization dealt with a challenging, complex project. The Commission gave guidance and counsel throughout the entire time. He stated that

on behalf of GCHP he wanted to apologize for all the stress, anxiety, and frustration that this implementation has caused out network partners. We have strived to ensure our members were not affected in their access to care. He noted that we have implemented nine new major technologies working with eight vendors and had one internal build that was required throughout the project. This covered almost every spectrum of our operational structure. He also acknowledged GCHP leaders and staff who worked diligently to accomplish this work. CEO Nunez stated that throughout the entire process we always made certain that our members had access to care, we collaborated with providers, never stopped paying claims, we have paid our capitation, and we have done the work we had to do. You are going to hear about the operation of the future, the technical implementation, and the systems that we put in place. We will NOT talk about the work that is left to be done on two distinct levels. The first level is going back and reviewing everything done in the point of initial implementation. There have been issues that we have been looking at and addressing along the way. There have been overpayments to providers, we have advanced payments to providers, and we need to review all of those. We have also had underpayments that we need to validate and verify to make sure that our providers are made whole. There is work left to be done.

CEO Nunez stated that he has asked Erik Cho, CPPO, to take the lead in working with Anna Sproule, Executive Director of Operations, to develop a plan for how we are going to go back and do this work. That plan will be presented on our progress, and we will present an update in August and report on our progress.

The second element left to be done is the modernization element – systems are in place and what comes next is what do we want to build, how we use technology as a resource to help us improve and advance as a plan. We need to be innovative and think about how technology can help enable innovation to allow us to do better be more efficient, and accurate in the work we do.

Scott Campbell, general Counsel stated we will wait to discuss specific remedies available for any deficiencies in a future Closed Session.

Alan Torres, Chief Information & System Modernization Officer stated we are at the end of the three-year journey. This has been unprecedented work for GCHP when you consider the size, the scale, the scope, the complexities of what was delivered. We implemented nine new vendors, we build a modern data warehouse and implemented business requirements across nine new systems all while running a health plan. We brought in-house almost all our technologies and operational processes from a single vendor. These new systems will last for at least ten years, if not longer, and we will continue to optimize our new systems and innovate to improve our efficiencies throughout the organization.

CISMO Torres reviewed capabilities with Conduent mailroom, the electronic enrollments, eligibility feeds to our partners. The trading partner migration of our 835 process and capitation have been transitioned and the provider data cleanup that affects our contracts and provider data. We have implemented a process for handling provider inquiries so

we can react and address any questions or need for additional data quickly have all been completed.
Mr. Torres stated we are at an inflection point. We had delegated almost all of our technologies and operations to a single vendor since GCHP inception. We had not gone to market for many years to evaluate the market for leading edge technologies and services. He then reviewed all the services delegated to Conduent, as well as review the reasons that motivated us to look for change. Some of the issues with our incumbent vendor were reviewed. We saw that the platform that was supporting our business was not suitable for the current Medi-Cal landscape, as well as D-SNP and potentially other lines of business could not support our needs. We evaluated our current state operating model and all the capabilities that were outsourced and where we wanted to make the biggest impact. We then made decisions to which technologies and operational processes we bring in-house versus which we continue to outsource. We followed industry trends and there were five options that were considered. 1: we could buy the transactional systems and outsource business operations by the member and provider portal technologies and insource operations. 2: we could buy the transactional and member and provider technologies and outsource all our business operations. 3: we consider by transactional and member and provider technologies and insource all our business operations. 4: We looked at building the transactional and member and provider technologies outsource all business operations and 5: build transactional member and provider technologies and insource all our business operation. We went with option one by the transactional systems outsource and business operations, buy member and provider technologies and insource operations which aligns with industry trends. Mr. Torres also reviewed core administrative technologies and noted that we built our moderna data warehouse. We procured through nine RFPs and across our technologies and services capabilities and made awards. Edifex for our EDI capabilities, HealthEdge for core claims processing software, Zyter TruCare for medical management systems, Provider BPO, mailroom, our CRM with Salesforce.

Mr. Torres reviewed what was delivered. He noted there are three vendors in red: first is claims processing which is still in progress as we address our provider data cleanup. In capitation (an internal build) we identified there were deficiencies in the product that required us to act and develop an internal solution for capitation and the payments are EOPs at 835. We have had to build quickly to build something internally to support those two processes. We were able to implement quickly without disruptions (internally and externally) to our members and providers or our call centers. He noted that he was proud of how quickly we were able to stand up and continue to innovate in this area. We hired staff in Ventura County to support this.

Mr. Torres then reviewed the financial analysis. He stated there is uncertainty around redetermination, and we looked at the modeling and what we thought our membership was going to be at the time, approximately 190,000 members that we used as a baseline. Numbers have been adjusted, and we have recalibrated memberships. All our contracts are PMPM, depending on membership count.

Commissioner Monroy asked what the baseline membership number is being used for the ten-year projection. Mr. Torres stated it is 220,000 noting that membership fluctuates. It is all proportional, there should still be the same relative savings across regardless of the membership count.

Commissioner Myers stated that in October it was discussed the one-time cost going from 26.6 to 35, a quick update was requested what was it that changed, was it expansion of implementation or a rebid. Mr. Torres stated the increase in costs in one-time cost fell primarily in the two buckets, one was additional labor to address the stabilization period, and costs went up with the clean-up of the provider data. All these items were presented to the commission over the course of two or three commission meetings.

Commissioner Abbas asked if during the five-year run rate was labor included. Mr. Torres stated it was purely licensing costs. Commissioner Abbas asked if the costs of 835s were included. Mr. Torres responded yes.

Mr. Torres moved onto “Lessons Learned,” what worked and what did not work. He stated that what worked at a high level was our strategic vision workshop which included input from almost every part of the organization; bringing everyone together early on to help define our operating model. The procurement process which was nine sizable RFPs that was unprecedented at GCHP. Our program increment event (P.I. Event) brought staff together every quarter, every three months to plan out the next three months of work and it helped define and make sure that there was clarity on the work for the next three months. It was a great process and set of tools to talk about dependence across other departments. It was a collaborative effort and made a significant difference in the program. We pivoted and innovated around solutions to address capabilities.

What did not work: starting off with the provider data 835s had challenges and created internal solutions, are now flowing correctly. We did not have the insight into how the data was being maintained within the Conduent environment. Issues were identified late in the process, but they have been corrected. Capitation was business capability that we started to transition earlier this year. We got into the testing of the product and recognized that there were some issues with the product that it did not support Medi-Cal business in California. We took immediate action and developed a solution. We have transitioned that from Conduent, and we are prepared for our next capitation pay run at the end of July/early August. We had a critical claims system problem and that has been addressed and fixed. We also fell short on regression testing. In overall implementation strategy there are ways that we could look at transitioning all services at the same time and instead consider a phased approach.

Mr. Torres then asked Dr. James Cruz, Chief Medical Officer speak on the medical management system. CMO Cruz stated that he wanted to provide an overview on what our medical management system does and what we need it to do and next steps on implementing the system. Dr. Cruz stated that we had outgrown our old system, it was inadequate for the plan, and we were not able to perform many of the important function

that we needed to do daily. A real risk of not being able to implement our D-SNP plan effectively if we did not upgrade our medical management system. The system allows us to manage and identify our member's needs. Second, from a quality improvement standpoint it allows us to identify and close care gaps and third, it is an important glue that really connects our utilization management with care management, our member grievances and disciplinary functions all together so they can all have a view of what the others are doing. TrueCare allows a number of critical supports that were not readily available in our prior medical management system. All are critical and important processes that we were able to scale given the size of our program and future needs. It has been a great upgrade for health services. We are in the process of configuring our TrueCare for D-SNP. Even though our TrueCare is configured for Medi-Cal, there are important and subtle differences between the workflows that must happen. We need to configure our medical management system specifically for our D-SNP line of business. We are on track to have that completed by Quarter 4 of this year.

Vicki Wrighster, Sr. Director of Network Operations stated the provider portal is a significant improvement from what we had before. The portal has been streamlined with key functions for our providers. Tools have been created that are more efficient and help with the coordination of care. One key function is the member eligibility demographics. The way the portal set up is clear for providers. It shows the member name, their phone number, and providers can see that information in case there needs to be contact. Ms. Wrighster stated the access to TrueCare for providers is crucial. It allows providers to have same time and on time authorizations – whether it is submitting an authorization or checking status. As soon as the status is changed, providers can see that. We have also enhanced claims functionality. Our providers can pull claims on various items. As well as pull claims based on diagnosis code. We can message providers globally or message to the individual provider. We also have a link within the portal that providers click on, and they do not have to leave the portal to access information.

Ms. Wrighster stated it has been a year of growth in both usability and processes. We started the portal on July 1 and had 1,513 uses. We currently have 6,255 users and both contracted and non-contracted providers are adopting the portal. Our providers now can access critical data, including members primary language and aid codes. For us, it represents an opportunity for personalized and effective care and coordination for our members. The portal also has a series of quick links, there is also a direct link that takes providers to the claims, so they can see both claims and member status/eligibility. She noted that we are preparing for D-SNP implementation, and we are adding several functionalities to the portal. Portal changes will continue as needed.

Commissioner Corwin asked about vendor deficiencies. Mr. Torres stated the vendors are performing and responsive to our needs. Scott Campbell, General Counsel, stated that there were some problems with one or two vendors, and we are currently collaborating with them to remediate.

Commissioner Espinosa thanked Mr. Torres for being methodical and providing an understandable update. She thanked staff for the transparency.

Commissioner Pupa motioned to approve the OOTF Update. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, and Sara Sanchez.

Motion carried.

3. RISE Grant Update

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

RECOMMENDATION: Receive and file the update.

Erik Cho, Chief Policy & Programs Officer, introduced Ellen Rudy, Director of Grants Administration, who will be presenting the update. CPPO Cho stated that the grants have started and there are a couple of contracts that still need to be executed between IHI and the grantees. We expect that will be done soon and all will be moving forward.

Dr. Rudy stated that she started in mid-March and saw a sturdy foundation for this program. The program has developed four strategic pillars. The program is about increasing access to care for members where they work, live, and go to school. It will help improve health outcomes, member experience and education. It will also help to remove structural barriers and bring alternative healthcare solutions to the members. This is a three-year grant program, and this is the first year. Grant applications closed March 31. Thirty-five applications were submitted, and IHI recommended sixteen grantees. We have committed $21.9 million toward those grants. There are three grants that were three-year applications, and thirteen grants were for one year.

Dr. Rudy reviewed areas of access to care that were recommended to fund, cancer screening, mental health access, nutrition, and food access, pediatrics and family care, public health and prevention, women's health, and workforce development. Some of the programs funded focused on expanding and/or replacing medical equipment, expansion of urgent care rooms, funding psychiatry residency programs so that services are available in Ventura County instead of being outsourced out of the area. There is also a focus on food access and collaborating with local farmers to expand access to buy fresh fruit and produce.

There is also the support of children's pediatrics in home and having a nurse help do so pediatric therapy and assessments. There are many different organizations that the RISE program is supporting.

Commissioner Espinosa stated the selection was impressive because some are newer entities and some were well known, more traditional – it was a good mix. She asked about Northridge college; they are outside of Ventura County. Dr. Rudy stated that we did not exclude organizations that were outside of Ventura County if their focus of work was on Ventura County and Northridge is close and they have a program on trying to understand to increase the use of the WIC cards in farmers market. The Santa Barbara Foundation is another one. They have done work in Sata Barbara County and are taking that model and now going to work with organizations in Ventura County to help build the community health work pipeline.

Commissioner Monroy motioned to approve the RISE Grant Update. Commissioner Myers seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, and Sara Sanchez.

Motion carried.

PRESENTATIONS

4. Culture Transformation Initiative

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance
Pauline Preciado, Executive Director of Population Health
Charu Chhabra, Sr. Manager of Strategic Planning & Talent

RECOMMENDATION: Receive, and file the presentation

Paul Aguilar, Chief of Human Resources & Organization Performance introduced "Own It" is one of our new cultural beliefs. "Own It" means to make decisions, act and own the outcome. He stated that both Pauline Preciado, Executive Director of Population Health and Charu Chhabra, Executive Director of Population Health have done great work in leading this initiative. Mr. Aguilar stated this work will continue our ongoing evolution and transformation of the organization.

Ms. Preciado stated that if we are not committed to the work at GCHP, we could have the strongest strategy, the most talented staff, and yet never reach our full potential as an organization. The focus is on clarity, cohesion, and healthy accountability. We want to provide a thorough process to our commission so that you are aware of what we are trying to achieve, and what full alignment across the organization will look like.

Ms. Chhabra stated that although this transformation is leader lead, every employee is tapped into it, and they all play a part in it. The goal is to provide clarity, to define some elements and operationalize them. We have defined the purpose, the vision, the key results, strategic anchors, cultural beliefs, this framework together is called the cultural equation. Our cultural equation is specific to Gold Coast Health Plan. This is the front and center of the work that we have been doing.

Our vision over the next five years is to achieve the four-star health plan NCQA rating by 2030. We want to optimize the relationships with our providers and our partners in the community, and we want to continue to advance quality care and know that we are on the right track, and we need to measure ourselves. We want to be the top three for children and adults in CAP scores. We want to achieve at least a 66% for a provider satisfaction survey, and we want to be top three in the DHCS ranking.

The most import thing is our cultural beliefs. We are shifting from what we have been thinking and doing so far and wrapping ourselves around our culture beliefs. Every employee is encouraged to organize their work and prioritize their work where they are having member impact. Every employee is owning their decisions. They are owning the action as well as the outcome. Everyone is solving challenges, working cross functionally, and optimizing resources.

Commissioner Myers asked what the baseline is. CPPO Cho stated we are currently 66% and anticipate going up every year. We want to go up to 75% and keep moving up. Commissioner Monroy asked about the provider satisfaction areas of standard industry for health plans. CPPO Cho stated we can make that the stretch goal and bring back information to the commission.

Audrey Echeverria, culture champion shared her experience in becoming a culture champion and the impact it had. She reviewed the requirements to be a culture champion. Her conclusion was that staff was not being asked to do more work; they were being asked to work on themselves and for each other.

Ms. Chhabra stated that the goal is to have all employees trained by October 2025. She also reviewed metrics and noted that we are already starting to see the impact.

Commissioner Espinosa noted this is magnificent work. Commissioner Pupa thanked the culture champions and Commissioner Abbas noted it was a great report.

Commissioner Abbas motioned to approve the Culture Transformation Initiative. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, and Sara Sanchez.

Motion carried.

FORMAL ACTION

5. Stipend Policy Approval

Staff: James Cruz, M.D., Acting Chief Medical Officer
Marlen Torres, Chief Member Experience & External Affairs Officer

RECOMMENDATION: The GCHP staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the Stipend Policy.

Chief Medical Officer, James Cruz, M.D. stated that earlier in the year one of our committee members asked about a stipend. Staff began to look through archives for a policy and found there was none. It had been discussed in the past, but there was nothing formal. With guidance from general Counsel, Scott Campbell, a formal policy was drafted for commission. This stipend will include community member representatives, which the stipend did not cover before. It will also include external community provider representatives who sit on either a GCHP Brown Act committee or specific GCHP quality committee. This will include PAC, CAC, and the newly organized Member Advisory Committee (MAC). The amount to be paid will be $200 for attending a meeting and the frequency of the stipend will be paid out no more than once per month. He noted that some of our committee members are Medi-Cal recipients and leadership will be mindful that the stipend would not compromise their eligibility or violate any DHCS member incentive requirements.

Commissioner Pupa asked if we have surveyed other health plans regarding a stipend. CMO Cruz responded that there was a survey done and other Medi-Cal managed care systems do pay committee members stipends. Commissioner Espinosa asked if for Medi-Cal recipients is someone would oversee that the member does not reach the maximum income or exceed the maximum income. CMO Cruz stated there will be a tracking system in place.

Commissioner Abbas motioned to approve the stipend policy. Commissioner Myers seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, and Sara Sanchez.

Motion carried.

6. Reconstitute the Strategic Planning Ad Hoc Committee

Staff: Marlen Torres, Chief Member Experience & External Affairs Officer
Presented by: Scott Campbell, General Counsel

RECOMMENATION: Staff recommends that the Commission reconstitute the Strategic Planning Ad Hoc Committee and select up to five Commissioners who will serve in the ad hoc committee. Additionally, staff recommends that the Strategic Planning Retreat be held in person this year.

General Counsel Scott Campbell stated that every year we have our annual retreat and to make it productive and beneficial for the Commission. Staff asks for volunteers to serve on the AdHoc to discuss what the agenda will be. This committee will meet two or three times before the retreat which will be on October 30th. The meetings are virtual, and the retreat will be in person.

Commissioners Laura Espinosa, Anna Monroy, Dee Pupa, Anwar Abbas, and Timothy Myers all volunteered.

The commission took a five-minute break at 4:14 p.m. Open session resumed at 4:26 p.m.

Commissioner Cowin motioned to approve the Strategic Planning AdHoc Committee. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, and Sara Sanchez.

Motion carried.

7. May Year-to-Date Financial Results

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive, file, and approve the financials

Chief Financial Officer, Sara Dersch, stated she will walk through highlights. She noted the financials were presented to the Executive Finance Committee and were approved.

CFO Dersch stated that we are at a net loss of $55 million year to date, and that does approximate the entire projected deficit for the year. There are several one-timers that impacted our year-to-date results. First off: Long Term Claims – we had another tranche come through of retroactive upward adjustments and that accounted for approximately $17.6million. We had a $15 million unfavorable item related to the federally qualified health centers having them achieve parity with targeted rate increase. This rate increase went into effect January 2024, where it increases the minimum required of reimbursements for certain physicians, certain billing codes with primary care, and some behavioral health. CFO Dersch stated there was so lack of clarity from the state's All Plan letter guidance. There might be a slight increase in next year's rates – there is a cost shift. CalAIM, Home and Community requirements has also caused an impact. She did note that service is going out to members, and it is growing faster than predicted. This will help us qualify for increased premium rates beginning 2026 and potentially retroactive rates back to 2025, depending on utilization.

From a year-to-date premium revenue perspective, we continue to be favorable. Consistency from prior months that favorability is being driven by member mix. Our investment income continues from a year-to-date perspective remains unfavorable. She noted that we are watching membership on a daily / weekly basis to determine if there are any trends related to current actions in the political and economic environment. We project to see a reduction in membership next month, this is related to ICE actions. We do see some favorability in administrative expense. Part of this is due to a reduction in the use of administrative expense as we try to make sure we put everything that we can into our medical costs.

Another item that is impacting is that some of our systems were not live until later this Spring and we cannot begin amortizing until we are live.

Our medical loss ratio is running at 90.4% of our total premium revenues. We are running slightly high on our medical loss ratio, but that strategy was a planned deficit to get dollars back into our community.

Our TNE is at 700% of state requirement and per commission mandate we cannot dip below that percentage. We have been prudent on how we are setting our IBM, PR, and IBNR

Our Grievance & Appeals expenses are $6.2 million unfavorable. Over the last six to eight months, we have been revising the methodology for estimating administrative expenses which can be counted towards medical. They are called quality improvement expenses, and we have had an opportunity to reclassify those in our general ledger as part of our annual MLR filing. So, it ended up putting more dollars back into our general administrative expenses, it took from the medical costs. It is merely a bucket issue and there is no impact to the bottom line.

CFO Dersch then reviewed categories of service – common themes are long-term care, SNF and outpatient. We will continue to monitor these and develop parameters for effective use over time.

Mr. Aguilar, Chief of Human Resources & Organization Performance Officer, reviewed labor expense. Full time employees are at 432. Contingent works for Operations of the Future should drop soon. In G&A we require temps and that will continue. In preparation for D-SNP work that is being built out and establishing our Medicare business processes we will need to modify some and create new ones.

CFO Dersch stated that we continue to plan the best we can to ensure that we remain fiscally healthy. We are in a good place right now and that will allow us to weather any upcoming storm. We will continue to ensure our members get the care they need and deserve. As we get greater insight into what is happening at the state and federal level, we will see the state actions first in terms of impact, which is what we budgeted for in the stub period. We budgeted for an 8% reduction focused on the UIS population, anticipating that the state was going to move to try to do something with that population to close their budget gap, and it looks like that is what is going to happen. We will continue to monitor closely and report back to the commission.

Commissioner Abbas motioned to approve the financial results. Commissioner Myers seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, and Dee Pupa

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, Sara Sanchez, and Scott Underwood, D.O.

Motion carried.

8. Moss Adams Audit Kick Off

Staff: Sara Dersch, Chief Financial Officer

Stelian Damu, Moss Adams Rep.
Kimberly Sokoloff, Moss Adams Rep.

RECOMMENDATION: Receive and file the audit information as presented.

CFO Sara Dersch introduced Moss Adams representatives, Stelian Damu, and Kimberly Sokoloff. Mr. Damu stated highlights for this years' audit plan will be presented. He noted that Moss Adams has merged with Baker Tilly, another CPA firm which is similar in size and based in the Midwest and East Coast. The organization name will be Baker Tilly because they have an international presence, but the leadership will continue to be Moss Adams. He noted that nothing will change, same teams, same footprint. There will be additional tools to help clients and provide premium level service.

Kimberly Sokoloff will be leading this audit. Ms. Sokoloff reconfirmed the scope of services to be provided to GCHP. Baseline standards are conducted in the audit in accordance with the AICPA auditing standards. For transparency purposes there is an outline of the procedures that will be performed. Procedures include evaluation of appropriateness of management's estimates. And includes evaluation for the external actuarial specialist that participates in determining balances for fiscal year 2025.

Ms. Sokoloff reviewed the auditor's responsibilities in a financial statement audit, significant risks identified – such as capitation revenue recognition, medical claims liability, and management override of controls. Auditors will obtain assurance the financial statements are free from material misstatement, whether cause by fraud or error. She also reviewed the audit timeline noting audit results presented to both the Executive Finance Committee and the Commission will be in October of 2025

Commissioner Corwin motioned to approve the Audit Kick-off. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Dee Pupa

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, Sara Sanchez, and Scott Underwood, D.O.

Motion carried.

9. Vacancies, Retention, Retention Policy, and Summary Report

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance Officer

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the attached staffing report summary of open requisitions in accordance with Section 3502.3 of the Government Code.

Paul Aguilar, Chief of Human Resources & Organization Performance Officer, stated that per California Assembly Bill 2561 the plan is to present to the commission an update on our staffing process relative to our positions. The intent is that we do not fall below 80% of 20% open jobs and we maintain at least 80%. We are currently at 95%. The HR team meets every Friday to go over our open requisitions. We are monitoring our progress on how we fill jobs. We average forty-two days to fill a position, and this is always tracked. The goal is to get under 50 days. There often is a need a two week notice so the true vacancy period is about 60 days. He noted that HR is making progress. The team works with CDO Ted Bagley on a diversity standpoint. Mr. Aguilar reviewed the diversity that is brought into the organization along with demographics.

Mr. Aguilar noted that there is an intake call at the beginning of the staffing process. The recruiter is aligned with the hire manager, and we try to ensure that profiles align. Processes continue to be improved and become more efficient.

Commissioner Scott Underwood, D.O. joined the meeting at 5:07 p.m.

REPORTS

10. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report

CEO Nunez stated that we are monitoring state actions. We are also messaging to the community that telehealth is available as well as home delivery for prescription is also an option.

At the federal level he noted that the governor and the legislature are coming to an agreement, and it appears that there will be some cuts to the UIS population, which we anticipate will affect enrollment. There is time to do advocacy work at both state and federal levels. ICE has been a major impact to members, and they are now hesitant to get care. This could impact quality and performance scores. In August we will have a clearer picture of where the state is going regarding their final deal that will be signed by the governor. There is more to come at the federal level. As of today, the Senate is still trying to make a deal, therefore there is no agreement at the Senate level. After the Senate debates and votes, it will still need to go back to the House for additional vote. We will continue to do advocacy work.

CEO Nunez noted that we had to cancel a health fair in June due to ICE activity We did not want to put our members at risk. CEO Nunez stated that if the commission hears of opportunities for GCHP to engage in meetings, town halls, etc. staff will gladly join in and participate.

11. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

James Cruz, M.D., Acting Chief Medical Officer stated quality improvement has had significant gains. Thirteen out of eighteen measures were met or exceeded target rates. Others showed improvement. 2025 was better than 2024. Excellent work continues from the Utilization Management standpoint. Our NCQA consultant has completed a round of mock file reviews on Utilization Management and Care Management, and we are on track to achieve NCQA accreditation which will occur in October. He noted there are some areas of concern, and we are working to close those gaps, specifically member denial letter language.

CMO Cruz noted that Rite Aid pharmacies are closing, and prescriptions have been purchased by other local pharmacies to try to avoid interruption. Commissioner Espinosa stated Rite Aid is critical in Santa Paula and Fillmore, pharmacies are limited. The only other pharmacy available is CVS in that area. Rite Aid has made an agreement with CVS to transfer all prescriptions. CIO Eve Gelb stated postings regarding prescription transfers must be visible at all Rite Aid locations. Walgreens will also be accepting prescription transfers. Unfortunately for Piru and Fillmore it is quite a distance to get prescriptions, at least ten miles to get to a pharmacy. Dr. Cruz stated there is a distance requirement. Chief Compliance Officer, Robert Franco stated there are network adequacy requirements, but because the state took over the pharmacy benefit. Before we had the PBM, those were under our purview to make sure we had those contracts in place with other local pharmacies. But now that the state took over, we no longer have line of sight as to how this will be addressed. Our pharmacy director, Lily Yip has expressed commitment to making sure that we will eliminate barriers that could lead to a delay in authorizing Medi-Cal prior authorizations on physician administered drugs He noted that there are different issues related to Medicare physician administered drugs and we will work through those issues.

Commissioner Underwood stated that he had expressed some concerns on prior authorizations, and he is glad Gold Coast is focusing on the response time is well thought out and done in a quick manner.

Commissioner Pupa stated that it is a struggle for clinical folks and physicians to write at an eighth-grade level. Her plan is constantly monitoring denials so that the readability is at the eighth-grade level. Dr. Cruz stated that for Medi-Cal it is a sixth grade reading level, and we are working to get that at the level requirement. We are working with a

Flash Kincaid model where you put the denial statement, and it assesses the reading level and tells you where there are problems. We are developing some templates for common thing, and we will attempt to craft a denial statement for situations that are specific.

12. Human Resources (H.R.) Report

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance Officer

RECOMMENDATION: Receive and file the report

Paul Aguilar, Chief of Human Resources & Organization Performance Officer stated most of his report information has been covered with culture transformation, recognition, staffing, and headcounts.

There was a training in June and the focus was on requirements and tools managers need to understand to do their core fundamental responsibility. Forty-five managers attended and completed two programs in June. He noted that you cannot hold people accountable unless you are clear that they understand what is expected of them and they are taught the tolls so they can do their job.

Commissioner Abbas motioned to approve agenda items 9, 10, 11, and 12. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Dee Pupa and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners Allison Blaze, M.D., Jamie Duncan, and Sara Sanchez.

Motion carried.

Commission went into Closed Session at 5:32 p.m.

CLOSED SESSION

13. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: One case.

Gold Coast Health Plan has received a written communication that, on the advice of counsel, and based on the facts and circumstances regarding such

correspondence, creates a significant exposure to litigation against Gold Coast Health Plan. A copy of the written communication is attached to this agenda.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 6:21 p.m.
There was no reportable action.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
Commission Meeting
Special Meeting via Teleconference

August 6, 2025

CALL TO ORDER

Commissioner Dee Pupa called the meeting to order at 2:02 p.m. This meeting is completely remote. The Assistant Clerk was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Suite 110, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Jaime Duncan, Anna Monroy, and Dee Pupa,

Absent: Commissioners Laura Espinosa, Supervisor Vianey Lopez, Timothy Myers, Sara Sanchez, and Scott Underwood, D.O.

Attending the meeting for GCHP were Ted Bagley, CDO, James Cruz, MD, CMO, Sara Dersch, CFO, Eve Gelb, CIO, Felix L. Nunez, MD, CEO, Scott Campbell, General Counsel, and Leean Habte, General Counsel.

PUBLIC COMMENT

None.

The Commission went into Closed Session at 2:05 p.m.

CLOSED SESSION

1. CONFERENCE WITH REAL PROPERTY NEGOTIATORS

Property: 4880 Santa Rosa Road, Camarillo, CA 93012
Negotiating Party: Eclipse RE Holdings, LLC
Under negotiation: Price and terms of payment.

Property: 711 E. Daily Drive, Camarillo, CA 93010
Negotiating Party: 711 Daily Drive, LLC
Under negotiation: Price and terms of payment.

Property: 5153 Camino Ruiz, Camarillo, CA 93012
Negotiating Party: WQM, LLC
Under negotiation: Price and terms of payment.

Agency Negotiators: Sara Dersch, Chief Financial Officer
Paul Aguilar, Chief Human Resources &Organization Performance Officer

Commissioners Espinosa and Myers joined Closed Session at 2:05 p.m.

There was no Reportable Action.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 2:46 p.m.

Approved:

_____
Deborah Munday, MMC
Sr. Executive Assistant / Associate Clerk of the Board

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, MD, Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Executive Director of Quality Improvement

DATE: August 25, 2025

SUBJECT: Written Summary of Quality Improvement and Health Equity Committee Activities – Q2 2025

SUMMARY:

The Department of Health Care Services ("DHCS") contract, Exhibit A Attachment III, Section 2.2.3, requires Gold Coast Health Plan ("GCHP") to prepare a written summary of Quality Improvement and Health Equity Committee (QIHEC) activities, findings, recommendations, and actions after each meeting and submit it to the Governing Board.

The attached report contains a summary of activities of the QIHEC and its subcommittees for Quarter 2, 2025.

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the Quarter 2, 2025 Quality Improvement and Health Equity Committee summary.

ATTACHMENTS:

Quality Improvement and Health Equity Committee (QIHEC) Meeting, 2025 Quarter 2 Summary Report

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025

Overview

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets six times per year, with special meetings scheduled as needed. The QIHEC is chaired and facilitated by the Chief Medical Officer (CMO), with committee members comprised of internal leadership, the Chairs from the nine QIHEC Subcommittees, one Commissioner, at least one practicing physician in the community, and a behavioral health care practitioner. This report represents a summary of the May 13, 2025 QIHEC meeting.

May 13, 2025 QIHEC

Open Action Items from Prior QIHEC Meeting

- Action Item #63: Carelon Behavioral Health Staff Training on Member Grievances
  - Carelon Behavioral Health completed their annual staff training and sent the report to Gold Coast Health Plan for delegation oversight.
  - Status: Closed

- Action Item #64: Facility Site Review (FSR) Medical Record Review (MRR) Guide
  - At the December 3, 2024 QIHEC, a Committee Member requested that an FSR MRR guide for Providers be created to ensure compliance with the Department of Health Care Services (DHCS) MRR audit requirements. Action item deferred to the next QIHEC.
  - Status: Open

- Action Item #66: Member Call Center Reports by Race and Ethnicity
  - GCHP's Call Center reports now include race and ethnicity data. The data will be presented at the next QIHEC.
  - Status: Open

- Action Item #67: Summary of the Department of Health Care Services (DHCS) All Plan Letter (APL) 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Format
  - Key changes to APL 25-005:
    - DHCS released a chart of threshold and concentration languages for all counties but there were no changes to GCHP's threshold languages which are English and Spanish.
    - GCHP is required to provide translated written Member information, using a qualified translator, to the Spanish language group.
    - GCHP will use DHCS templates to post Nondiscrimination Notice and Notice of Availability on the GCHP website and physical locations where members seek healthcare.
    - Notice of Availability cannot be replaced by quick response (QR) codes.
  - Status: Closed

- Action Item #68: DHCS Medical Audits on the Nurse Advise Line
  - The Chief Compliance Officer reported that other Medi-Cal Managed Care Plans have not had any findings for their Plan's Nurse Advise Line during their DHCS Medical Audits. GCHP's Delegation Oversight staff continues to monitor and conducts audits of the Nurse Advice Line.
  - Status: Closed

Approval Items

1. Quality Improvement Policy Updates
   - QI-003 Primary Care Provider Facility Site Review
     - Summary of changes include adding a process to escalate non-compliant providers; a corrective action plan timeline; definitions for Member and Provider; the interim site review process; and the collaboration and data-sharing process of site reviews for mutually contracted providers.
   - QI-024 Medical Records Requirements
     - Summary of changes include updating grammar and formatting and updating content to align with state federal and accreditation standards that are in accordance with HIPAA regulations.

2. 2025 Culturally and Linguistically Appropriate Services (CLAS) Program Description
   - The 2025 CLAS Program Description was presented. It is integrated in the 2025 Quality Improvement and Health Equity Transformation (QIHET) Program Description, and focuses on the following areas:
     - Provision of education and training to staff and providers to review CLAS policies and practices.
     - Ensure the competence of individuals providing language assistance.
     - Offer free and timely language assistance to individuals who have limited English proficiency and/or other communication needs.
     - Inform all members on the availability of language assistance services in their preferred language using verbal and written communication.
     - Providing easy-to-understand print and multimedia materials and signage in threshold languages.
     - Collection and maintenance of accurate and reliable demographic data to inform service delivery.
     - Assess community health resources to identify CLAS needs.

3. 2025 CLAS Work Plan
   - The 2025 CLAS Work Plan was presented, and the objectives were reviewed. The seven objectives focus on ensuring CLAS services are provided effectively to members in alignment with member and community needs.

Presentations

1. Annual CLAS Evaluation Plan
   - The Plan-Do-Study-Act methodology that will be used to complete the annual CLAS evaluation was presented. Findings will be shared with internal and external stakeholders, such as the

QIHEC and the Community Advisory Committee (CAC), to address identified barriers and provide guidance for improvements. The following surveys will be used to assess satisfaction with language assistance services:

- Cultural and Linguistic GCHP staff surveys
- Cultural and Linguistic member satisfaction surveys

2. Enhancing Network Responsiveness
   - The results of the following assessments conducted to identify health disparities, member needs, and satisfaction with language services were presented:
     - Assessment of health status of residents and members residing in Ventura County
     - Assessment of member needs
     - Assessment of challenges with collecting race, ethnicity, and language data
     - Assessment of member and staff satisfaction with language assistance services
   - Key Findings
     - Challenges to collecting race, ethnicity and language data due to limited data sources and vague demographic descriptions (e.g. unknown, other).
     - The health status assessment revealed a higher rate of childhood obesity and lower rate of fitness levels among Hispanic and Latino students in the fifth through ninth grades compared to White and Asian students.
     - The member needs assessment revealed members had access to care barriers.
   - Opportunities for improvement discussed include the following:
     - Work with schools and parents to promote physical activity, healthy eating, and healthy lifestyle programs.
     - Expand staff and provider cultural competency training and offer tools to providers to address the cultural and linguistic needs of members.
     - Evaluate access to supplemental member demographic data that includes race and ethnicity.
     - Develop programs to increase awareness of services and benefits offered by GCHP.

3. Use of Data to Monitor and Assess CLAS
   - To identify strengths, address gaps, and enhance language support to improve overall member satisfaction in cultural and linguistic services and healthcare outcomes, the Health Education / Cultural Linguistics department surveyed GCHP members and staff who had recently utilized language assistance services. Member surveys were conducted by mail and telephone, and staff surveys were conducted using an electronic survey form.
   - Opportunities for improvement discussed include the following:
     - Improve language assistance services for members who speak Mixteco
     - Improve clinic after-hours services for members
     - Increase promotion of interpreting and translation services
     - Expand provider cultural training

4. Addressing Health Disparities in Quality Measures: Chronic Disease Management and Preventive Screenings
   - A summary of health disparities identified in five HEDIS® measures related to chronic disease management and preventive screenings (Child and Adolescent Well-Care Visits, Asthma Medication Ratio, Controlling Blood Pressure, Hemoglobin A1c Poor Control for Patients with

Diabetes, and Colorectal Cancer Screening) were presented to solicit feedback on interventions that are culturally & linguistically appropriate to help reduce health disparities.

- Interventions reviewed included the following
  - Member reward programs to engage members
  - Member outreach and education programs to assist with scheduling appointments
  - Home test kits to improve access to care
  - Health fairs to improve access to care and engage members in their personal health
  - Provider education and collaboration

5. Medicare 5 STARS Part 2: Survey Measures for Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Health Outcomes Surveys (HOS)
   - The Centers for Medicare & Medicaid Services (CMS) 45 Star measures and quality rating system for the D-SNP program and the 2026 – 2029 measurement and rating timeline were reviewed. This included an overview of the Star measure data sources (CMS, Health Effectiveness Data Information Set, Consumer Assessment of Healthcare Providers and Systems, HOS, and Pharmacy Quality Alliance) and strategies to improve Star ratings.

Gold Coast Health Plan℠
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AGENDA ITEM NO. 6

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

FROM: Erik Cho, Chief Policy & Programs Officer
Pauline Preciado, Executive Director of Population Health
Erin Slack, Senior Manager, Population Health

DATE: August 25, 2025

SUBJECT: **Community Needs Assessment**

PowerPoint with Verbal Presentation

ATTACHMENTS:

2025 CHNA Presentation

VENTURA COUNTY COMMUNITY HEALTH IMPROVEMENT COLLABORATIVE

Return to Agenda

Collective Assessment & Action Planning

Return to Agenda

VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

CHNA – What is the Purpose?

- **Fulfils Regulatory Requirements** - **Managed Care Plans** – must contribute to collaborative community health assessment (beyond MCP members) in partnership with local health department (DHCS)
- **Provides Vital Community Insights** - **Data Analysis** – identifies pressing health-related needs, uplifts health disparities, pinpoints local strengths & resources – lends understanding of complex, dynamic health landscape
- **Foundational for Planning & Action** - **Improves Impact** – Quality information & partnerships set stage for effective, collective implementation and long-term accountability
- **Advances VCCHIC Values** - **Equity & Inclusion** – collaborative data gathering, multi-lingual access, focus on populations experiencing health inequities, prioritizing community expertise, regular outreach, recruitment & communication

Return to Agenda

2025 CHNA – Data Sources and Parameters

Significant health needs based on primary & secondary data

Community Survey 6,681 survey responses	**Selected by 20% of respondents as a priority health issue**
Health & Quality of Life Indicators 328 indicators reviewed & analyzed	**Health topic scores of ≥1.45**
Focus Groups & Listening Sessions 10 FG populations & 6 LS service/population areas	**Frequently discussed in community member focus groups & partner listening sessions**
Life Expectancy Analysis Leading causes of death & life expectancy	**Leading causes of premature death**

VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

2026-2028 CHNA/CHIS Priority Areas

Behavioral Health

Older Adults' Health

Women's Health

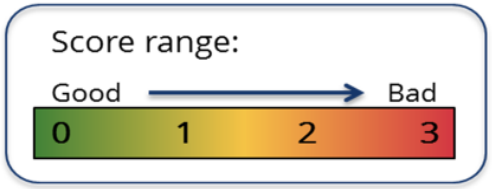
Return to Agenda

2025 CHNA Data Scoring Results

Health Topic	2025 Score	2022 Score
Women's Health	1.74	1.41
Older Adults	1.71	1.59
Alcohol & Drug Use	1.70	1.71
Adolescent Health	1.56	1.55*
Other Conditions*	1.50	1.48
Cancer	1.48	1.33
Mental Health & Mental Disorders	1.48	1.26
Heart Disease & Stroke	1.44	1.45
Wellness & Lifestyle	1.38	1.20
Prevention & Safety	1.35	1.68
Diabetes	1.34	1.23
Weight Status	1.34	1.48
Children's Health	1.33	1.32
Health Care Access & Quality	1.31	1.43
Physical Activity	1.30	1.46
Nutrition & Healthy Eating	1.25	1.52
Mortality Data	1.24	1.35
Maternal, Fetal & Infant Health	1.17	1.09
Sexually Transmitted Infections	1.16	1.22
Immunizations & Infectious Diseases	1.13	1.16
Tobacco Use	0.98	1.36
Respiratory Diseases	0.97	1.11
Oral Health	0.96	1.12
Health Information Technology	0.82	N/A

Quality of Life Topic	2025 Score	2022 Score
Education	1.57	1.21
Community	1.30	1.24
Economy	1.29	0.96
Environmental Health	1.28	1.31

*Other conditions include osteoporosis, chronic kid disease, arthritis, dehydration, urinary tract infections.



Reviewed "Indicators of Concern" with scores of **1.45** or higher.

Scores range from 0 (Good) to 3 (Worse) based on comparisons to state and national values, trends over time, and HP2030 (when applicable).

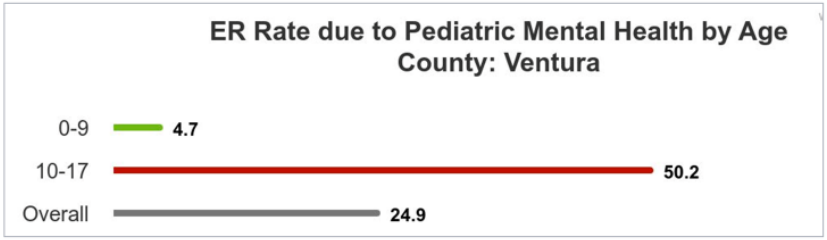
Conduent HCI Data Scoring Tool Results for Ventura County, March 28, 2025

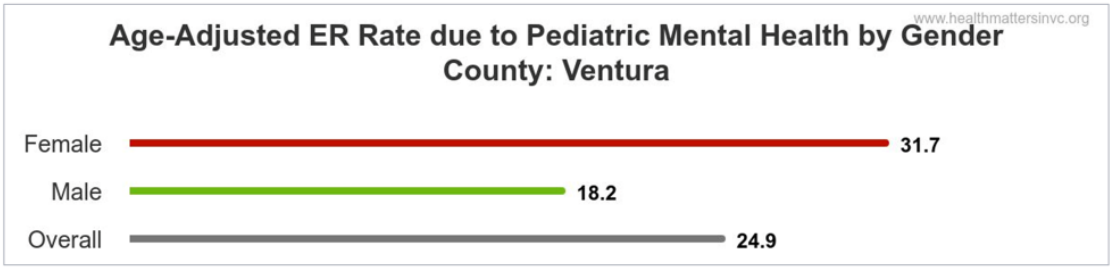
Mental Health – Key Disparities

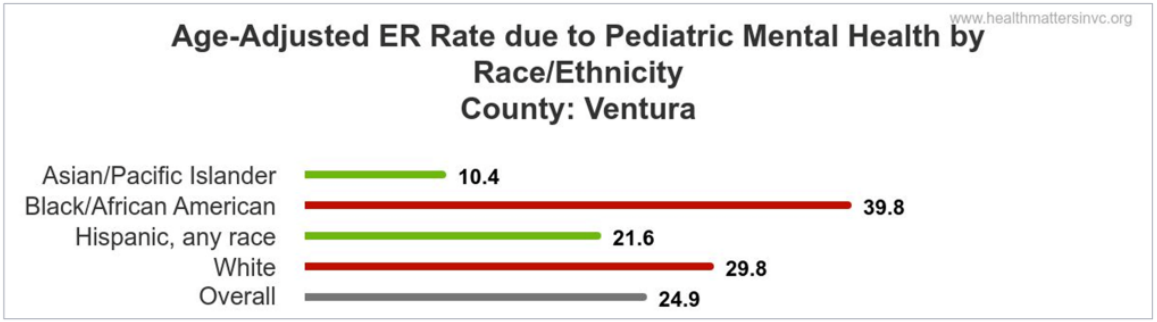
ER Rate and Hospitalization Rate* due to **Pediatric Mental Health** is significantly higher among the following groups:

- 10-17 year olds
- Females
- Black-African American population
- White population

*charts not shown

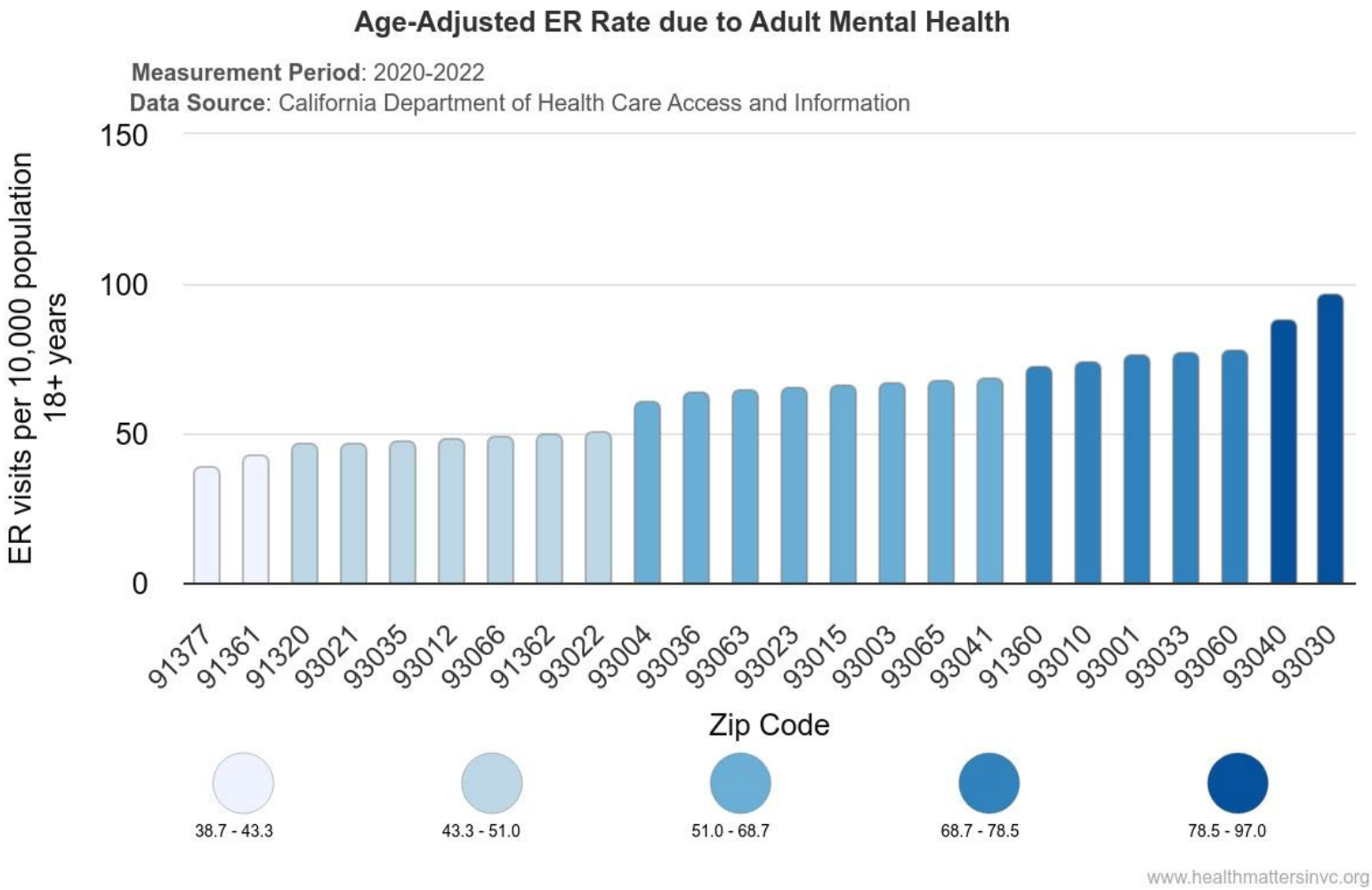






Source: California Department of Health Care Access and Information. Available on www.healthmattersinvc.org

Mental Health – Geographic Disparities



Mental Health – GCHP PNA

Chronic Condition	Unique Member Count	Percent of Total Population
Disorders of lipid metabolism	38,322	15.4%
Hypertension, without major complications	34,301	13.8%
Anxiety, neuroses	28,029	11.3%
Obesity	23,110	9.3%
Gingivitis	17,340	7.0%
Major depression	14,117	5.7%
Type 2 diabetes, with complication	13,795	5.5%
Asthma, without status asthmaticus	13,663	5.5%
Depression	13,196	5.3%
Degenerative joint disease	13,032	5.2%

Source: John's Hopkins ACG Expanded Diagnostic Cluster based upon June 2024 enrollment.

Alcohol & Drug Use – Key Disparities

The following groups are more likely to be have higher rates of hospitalization, ER, and death rates due to alcohol and drug use:

- Young adults
- Males
- White individuals

Indicator	Groups Experiencing Disparities		
	Age	Gender	Race/Ethnicity
Age-Adjusted Hospitalization Rate due to Adult Alcohol Use	35-44, 45-64	Male	White
Age-Adjusted ER Rate due to Adult Alcohol Use	25-34, 35-44, 45-64	Male	White
Age-Adjusted ER Rate due to Opioid Use	25-34, 35-44	Male	White
Age-Adjusted ER Rate due to Substance Use	18-24, 25-34, 35-44	Male	Black/African American White
Age-Adjusted ED Visit Rate due to All Drug Overdose			White
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate		Male	
Age-Adjusted Hospitalization Rate due to All Drug Overdose			White
Age-Adjusted Hospitalization Rate due to Opioid Use	25-34	Male	
Age-Adjusted Hospitalization Rate due to Substance Use	25-34		White

Available on www.healthmattersinvc.org

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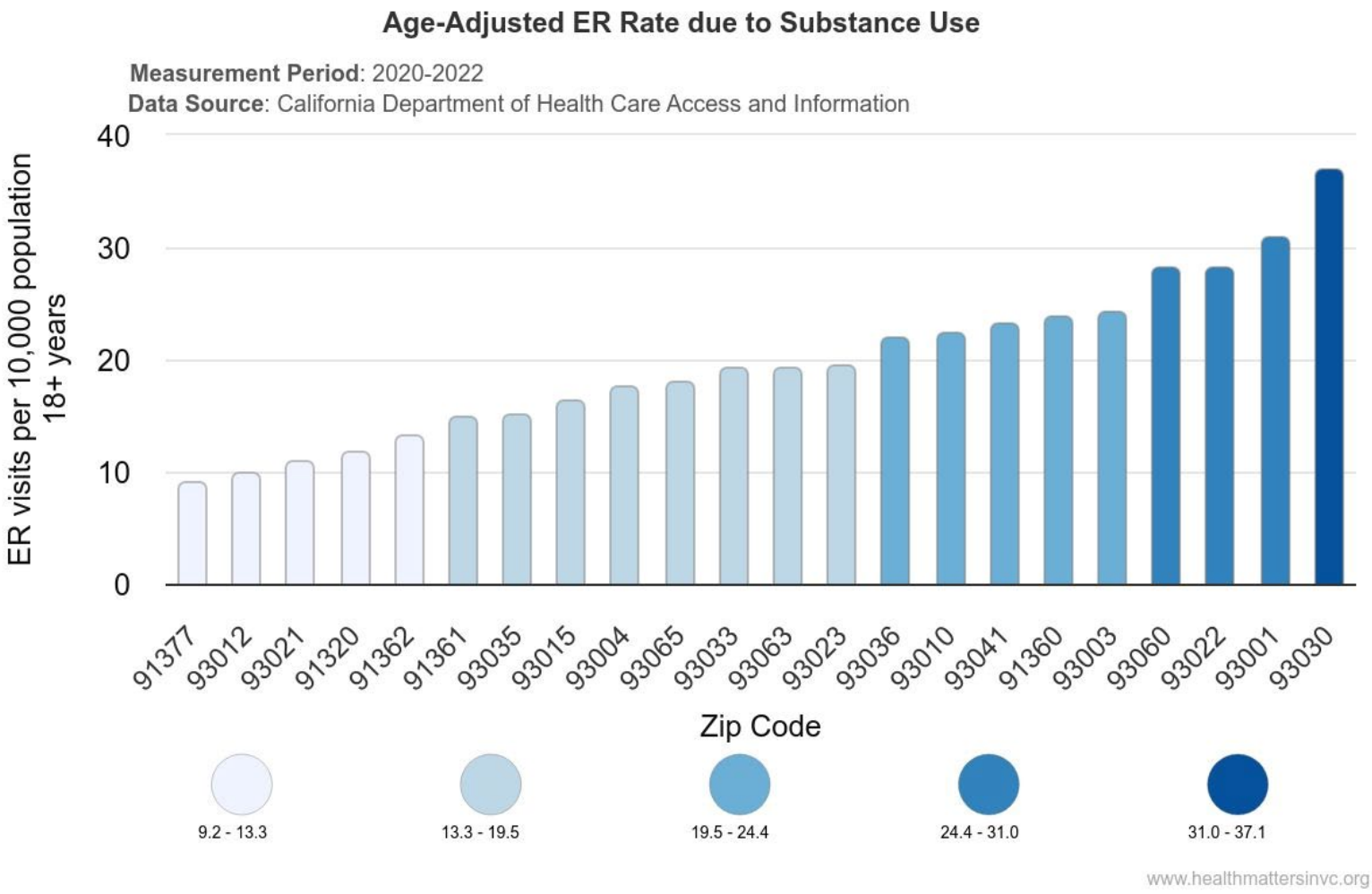
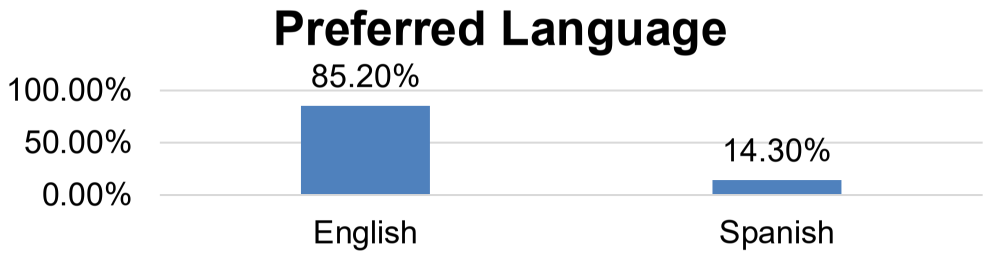
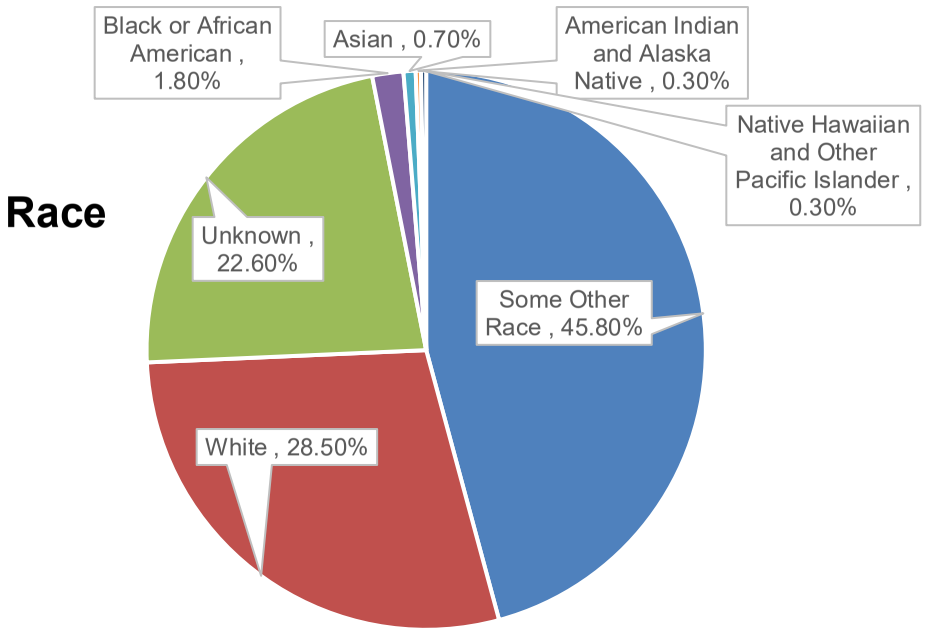
Substance Use – Geographic Disparities

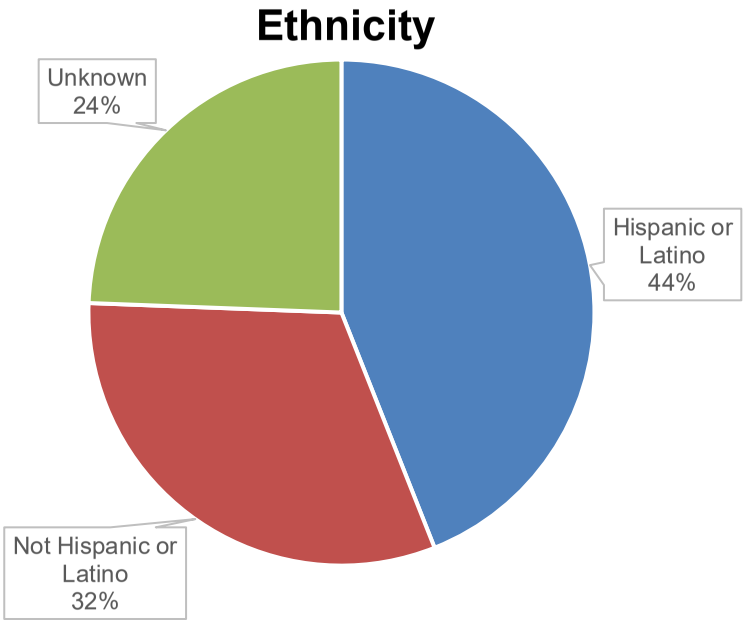


Substance Use – GCHP PNA



Age	Percent of Age
21 - 64	80.5%
65+	10.5%
0 - 20	9.1%





Source: John's Hopkins ACG Expanded Diagnostic Cluster based upon June 2024 enrollment.

Older Adults' Health – Quality of Life

1 in 5 (21.2%) adults 65+ **live alone**[1]

1 in 3 (33.2%) adults 65+ have a **disability**[1]

1 in 5 (22.0%) Medicare beneficiaries have **diabetes**[2]

1 in 5 (22.0%) Medicare beneficiaries have **ischemic heart disease**[2]

1 in 6 (17.0%) Medicare beneficiaries have **depression**[2]

Priority Area – Older Adults' Health

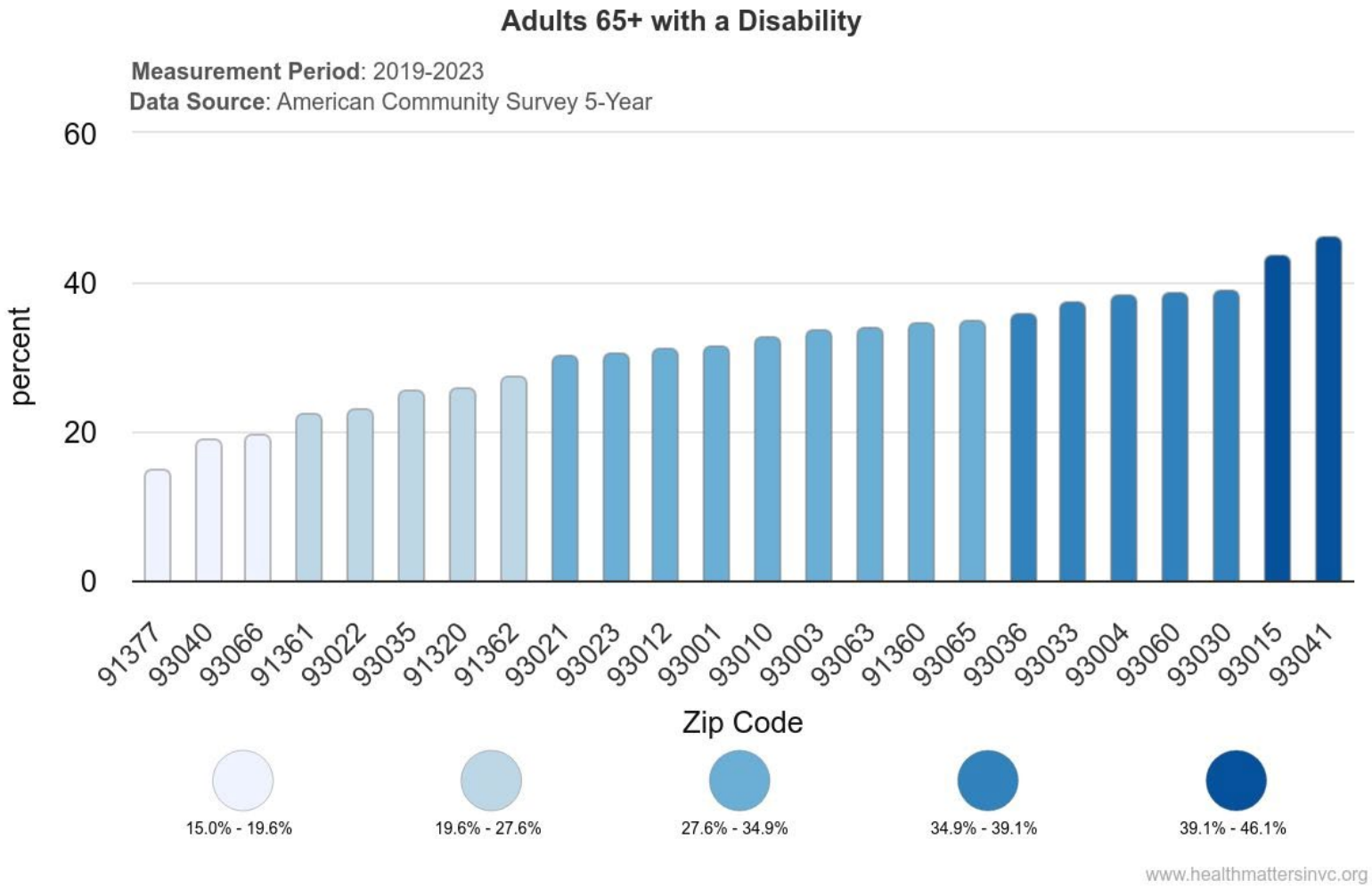
Community Input

- **Top reason for discrimination was age** according to community survey respondents.
- **Focus group participants** expressed concern for older adults, especially those with limited income, who may be isolated or have difficulty accessing the services they need.
- **Community partners** expressed concerns for older adult & disabled populations, especially those that are homebound, who were noted as particularly vulnerable.
- **Community partners** identified a shortage of mental health practitioners & services for the older adult population, emphasizing the need for more providers with expertise in geriatric care.

> *I think about seniors and elderly who don't have the resources or even transportation to get this kind of information.*
> ***– Black and African American Focus Group***

> *Transportation [to access health care] needs to be door to door…we [also] need people that would be willing to go into the home…it's so expensive to provide caregivers…[and] people want to age in place. –* ***Older Adults' Health Listening Session***

65+ w/Disability – Geographic Disparities



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Persons with Disabilities – GCHP PNA

Persons with Disabilities	N=15,740 or 6.3%	
Chronic Conditions	Unique Member Count	Prevalence Percentage
Hypertension, without major complications	5,557	35.3%
Disorders of lipid metabolism	5,156	32.8%
Anxiety, neuroses	3,885	24.7%
Developmental disorder	3,213	20.4%
Obesity	2,796	17.8%
Degenerative joint disease	2,555	16.2%
Type 2 diabetes, with complication	2,442	15.5%
Autism Spectrum Disorder	2,386	15.2%
Major depression	2,382	15.1%
Nonspecific signs and symptoms	2,293	14.6%

Source: John's Hopkins ACG Expanded Diagnostic Cluster based upon June 2024 enrollment.

Women's Health – Key Indicators

	VALUE	COMPARED TO:					
Age-Adjusted Death Rate due to Breast Cancer	20.2 Deaths per 100,000 females (2020-2022)	CA Counties	CA Value (17.6)	US Value (19.3 in 2018-2022)	Prior Value (19.8)	Trend	HP 2030 Target (15.3)
Breast Cancer Incidence Rate	139.0 Cases per 100,000 females (2017-2021)	CA Counties	U.S. Counties	CA Value (124.0)	US Value (129.8)	Prior Value (130.7)	Trend
Cervical Cancer Incidence Rate	7.5 Cases per 100,000 females (2017-2021)	CA Counties	U.S. Counties	CA Value (7.3)	US Value (7.5)	Prior Value (7.6)	Trend
Cervical Cancer Screening: 21-65	82.2% (2020)	CA Counties	U.S. Counties	US Value (82.8%)			

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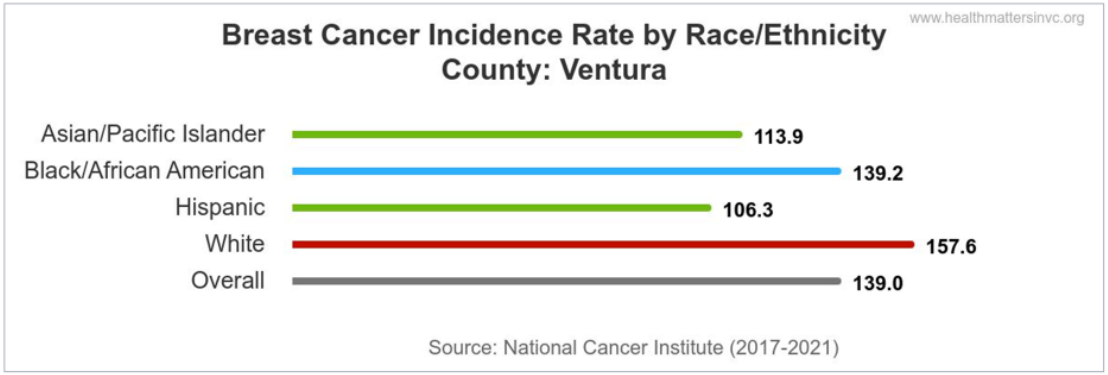
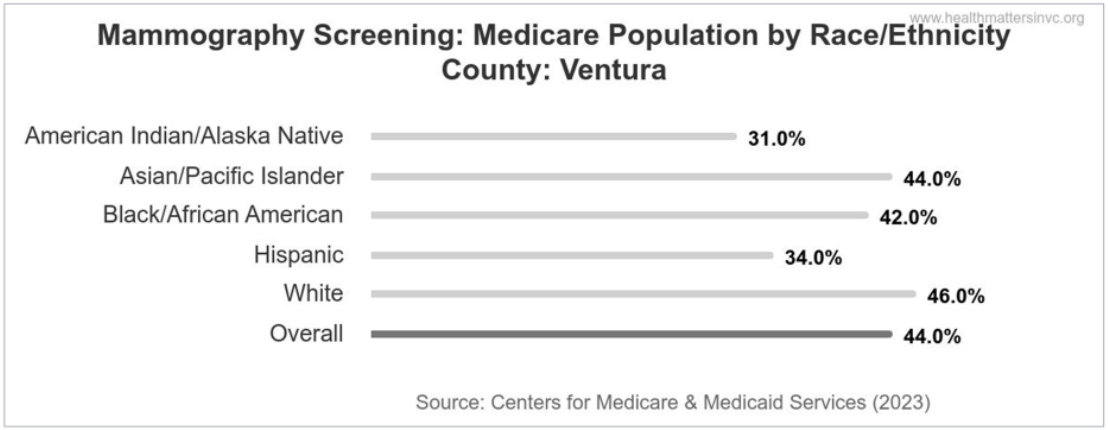
Women's Health – Key Indicators

Breast Cancer incidence is highest among **White** women.



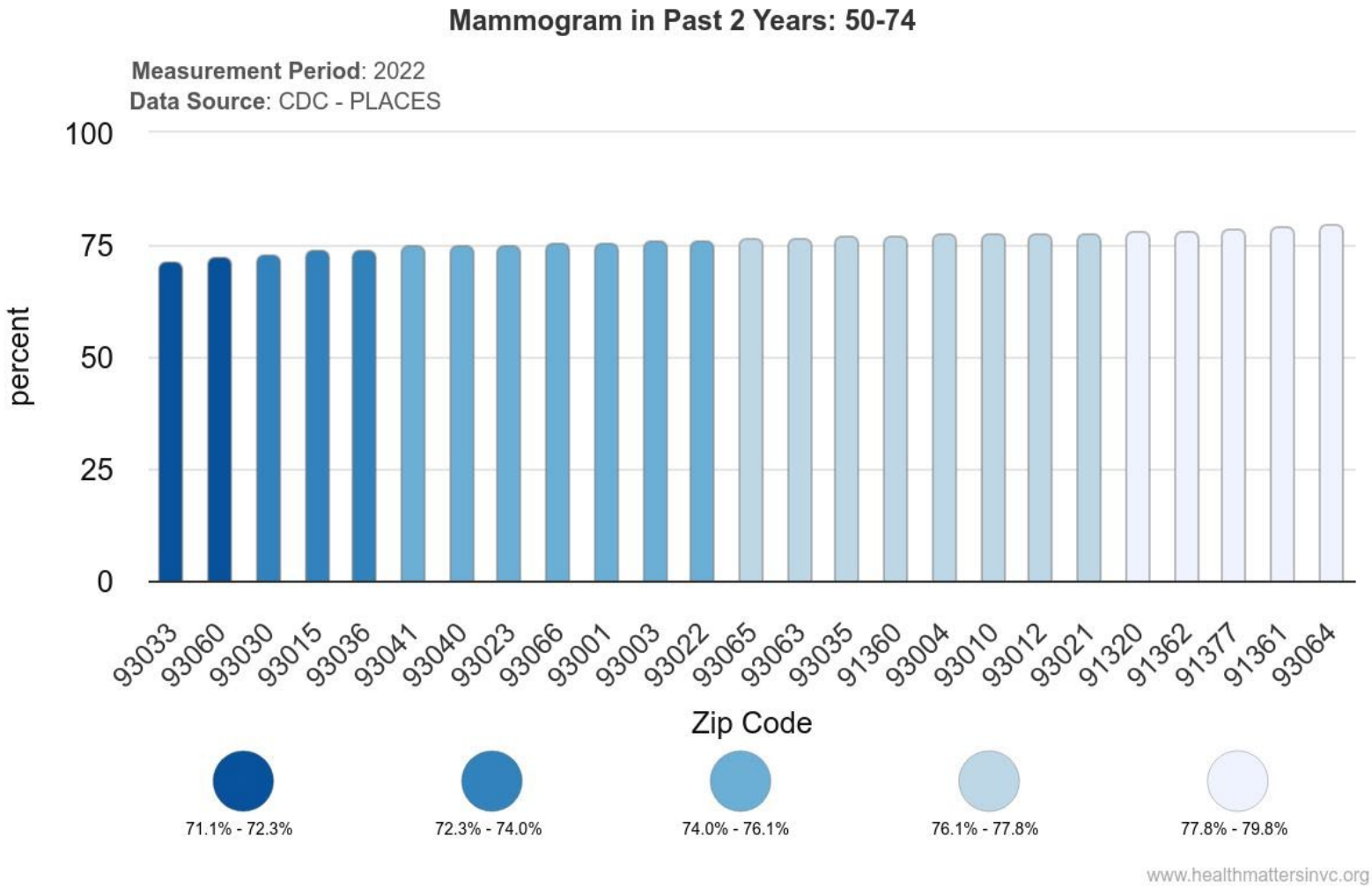
Mammography screenings among the Medicare population are lower for among the following:

- **Hispanic** women
- **American Indian/ Alaska Native** women



Available on www.healthmattersinvc.org

Women's Health – Geographic Disparities



Women's Health – GCHP PNA

Measure: Breast Cancer Screening (BCS-E)

Measure Description: This measures the percentage of women ages 40 to 74 who had a mammogram to screen for breast cancer anytime on or between October 1 two years prior to the measurement year through December 31 of the measurement year.

Measure	2023 MY	2024 MY	2023 – 2024 Rate Change	2024 MY Goal	Goal Met
BCS-E	59.65	66.50	+6.85	63.48	Yes

Category	Groups with Lowest rates*
Residence	Ventura (61.11%), Camarillo, Somis, Santa Rosa (60.71%), Oak View, Ojai (60.96%), Outside Ventura County (45.05%)
Age Group	Ages 70 to 74 (55.51%)
Language	English (58.19%)
Race	White (55.57%), African American (53.27%), American Indian/Alaska Native (50.00%*), Other (58.52%), Unknown (62.43%)
Ethnicity	Non-Hispanic (57.46%), Unknown (62.43%), Other (58.52%)

64 of 163 pages

Return to Agenda

** Health disparities identified in subgroups with less than 30 in administrative measures or less than 10 in hybrid measures are reviewed with caution since small groups can have a lot of variability in rates with small changes in the eligible populations.*

Health Matters website

www.healthmattersinvc.org

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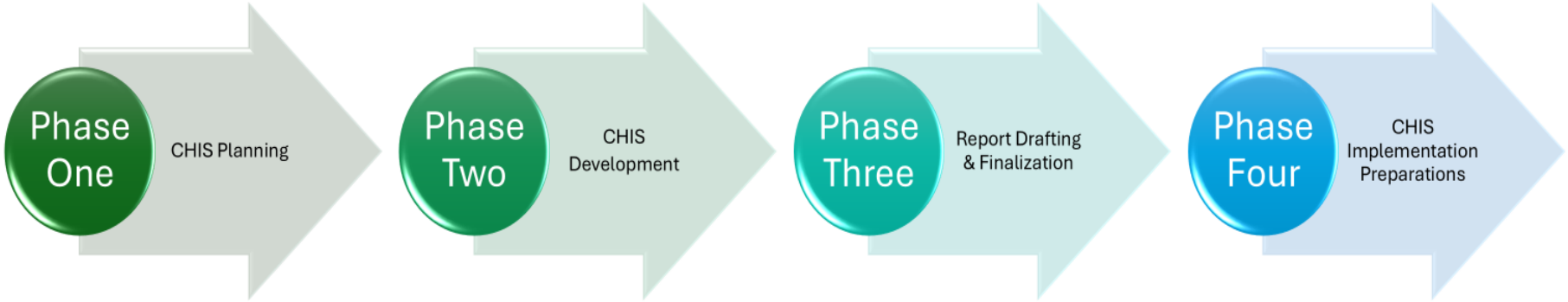
CHIS Development Process



June-July 2025

Review Process
- ✓ CHNA Priorities
- ✓ 2022 CHIS
- ✓ 2022 CHNA Impact Evaluation

Partner Outreach
- ✓ Recruitment & alignment

Kick-off Webinar on 7/10

Calendaring

August-September 2025

CHIS Priority Area Workshops
- ✓ Review CHNA data, assess gaps & opportunities
- ✓ Assess promising interventions
- ✓ Establish goals & objectives
- ✓ Guide Workgroup in crafting intervention recommendations

September-October 2025

Drafting
- ✓ Ensuring compliance with VCCHIC member requirements
- ✓ Translation to Spanish

Formal Approval Process
- ✓ VCCHIC Steering Committee reps finalize & work with organization leadership to approve

November-December 2025

Promotion
- ✓ Hold Community Forums to highlight CHNA findings & CHIS goals

Preparing to Launch in 2026
- ✓ Establish Priority Implementation Workgroups
- ✓ Expand VCCHIC Steering Committee

Questions & Discussion
Contact eslack@goldchp.org

Return to Agenda

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Pshyra Jones, Executive Director, Health Equity

DATE: August 25, 2025

SUBJECT: Health Equity Strategy

PowerPoint with Verbal Presentation

ATTACHMENTS:

Advancing Health Equity
Gold Coast Strategy 2025/2026

Gold Coast Health Plan℠
A Public Entity

Advancing Health Equity GCHP Strategy 2025/2026

Integrity

Accountability

Collaboration

Trust

Respect

August 25, 2025

Pshyra Jones
Executive Director, Health Equity

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Why Health Equity Matters

- **Closes gaps** – Addresses systemic inequities in access, quality, and outcomes
- **Lifts all** – Benefits entire communities, not just those most at risk
- **Fulfills requirements**- Ensure we comply with state quality requirements and NCQA accreditation standards
- **Builds trust** - Culturally responsive care strengthens patient-provider relationships
- **Saves lives** - Timely, equitable care prevents avoidable illness and death

Return to Agenda

DHCS Bold Goals Driving Equity

Thinking Big

BOLD GOALS:
50x2025

STATE LEVEL

- Close racial/ethnic disparities in well-child visits and immunizations by 50%
- Close maternity care disparity for Black and Native American persons by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow up for mental health and substance use disorder by 50%

- Ensure all MCPs exceed the 50th percentile for all children's preventive care measures

Return to Agenda

Our Framework

- Data collection & Stratification
- Community Engagement & Member Voice
- Capacity Building & Training
- Care Delivery & Access
- Program Investment

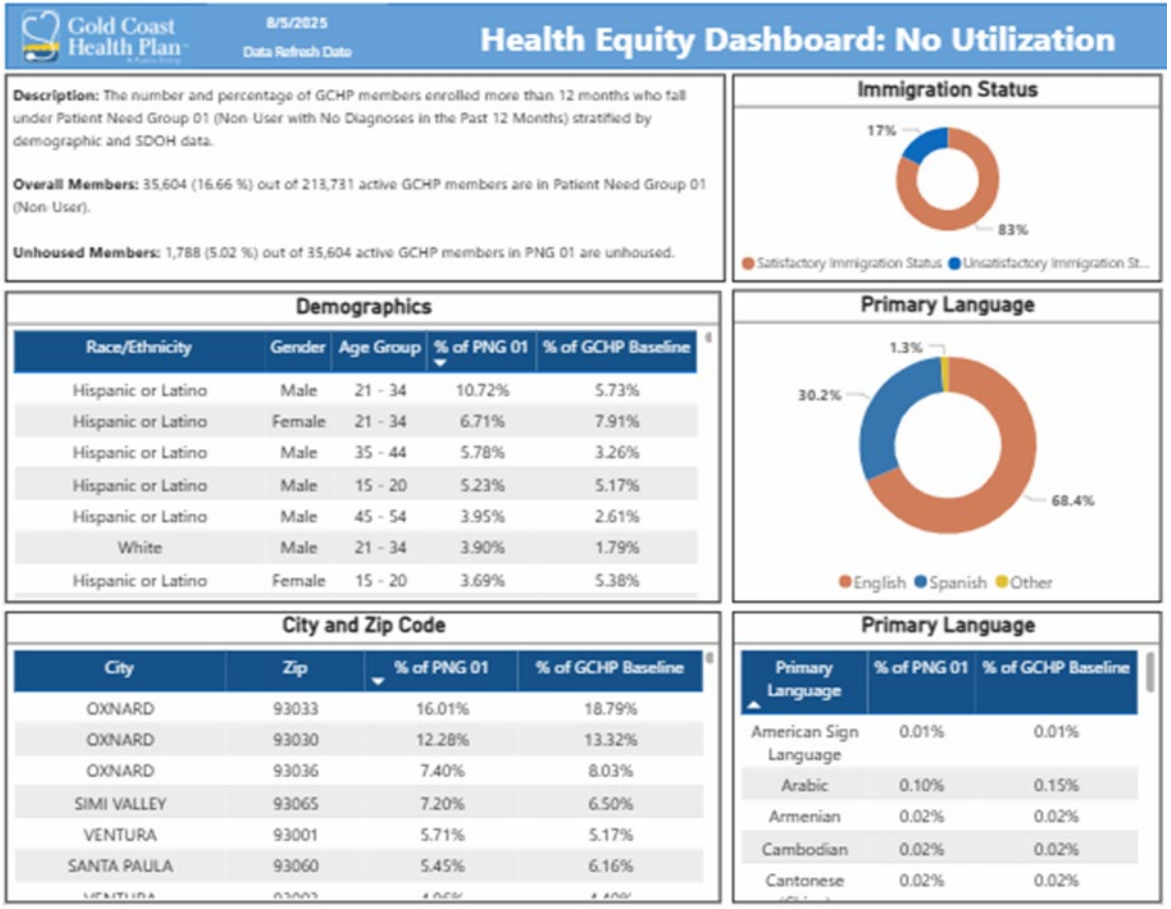
Return to Agenda

Data & Accountability
“Measure what matters”

Delivered Equity Dashboard to track disparities by race, ethnicity, language (REL), geography, disability status, and social needs

Use stratified data to design targeted interventions:

- REL
- Sexual Orientation and Gender Identify(SOGI)
- Social Drivers of Health (SDOH)



Gold Coast Health Plan

8/5/2025
Data Refresh Date

Health Equity Dashboard: No Utilization

Description: The number and percentage of GCHP members enrolled more than 12 months who fall under Patient Need Group 01 (Non User with No Diagnoses in the Past 12 Months) stratified by demographic and SDOH data.

Overall Members: 35,604 (16.66 %) out of 213,731 active GCHP members are in Patient Need Group 01 (Non User).

Unhoused Members: 1,788 (5.02 %) out of 35,604 active GCHP members in PNG 01 are unhoused.

Immigration Status

17%
83%
Satisfactory Immigration Status
Unsatisfactory Immigration St...

Demographics

Race/Ethnicity	Gender	Age Group	% of PNG 01	% of GCHP Baseline
Hispanic or Latino	Male	21 - 34	10.72%	5.73%
Hispanic or Latino	Female	21 - 34	6.71%	7.91%
Hispanic or Latino	Male	35 - 44	5.78%	3.26%
Hispanic or Latino	Male	15 - 20	5.23%	5.17%
Hispanic or Latino	Male	45 - 54	3.95%	2.61%
White	Male	21 - 34	3.90%	1.79%
Hispanic or Latino	Female	15 - 20	3.69%	5.38%

Primary Language

1.3%
30.2%
68.4%
English
Spanish
Other

City and Zip Code

City	Zip	% of PNG 01	% of GCHP Baseline
OXNARD	93033	16.01%	18.79%
OXNARD	93030	12.28%	13.32%
OXNARD	93036	7.40%	8.03%
SIMI VALLEY	93065	7.20%	6.50%
VENTURA	93001	5.71%	5.17%
SANTA PAULA	93060	5.45%	6.16%

Primary Language

Primary Language	% of PNG 01	% of GCHP Baseline
American Sign Language	0.01%	0.01%
Arabic	0.10%	0.15%
Armenian	0.02%	0.02%
Cambodian	0.02%	0.02%
Cantonese	0.02%	0.02%

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Community Engagement & Member Voice "Listen, include, empower"

Community co-design via the:

- Member Advisory Committee (MAC)
- Community Advisory Committee (CAC)
- Ventura County Community Health Improvement Collaborative (VCCHIC)

Use member experience surveys and focus groups to elevate member voices

Return to Agenda

Capacity Building & Training
" It's happening now"

Community Health Workers

- Mixteco Indigena Community Organizing Project (MICOP) "Promotoras de Parto y Posparto"
- Conejo Health
- Member Care Ambassadors

Workforce Diversity

- $1.5 million to strengthen diversity in Ventura County's behavioral health workforce (SBHIP)
- Psychiatry residents across Community Mental Health sites (RISE)

Staff and provider training

- Diversity, Equity and Inclusion
- Transgender, Gender Diverse, or Intersex Culturally Competency Training

Return to Agenda

Care Delivery & Access "Open doors to care"

$21.9 million over 3 years through the RISE program

- Extended hours for Women's Health Breast Imaging/Increased Access to Well Women Screening
- El Rio Urgent Care Expansion
- Mental health Services for Youth
- Improve access to mental health substance use disorder (SUD) services
- In-home visits, remote monitoring (Livingston Memorial Visiting Nurse Association

UC Milk Bank of San Diego

Fresh for All and Every Family Every Market

Return to Agenda

Program Investment "Design for impact"

Institute for Healthcare Improvement BH Collaborative

Birth Equity Stakeholder Group

Quality Improvement Projects Focused on Health Equity

Department of Health Care Services (DHCS) Birthing Care Pathway

DHCS Maternal Behavioral Health and Substance Abuse

Ventura County Community Health Improvement Collaboratives (VCCHIC) countywide strategic plan Community Health Needs Assessment/Community Health Implementation Strategy (CHNA/CHIS)

Return to Agenda

Elevation, Reporting, and Continuous Improvement

- Quarterly reporting to internal stakeholders and Commission on the status of health equity strategy and initiatives
- Report to the Quality Improvement & Health Equity Committee (QIHEC)
- Evaluate RISE-funded projects using health equity and access metrics

Return to Agenda

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, MD, Chief Medical Officer
Kim Timmerman, MHA, CPHQ, Executive Director Quality Improvement

DATE: August 25, 2025

SUBJECT: Quality Improvement & Health Equity Committee 2025 Second Quarter Report

SUMMARY:

The Department of Health Care Services ("DHCS") requires Gold Coast Health Plan ("GCHP") to implement an effective quality improvement system and to ensure that the governing body routinely receives written progress reports from the Quality Improvement and Health Equity Committee ("QIHEC").

The attached PPT report contains a summary of activities of the QIHEC and its subcommittees.

FISCAL IMPACT:

None

RECOMMENDATION:

Receive and file the update.

ATTACHMENTS:

1) Timmerman, K., (2025). Quality Improvement, Ventura County Medi-Cal Managed Care Commission, Quality Improvement and Health Equity 2025 Second Quarter Report, Presentation Slides.

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Quality Improvement and Health Equity Committee 2025 Second Quarter Report

August 25, 2025

James Cruz, MD - Chief Medical Officer
Kim Timmerman, MHA, CPHQ - Executive Director Quality Improvement

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Q2 2025 Quality Improvement Update

- MY 2024 Managed Care Accountability Set Outcomes
- NCQA Health Equity and Health Plan Accreditation

Return to Agenda

MCAS/HEDIS MY 2024 Background

41 Total Measures in MY 2024 MCAS defined by DHCS

18 MCAS Measures **held to MPL**:

- Data collection methodology:
  - 5 hybrid (sample of 411 members - claims, encounters, supplemental data, + medical records)
  - 13 administrative (full population that meets denominator - claims, encounters, supplemental data)

23 MCAS Measures **Report Only** to DHCS

- Administrative/ECDS data collection methodology for all measures
- 7 Report Only measures anticipated to be held to MPL in MY 2025

Return to Agenda

MCAS/HEDIS MY 2024 Performance Highlights

94% at Minimum Performance Level **(MPL)** or above

15 of 18 Measures **improved** compared to MY 2023

11 Measures **at 75th% or above** (61% compared to 39% in MY 2023)

7 measures **increased** in percentile level performance

FUM achieved **MPL** for the **first time** in GCHP history

3 measures **met** High Performance Level (HPL)

Return to Agenda

MCAS/HEDIS MY 2024
Super Six Measures

- PPC-Postpartum: Met 90th percentile
- GSD: Met 90th percentile
- BCS-E: Met 90th percentile
- CCS: 75th percentile
- LSC: 75th percentile
- PPC-Prenatal: 75th percentile

"How did we do this? As a team!"
- The Avengers

Return to Agenda

MY 2024 Rates/Member Impact

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MY 2024 Rate Summary

MCAS Measure/Data Element	MY2023	MY2024	MY2023-MY2024 Rate Difference	Rate Trend	Percentile Difference	Additional Members Served
Hybrid						
Cervical Cancer Screening (CCS)	61.31%	65.45%	4.14%	↑	+1	3055
Childhood Immunization Status - Combo 10 (CIS-10)	32.85%	29.93%	-2.92%	↓	=	-67
Glycemic Status Assessment for Patients with Diabetes-Poor Control >9.0% (GSD)*	28.71%	25.79%	2.92%	↑	=	368
Controlling High Blood Pressure (CBP)	62.29%	66.67%	4.38%	↑	=	897
Immunizations for Adolescents - Combo 2 (IMA-2)	41.61%	45.11%	3.50%	↑	=	73
Lead Screening in Children (LSC)	69.87%	78.14%	8.27%	↑	+1	146
Prenatal and Postpartum Care						
Timeliness of Prenatal Care (PPC-Pre)	92.21%	90.27%	-1.94%	↓	-1	136
Postpartum Care (PPC-Post)	89.29%	92.70%	3.41%	↑	=	224
Administrative						
Breast Cancer Screening (BCS)	59.65%	66.50%	6.85%	↑	+1	1002
Asthma Medication Ratio (AMR)	46.80%	57.93%	11.13%	↑	+1	55
Child and Adolescent Well-Care Visits (WCV)	49.79%	55.44%	5.65%	↑	=	-464
Topical Fluoride for Children (TFL)	28.10%	32.99%	4.89%	↑	=	920
Developmental Screening in the First Three Years of Life (DEV)	47.85%	55.93%	8.08%	↑	=	321
Well-Child Visits in the First 30 Months of Life						
First 15 Months - Six or more visits (W30-15)	60.70%	68.35%	7.65%	↑	+1	-70
15 to 30 months - 2 or more visits (W30-30)	72.94%	77.72%	4.78%	↑	=	73
Chlamydia Screening in Women (CHL)	63.59%	64.59%	1.00%	↑	=	-409
Follow-Up After Emergency Department Visit for Mental Illness (FUM-30)	23.59%	60.98%	37.39%	↑	+3	340
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-30)	28.32%	45.81%	17.49%	↑	+2	303

Percentile				
10th	25th	50th	75th	90th

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GCHP MY 2024 MCAS Member Impact Highlights

Almost 8,000 care gaps closed

- 3,055 more members received cervical cancer screening
- 1,002 more mammograms were completed
- 920 more children received topical fluoride varnish
- 321 more children were screened for developmental delays
- 146 more children were tested for lead exposure
- 897 more members with high blood pressure had a blood pressure reading under 140/90
- 303 more members had a follow-up visit after a substance use ED visit
- 340 more members had a follow-up visit after a mental health ED visit

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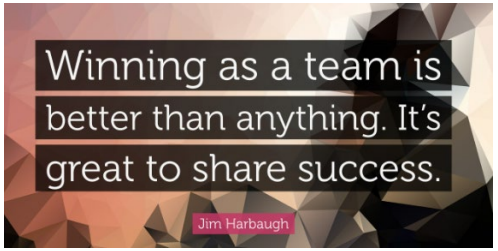
NCQA Health Equity Accreditation

GCHP completed the NCQA Health Equity Accreditation (HEA) submission on **June 10, 2025**

July 28, 2025 Closing Conference - NCQA Surveyor Feedback



Strengths:

- Dedicated & knowledgeable staff
- Documentation well prepared and presented
- Detailed policies and procedures
- Reports demonstrate good quantitative and qualitative analysis
- Assessing and addressing members cultural, ethnic, racial and linguistic needs

Opportunities:

- N/A - All elements scored as **MET**! 100% of standards points achieved.

➢ **Decision Notification**

- GCHP will receive a final decision letter, certificate, and NCQA seal by **September 1, 2025**

NCQA Health Plan Accreditation

Aug - Oct

Continue Survey Readiness and Preparation Efforts

- Continue remediating "partial met" and "not met" elements/factors and conducting mock file reviews
- Continue collaborating with TMG and business units on evidence refinement and finalization

Oct 7

Final submission to NCQA

- All evidence to be tagged, bookmarked, reviewed by The Mihalik Group (TMG) and NCQA project team, and uploaded to NCQA's Interactive Review Tool (IRT) for submission

Oct 29

Initial Issues Report

- NCQA project team to receive Initial Issues Report from NCQA. This report includes any questions, clarifications, issues from surveyor

Nov 4

Survey Conference Call

- NCQA project team to meet with surveyor to clarify outstanding issues before submitting final response to survey team

Nov 24

Virtual File Review

- GCHP to present selected CM, Credentialing, & UM Denial & Appeal Files to surveyor

TBD

Closing Conference

- Surveyor presentation to GCHP of findings, strengths, opportunities

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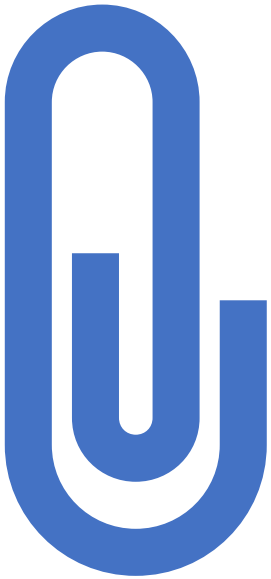

Appendix

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MCAS/HEDIS MY 2024 Interventions

- **Member Outreach Campaigns**
  - CareNet gap closure appointment scheduling: well-child, postpartum, cervical cancer screening
  - Asthma outreach program
  - Children's Health: Flu shot outreach campaign

- **Meeting members where they are**
  - GCHP Health Fairs and Clinic-Sponsored Partnerships
  - Wellth Mobile App focused on chronic condition management

- **Member Incentives**
  - Lead Screening, Flu Shot, Well Child, Mammogram, Cervical Cancer Screening, Diabetes HbA1c
  - Mailed and Point of Care options

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MCAS/HEDIS MY 2024 Interventions

- **Network Strategy**
  - Quality Incentive Pool and Program (QIPP)
    - 14 Measures: 7 required/ 7 optional
  - Provider grants to improve access and quality
- **Data Strategy and Improvements**
  - Increase in supplemental data sources
  - Updated data mapping to improve capture of services
  - Refinement of EMR data feeds including all 14 measures for QIPP
  - Expanded code mapping for select measures
  - Additional data file from Ventura County Behavioral Health (VCBH)
  - Data validation and documentation process improvement
  - Data deep dives in partnership with health systems to remediate discrepancies
- **Collaborations to Improve Coordination of Care**
  - Conejo Health, Carelon and VCBH to improve FUA/FUM services
  - Building Health Smiles to administer topical fluoride varnish at health fair

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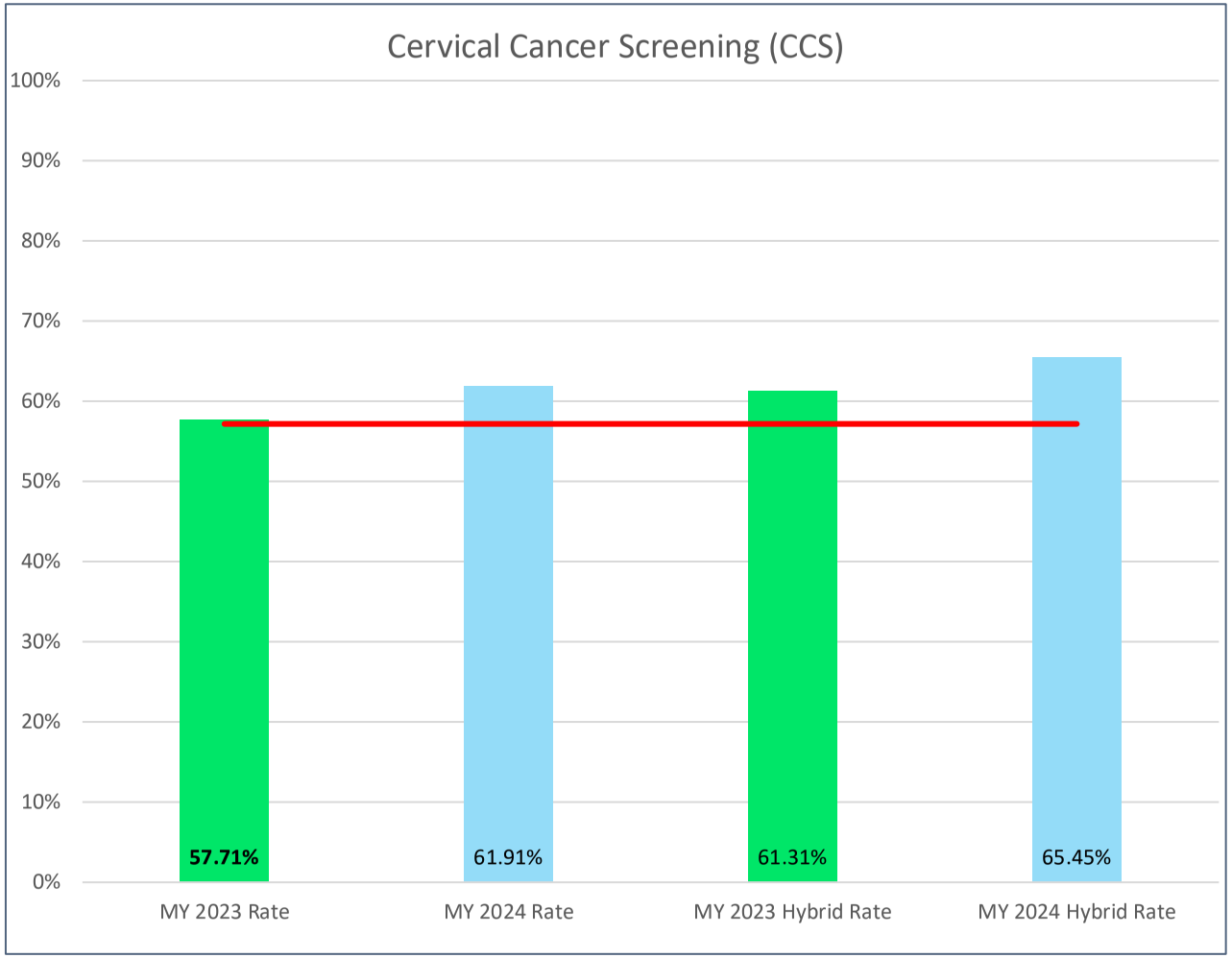
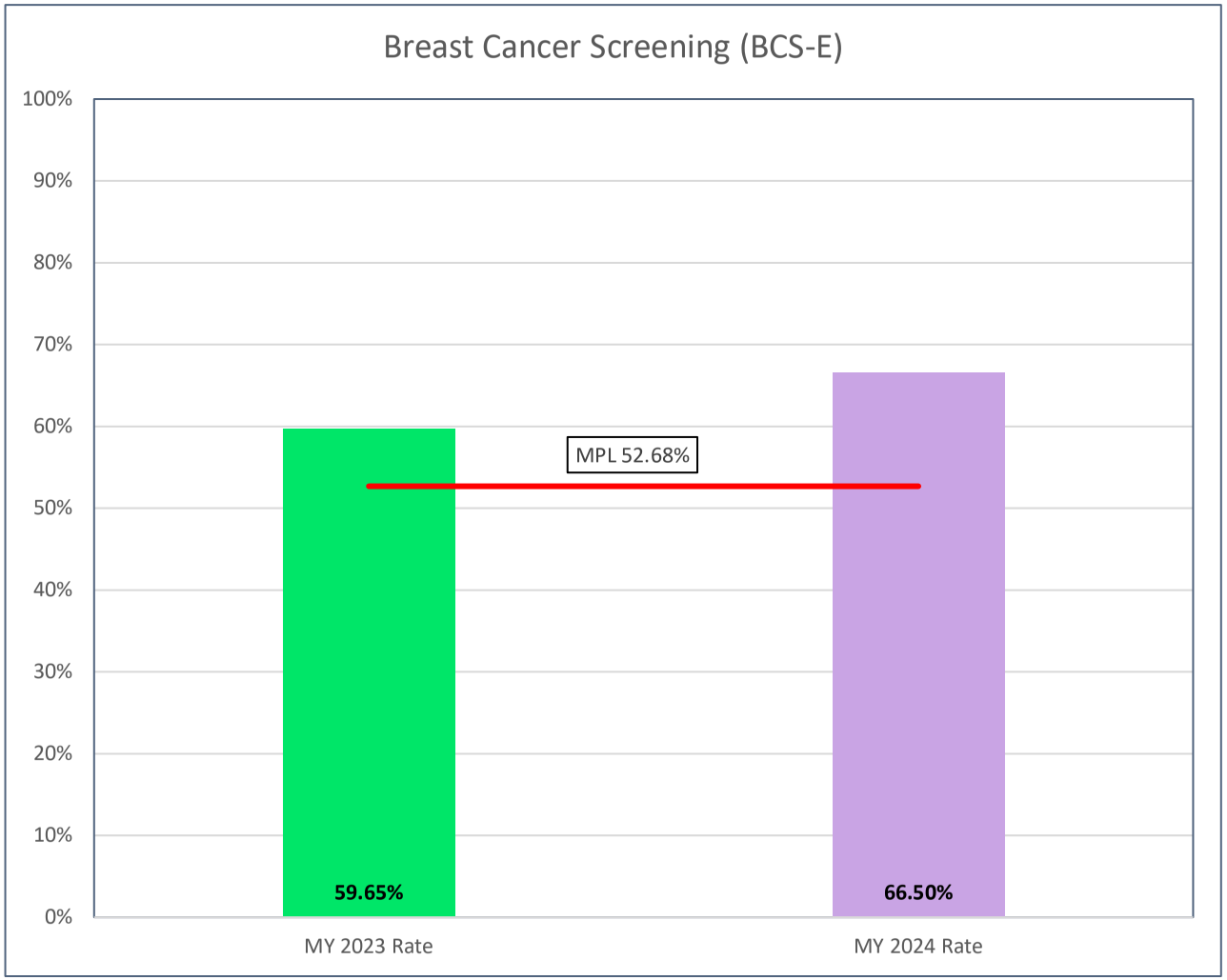
CANCER PREVENTION MEASURES



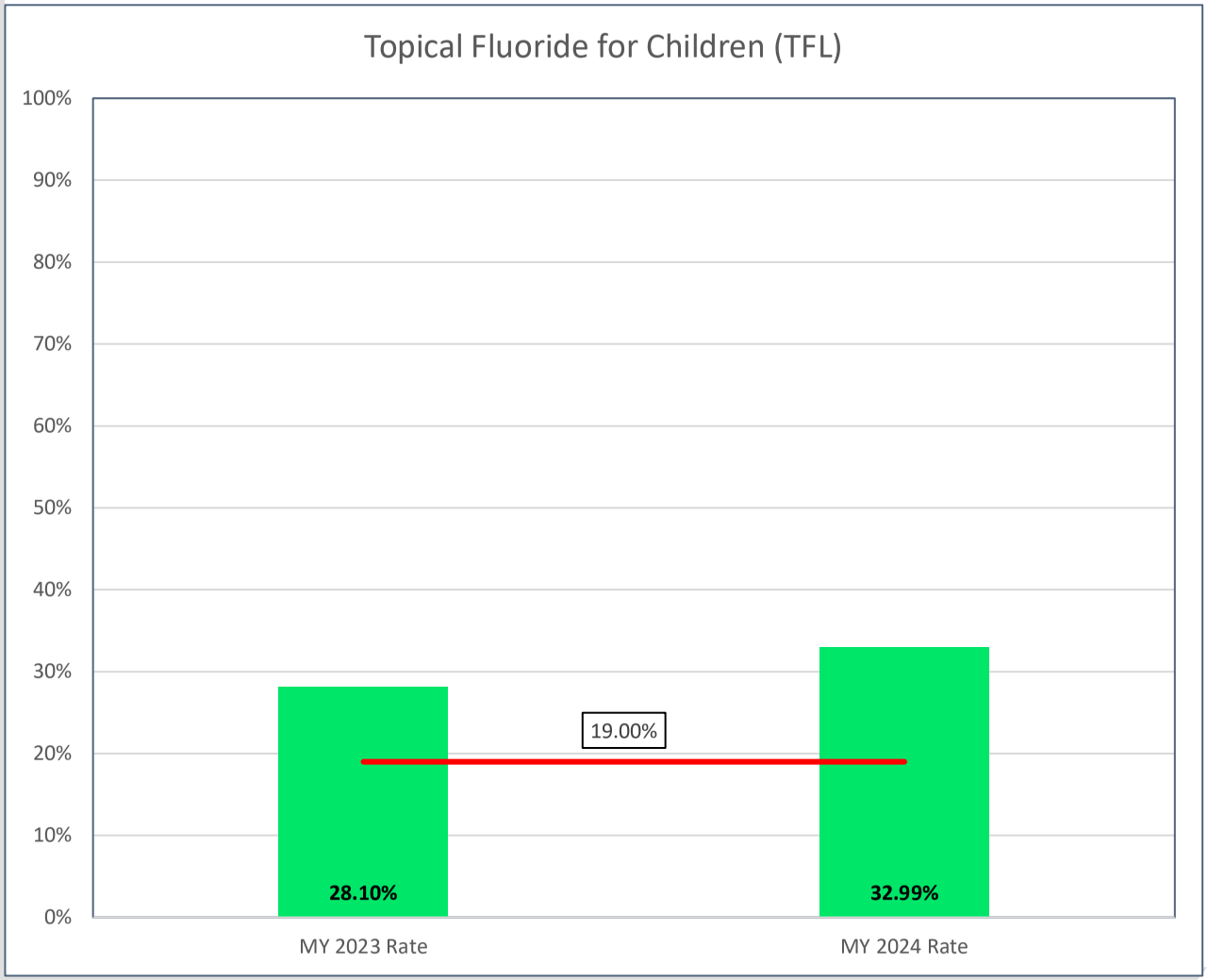
3,055 more members between 21 and 64 years old received cervical cancer screening in 2024 compared to 2023.

CANCER PREVENTION MEASURES



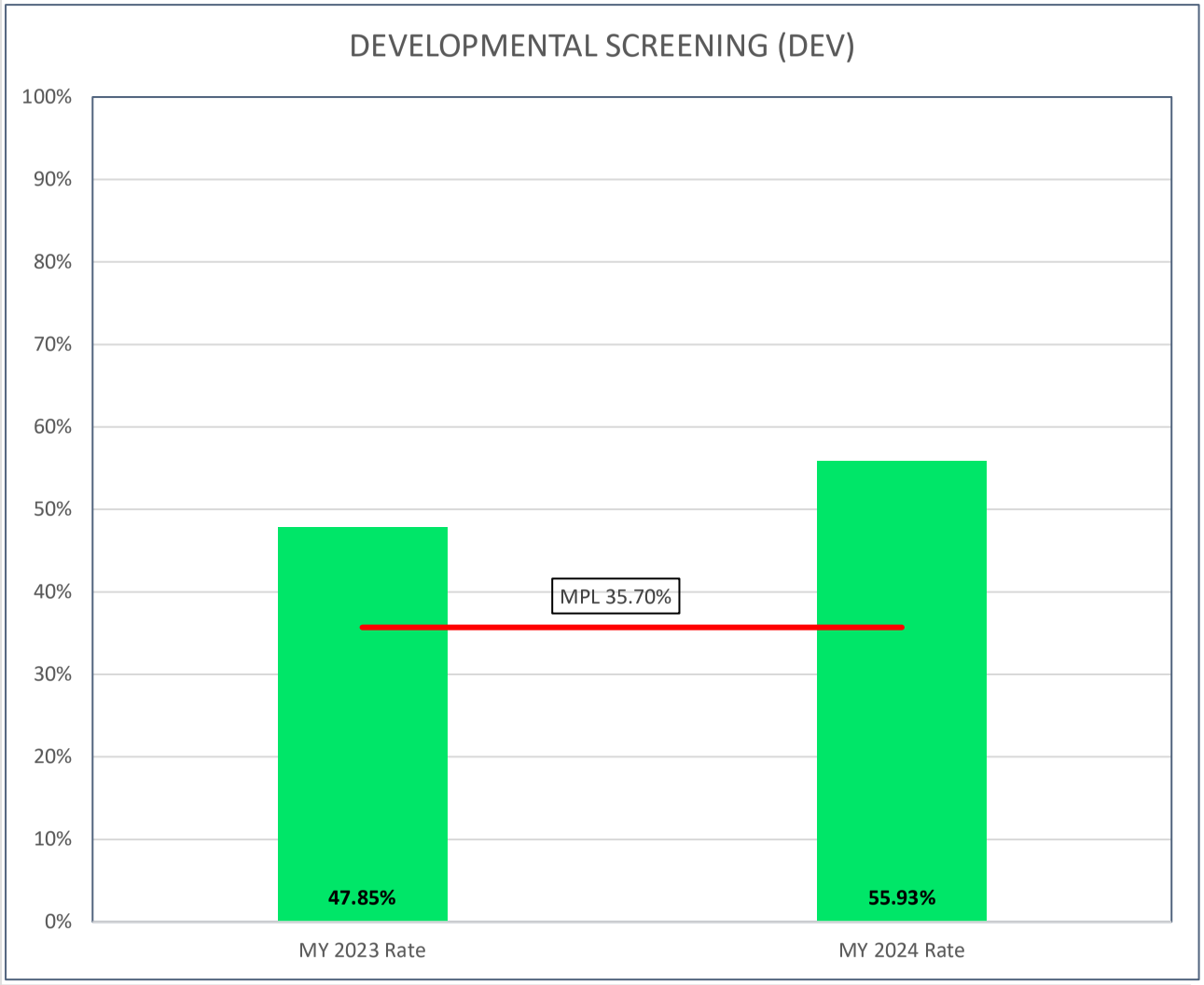
1,002 more members between 50 and 74 years old received a mammogram in 2024 compared to 2023.

PEDIATRIC MEASURES



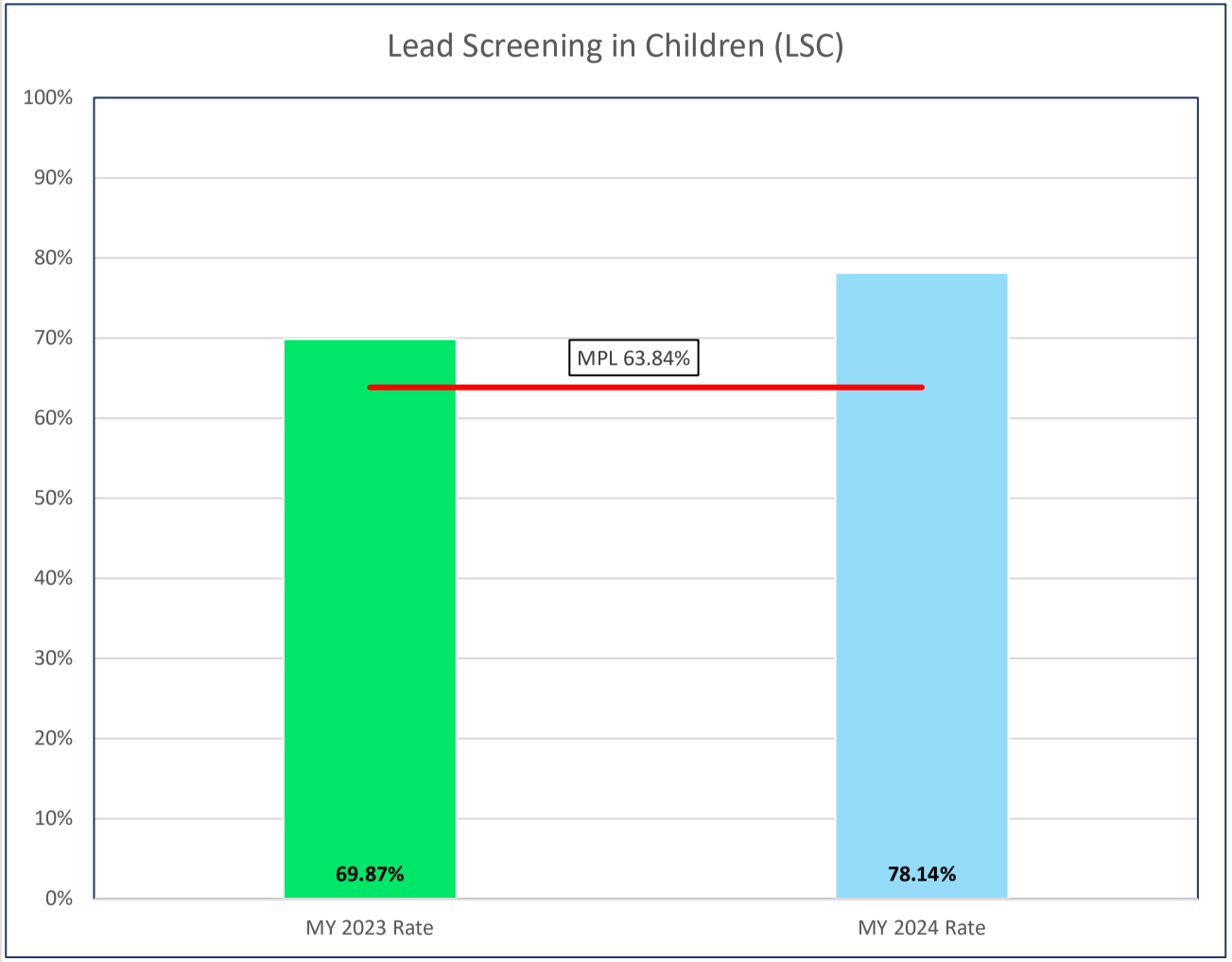
920 more children between 1 and 21 years old received at least two topical fluoride varnish applications in 2024 compared to 2023.

PEDIATRIC MEASURES



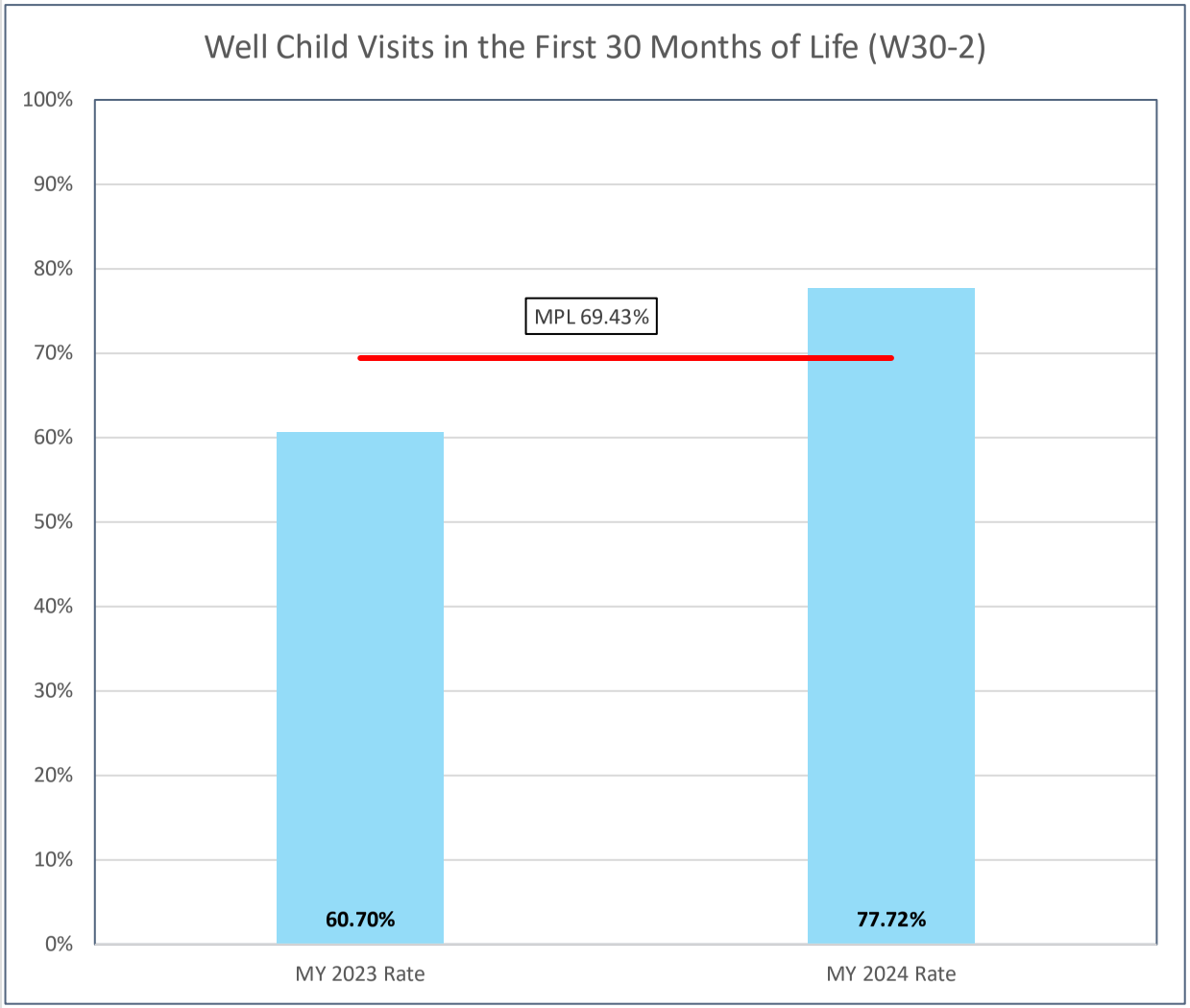
321 more children between 1 and 3 years old were screened for developmental delays in 2024 compared to 2023.

PEDIATRIC MEASURES



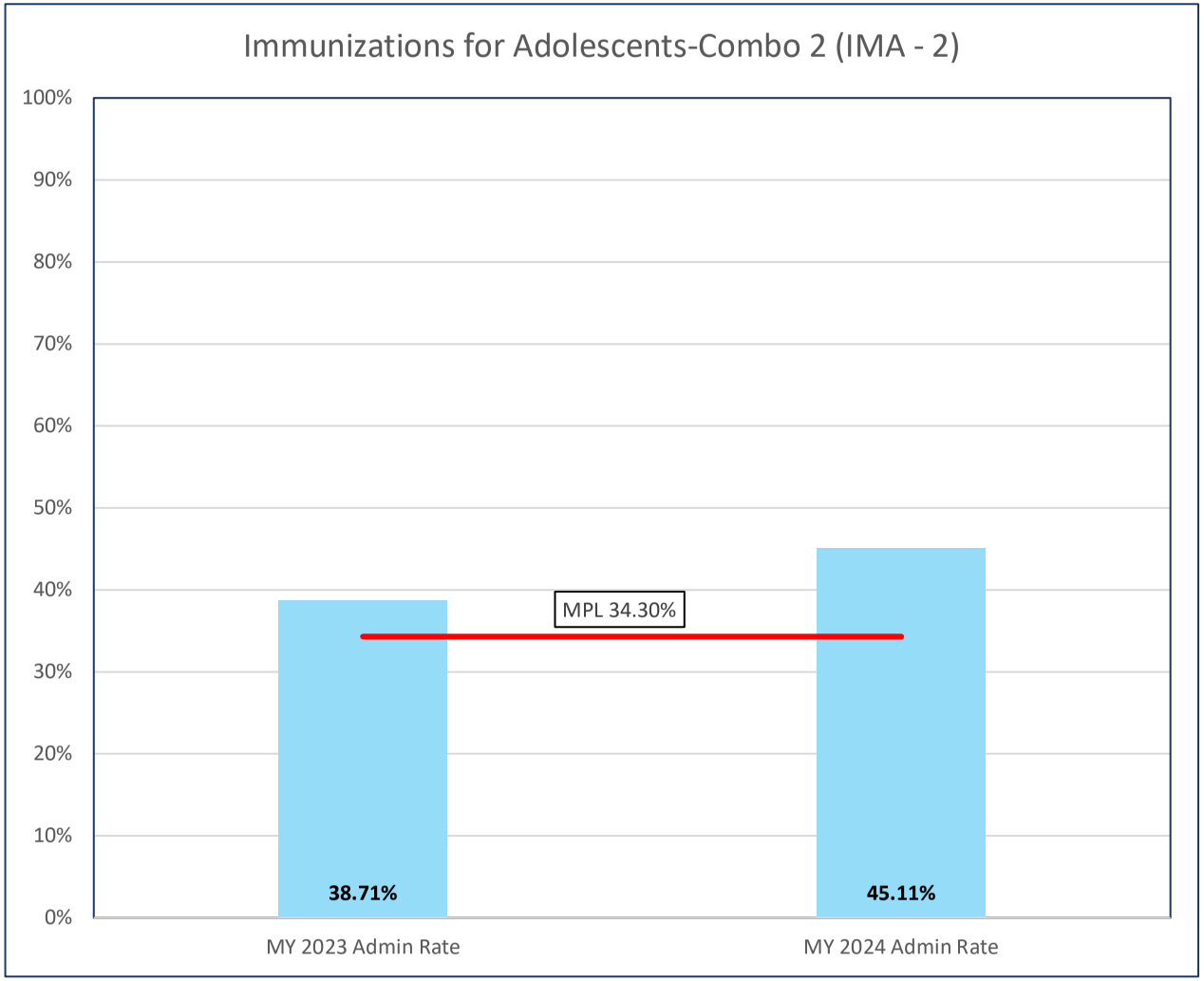
146 more children were tested for lead exposure by their 2nd birthday in 2024 compared to 2023.

PEDIATRIC MEASURES



73 more children between 15 and 30 months of age received at least two well-care exams in 2024 compared to 2023.

PEDIATRIC MEASURES



73 more children completed all recommended adolescent vaccines by their 13th birthday in 2024 compared to 2023.

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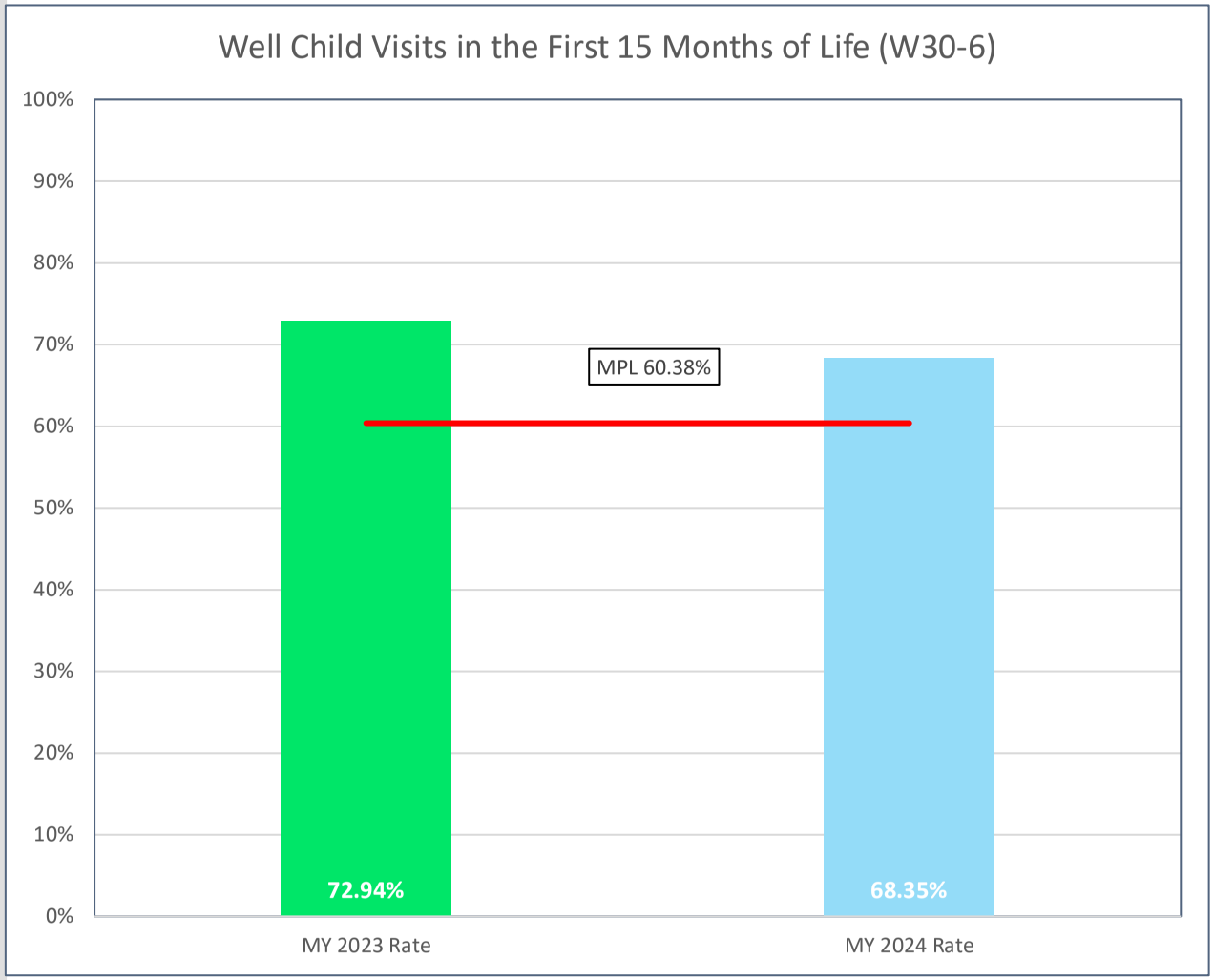
PEDIATRIC MEASURES



70 fewer* children between 0 and 15 months of age received at least six well-care exams in 2024 compared to 2023.

*While 70 fewer children received well-care exams, 395 fewer children were due for a well-care exam. The MPL decreased in MY24 resulting in a percentile increase.

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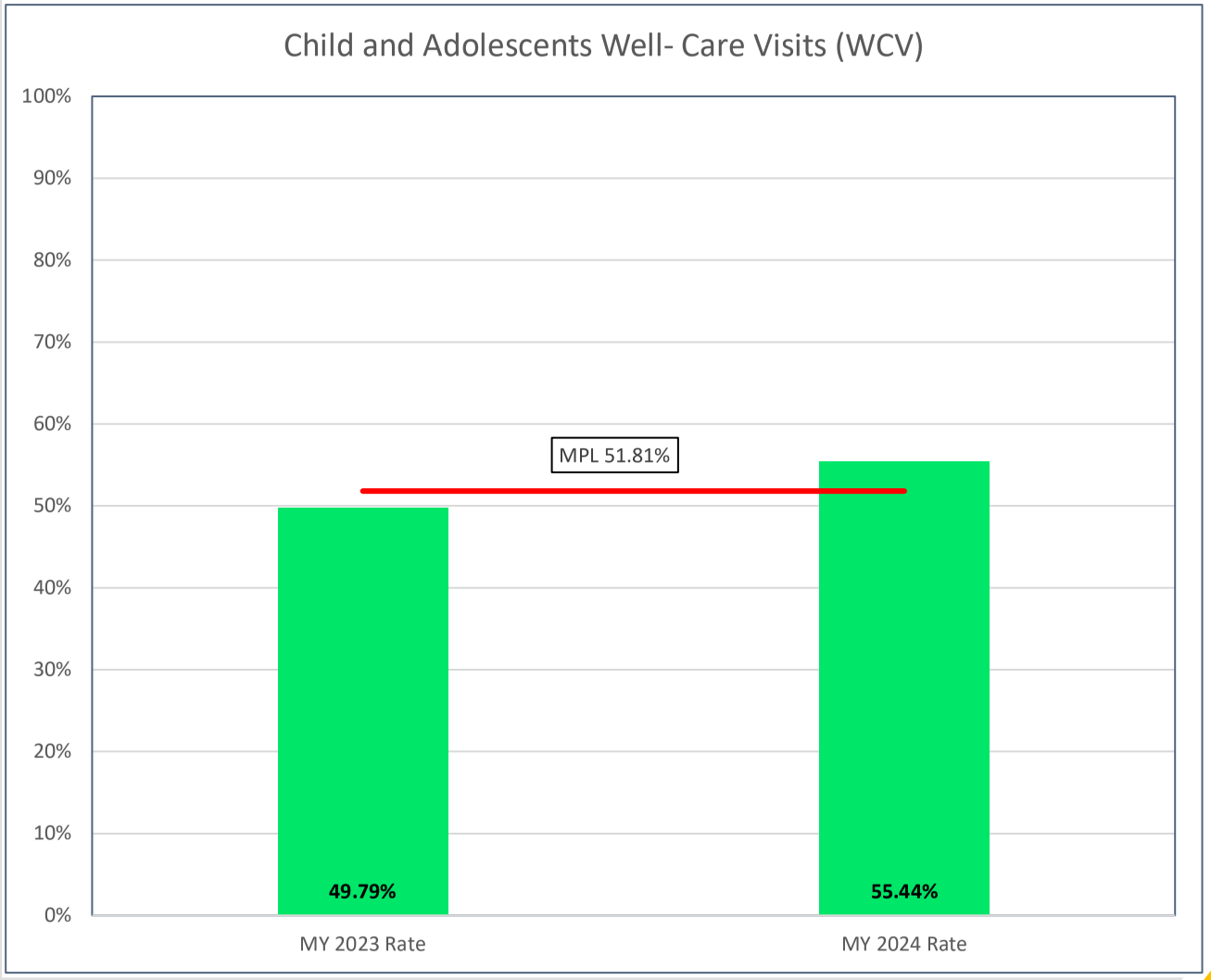
PEDIATRIC MEASURES



464 fewer* members between 3 and 21 years old received a well-care exam in 2024 compared to 2023.

*While 464 fewer children received well-care exams, 9,177 fewer children were due for a well-care exam. The MPL increased in MY24 but MPL was maintained.

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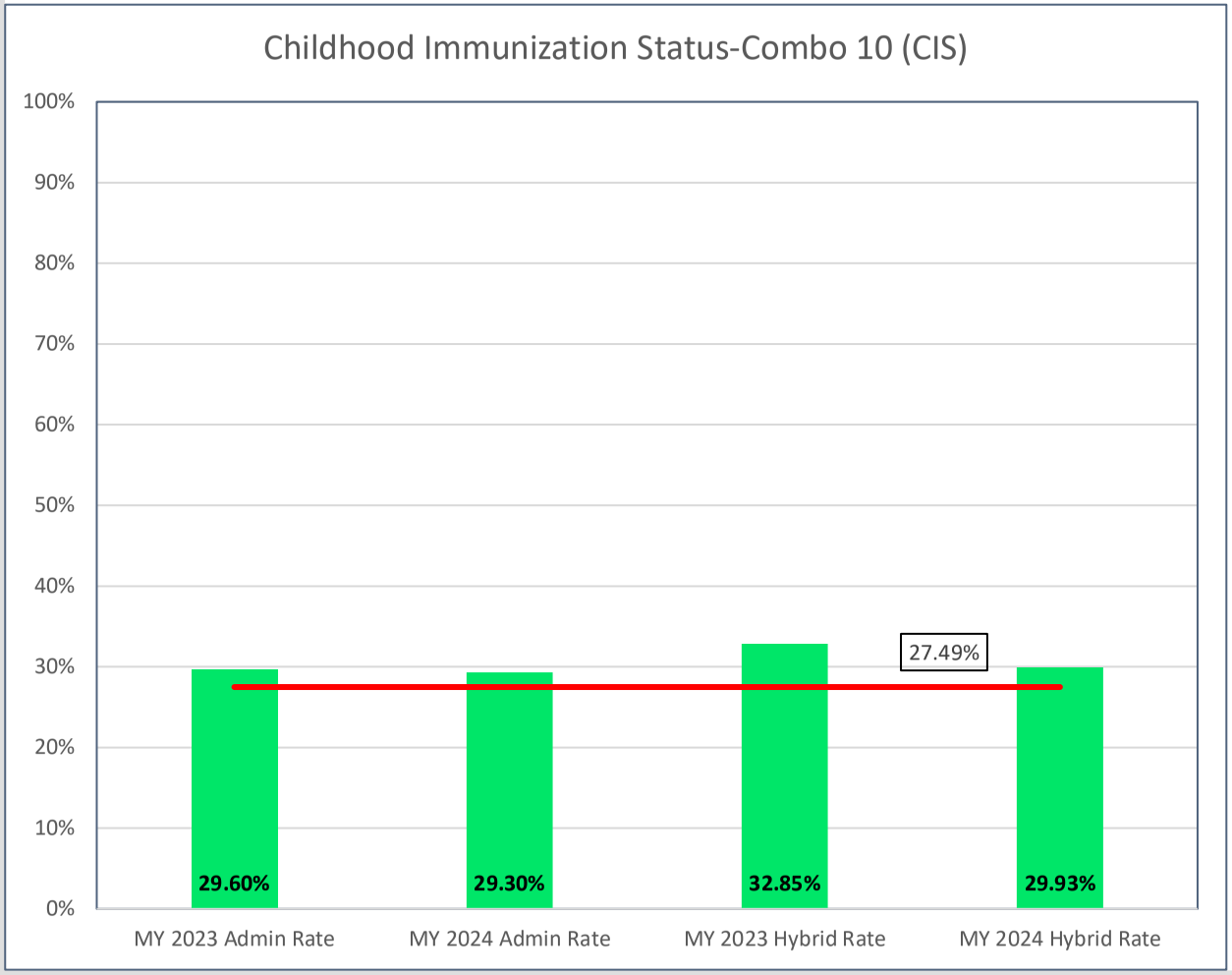
PEDIATRIC MEASURES



67 fewer children had all 10 doses of vaccines by their 2nd birthday in 2024 than in 2023.

While 67 fewer children received all vaccines, 192 fewer children were due for these vaccines. The MPL was maintained.

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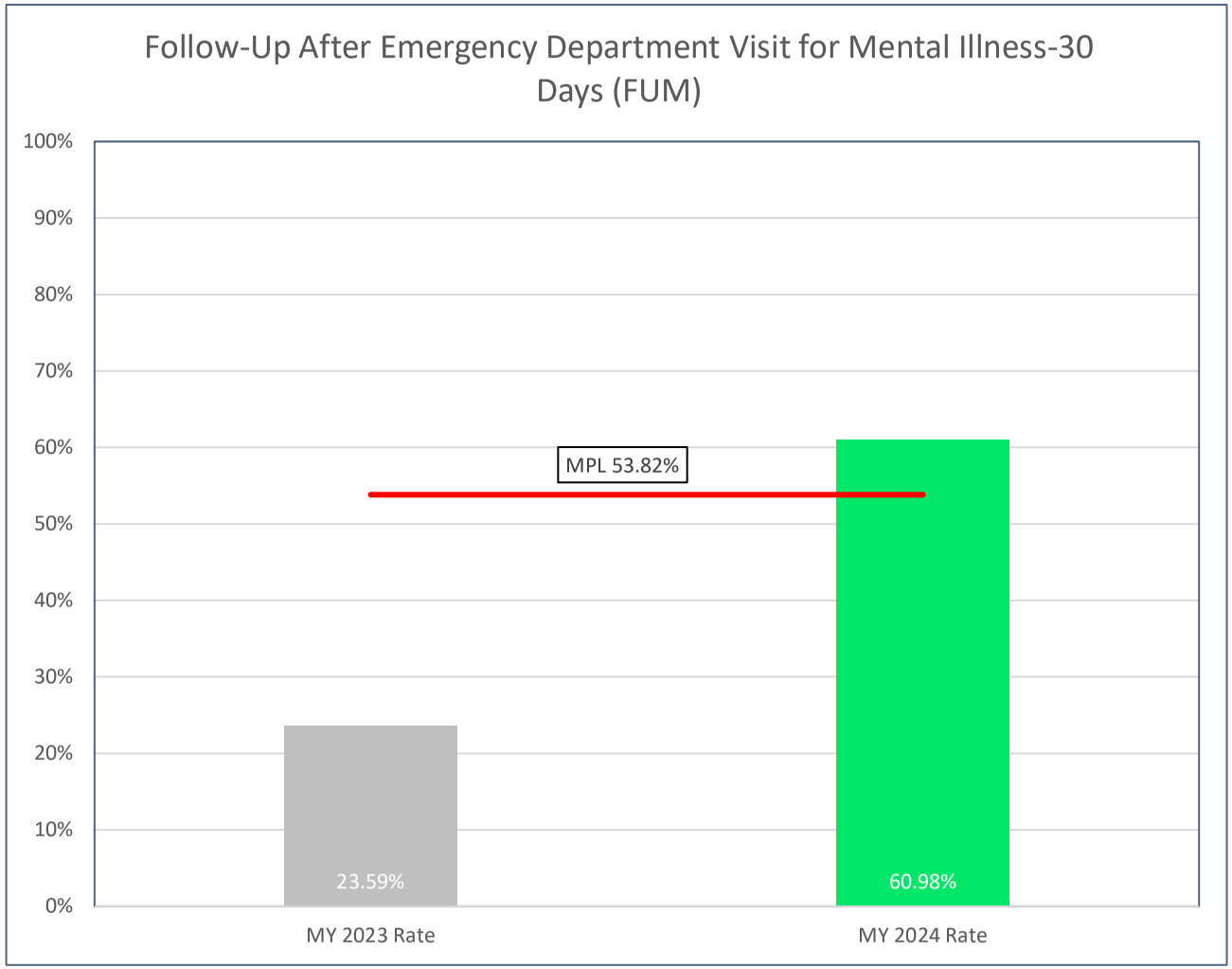
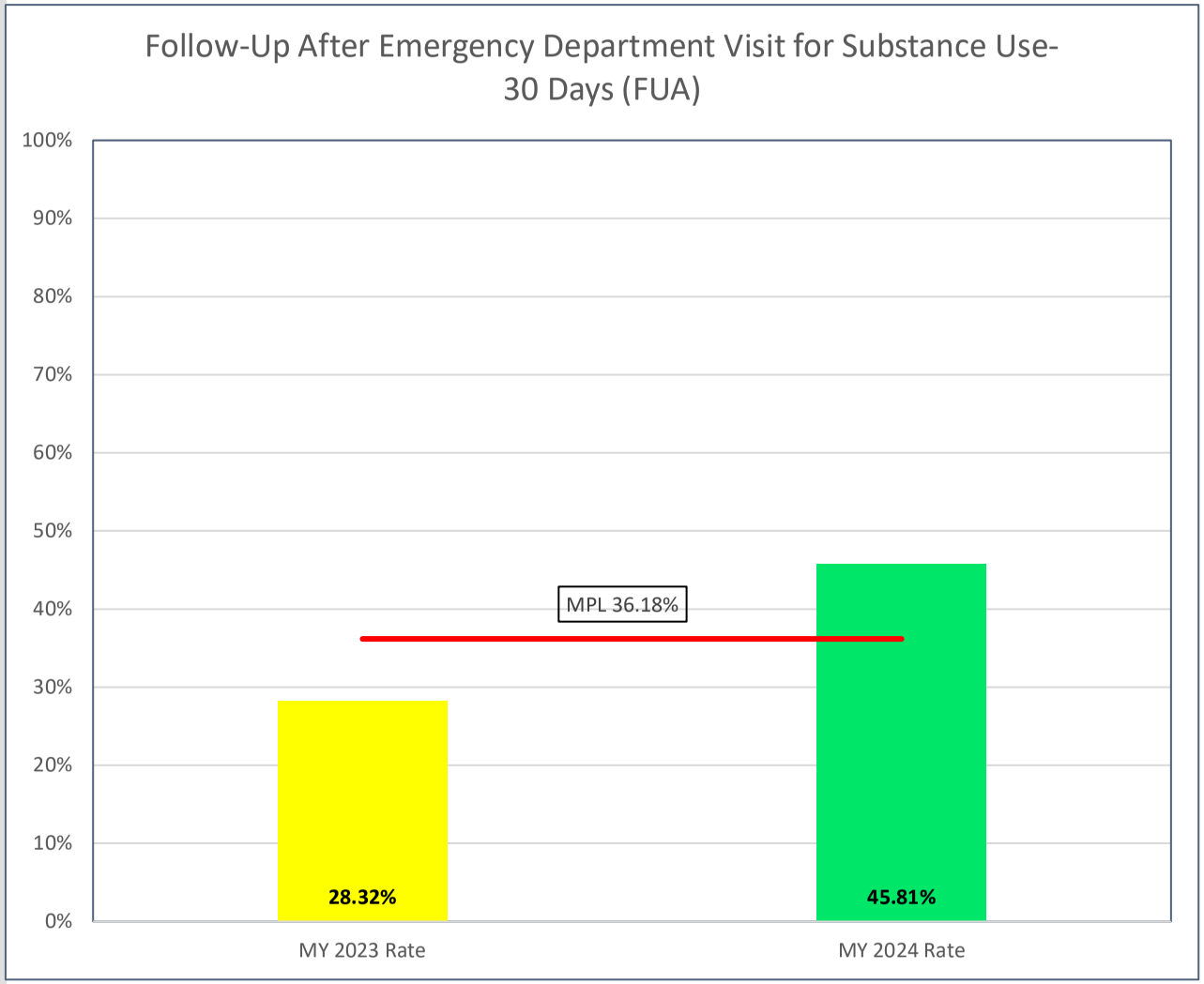
BEHAVIORAL HEALTH MEASURES



340 more members received follow up care within 30 days for a mental illness diagnosis in 2024 compared to 2023.

BEHAVIORAL HEALTH MEASURES



303 more members received follow up care within 30 days for an SUD diagnosis in 2024 compared to 2023.

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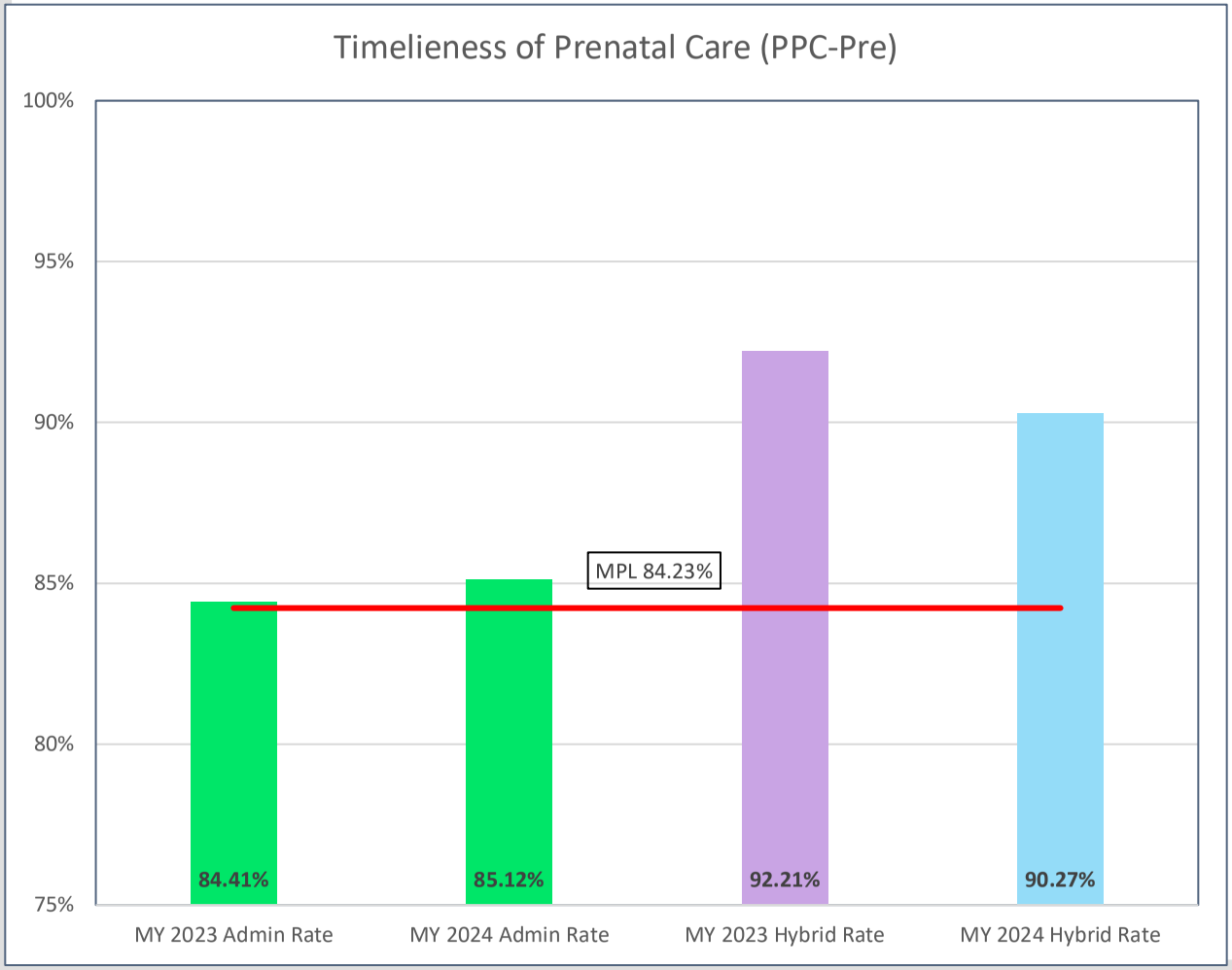
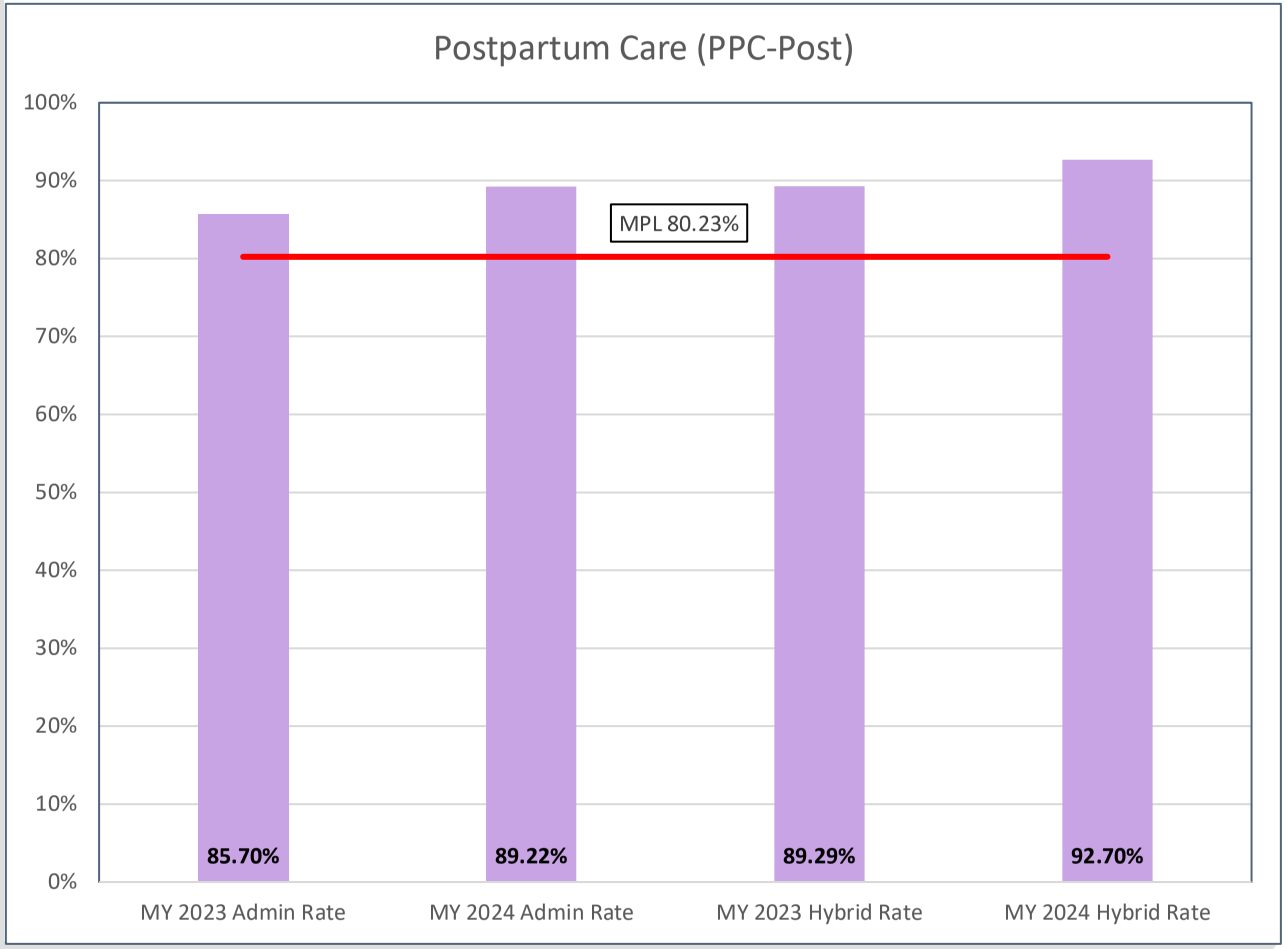
REPRODUCTIVE HEALTH MEASURES



136 more women had a timely prenatal visit in 2024 compared to 2023.

REPRODUCTIVE HEALTH MEASURES



224 more women had a timely postpartum visit in 2024 compared to 2023.

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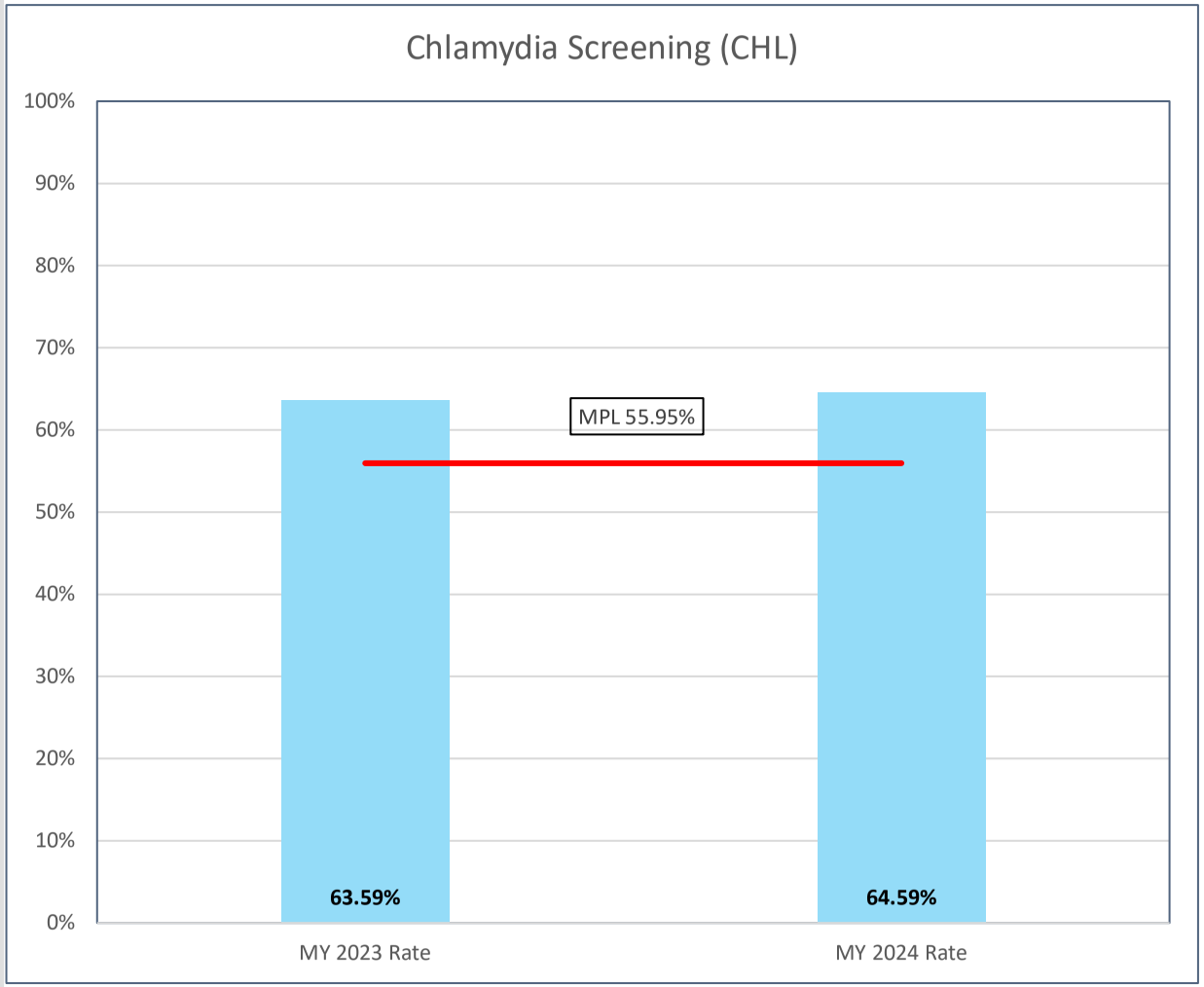
REPRODUCTIVE HEALTH MEASURES



409 fewer members between 16 and 24 years old were tested for chlamydia in 2024 compared to 2023*.

*While 409 fewer women received testing, 745 fewer women were due for a testing.

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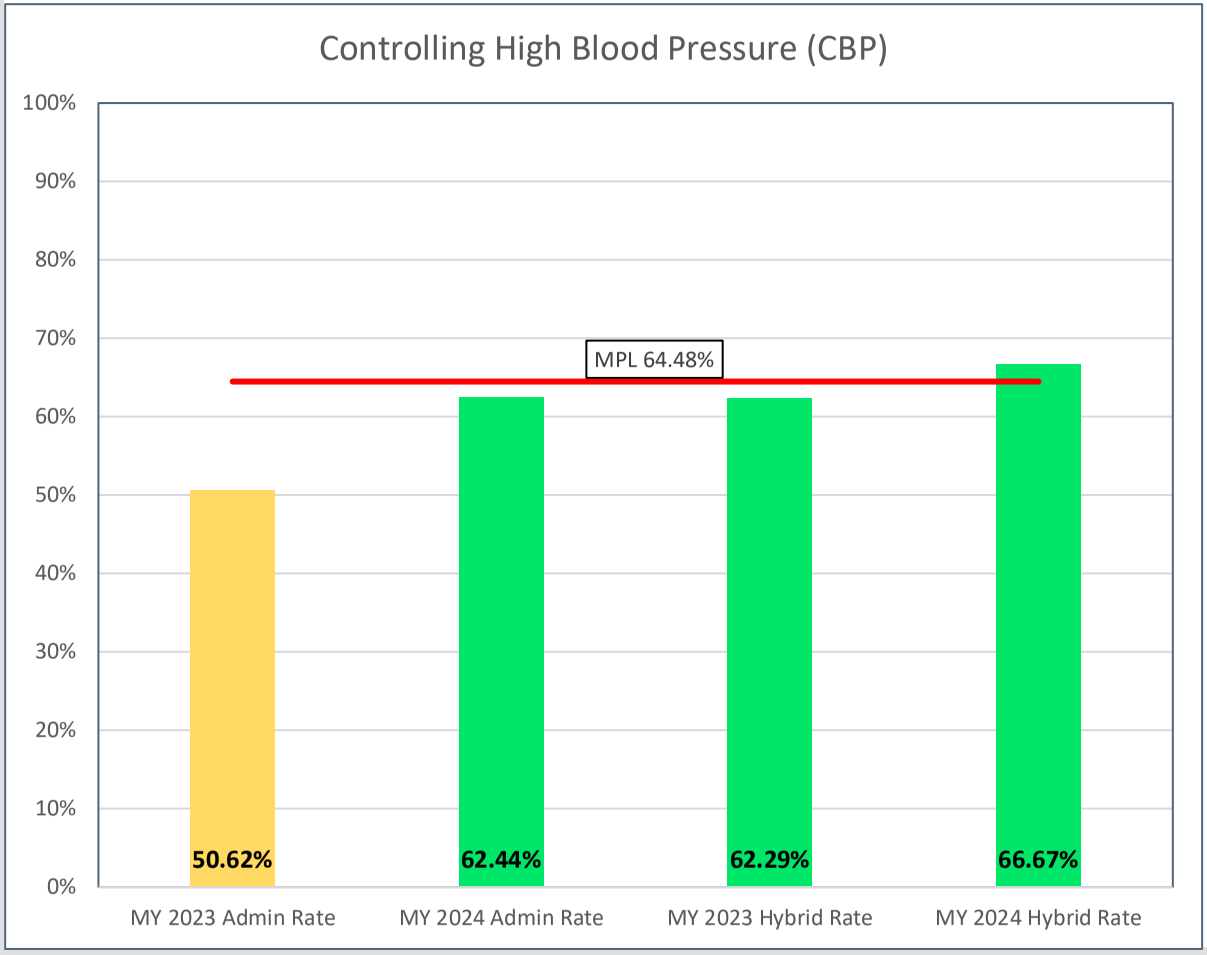
CHRONIC CONDITION MEASURES



897 more members ages 18 to 85 with high blood pressure had a blood pressure reading under 140/90 in 2024 compared to 2023.

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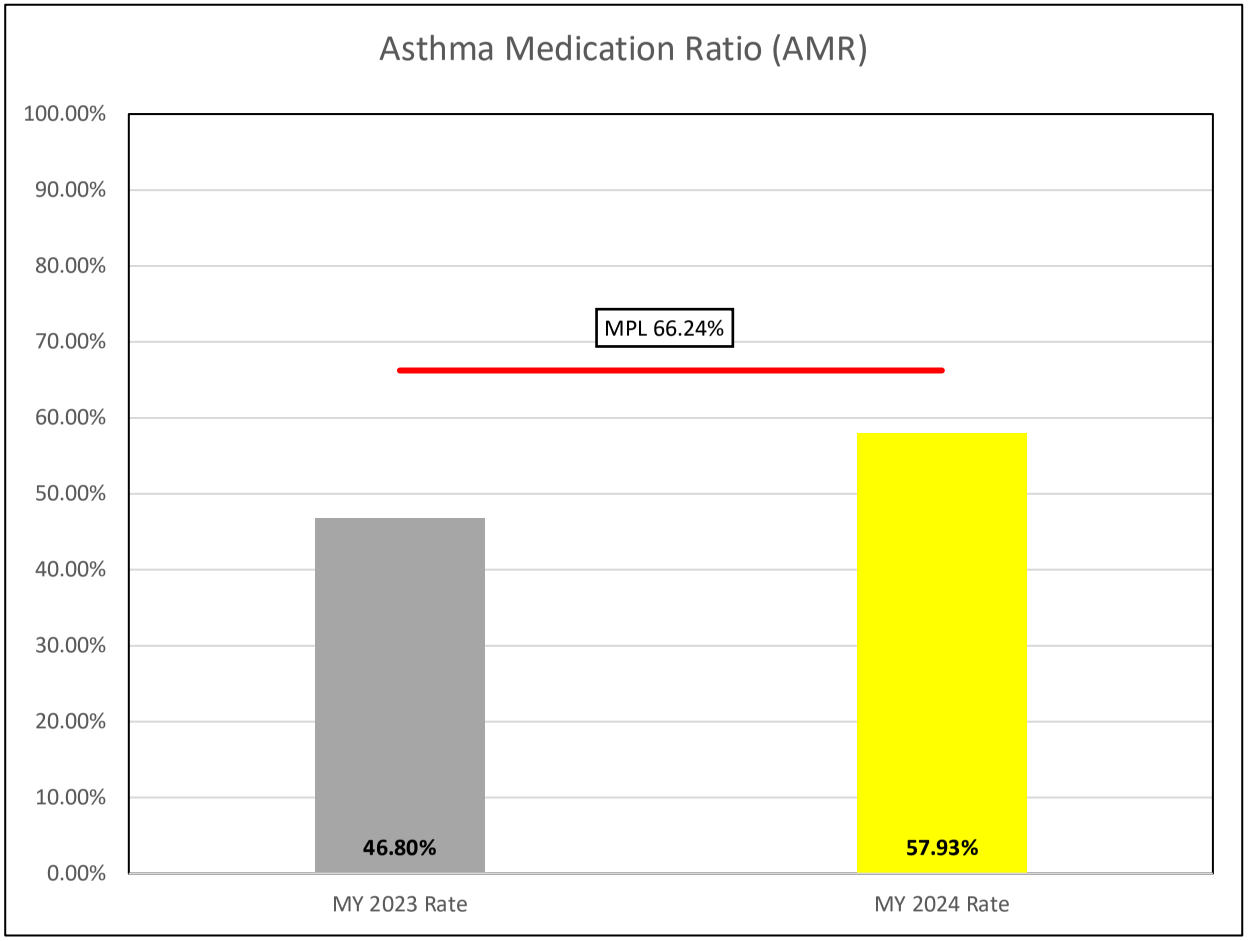
CHRONIC CONDITION MEASURES



55 more members had an asthma medication ratio of .50 or greater in 2024 compared to 2023. However, MPL was still not achieved.

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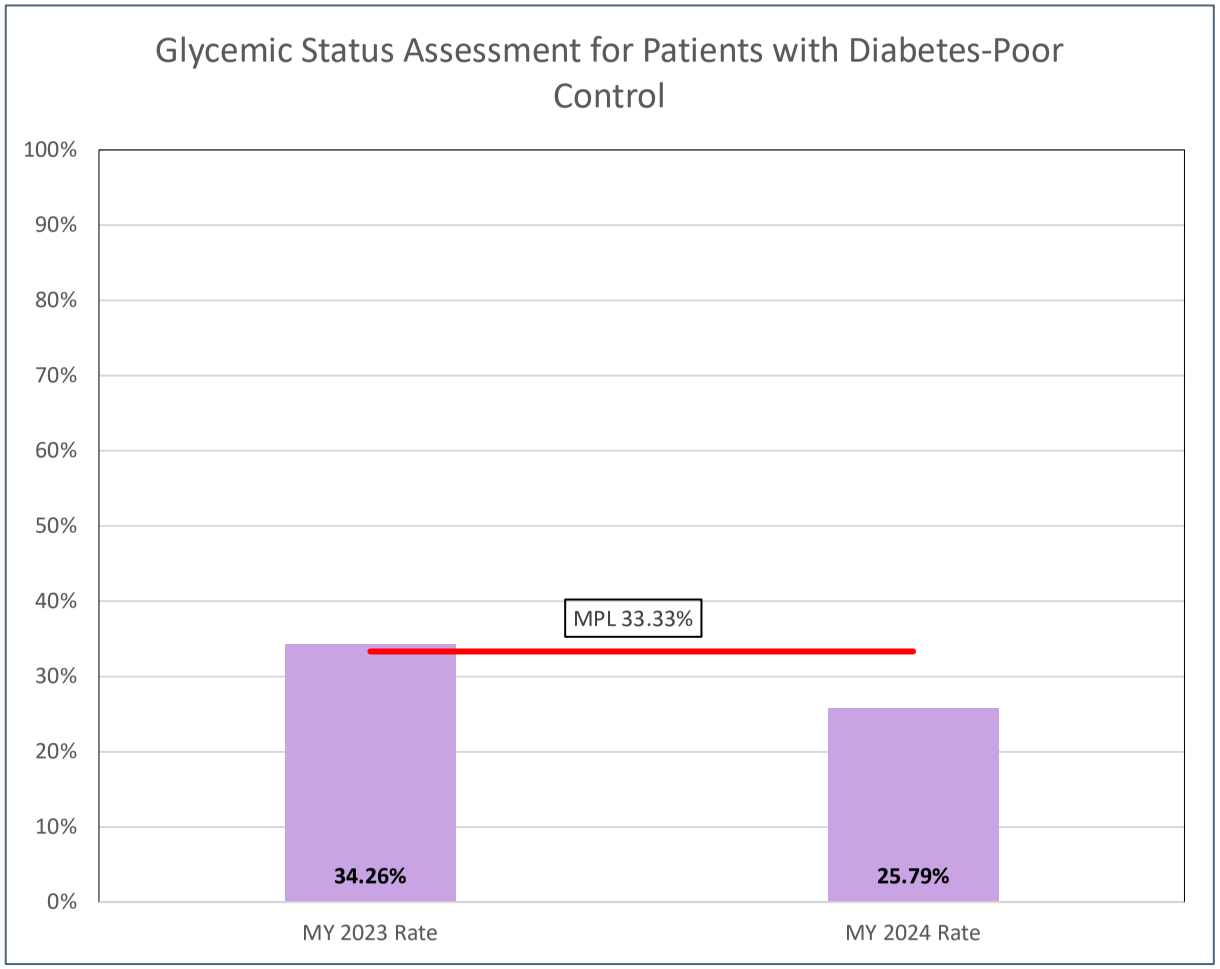
CHRONIC CONDITION MEASURES



A lower rate is better and indicates fewer members with poor HbA1c control.

368 fewer* members between 18 and 75 years old with diabetes had an HbA1c test greater than 9.0% in 2024 compared to 2023.

*A reduction in members with a high HbA1c test shows in improvement in diabetes management.

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AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Chief Member Experience and External Affairs Officer
Felix L. Nunez, M.D., Chief Executive Officer

DATE: August 25, 2025

SUBJECT: Federal and State Policy / Advocacy Update

SUMMARY:

As Gold Coast Health Plan (GCHP) has increased its advocacy efforts, the next step in this evolution is to create a formal Legislative Platform (platform). The platform is a reference guide that outlines GCHP's position on regional, state, and federal legislative matters, providing a framework for GCHP to support or oppose legislation, and/or regulatory, budgetary and policy priorities through advocacy and communication strategies. The platform streamlines GCHP's processes, enabling the External Affairs Team, led by the Chief Member Experience and External Affairs Officer (CMEEA), to effectively respond to and influence legislation, budgetary process and regulatory / policy issues.

The platform is a living document and will be updated annually as new legislation and budgetary issues are introduced at the state and federal level. It will be driven by GCHP's goals, objectives, and priorities outlined at the annual Strategic Planning Retreat with the Commission. The CMEEA will provide the Commission with regular updates on relevant legislation throughout the year and provide information when GCHP proactively and appropriately addresses critical issues that impact and or promote GCHP's platform.

GCHP has spent the first half of 2025 advocating to protect the Medicaid program when federal Medicaid cuts where proposed and ultimately approved. Thus, it was deemed a priority for GCHP to have a platform that will provide clear guidance on what advocacy efforts to prioritize and determine how to advocate for or against proposed legislation. This will strategically drive how GCHP utilizes its Sacramento lobbyists, public relations Firm, membership in trade associations, and the newly formed coalition, which is made up of community partners, to effectively mobilize and drive advocacy efforts.

The platform's guiding principles includes:

1. Protecting and preserving the Medicaid Program

2. Advocating for adequate funding to be provided by state and federal agencies to appropriately coordinate services for GCHP members.

3. Maintaining coverage for new populations, such as:
    a. Adult Expansion
    b. Members without adequate immigration status
    c. Older adults
    d. Children and families

4. Dual-Eligible Special Needs Plan (D-SNP) Medicare
    a. Expand to allow other types of D-SNPs, like Fully Integrated Dual-Eligible Special Needs Plans (FIDE SNPs), to be an option.
    b. Review and streamline populations of focus.

5. Support the continuation of the California Advancing and Innovating Medi-Cal (CalAIM) Waiver
    a. Support and provide feedback on the state Department of Health Care Services (DHCS) CalAIM waiver renewal to continue Community Supports, Enhanced Care Management, and Justice Involved Programs that best meet the needs of GCHP members.
    b. Expand behavioral health access with an enhanced focus on outcomes, accountability, and equity.

6. Advance Health Equity

7. Enhance Member Experience
    a. Support education and communication to members of proposed changes in coverage in Medicaid and Medicare programs and support members in navigating these changes.
    b. Design benefits and programs with member feedback.
    c. Advocate for health workforce initiatives that aim to recruit, train, and retain practitioners.
    d. Continue to advocate and prioritize community reinvestments, such as grant funding opportunities.

RECOMMENDATION:

Approve GCHP's Legislative Platform for the remainder of 2025 to allow GCHP to strategically prioritize and drive its advocacy efforts. Necessary revisions will be made by the CMMEA at the beginning of the new calendar year and annually thereafter and presented to the Commission.

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AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix Nunez, Chief Executive Officer
Erik Cho, Chief Policy & Program Officer

DATE: August 25, 2025

SUBJECT: Amendment to Advance Payment Agreement to County of Ventura

Summary and Background

Gold Coast Health GCHP (GCHP) management seeks approval to amend the Advance Payment Agreement (APA) with the County of Ventura, for its Health Care Agency (VCHCA) as described below. This Advance Payment Agreement (APA) was approved by this Commission on January 27, 2025. It specified terms for a one-time payment in the amount of twenty-six million dollars ($26,000,000.00) made by GCHP to the County of Ventura as an advance payment against the claims for VCHCA services to be performed pursuant to the primary care provider, specialist, and hospital Provider Agreements, subsequent to GCHP's complete processing of applicable claims.

The proposed amendment changes the following in the APA:

- The timeframe for repayment from the County of Ventura to GCHP will be extended to September 30, 2025.
- Payment will be made via a direct repayment (check or wire transfer) rather than an offset of payments owed by GCHP to the County.
- The amount due may be offset by any amount owed by GCHP to the County of Ventura related to any payment dispute(s) that is resolved prior to September 30, 2025, for which the analysis shows an underpayment of past claims.

The request to extend the repayment date has received favorable consideration by GCHP due to (1) GCHP's recognition of the ongoing financial pressures on VCHCA, which are being exacerbated by recent federal funding cuts, and (2) the need for GCHP to complete the analysis of a considerable volume of disputed claims between GCHP and VCHCA that may have adversely affected prior payments to the County.

Financial Impact

The amendment to the APA will result in an extension of the temporary reduction in GCHP's reserves, which would end on or before September 30, 2025.

Recommendation

The GCHP recommends that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute Amendment 1 to the Advance Payment Agreement with the County of Ventura.

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 25, 2025

SUBJECT: Chief Executive Officer (CEO) Report

Chief Executive Officer (CEO) Update

On July 30, the Medicaid program marked its 60th anniversary. Since 1965, Medicaid has provided vital health care services that enable individuals and families to build better lives and healthier communities. In an editorial published in the Ventura County Star and distributed through social media, I speak to significance of the Medicaid program and the impact of the health care cuts passed through H.R. 1 on July 4, 2025, which threaten to destabilize community-based health care and access to services for millions of people.

The effort to protect Medicaid was hard fought, with local health plans and trade associations working collaboratively with providers, hospitals, and advocates to preserve and protect health care for millions of people. Unfortunately, despite our collective advocacy, the final bill includes devastating cuts to federal funding and jeopardizes Medicaid coverage for millions of Californians.

Our advocacy work is now pivoting to the implementation phase. The implementation timelines and rulemaking process at the Centers for Medicare & Medicaid Services (CMS) provide an opportunity for health plans and other stakeholders to work together to develop innovative approaches that preserve access to essential care for our state's most vulnerable populations. As a precursor to this critical work, our trade association, the Local Health Plans of California (LHPC), has convened two special CEO strategy meetings in August to align our strategic work as sister plans who serve the Medi-Cal populations across the state. I will be attending the session hosted by the San Francisco Health Plan on Aug. 27, 2025.

The Medi-Cal program is entering a high-stakes period of federal funding threats and state budget reductions. Sustaining our successes through this period will require continued advocacy, targeted investments, and alignment of plan strategies with California Advancing and Innovating Medi-Cal (CalAIM) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) priorities.

I have attached a selection of slides from a presentation of the July 23, 2025, Department of Health Care Service (DHCS) stakeholder advisory committee meeting that highlights challenges and opportunities for Medi-Cal plans. Please feel free to reference these DHCS materials, which

cover state budget issues, H.R. 1 impact, and CalAIM program objectives. These materials are public documents and as such, you are free to share them in your discussions with colleagues, policy leaders, and elected officials. If you need additional reference materials, we have also included a presentation prepared by Alison Armstrong, GCHP's government relations manager, for our Community Advisory Committee (CAC). It provides an overview of H.R. 1 and the expected impact to our community.

The presentation notes that as many as 3.4 million Medi-Cal members could lose coverage, while many who remain enrolled in the program will face work requirements, frequent eligibility checks, and cost sharing. Limits on provider taxes and State-Directed Payments will further add to the estimated $30B+ in annual federal funding that is at risk.

The funding shortfall will exacerbate the funding challenges the state is experiencing. To close its funding gap, the state will:

- Freeze enrollment for undocumented adults.
- Reduce benefits for undocumented immigrants (dental, pharmacy).
- Reinstate the asset test limit.
- Cut supplemental dental payments and GLP-1 weight loss drug coverage.

Despite the funding challenges the state is facing, DHCS will seek to expand on its efforts to transform Medi-Cal over the next five years by:

- Pursuing a CalAIM waiver renewal (2027-2032) to Continue Enhanced Care Management, Community Supports, and Justice-Involved programs.
- Building scalable, evidence-based, member-centered initiatives.
- Expanding behavioral health access with an enhanced focus on outcomes, accountability, and equity.
- Investing $1.9B on a behavioral health workforce initiative (2025-2029) to recruit, train, and retain practitioners.
- Expanding family supports, housing stability services, and facility-to-community transitions.
- Aligning community planning to streamline resources.

Trust in the program has also begun to erode. Ongoing reports that CMS is sharing Medicaid data with the Department of Homeland Security at the request of the federal administration have raised serious concerns with local plans and providers and has heightened the fear experienced by individuals who are covered by Medi-Cal.

While DHCS has taken the lead in communicating with the public on this issue, local plans are also communicating with their members. Upon the direction of DCHS, GCHP sent a letter to members stressing that health plans prioritize the protection of members' personal information and have not shared any data directly with immigration authorities. The letter also acknowledged that the state is required to provide CMS with monthly data feeds that include member names, addresses, dates of birth, Medi-Cal ID numbers, and Social Security numbers (if provided).

Local plans are reassuring members that there are no immediate changes to their Medi-Cal eligibility and benefits. Plans, including GCHP, are encouraging members to see their providers, fill prescriptions, and use needed health care services, emphasizing the availability of telehealth services and mail-order pharmacy services as an alternative for members who do not feel safe seeking care in person. The priority of local health plans is to support their members in continuing to access to the Medi-Cal program and needed care while also being sensitive to the very real fears and risks they are facing.

We will continue to partner with our trade associations, including LHPC and the Association for Community Affiliated Plans (ACAP), to develop creative solutions to mitigate the impact of these policies and ensure our members have access to critical services.

I. External Affairs

A. Community Relations: Sponsorships

Through its sponsorship program, GCHP continues to support the efforts of community-based organizations in Ventura County to help Medi-Cal members and other vulnerable populations. The following organizations were awarded in Aug. 2025:

Organization	Description	Amount
Port Hueneme Banana Festival	The Port of Hueneme's Banana Festival provides educational programs and resources for the community. The funding will go toward providing free services to Ventura County residents.	$1,000
American Cancer Society	The American Cancer Society serves to improve the lives of people with cancer and their families through advocacy, research, and patient support. The sponsorship will help fund the "Relay for Life of Conejo Valley," a fundraiser that will directly support breakthrough research, 24/7 support for cancer patients, and access to lifesaving screenings.	$1,000
I'm a Kid Who Can	I'm a Kid Who Can is a nonprofit organization dedicated to supporting underserved youth in education, sports, art, leadership, and personal development. The sponsorship supports the "15th Annual Holiday Toy Drive & Giveaway," which will provide toys and warm holiday meals to underserved families.	$1,000

Ronald McDonald House Charities of Southern California	The goal of the Ventura County Ronald McDonald Family room is to provide comfort, care, and support to children and their families at Ventura County Medical Center. Funding will go toward their "Walk for Kids" event to raise funds to serve families in need of respite services.	$1,000
TOTAL		**$4,000**

B. Community Relations: Community Meetings and Events

In August, the Community Relations Team resumed its attendance at community events, which had been paused due to increased immigrations enforcement in the community. In partnership with Ventura County Ambulatory Care, the team organized a health fair to conduct well-child exams and other preventative health exams. Additionally, the team participated in a collaborative meeting and attended a back-to-school event in the first and second weeks of August.

Collaborative Meeting	
Community representatives share resources, announcements, and upcoming community events.	
Partnership for Safe Families and Communities	Aug. 6, 2025
Community Events	
Westminster Free Clinic, Back to School Event	Aug. 12, 2025
Health Fairs	
Ventura County Ambulatory Care, Santa Paula Medical Clinic Health Fair	Aug. 9, 2025

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	PCP-OTHER	ADMIN MEMBERS	NOT ASSIGNED
Jun-25	96,872	55,39	34,849	4,313	45,752	3,670
May-25	96,848	54,989	34,669	5,887	45,615	3,292
Apr-25	95,965	54,320	34,453	5,847	45,390	3,496

NOTE:

Unassigned members are those who have not been assigned to a Primary Care Provider (PCP) and have 30 days to choose one. If a member does not choose a PCP, GCHP will assign one to them.

Administrative Member Details

Category	June 2025
Total Administrative Members	45,752
Share of Cost (SOC)	641
Long-Term Care (LTC)	760
Breast and Cervical Cancer Treatment Program (BCCTP)	19
Hospice (REST-SVS)	20
Out of Area (Not in Ventura County)	387
DUALS (A, AB, ABD, AD, B, BD)	28,207
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	18,554

NOTE:

The total number of members will not add up to the total number of Administrative Members, as members can be represented in multiple boxes. For example, a member can be both Share of Cost and Out of Area. They would be counted in both boxes.

METHODOLOGY

Administrative members for this report were identified as anyone with active coverage with the benefit code ADM01. Additional criteria follows:

1. Share of Cost (SOC-AMT) > zeros
    a. AID Code is not 6G, 0P, 0R, 0E, 0U, H5, T1, T3, R1 or 5L
2. LTC members identified by AID codes 13, 23, and 63.
3. BCCTP members identified by AID codes 0M, 0N,0P, and 0W.
4. Hospice members identified by the flag (REST-SVS) with values of 900, 901, 910, 911, 920, 921, 930, or 931.
5. Out of Area members were identified by the following zip codes:
    a. Ventura Zip Codes include: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93000-12, 93015-16, 93020-24, 93030-36, 93040-44, 93060-66, 93094, 93099, 93225, 93252
    b. If no residential address, the mailing address is used for this determination.
6. Other commercial insurance was identified by a current record of commercial insurance for the member.

B. Provider Network Operations (PNO)

Regulatory / Audit Updates

The Provider Network Operations (PNO) Team is preparing for the annual Federal Network Adequacy Validation (NAV) audit, which will take place on Aug. 21, 2025. This audit assesses provider network adequacy and is a mandatory requirement set by the state Department of Health Care Services (DHCS). PNO attended the NAV audit kick-off webinar and met with Health Services Advisory Group (HSAG) in early June. Deliverables were submitted to meet the July 17, 2025, deadline. The key audit areas include:

- Information Systems
- Enrollment Systems and Processes
- Provider Data Systems and Processes
- Network Adequacy Methodology
- Documentation Requests

DHCS Implemented provider network readiness assessments, which are used to monitor a Managed Care Plan's (MCP's) network for newly launched covered services, initiatives, or programs. PNO submitted the following regulatory deliverables:

- Quarterly Network Report
- Memorandum of Understanding (MOU) Report Template
- DHCS Biannual Directory Submission

Operations Optimization

PNO remains actively engaged in provider outreach and training efforts related to the Provider Portal. We are also working with internal GCHP teams to develop operational workflows to ensure smooth functionality.

In collaboration with our vendor partner, NTT, we are enhancing the portal by incorporating additional fields and features necessary to support the implementation of the Dual Special Needs Plan (D-SNP). Furthermore, we are coordinating with other GCHP-contracted vendors to ensure that portal capabilities are fully aligned with the broader GCHP system infrastructure.

Provider Network Developments: June 1-30, 2025

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	**Count**
CBAS Facility	1
Home Health	2
Acupuncture	1
Hospitalist Group	1

Note: The numbers above represent contract completion in targeted specialties to close GCHP provider network gaps. PNO continues its outreach to targeted specialties and areas, such as eastern Ventura County, where provider network gaps exist.

GCHP Provider Changes	
Provider Additions and Terminations	**Count**
Additions	100
Terminations	16
Midwife	0

Note: The additions and terminations above are for GCHP tertiary providers and do not have a significant impact on member access for services.

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	**Network Additions**		**Total Counts**
	May-25	**June-25**	
Hospitals	**0**	**0**	**25**
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers	**110**	**44**	**8,619**
Primary Care Providers (PCPs) & Mid-levels	0	0	485
Specialists	95	31	7,268
Hospitalists	15	13	866
Ancillary	**6**	**5**	**718**
Ambulatory Surgery Center (ASC)	0	0	9
Community-Based Adult Services (CBAS)	0	1	14
Durable Medical Equipment (DME)	0	0	99
Home Health	0	2	34
Hospice	0	1	23
Laboratory	0	1	41
Optometry	2	0	112
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	3	0	239
Radiology / Imaging	1	0	63
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	0	0	84
Behavioral Health	**1**	**22**	**1095**

California Advancing and Innovating Medi-Cal (CalAIM) and Non-Traditional Providers	May-25	June-25	Total
Enhanced Care Management (ECM)	0	0	7
Community Supports (CS)	0	0	43
Community Health Worker (CHW)	0	0	4
Doulas	0	0	9

Exclusively Aligned Enrollment (EAE) / Dual Special Needs Plan (D-SNP)

With the initial contracting completed for the Exclusively Aligned Enrollment (EAE) / Dual Special Needs Plan (D-SNP), PNO continues to convert Letters of Intent (LOI) to formal provider agreements. To date, PNO has converted nine LOIs and has one pending conversion.

Additionally, PNO is finalizing the agreements for the supplemental benefits offered by GCHP for the EAE D-SNP line of business.

PNO reviews network adequacy against the CMS standards to ensure routine changes in the provider network have not impacted the time / distance standards. The most recent analysis in early July determined that the EAE D-SNP network remains compliant at 99.8%. PNO is analyzing current non-par Medicare-approved providers within Ventura County for consideration to ensure ongoing network compliance.

C. 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 are unable to comply.*

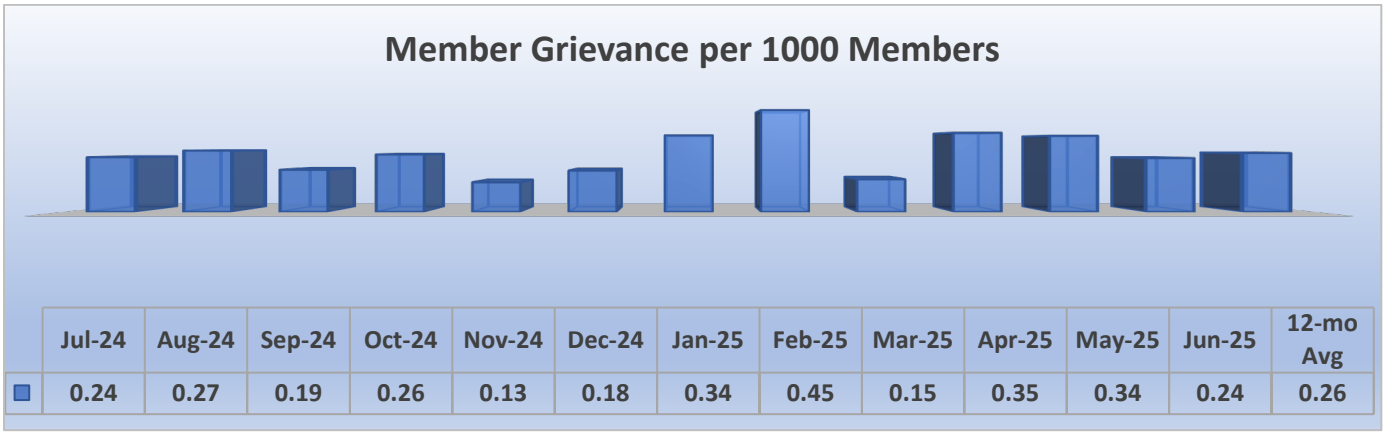
Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a state Department of Health Care Services (DHCS) requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and audits conducted and corrective action plans issued by GCHP during the audit period. DHCS continues to emphasize 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 July 31, 2025.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2025 Q1 Utilization Management File Review Audit	Closed	5/27/2025	8/12/2025	N/A
Carelon	2025 Annual Claims Audit	Open	3/26/2025	Under CAP	N/A
Carenet	2025 Annual Call Center Nurse Advice Line Audit	Open	7/15/2025	Under CAP	N/A
Clinicas del Camino Real (CDCR)	2024 Annual Claims Audit	Open	1/30/2025	Under CAP	N/A
CDCR	2025 Q1 Focused Claim Audit	Open	4/22/2025	Under CAP	N/A
Ventura Transit System (VTS)	2024 Downstream Subcontractor Audit	Open	8/30/2024	Under CAP	N/A
VTS	2025 Annual Driver Credentialing	Open	7/23/2025	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Wellth	2025 Annual Call Center Audit	Closed	3/27/2025	7/19/2025	N/A
Privacy & 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**
CDCR	Claims Timeliness	Open	4/22/2025	Open	Metrics of 90% in 30 days and 95% in 45 days not met for Q1.

D. Grievance and Appeals

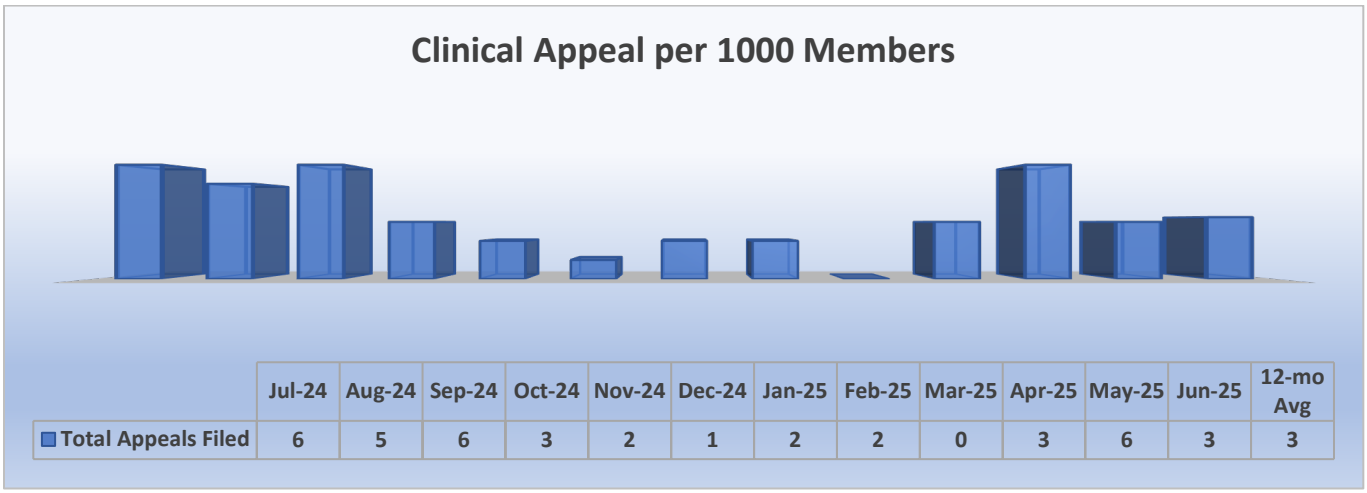


Member Grievances per 1,000 Members

The data show GCHP's volume of grievances increased in June 2025. In June 2025, GCHP received 58 member grievances. Overall, the volume is still relatively low, compared to the

number of enrolled members. The 12-month average of enrolled members is 242,842, with an average annual grievance rate of .26 grievances per 1,000 members.

In June 2025, the top reason reported was “Quality of Care,” which is related to member concerns about the care they received from their providers.



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	12-mo Avg
Total Appeals Filed	6	5	6	3	2	1	2	2	0	3	6	3	3

Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .01 appeals per 1,000 members. In June 2025, GCHP received three clinical appeals:

1. One was overturned.
2. Two were upheld.

*Grievance and Appeals case file data can be provided upon request.

RECOMMENDATION:

Receive and file.

Director's Update

Michelle Baass, Director

DHCS

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2025-26 Budget Updates

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2025-26 Budget Act Update

- DHCS' enacted budget is $202.7 billion in total funds.

- The Medi-Cal budget includes $179.1 billion ($37.4 billion General Fund) in 2024-25 and $196.7 billion ($44.9 billion General Fund) in 2025-26. Medi-Cal is projected to cover approximately 15 million Californians in 2024-25 and 14.9 million in 2025-26—more than one-third of the state's population.

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2025-26 Budget Act Update

» To address a statewide budget shortfall, solutions included:

- **Freeze on enrollment** for full scope, state-only Medi-Cal expansion undocumented adults, ages 19 and older.
- State-only **Medi-Cal premiums of $30** for adults 19-59 with unsatisfactory immigration status (UIS).
- Elimination of state-only **Prospective Payment System** rates for Federally Qualified Health Centers and Rural Health Clinics for members with UIS.

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2025-26 Budget Act Update

- **Elimination of dental benefits** for UIS adults, ages 19 and older.
- Reinstatement of the **Medi-Cal Asset Test Limit**, effective January 1, 2026.
- Elimination of $362 million in 2026-27 and ongoing in **dental supplemental payments**.

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2025-26 Budget Act Update

- Pharmacy changes include:
  - Implementation of a **rebate aggregator** to secure rebates for members with UIS.
  - **Elimination of coverage for Glucagon-Like Peptide-1 (GLP-1)** for weight loss and certain over-the-counter drugs.
  - Implementation of **prescription drug utilization management**, step therapy protocols, and prior authorization for certain prescription drugs.

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2025-26 Budget Act Update

- **Proposition 36** implementation funding of $50 million to provide non-competitive grants to county behavioral health departments.
- **Title X funding restoration** of $15 million to replace lost funding for family planning providers.
- **988 Suicide and Crisis Lifeline Centers** one-time funding totaling $17.5 million.
- **Next Generation Digital Therapeutics** funding as part of the Children and Youth Behavioral Health Initiative (CYBHI), totaling $2 million.
- $2 million in funding to support **Adverse Childhood Experiences (ACEs)** provider trainings.

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Federal Legislation Update
H.R. 1

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Major Medicaid Provisions of H.R.1

Bottom Line: Up to 3.4 million Medi-Cal members may lose coverage; $30+ billion in federal funding is at risk annually; major disruption Medi-Cal financing structure for safety nets.

Eligibility/Access Requirements	State Financing Restrictions	Immigrant Coverage Limitations	Abortion Providers Ban
» Work requirements » 6-month eligibility checks » Retroactive coverage restrictions » Cost sharing	» Managed Care Organization (MCO) and Provider Tax limitations » State Directed Payment restrictions » Federal funding repayment penalties (PERM)	» Reduction in Federal Medical Assistance Percentage (FMAP) for emergency UIS » Restrictions on lawful immigrant eligibility (increases UIS)	» One-year ban on federal Medicaid funding for "prohibited entities" that provide abortion services

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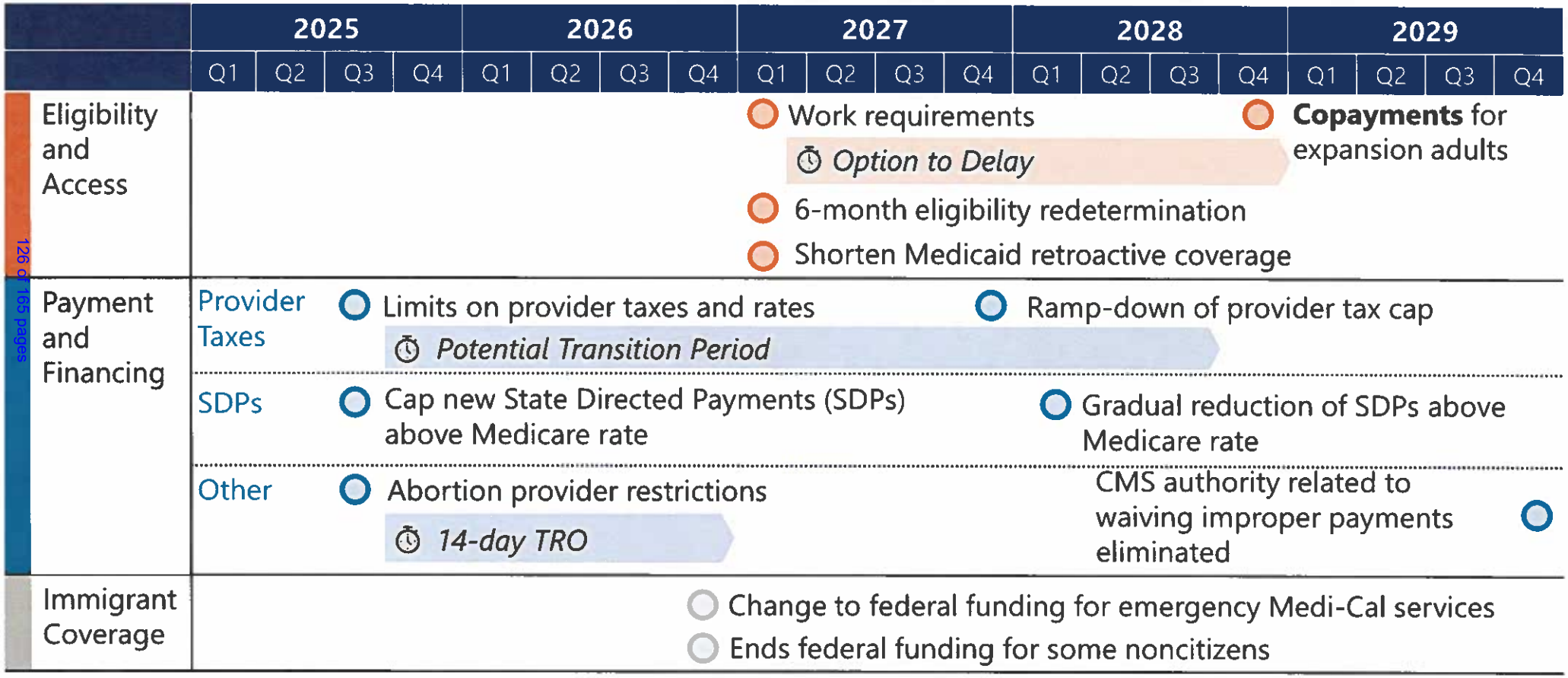
Effective Dates for Key Provisions



Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provision Eligibility and Access

- **JANUARY 1, 2027:** Implement **mandatory work requirements** for Medicaid expansion adults ages 19 to 64.

  *State option to delay implementation until **December 31, 2028,** with Secretary approval.*

- **JANUARY 1, 2027:** **Redetermine eligibility** for expansion adults once every 6 months.
- **JANUARY 1, 2027:** Shorten Medicaid **retroactive coverage**; provide Children's Health Insurance Program (CHIP) retroactive coverage at state option.
- **OCTOBER 1, 2028:** Impose **copayments** on most services for expansion adults with incomes above 100% of the federal poverty level (FPL).

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provision Payment and Financing (*Provider Taxes)*

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

JULY 4, 2025:

1. Prohibits implementation of any new Medicaid provider taxes and increasing existing tax rates.
2. Prohibits any tax that imposes a lower tax rate on providers explicitly defined based on their lower Medicaid volumes compared to providers with higher Medicaid volumes, or taxes Medicaid units of service at a higher rate than non-Medicaid units of service (as well as taxes that have the same effect) – impacts Managed Care Organization (MCO) tax and Hospital Quality Assurance Fee (HQAF).

OCTOBER 1, 2027:

Ramp-down of **provider tax** cap begins, with the 6% tax threshold reduced by half a percentage point per year until the threshold hits 3.5% in 2032.

*CMS may allow for a transition period of up to **3 years***

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

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Effective Dates for Key Provision Payment and Financing (*SDPs and Other*)

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **JULY 4, 2025:** Caps any future State-Directed Payments **(SDPs)** at 100% of Medicare payment levels.
- **January 1, 2028:** Requires states with existing **SDPs** above Medicare rates to reduce payments by 10 percentage points per year until they are no greater than 100% of Medicare.

- **JULY 4, 2025– July 4, 2026:** Bars Medicaid participation by certain **providers of abortion services.**

  ⏱ *14-day Temporary Restraining Order (TRO)*

- **OCTOBER 1, 2029: Eliminates CMS authority to waive states' disallowance of federal funds** associated with "excess" improper payments.

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provision Immigrant Coverage

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **OCTOBER 1, 2026:**
  Provides regular **Federal Medical Assistance Percentage (FMAP) for emergency Medi-Cal.**

- **OCTOBER 1, 2026:**
  Ends the availability of federal Medicaid and CHIP funding for **refugees, asylees, and certain other noncitizens.**

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

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Questions?

CalAIM Renewal Discussion

Tyler Sadwith, State Medicaid Director

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CalAIM Renewal Planning

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Continuing the Transformation of Medi-Cal: Concept Paper Overview

DHCS released the concept paper on July 23.

- The Concept Paper:
  - Summarizes California's efforts to date to **transform Medi-Cal**.
  - Outlines the **Department's principles and goals** for Medi-Cal for 2027 and beyond.
  - Includes **preliminary plans for advancing the renewal of CalAIM Section 1115 and 1915(b) waivers**, which are set to expire on December 31, 2026.
- The paper was informed by a series of in-person listening sessions, virtual Medi-Cal Member Advisory Committee meetings, and standing forums (e.g., CalAIM Implementation Advisory Group, CalAIM Behavioral Health Workgroup, stakeholder meetings, etc).
- Stakeholders included Medi-Cal members, community-based organizations (CBOs), managed care plans (MCPs), county behavioral health plans (BHPs), public health agencies, sheriff's departments, probation agencies, housing service providers, health care providers, and advocates.

DHCS' principles and goals for Medi-Cal may evolve based on policy developments at the federal and state level.

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Medi-Cal's Transformation To Date

Over the next five years, starting in 2027, DHCS seeks to build upon California's existing efforts to transform Medi-Cal.

California Advancing and Innovating Medi-Cal(CalAIM)

DHCS implemented a range of initiatives to **advance whole person care and address social drivers of health**. As part of the Section 1115 and 1915(b) waiver renewals, DHCS proposes to continue key CalAIM components such as **Enhanced Care Management, Community Supports, the Justice-Involved Initiative, Drug Medi-Cal Organized Delivery System, Traditional Healers and Natural Helpers, and the Global Payment Program**, among others.

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)

DHCS expands the continuum of behavioral health care through BH-CONNECT. Key initiatives include **Workforce Investments, Transitional Rental Assistance, Activity Funds, Access, Reform, and Outcomes Incentive Program, Community Transition In-Reach Services**, and **federal funding for short-term mental health care provided in institutions for mental diseases**. California also expanded Medi-Cal coverage of evidence-based practices.

Behavioral Health Transformation

DHCS continues to invest in SUD and mental health delivery systems through Behavioral Health Transformation, which includes **funding supports for people with significant behavioral health needs, expanded behavioral health services, and enhanced focus on outcomes, accountability and equity**.

Behavioral Health Transformation also includes investments in treatment sites and permanent supportive housing.

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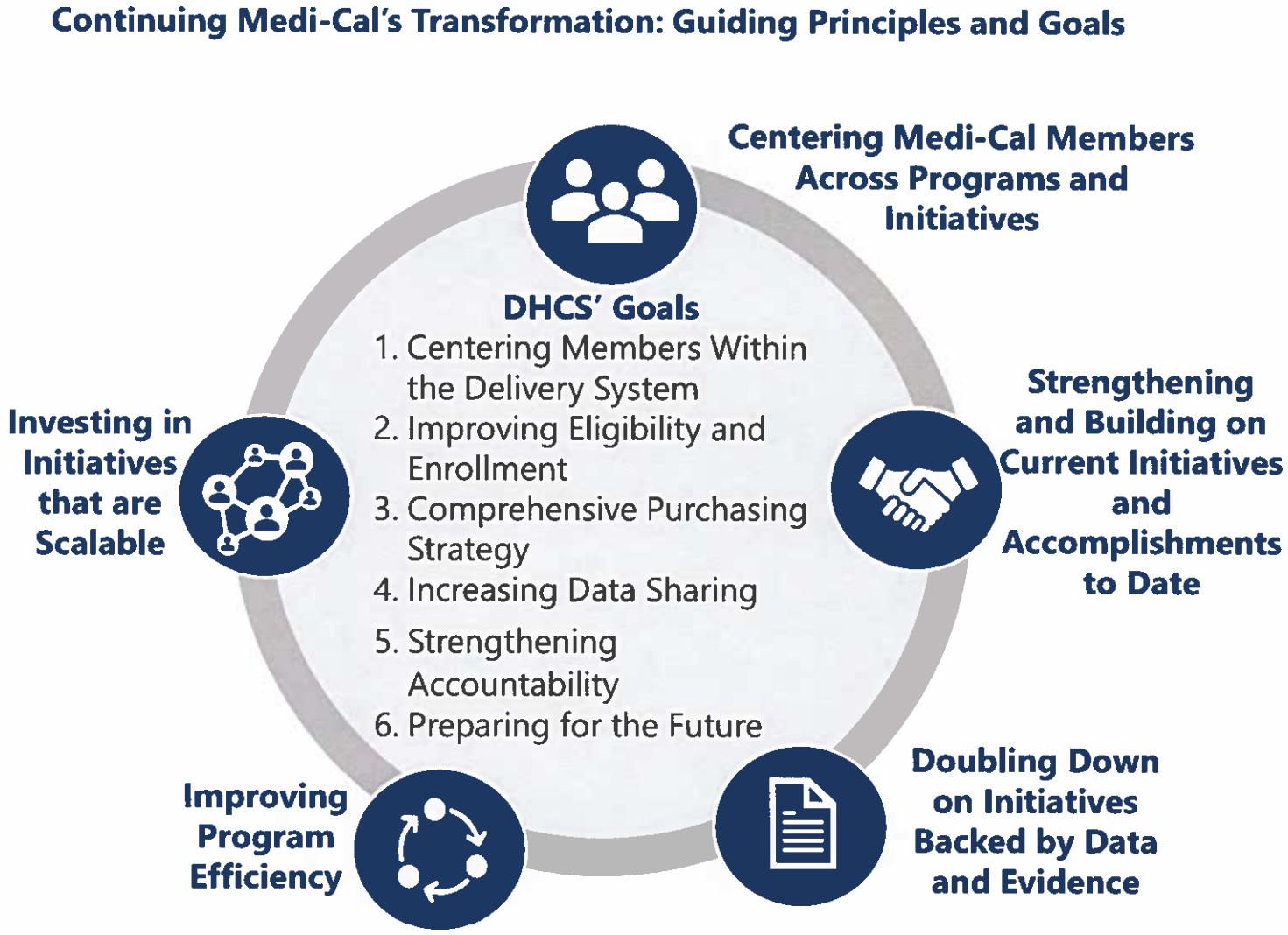
Overview of Principles and Goals

This Concept Paper outlines key guiding principles and proposes new goals that are central to DHCS' efforts to continue the core commitments of CalAIM, and to enhance the Medi-Cal member experience.



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Principles for Medi-Cal Transformation (1 of 2)

Centering Medi-Cal Members across programs and initiatives: Placing Medi-Cal members at the heart of DHCS' programs ensures members' needs and experiences drive DHCS policies, initiatives, and implementation approach. This member-centered approach fosters a more responsive and inclusive health care system, with the goal of improving access, health outcomes, and member experience.

Strengthening and building on DHCS' current initiatives and accomplishments to date: DHCS and its partners have collectively established a strong foundation for the future of Medi-Cal transformation, and DHCS recognizes that its partners are undergoing massive change management processes to implement significant new initiatives. By re-committing to the initiatives DHCS has undertaken under CalAIM, the Department will be able to continue momentum and ensure continuity and stability in programs that are making a difference to Medi-Cal members today.

Doubling down on initiatives backed by data and evidence: Utilizing data and evidence to inform DHCS' initiatives ensures that the Department's decisions are grounded in proven strategies and best practices. This evidence-based approach enhances the effectiveness of DHCS' programs, leading to more efficient resource allocation.

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Principles for Medi-Cal Transformation (2 of 2)

Improving program efficiency: Streamlining processes and reducing administrative burdens allows DHCS, providers, plans, and other partners to deliver services more effectively and efficiently. This focus on efficiency helps to maximize the use of available resources, reduce costs, and improve the overall performance of DHCS' programs.

Investing in initiatives that are scalable: By investing in scalable initiatives, DHCS ensures that successful programs can be expanded and replicated across different regions and populations. This scalability allows DHCS to extend the benefits of the Department's initiatives to a larger number of Medi-Cal members and for stakeholders to learn from each other's experiences and progress, promoting equity and access to high-quality care.

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Goals for Medi-Cal Transformation

Centering Members Within the Delivery System: Ground Medi-Cal policies and programs in member-centered design principles, and create networks of community-embedded providers to deliver high-quality, culturally responsive, whole-person care that optimizes the member experience.

Improving Eligibility and Enrollment: Help eligible Californians get and keep Medi-Cal coverage through application and eligibility processes that are efficient, accurate, and respectful.

Comprehensive Purchasing Strategy: Establish a comprehensive Medi-Cal purchasing strategy that incentivizes plans and providers to deliver: the right care, at the right time, in the right place, at the right cost.

Increasing Data Sharing: Improve data sharing among plans, providers, and partners within the Medi-Cal ecosystem to support stronger data-informed care, care coordination, and member experiences.

Strengthening Accountability: Strengthen and enforce accountability across the Medi-Cal delivery system (fee-for-service, managed care, and BHPs) to improve member access, experience, quality, and outcomes.

Preparing for the Future: Prepare Medi-Cal to meet the needs of the aging population in 2030 and beyond.

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Upcoming CalAIM 1115 and 1915(b) Waiver Renewals

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Background: Current Authorities for ECM and Community Supports

Section 1115 or 1915(b) authority is **not needed** to continue ECM and 12 of the 15 Community Supports.

- Currently, ECM is authorized under federal Medicaid **managed care regulations** as part of care coordination and continuity of care responsibilities of managed care plans.
- 12 Community Supports are covered as **In Lieu of Services (ILOS) under managed care authority** and are **not dependent** on DHCS' current CalAIM 1115 or 1915(b) waiver approvals.
- ILOS is a **permanent option** for state Medicaid programs enshrined in federal Medicaid managed care regulations and as required by CMS, memorialized in approved MCP contracts.
- An ILOS is a service or setting that is provided to an enrollee as a **substitute for a covered service or setting under the State Plan**, or when the ILOS can be **expected to reduce or prevent the future need** to utilize the covered service or setting under the State Plan.

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Upcoming Section 1115 CalAIM Renewal (1 of 3)

DHCS seeks to continue the state's efforts to transform Medi-Cal through the renewal of key CalAIM initiatives. Priorities for the renewals may evolve due to the dynamic federal and state policy landscape.

- **Recuperative Care:** Short-term residential setting in which members recover from an injury or illness while obtaining access to primary care, behavioral health services, case management, and other supportive social services.
- **Short-Term Post-Hospitalization Housing:** Ongoing supports necessary for recuperation and recovery after exiting an institution.
- **Contingency Management:** Evidence-based, cost-effective treatment for substance use disorder that combines motivational incentives with behavioral treatments.
- **Reentry Services:** Targeted Medi-Cal services for justice-involved individuals for up to 90 days prior to release.

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Upcoming Section 1115 CalAIM Renewal (2 of 3)

- **Traditional Health Care Practices:** Culturally appropriate care for members receiving care at Indian Health Service, Tribal, or Urban Indian Organization facilities.
- **Dually Eligible Enrollees in Medi-Cal Managed Care:** Aligns a dually eligible beneficiary's Medicaid plan with their Medicare Advantage (MA) Plan choice, to the extent the Medicare Advantage plan has an affiliated Medicaid plan.
- **Managed Care Authority to Limit Plan Choice:** Enables the state to limit choice of MCPs in metro, large metro, and urban counties operating under the COHS and Single Plan models.
- **DMC-ODS – Waiver of Institutions for Mental Disease (IMD) Exclusion for Substance Use Disorder (SUD) Services:** Federal reimbursement for Medicaid services provided to short-term residents of IMDs receiving substance use disorder services.
- **Chiropractic Services from IHS and Tribal Facilities:** Chiropractic services furnished by Indian Health Service and tribal providers to Medi-Cal members.

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Upcoming Section 1115 CalAIM Renewal (3 of 3)

- **Community-Based Adult Services:** Services and supports for older adults and adults with disabilities to restore or maintain their optimal capacity for self-care and delay/prevent institutionalization.
- **Out-of-State Former Foster Care Youth:** Medi-Cal coverage for former foster care youth who are under age 26.
- **Global Payment Program:** Supports public health care systems that provide health care for uninsured Californians through a statewide funding pool.
- **Modification of Asset Test for Deemed SSI Populations:** Medi-Cal eligibility for individuals in select Deemed SSI populations (Pickle Group, Disabled Adult Child group, Disabled Widow/Widower group) by increasing the asset test.

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Upcoming Section 1915(b) CalAIM Renewal

DHCS plans to request continued authority for California's Medi-Cal delivery systems through the 1915(b) waiver.

- **Medi-Cal Managed Care (MCMC):** Provides coverage for physical health and non-specialty mental health services through Medi-Cal MCPs in all 58 counties through five MCMC models that vary by county or region (County-Organized Health System, Two-Plan, Geographic Managed Care, Regional, and Single Plan).
- **Dental Managed Care:** Provides coverage for dental services through dental MCPs in two counties (Sacramento, Los Angeles).
- **Specialty Mental Health Services (SMHS):** Provides coverage for SMHS by 56 county BHPs in all 58 counties.
- **Drug Medi-Cal Organized Delivery System (DMC-ODS):** Provides coverage for evidence-based SUD treatment services for eligible members residing in participating counties. Counties have the option of participating in the DMC-ODS program.

For more information about DHCS' preliminary approach to the CalAIM Section 1115 and 1915(b) Waiver Renewals, please refer to the Concept Paper.

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Looking Ahead

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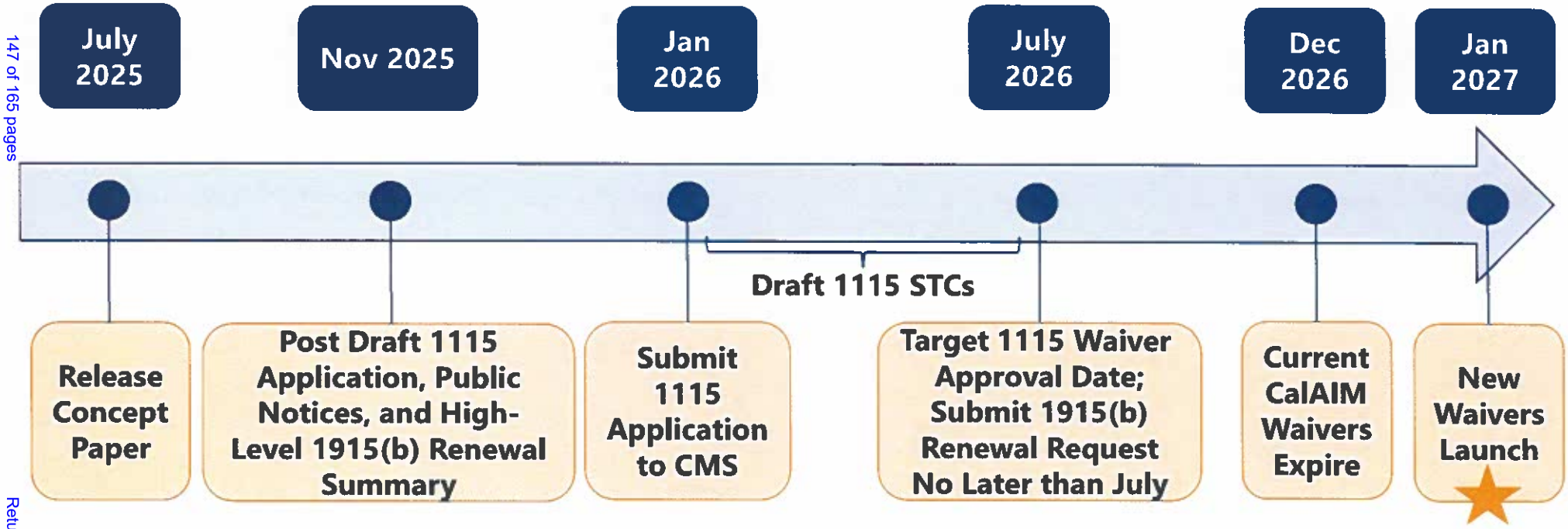
Waiver Renewal Timeline

DHCS will embark on a planning process over the coming months, including drafting a concept paper and drafting/submitting California's next 1115 and 1915(b) waivers.



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Gold Coast Health Plan℠
A Public Entity

Federal & State Policy and Budget Update

August 25, 2025

Integrity
Accountability
Collaboration
Trust
Respect

Return to Agenda

Overview

- State Budget Update
- Federal Budget Update
- Considerations for Future Medi-Cal Landscape

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2025-26 Final Budget Overview

The final 2025-26 state budget was signed into law by Governor Newsom on June 30, 2025

The budget includes $321.1B total ($228.4B GF) and $15.7B in reserves, with $11.2B from the Rainy Day Fund and $4.5B from the regular reserve

Addresses a $12B deficit through a combination of spending reductions, borrowing, and reserves

**Special session likely to held this fall to address federal Medicaid program changes*

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State Budget Update

Restores the Medi-Cal Asset Limit at $130,000 and $65,000 for each additional household member

Modifies the Governor's Medi-Cal enrollment freeze proposal for UIS 19 years of age and older beginning January 1, 2026, and adds a six-month re-enrollment grace period

Modifies the Governor's proposal to establish Medi-Cal premiums for UIS by lowering the Governor's proposal from $100 per month to $30 per month beginning July 1, 2027

Approves the Governor's proposal to increase General Fund offsets from the MCO Tax implemented by Proposition 35

Rejects the Governor's proposal to eliminate $172M Proposition 56 supplemental payments for family planning, and women's health services

Rejects the Governor's proposal to eliminate long-term care and in-home supportive-services for adults with unsatisfactory immigration status

Rejects the Governor's proposal to increase the Medi-Cal MLR for MCPs

Delays the Governor's proposal to cut $1.1B ongoing from Health Centers and Rural Health Clinics until July 1, 2026

Delays the Governor's proposal to eliminate dental benefits from UIS populations until July 1, 2026

Next Steps:

- Considerations for interactions with federal Medicaid program changes
- Implementation Guidance (APLs)
- Special Session (likely in fall)
- MCP advocacy and alignment

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Federal Budget Update

H.R. 1 “One Big Beautiful Bill Act” passed and signed into law

Majority of impacts begin in 2026 and beyond

Future regulatory guidance will be issued to detail implementation requirements

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Key Provisions

Enacting work requirements:	Requires states to condition Medicaid eligibility for individuals ages 19-64 on working or participating in qualifying activities for at least 80 hours per month by December 31, 2026; targets expansion population. Exempts certain adults including parents with children ages 13 and under and those who are medically frail.
Increased eligibility verifications:	Requires states to conduct eligibility verifications for expansion population every 6 months by December 31, 2026.
Modifies retroactive coverage during presumptive eligibility:	Modifies the retroactive eligibility policy to differentially apply to the expansion population and non-expansion population. Retroactive coverage would be limited to one month for the expansion population but provided for two months for non-expansion beneficiaries. It would be effective for applications made on or after the first day of the first quarter that begins after December 31, 2026.
Repealing or delaying Medicaid regulations passed during the Biden Administration:	The OBBB places a moratorium on the implementation of the September 2023 eligibility final rule , and March 2024 eligibility final rule from date of enactment through September 30, 2034. Additionally, during that period similarly prohibits the implementation, administration and/or enforcement of the eligibility regulations.
Limits on state provider taxes:	For expansion states only, it would gradually lower the 6% hold harmless threshold by 0.5% per year, starting in FY 2028, until the threshold is 3.5% in FY 2032. In expansion states, the reduction in the hold harmless threshold would not apply to provider taxes on nursing facilities or intermediate care facilities.
Limits on State Directed Payments (SDP):	Requires those with existing SDPs or pending SDP applications to be reduced by 10% annually until they reach the applicable payment limit. SDPs that received approval before May 1, 2025, or payments for rural hospitals by date of enactment, for the rating period occurring within 180 days of the bill's enactment date, would be required to comply with this new policy. The 10% annual reduction would begin in for the rating period beginning on or after January 1, 2028.
Cost-sharing for expansion population:	Requires states to enact cost sharing beginning October 1, 2028 for expansion individuals with incomes greater than 100% of federal poverty level (FPL). Cost-sharing levels would be left to the discretion of the states but would be capped at $35 per service; certain services are exempt from cost-sharing.

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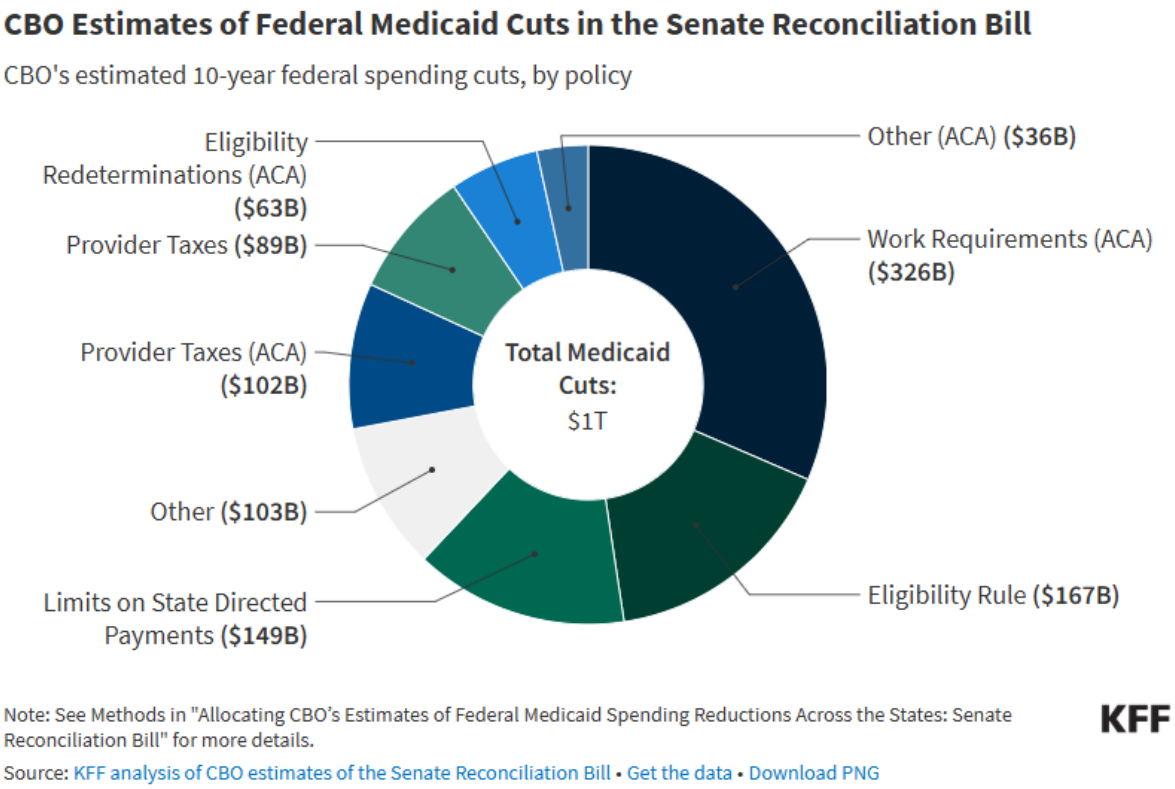
Estimated Impacts of H.R. Cuts



In California, a decrease of $123B - $205B is expected; *a decrease of approximately 19% of federal spending over 10 years.*

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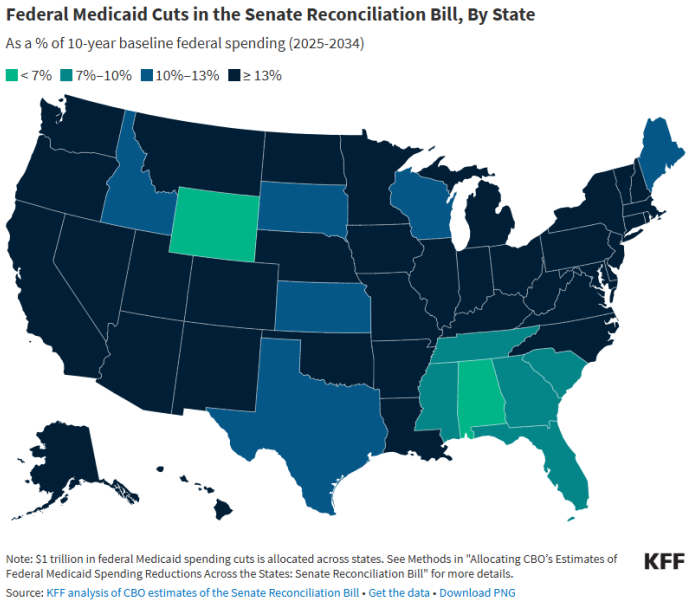
Preliminary Impact Estimates

States with Deepest Estimated Relative Reductions in Federal Medicaid and SNAP Funding, 2029

	Medicaid			SNAP	
	Funding loss ($ millions)	Relative reduction		Funding loss ($ millions)	Relative reduction
U.S. total	**–$95,669**	**–13.3%**	**U.S. total**	**–$35,409**	**–35.6%**
Arizona	–$3,931	–21.1%	New Mexico	–$479	–43.9%
Washington	–$2,675	–17.4%	West Virginia	–$262	–43.6%
Montana	–$367	–17.3%	Georgia	–$1,492	–43.0%
New York	–$11,333	–17.1%	Delaware	–$112	–41.6%
North Carolina	–$3,807	–16.1%	New Jersey	–$846	–41.4%
Illinois	–$3,648	–16.1%	Mississippi	–$367	–41.1%
Connecticut	–$1,170	–15.7%	Indiana	–$603	–39.6%
California	–$16,615	–15.3%	Michigan	–$1,288	–39.6%
New Mexico	–$1,419	–15.2%	Oklahoma	–$628	–39.3%
Hawaii	–$360	–14.8%	Missouri	–$630	–39.3%

Data: George Washington University analysis. The relative reduction is the estimated cut in federal funding for a state as a percentage of the estimated state baseline benefit funding.

Source: Leighton Ku et al., *How Medicaid and SNAP Cutbacks in the "One Big Beautiful Bill" Would Trigger Big and Bigger Job Losses Across States* (Commonwealth Fund, June 2025). https://doi.org/10.26099/tryd-ht51



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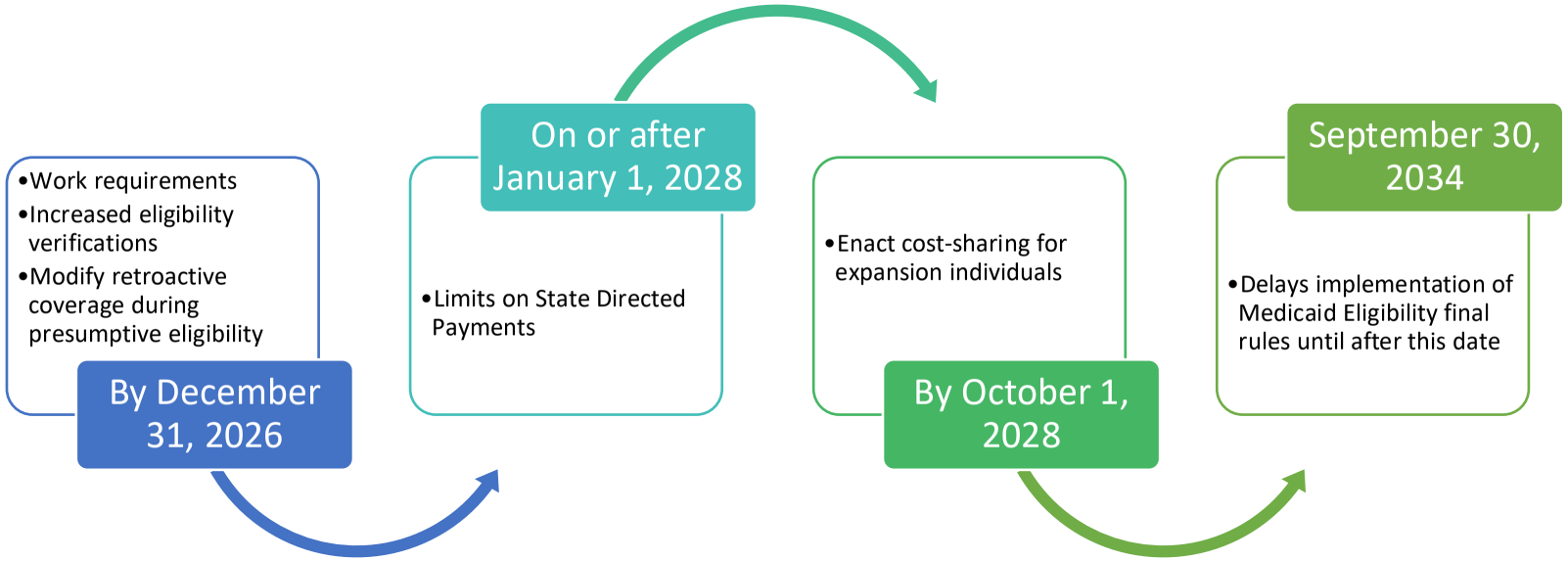
Medicaid Provisions: Effective Dates



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Implementation

Federal and State regulatory guidance will be issued with further detail on implementation of requirements (examples below)

- Work Requirements – documentation development, communication and verification process, coordination between State and County agencies and Managed Care Plans
- Eligibility Verification – details on process of increased eligibility verifications forthcoming.
- Cost sharing for expansion population – details on how the cost sharing will be administered, to whom it is paid, how the funds may be used

CA Department of Health Care Services (DHCS) issued first APL related to H.R. 1: APL 25-011 H.R. 1 – Federal Payments to Prohibited Entities

- Guidance that managed care plans may not pay claims to "prohibited entities" for dates of service on or after 7/4/2025. Clarifies that abortion services performed under CPT codes 59840 and 59841 may still be paid to Prohibited Entities (those payments are from the state general fund)
- 7/7/25 Federal Injunction temporarily blocks provision; questions surrounding applicability; further DHCS guidance needed

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Impacts and Considerations

Work requirements

By adding complex and onerous documentation and reporting obligations, even those who meet the requirements may lose coverage due to administrative and technical errors or challenges with completing paperwork on a frequent and timely basis.

The Urban Institute analyzed potential coverage losses from a 2023 House bill and found that "most adults who would lose coverage would be working or qualify for exemptions under the policy but would be disenrolled due to reporting requirements."

Increased Eligibility Determinations

Similar to work requirements, increasing eligibility verifications to every 6 months will lead to coverage loss for many eligible individuals due to administrative and technical errors or challenges with completing paperwork on a frequent and timely basis.

Reducing health care coverage does not reduce health care costs; care is shifted to emergency rooms where the entire health care system feels the impacts of subsidizing uncompensated care.

Provider Tax Limitations

Reductions to provider taxes put rural hospitals at risk of closure. States often use provider tax revenues to support payment rates for providers and hospitals.

Those in rural areas are more likely to be Medicaid recipients; reducing coverage impacts hospitals through reduced service revenues.

Safety net providers already accept far less than Commercial reimbursement and Medicare rates for most services; targeting provider taxes and state directed payments used to support increased provider payment rates further reduces access.

Cost sharing for expansion population

Requiring individuals in the expansion population (100-138% of federal poverty level) to pay up to $35 per service puts additional barriers to accessing care by imposing costs that many of these individuals simply cannot afford to pay, leading to delayed care and increased emergency room visits.

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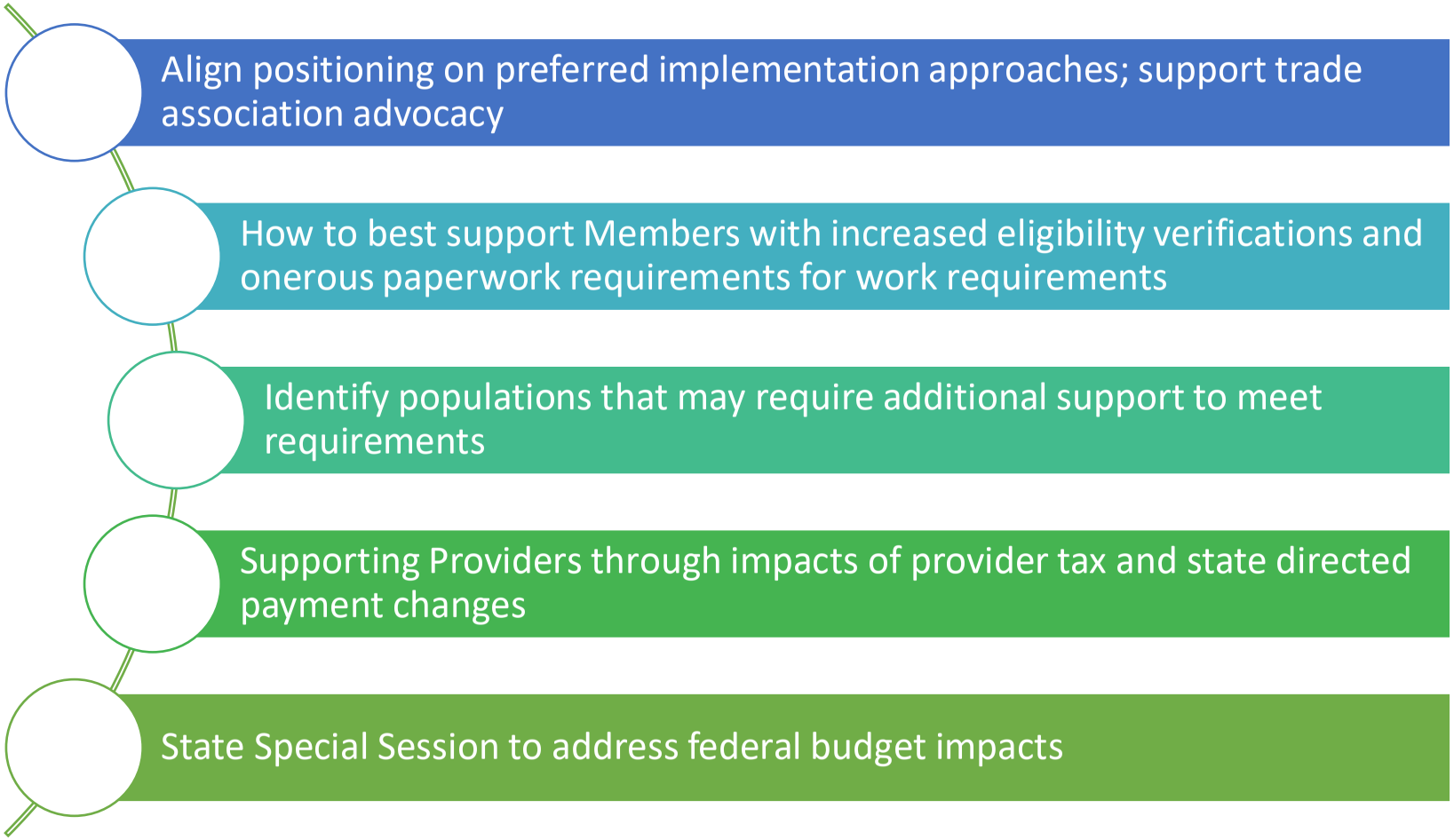
Next Steps



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AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 25, 2025

SUBJECT: Chief Medical Officer (CMO) Report

CMO COMMISSION REPORT – August 2025

Commissioners, the Gold Coast Health Plan (GCHP) Chief Medical Officer (CMO) is pleased to submit this report for August 2025.

Overall, the good work continues in the Health Services Department. Earlier, the Commission heard detailed presentations on the Plan's Quality Improvement Health Equity Committee meeting and the Plan's Health Equity Strategy presentation for 2025-2026. This month's CMO report will briefly report on Quality Improvement activities, Utilization Management efforts, and Pharmacy issues.

Quality Improvement:

GCHP has officially been awarded National Committee for Quality Assurance (NCQA) Health Equity Accreditation. This is a historic moment for GCHP. It is the culmination of steadfast commitment, diligent work, and top-class teamwork from departments across the organization. We would not have been able to achieve accreditation without the Commission's support. At our closing conference, the NCQA representative noted several strengths of GCHP's Health Equity application including:

- Dedicated and knowledgeable staff.
- Documentation which was well prepared and presented.
- Detailed policies and procedures.
- Reports demonstrating good quantitative and qualitative analysis.
- Strong evidence the Plan assessed and addressed member's cultural, ethnic, racial and linguistic needs.

Overall, GCHP is halfway to meeting NCQA accreditation requirements. Next, the NCQA Health Plan Accreditation Survey will take place in October.

GCHP Managed Care Accountability Sets (MCAS) efforts continue to show great progress. Most measures performing better than last year at this time. There are three MCAS measures (Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre),

Breast Cancer Screening (BCS), and Well-Child Visits in the First 30 Months of Life – 0-15 Months – Six or More Well-Child Visits (W30-6+ (0-15M)) performing slightly lower.

There are headwinds that will be addressed.

1. Childhood Immunization Status (CIS), Immunizations for Adolescents (IMA), Cervical Cancer Screening (CCS) transition to Electronic Clinical Data Systems (ECDS) – no established benchmarks
2. Breast Cancer Screening (BCS) age range change – no established benchmarks & measure change
3. Community Memorial Health (CMH) data discrepancies due to Epic Transition (missing codes/ taxonomy, future Date of Service (DOS))
4. Clinicas del Camino Real (CDCR) Epic transition October/November
5. Immigration and Customs Enforcement (ICE) activity potentially impacting access/well-care visits
6. Member incentives pending Memorandum of Understanding (MOU) execution at CMH and Ventura County Medical Center (VCMC)
7. Live call outreach stalled due to CareNet staff turnover

There is an action plan to address these headwinds:

- ❑ Data plan:
  - ❑ Continue partnership with CMH to remediate Electronic Clinical Data Systems (ECDS) data issues
  - ❑ Quality Improvement/Information Technology (QI/IT) bi-weekly meetings to address issues/data improvements
  - ❑ Data deep dive for W30-6+ (0-15M), CIS, PPC-Pre and measures shifting from hybrid to ECDS

- ❑ Interventions:
  - ❑ Member Incentives: Child and Adolescent Well-Care Visits (WCV), Cervical Cancer Screening (CCS), Breast Cancer Screening (BCS), Human Papillomavirus (HPV), Lead Screening in Children (LSC), Influenza
  - ❑ Member focus groups to determine barriers: CCS, Well Child
  - ❑ CareNet Gaps in Care Outreach/Appointment Scheduling – 4,451 Appointments scheduled as of July 18 - WCV: 3371, CCS: 924, W30:121, Prenatal and Postpartum Care: Postpartum Care (PPC-Post): 33
  - ❑ Measurement Year (MY) 2025 Quality Incentive Provider Pool (QIPP) – incentivize all measures based on percentile achieved
  - ❑ Local Health Plans of California/Department of Health Care Services (LHPC/DHCS) advocacy regarding MCAS rate impact tied to ICE activity

Utilization Management Efforts:

Key regulatory updates:

- DHCS Contract Amendment
  - Changes in regulatory turn-around times for Physician Administer Drugs (PAD's).
  - New turn-around times for review are 24 hours or one business day.

- NCQA Health Plan Accreditation Preparedness
  - The utilization management (UM) team is participating in bi-weekly workgroups to address gaps in NCQA UM processes and remediate all gaps to achieve 100% of applicable points in each standard category.

- 2024 DHCS Medical Audit Corrective Action Plan (CAP)
  - Meeting monthly submission deliverables to close out all corrective action findings.

Pharmacy Update:

- Prime Therapeutics (Pharmacy Benefit Manager) Training for Dual Eligible Special Needs Plan (D-SNP)
- Pharmacy Summer Newsletter posted on GCHP website: **Summer Newsletter, June 2025**
- List of Medi-Cal Rx Pharmacies that offer mail order:

Pharmacy Name	Pharmacy Address	Pharmacy Phone	Mail Order?	Cost?
BURTS PHARMACY - NEWBURY PARK	2333 Borchard Rd., Thousand Oaks, CA	(805) 498-6675	Yes	Free
GOJJI PHARMACY	2121N D Street, San Bernadino, CA	(909) 693-3376	Yes	Free
RUHS-SOLUTIONS PHARMACY	14375 Nason St, Ste 208, Moreno Valley, CA	(951) 486-4523	Yes	Free

RECOMMENDATION:

Receive and file.

AGENDA ITEM NO. 13

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Paul Aguilar, Chief Human Resources & Organization Performance Officer

DATE: August 25, 2025

SUBJECT: Human Resources (H.R.) Report

Human Resources Activities

Since the start of the new Stub Period, the Human Resources team has been focused on:

(1) Staff Engagement

(2) Acquiring and Retaining Talent.

(3) Year-end Performance Management and Rewards

Staff Engagement: Our Culture Transformation journey continues to evolve with great progress and momentum. The Culture Champions have facilitated 12 Culture Alignment Sessions, resulting in 284 employees trained on our culture strategy, which include related cultural belief expectations, and tools to reinforce these beliefs / behaviors across the organization. On Tuesday, August 19th the Leadership Team, Culture Committee and Champions participated in a Focused Decision-Making training session aimed at improving how decisions are made in the organization to build stronger accountability.

Organization (Acquiring and Retaining Talent): Starting the new Stub Period on July 1st, we have filled 12 positions through August 4th, which has increased GCHP's headcount to 440. Of the new 11 budgeted Stub period roles, 7 have been filled. The table below provides a total Resource Summary, which includes Employee and Contingent Worker (Temps / Contractors) by Function. You will see the organization remains within current Employee budget of 466 roles and effectively managing 142 contingent workers

The following are key hires and promotions made since the July 2025:

- Chief Medical Officer – Dr. James Cruz (Promotion)

Gold Coast Health Plan - Headcount Stub Period 2025
SP25 - July 31, 2025

	POSITION COUNT					CONTINGENT WORKERS			Total Resources	
Function	Active Headcount	Open Requisitions	Total Active + Open Requisitions	Stub Period Budgeted HC 2025	Percentage of Total Headcount	Temp Roles	Contractor / Consultant Roles	Total Contingent Workers†	Total Resources	Percentage of Total Resources
Health Services	135	5	140	140	30%	0	5	5	145	24%
Operations	102	6	108	108	23%	7	14	21	129	21%
Information Tech	43	0	43	43	9%	0	3	3	46	8%
Policy & Programs	40	4	44	44	10%	0	0	0	44	7%
Compliance	19	2	21	21	5%	0	0	0	21	3%
Finance & Accounting	36	1	37	37	8%	2	4	6	43	7%
Execuitve & Administration	14	1	15	15	3%	0	0	0	15	2%
Member Experience and Ext Affairs	33	4	37	37	8%	0	0	0	37	6%
HR&Facilities	12	0	12	12	3%	1	3	4	16	3%
Innovation / DSNP	6	0	6	6	1%	0	103	103	109	18%
Strategic Initiatives	0	0	0	0	0%	0	0	0	0	0%
Grand Total	**440**	**23**	**463**	**463**	**100%**	**10**	**132**	**142**	**605**	**100%**

†Outsourced Labor (BPO) excluded: 92 in Operations - Netmark

Attrition: Our attrition for the last 12 months is still low at 5.88 %. This is a slight increase from the last month, as voluntary terminations have increased. Attrition trends are checked each month to assess pending organization risks or concerns.

Performance Management and Rewards: The year-end Performance Management process was completed in August, where managers provided employees feedback on goal results and behaviors, using our values as the gauge. With a 4% overall merit budget, employee performance was effectively differentiated to ensure those employees who performed at a higher level received a greater merit increase. The table below illustrates the performance rating distribution for all employees and the average merit increase per rating category. In addition to merit increase, the year-end One Team Incentive of 4.85% eligible earning was provided to eligible employees in recognition for 97% completion of our Organization Goals. Our Organization goals this past year were to (1) Stabilize Operations, (2) Implement D-SNP, (3) Improve Health Outcomes, (4) Improve Member Experience and (5) Transform Culture.

Rating Categories	Employees	Rating Distribution	Average Merit%
Exceptional Performance	24	6%	4.85%
Consistently Exceeds Expectations	153	39%	4.32%
Consistently Meets Expectations	210	53%	3.60%
Needs Improvement	6	2%	0.33%
Unsatisfactory Performance	1	0%	0.00%
Total	394		

Stub Period Organization Goals: The Executive Team and Leadership Team defined the priorities for the six-month Stub Period. These priorities were used to form our Organization Goals for this period, which are (1) Launch D-SNP Services, (2) Fulfill CalAIM, Regulatory Requirements, (3) Transform Provider Network Operations, (4) Optimize Finance & HR Services with Workday Launch and (5) Transform our Culture. These goals will be managed and tracked throughout the Stub period to ensure the targeted outcomes are achieved.

Looking forward, we will continue to place strong emphasis on recruiting and assessing the organization to find opportunities to develop our staff by positioning them in the right roles that advance our priorities and create the best employee experience.

RECOMMENDATION:

Receive and file.