

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

**Regular Meeting**

**Monday, February 24, 2025 2:00 p.m.**

**Meeting Location: Community Room  
711 E. Daily Drive #110  
Camarillo, CA 93010**

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

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

**Conference ID Number: : 628 488 949#**

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

Community Memorial Hosp  
147 N. Brent St  
Ventura, CA 93003

855 Partridge Drive  
Ventura, CA 93003

2400 South C Street  
Oxnard, CA 93033

**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**

**OATH OF OFFICE**

HASC Representative: Timothy Myers, Los Robles Hospital

**ROLL CALL****PUBLIC COMMENT**

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

Persons wishing to address VCMCC 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](mailto:ask@goldchp.org). If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

**CONSENT**

**1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of January 27, 2025.**

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

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

**UPDATES**

**2. RISE Grant Program Update**

Staff: Erik Cho, Chief Policy & Programs Officer  
Kelly McCutcheon Adams, Sr. Director, Institute for Healthcare Improvement

**RECOMMENDATION:** Receive and file the update

**3. Operations of the Future (OOTF) Update**

Staff: Felix L. Nunez, M.D., Acting Chief Executive Officer  
Alan Torres, Chief Information & System Modernization Officer  
Anna Sproule, Executive Director of Operations

**RECOMMENDATION:** Receive and file the update

#### **4. Dual Special Needs Plan (D-SNP) Program Update**

Staff: Eve Gelb, Chief Innovation Officer  
Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the update.

### **FORMAL ACTION**

#### **5. Year-to-Date Financials and Fiscal Stub Period Budget Timeline**

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive, file, and approve the revised budget

### **REPORTS**

#### **6. Chief Executive Officer (CEO) Report**

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

RECOMMENDATION: Receive and file the report

#### **7. Chief Diversity Officer (CDO) Report Future of Diversity, Equity & Inclusion (DEI)**

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report

### **ADJOURNMENT**

The next meeting will be on held on the next meeting will be on held on April 28, 2025, at 2:00 p.m., in the Community Room located at GCHP 711 E. Daily Dr. Suite 110, Camarillo, CA 93010

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Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the 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.

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## **AGENDA ITEM NO. 1**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Maddie Gutierrez, MMC, Sr. Clerk for the Commission  
DATE: February 24, 2025  
SUBJECT: Regular Meeting Minutes of January 27, 2025

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENT:**

Copy of Commission regular meeting minutes of January 27, 2025.

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

**January 27, 2025**

**CALL TO ORDER**

Committee Vice Chair Dee Pupa called the meeting to order at 2:04 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, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood D.O.

Absent: Commissioners Anna Monroy and Sara Sanchez

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

Also in attendance were the following GCHP Staff: Kim Timmerman, David Tovar, Mayra Hernandez, Michelle Espinosa, Lupe Gonzalez, TJ Piwowarski, Rachel Ponce, Lucy Marrero, Victoria Warner, Susana Enriquez-Euyoque, Karen Uchimiya, Lupe Harrión, Vicki Wrighster, Holly Krull, Alison Armstrong, Chris Dulan, Joanna Hioureas, Ifsha Butitta, David Kirkpatrick, Lilly Yip, Kris Schmidt, Nicole Kanter, Jerry Wang, Zed Heydar, Jeff Register, Jennifer Najar, Shasta Gereau, Pshyra Jones, Carolyn Harris, Suzette Flores, Raquel Thompson, Kim Marquez-Johnson, Shannon Robledo, April Whetsell, Corey Stephenson, Nathan Norbryhn, Brenda Garcia-Gomez, Paula Cabral, and Sandi Walker

Guests: Tracy Gallaher – County of Ventura, Shawna Morris, Teresa Cho, M.D. John Polich, Rene Rangel, Michell Meissner, Kristine Supple, Anthony Russell, M.D., Veronica Tarin, Rachel Stern, M.D., Carley Raschke, and Gadiel Chavez.

**General Counsel, Scott Campbell stated Commission Chair, Laura Espinosa had a sudden illness that prevents her from attending in person. She must keep her video on**

**the whole time and advise of any other adults in the room. The commission can vote to allow her to participate fully.**

Commissioner Corwin motioned to allow Commissioner Espinosa to participate fully in the meeting via Teams. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood D.O.

ABSTAIN: Commissioner Laura Espinosa

NOES: None.

ABSENT: Commissioners Anna Monroy and Sara Sanchez.

Motion carried.

### **MOMENT OF RECOGNITION**

#### **Presentation of the Riding the Wave of Quality Awards**

Staff: James Cruz, M.D., Acting Chief Medical Officer  
Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

Commission Vice Chair Pupa stated that there are achievements that we need to make from a quality standpoint which includes the providers. They get us where we need to be. There are awards that have had to be rescheduled and we thought it would be great to present these awards at our Commission meeting.

Acting Chief Medical Officer, James Cruz, M.D., thanked the commissioner for the opportunity to present the awards during this commission meeting. He stated that today they wanted to recognize the exception work and effort by several of our network providers and clinics. It does take a team effort and collaboration between the plan and providers to achieve health care quality measure results.

Acting CMO James Cruz, M.D., stated that Kim Timmerman and Rachel Pone will be presenting this year's award recipients.

**Highest Performing Individual Clinics: Chronic Conditions** – Ventura County Healthcare Agency and Fillmore Family Medical Group

**Highest Performing Individual Clinics: Cancer Prevention** – Rose Avenue Family Medical Group



**Highest Performing Individual Clinics: Reproductive Health** – Clinicas Del Camino Real and Meta Health Center (Oxnard)

**Highest Performing Individual Clinics: Well baby Care** – Ventura County Healthcare Agency and Las Islas Family Medical Group

**Highest Performing Individual Clinics: Well Child Care** - Buena Medical Clinic

**Most Collaborative: Partnership in Quality Initiatives** – Ventura County Healthcare Agency

**Most Improved in Any One Measure: Well-Child Visits 0-15 months: 6+ Community Memorial Health**

**Most Improved: Greatest Overall MCAS Improvement by System:** Clinicas Del Camino Real

**Quality Champion:** Gadiel Chavez, Quality Coordinator, Ventura County Healthcare Agency

**Best in Show: Greatest Overall MCAS Achievement by System:** Clinicas Del Camino Real

### **PUBLIC COMMENT**

None.

### **CONSENT**

1. **Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of November 18, 2024.**

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

RECOMMENDATION: Approve the minutes as presented.

2. **Written Summary of Quality Improvement & Health Equity Activities – Q4 2024**

Staff: James Cruz, MD, Acting Chief Medical Officer

Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 4, 2024 Quality Improvement and Health Equity Committee summary.

Commissioner Abbas motioned to approve Consent items 1 and 2. Supervisory Lopez seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood D.O.

NOES: None.



ABSENT: Commissioners Anna Monroy and Sara Sanchez.

Motion carried.

### **UPDATES**

#### **3. Recap of 2024 Strategic Planning Retreat**

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

RECOMMENDATION: Receive and file the update.

Chief of Member Experience & External Affairs, Marlen Torres, gave a brief recap of the December 12, 2024, Strategic Planning Retreat. She thanked every who responded to the survey requesting additional feedback. She noted that overall, positive feedback was received.

CME/EAO Torres noted that it was an ambitious agenda and there was a lot of information. The timing of the event will be changed because we are changing our fiscal year to a calendar year. We will be moving the Retreat to October. She noted that she will collaborate with the Executive Team to determine if that is the best timeframe or if we will need to move it up. December is a busy time with holidays and wrapping up for the year.

Ms. Torres also stated that as a leadership team, goals need to be reviewed. We need to ask if these are the right goals, does the team need to scale back, and what does the team need to do to ensure that we effectively implement what we currently have. She noted that the team will be working over the next several months to look at our goals and work around the budget for this coming fiscal year. The commission will hear from staff if there is a need to scale back or reprioritize. It was also recognized that from a federal and state landscape there was a lot of information. There is a log of interest from the Commission as well as the leadership team to continue to present updates, especially regarding federal impacts.

We also noted the importance of having guest speakers, and that will continue to keep you informed. We will continue to be involved, looking at what is the best strategic view for us and then advocating for members.

Ms. Torres stated that today we went through how the goals individually align up to the organizational goals.

Commissioner Abbas commented that the event was well done, all were engaged in the breakout sessions, and he congratulated Ms. Torres for a job well done, and the Team for a successful event. Commissioner Pupa stated she is looking forward to the next Retreat. She stated she liked the interaction between the local, state, and federal



speakers and the platform was interactive. It was beneficial to hear perspectives, not only from the State but Federal as well. She noted the event was very well done.

Commissioner Espinosa stated this retreat did not disappoint, it exceeded her expectations, and she looks forward to next year. The presentations were outstanding and informative.

#### **4. Operations of the Future (OOTF) Update**

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

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

Executive Director of Operations, Anna Sproule, stated that we have successfully implemented our new healthcare claims processing system as well as all the other systems that came into place. The system is now fully operational. Ms. Sproule stated that we are now moving into the next phase of the project. The focus is a shift toward optimization. This phase ensures that we have the contracts configured properly and providers set up the way that they should be in any claim system which will allow for accuracy in our claims payments. We will be validating the terms, the pricing and all the other impacts associated with our providers to ensure everything is aligned. This will prevent discrepancies in payments versus expected results and will ensure compliance with regulatory standards. This phase will take several months. Key milestones will include contract validation and provider set up verification. We will continue to track progress and provide updates to the Commission.

Ms. Sproule also stated that our Provider call Center is transitioning in-house as expected and our internal team will begin taking those calls. We are confident that this change will result in more efficient and effective providers engagement.

Ms. Sproule reviewed the current enrollment dashboard. We have had a slight bump up and a very minimal reduction. This keeps track of each of the different networks that exist and the PCP enrollment for each of those different networks.

Ms. Sproule also stated that our inventory in claims aging is lower than it has been in almost four years. We are also tracking the call center and calls continue to maintain at approximately 10 to 20,000 per month.

Commissioner Abbas stated that GCHP has deployed nineteen plus people to do the manual adjudication of claims, BPO staff. Ms. Sproule stated those BPO users are still on staff – they are the Netmark staff, and we have some additional people to support PDR processing. Claims processors will also continue until the auto adjudication rate get to the place that we need it to be. Commissioner Abbas asked if there was a timeline for ETA for the optimization. Ms. Sproule stated it will take at least through this summer.



Commissioner Abbas asked about 835. Chief Information & System Modernization Officer, Alan Torres, stated we are getting some calls for some of our providers regarding questions on the 835s that have been produced. Those are the electronic remittance; we also have paper EOPs as well and our teams are looking at those now. We want to ensure they are categorized correctly whether it is an 835 issue or an EOP issue, we are working through those now. Mr. Torres stated that he will present some statistics on where we stand with those call volumes at the next Commission meeting.

Commissioner Pupa asked if the volume for the EOP is minimal because it is limited to those that do not have the ability for the electronic interface. Mr. Torres responded yes, it is not a substantial number, and he will provide more information in the next few weeks.

Commissioner Espinosa commented that she appreciated the transparency of the live dashboard and updates are helpful.

Commissioner Abbas motioned to approve Updates 3 and 4. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood D.O.

NOES: None.

ABSENT: Commissioners Anna Monroy and Sara Sanchez.

Motion carried.

## **FORMAL ACTION**

### **5. Preliminary December YTD Financials and FY 2024-25 Revised Budget**

Staff: Sara Dersch, Chief Financial Officer

**RECOMMENDATION:** Receive, file, and approve the revised budget

Chief Financial Officer, Sara Dersch, wanted to give a reminder of how we got to the point where we have excess reserves on TNE. She explained what happened during Covid. Due to members not going in to see a doctor unless you had Covid or an acute condition – this allowed us to build up a reserve as we came out of the pandemic, and we started to see utilization go up. We had to produce a strategy to expand the TNE, which was ten times the minimum amount required by the state in any normal year. This meant that we were not spending all the revenues that we brought in.



Now we have looked at opportunities to anticipate what our future will look like. Strategic planning was done as well as an analysis on our current operations, and current infrastructure. It was determined to take some of the TNE and invest it. We have invested in our infrastructure, invested in ensuring we have the right people in the right places within our organization. We have had expansion on our staff, we have invested in the providers through quality, strategy, funding, and we have invested in the community,

The investment theme continues in our revised budget. This investment is reflected as a deficit. CFO Dersch noted that it is a planned thoughtful deficit that was approved by the Commission.

CFO Dersch stated that it is important to see how we have spent the money. What we have done over the last eighteen months is significant work, and that work continues. The focus is on getting information out in a timely manner, and once the new general ledger is complete, we will do a seven-day close.

CFO Dersch stated that we are seeing an uptick in primary care which means that our members are getting out to see their primary physician. She moved on to review the Incurred but Not Paid. She stated that we are getting ahead of the more expensive medical claims.

CFO Dersch then reviewed the revised budget. It is six months of actuals plus six months of projections. We do have revised 2025 rates that are favorable. There is also emerging experience that we did not know about last Spring and has influenced our revised budget.

We have administrative expenditures related to Ops of the Future, related to D-SNP, and related to our provider call center, that though they have been improved in the last several months, they were not contemplated in the new revised budget. She noted that there are no surprises in the revised budget.

CFO Dersch stated the premium revenue is slightly favorable our investment income is \$2.3 million favorable. Our medical costs are higher than projected originally – primarily due to rate increases with some of our providers. MLR remains exactly at 85%, which is where we want to be. Our quality strategy funding is at \$250 million, and not where we thought we would be; it has taken a bit longer to get some programs off the ground. We are committed to funding and spending the full \$250 million. She also noted that our TNE is at 978% of our required TNE and we are a physically healthy organization. Due to programs developing a bit slower, it has given us an opportunity to be more thoughtful on how to put the money where it is most needed.

We are at a \$3.2 million deficit for the year versus a planned \$11.4 million deficit. We have a minimum threshold of 700% TNE that we can spend down to. We still have \$130 million before we hit 700%.

As part of the CIA agreement with the OIG we must undergo a medical loss ratio audit every year. We had our second audit that ended last Fall. Part of the outcomes of that



audit was to create a new method, an updated method for estimating these quality improvement costs that can be moved over from admin to medical. We are already underway with revised processes. There is no impact to the bottom line, it is just an updated methodology. Our projection for the year-end is now a deficit of \$55.1 million versus the original deficit of \$28.2, driven by the medical costs associate with the D-SNP increases. We now have a better idea of what it will take to stand D-SNP and Ops of the Future.

CFO Dersch reviewed what our 2024 rates were at the time of our original budget, and we now have a final rate that the state told us in late December. She stated there are no surprises in this revised budget. Commissioner Abbas asked about the revised budget. He noted that there was a budget done, then a revised budget was presented, is this another revised budget. CFO Dersch stated this is a first and last revised budget for the year. Commissioner Abbas asked how much we are looking at. CFO Dersch stated a revised deficit of \$55 million. We had a budget that was approved, then a revised budget was presented for approval, now six months later there is another revision to the budget. He asked CFO Dersch when we are going to stabilize, because it is a lot of money. Commissioner Abbas stated he wants to understand the rationalizing because you cannot come to the well and say this happened, so we need to increase the budget, then something else happens and there is another increase to the budget. He stated that he wants to make sure that he is doing the right thing. General Counsel, Scott Campbell stated there would be several years of deficit spending to bring doe the TNE to the seven hundred level and included in that budget was a three-year spend of \$250 million. These are planned controlled deficits. We are not excessive We do not want the state to come and say that we are holding onto too much money and now they want to take if from us. The money being spent is incentives going to providers. We also now have a clearer view of the D-SNP cost to set up the program, and we will be in a deficit spending through D-SNP implementation and launch.

Acting CEO Felix L. Nunez, M.D., stated that our target is the 700% TNE that was approved by the Commission. This is an investment time, if we do not invest in our community there is a possibility that the state will take some of the money we have in reserves. We are staying at the 700% unless the commission changes that target. We will also run a deficit for Medicare for the first couple of years. That is simply a function of membership. Once we get up to 8,000 to 9,000 members we will begin to run a positive margin with the Medicare line of business. We must keep in mind that this was intentional and planned. We are still going to maintain an acceptable TNE.

Commissioner Cosio stated that with budgets you must project into the future and there are a lot of assumptions in that financial plan. You develop the best budget based on the information that you have available at the time.

CFO Dersch stated that there are going to be additional actions that will happen over the next six months that are going to influence the projected \$55 million deficit. It may be higher; it may be lower. There is nothing that tells us in the data what we would expect. We have done a decent job with our utilization. There also could be unanticipated



provider rate increases. The Quality incentive provider pool continues, we are launching the hospital QIPP and there is a pledge to continue grant programs. We had over ninety provider recruitment grants approved, which brought in forty-six providers to a space where there had been zero. This improves access for our members. There are also equipment grants and this year we are launching our RISE grant program – it will be for the providers and the community.

Chief of Human Resources & Organization Performance Officer, Paul Aguilar, stated that we are making noteworthy progress on our workforce plan. We are still hiring to fill forty-two full -time gaps. He reviewed the breakdown of the 452 full time staff as well as the contingent labor being added – it is budgeted and with those two numbers added together it comes to a total of 527.

Commissioner Abbas motioned to approve Formal Action item 5. Supervisory Lopez seconded the motion.

Roll Call Vote as follows:

**AYES:** Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood D.O.

**NOES:** None.

**ABSENT:** Commissioners Anna Monroy and Sara Sanchez.

Motion carried.

## **6. Advance Payment Agreement**

Staff: Felix L. Nunez, M.D., MPH, Acting Chief Executive Officer  
Leeann Habte, BBK Law

**RECOMMENDATION:** The GCHP recommends that the Ventura County Medi-Cal Managed Care Commission authorize the CEO to execute the Advance Payment Agreement in the amount of \$26,000,000 with the County of Ventura.

General Counsel, Scott Campbell stated that this agenda item involves an advance payment agreement with the County of Ventura and some Commissioners cannot participate in this discussion or vote. They can recuse themselves if they are present. If they are on-line, they must mute their microphones and turn off their cameras. The remaining commissioners, Abbas, Corwin, Cosio, Espinosa, Livingston, and Supervisor Lopez may participate.

Acting CEO Felix L. Nunez, M.D. will present information with Leeann Habte of BBK Law assisting in the presentation. He noted that VC Healthcare Agency Director, Teresa



Cho, M.D. was present along with Deputy Director of Government Regulatory Affairs, Mr. John Polich, and Mr. Mike Taylor CFO.

Acting CEO Nunez noted that there is a full written description of this item in the commission packet for review. This is an item seeking approval for an advance payment to the County of Ventura for the healthcare agency in the amount of \$26 million. This is an opportunity to support one of our network safety net partners, The VC Healthcare Agency to assist them in a budget gap cycle. This opportunity was researched internally and negotiated. The initial ask was for \$36 million, and we were able to assist in December with an advance of \$10 million and now we want to give a further advance in the amount of \$26 million. Repayment is scheduled for the months of April, May, and June. The entire amount will be recouped those funds directly through payments that were scheduled to be paid in capitation. Teresa Cho, M.D., stated that the County is engaged in quality programs with the state that are funded in such a way that there is a delay in payment. The County is expecting payment in March for work that was done two years ago. Supervisor Lopez asked Dr. Teresa Cho if she anticipated there would not be an issue with payment. Dr. Cho stated that the work has been done, and everything has been submitted. The state owes the County over \$160 million. Commissioner Cosio asked if this type of advance had been done before. Ms. Habte stated that advances have been done in the past. Commissioner Espinosa asked CFO Dersch if there is a percentage that the \$297,000 represents. CFO Dersch stated it is about 3.5 – 4%.

Commissioner Espinosa stated there is a lack of hospitals in Ventura County in the rural and agricultural communities further exacerbated by the loss of Dignity/St. Johns Hospital who no longer wish to serve the Medi-Cal population. She noted that she agreed.

Commissioner Abbas motioned to approve Formal Action item 6. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

**AYES:** Commissioners Anwar Abbas, James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, and Supervisor Vianey Lopez, D.O.

**NOES:** None.

**ABSTAIN:** Commissioners Allison Blaze, M.D., Dee Pupa and Scott Underwood, D.O.

**ABSENT:** Commissioners Anna Monroy and Sara Sanchez.

Motion carried.



## **7. Quality Improvement and Health Equity Committee 2025 First Quarter Report**

Staff: James Cruz, M.D., Acting Chief Medical Officer  
Kim Timmerman, MHA, CPHQ, Sr. Director of Quality Improvement

**RECOMMENDATION:** Approve the 2025 QIHET Program Description and 2025 QIHET Work Plan as presented. Receive and file the complete report as presented.

Ms. Timmerman stated that a memo was prepared to be released to the Commission this week and she will share some highlights. In sharing measurement year 2023 performance. GCHP did not get sanctions by DHCS, and we are one of four plans that did not get those sanctions, while twenty plans did, with dollar amounts that ranged from \$25,000 to \$819,000. We ranked fourth.

Ms. Timmerman noted that all documents in full were sent to the Commission. The Quality Improvement and HealthEquity transformation program is our framework for our quality improvement work that supports our mission to improve health of our members. She noted that the document ensures alignment with DHCS quality strategy and any heightened contractual DHCS requirements. She reviewed the quality improvement program description and noted there is an assessment of committee members to ensure that our committees reflect diversity. We have added a new member advisory committee and an annual evaluation.

Ms. Timmerman reviewed the workplan which serves as a road map outline. She reviewed the five objectives in the workplan, and all activities were summarized by objective. Commissioner Pupa stated that she appreciated all the work being done. Commissioner Espinosa asked if in committee discussions had school platforms been considered to work collaboratively. Lucy Marrero state that she has been collaborating with Marlen Torres in terms of building relationships with schools. Ms. Torres stated that we are looking to partner with school districts to have health fairs in the community, specifically targeting families and children at these particular districts. Commissioner Espinosa stated that changes are coming because of Prop1. She would like to discuss this item more in depth at a later time.

Commissioner Abbas motioned to approve Formal Action item 7. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

**AYES:** Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood D.O.

**NOES:** None.

**ABSENT:** Commissioners Anna Monroy and Sara Sanchez.



Motion carried.

## **8. Approval of D-SNP Program**

Staff: Eve Gelb, Chief Innovation Officer  
Robert Franco, Chief Compliance Officer  
James Cruz, M.D., Acting Chief Medical Officer

**RECOMMENDATION:** It is GCHP's recommendation that the Ventura County Medical Managed Care Commission approve the D-SNP Program.

Chief Innovation Officer, Eve Gelb, stated that today she is asking for approval of the D-SNP program. The program has three components. CCO Robert Franco will review the regulatory elements. She noted that it is important to get approval to move forward. She stated that there will be requests for other approvals as we move forward.

CCO Franco stated he wanted to give an update as to where we are at with regulatory filing. Everything has been submitted, and we are waiting for final approval. On the CMS application there is a due date of February 12<sup>th</sup> which drives a lot of the activities. The Model of Care submission is at 80%, and has already gone through external review, and is part of the submission on February 12<sup>th</sup>. The CMS bid is approximately 10% complete but it is not due until the summer, and we are on track. The state Medicaid agency contract has not been started because that comes from CMS – they will give us the date. Regarding the CMS application – this is an annual requirement that we will have to do as being part of a D-SNP. There are three components, The Medicare Advantage application, a special needs application, and the Medicare Part D which is the pharmacy benefit. There are forty-six sections, 218 elements and there are twenty-six uploads that are required. The required uploads are coming from multiple areas, and there is a lot of work behind it. CCO Franco noted the part C application, the SNP application, and the Part D. In the Part C there are five elements that we are considering and are going to require high effort around communication that takes place between the plan and CMS because that is not a relationship that currently exists. We are moving forward and right now we do not see any significant issues or roadblocks. CIO Gelb stated that we are attesting to the fact that there are either processes in place today or will be in place by January 1, 2026. Ms. Habte stated that we will submit the last piece of information for the Knox Keen application. Commissioner Pupa stated that we do not have a choice we need to implement D-SNP, but it is the right thing to do. CIO Gelb stated that we are trying to make things easier for our members, because they can get confused about what they get under Medicare and what they get under Medi-Cal.

We must be up and running by our first go-live date of October 1, 2025. We must be up and running to enroll, collect applications and process enrollment and be ready to serve by January 1, 2026.



Acting CMO James Cruz, M.D. gave an overview of the Model of Care process. There are key stakeholders in designing the MOC. Our first draft was reviewed by both internal subject matter experts and outside subject matter experts. Those individuals scored our MOD at 91% which is good. The reason it is good is because we are looking for a three-year approval which requires an 85% score. Despite our great score of 91% we are still refining our MOC, and we will be submitting it on February 12<sup>th</sup>. CIO Gelb stated that once we are done with February 12<sup>th</sup> submissions our next big deadline is for our financial bid in April and will be submitted in June.

A key differentiator is reusability – we could outsource but eventually we would have to build internally. We would go with a system implementation partner. We delivered an RFP request and have gotten responses. We are currently scoring responses and will negotiate with the top two. A decision will be made shortly. CIO Gelb noted that we are working internally with other supports so that we can start the process of the business requirements, and we can be ahead and ready for when that system implementation partner comes on. We are excited about where we are. This is a big lift, but we are confident in our plans.

Commissioner Espinosa motioned to approve Formal Action item 8. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood D.O.

NOES: None.

ABSENT: Commissioners Anna Monroy and Sara Sanchez.

Motion carried.

## **REPORTS**

### **9. Chief Executive Officer (CEO) Report**

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

**RECOMMENDATION:** Receive and file the report

Acting CEO, Felix L. Nunez, M.D. reviewed his CEO Report. He noted that a full report could be found in the packet. He also wanted to thank the Commission for participating in the Strategic Planning Retreat where we come together to discuss the future and make decisions as to the direction that we will be going for the coming year.



Dr. Nunez also gave an overview on the fire and wind catastrophes that affected the region and GCHP response – we adjusted and adapted to the conditions and worked together coordinating responses to those emergencies for over a week. Staff continued to engage in work throughout that time. There were daily meetings to coordinate efforts.

Lastly, he noted some good news – Gold Coast was recognized for the partnership for a healthy Ventura County, and we received an award for leadership, dedication and commitment to the residents of Ventura County.

#### **10. Chief Medical Officer (CMO) Report**

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

RECOMMENDATION: Receive and file the report

Acting CMO James Cruz, M.D. reported on continued success and great work accomplished by the health services team and pharmacy team. He noted that we have applied to participate in the California Improvement Network which is a wonderful opportunity to focus on advancing Health Equity by sharing best practices and how to best implement. Acceptance is a two-year term, and we are hoping to hear soon regarding our acceptance. He also noted that the UM Team is continuing to do great work with NCQA accreditation efforts, and we feel we are in a good position to achieve the accreditation from quality improvement.

#### **11. Human Resources (H.R.) Report**

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

RECOMMENDATION: Receive and file the report

Mr. Aguilar highlighted that the HR Team rolled out a new recognition program for staff. A survey was conducted on some key areas. The HR team along with a committee have been working to produce solutions. The recognition program is using a third-party platform called Bucket List where managers can recognize their teams, along with peer-to-peer recognition based on accomplishments of key tasks. It is a good program.

Mr. Aguilar also highlighted our benefits for employees and noted that we are providing the best benefits possible. He thanks the team for their efforts in assisting staff with enrollment and any questions they might have.

Commissioner Abbas motioned to approve Reports 9, 10, and 11. Supervisory Lopez seconded the motion.



Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Tabin Cosio, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Dee Pupa, and Scott Underwood D.O.

NOES: None.

ABSENT: Commissioners Anna Monroy and Sara Sanchez.

Motion carried.

### **ADJOURNMENT**

With no other business to conduct, the meeting was adjourned at 5:01 p.m.

Approved:

---

Maddie Gutierrez, MMC  
Clerk to the Commission



**AGENDA ITEM NO. 2**

TO: Ventura Medi-Cal Managed Care Commission

FROM: Erik Cho, Chief Policy & Programs Officer (CPPO)  
Kelly McCutcheon Adams, Sr. Director, Institute for Healthcare Improvement

DATE: February 24, 2025

SUBJECT: RISE Grant Program Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Resilience, Innovation, Sustainability & Equity (RISE)*

# Resilience, Innovation, Sustainability, & Equity (RISE) Grant

2.24.25

# About IHI

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IHI is a 501(c)3 nonprofit based in Boston, Massachusetts that is providing grant administration for the RISE grant program.

## Our Mission

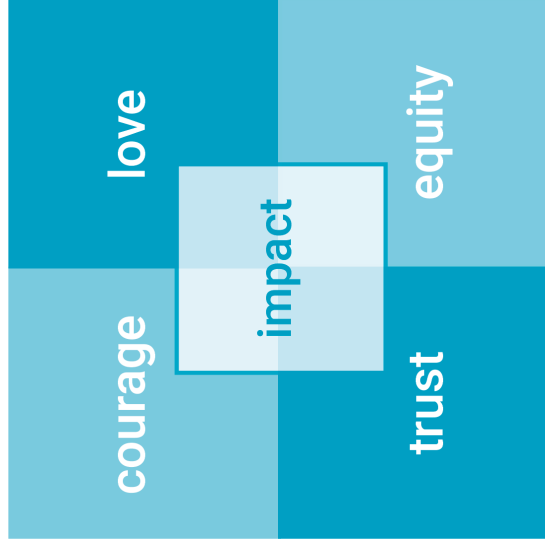
To improve health  
and health care  
worldwide

## Our Vision

Everyone has  
the best care and  
health possible

## Our Values

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# RISE Grant Program Goal

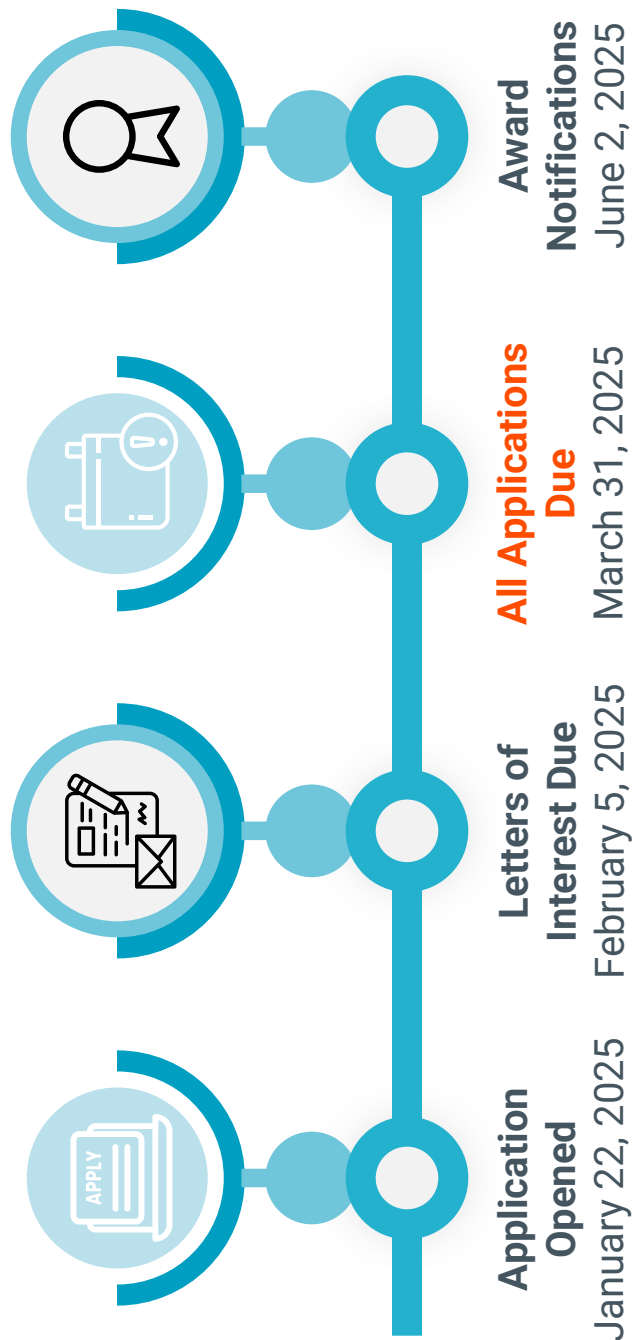
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Measurably improve the quality of and access to medical and behavioral health care for the GCHP Medi-Cal population in Ventura County

## **Strategic Priorities:**

1. Improve access and connections to care for member populations or geographic areas with unmet healthcare needs.
2. Bring care to members where they live, work, or go to school for ease of use.
3. Improve member health outcomes, experience, and education, including update of benefits and services that are culturally responsive and focused on health equity.
4. Offer alternative or non-traditional healthcare solutions intended to remove structural barriers to care, reduce healthcare costs, or improve access and efficiency.

# Grant Application and Award Timeline



# Looking Back & A Look Ahead

## Progress to date

- RISE Grant Announcement and call for Letters of Interest (optional)
- Co-hosted two well-attended virtual informational webinars (1/21, 2/4)
- Application portal opened on 1/22
- Closed call for Letters of Interest on 2/5
  - 29 received, provided receipt confirmation and high-level feedback
- Co-hosted 1 of 2 optional office hours on 2/12 for technical assistance and application support
- Assembled a Grant Review Committee

## Upcoming Milestones

- Co-host 2<sup>nd</sup> office hours on 3/6
- Grant Application closes 3/31
- Grant Review Committee to review, score, and recommend awardees between 4/1 and 5/30
- Grant Awards to be announced on 6/2



# Thank You!

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**AGENDA ITEM NO. 3**

**TO:** Ventura County Medi-Cal Managed Care Commission

**FROM:** Felix L. Nunez, M.D., Acting Chief Executive Officer  
Alan Torres, Chief Information & System Modernization Officer  
Anna Sproule, Executive Director of Operations

**DATE:** February 24, 2025

**SUBJECT:** Operations of the Future Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Operations of the Future Update*

# Operations of the Future Update

February 24, 2025

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

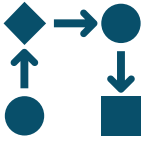
# Current and Next Project Phases

## Operations of the Future (OOTF) Overview:

- Project status
  - Remaining work for FY 2024-25 and project end
- Next phase
  - Ongoing optimization & innovation
- Project retrospective

# Remaining Work

The teams are aligned and committed to support the remaining activities to close out the Operations of the Future Program. These two tracks will run in parallel and will complete no later than the end of June.



## Transition remaining business capabilities to GCHP

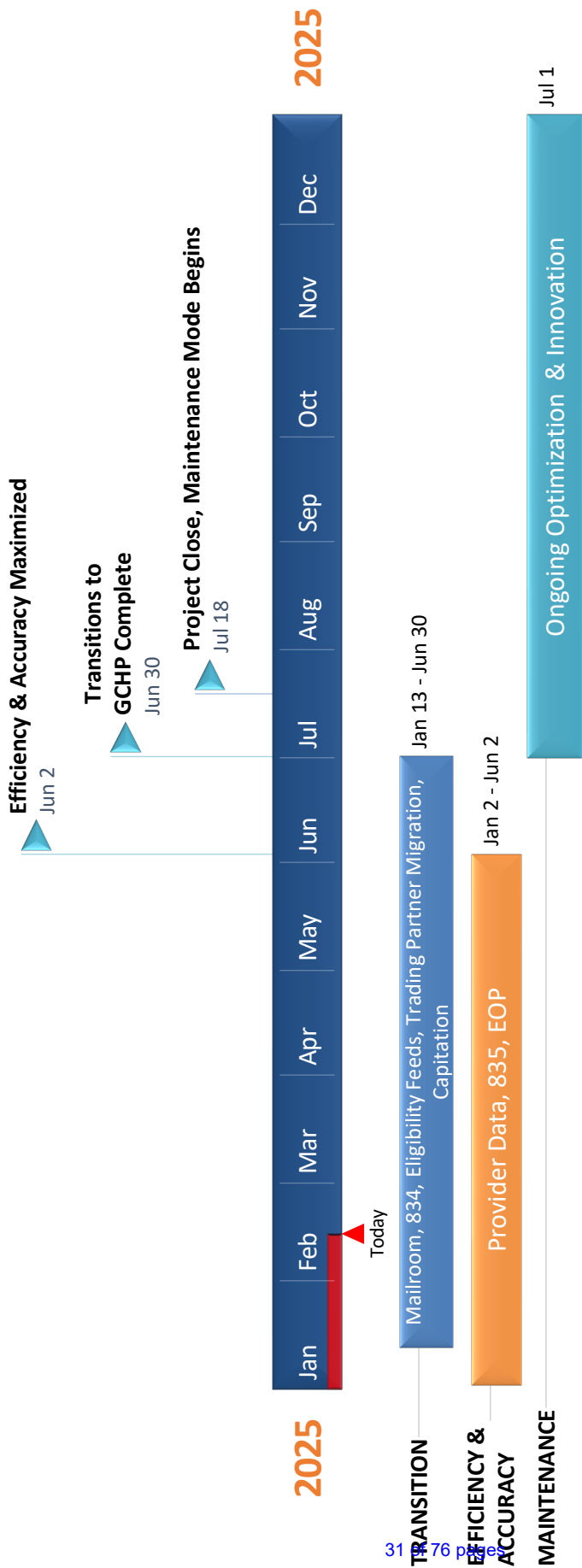
1. Mailroom
  - a. Historical conversion
  - b. Workflows
  - c. Go-forward business processes
2. Electronic Enrollment (834)
3. Eligibility feeds to partners
4. Trading partners (835)
5. Capitation



## Maximize efficiency and accuracy.

1. Provider data
  - a. Provider master
  - b. Provider contract
2. Explanation of Payment (EOP):  
Paper remittance advice
3. 835: Electronic Remittance Advice (ERA)
4. Intake process for provider inquiries

# Timeline



# Project Retrospective

Presentation at the June 23, 2025,  
Commission meeting:

- OOTF project overview
- Original goals vs. achievements
- Vendor performance
- Current state



**AGENDA ITEM NO. 4**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eve Gelb, Chief Innovation Officer  
Brenda Garcia-Gomez, Medicare Compliance Manager

DATE: February 24, 2025

SUBJECT: Dual Special Needs Plan (D-SNP) Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

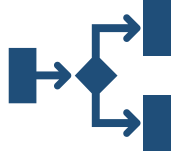
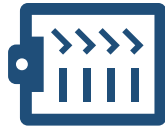
*D-SNP Update*

# Duals Special Needs Plan (D-SNP) Program Update

Monday, February 24, 2025

Eve Gelb, Chief Innovation Officer  
Brenda Gomez-Garcia, Medicare Compliance  
Manager

# GCHP D-SNP Program Elements

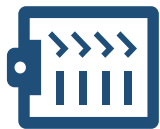


## Regulatory

## Governance

## Operations

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Knox Keene License</li> <li>• Centers for Medicare and Medicaid Services (CMS) Application</li> <li>• Model of Care Submission</li> <li>• CMS Bid</li> <li>• State Medicaid Agency Contract (SMAC)</li> </ul> | <ul style="list-style-type: none"> <li>• System Implementation Partner</li> <li>• Program Structure</li> </ul> | <ul style="list-style-type: none"> <li>• Operational Work Plan</li> <li>• Budget</li> </ul> |
|--|--|---|



# Regulatory Headlines

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF MANAGED HEALTH CARE

## LICENSE

HEALTH CARE SERVICE PLAN

File No. 933 0589  
Licensee: Ventura County Medi-Cal Managed Care Commission  
DBA Gold Coast Health Plan  
711 E Daily Drive # 106  
Camarillo, CA 93010

IS HEREBY LICENSED AS A FULL SERVICE HEALTH CARE SERVICE PLAN PURSUANT TO THE PROVISIONS OF THE KNOX-KEENE HEALTH CARE SERVICE PLAN ACT OF 1975, AS AMENDED, (ACT) AND IS AUTHORIZED TO ENGAGE IN BUSINESS AS A HEALTH CARE SERVICE PLAN WITHIN THE STATE OF CALIFORNIA SUBJECT TO THE PROVISIONS OF THE ACT, THE RULES PROMULGATED PURSUANT TO THE ACT, AND THE ORDERS OF THE DIRECTOR, UNTIL SUCH TIME AS THIS LICENSE IS SUSPENDED OR REVOKED BY ORDER OF THE DIRECTOR, OR IS SURRENDERED.

THIS LICENSE IS NOT TRANSFERABLE OR ASSIGNABLE AND IS EFFECTIVE ON THE DATE APPEARING BELOW.

Dated: February 7, 2025  
Sacramento, California



By *Mary Watanabe*  
MARY WATANABE  
Director  
Department of Managed Health Care

## Submission Confirmation Page for H9623

Confirmation Number: 22922

This page serves as confirmation that CMS has received the documentation your organization has submitted to CMS (through HPMS) in support of its application for qualification for a 2026 Medicare contract. This confirmation makes no representation concerning CMS determination regarding the accuracy or completeness of your application submission.

### PLEASE DOWNLOAD THIS PAGE FOR YOUR RECORDS.

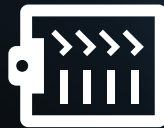
This page provides general information regarding your organizations latest submission for the 2026 contract year. Please reference the confirmation number above to view attestations/documentation affiliated with the submission. To view information at a later date, go to HPMS > Contract Management > My Application > Select Contract Number > View Confirmation History Page.

If you have found an error and it is prior to a CMS-established submission deadline please contact the HPMS Help Desk.

Pending Application Contract Number (Initial or SAB):

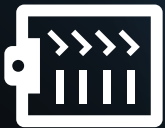
H9623  
Legal Entity Name:  
VENTURA COUNTY MEDICAL MANAGED  
CARE COMMISSION DBA GOLD COAST  
HEALTH PLAN

Confirmation Date:  
02/11/2025



# Regulatory Activity Thank You's

Jeff Acomb	Annelie Ginn	Jon Maguire	Brian Starkey
Luis Aguilar	Brenda Gomez-Garcia	Lucy Marrero	Kim Timmerman
Amber Allen	Emma Gomez	Juan Martinez	Trena Tobin
Greg Antonio	Carolyn Harris	Kimberly Marquez-Johnson	Karen Uchimiya
Perlita Baguinon	Mayra Hernandez	Judy Meraz	Katherine Ullrich
Christopher Beeson	Joanna Hioureas	Michael Mitchell	Tom Vargus
June Bibi	Ross Hooper	Stacy Nava	Paul VerHaar
Julianne Block	Sohail Iqbal	Nathan Norbryhn	Jerry Wang
Paula Bossoletti	Pshyra Jones	Ross Norton	Victoria Warner
Bob Bushey	Nicole Kanter	Kevin Orloff	Madison Watson
Elizabeth Chrysanthis	Art Kharns	Rachel Ponce	Vicki Wrighster
Thomas Cooper	Yoonhee Kim	Pauline Preciado	Jeffrey Yarges
Dean Davidson	David Kirkpatrick	Ron Reed	Lily Yip
Chris Dulan	Holly Krull	Jeff Register	
Eileen Egbo	Mikaela Kraus (BBK)	Shannon Robledo	
Susana Enriquez-Euyoque	Kelly Laban	Julian Romero	
Michelle Espinoza	Liwen Lai	Cynthia Salmeron	
Josephine Gallella	Brittany Ludeman	Ajay Sasidharan	
Josh Gamiere	Stacy Luney	Erin Slack	



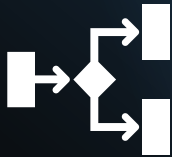
# Regulatory Next Steps

## CMS Bid

- ☒ Engage Actuary (Nov 2024)
- ☐ Release Requests for Information/Proposal for Supplemental Benefits (Jan 2025)
- ☐ Work with actuary on bid development (Feb – Apr 2025)
- ☐ Commission first pass of bid (Closed Session Apr 2025)
- ☐ Commission approval of bid (Closed Session May 2025)
- ☐ Bid submission (June 2, 2025)

## State Medicaid Agency Contract (SMAC)

- ☒ State release of draft contract (Feb 2025)
- ☐ Internal review and comment (Feb 2025)
- ☐ Final contract released (Apr 2025)
- ☐ SMAC executed (Jul 2025)



# Governance/Program Support Update



RFI

- Sent to 4 vendors
- 3 responded
- Decided to move to RFP



RFP

- Sent to 2 vendors
- 2 responded
- Evaluated based on business need, contract terms and cost
- Awarded to Deloitte



Phase 1  
Discovery

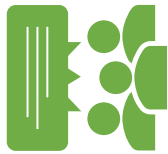
- 4-week activity that kicked off 2/10
- Assess current state of technologies in scope
- Medicare capability map to identify current gaps
- Define high-level requirements/configuration/integration needs
- Develop implementation plan and roadmap

Phase 2  
Implementation

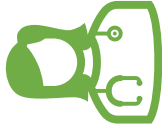
- Stand-up implementation team
- Develop future-state architecture
- Refine backlog, and initiate configurations
- Deliver iteratively, where applicable
- Stand up command center and monitor production activity



# Program Operations Headlines



Focus groups complete to support Model of Care and benefit design



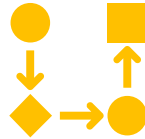
Provider network contracting on track



Pharmacy Benefit Manager (PBM) activities on track



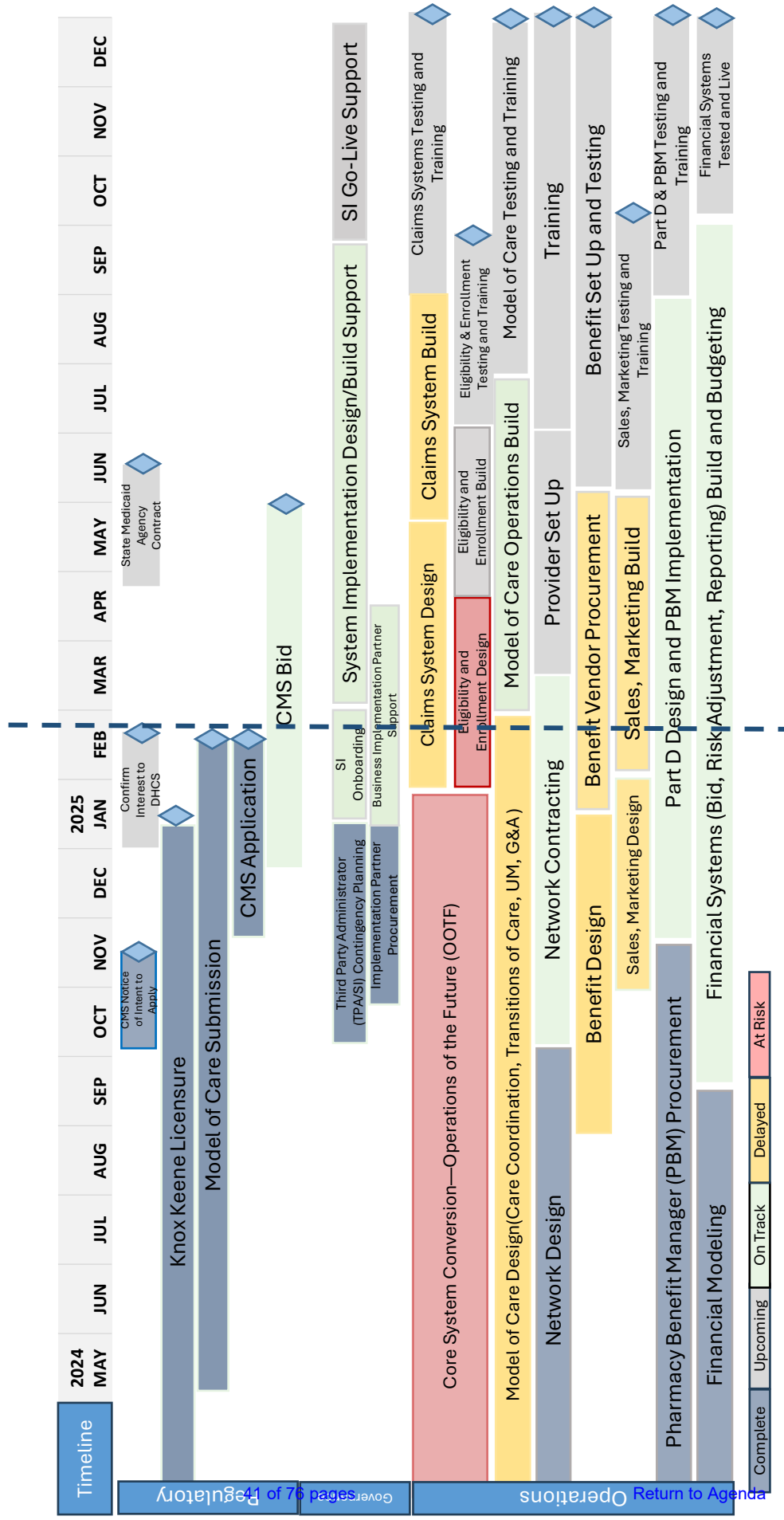
New hire recruitment in process with 10 of the 11 new roles



Sales, Marketing, Claims and Eligibility workflows delayed due to need for external subject matter expertise. Onboarding on new hires and vendor support is mitigating this issue.



# Program Operations Update



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**AGENDA ITEM NO. 5**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, CFO

DATE: February 24, 2025

SUBJECT: January 2025 Fiscal Year to Date Financials

**SUMMARY:**

Staff is presenting the attached January 2025 fiscal year-to-date (“FYTD”) unaudited financial statements of Gold Coast Health Plan (“GCHP”) for review and approval.

**ATTACHMENT:**

January 2025 Financial Package

**APPENDIX:**

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

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS									
	For the Month Ended January 2025				Fiscal Year to Date Through January 2025				
	Actual	6+6 Reforecast	Fav / (Unfav)	%	Actual	6+6 Reforecast	Fav / (Unfav)	%	
<b>Membership</b>	245,324	244,483	840	0.3%	\$ 1,719,089	1,718,248	840	0.0%	
<b>Revenue</b>									
Premium	\$ 134,549,515	\$ 126,481,403	\$ 8,068,112	6.4%	\$ 876,989,394	868,921,281	\$ 8,068,112	0.9%	
Facility Expense AB85	-	-	-		-	-	-		
Reserve for Cap Requirements	(492,033)	(220,471)	(271,562)	123.2%	(1,753,688)	(1,482,126)	(271,562)	18.3%	
Incentive Revenue	-	-	-		8,915,070	8,915,070	-	0.0%	
MCO Premium Tax	(35,645,000)	(34,858,386)	(786,614)	2.3%	(242,480,000)	(241,693,386)	(786,614)	0.3%	
<b>Total Net Premium</b>	<b>98,412,482</b>	<b>91,402,545</b>	<b>7,009,936</b>	<b>7.7%</b>	<b>641,670,776</b>	<b>634,660,840</b>	<b>7,009,936</b>	<b>1.1%</b>	
<b>Other Revenue:</b>									
Interest Income	-	-	-		-	-	-		
Miscellaneous Income	155	-	155		740	585	155	0	
<b>Total Other Revenue</b>	<b>155</b>	<b>-</b>	<b>155</b>		<b>740</b>	<b>585</b>	<b>155</b>	<b>0</b>	
<b>Total Revenue</b>	<b>98,412,637</b>	<b>91,402,545</b>	<b>7,010,091</b>	<b>7.7%</b>	<b>641,671,516</b>	<b>634,661,425</b>	<b>7,010,091</b>	<b>1.1%</b>	
<b>Medical Benefits:</b>									
<b>Capitation:</b>									
PCP, Specialty, Kaiser, NEMT & Vision	\$ 7,755,436	\$ 4,191,937	\$ (3,563,499)	-85.0%	\$ 49,650,070	46,086,571	\$ (3,563,499)	-7.7%	
ECM	798,332	1,336,158	537,826	40.3%	5,063,253	5,601,079	537,826	9.6%	
<b>Total Capitation</b>	<b>8,553,768</b>	<b>5,528,095</b>	<b>(3,025,673)</b>	<b>-54.7%</b>	<b>54,713,323</b>	<b>51,687,650</b>	<b>(3,025,673)</b>	<b>-5.9%</b>	
<b>FFS Claims:</b>									
Inpatient	\$ 21,717,788	\$ 19,724,984	\$ (1,992,803)	-10.1%	\$ 134,094,313	132,101,510	\$ (1,992,803)	-1.5%	
LTC / SNF	16,959,683	15,240,339	(1,719,344)	-11.3%	96,897,119	95,177,775	(1,719,344)	-1.8%	
Outpatient	8,281,938	8,578,210	296,271	3.5%	57,094,914	57,391,185	296,271	0.5%	
Laboratory and Radiology	405,197	763,710	358,513	46.9%	6,872,489	7,231,002	358,513	5.0%	
Directed Payments - Provider	1,133,711	925,780	(207,931)	-22.5%	9,113,181	8,905,250	(207,931)	-2.3%	
Emergency Room	7,662,537	3,416,528	(4,246,009)	-124.3%	25,663,827	21,417,818	(4,246,009)	-19.8%	
Physician Specialty	6,135,037	8,771,025	2,635,988	30.1%	43,638,203	46,274,191	2,635,988	5.7%	
Primary Care Physician	6,088,003	4,120,463	(1,967,541)	-47.8%	21,663,764	19,696,223	(1,967,541)	-10.0%	
Home & Community Based Services	903,972	2,664,199	1,760,227	66.1%	12,961,446	14,721,673	1,760,227	12.0%	
Applied Behavior Analysis Services	7,186,937	3,852,398	(3,334,539)	-86.6%	32,675,272	29,340,733	(3,334,539)	-11.4%	
Pharmacy	-	-	-		-	-	-		
Adult Expansion Reserve	-	-	-		-	-	-		
Quality Incentives/Provider Reserves	-	-	-		7,007,338	7,007,338	-	0.0%	
Quality Incentive Provider Program (QIPP)	3,733,370	3,583,370	(150,000)	-4.2%	25,171,002	25,021,002	(150,000)	-0.6%	
Other Medical Professional	395,205	404,267	9,062	2.2%	3,021,791	3,030,853	9,062	0.3%	
Other Medical Care	-	-	-		-	-	-		
Professional Fee For Service	-	-	-		6,650	6,650	-	0.0%	
Other Fee For Service	12,045,928	2,203,704	(9,842,224)	-446.6%	44,406,335	34,564,110	(9,842,224)	-28.5%	
Transportation	107,994	441,570	333,576	75.5%	1,331,040	1,664,616	333,576	20.0%	
<b>Total Claims</b>	<b>92,757,300</b>	<b>74,690,547</b>	<b>(18,066,753)</b>	<b>-24.2%</b>	<b>521,618,684</b>	<b>503,551,930</b>	<b>(18,066,753)</b>	<b>-3.6%</b>	
Provider Grant Program	-	1,041,667	1,041,667	100%	5,628,750	6,670,417	1,041,667	16%	
Medical & Care Management	3,101,085	2,275,943	(825,142)	-36%	18,956,010	18,130,868	(825,142)	-5%	
Reinsurance	422,413	320,240	(102,173)	-32%	2,072,622	1,970,450	(102,173)	-5%	
Claims Recoveries	(559,332)	(100,000)	459,332	-459%	(1,969,410)	(1,510,077)	459,332	-30%	
<b>Sub-total</b>	<b>2,964,165</b>	<b>3,537,850</b>	<b>573,684</b>	<b>16%</b>	<b>24,687,973</b>	<b>25,261,657</b>	<b>573,684</b>	<b>2%</b>	
<b>Total Medical Benefits</b>	<b>104,275,233</b>	<b>83,756,491</b>	<b>(20,518,742)</b>	<b>-24.5%</b>	<b>601,019,979</b>	<b>580,501,237</b>	<b>(20,518,742)</b>	<b>-3.5%</b>	
<b>Contribution Margin</b>	<b>(5,862,596)</b>	<b>7,646,054</b>	<b>(13,508,651)</b>	<b>-176.7%</b>	<b>40,651,537</b>	<b>54,160,187</b>	<b>(13,508,651)</b>	<b>-24.9%</b>	
<b>General &amp; Administrative Expenses:</b>									
Salaries, Wages & Employee Benefits	6,722,488	6,113,573	(608,915)	-10%	39,375,621	38,766,706	(608,915)	-2%	
Training, Conference & Travel	52,337	279,635	227,299	81%	445,316	672,615	227,299	34%	
Outside Services	2,030,215	3,168,263	1,138,048	36%	14,943,970	16,082,018	1,138,048	7%	
Professional Services	1,091,688	626,258	(465,430)	-74%	6,799,788	6,334,358	(465,430)	-7%	
Occupancy, Supplies, Insurance & Others	3,863,524	3,490,371	(373,153)	-11%	16,546,903	16,173,749	(373,154)	-2%	
ARCH/Community Grants	-	-	-		346,066	346,066	-	0%	
Sponsorships	9,500	-	(9,500)		42,209	32,709	(9,500)	-29%	
Care Management Reclaim to Medical	(3,101,085)	(2,275,943)	825,142	-36%	(18,956,010)	(18,130,868)	825,142	-5%	
<b>G&amp;A Expenses</b>	<b>10,668,666</b>	<b>11,402,157</b>	<b>733,490</b>	<b>6%</b>	<b>59,543,863</b>	<b>60,277,352</b>	<b>733,490</b>	<b>1%</b>	
Project Portfolio (OOTF)	1,143,591	1,485,231	341,640	23%	12,311,212	12,652,852	341,640	3%	
D-SNP	213,058	797,500	584,442	73%	213,058	797,500	584,442	73%	
<b>Project Portfolio</b>	<b>1,356,650</b>	<b>2,282,731</b>	<b>926,082</b>	<b>41%</b>	<b>12,524,270</b>	<b>13,450,352</b>	<b>926,082</b>	<b>7%</b>	
<b>Total G&amp;A Expenses</b>	<b>12,025,316</b>	<b>13,684,888</b>	<b>1,659,572</b>	<b>12%</b>	<b>72,068,133</b>	<b>73,727,704</b>	<b>1,659,571</b>	<b>2%</b>	
<b>Total Operating Gain / (Loss)</b>	<b>(17,887,912)</b>	<b>(6,038,834)</b>	<b>(11,849,079)</b>	<b>196%</b>	<b>(31,416,596)</b>	<b>(19,567,517)</b>	<b>(11,849,079)</b>	<b>-60.8%</b>	
<b>Retro Premium Adj</b>	<b>8,658,468</b>	<b>-</b>	<b>\$ 8,658,468</b>		<b>8,741,207</b>	<b>82,738</b>	<b>\$ 8,658,468</b>	<b>10464.9%</b>	
<b>Non Operating</b>									
Revenues - Interest	1,592,357	1,500,000	\$ 92,357	6.2%	11,861,440	11,769,084	92,357	1%	
Expenses - Interest	-	-	-		-	-	-		
Gain/(Loss) on Sale of Asset	-	-	-		-	-	-		
<b>Total Non-Operating</b>	<b>1,592,357</b>	<b>1,500,000</b>	<b>\$ 92,357</b>	<b>6.2%</b>	<b>11,861,440</b>	<b>11,769,084</b>	<b>92,357</b>	<b>1%</b>	
<b>Total Increase / (Decrease) in Unrestricted Net Assets</b>	<b>\$ (7,637,087)</b>	<b>\$ (4,538,834)</b>	<b>\$ (3,098,254)</b>	<b>-68%</b>	<b>\$ (10,813,949)</b>	<b>\$ (7,715,695)</b>	<b>\$ (3,098,254)</b>	<b>-40%</b>	

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, January 2025	As of Month Ending, June 2024
<b>ASSETS</b>		
<b>Current Assets:</b>		
<b>Total Cash and Cash Equivalents</b>	<b>\$ 399,316,163</b>	<b>\$ 430,974,305</b>
<b>Total Short-Term Investments</b>	<b>102,827,166</b>	<b>99,718,245</b>
Medi-Cal Receivable	254,140,588	173,911,167
Interest Receivable	539,679	772,425
Provider Receivable	50,660,455	12,484,788
Other Receivables	12,191,943	5,579,474
<b>Total Accounts Receivable</b>	<b>317,532,665</b>	<b>192,747,854</b>
Total Prepaid Accounts	6,399,470	10,875,162
Total Other Current Assets	133,545	133,545
<b>Total Current Assets</b>	<b>826,209,009</b>	<b>734,449,111</b>
<b>Total Fixed Assets</b>	<b>45,237,039</b>	<b>23,343,857</b>
<b>Total Assets</b>	<b>\$ 871,446,048</b>	<b>\$ 757,792,968</b>
<b>LIABILITIES &amp; NET ASSETS</b>		
<b>Current Liabilities:</b>		
Incurred But Not Reported	\$ 164,194,871	\$ 103,483,161
Claims Payable	18,370,448	18,370,448
Capitation Payable	9,256,577	8,201,415
Physician Payable	31,945,621	30,314,835
DHCS - Reserve for Capitation Recoup	52,933,220	55,107,254
Lease Payable- ROU	4,715,486	2,411,196
Accounts Payable	70,715,598	4,671,951
Accrued ACS	-	4,068,323
Accrued Provider Incentives/Reserve	8,903,059	8,389,182
Accrued Expenses	16,304,347	9,112,142
Accrued Premium Tax	108,825,912	138,769,137
Accrued Payroll Expense	4,102,941	4,240,566
Quality Withhold	3,040,721	1,287,033
<b>Total Current Liabilities</b>	<b>493,308,801</b>	<b>388,426,643</b>
<b>Long-Term Liabilities:</b>		
Lease Payable - NonCurrent - ROU	23,262,231	3,677,360
<b>Total Long-Term Liabilities</b>	<b>23,262,231</b>	<b>3,677,360</b>
<b>Total Liabilities</b>	<b>516,571,032</b>	<b>392,104,003</b>
<b>Net Assets:</b>		
Beginning Net Assets	362,512,103	359,951,656
Total Increase / (Decrease in Unrestricted Net Assets)	(7,637,087)	5,737,309
<b>Total Net Assets</b>	<b>354,875,016</b>	<b>365,688,964</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 871,446,048</b>	<b>\$ 757,792,967</b>

STATEMENT OF CASH FLOWS		
	For the Month Ended January 2025	Fiscal Year to Date Through January 2025
<b>Cash Flows Provided By Operating Activities</b>		
Net Income (Loss)	\$ (7,637,087)	\$ (10,813,949)
<b>Adjustments to reconciled net income to net cash provided by operating activities</b>		
Depreciation on fixed assets	895,660	6,709,678
<b>Changes in Operating Assets and Liabilities</b>		
Accounts Receivable	(55,915,522)	(124,784,810)
Prepaid Expenses	(777,656)	4,475,693
Accrued Expense and Accounts Payable	30,229,191	91,827,457
Claims Payable	1,170,118	2,685,947
MCO Tax liability	(100,566,613)	(29,943,225)
IBNR	5,021,166	60,711,710
<b>Net Cash Provided by (Used in) Operating Activities</b>	<b>(127,580,743)</b>	<b>868,501</b>
<b>Cash Flow Provided By Investing Activities</b>		
Proceeds from Restricted Cash & Other Assets		-
Proceeds from Investments	(726,642)	(3,108,921)
Purchase of Property and Equipment	(403,356)	(28,602,860)
<b>Net Cash (Used In) Provided by Investing Activities</b>	<b>(1,129,998)</b>	<b>(31,711,781)</b>
<b>Cash Flow Provided By Financing Activities</b>		
Lease Payable - ROU	(117,939)	(814,862)
<b>Net Cash Used In Financing Activities</b>	<b>(117,939)</b>	<b>(814,862)</b>
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>(128,828,680)</b>	<b>(31,658,142)</b>
<b>Cash and Cash Equivalents, Beginning of Period</b>	<b>429,854,151</b>	<b>430,974,305</b>
<b>Cash and Cash Equivalents, End of Period</b>	<b>301,025,471</b>	<b>\$ 399,316,163</b>

SCHEDULE OF INVESTMENTS AND CASH BALANCES		
	Market Value as of Month Ending, January 2025	Account Type
Local Agency Investment Fund (LAIF)	\$ 44,026,448	Investment
Ventura County Investment Pool	\$ 19,784,544	Investment
CalTrust	\$ 39,016,174	Short-term investment
Bank of Montreal	\$ 405,748,870	Money market account
Pacific Premier Bank	\$ (6,432,708)	Operating accounts
<b>Investments and monies held by GCHP</b>	<b>\$ 502,143,329</b>	

# January 2025 Fiscal Year-to-Date Financial Results & 2025 Stub Period Budget Timeline

Ventura County Medi-Cal Managed Care Commission  
February 24, 2025  
Sara Dersch, Chief Financial Officer

# Financial Results Summary: January

- Reminder: we are now comparing actual results with the Commission-approved “6+6” (6 months of actual and 6 months of forecast) reforecast; month-to-date (MTD) and year-to-date (YTD) variances are identical
- January 2025 results are influenced by final 2024 rates, conservatism in medical cost estimates as a result of recent trends in respiratory illness combined with continued claims system implementation mitigation
  - January deficit of (\$7.6M) exceeds 6+6 reforecast of (\$4.5M)
  - Actual membership of 245K approximates 6+6 reforecast
  - \$7.0M Revenue variance is primarily the result of July through December 2024 retro premium rate increases not known at time of reforecast
  - Medical Benefits variance of (\$20.5M) is explained primarily by continued mitigation of claims backlog (we had one additional claims run in January) combined with trend
  - The Core Administrative favorability of \$1.6M primarily related to timing of Duals Special Needs Plan (D-SNP) and Operations spend
- Tangible Net Equity is 790% of State requirement

# Financial Results January YTD Summary Metrics

Item	Actual	6+6 Reforecast	Explanation
Membership	245,324	244,483	Membership in line with forecast
Revenue \$\$ <i>Revenue pmpr</i>	\$650.4M <i>\$378.35</i>	\$634.7M <i>\$369.23</i>	July to December 2024 Premium rate increase and member mix in Seniors and Persons with Disabilities (SPD) and Adult Expansion are driving the variance
Investment Income	\$11.9M	\$11.8M	Investment Income approximates 6+6 reforecast
Medical Cost \$\$ <i>Medical Costs pmpr</i> MLR % (% of premium plus retro)	\$563.2M <i>\$327.62</i> 86.6%	\$541.8M <i>\$315.17</i> 85.4%	Variance due to three claims runs, advance payments, and utilization
Quality Strategy (Grants/Incentives)	\$37.8M	\$38.7M	Variance is associated with timing of grant spend
Administrative Cost	\$59.5M	\$60.3M	The Core Administrative favorability of \$1.6M primarily related to timing of Duals Special Needs Plan (D-SNP) and Operations spend
Operations of the Future (OOTF)	\$12.5M	\$13.5M	Variance is associated with timing of spend
Net Income/(Loss)	(\$10.8M)	(\$7.7M)	Unfavorable variance primarily attributed to medical benefit spend offset by revenue favorability
TNE	\$354.9M	\$348.1M	TNE is 790% of State requirement; influenced by the advance payment to the Ventura County Medical Center

# January Financial Results

(SMs except pmpms & mm)	MTD			FYTD		
	Actual	6+6 Reforecast	Var Fav / (Unfav)	Actual	6+6 Reforecast	Var Fav / (Unfav)
Membership	245,324	244,483	840	1,719,089	1,718,248	840
Premium Revenue	\$98.4	\$91.4	\$7.0	\$641.7	\$634.7	\$7.0
pmpm	\$401.15	\$373.86	\$27.29	\$373.26	\$369.37	\$3.90
Medical Benefits	\$100.5	\$79.1	(\$21.4)	\$563.2	\$541.8	(\$21.4)
pmpm	\$409.83	\$323.67	(\$86.17)	\$327.62	\$315.32	(\$12.30)
% of Revenue	102.2%	86.6%		87.8%	85.4%	
Quality Strategy (Grants/Incentives)	\$3.7	\$4.6	\$0.9	\$37.8	\$38.7	\$0.9
pmpm	\$15.22	\$18.92	\$3.70	\$21.99	\$22.52	\$0.53
% of Revenue	3.8%	5.1%		5.9%	6.1%	
G&A Expenses	\$10.7	\$11.4	\$0.7	\$59.5	\$60.3	\$0.7
pmpm	\$43.49	\$46.64	\$3.15	\$34.64	\$35.08	\$0.44
% of Revenue	10.8%	12.5%		9.3%	9.5%	
Project Portfolio	\$1.4	\$2.3	\$0.9	\$12.5	\$13.5	\$0.9
pmpm	\$5.53	\$9.34	\$3.81	\$7.29	\$7.83	\$0.54
% of Revenue	1.4%	2.5%		2.0%	2.1%	
Operating Gain/(Loss)	(\$17.9)	(\$6.0)	(\$11.8)	(\$31.4)	(\$19.6)	(\$11.8)
Retro Premium Adj	\$8.7	\$0.0	\$8.7	\$8.7	\$0.1	\$8.7
pmpm	35.29	0.00	35.29	5.08	0.05	5.04
Investment Income	\$1.6	\$1.5	\$0.1	\$11.9	\$11.8	\$0.1
pmpm	\$7.52	\$6.14	\$1.38	\$7.34	\$5.34	\$2.00
Total Increase / (Decrease) in	(\$7.6)	(\$4.5)	(\$3.1)	(\$10.8)	(\$7.7)	(\$3.1)
Unrestricted Net Assets	-31.13	-18.56	-12.57	-6.29	-4.49	-1.80
pmpm	-31.13	-18.56	-12.57	-6.29	-4.49	-1.80
% of Revenue	-7.8%	-5.0%		-1.7%	-1.2%	

## Membership

Overall membership is in-line with 6+6 reforecast

## Revenue

2024 final Premium rates and member mix in Seniors/Persons with Disabilities (SPD) and Adult Expansion cohorts are contributing to YTD favorability

## Medical Benefits

MTD variance is driven by an additional paid claims cycle in the month combined with respiratory trend

## Administrative Expense

The Core Administrative favorability of \$1.6M primarily related to timing of Duals with Special Needs Plan (D-SNP) and Operations spend

## Project Portfolio

Variance is associated with timing of spend

# January Financial Results: Categories of Service

(In Millions except membership)

## Membership

### Medical Benefits:

Capitation:

PCP, Specialty, Kaiser, NEMT & Vision

ECM

Total Capitation

### FFS Claims:

Inpatient

LTC / SNF

Outpatient

Laboratory and Radiology

Directed Payments - Provider

Emergency Room

Physician Specialty

Primary Care Physician

Home & Community Based Services

Applied Behavior Analysis Services

Pharmacy

Adult Expansion Reserve

Quality Incentives/Provider Reserves

Quality Incentive Provider Program (QIPP)

Other Medical Professional

Other Medical Care

Professional Fee For Service

Other Fee For Service

Transportation

Total Claims

Provider Grant Program

Medical & Care Management

Reinsurance

Claims Recoveries

Sub-total

### Total Medical Benefits

### Contribution Margin

### Contribution Margin (w/o Grants and Incentives)

For the Month Ended January 2025				Fiscal Year to Date Through January 2025			
Actual	6+6 Reforecast	Fav / (Unfav)		Actual	6+6 Reforecast	Fav / (Unfav)	
245,324	244,483	840		1,719,089	1,718,248	840	
\$7.8	\$4.2	(\$3.6)		\$49.7	\$46.1	(\$3.6)	
\$8	\$1.3	\$0.5		\$5.1	\$5.6	\$0.5	
\$8.6	\$5.5	(\$3.0)		\$54.7	\$51.7	(\$3.0)	
\$21.7	\$19.7	(\$2.0)		\$134.1	\$132.1	(\$2.0)	
\$17.0	\$15.2	(\$1.7)		\$96.9	\$95.2	(\$1.7)	
\$8.3	\$8.6	\$0.3		\$57.1	\$57.4	\$0.3	
\$0.4	\$0.8	\$0.4		\$6.9	\$7.2	\$0.4	
\$1.1	\$0.9	(\$0.2)		\$9.1	\$8.9	(\$0.2)	
\$7.7	\$3.4	(\$4.2)		\$25.7	\$21.4	(\$4.2)	
\$6.1	\$8.8	\$2.6		\$43.6	\$46.3	\$2.6	
\$6.1	\$4.1	(\$2.0)		\$21.7	\$19.7	(\$2.0)	
\$0.9	\$2.7	\$1.8		\$13.0	\$14.7	\$1.8	
\$7.2	\$3.9	(\$3.3)		\$32.7	\$29.3	(\$3.3)	
\$0.0	\$0.0	\$0.0		\$0.0	\$0.0	\$0.0	
\$0.0	\$0.0	\$0.0		\$0.0	\$0.0	\$0.0	
\$0.0	\$0.0	\$0.0		\$7.0	\$7.0	\$0.0	
\$3.7	\$3.6	(\$0.1)		\$25.2	\$25.0	(\$0.1)	
\$0.4	\$0.4	\$0.0		\$3.0	\$3.0	\$0.0	
\$0.0	\$0.0	\$0.0		\$0.0	\$0.0	\$0.0	
\$0.0	\$0.0	\$0.0		\$0.0	\$0.0	\$0.0	
\$12.0	\$2.2	(\$9.8)		\$44.4	\$34.6	(\$9.8)	
\$0.1	\$0.4	\$0.3		\$1.3	\$1.7	\$0.3	
\$92.8	\$74.7	(\$18.1)		\$521.6	\$503.6	(\$18.1)	
\$0.0	\$1.0	\$1.0		\$5.6	\$6.7	\$1.0	
\$3.1	\$2.3	(\$0.8)		\$19.0	\$18.1	(\$0.8)	
\$0.4	\$0.3	(\$0.1)		\$2.1	\$2.0	(\$0.1)	
(\$0.6)	(\$0.1)	\$0.5		(\$2.0)	(\$1.5)	\$0.5	
\$3.0	\$3.5	\$0.6		\$24.7	\$25.3	\$0.6	
\$104.3	\$83.8	(\$20.5)		\$601.0	\$580.5	(\$20.5)	
(\$5.9)	\$7.6	(\$13.5)		\$40.7	\$54.2	(\$13.5)	
(\$2.1)	\$12.3	(\$14.4)		\$78.5	\$92.9	(\$14.4)	

# January Membership

## For the Month Ended January 2025

\* Satisfactory/Immigration Status (SIS)    \*Unsatisfactory/Immigration Status (UIS)

Category of Aid	Membership			Variance	Premium Rates
	Actual	6+6 Reforecast	Membership		
Adult - SIS	23,840	24,750	(910)	\$	341.29
Adult - UIS	15,680	15,002	678	\$	385.37
Adult Expansion - SIS	67,521	67,403	118	\$	405.72
Adult Expansion - UIS	13,430	12,382	1,048	\$	558.41
Child - SIS	83,112	84,525	(1,413)	\$	129.44
Child - UIS	4,702	3,937	764	\$	107.12
LTC Non-Dual - SIS	38	34	4	\$	1,248.60
LTC Non-Dual - UIS	21	20	1	\$	1,539.34
LTC Dual - SIS	697	625	72	\$	596.26
LTC Dual - UIS	7	6	1	\$	724.65
SPD - SIS	10,268	9,842	426	\$	1,248.60
SPD - UIS	1,542	1,306	237	\$	1,539.34
SPD Dual - SIS	24,364	24,533	(169)	\$	596.26
SPD Dual - UIS	100	118	(18)	\$	724.65
<b>Total</b>	245,324	244,483	840		

# Potential Headwinds and Tailwinds

## Headwinds

- Federal actions impacting membership and funding (examples include mandated work requirements, reduction in State funding, and immigration enforcement)
- Operations of the Future completion is more expensive than projected
- Respiratory illness or other utilization trend continuation

## Tailwinds

- Operations of the Future completion is less expensive than projected
- Release of conservatism in medical cost reserves

# “Stub Period” Budget Timeline

Due Date	Item
13-Feb	Budget Kick-Off with ET
14-Feb	Data to HMA (EHC)
21-Feb	Revised Revenue and Medical Costs
25-Feb	Review Gross Margin with LT
7-Mar	First pass Admin complete
20-Mar	Revised Gross Margin (if needed)
27-Mar	Final Admin complete
4-Apr	Complete Budget Packet content; send to ET
10-Apr	Final Review with ET
15-Apr	Final materials to Maddie Gutierrez
17-Apr	Materials distributed to EFC
24-Apr	Present to EFC
21-Apr	Materials distributed to Commission
28-Apr	Present to Commission

- The “Stub Period” runs from July 1 through December 31
- As of January 1, 2026, the fiscal year (FY) will be the calendar year
- The Stub Period financials will be audited
- The FY2026 budget process will begin in August
- Approval for the FY2026 budget will be requested at the November 2025 Commission Meeting

ET Executive Team  
EFC Executive Finance Committee

# Appendix 1: January Balance Sheet: Assets

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, January 2025	As of Month Ending, June 2024
<b>ASSETS</b>		
<b>Current Assets:</b>		
Total Cash and Cash Equivalents	\$ 399,316,163	\$ 430,974,305
Total Short-Term Investments	102,827,166	99,718,245
Medi-Cal Receivable	254,140,588	173,911,167
Interest Receivable	539,679	772,425
Provider Receivable	50,660,455	12,484,788
Other Receivables	12,191,943	5,579,474
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Total Prepaid Accounts	6,399,470	10,875,162
Total Other Current Assets	133,545	133,545
<b>Total Current Assets</b>	<b>826,209,009</b>	<b>734,449,111</b>
<b>Total Fixed Assets</b>	<b>45,237,039</b>	<b>23,343,857</b>
<b>Total Assets</b>	<b>\$ 871,446,048</b>	<b>\$ 757,792,968</b>

- The Total Assets \$113.6M increase vs last fiscal year end is attributed to the following:
  - Med-Cal Receivable (normal operations)
  - Provider Receivable (driven by the advance payments paid to providers as we continue to work down the claims backlog)
  - Fixed Assets increase associated with the insourcing of Operational functions

# Appendix 2: January Balance Sheet: Liabilities

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, January 2025	As of Month Ending, June 2024
<b>LIABILITIES &amp; NET ASSETS</b>		
<b>Current Liabilities:</b>		
Incurred But Not Reported	\$ 164,194,871	\$ 103,483,161
Claims Payable	18,370,448	18,370,448
Capitation Payable	9,256,577	8,201,415
Physician Payable	31,945,621	30,314,835
DHCS - Reserve for Capitation Recoup	52,933,220	55,107,254
Lease Payable- ROU	4,715,486	2,411,196
Accounts Payable	70,715,598	4,671,951
Accrued ACS	-	4,068,323
Accrued Provider Incentives/Reserve	8,903,059	8,389,182
Accrued Expenses	16,304,347	9,112,142
Accrued Premium Tax	108,825,912	138,769,137
Accrued Payroll Expense	4,102,941	4,240,566
Quality Withhold	3,040,721	1,287,033
<b>Total Current Liabilities</b>	<b>493,308,801</b>	<b>388,426,643</b>
<b>Long-Term Liabilities:</b>		
Lease Payable - NonCurrent - ROU	23,262,231	3,677,360
<b>Total Long-Term Liabilities</b>	<b>23,262,231</b>	<b>3,677,360</b>
<b>Total Liabilities</b>	<b>516,571,032</b>	<b>392,104,003</b>
<b>Net Assets:</b>		
Beginning Net Assets	362,512,103	359,951,656
Total Increase / (Decrease in Unrestricted Net Assets)	(7,637,087)	5,737,309
<b>Total Net Assets</b>	<b>354,875,016</b>	<b>365,688,964</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 871,446,048</b>	<b>\$ 757,792,967</b>

- The Total Liabilities \$113.6M increase vs last fiscal year end is attributed to the following:
  - Incurred But Not Paid (IBNP) expenses - medical services provided but not yet submitted or paid
  - Accounts Payable

# Appendix 3: Cash and Short-Term Investment Portfolio

SCHEDULE OF INVESTMENTS AND CASH BALANCES			
Market Value as of			
	Month Ending,	Account Type	
	January 2025		
Local Agency Investment Fund (LAIF)	\$ 44,026,448	Investment	
Ventura County Investment Pool	\$ 19,784,544	Investment	
CalTrust	\$ 39,016,174	Short-term investment	
Bank of Montreal	\$ 405,748,870	Money market account	
Pacific Premier Bank	\$ (6,432,708)	Operating accounts	
<b>Investments and monies held by GCHP</b>	<b>\$ 502,143,329</b>		

- Cash balances fluctuate daily; the balances as of January 31, 2025 reflect normal operations
- Cash and short-term investments balance sits at \$502.1M
- The investment portfolio includes:
  - LAIF CA State \$44.0M
  - Ventura County Investment Pool \$19.8M
  - Cal Trust \$39.9M

# Appendix 4: 2025 Rates – Original Budget Compared to Final

Category of Aid	2024 Rates	2025 Rates (Budget)	2025 Initial (Oct)	2025 Initial (Dec)	2025 Final (Dec)	2025 Final Membership
Adult - SIS	\$ 339.69	\$ 368.95	\$ 328.27	\$ 334.88	\$ <b>341.29</b>	24,750
Adult - UIS	\$ 480.75	\$ 551.79	\$ 413.61	\$ 420.93	\$ <b>385.37</b>	15,065
Adult Expansion - SIS	\$ 339.63	\$ 343.99	\$ 344.10	\$ 351.27	\$ <b>405.72</b>	67,403
Adult Expansion - UIS	\$ 559.76	\$ 557.23	\$ 552.00	\$ 563.25	\$ <b>558.41</b>	12,434
Child - SIS	\$ 108.75	\$ 109.51	\$ 110.58	\$ 112.96	\$ <b>129.44</b>	87,333
Child - UIS	\$ 102.30	\$ 125.01	\$ 104.05	\$ 106.25	\$ <b>107.12</b>	3,958
LTC Dual - SIS	\$ 650.41	\$ 649.34	\$ 618.72	\$ 630.68	\$ <b>596.26</b>	630
LTC Dual - UIS	\$ 502.67	\$ 502.13	\$ 606.01	\$ 620.27	\$ <b>724.65</b>	6
LTC Non-Dual - SIS	\$ 1,268.91	\$ 1,281.00	\$ 1,193.38	\$ 1,216.03	\$ <b>1,248.60</b>	29
LTC Non-Dual - UIS	\$ 1,290.23	\$ 1,325.12	\$ 1,446.82	\$ 1,478.10	\$ <b>1,539.34</b>	20
SPD - SIS	\$ 1,311.31	\$ 1,282.78	\$ 1,203.30	\$ 1,222.19	\$ <b>1,248.60</b>	6,035
SPD - UIS	\$ 1,348.14	\$ 1,337.48	\$ 1,446.65	\$ 1,477.88	\$ <b>1,539.34</b>	1,307
SPD Dual - SIS	\$ 655.58	\$ 649.29	\$ 618.72	\$ 630.68	\$ <b>596.26</b>	25,532
SPD Dual - UIS	\$ 513.29	\$ 502.37	\$ 606.01	\$ 620.27	\$ <b>724.65</b>	119
<b>FY 2025 Final Projected Membership</b>						<b>244,620</b>

Note: Font Color in "2025 Final" column indicates favorable (green) of unfavorable (red) change from original budget projections.

## **AGENDA ITEM NO. 6**

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix Nunez, MD, Acting Chief Executive Officer

DATE: January 27, 2025

SUBJECT: Chief Executive Officer (CEO) Report

### **Acting Chief Executive Officer (CEO) Update**

The Gold Coast Health Plan (GCHP) Executive and Leadership teams remain focused on the work that supports and advances our mission of providing access to high quality and well-coordinated care for our members. We continue to make progress on our goals of a successful implementation of a Dual Eligible Special Needs Plan (D-SNP), transformation of our GCHP culture, stabilization and optimization of our operational processes, improving health outcomes and overall member experience, and improved project planning to accomplish these goals. While these organizational goals help us focus on building core strength for our future development, we remain committed to other important work that lives within each department.

Our commitment to sound fiscal stewardship remains foremost as we look to end our fiscal year on a strong note, and as we start to prepare our six-month “stub” budget for July 1 to Dec. 31, 2025. Recent news concerning federal proposals to make significant cuts to the federal Medicaid program are being closely monitored by Chief Finance Officer Sara Dersch and the entire Executive Team, as we consider how we successfully fulfill our Mission and Vision in the face of these variables. We remain in close contact with our trade associations at the state and federal levels and will pursue all opportunities to advocate in support of Medicaid and our members in the coming months. We will provide further updates to the Commission as we gain a clearer understanding of the direction that Congress and the administration will go regarding Medicaid cuts and/or programmatic changes.

I also wish to bring to your attention the impact of the temporary shutdown of the Medicaid payment portal. On Jan. 28, 2025, all states, including California, experienced a temporary shutdown of the portal that provides access to federal Medicaid funds. Ms. Dersch, along with other Medi-Cal managed care plan leaders, monitored the situation to gauge the potential impact to local health plans. Thankfully, the situation was resolved by days end without impact to our operations. If the shutdown had remained in effect for an extended period, the state of California would not have been able to fully meet its contractual payment obligations. The state of California draws down federal funds throughout the week and only has the ability to maintain three days’ worth of federal funds at any given time; thus, a prolonged shutdown of the system would have immediate financial impacts on the Medicaid system. We discussed our concerns with the

leadership of the state Department of Health Care Services (DHCS) at our quarterly managed care plan CEO meeting, which was held in Sacramento on Feb. 12, 2025. Discussions with DHCS and our sister plans will continue as we develop a better understanding of federal Medicaid funding strategies.

The meeting with DHCS leadership also touched on the DHCS vision for the continuation of Medi-Cal initiatives and programs. This meeting allowed for a candid and informative discussion with DHCS Director Michelle Baass and her leadership team. Director Baass and her team made it clear that the state has no plans to discontinue or modify programs, which have connected more Californians than ever to vital health care resources and have addressed social determinants of health that have a direct and meaningful impact on access and outcomes. The state continues to move forward with the Behavioral Health (BH)-Connect Initiative, which is designed to increase access to community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. This initiative is a five-year Medicaid section 1115 demonstration waiver approved by former President Joe Biden's Administration.

This month, we have made significant progress on our goal to implement our D-SNP line of business. We successfully submitted our application to implement a D-SNP to the Centers for Medicare & Medicaid Services (CMS). The application included our Model of Care and network adequacy documentation. The submission followed the official notification from CMS that we received our Knox-Keene license, allowing us to submit our application ahead of the deadline. These accomplishments mark significant milestones for our organization and are the result of a tremendous team effort. We celebrate this achievement that brings us closer to fulfilling our goal of successfully bringing a GCHP D-SNP to our community.

We also continue to move toward completion of our Operations of the Future program, which supports operational processes for the entire organization, including our D-SNP. Alan Torres, our chief information and system modernization officer, with the support of Anna Sproule, executive director of operations, and Josephine Gallella, director of portfolio and project management, is leading the organization through the final stages of the program. With the Commission's support, Mr. Torres is coordinating all teams in a final push to successfully complete the final elements of this critical work by the end of this fiscal year. While we engage in this work of finalizing new operational processes and supporting technology solutions, we maintain our ongoing work of mitigating provider issues and using these opportunities to inform program development.

Lastly, I wish to bring awareness to the topic of diversity, equity, and inclusion (DEI), which has received widespread media attention. While guidance from federal authorities has indicated a desire to eliminate this work, it has been made clear to us that our state has no intention of discontinuing its focus on advancing DEI efforts. As an organization, we remain steadfast in our commitment to not only fulfilling our state obligations, but also truly reinforcing these principles throughout the organization. We celebrate and embrace our diversity, which reflects our community and allows our members to fully embrace GCHP as their plan; we remain committed to ever greater equity, meeting our members where they are in their health journey and allowing all members to achieve the best health care possible; and we always strive for greater inclusion, which turns no member away and values them for who they are unconditionally.

Gold Coast Health Plan (GCHP) remains on track to submit the National Committee for Quality Assurance (NCQA) Health Equity Accreditation (HEA) survey on June 10, 2025, and the NCQA Health Plan Accreditation (HPA) survey on Oct. 7, 2025. For NCQA HEA and HPA, the typical look-back period is six months. That means that GCHP's compliance with the standards is assessed based on documentation from the six months prior to the survey date, with many standards requiring compliance within this timeframe to pass accreditation and gain full points for the requirements. GCHP is currently in the HEA look-back period, which began on Dec. 10, 2024; the look-back period for HPA will begin on April 7, 2025. All materials, reports, and policies and procedures must adhere to these timeframes to meet NCQA compliance.

## **I. External Affairs**

### **A. State Updates**

#### **State Department of Health Care Services (DHCS) Continues Stakeholder Discussions on Transitional Rent**

On Feb. 11, 2025, the state Department of Health Care Services (DHCS) held a webinar on Flexible Housing Subsidy Pools ("Flex Pools") in anticipation of upcoming policy updates on Transitional Rent. A Flex Pool is a locally designed model for centrally administering rental assistance, coordinating, and effectively using available housing supports resources to help people who are experiencing or at risk of homelessness enter and maintain stable long-term housing. The webinar included managed care plans (MCPs), county behavioral health providers, county government agencies, Community Supports providers, housing support providers, housing authorities, continuums of care, and other entities engaged in supporting Medi-Cal members who are experiencing or at-risk of homelessness. The webinar focused on:

1. The upcoming release of the Flexible Housing Subsidy Pools: Technical Assistance Resource, which defines Flex Pools; describes their key functions, benefits, and components; and provides information about roles and responsibilities for different partner organizations, including county government agencies and MCPs.
2. Promoting Flex Pools as an effective model for counties and MCPs to consider for administering newly available funding for rental assistance (e.g., Behavioral Health Services Act Housing Interventions and Transitional Rent).
3. Introducing upcoming technical assistance to support entities in regions that have expressed interest in Flex Pools, but have not yet operationalized them, or regions that have begun developing Flex Pools.

Gold Coast Health Plan (GCHP) is engaged in discussions with local partners as stakeholders await final guidance. The Government Relations Team will provide updates as additional information becomes available.

## B. All-Plan Letters

GCHP continues to monitor and implement All-Plan Letter (APL) requirements as they are released. Implementation efforts include cross-functional workgroups, development of policies and procedures (P&Ps), system updates, communications, and timely submissions of P&Ps to DHCS for review and approval. Below is a listing of APLs with active implementation efforts underway:

APL #	APL Release Date	Title
<a href="#">25-002</a>	Jan. 13, 2025	<b>Skilled Nursing Facility Workforce Quality Incentive Program:</b> Provides performance-based directed payments to facilities to in-eligible in-network facilities to incentivize workforce and quality improvements; succeeds the former fee-for-service delivery system's Quality and Accountability Supplemental Payment program (QASP).
<a href="#">24-019</a>	Dec. 31, 2024	<b>Minor Consent to Outpatient Mental Health Treatment or Counseling:</b> Specifies that minors 12 years of age or older may consent to non-specialty outpatient Medi-Cal mental health treatment or counseling if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the outpatient services.
<a href="#">24-018</a>	Dec. 13, 2024	<b>Medical Loss Ratio (MLR) Requirements for Subcontractors and Downstream Subcontractors:</b> Effective no later than the calendar year (CY) 2025 MLR reporting year, MCPs must impose remittance requirements on their applicable subcontractors and downstream subcontractors that assume financial risk from an MCP and receive payment that relates directly or indirectly to the performance of the MCP's obligations under the contract.
<a href="#">24-017</a>	Dec. 5, 2024	<b>Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training Program and Provider Directory Requirements:</b> Requires MCPs to implement a TGI training program for member-facing staff and providers as well as make updates to provider directories to indicate providers that have confirmed they offer gender-affirming services. It also details Grievance and Appeals process for TGI care access issues.
<a href="#">24-016</a>	Dec. 5, 2024	<b>Diversity, Equity, and Inclusion (DEI) Training Requirements (supersedes APL 23-025):</b> Requires MCPs to implement a DEI training program that meets specific standards and requirements and to train all staff and network providers by Dec. 31, 2025.

## C. State Legislative Activity

The California State Legislature reconvened on Jan. 6, 2025, and the legislative session is gradually ramping up. In the coming months, the state Senate and Assembly will hold multiple public hearings to discuss notable policy bills and Gov. Gavin Newsom's proposed 2025-26 budget.

The GCHP Government Relations Team attended the Senate Budget and Fiscal Review hearing on Jan. 30, 2025. Although California has mitigated its \$46B budget deficit, the Administration is still estimating a \$13B to \$19B General Fund (GF) deficit in the outyears. The Legislative Analyst's Office (LAO) recommended that the Legislature continue proactively addressing future budget deficits as California's state expenditures are growing at a faster rate than state revenues. There continues to be significant uncertainty around California's fiscal situation and overall state revenue, especially as wildfire-impacted communities have until Oct. 2025 to file tax returns. By constitutional mandate, all suggested adjustments and changes to the Jan. 2025-26 proposed budget must be incorporated in the updated budget proposal, or the "May Revise," by May 14. The Legislature has until June 15, 2025, to pass the budget.

The regular legislative session began with fewer bills introduced so far compared to previous sessions. A contributing factor for this is the presence of several new members in both the state Assembly and Senate. In the Assembly, more than a quarter of its 80 members are newly elected, while the Senate has 12 new members out of a 40-member chamber. These first-year officials are currently focused on hiring legislative staff, familiarizing themselves with the formal legislative processes, and identifying key issues relevant to their constituents for bill development.

The shift in federal administrations is another factor in the delay in state-level bill introductions. Recently, California held a special session to appropriate \$50M in funds for the state's legal resources as well as other legal aid services to protect undocumented Californians. Gov. Newsom and the Democrat-led Senate and Assembly remain steadfast in safeguarding state programs and residents against any federal challenges.

Of the limited health care-related bills that have been introduced in the Assembly and Senate, the bills tend to focus on reducing cost-sharing for certain health care services and/or medications, such as prescription insulin, bolstering access to reproductive health care and gender-affirming care, and increasing state oversight and clarifying the legislative intent of various health care processes.

The last day for bills to be introduced in either legislative house is Feb. 21, 2025. Policy committees must meet and report bills before July 18, 2025. The governor has until Sept. 12, 2025, to sign or veto bills. GCHP's Government Relations Team will continue to provide key updates about the 2025-26 state budget and legislative cycle to ensure the business and Commission are aware of all significant legislative and/or budgetary changes that may impact the Medi-Cal delivery system. Below is a list of priority bills that the team will continue to monitor and update throughout the 2025 legislative session.

Bill Number	Bill Title	Sponsor	Current Status	Summary
<a href="#"><u>SB 27</u></a>	Community Assistance Recovery and Empowerment (CARE) Court Program	Umberg	Introduced	The CARE Act authorizes specified adults to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services. This bill would authorize the court to make the determination of the petitioner's request at the initial appearance of the request for petition.
<a href="#"><u>SB 32</u></a>	Public Health: Maternity Ward Closures	Weber Pierson	Introduced	This bill would express the intent of the Legislature to enact legislation to address maternity ward closures. The act would express that the people of the state of California do not intend to obstruct maternity ward closure.
<a href="#"><u>SB 38</u></a>	Second Chance Program	Umberg	Introduced	This bill would require the Second Chance grant program to authorize eligibility for proposals that offer mental health or behavioral health services and drug court or collaborative court programs, including the treatment program under the Treatment-Mandated Felony Act. The bill would prohibit the program from specifying percentage allocations in applying for, or awarding, a grant.
<a href="#"><u>SB 40</u></a>	Health Care Coverage: Insulin	Wiener	Introduced	This bill would generally prohibit a health care service plan contract or disability insurance policy be issued, amended, delivered, or renewed on or after Jan. 1, 2026, from imposing a copayment of more than \$35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug, except as specified. On and after Jan. 1, 2026, the bill would prohibit a health care service plan or disability insurer from imposing step therapy protocols as a prerequisite to authorizing coverage of insulin.

Bill Number	Bill Title	Sponsor	Current Status	Summary
<a href="#"><u>SB 228</u></a>	Comprehensive Perinatal Services Program	Cervantes	Introduced	This bill would transfer administration of the Comprehensive Perinatal Services Program from the California Department of Public Health (CDPH) to the state Department of Health Care Services (DHCS). The bill would, among other things, authorize DHCS to enter into memoranda of understanding or interagency agreements or contracts with CDPH as necessary to implement those provisions.
<a href="#"><u>SB 239</u></a>	Open Meetings: Teleconferencing: Subsidiary Body	Arreguín	Introduced	This bill would authorize a subsidiary body, as defined, to use alternative teleconferencing provisions and would impose requirements for notice, agenda, and public participation, as prescribed. The bill would require the subsidiary body to post the agenda at the primary physical meeting location. The bill would require the members of the subsidiary body to visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, as specified. The bill would also require the subsidiary body to list a member of the subsidiary body who participates in a teleconference meeting from a remote location in the minutes of the meeting.
<a href="#"><u>SB 250</u></a>	Medi-Cal: Provider Directory: Skilled Nursing Facilities	Ochoa Bogh	Introduced	This bill would require, as part of the health care options information posted by the department, in the provider directory that lists accepted Medi-Cal managed care plans, through the Medi-Cal Managed Care Health Care Options internet website and any other applicable mechanisms, that the directory include skilled nursing facilities as one of the available searchable provider types.

Bill Number	Bill Title	Sponsor	Current Status	Summary
<a href="#"><u>AB 29</u></a>	Medi-Cal: Adverse Childhood Experiences (ACE) Trauma Screenings: Providers	Arambula	Introduced	This bill would require the department to include (1) community-based organizations and local health jurisdictions that provide health services through community health workers and (2) doulas, that are enrolled Medi-Cal providers, as providers qualified to provide, and eligible to receive payments for, ACEs trauma screenings pursuant to the provisions described above. The bill would require the department to file a state plan amendment and seek any federal approvals.
<a href="#"><u>AB 55</u></a>	Alternative Birth Centers: Licensing and Medi-Cal Reimbursement	Bonta	Introduced	This bill would remove, under both sets of criteria, the certification condition of being a provider of comprehensive perinatal services as defined in the Medi-Cal provisions.
<a href="#"><u>AB 96</u></a>	Community Health Workers	Jackson	Introduced	Existing law specifies that “community health worker” include promotores, promotores de salud, community health representatives, navigators, and other non-licensed health workers with the qualifications developed by the department. This bill would also specify for these purposes that a “community health worker” includes a peer support specialist.
<a href="#"><u>AB 280</u></a>	Health Care Coverage: Provider Directories	Aguiar-Curry	Introduced	This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. The bill would require a plan or insurer to

Bill Number	Bill Title	Sponsor	Current Status	Summary
				provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the out-of-network amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing.
<a href="#">AB 315</a>	Medi-Cal: Home and Community-Based Alternatives (HCBA) Waiver	Bonta	Introduced	The bill would delete a provision authorizing the expansion of the number of waiver slots up to 5,000 additional slots, and would instead require the enrollment of all eligible individuals who apply for the HCBA Waiver. The bill would require the department, by March 1, 2026, to seek any necessary amendments to the waiver to ensure that there is sufficient capacity to enroll all eligible individuals who are currently on a waiting list for the waiver, as specified.
<a href="#">AB 350</a>	Health Care Coverage: Fluoride Treatments	Bonta	Introduced	This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after Jan. 1, 2026, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age. This bill would make the application of fluoride or other appropriate fluoride treatment, including fluoride varnish, a covered benefit under the Medi-Cal program for children under 21 years of age.

## E. 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 Jan. 2025:

Organization	Description	Amount
Boys & Girls Club of Greater Oxnard and Port Hueneme	The mission of the Boys & Girls Club of Greater Oxnard and Port Hueneme is to inspire and enable all young people, especially those who need us most, to reach their full potential as productive, responsible, and caring citizens. The sponsorship will support fundraising efforts for scholarships for low-income students.	\$1,000
City Impact	City Impact is a multicultural community-based organization established in 1995 to meet the growing needs of children, youth, and families in Ventura County. The sponsorship will go toward City Impact's half marathon race, which raises funds to support their programs and services that support at-risk youth.	\$2,000
R.M. Pyles Boys Camp	The R.M. Pyles Boys Camp promotes long-term positive behavioral change for low-income, disadvantaged boys by providing a multi-year wilderness camp experience. The sponsorship will go toward funding scholarships for local youth to attend this camp.	\$1,000
Ventura County Medical Resource Center	The Ventura County Medical Resource Center serves to improve access to the most vulnerable and underserved residents of Ventura County. The sponsorship supports the "Annual Tauber / Fainer, MD Awards Celebration," which raises funds to continue providing health care services - including dental and vision care - for low-income children and seniors in Ventura County.	\$2,000
<b>TOTAL</b>		<b>\$6,000</b>

## F. Community Relations: Community Meetings and Events

In January and February, the Community Relations Team provided information on GCHP benefits and services at four community food distributions. In partnership with Ventura County Medical Center (VCMC), the team organized one health fair to conduct exams, vaccinations, and fluoride varnish applications at VCMC Pediatric Diagnostic Center. Lastly, the team attended three collaborative meeting and exchanged information and resources with community partners.

Food Distributions	
GCHP's Community Relations Team was onsite at these food distributions to provide resources, answer questions, and promote health care initiatives.	
Organization	Date
New Creations Church	Jan. 15, 2025
Samaritan Center Simi Valley	Jan. 16, 2025
Help of Ojai	Jan. 22, 2025
Rio Plaza school	Feb. 4, 2025
Collaborative Meetings	
These collaborative meetings engage community-based organizations in the sharing of resources, announcements, and upcoming community events.	
Oral Health Advisory Health Committee	Jan. 9, 2025
Partnership for Safe Families and Communities	Feb. 5, 2024
Oxnard Collaborative	Feb. 5, 2024
Community Events	
Community events offer an opportunity to engage with GCHP members and the community at large. Participants learned about community resources and GCHP's benefits and services.	
Martin Luther King, Jr. event	Jan. 20, 2025
Health Fairs	
Ventura County Medical Center (VCMC) academic clinic: Well-care child exams, vaccinations, and fluoride varnish applications	Feb. 8, 2025

<b>Focus Groups</b>	
GCHP's Community Relations and Health Education teams partnered with Oxnard Family Circle, Colonia Senior Center, VCMC Moorpark Clinic, and the Promotoras and Promotores Foundation to conduct three Dual-Eligible Special Needs Plan (D-SNP) focus groups for the Oxnard, Santa Paula, and Moorpark senior communities.	
D-SNP focus group at Oxnard Family Circle	Jan. 28, 2025
D-SNP focus group at Promotoras & Promotores Foundation	Jan. 30, 2025
D-SNP focus group conducted via telephone interviews with patients from the VCMC Moorpark Clinic	Jan. 31, 2025

## **II. PLAN OPERATIONS**

### **A. Provider Network Operations (PNO)**

#### **Regulatory / Audit Updates**

In the last quarter of 2024, Gold Coast Health Plan (GCHP) participated in a Network Adequacy Validation (NAV) audit, which is a federal audit focusing on provider network adequacy. The state Department of Health Care Services (DHCS) hired Health Services Advisory Group (HSAG) to conduct the audit. GCHP received a rating of 100%. The overall validation rating refers to HSAG's confidence that GCHP uses acceptable methodology for all phases of data collection, analysis, and interpretation of network adequacy indicators. This achievement underscores GCHP's commitment to maintaining an adequate provider network and ensuring access to quality care for our members.

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.

Other notable regulatory deliverables include:

- Quarterly Network Report (QNR)
- Memorandum of Understanding (MOU) Report Template
- Doula Services Survey
- Healthcare Effectiveness Data and Information Set (HEDIS) Work Plan

#### **Targeted Rate Increase (TRI)**

To comply with [All-Plan Letter \(APL\) 24-007, Targeted Provider Rate Increases](#) PNO worked with the Finance and Operations teams to complete an analysis to identify network providers that are both in and out of scope for the Targeted Rate Increase (TRI) based on whether their reimbursement calculation is above or below the required 87.5% of Medicare. This included a separate calculation of capitation rates to ensure the reimbursement met the TRI threshold amount of 87.5% of Medicare.

After completion of the initial phase of claim adjustments retroactive to Jan. 1, 2025, for qualifying network providers, GCHP is conducting routine claims "sweeps" to ensure any additional claims not captured during the initial phase are processed at the Targeted Rate Increase (TRI). Additionally, PNO is working with the Operations department to ensure that TRI-eligible provider reimbursements are configured to pay at the TRI for current and future claims.

Lastly, PNO coordinated with the Operations and Compliance departments to develop a process that included workflows and job aids that outline how providers added to existing and/or new network agreements would be evaluated to determine whether TRI rates should be applied.

## Operations of the Future

PNO, in collaboration with Operations, IT, and GCHP's contracted vendors, has engaged with providers to deliver updates and support regarding the Provider Portal, claim submission (both paper and electronic/837), electronic remits (835s), and paper explanations of payment.

### Provider Network Developments: Jan. 1-31, 2025

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	Count
Hospice and Palliative Care	1
Durable Medical Equipment (DME)	2
Home Health	1
Ambulance Transportation	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	101
Terminations	75
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.

<b>GCHP Provider Network Additions and Total Counts by Provider Type</b>			
<b>Provider Type</b>	<b>Network Additions</b>		<b>Total Counts</b>
	<b>Nov-24</b>	<b>Dec-24</b>	
<b>Hospitals</b>	<b>0</b>	<b>0</b>	<b>25</b>
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
<b>Providers</b>	<b>88</b>	<b>23</b>	<b>8,355</b>
Primary Care Providers (PCPs) & Mid-levels	10	0	495
Specialists	60	22	7,023
Hospitalists	18	1	837
<b>Ancillary</b>	<b>6</b>	<b>31</b>	<b>687</b>
Ambulatory Surgery Center (ASC)	0	0	8
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	0	0	100
Home Health	0	1	31
Hospice	0	0	22
Laboratory	0	0	40
Optometry	1	4	114
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	4	26	210
Radiology / Imaging	0	0	64
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	1	0	84
<b>Behavioral Health</b>	<b>70</b>	<b>0</b>	<b>674</b>

California Advancing and Innovating Medi-Cal (CalAIM) and Non-Traditional Providers	Nov24	Dec24	Total
Enhanced Care Management (ECM)	1	0	7
Community Supports (CS)	1	2	16
Community Health Worker (CHW)	0	1	4
Doulas	8	0	9
	<b>10</b>	<b>3</b>	<b>36</b>

### Exclusively Aligned Enrollment / Duals Special Needs Plan (EAE D-SNP) Contracting Efforts

In preparation for the Network Adequacy / Health Service Delivery (HSD) Table submission to the Centers for Medicare & Medicaid Services (CMS), PNO completed Letters of Intent (LOIs) with 13 additional providers. PNO is proud to report that the LOIs were enough to close gaps in the network of specialty providers and meet 100% of CMS Network Adequacy requirement. PNO coordinated development of the HSD Tables reflecting the fully compliant D-SNP provider network in time for the submission to CMS on Feb. 12, 2025.

### 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 Jan. 31, 2025.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2025 Q1 Utilization Management File Review Audit	Open	1/29/2025	Under CAP	N/A
Clinicas del Camino Real (CDCR)	2023 Quarterly Focused Claims Audit (July)	Closed	9/7/2023	1/27/2025	N/A
CDCR	2024 Q3 Focused Claims Audit	Open	10/1/2024	Under CAP	N/A
CDCR	2024 Annual Claims Audit	Open	1/30/2025	Under CAP	N/A
Ventura Transit System (VTS)	2024 Downstream Subcontractor Audit	Open	8/30/2024	Under CAP	N/A
VTS	2024 Non-Medical Transportation (NMT) / Non-Emergency Medical Transportation (NEMT) Vehicle Audit	Open	11/20/2024	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Vision Service Plan (VSP)	2024 Annual Claims Audit	Open	10/25/2024	Under CAP	N/A
VSP	2024 Annual Credentialing Audit	Open	1/22/2025	Under CAP	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
N/A	N/A	N/A	N/A	N/A	N/A

**RECOMMENDATION:**

Receive and file.



**AGENDA ITEM NO. 7**

TO: Ventura Medi-Cal Managed Care Commission

FROM: Ted Bagley, Chief Diversity Officer

DATE: February 24, 2025

SUBJECT: Chief Diversity Officer (CDO) Report  
Future of Diversity, Equity & Inclusion (DEI)

**VERBAL PRESENTATION**

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