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

## Community Advisory Committee (CAC) Meeting

**Regular Meeting**
**Tuesday, October 14, 2025, 4:30 p.m. – 6:30 p.m.**
**Gold Coast Health Plan,**
**Community Room**
**711 E. Daily Drive, Suite 110, Camarillo, CA 93010**
**Conference Call Number:1-805-324-7279**
**Conference ID Number: 439 456 637 #**

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

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|---|---|---|---|
| 113 N. Mill Street<br>Santa Paula, CA 93060 | 1151 Camelot Way<br>Oxnard, CA 93030 | 1062 First Street<br>Fillmore, CA 93015 | 1721 Saratoga St<br>Oxnard, CA 93035 |

## AGENDA

**INTERPRETER ANNOUNCEMENT**

**CALL TO ORDER**

**ROLL CALL**

**PUBLIC COMMENT**

The public has the opportunity to address the Community Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three (3) minutes unless the Chair of the Committee extends time for good cause shown. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

## Welcoming Remarks

Marlen Torres, Chief of Member Experience & External Affairs
Felix L. Nunez, M.D., MPH, Chief Executive Officer
James Cruz, M.D., Chief Medical Officer

## CONSENT

**1. Approval of Community Advisory Committee Regular Meeting Minutes of July 29, 2025**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

**2. Approval of the 2026 Community Advisory Committee Meeting Calendar**

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

RECOMMENDATION: Approve the 2026 Community Advisory Committee (CAC) calendar as presented.

## UPDATES

**3. Justice Involved Update**

Staff: David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update.

**4. UIS Update**

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

RECOMMENDATION: Receive and file the update.

**5. D-SNP Update**

Staff: Eve Gelb, Chief Innovation Officer

RECOMMENDATION: Receive and file the update.

## PRESENTATIONS

### 6. Vaccination Coverage

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

RECOMMENDATION: Receive and file the presentation.

### 7. Quality Improvement - MY 2025 MCAS Q4 Update

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

RECOMMENDATION: Receive and file the presentation.

## COMMENTS FROM COMMITTEE MEMBERS / GCHP STAFF

### CAC Feedback / Roundtable Discussion

## ADJOURNMENT

Unless otherwise determined by the Committee, the next regular CAC meeting will be held on January 13, 2026 , from 4:30 PM – 6:30 PM in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, Camarillo CA 93010.

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

**In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.**

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# Comisión de Atención Administrada de Medi-Cal del Condado de Ventura (VCMMCC)
# Que ejerce su actividad como Gold Coast Health Plan

## Reunión del Comité Asesor de la Comunidad (CAC)

**Reunión Ordinaria**
**Martes, 14 de octubre de 2025, 4:30 p.m. – 6:30 p.m.**
**Gold Coast Health Plan,**
**Sala Comunitaria**
**711 E. Daily Drive, Suite 110, Camarillo, CA 93010**
**Número de conferencia telefónica: 1-805-324-7279**
**Número de identificación de la conferencia: 439 456 637 #**

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

224 ½ S. Mill Street
Santa Paula, CA 93060

1151 Camelot Way
Oxnard, CA 93030

1062 First Street
Fillmore, CA 93015

## AGENDA

**ANUNCIO DE INTÉRPRETE**

**LLAMADA AL ORDEN**

**PASE DE LISTA**

**COMENTARIOS DEL PÚBLICO**

El público tiene la oportunidad de dirigirse al Comité Asesor de la Comunidad (CAC). Las personas que deseen dirigirse al Comité deben completar y entregar una Tarjeta de Orador.

Las personas que deseen dirigirse al CAC tienen un límite de tiempo de tres (3) minutos, a menos que la Presidencia del Comité amplíe el tiempo por motivos justificados que deberán mostrarse. Los comentarios sobre asuntos que no estén en la agenda deben pertenecer a la jurisdicción de las materias del Comité.

Los miembros del público pueden llamar, utilizando los números anteriores, o pueden enviar comentarios del público al Comité por correo electrónico, enviando un correo a ask@goldchp.org. Si los miembros del publico desean hablar sobre un asunto particular de la agenda, se ruega que identifiquen el número de asunto de la agenda. Los

comentarios del público presentados por correo electrónico deben ser de menos de 300 palabras.

**Palabras de Bienvenida**

Marlen Torres, Directora de Experiencia de Miembros y Asuntos Externos
Felix L. Nunez, M.D., MPH, Director Ejecutivo
James Cruz, M.D., Director Médico

**CONSENTIMIENTO**

**1. Aprobación de las Actas de la Reunión Ordinaria del Comité Asesor de la Comunidad del 29 de julio de 2025**

Personal: Maddie Gutierrez, MMC – Secretaria de la Comisión

RECOMENDACIÓN: Aprobar las actas tal y como se presentan.

**2. Aprobación del Calendario de Reuniones de 2026 del Comité Asesor de la Comunidad**

Personal: Maddie Gutierrez, MMC – Secretaria Jefe de la Comisión

RECOMENDACIÓN: Aprobar el calendario del Comité Asesor de la Comunidad (CAC) tal y como se presenta.

**ACTUALIZACIONES**

**3. Actualización de Relacionados con la Justicia**

Personal: David Tovar, Gerente de Estrategia de Incentivos

RECOMENDACIÓN: Recibir y archivar la actualización.

**4. Actualización sobre UIS**

Personal: Marlen Torres, Directora de Experiencia de Miembros y Asuntos Externos

RECOMENDACIÓN: Recibir y archivar la actualización.

**5. Actualización sobre D-SNP**

Personal: Eve Gelb, Directora de Innovación

RECOMENDACIÓN: Recibir y archivar la actualización.

## PRESENTACIONES

### 6. Implicaciones Clínicas del Cierre Federal, y Posición de GCHP respecto de Vacunaciones y Cobertura de Vacunaciones

Personal: James Cruz, M.D., Director Médico

RECOMENDACIÓN: Recibir y archivar la presentación.

### 7. Mejora de la Calidad: Actualización sobre T4 MCAS Año de Medición 2025

Personal: James Cruz, M.D., Director Médico
Kim Timmerman, MHA, CPHQ, Director Ejecutivo de Mejora de la Calidad

RECOMENDACIÓN: Recibir y archivar la presentación.

## COMENTARIOS DE MIEMBROS DEL COMITÉ / PERSONAL DE GCHP

### Comentarios del CAC / Discusión en Mesa Redonda

## LEVANTAMIENTO DE SESIÓN

A menos que el Comité lo determine de otro modo, la próxima reunión ordinaria del CAC tendrá lugar el 13 de enero de 2026, de 4:30 PM a 6:30 PM, en la Sala Comunitaria ubicada en Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, Camarillo CA 93010.

**Los Informes Administrativos relativos a esta agenda están disponibles en 711 East Daily Drive, Suite #106, Camarillo, California, durante horario normal de oficina, y en la página http://goldcoasthealthplan.org. Los materiales relacionados con un asunto de la agenda presentado al Comité tras la distribución del paquete de la agenda están disponibles para revisión del público durante horario normal de oficina, en la oficina de la Secretaría de la Comisión.**

**En cumplimiento de la Ley de Estadounidenses con Discapacidades, si usted necesita ayuda para participar en esta reunión, por favor, contacte al (805) 437-5512. Las notificaciones para adaptaciones deben hacerse a más tardar el lunes anterior a la reunión para la 1:00 p.m. para permitir a la Secretaría de la Comisión tomar las medidas adecuadas para la accesibilidad a esta reunión.**

# AGENDA ITEM NO. 1

TO: Community Advisory Committee (CAC)

FROM: Maddie Gutierrez, MMC - Clerk to the Commission

DATE: October 14, 2025

SUBJECT: Approval of the Community Advisory Committee regular meeting minutes of July 29, 2025 .

## RECOMMENDATION:

Approve the minutes as presented.

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

**Community Advisory Committee (CAC) Minutes**
**Regular Meeting**
**July 29, 2025**

## CALL TO ORDER

Committee Chair, Ruben Juarez, called the meeting to order at 4:44 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: Committee members Alma Diaz, Carolina Gallardo, Maria Jimenez, Martha Johnson, Laurie Jordan, Ruben Juarez, Dr. Linda McKenzie, and Pablo Velez.

Absent: Committee members Vanessa Frank, Juana Quintal, Elaine Martinez,

Attending the meeting for GCHP Executive Team were CEO Felix Nunez, M.D., CPPO Erik Cho, CMO James Cruz, M.D., CDO Ted Bagley, Marlen Torres, Chief of Member Experience & External Affairs, CIO Eve Gelb, Adriana Sandoval, Lupe Gonzalez, Pshyra Jones, Vicki Wrighster, Lupe Nunez, Alison Armstrong, Ellen Rudy, Karen Uchimiya, Valli Coakley, Lucy Marrero, Carolyn Harris, and Susana Enriquez-Euyoque.

## PUBLIC COMMENT

None.

## WELCOMING REMARKS

CEO Felix L. Nunez, M.D. thanked everyone for the participation. This is an opportunity to hear from the committee, get feedback and engage with you, as well answer any questions.

We are keeping a close eye on state actions and waiting for guidance from DHCS on the implementations, state budget issues and noting that we are seeing an impact at the clinic level already. Our focus remains on trying to keep our members connected to care and making sure they have access to critical needs. We are going to be focused on mitigating the

impact of the HR1 to the extent we can. We are going to do whatever we can in terms of the resources that we have available to support the community and our providers. We are looking for opportunities to reach our members and help them secure care, even if it is not in person.

## CONSENT

**1. Approval of Community Advisory Committee Regular Meeting Minutes of April 15, 2025.**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

Committee member Dr. Pablo Velez motioned to approve consent item 1. Committee member Laurie Jordan seconded.

Roll Call vote as follows:

AYES: Committee members Carolina Gallardo, Maria Jimenez, Martha Johnson, Laurie Jordan, Dr. Linda McKenzie, and Pablo Velez.

NOES: None.

ABSTAIN: Committee members Alma Diaz, and Ruben Juarez

ABSENT: Committee members Vanessa Frank, Juana Quintal, Elaine Martinez.

The motion carries.

## UPDATES

**2. State and Federal Legislative Update**

Staff: Alison Armstrong, Government Relations Manager

RECOMMENDATION: Receive and file the update.

Ms. Armstrong stated she would be giving an update on the activity at the state and federal level with the budget and legislative landscape.

Ms. Armstrong began with the state budget – California finalized their state budget for 2025 - 2026 fiscal year. They were addressing a $12 billion deficit. In the Governor's

May revised budget there were recent changes, the legislature and the governor worked together to compromise and produce a balanced budget that included significant changes and impacts to the Medi-Cal program. Contributing to the deficit was a lot of federal uncertainty. Increase in cost of state programs, and So. California fires were factors that contributed to this deficiency. Some of budget policies impacted were our unsatisfactory immigration status (UIS) population. The final budget includes an enrollment freeze for those UIS that are age 19 and over beginning January 1, 2026. There is an exception for pregnant individuals who will remain eligible for full scope Medi-Cal through the duration of their pregnancy and twelve months postpartum. Fo this UIS population they will require a $30 premium per individual ages 19 to 59 no sooner than January 1, 2027. Pregnant women are exempt from those premium payments. The state also eliminates state only dental coverage for the UIS population no sooner than July 1, 2026; this was a compromise in the May Revise on the date, which was extended from January 1, 2026, to July 1, 2026. Ms. Armstrong stated that the May Revise had proposed to eliminate the acupuncture benefit, but the final budget maintains it as an optional benefit. They also maintain the supplemental payments for family planning and Women's Health Services. They are also going to require the implementation of prior authorization for Hospice services beginning July 1, 2026.

It is likely that California is going to enter a special session in the Fall to address upcoming federal Medicaid program changes. Impacts from HR1 (One Big Beautiful Bill Act / OBBBA/OB3) begin in 2026 and beyond. With the implementation timing there will be many harmful provisions to the Medicaid population that will take effect just after the midterms. We will see federal regulator guidance that will need to be issued to provide those implementation rules for all the major changes.

Provisions impacting the Medicaid program are as follows: the first is the enactment of work requirements, which is called community engagement requirements. These target the expansion population and will take effect by December 31, 2026. There is a good faith exception that states can apply for if they are trying to implement and need additional time – CMS must issue rules on the implementation of these work requirements. Instead of once every twelve months it will be once every six months. This is going to put a big administrative procedural burden on members, the state, and plans. Other provisions – there is a cost sharing for the expansion population that would require states to enact cost sharing beginning October 1, 2028, capped at $35 per service. Certain services are exempt from the cost sharing. There are also changes to the provider taxes and state directed payments and they treat expansion states differently than non-expansion states. There will be less ability to use provider taxes that lower over the years reducing funding for providers. Kaiser estimates this bill cuts over $1 trillion in Medicaid spending in California, which is expected to be a decrease anywhere between $123 billion to $205 billion of federal funding over ten

years. California is on both lists for the top ten most impacted states for Medicaid and SNAP funding reductions. She noted that expansion states are targeted and treated differently.

By December 31, 2026, the work requirements are to take effect, increased eligibility verifications, shortening retroactive coverage during presumptive eligibility winder. After that, ramping down the state directed payments and provider taxes in 2028. Many of these provisions take effect after the midterm elections. We are expecting a lot of regulations that will tell the states how to implement the requirements in the law. She noted that there will be usually comment periods for stakeholders to provide feedback on what the implementation rules look like. GCHP and our trade associations will help to shape those in the best manner that we can and in the most favorable manner for our members. All these provisions are going to have an impact to our members. We want to align our positioning so we have our preferred implementation approaches on the front end so we can be ready to advocate and have our trade association also advocate. We are going to need to explore some creative ways on how to continue to support our members and engage community partners as we face uncertainty.

Marlen Torres, Chief Member Experience & External Affairs stated that we have a coalition of PAC and CAC members which will be going through advocacy requests where we send out additional letters as we shape legislation as best we can, knowing that we have limitations and when it comes to implementation if work requirements happen, if increase in reapplying and enrollment activity occur we will support members as we did with redetermination. CEO Felix L. Nunez, M.D., stated we will not know until the rules are done. The regulations are written to really understand what the implications are and then also how we target our advocacy work and our support in the community. It is going to depend on how the regulations are written.

Committee member Dr. Pablo Velez asked if GCHP has received any requests for records from ICE of from CMS directly. CEO Nunez stated that we do not receive requests from ICE of from CMS directly, all data that transfers happens at DHCS up to the state. The stated does have regular data feeds with the federal government.

Ms. Torres stated thee was a memo that was sent to committees last month in which there was misinformation in the community that GCHP had shared data with the department of Homeland Security. This is not correct. The Associate Press had reported that the federal agencies had shared information with one another, not the health plans or the state sharing information. GCHP staff collaborated with legal counsel and created a statement to let the community know we did not share information. We have existing protocols that we do not share any type of information. Later there was a letter that was sent out to the members letting them know that

information had been shared. Susana Enriquez-Euyoque, Communications Director stated that DHCS sent us a template letter that addressed the sharing of information on how they share information with CMS and the kind of information that Homeland Security or immigration officials would have access to. In the letter is stated that health plans did not share information and that we continue to be a trusted source. We continue to focus on the member, serve the member as best we can, and keep them informed.

Committee Chair, Ruben Juarez, requested to keep this for the next meeting in October so we can have another update. Ms. Torres stated that will give Alison an opportunity to deep dive on some of the topics and we can weave in our thoughts around implementation to get a full picture.

**3. Stipend Policy Update**

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

RECOMMENDATION: Receive and file the update.

Dr. Cruz shared a bit about his personal and professional background. He stated that his vision as CMO falls in line with his predecessor, Dr. Nunez who was the CMO and now is CEO for GCHP. He is dedicated to ensuring that Gold Coast values service to its members. He is committed to ensuring that we establish clear and meaningful goals, and we focus on execution and results.

CMO Cruz stated that he wanted to share an update on a committee member stipend policy that has been developed. Research was done to look for a past policy and there was none. We needed to establish a formal committee member stipend and broaden the arrangement of committee member stipends, because only network contracted physicians who served on a committee were issued a stipend. We collaborated with our legal team at BBK to develop a stipend policy to make sure we met regulatory standards and address the broad principles that we wanted to embody in terms of making sure that our stipends were intended to cover our committee members not just physicians. The stipend was presented at Commission last month and approved.

Dr. Cruz, Ms. Torres and BBK Law worked together to determine who is eligible for the stipend, what is the stipend amount, what is the criteria and/or limitations for receiving the stipend. This also includes reimbursements for any reasonable and necessary expenses that are needed for a committee member to participate and attend committee meetings. From a regulatory standpoint there are some training requirements that BBK identified. We anticipate that before the start of third

quarter/October we will have everything completed to begin issuing stipends. There are trainings that need to be completed to qualify for the stipend and we are creating a process where you can receive those trainings through our own Gold Coast system. We are also implementing an internal process to account for the payment of stipends and ensure that you are paid on time and properly. Committee members will receive $200 per meeting. If they attend more than one meeting per month they only qualify for $200 in one month. The committee member can decline the stipend of notify us if they want to change the receipt of their stipend. The trainings that are required are Ethics training and sexual harassment training which must be completed before a stipend is issued.

Ms. Torres noted that this stipend is only for committee members. Commission does not and will not receive a stipend. She also noted that we will be diligent to make sure that it does not go into any type of threshold that may impact eligibility of the member. We will be creating a tracking system to ensure that members stay within the range that they need to be in. She also noted that if you already have met the training requirements, you do not have to do the training twice.

Dr. Cruz stated that if you want to donate your stipend to an organization, you must receive the stipend and then donate on your own, we cannot forward your stipend.

Dr. Lupe Gonzalez asked if it is possible to offer a stipend for CAC or MAC members to participate in community events such as health fairs. Dr Cruz stated the policy only applies to committee meetings.

Ms. Torres stated committee members will be contacted individually. We will not share who is keeping the stipend and who is donating. Everyone is eligible and the individual member decides.

**4. Duals Special Needs Plan (D-SNP) Marketing Approach**

Staff: Susana Enriquez-Euyoque, Director of Communications
Lupe Nunez, Director of Medicare Sales & Enrollment

RECOMMENDATION: Receive and file the update.

Susana Enriquez-Euyoque, Director of Communications introduced herself and her team. She also welcomed the Sales and Enrollment team, as well as Karen Uchimiya whose position is a new part of our D-SNP line of business. Lupe Nunez, Director of Medicare Sales & Enrollment, introduced her team as well. Ms. Torres stated two sales agents have been added to the team and are currently building opportunities for our tele sales team.

Ms. Nunez stated that she wanted to share the strategy. We know we have members who are already Medi-Cal/ Medicare. Those members are considered being in a dual plan. We will be targeting a small percentage in 2026, taking a thoughtful approach and make sure we focus on the opportunity that we have within our current membership base. Under the guidance of CMS there are specific dates that would align to our opportunities in the community. First, our annual enrollment period that runs from October 15 to December 7. This is when members can select the D-SNP plan we offer. There are also other special election periods that would also be open enrollment for GCHP, this is between January 1 and March 31 – this allows members to change their mind. For those members, we will have agents that will explain the plan to them. There is also a special enrollment period, which is a time frame throughout the year for members who may lose their eligibility for Medicaid and then decide to come back. There are varied reasons for which this SEP is available and these also have specific dates under the CMS guidance.

Ms. Enriquez-Euyoque stated that during those dates we will be doing both communications and marketing. She then explained the difference between the two. Communications is providing information to current and prospective members, and it is very informational. Marketing is intended to get someone to sign on with the health plan. Up until now we have not done marketing as a health plan because it is prohibited for Medi-Cal. With Medicare we are allowed to market, we will be able to talk about the benefits of joining the health plan.

We are targeting a small percentage of the whole eligible population in our first year. We are going to do a light form of advertising. We will be doing direct mailings to members, light advertising on social media but you will not see billboards in our first year. There are some strategies that are completely prohibited so we will not be doing door to door marketing, or any kind of outreach that is unsolicited by prospective members. We will be taking a more community-based approach. We want to focus on bringing awareness, we want to make sure that the alignment is there. Our path forward is presence in the community with certain events that we will host following the guidance of CMS.

Ms. Enriquez-Euyoque stated that we cannot release the name of the product, all the benefits until October 1. She noted that in the first three to five years, particularly for D-SNPs we are going to lose money. We need to get a critical mass of approximately 10,000 members. Once we get to that count, the plan will begin to pay for itself, we will break even.

Committee member Dr. Pablo Velez stated that he was not aware how much has been done. CIO Eve Gelb stated we have passed regulatory hurdles, and we expect approval within three weeks and will start sales October 1.

## 5. RISE Update

Staff: Dr. Ellen Rudy, Director of Grant Administration & Oversight

RECOMMENDATION: Receive and file the update.

CPPO Erik Cho introduced Ellen Rudy, Director of Grant Administration & Oversight who has an extensive background in grants and the grant work as well as in quality and performance improvement items and value-based care. She is now leading our efforts in grants.

Dr. Rudy stated the RISE program is a three-year provider grant cycle. The goal for this program is to improve access to care. This access brings care to where members live, work, and go to school to improve member outcomes, experience, and education and to offer alternative healthcare solutions and remove structural barriers to care. Applications for the first cycle closed March 31. We had a great response from the community and received thirty-five grant applications. There was a vast variety. We partnered with the Institute for Healthcare Improvement because we wanted to keep it neutral. They helped sort, managed the grants, and created a committee to score the grant applications and make sure that there was no duplicate funding.

We chose our first round sixteen organizations. Thirteen of them are for twelve months and three grants are for the entire thirty-six months. Award letters were sent out on June 2nd and the grantees accepted their awards. A letter on June 9th and checks were dispersed early July. For the first year we committed to a total funding of $21.9 million towards the community, towards providers to provide access to care. $11.3 million was for the first year with two $6.4 million committed for the second year and $4.1 million for year three. The categories we are funding include access to care, cancer screening, mental health access, nutrition and food access, pediatrics and family care, public health and prevention, Women's Health, and workforce development. We funded both large and small organizations across different areas where we saw gaps. Dr. Rudy stated that we funded expanding urgent care access and Women's Wellness with clinic expansions. We support psychiatric residency program and support food, expanding food boxes out in the community. We are also expanding our dental screening in schools. We are also expanding colon cancer screening, STD screening and trying to reach the unhoused. We also support the Mixteco community, bringing more cultural traditions to the doula services and finally developing workforce development.

Committee member Ruben Juarez asked what workforce development meant. Dr. Rudy stated that there is an organization in Santa Barbara that works with organizations to develop their community health worker training. It was done first in Santa Barbara and now expanding to Ventura County.

CPPO Cho stated there is a broad swath of folks in the community that we can support a broad spectrum of programs. She will bring updates on the progress of this program.

Committee member Dr. Pablo Velez stated there have been changes with HR1 and he is concerned about the food distribution. In the past distribution was done in cars, there were drive-throughs and now we are finding that families are afraid to go due to issues with ICE. He asked if there were volunteers to help with the distributions and take food to homes. Ms. Torres stated that we are working to bridge that situation and are working behind the scenes to address that need.

Committee member Martha Johnson motioned to approve agenda items 2 through 5. Committee member Carolina Gallardo seconded.

Roll Call vote as follows:

AYES: Committee members Alma Diaz, Carolina Gallardo, Maria Jimenez, Martha Johnson, Laurie Jordan, Ruben Juarez, Dr. Linda McKenzie, and Pablo Velez.

NOES: None.

ABSENT: Committee members Vanessa Frank, Juana Quintal, Elaine Martinez.

The motion carries.

## PRESENTATIONS

### 6. Medicaid Member Information Sharing Between Federal Agencies

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

RECOMMENDATION: Receive and file the presentation.

This item was discussed in agenda item 2.

## COMMENTS FROM COMMITTEE MEMBERS / GCHP STAFF

### CAC Feedback / Roundtable Discussion

Committee member Laurie Jordan asked about Public Comment. She asked how much of the comment becomes permanent record and if the person had to give their name. The Clerk stated the comment does become part of the minutes and record. You do not have to give your name when making the comment. There is also the ability to send your public comment via email at the following address: ask@goldchp.org

The Clerk also noted that the doors are always open and kept open during these Brown Act meetings, it is a requirement.

**ADJOURNMENT**

With no further business to discuss the meeting was adjourned at 6:14 p.m.

Approved:

_____
Maddie Gutierrez, MMC Clerk to the Commission

**Comisión de Atención Administrada de Medi-Cal del Condado de Ventura (VCMMCC)**
**Que ejerce su actividad como Gold Coast Health (GCHP)**

**Actas del Comité Asesor de la Comunidad (CAC)**
**Reunión Ordinaria**
**29 de junio de 2025**

## LLAMADA AL ORDEN

El Presidente del Comité, Ruben Juarez, llamó la reunión al orden a las 4:44 p.m. en la Sala Comunitaria ubicada en Gold Coast Health Plan, 711 East Daily Drive, Suite 110, Camarillo, California.

## ANUNCIO DE INTÉRPRETE

La intérprete hizo su anuncio.

## PASE DE LISTA

Presentes: Miembros del Comité Alma Diaz, Carolina Gallardo, Maria Jimenez, Martha Johnson, Laurie Jordan, Ruben Juarez, Dra. Linda McKenzie y Pablo Velez.

Ausentes: Miembros del Comité Vanessa Frank, Juana Quintal, Elaine Martinez,

Por el Equipo Ejecutivo de GCHP asistieron a la reunión Felix Nunez, M.D., Director Ejecutivo; Erik Cho, Director de Políticas y Programas; James Cruz, M.D., Director Médico; Ted Bagley, Director de Desarrollo; Marlen Torres, Directora de Experiencia de Miembros y Asuntos Externos; Eve Gelb, Directora de Información; Adriana Sandoval, Lupe Gonzalez, Pshyra Jones, Vicki Wrighster, Lupe Nunez, Alison Armstrong, Ellen Rudy, Karen Uchimiya, Valli Coakley, Lucy Marrero, Carolyn Harris y Susana Enriquez-Euyoque.

## COMENTARIOS DEL PÚBLICO

Ninguno.

## PALABRAS DE BIENVENIDA

El Director Ejecutivo Felix L. Nunez, M.D. agradeció a todos su participación en la reunión. Esta es una oportunidad para escuchar al comité, recibir comentarios e interactuar con ustedes, además de responder cualquier pregunta.

Estamos siguiendo de cerca las acciones estatales y esperando orientación del DHCS sobre las implementaciones, cuestiones del presupuesto estatal, y observando que ya estamos viendo un impacto a nivel de la clínica. Nuestro enfoque sigue siendo tratar de

mantener a nuestros miembros conectados a la atención y asegurarnos de que tengan acceso a las necesidades críticas. Nos vamos a enfocar en mitigar el impacto de la HR1 en la medida que podamos. Vamos a hacer todo lo posible con los recursos que tenemos disponibles para apoyar a la comunidad y a nuestros proveedores. Estamos buscando oportunidades para contactar a nuestros miembros y ayudarles a conseguir atención, incluso si no es en persona.

## CONSENTIMIENTO

**1. Aprobación de las Actas de la Reunión Ordinaria del Comité Asesor de la Comunidad del 15 de abril de 2025.**

Personal: Maddie Gutierrez, MMC – Secretaria de la Comisión

RECOMENDACIÓN: Aprobar las actas tal y como se presentan.

El miembro del Comité Dr. Pablo Velez propuso la aprobación del asunto de consentimiento 1. La propuesta fue secundada por la miembro del Comité Laurie Jordan.

El voto nominal fue el siguiente:

VOTOS A FAVOR: Miembros del Comité Carolina Gallardo, Maria Jimenez, Martha Johnson, Laurie Jordan, Dra. Linda McKenzie y Pablo Velez.

VOTOS EN CONTRA: Ninguno.

ABSTENCIONES: Miembros del Comité Alma Diaz y Ruben Juarez

AUSENTES: Miembros del Comité Vanessa Frank, Juana Quintal, Elaine Martinez.

Se aprueba la petición.

## ACTUALIZACIONES

**2. Actualización Legislativa Estatal y Federal**

Personal: Alison Armstrong, Gerente de Relaciones con el Gobierno

RECOMENDACIÓN: Recibir y archivar la actualización.

La Sra. Armstrong dijo que daría una actualización sobre la actividad a nivel estatal y federal en relación con el panorama presupuestario y legislativo.

La Sra. Armstrong comenzó con el presupuesto estatal: California finalizó su presupuesto estatal para el año fiscal 2025-2026. Estaban abordando un déficit de $12 mil millones. Hubo cambios recientes en el presupuesto revisado de mayo del Gobernador; la legislatura y el gobernador trabajaron juntos para llegar a un compromiso y producir un presupuesto equilibrado que incluyó cambios e impactos significativos en el programa Medi-Cal. Una gran incertidumbre federal contribuyó al déficit; factores que contribuyeron a esta deficiencia fueron el aumento en el costo de los programas estatales y los incendios del sur de California. Algunas de las políticas presupuestarias afectadas fueron las relacionadas con nuestra población con estatus migratorio insatisfactorio (UIS, por sus siglas en inglés). El presupuesto final incluye una congelación de inscripciones para personas con estatus UIS de 19 años o más a partir del 1 de enero de 2026. Existe una excepción para las personas embarazadas, quienes seguirán siendo elegibles para Medi-Cal de ámbito completo durante su embarazo y doce meses después del parto. Para esta población UIS, se requerirá una prima de $30 por individuo de 19 a 59 años no antes del 1 de enero de 2027. Las mujeres embarazadas están exentas de estos pagos de prima. El estado también elimina la cobertura dental solo estatal para la población UIS no antes del 1 de julio de 2026; esto fue un compromiso en la Revisión de Mayo sobre la fecha, que se extendió del 1 de enero de 2026 al 1 de julio de 2026. La Sra. Armstrong señaló que la Revisión de Mayo había propuesto eliminar el beneficio de acupuntura, pero el presupuesto final lo mantiene como un beneficio opcional. También mantienen los pagos suplementarios para planificación familiar y Servicios de Salud de la Mujer. También exigirán la implementación de la autorización previa para los servicios de Hospicio a partir del 1 de julio de 2026.

Es probable que California entre en una sesión especial en el otoño para abordar los próximos cambios en el programa federal de Medicaid. Los impactos de HR1 (Ley de un Gran y Hermoso Proyecto de Ley / OBBBA/OB3) comienzan en 2026 y más allá. Con los tiempos de implementación, habrá muchas disposiciones perjudiciales para la población de Medicaid que entrarán en vigor justo después de las elecciones de mitad de legislatura. Veremos directrices de los reguladores federales que deberán emitirse para proporcionar las reglas de implementación para todos los cambios importantes.

Las disposiciones que impactan en el programa Medicaid son las siguientes: la primera es la promulgación de requisitos de trabajo, a los que se llama requisitos de compromiso comunitario. Estos están dirigidos a la población de expansión y entrarán en vigor a más tardar el 31 de diciembre de 2026. Existe una excepción de buena fe que pueden solicitar los estados si están intentando implementar y necesitan tiempo adicional; CMS debe emitir reglas sobre la implementación de estos requisitos de trabajo. En lugar de una vez cada doce meses, la verificación será una vez cada seis meses. Esto va a suponer una gran carga administrativa y de

procedimiento para los miembros, el estado y los planes. Otras disposiciones: existe un costo compartido para la población de expansión que requeriría que los estados promulguen un costo compartido a partir del 1 de octubre de 2028, con un tope de $35 por servicio. Ciertos servicios están exentos del costo compartido. También hay cambios en los impuestos a los proveedores y en los pagos dirigidos por el estado, y tratan a los estados de expansión de manera diferente a los estados de no expansión. Habrá menos capacidad para utilizar impuestos a los proveedores que disminuyen con los años, lo que reduce la financiación para los proveedores. Kaiser estima que este proyecto de ley recorta más de $1 billón en gasto de Medicaid en California, lo que se espera que sea una disminución de entre $123 mil millones y $205 mil millones en fondos federales a lo largo de diez años. California está en ambas listas de los diez estados más afectados por las reducciones de financiación de Medicaid y SNAP. Señaló que el objetivo son los estados de expansión y que son tratados de manera diferente.

Para el 31 de diciembre de 2026, entrarán en vigor los requisitos de trabajo, el aumento de las verificaciones de elegibilidad, reduciendo la cobertura retroactiva durante el período de elegibilidad presunta. Después de eso, en 2028, se reducirán gradualmente los pagos dirigidos por el estado y los impuestos a proveedores. Muchas de estas disposiciones entrarán en vigor después de las elecciones de mitad de legislatura. Esperamos una gran cantidad de regulaciones que les dirán a los estados cómo implementar los requisitos de la ley. Señaló que generalmente habrá períodos de comentarios para que las partes interesadas aporten retroalimentación sobre cómo se verán las reglas de implementación. GCHP y nuestras asociaciones profesionales ayudarán a darles forma de la mejor manera posible y de la manera más favorable para nuestros miembros. Todas estas disposiciones tendrán un impacto en nuestros miembros. Queremos alinear nuestra postura para tener nuestros enfoques de implementación preferidos desde el principio, de modo que podamos estar listos para defender y hacer que nuestra asociación profesional también defienda. Tendremos que explorar formas creativas para seguir apoyando a nuestros miembros e involucrar a los socios comunitarios a medida que enfrentamos la incertidumbre.

Marlen Torres, Directora de Experiencia de Miembros y Asuntos Externos, declaró que tenemos una coalición de miembros del PAC y del CAC que revisará las solicitudes de defensa donde enviaremos cartas adicionales a medida que damos forma a la legislación lo mejor posible, sabiendo que tenemos limitaciones. Y en cuanto a la implementación, si se dan los requisitos laborales o si aumenta la actividad de nuevas solicitudes e inscripciones, apoyaremos a los miembros como hicimos con la redeterminación. El Director Ejecutivo Felix L. Núñez, M.D., declaró que no lo sabremos hasta que las reglas estén listas. Las regulaciones se redactan para comprender realmente cuáles son las implicaciones y también cómo enfocamos

nuestro trabajo de promoción y nuestro apoyo en la comunidad. Va a depender de cómo se redacten las regulaciones.

El miembro del Comité Dr. Pablo Velez preguntó si GCHP ha recibido alguna solicitud de registros directamente por parte de ICE o de CMS. El Director Ejecutivo Núñez afirmó que no reciben solicitudes directamente de ICE o de CMS; toda la transferencia de datos ocurre en el DHCS hasta el estado. El estado sí tiene flujos regulares de datos con el gobierno federal.

La Sra. Torres declaró que el mes pasado se envió un memorando a los comités en el que se mencionaba que había información errónea en la comunidad de que GCHP había compartido datos con el Departamento de Seguridad Nacional. Esto no es correcto. The Associate Press había informado que las agencias federales habían compartido información entre sí, no que los planes de salud o el estado estuvieran compartiendo información. El personal de GCHP colaboró con asesoría legal y redactó una declaración para informarle a la comunidad que nosotros no habíamos compartido información. Tenemos protocolos existentes según los cuales no compartimos ningún tipo de información. Posteriormente, hubo una carta que se envió a los miembros informándoles que se había compartido información. Susana Enriquez-Euyoque, directora de Comunicaciones, declaró que el DHCS les envió una plantilla de carta que abordaba el intercambio de información sobre cómo comparten datos con CMS y el tipo de información a la que tendrían acceso Seguridad Nacional o los funcionarios de inmigración. En la carta se afirmaba que los planes de salud no compartieron información y que seguimos siendo una fuente confiable. Continuamos enfocándonos en el miembro, sirviendo al miembro lo mejor que podemos y manteniéndolo informado.

El presidente del Comité, Rubén Juárez, solicitó mantener este tema para la próxima reunión en octubre para poder tener otra actualización. La Sra. Torres declaró que eso le dará a Alison la oportunidad de profundizar en algunos de los temas y podremos incluir nuestras ideas sobre la implementación para obtener un panorama completo.

## 3. Actualización sobre Política de Estipendios

Personal: James Cruz, M.D., Director Médico
Marlen Torres, Directora de Experiencia de Miembros y Asuntos Externos

RECOMENDACIÓN: Recibir y archivar la actualización.

El Dr. Cruz compartió un poco sobre su experiencia personal y profesional. Afirmó que su visión como Director Médico está en línea con la de su predecesor, el Dr.

Núñez, quien era el Director Médico y ahora es el Director Ejecutivo de GCHP. Se dedica a asegurar que Gold Coast valore el servicio a sus miembros. Tiene el compromiso de garantizar que establecemos metas claras y significativas, y que nos enfocamos en la ejecución y los resultados.

El Director Médico Cruz indicó que quería compartir una actualización sobre una política de estipendios para miembros del comité que se ha desarrollado. Se investigó para buscar una política anterior y no se encontró ninguna. Necesitábamos establecer un estipendio formal para los miembros del comité y ampliar el acuerdo de estipendios para los miembros, ya que solo los médicos contratados por la red que formaban parte de un comité recibían un estipendio. Colaboramos con nuestro equipo legal de BBK para desarrollar una política de estipendios y asegurarnos de que cumpliéramos con los estándares regulatorios y abordáramos los principios amplios que queríamos incorporar en términos de garantizar que nuestros estipendios estuvieran destinados a cubrir a nuestros miembros del comité, no solo a los médicos. El estipendio fue presentado a la Comisión el mes pasado y fue aprobado.

El Dr. Cruz, la Sra. Torres y BBK Law trabajaron juntos para determinar quién es elegible para el estipendio, cuál es la cantidad del estipendio, cuáles son los criterios y/o limitaciones para recibirlo. Esto también incluye reembolsos por cualquier gasto razonable y necesario que un miembro del comité necesite para participar y asistir a las reuniones del comité. Desde un punto de vista regulatorio, BBK identificó algunos requisitos de capacitación. Prevemos que antes del comienzo del tercer trimestre/octubre tendremos todo completado para comenzar a emitir los estipendios. Hay capacitaciones que deben completarse para calificar para el estipendio y estamos creando un proceso donde ustedes pueden recibir esas capacitaciones a través de nuestro propio sistema de Gold Coast. También estamos implementando un proceso interno para contabilizar el pago de estipendios y asegurar que se les pague a ustedes a tiempo y correctamente. Los miembros del comité recibirán $200 por reunión. Si asisten a más de una reunión por mes, solo califican para $200 en un solo mes. El miembro del comité puede rechazar el estipendio o notificarnos si desea cambiar la recepción de su estipendio. Las capacitaciones requeridas son capacitación en Ética y capacitación sobre acoso sexual, las cuales deben completarse antes de que se emita un estipendio.

La Sra. Torres señaló que este estipendio es solo para los miembros del comité. La Comisión no recibe ni recibirá un estipendio. También señaló que seremos diligentes para asegurarnos de que no exceda ningún tipo de umbral que pueda afectar a la elegibilidad del miembro. Vamos a crear un sistema de seguimiento para garantizar que los miembros se mantengan dentro del rango en el que

necesitan estar. También señaló que si ya ustedes han cumplido con los requisitos de capacitación, no tienen que hacer la capacitación dos veces.

El Dr. Cruz declaró que si ustedes desean donar su estipendio a una organización, deben recibir el estipendio y luego donarlo por su cuenta; nosotros no podemos transferir su estipendio directamente.

La Dra. Lupe González preguntó si es posible ofrecer un estipendio para los miembros del CAC o del MAC para participar en eventos comunitarios como ferias de salud. El Dr. Cruz dijo que la política solo aplica a reuniones de comités.

La Sra. Torres afirmó que los miembros del comité serán contactados individualmente. No compartiremos quién se queda con el estipendio y quién lo dona. Todos son elegibles y cada miembro decide.

**4. Enfoque de Mercadotecnia para el Plan de Necesidades Especiales con Doble Elegibilidad (D-SNP)**

Personal: Susana Enriquez-Euyoque, Directora de Comunicaciones
Lupe Nunez, Directora de Venta e Inscripciones de Medicare

RECOMENDACIÓN: Recibir y archivar la actualización.

Susana Enriquez-Euyoque, Directora de Comunicaciones, se presentó a sí misma y a su equipo. También dio la bienvenida al equipo de Ventas e Inscripción, así como a Karen Uchimiya, cuya posición es una nueva parte de nuestra línea de negocio D-SNP. Lupe Núñez, Directora de Ventas e Inscripción de Medicare, también presentó a su equipo. La Sra. Torres declaró que se han añadido dos agentes de ventas al equipo y que actualmente están generando oportunidades para nuestro equipo de televentas.

La Sra. Núñez declaró que quería compartir la estrategia. Sabemos que tenemos miembros que ya son Medi-Cal/Medicare. Esos miembros se considera que están en un plan dual. Nos centraremos en un pequeño porcentaje en 2026, tomando un enfoque reflexivo y asegurándonos de concentrarnos en la oportunidad que tenemos dentro de nuestra base de miembros actual. Bajo las directrices de CMS, hay fechas específicas que se alinearían con nuestras oportunidades en la comunidad. En primer lugar, nuestro periodo de inscripción anual, que va desde el 15 de octubre al 7 de diciembre. Aquí es cuando los miembros pueden seleccionar el plan D-SNP que ofrecemos. También hay otros periodos especiales de elección que también serían inscripción abierta para GCHP, esto es, entre el 1 de enero y el 31 de marzo; esto permite a los miembros cambiar de opinión. Para esos miembros, tendremos agentes que les explicarán el plan. También hay un periodo especial de inscripción (SEP, por sus siglas en inglés), que es un marco de

tiempo a lo largo del año para los miembros que pueden perder su elegibilidad para Medicaid y luego deciden regresar. Hay diversas razones para los cuales está disponible este SEP, y estas también tienen fechas específicas conforme a directrices del CMS.

La Sra. Enriquez-Euyoque declaró que durante esas fechas estaremos realizando tanto comunicaciones como mercadotecnia. Luego explicó la diferencia entre uno y el otro. La comunicación es proporcionar información a los miembros actuales y futuros, y es muy informativa. La mercadotecnia tiene la intención de lograr que alguien se inscriba en el plan de salud. Hasta ahora no hemos hecho mercadotecnia como plan de salud porque está prohibido para Medi-Cal. Con Medicare se nos permite hacer mercadotecnia; podremos hablar sobre los beneficios de unirse al plan de salud.

Nos estamos dirigiendo a un pequeño porcentaje de toda la población elegible en nuestro primer año. Vamos a hacer una forma ligera de publicidad. Haremos envíos directos a los miembros, publicidad ligera en redes sociales, pero ustedes no verán vallas publicitarias en nuestro primer año. Hay algunas estrategias que están completamente prohibidas, por lo que no haremos mercadotecnia de puerta en puerta ni ningún tipo de difusión que no sea solicitada por los posibles miembros. Adoptaremos un enfoque más basado en la comunidad. Queremos centrarnos en generar conciencia, queremos asegurarnos de que el alineamiento esté presente. Nuestro camino a seguir es tener presencia en la comunidad con ciertos eventos que organizaremos siguiendo las directrices de CMS.

La Sra. Enriquez-Euyoque declaró que no podemos revelar el nombre del producto, ni todos los beneficios hasta el 1 de octubre. Señaló que en los primeros tres a cinco años, particularmente para los D-SNPs, vamos a perder dinero. Necesitamos obtener una masa crítica de aproximadamente 10,000 miembros. Una vez que lleguemos a ese número, el plan comenzará a pagarse por sí mismo, alcanzaremos el punto de equilibrio.

El miembro del Comité Dr. Pablo Velez afirmó que no estaba al corriente de cuánto se había hecho. La Directora de Información Eve Gelb dijo que hemos superado obstáculos regulatorios, y esperamos la aprobación dentro de tres semanas y comenzaremos las ventas el 1 de octubre.

## 5. Actualización sobre RISE

Personal: Dra. Ellen Rudy, Directora de Administración y Supervisión de Subvenciones

RECOMENDACIÓN: Recibir y archivar la actualización.

El Director de Políticas y Programas Erik Cho presentó a Ellen Rudy, Directora de Administración y Supervisión de Subvenciones, que cuenta con una amplia experiencia en subvenciones y trabajo con subvenciones, así como en elementos de mejora de la calidad y el rendimiento, y en la atención médica basada en el valor. Ella ahora está liderando nuestros esfuerzos en materia de subvenciones.

La Dra. Rudy afirmó que el programa RISE es un ciclo de subvenciones a proveedores durante tres años. El objetivo de este programa es mejorar el acceso a la atención. Este acceso lleva la atención a donde los miembros viven, trabajan y asisten a la escuela para mejorar los resultados, la experiencia y la educación de los miembros, y para ofrecer soluciones sanitarias alternativas y eliminar las barreras estructurales a la atención. Las solicitudes para el primer ciclo cerraron el 31 de marzo. Tuvimos una gran respuesta de la comunidad y recibimos treinta y cinco solicitudes de subvención. Hubo una gran variedad. Nos asociamos con el Institute for Healthcare Improvement porque queríamos mantener la neutralidad. Ellos ayudaron a clasificar, gestionaron las subvenciones y crearon un comité para calificar las solicitudes de subvención y asegurarse de que no hubiera duplicidad de financiación.

Elegimos dieciséis organizaciones para nuestra primera ronda. Trece de ellas son para doce meses y tres subvenciones son para los treinta y seis meses completos. Las cartas de adjudicación se enviaron el 2 de junio y los beneficiarios aceptaron sus premios. Se envió una carta el 9 de junio y los cheques se distribuyeron a principios de julio. Para el primer año comprometimos un financiamiento total de $21.9 millones para la comunidad, destinados a que los proveedores faciliten el acceso a la atención. $11.3 millones fueron para el primer año, con $6.4 millones comprometidos para el segundo año y $4.1 millones para el tercer año. Las categorías que estamos financiando incluyen acceso a la atención médica, detección de cáncer, acceso a salud mental, acceso a nutrición y alimentos, pediatría y atención familiar, salud pública y prevención, salud de la mujer y desarrollo de la fuerza laboral. Financiamos tanto a organizaciones grandes como pequeñas en diferentes áreas donde observamos carencias. La Dra. Rudy señaló que financiamos la expansión del acceso a la atención de urgencia y el bienestar de la mujer con expansiones de clínicas. Apoyamos un programa de residencia psiquiátrica y apoyamos la alimentación, ampliando la distribución de cajas de alimentos en la comunidad. También estamos expandiendo nuestra detección dental en las escuelas. También estamos expandiendo la detección de cáncer de colon y la detección de ETS, e intentando llegar a la población sin hogar. También apoyamos a la comunidad mixteca, incorporando más tradiciones culturales a los servicios de doulas y, finalmente, desarrollando la fuerza laboral.

El miembro del comité Rubén Juárez, preguntó qué significaba el desarrollo de la fuerza laboral. La Dra. Rudy explicó que hay una organización en Santa Bárbara que trabaja con organizaciones para desarrollar su capacitación para trabajadores de salud comunitarios. Se hizo primero en Santa Bárbara y ahora se está expandiendo al condado de Ventura.

El Director de Políticas y Programas Cho afirmó que hay una amplia gama de personas en la comunidad que podemos apoyar a través de un amplio espectro de programas. Ella presentará actualizaciones sobre el progreso de este programa.

El miembro del comité Dr. Pablo Vélez, mencionó que ha habido cambios con la HR1 y le preocupa la distribución de alimentos. En el pasado, la distribución se hacía en autos, había servicios desde el automóvil, y ahora estamos viendo que las familias tienen miedo de ir debido a problemas con ICE. Preguntó si había voluntarios para ayudar con las distribuciones y llevar alimentos a los hogares. La Sra. Torres respondió que están trabajando para abordar esa situación y están trabajando en segundo plano para satisfacer esa necesidad.

La miembro del Comité Martha Johnson propuso aprobar los puntos de la agenda 2 a 5. La propuesta fue secundada por la miembro del Comité Carolina Gallardo.

El voto nominal fue el siguiente:

VOTOS A FAVOR: Miembros del Comité Alma Diaz, Carolina Gallardo, Maria Jimenez, Martha Johnson, Laurie Jordan, Ruben Juarez, Dra. Linda McKenzie y Pablo Velez.

VOTOS EN CONTRA: Ninguno.

AUSENTES: Miembros del Comité Vanessa Frank, Juana Quintal, Elaine Martinez.

Se aprueba la petición.

## PRESENTACIONES

### 6. Información Compartida sobre Miembros de Medicaid entre Agencias Federales

Personal: Marlen Torres, Directora de Experiencia de Miembros y Asuntos Externos

RECOMENDACIÓN: Recibir y archivar la presentación.

Este asunto se discutió en el punto 2 de la agenda.

## COMENTARIOS DE MIEMBROS DEL COMITÉ / PERSONAL DE GCHP

### Comentarios del CAC / Discusión en Mesa Redonda

La miembro del Comité Laurie Jordan preguntó acerca de los Comentarios del Público. Preguntó cuánto de los comentarios se convierte en registros permanentes y si la persona tenía que dar su nombre. La Secretaria dijo que el comentario sí pasa a formar parte de las actas y de los registros. No es necesario que la persona dé su nombre cuando haga el comentario. También existe la posibilidad de que la persona envíe su comentario del público por correo electrónico a la siguiente dirección: ask@goldchp.org

La Secretaria también comentó que las puertas siempre están abiertas y se mantienen abiertas durante estas reuniones conforme a la Ley Brown; es un requisito.

## LEVANTAMIENTO DE SESIÓN

No habiendo más asuntos que tratar, se levantó la sesión a las 6:14 p.m.

Aprobado:

_____

Maddie Gutierrez, MMC Secretaria de la Comisión

# AGENDA ITEM NO. 2

TO: Community Advisory Committee (CAC)

FROM: Maddie Gutierrez, MMC – Sr. Clerk to the Commission

DATE: October 14, 2025

SUBJECT: Approval of the 2026 Community Advisory Committee Meeting Calendar.

## SUMMARY:

To establish the Community Advisory Committee (CAC) meeting dates for regular meetings in the 2026 calendar year.

## RECOMMENDATION:

Approve the 2026 Community Advisory Committee (CAC) calendar as presented.

## ATTACHMENTS:

Copy of the 2026 Community Advisory Committee meeting dates.

CAC Regular Mtg, 4:30-6:30 P

# 2026
# Community Advisory Committee Meetings

## January

| Su | M | Tu | W | Th | F | Sa |
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| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

## February

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| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |

## March

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## April

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## May

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| 31 | | | | | | |

## June

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| 28 | 29 | 30 | | | | |

## July

| Su | M | Tu | W | Th | F | Sa |
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## August

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## September

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## October

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## November

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## December

| Su | M | Tu | W | Th | F | Sa |
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| 27 | 28 | 29 | 30 | 31 | | |

**AGENDA ITEM NO. 3**

TO: Community Advisory Committee (CAC)

FROM: David Tovar, Incentive Strategy Manager

DATE: October 14, 2026

SUBJECT: Justice Involved Updated

# VERBAL PRESENTATION

**AGENDA ITEM NO. 4**

TO: Community Advisory Committee (CAC)

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

DATE: October 14, 2025

SUBJECT: UIS Update

# PowerPoint with Verbal Presentation

**ATTACHMENTS:**

*Impacts of Recent Health Policy on Individuals with Unsatisfactory Immigration Status*

Gold Coast Health Plan℠
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# Impacts of Recent Health Policy on Individuals with Unsatisfactory Immigration Status (UIS)

October 14, 2025

Marlen Torres
Chief Member Experience and External Affairs Officer

Jump to pages
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# Federal Shutdown: Healthcare Impacts

## Government Shutdown began at midnight Oct. 1, 2025

- GCHP's leadership continues to monitor developments and is prepared to respond to any organizational impacts.

## Medicare and Medicaid continue to operate under mandatory funding

- Many Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS) staff are furloughed, resulting in slower response times and delays in discretionary activities.
- Approximately half of CMS's workforce remains active to maintain essential functions.

## Key Impacts:

- **Approvals and Guidance:** CMS is processing only essential work. Approval of new materials, initiatives, and policy guidance is delayed until full operations resume.
- **Provider and Facility Oversight:** Routine surveys, audits, and compliance reviews are paused except for critical health and safety operations.
- **Rulemaking and Communication:** Core Medicaid payments continue, but casework, appeals, and technical support functions are slower.
- **State and Provider Implications:** States and providers may experience backlogs once operations restart.



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# CMS Guidance: UIS Emergency Medicaid

**CMS issued a letter to State Medicaid Directors (9/30/2025)**

- CMS reinterprets § 1903(v) of the Social Security Act (the Act) to only apply for specific UIS Emergency Room (ER) payments for treatment of an emergency medical condition that has actually been rendered.
- Therefore section 1903(v) of the Act does not apply to Medicaid managed care payments, including risk-based capitation.

**CMS strongly recommends states to provide these UIS ER services in a fee-for-service (FFS) delivery system to have the clearest documentation of verifiable data**

- If states want to keep UIS ER services in the managed care delivery system, they cannot be developed in risk-based rates, they cannot be under the plans risk-based contract or be paid to plans through capitation. The state can contract with Prepaid Inpatient Health Plans (PIHPs) and Prepaid Ambulatory Health Plans (PAHPs) on a non-risk-based contract and payment.

**CMS acknowledges states may need time to comply with all the necessary changes.**

- CMS will generally not take any enforcement actions with these new federal requirements until the CY 2027 rating period (Effective January 1, 2027) for states like California that operate on a CY basis.



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# State Policy Changes for UIS Population

## Medi-Cal Policy Changes for UIS

- **Enrollment Freeze:** Beginning January 1, 2026, new adult enrollees (ages 19+) with UIS will be frozen out of full-scope Medi-Cal, although they may retain existing coverage through renewal.
- **Dental Benefit Elimination:** As of July 1, 2026, most adults (19 and older) with UIS will lose dental benefits. Emergency dental care, and dental benefits for children and pregnant individuals, will still be covered.
- **Monthly Premiums:** Starting July 1, 2027, eligible adults (19-59) with UIS and full Medi-Cal coverage will be required to pay a $30 monthly premium.

## Who is Affected

- **Adults (19+):** The most significant changes will impact this group, with the enrollment freeze and loss of benefits.
- **Children (0–18):** These individuals will continue to receive full Medi-Cal coverage regardless of immigration status.
- **Pregnant Individuals:** These individuals will retain their full Medi-Cal coverage and dental benefits.

## What Remains Available

- **Limited Scope Medi-Cal:** Some individuals with UIS who lose full-scope Medi-Cal may be eligible for limited-scope coverage.
- **Emergency Services:** Emergency dental care will still be covered for everyone, regardless of immigration status.
- **Existing Coverage:** Current UIS adult members can maintain their coverage by renewing it during their renewal month, but they must adhere to the new premium requirements starting in July 2027.



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# Discussion: Member Impacts & Support

- Are you hearing of reduced access to services for UIS population?
- Are there resources, training, or partnerships we should prioritize to better support UIS members and their families?
- How can we help providers and frontline staff address member concerns about safety and confidentiality in a compassionate manner?
- What can GCHP do to help reduce confusion in the community regarding benefits available to Medi-Cal members, including the UIS population?
- What can GCHP do to help ensure that members don't lose coverage because of fear of ICE or confusion about immigration policy?



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**AGENDA ITEM NO. 5**

TO: Community Advisory Committee (CAC)

FROM: Eve Gelb, Chief Innovation Officer

DATE: October 14, 2025

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

# PowerPoint with Verbal Presentation

**ATTACHMENTS:**

*D-SNP UPDATE*

Gold Coast Health Plan℠
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# Duals Special Needs Plan (D-SNP) Update

October 14, 2025

Eve Gelb, Chief Innovation Officer

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# Introducing….

GOLD COAST HEALTH PLAN
TOTAL Care
ADVANTAGE

A **local** health plan.

Created in **our community**.

Created for **our community**.



Return to Agenda

# Joining Total Care Advantage

Members can join if they:

- Have both Medicare Part A and B
- Have full-scope Medi-Cal
- Are 21 years or older
- Live in Ventura County

Enrollment is **voluntary.**

To enroll, people can contact Total Care Advantage at **1-888-808-7879** or call 1-800-MEDICARE.



GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

Gold Coast Health Plan Total Care Advantage (HMO D-SNP)

# Benefits Overview

As a member of Gold Coast Health Plan Total Care Advantage (HMO D-SNP) - **a local health plan that was created by our community for our community** - you have access to the following benefits and services coordinated by one plan:

| YOU GET | WHAT'S INCLUDED | YOU PAY |
|---|---|---|
| Inpatient Hospital | Unlimited days* | |
| Skilled Nursing Facility (SNF) | Unlimited days* | |
| Emergency care | Unlimited* | |
| Urgent care | Unlimited* | |
| Ambulance | Emergency transportation | |
| Primary and Specialty Care | Through your medical group / clinic | |
| Outpatient Surgery | Outpatient hospital or Ambulatory Surgical Center | |
| Durable Medical Equipment (DME) | Walkers, canes, wheelchairs, etc. | |
| Outpatient tests and procedures | CT scans, X-rays, blood tests, etc. | |
| Vision (including eye exam and glasses or contacts) | One exam per year; one pair of glasses per year | |
| Hearing (including hearing exam, hearing aid fitting, and hearing aids) | One exam per year; unlimited fitting for the first 12 months; hearing aids every 2 years | |
| Fitness | Gym membership; online classes | |
| Transportation: Non-medical | Up to 24 one-way trips per year* | |
| Readmission prevention (including home delivered meals and personal care in your home) | If you are hospitalized, you can receive up to 28 meals and up to 40 hours of care per year | |
| Caregiver classes and support | Learn ways to stay healthy while taking care of others | |
| Worldwide Emergency Care | Up to $100,000 | |
| Community Supports | Housing assistance, home modifications, deposits, help, transitioning home, etc. | |
| Care management | Help coordinating your medical care | |
| Emergency response system | Care in case of a fall or emergency | |
| Transportation to medical appointments | Medi-Cal transportation services | |
| Maternity services | Doula services and family planning | |

$0

* Criteria apply



Gold Coast Health Plan Total Care Advantage (HMO D-SNP)

# Pharmacy Benefits

The following pharmacy benefits are available to you as a member of Total Care Advantage:

| One month: 30-day supply | Three months: 100-day supply |
|---|---|
| Generic drugs<br>$0 or $1.60 or $5.10 | Generic drugs<br>$0 or $1.60 or $5.10 |
| Brand drugs<br>$0 or $4.90 or $12.65 | Brand drugs<br>$0 or $4.90 or $12.65 |

**Total Care Advatage ID Card**

Use this card when you order and pick up your prescription drugs.

The back of the card has important telephone numbers to help you access your benefits and services.

# Med-Cal Benefits

These Medi-Cal services are also available to you as a member of Total Care Advantage. Our team will help you coordinate these services:

- **Dental services:** Medi-Cal Dental
- **Long-term supports and services; home- and community-based services:** Receive care in your home to stay independent
- **Residential services:** Substance use and behavioral health services

# Call Us!

want to help you understand your choices. To learn more about Total Care Advantage, please call our Sales and ollment Team at **1-888-808-7879**. We are open 8 a.m. to 8 p.m. seven days a week from Oct. 1 through March 31, 8 a.m. to 8 p.m. Monday through Friday from April 1 through Sept. 30. If you use a TTY, call **711**. Our friendly team dy to answer your questions and guide you through the enrollment process.

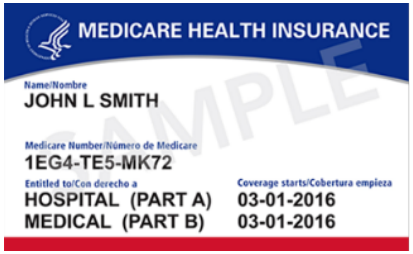
GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE™

711 East Daily Drive, Suite 106
Camarillo, CA 93010-6082
www.goldcoasthealthplan.org

dvantage is an HMO D-SNP with a Medicare and Medi-Cal contract.
Enrollment in Total Care Advantage depends on contract renewal.

GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

# Total Care Advantage Benefits





### Part A: Hospital
Inpatient care in hospital and mental health hospital, a skilled nursing facility care, some home healthcare.

### Part B: Medical
Doctor visits, mental health and substance use treatment, outpatient services, labs, diagnostics, medical equipment and supplies, and preventive services.

### Part D: Prescription Coverage
Prescription drugs.

### Additional Supplemental Benefits Allowed under Medicare Advantage

- Vision
- Hearing
- Fitness
- Acupuncture
- Caregiver Support
- Social Transportation
- Readmission Prevention

### Medi-Cal Benefits

- Medicare cost sharing
- Transportation
- Community Based Adult Services
- Incontinence Supplies
- Long Term Care
- Community Supports



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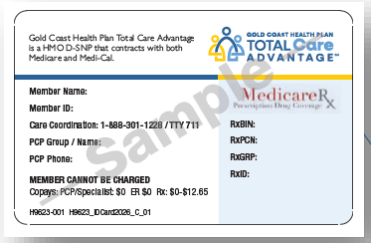
GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

# Coordinating Care




Health Risk Assessment (HRA)

Initial (first 90 days) or

Annual (365 days from initial)

- Member assigned care navigator/care manager
- Includes **Face to face** encounters at least annually
- Identified members for **California Integrated Care Management(CICM)**

Individualized Care Plan (ICP)


HRA & ICP shared with Interdisciplinary Care Team (ICT)

Activities resulting from HRA are communicated to the members of the ICT as follows:

- Members/caregivers via the mailed ICP and ongoing care coordination interactions
- ICT members collaborate on care
- Referrals and navigation to benefits and services

ICT collaborate on ICP

**ICT** Collaboration can occur in-person, virtual or asynchronous

Health status changes? Adjust ICP

**Transitional Care Services (TCS)** by Care Navigator / CICM



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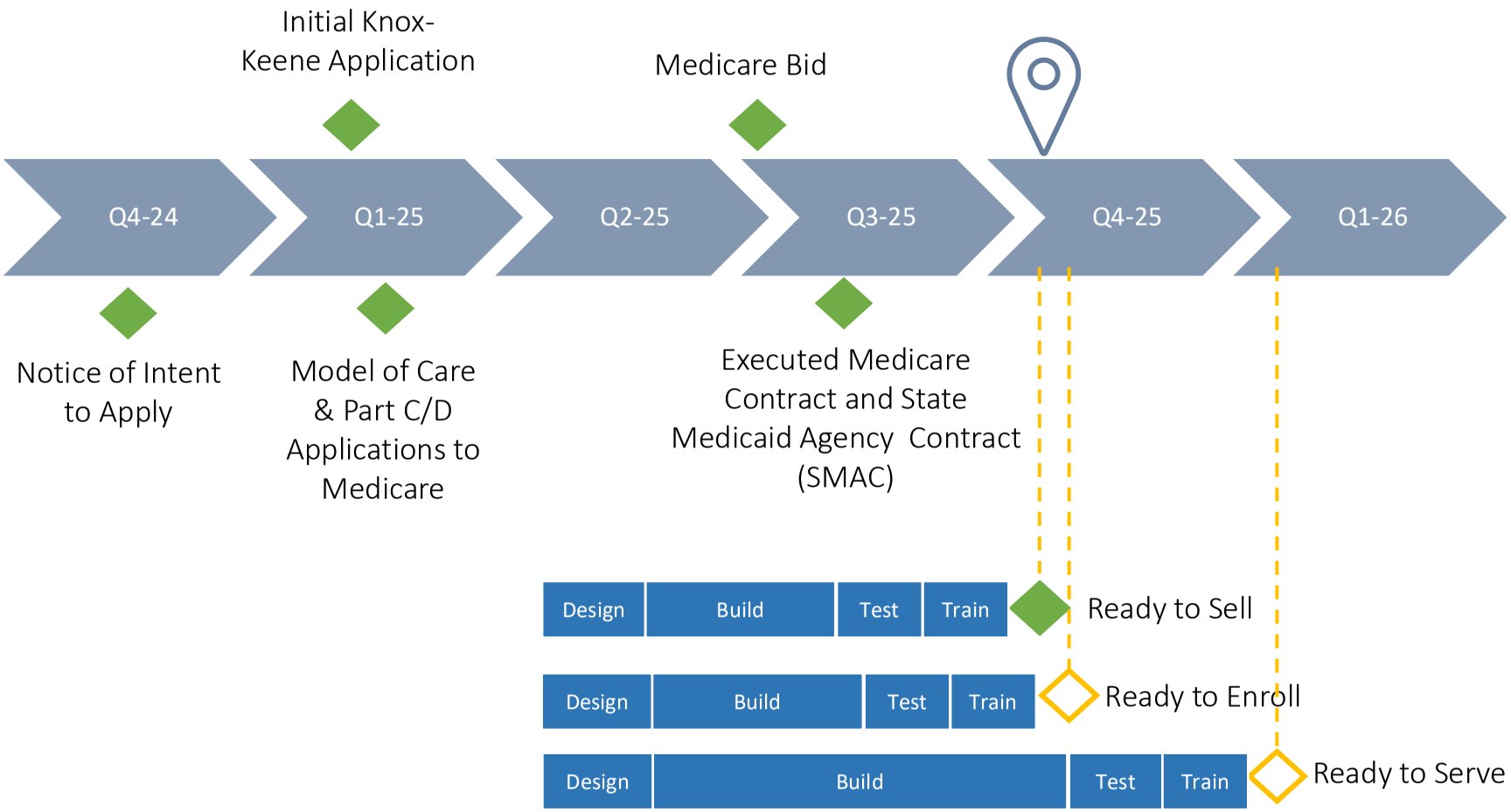
Coordinating Care Across Medicare and Medi-Cal

# Program Journey



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**AGENDA ITEM NO. 6**

TO: Community Advisory Committee (CAC)

FROM: James Cruz, MD, Chief Medical Officer

DATE: October 14, 2025

SUBJECT: Vaccination Coverage

# PowerPoint with Verbal Presentation

**ATTACHMENTS:**

*Clinical Implications of the Federal Shutdown and GCHP's Position on Vaccinations and Vaccination Coverage PowerPoint*

Gold Coast Health Plan℠
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# Clinical Implications of the Federal Shut down, and GCHP's Position on Vaccinations and Vaccination Coverage

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Collaboration
Trust
Respect

October 14, 2025

James Cruz
Chief Medical Officer

# Why Now? And Why is this important to you?

a. Today's presentation intends to clarify the impact of the Department of Health and Human Services position on vaccines/preventive services, and the Federal shutdown's direct impact on MediCal members.
b. The Federal shutdown specifically impacts WIC
c. Due to the Secretary of Health and Human Service's (HHS) actions, the CA Department of Public Health (CADPH) has issued specific recommendations regarding vaccines, vaccine coverage and preventive health services, which differ significantly from current HHS agency policies and recommendations.


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# Federal Shutdown impact

a. Millions of Californians receiving benefits from State programs may be impacted by the Federal shutdown
b. For now, California's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) will continue to provide services and enroll eligible families, while funding available.
c. No new funding to CA will be provided until the President and Congress take action.
d. Families should continue to use their WIC benefits and attend their WIC appointments.
e. Federal government websites are extremely partisan and are not a trusted source of truth for information. The CA Department of Public Health is a trusted source of truth.


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# New CA Vaccination Policy Guidelines

On September 17, 2025, Governor Newsom signed into state law  Assembly Bill 144.

a. This updated state law to ensure all Californians have access to life saving vaccines and preventive services.
b. The Bill ensures validated scientific evidence and data will be shared to provide the information they need to make healthy choices
c. The Bill provides validated, science-based recommendations to protect communities.



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# CA Department of Public Health Guidelines

a. CADPH has released vaccine recommendations for COVID 19, Influenza, RSV for the 2025-2026 Respiratory Virus Season

b. The CADPH recommendations are informed by recommendations from the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the American Academy of Family Physicians.

c. GCHP has adopted and will follow all CADPH vaccine and preventive health recommendations. GCHP will cover CADPH recommended vaccines.

d. GCHP will not follow vaccine and preventive health recommendations issued by the Secretary of the Department of Health and Human Services, or the CDC.

e. GCHP clinical guidelines and policies updated with the CADPH recommendations have been reviewed and passed by the GCHP Peer Review and Credentialing Committee.



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# Questions?



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**AGENDA ITEM NO. 7**

TO: Community Advisory Committee (CAC)

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

DATE: October 14, 2025

SUBJECT: Quality Improvement - MY 2025 MCAS Q4 Update

# PowerPoint with Verbal Presentation

**ATTACHMENTS:**

*Quality Improvement - MY 2025 MCAS Q4 Update PowerPoint*

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# Quality Improvement
# MY 2025 MCAS Q4 Update

October 14, 2025

James Cruz, MD
Chief Medical Officer

Kim Timmerman, MHA, CPHQ
Executive Director, Quality Improvement



711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

# MY 2025/RY 2026 MCAS Measures

18 Total

## Children's Health

- CIS 10 - Childhood Immunization Status Combination 10
- DEV - Developmental Screening in the First Three Years of Life
- IMA 2 - Immunizations for Adolescents Combination 2
- LSC - Lead Screening in Children
- TFL - Topical Fluoride for Children
- W30-Well-Child Visits in the First 15 Months of Life
- W30-Well-Child Visits in the First 30 Months of Life
- WCV - Child and Adolescent Well-Care Visits

## Behavioral Health

- FUM - Follow-up After ED Visit for Mental Illness - 30 days
- FUA - Follow-Up After ED Visit for Substance Abuse - 30 days

**MCAS RY 2026**

## Cancer Prevention

- BCS - Breast Cancer Screening
- CCS - Cervical Cancer Screening

## Reproductive Health

- CHL - Chlamydia Screening
- PPC Pre - Timeliness of Prenatal Care
- PPC Pst - Postpartum Care

## Chronic Disease Management

- AMR - Asthma Medication Ratio
- CBP - Controlling High Blood Pressure
- GSD - Glycemic Status Assessment for Patients with Diabetes (>9%)

# Measurement Year 2025 MCAS Measures Internal Targets

## Magnificent Seven: Goal to meet the 90th percentile:

- Breast Cancer Screening
- Cervical Cancer Screening
- Timely Prenatal Care
- Postpartum Care
- Lead Screening in Children
- Well Child Visits 15-30 Months
- Glycemic Status Assessment for Patients with Diabetes

## Better Performance: Goal to meet the 75th percentile

- Chlamydia Screening in Women
- Childhood Immunizations
- Adolescent Immunizations
- Well Child Visits 0-15 Months
- Follow-Up after an ED Visit for Substance Use

## Minimum Performance Level: Goal to meet the 50th percentile

- Child and Adolescent Well Visits
- Developmental Screening
- Topical Fluoride Varnish
- Asthma Medication Ratio
- Controlling High Blood Pressure
- Follow-Up after an ED Visit for Mental Illness



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# Measurement Year 2025 Current State Highlights

## 1 Measure at 90th percentile (High Performance Level)

- Immunizations for Adolescents

## 7 Measures at 75th percentile (Better Performance)

- Lead Screening in Children
- Well-Child Visits 15-30 Months
- Follow-up after an ED Visit for Substance Use
- Asthma Medication Ratio
- Breast Cancer Screening (50+ years)
- Childhood Immunizations
- Cervical Cancer Screening

## 3 Measures at the 50th percentile (Minimum Performance Level)

- Chlamydia Screening in Women
- Timely Post Partum Care
- Developmental Screening

*17/18 measures performing better than last year at this time!*



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# Measurement Year 2025 Current State Lowlights

## 2 Measures at 25th percentile

- Timely Prenatal Care
- Follow-up after an ED Visit for Mental Illness

## 5 Measures below 25th percentile

- Topical Fluoride Varnish
- Well-Child Visits 0-15 Months
- Child and Adolescent Well Care Visits
- Glycemic Status Assessment for Patients with Diabetes
- Controlling High Blood Pressure

## Well-Child Visits 0-15 Months

- Performing 2.62% lower compared to last year



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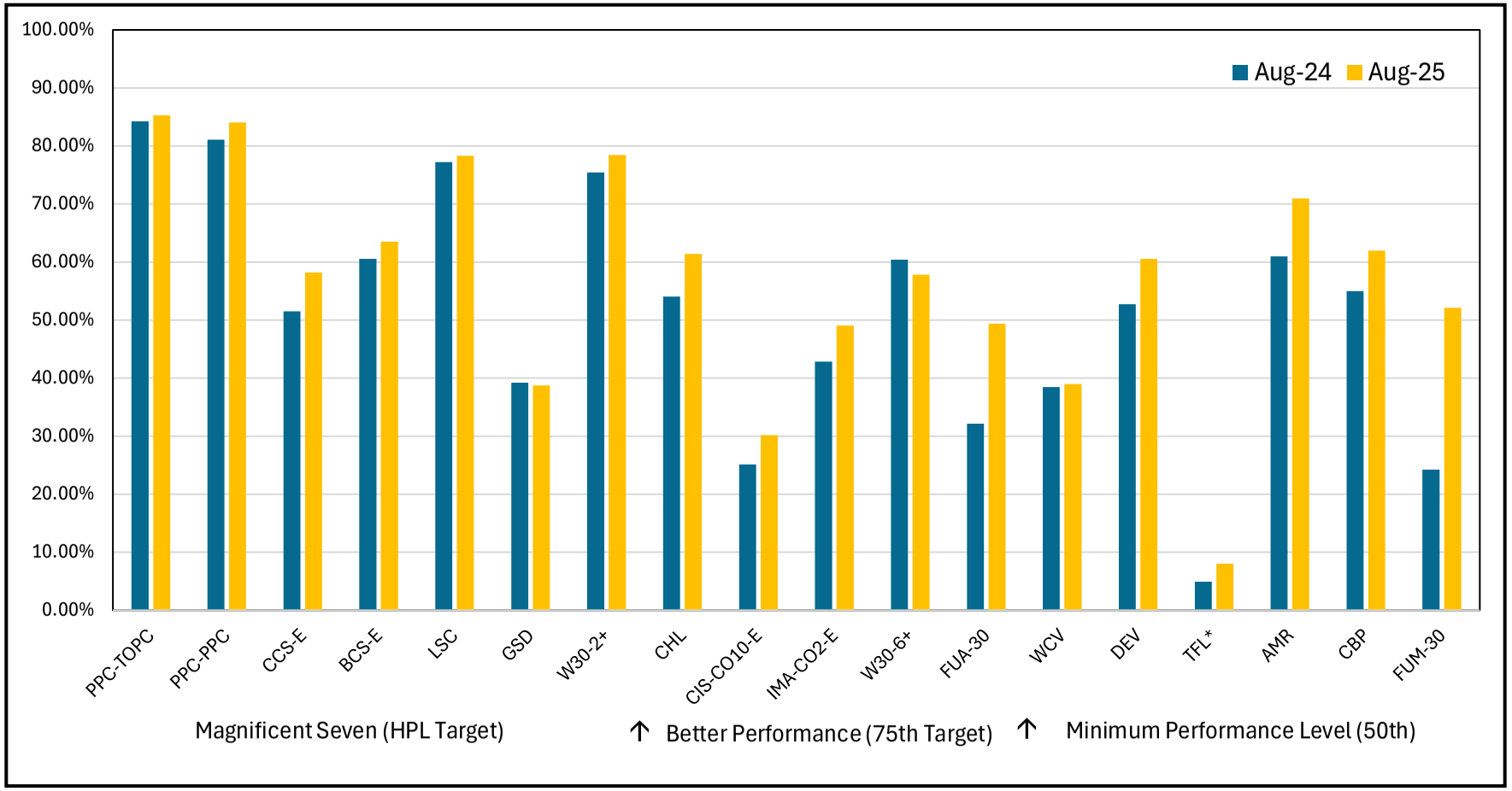
# MY 2024 Rates vs. MY 2025 Prospective Rate Comparison

Data as of August 2025




*Note - TFL is artificially low due to measure specifications and data lag



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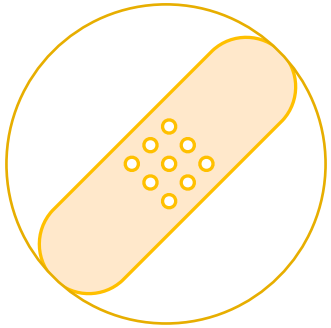
# Measurement Year 2025 Challenges

Activities in the community impacting access to care



Conflicting clinical guidelines regarding vaccines

Heightened benchmarks put measures at risk of not meeting targets



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# MCAS MY 2025 Q4 Key Activities



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**Childhood Immunization Status**

- Adopt and promote vaccines according to CDPH recommendations
- Promote nursing visits for vaccine-only needs

**Well-Child Visits 0-15 months – 6+ Visits**

- Develop mapping to link member IDs (baby can have multiple IDs impacting capture of services)
- CareNet Gaps in Care outreach - 166 appts. scheduled
- Health systems: Call Center Outreach/Use of embedded staff for appt scheduling

**Child and Adolescent Well Care Visits**

- $25 Member incentive (point of care and mailed options)
- CareNet Gaps in Care outreach - 4,509 appts scheduled
- Health systems: Member Outreach, Saturday/holiday hours for expanded access, clinic health fairs

**Cervical Cancer Screening**

- $50 Member incentive (point of care and mailed options)
- CareNet outreach - 1,296 appts. scheduled
- Health systems: Member outreach/proactive scheduling of patients due for care

# MCAS MY 2025 Q4 Key Activities



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**Breast Cancer Screening**

- $50 Member incentive (point of care and mailed options)
- Alinea mobile mammogram events through partnership with health clinics
- VCHCA direct scheduling by member care ambassadors at clinic sites
- Self-scheduling link for CMH Breast Center pilot with GCHP population

**Glycemic Status Assessment for Patients with Diabetes (>9%)**

- HbA1c in-house and point of care incentives launching in October
- CareNet Gaps in Care outreach – Launched 9/1/2025
- Patient education

**Asthma Medication Ratio**

- Provider notification reports to review prescribing patterns of controller and rescue medications
- Health systems: Patient education and nurse outreach

**Controlling High Blood Pressure**

- Code mapping to capture blood pressure readings in EMR
- Health Systems: Staff training on BP protocols and proper screening technique

**Follow-up after an ED visit for Mental Illness**

- Onsite social workers/substance use navigators in ED (CMH, VCMC) and collaborative efforts in place with Conejo Health and Carelon Behavioral Health