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

Regular Meeting
Monday, April 28, 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: : 376 120 092#

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

2400 South C Street
Oxnard, CA 93033

1911 Williams Dr.
Suite 200
Oxnard, CA 93036

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 Mark Sewell, Associate Chief Financial Officer / Board of Supervisors representative
Jaime Duncan, Commissioner Designee - HSA Representative

ROLL CALL

MOMENTS OF RECOGNITION

- Health Champion Award

  Staff: Erin Slack, Sr. Manager of Population Health

PUBLIC COMMENT

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

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

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

CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of February 24, 2025, Special meeting minutes of April 3, 2025, and April 7, 2025.**

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

   RECOMMENDATION: Approve the minutes as presented.

2. **Sunset CalAIM Advisory Committee and Approve New CAC Members**

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

   RECOMMENDATION: The GCHP Executive Team recommends that the Commission approve the five proposed CAC members and sunset the CalAIM Advisory Committee.

3. Written Summary of Quality Improvement & Health Equity Activities – Q1 2025

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

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 1, 2025 Quality Improvement and Health Equity Committee summary.

4. Approval of Chief Executive Officer Contract

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance Officer
Scott Campbell, General Counsel

A recommendation will be made by the Executive Finance Committee.

UPDATES

5. 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

6. Dual Special Needs Plan (D-SNP) Program Update

Staff: Jeff Acomb, Sr. Director of IT Data Engineering
Kimberly Marquez- Johnson, Director of Dual Special Needs Plan

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

7. March Year-to-Date Financials & Stub Period

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive, file, and approve the financials

8. 2025 Contract Renewal Schedule

Staff: Sara Dersch, Chief Financial Officer
RECOMMENDATION: Receive and file.

REPORTS

9. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report

10. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

11. Human Resources (H.R.) Report

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

RECOMMENDATION: Receive and file the report

CLOSED SESSION

12. REPORT INVOLVING TRADE SECRET:
Discussion will concern: Proposed New Service
Estimated Date of Public Disclosure: October 1, 2025

13. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: Four cases
Gold Coast Health Plan has received a written communication that, on the advice of counsel and based on the facts and circumstances in such correspondence, creates a significant exposure to litigation against Gold Coast Health Plan. A copy of the written communication is attached to this agenda.

ADJOURNMENT

The next meeting will be on held on the next meeting will be on held on May 19, 2025, at 2:00 p.m., in the Community Room located at GCHP 711 E. Daily Dr. Suite 110, Camarillo, CA 93010

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

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

AGENDA ITEM NO. 1

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: April 28, 2025

SUBJECT: Regular Meeting Minutes of February 24, 2025, and Special Meeting Minutes of April 3, 2025 & April 7, 2025

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Commission meeting minutes of February 24, 2025, April 3, 2025 and April 7, 2025.

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

February 24, 2025

CALL TO ORDER

Committee Chair Laura Espinosa called the meeting to order at 2:01 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.

OATH OF OFFICE

Timothy Myers, CFO of Los Robles Hospital (HASC Representative) took his oath of office. Commissioner Espinosa asked Mr. Myers to tell a bit about himself. Mr. Myers stated he is new to California. He worked at a couple of hospitals in Florida and prior to that was in Texas. Home for him is outside of Philadelphia, and he is enjoying California.

ROLL CALL

Present: Commissioners Anwar Abbas, Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Timothy Myers, and Dee Pupa

Absent: Commissioners James Corwin, Sara Sanchez, and Scott Underwood, D.O.

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, 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: David Tovar, Michelle Espinosa, Lupe Gonzalez, TJ Piwowarski, Victoria Warner, Susana Enriquez-Euyoque, Karen Uchimiya, Lupe Harrion, Vicki Wrighster, Chris Dulan, Joanna Hioureas, Ifsha Butitta, David Kirkpatrick, Lilly Yip, Kris Schmidt, Nicole Kanter, Zed Heydar, Pshyra Jones, Kim Marquez-Johnson, Shannon Robledo, Corey Stephenson, Nathan Norbryhn, Brenda Garcia-Gomez, Josephine Gallella, Adriana Sandoval, Sergio Cendejas, Neil Meshke, Allison Jewell, and Karina Ramirez

Guests: Kelly McCutcheon-Adams of Institute for Healthcare Improvement.

PUBLIC COMMENT

None.

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.

Commission Chair, Laura Espinosa stated she wanted to make a correction to Agenda Item 6. She stated she misspoke on item six "Advance Payment," and she would like to add a period after agricultural communities and eliminate the rest of the sentence. The Clerk noted the correction, and the minutes will now reflect that change.

Commissioner Abbas motioned to approve Consent item 1 with the correction. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, and Dee Pupa,

NOES: None.

ABSTAIN: Commissioners Anna Monroy and Tim Myers

ABSENT: Commissioners James Corwin, Sara Sanchez, and Scott Underwood, D.O.

Motion carried.

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

CPPO Erik Cho stated the update is regarding some timing commitments. He noted that the commission approved a continuance and advancement of our grants programs that is now known as the RISE Grant program. This year the Commission approved our work

with a grant administrative partner, which is IHI (Institute for Healthcare Improvement). CPPO Cho introduced Kelly McCutcheon Adams, Sr. Director, Institute for Healthcare Improvement. This is a small organization which is committed to improving healthcare and healthcare quality. He noted that work is in progress and applications are open and will close at the end of March. The awards will be announced in June.

Ms. McCutcheon Adams stated that the focus of the RISE Grant program is to measurably improve the quality of and access to medical and behavioral health care for the GCHP population. The goal is to improve member health outcomes, which could include updated benefits and services that are culturally response and focused on equity, as well as offer alternative or non-traditional healthcare solutions with the intention of removing structural barriers to care, reduce costs or improve access.

Ms. McCutcheon Adams stated the applications opened January 22nd and 29 applications have been received. Close out will be March 31st. Award notifications will go out June 2nd. She noted that there have been two virtual information webinars in late January and early February for those interested. First payments will be made in July on a quarterly basis.

Commissioner Pupa stated there was a concern about the timeline – she asked if a full two months was needed to review applications, because it delays important work. Ms. McCutcheon Adams stated the time is needed to have thoughtful rubric scoring, an active committee, and to circle back to GCHP to ensure there are no conflicts with pre-existing programs. We want to ensure there is no duplication of programs.

There were no further questions. Commissioner Espinosa noted that the Commission looked forward to future reports.

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

Chief Financial Officer, Sara Dersch, stated the first three pages of the financials show our income statement, our balance sheet, and our statement of cash flows. They are included in this packet for the Commission to review.

Moving onto the results for January, we have a Commission approved 6+6 revised budget. When reviewing financial results, we compare them to the 6+6 revised budget. She noted that we will see the same variances in the month to date variance column and the year-to-date variance column. CFO Dersch stated that we hade final 2024 fates come in after the revised 6+6 budget was approved, and the rates are in our favor. This influenced positivity in our results.

CFO Dersch stated the January deficit of $7.6M exceeds 6+6 reforecast of $4.5M. Actual membership of 245,000 approximates the 6+6 reforecast. $7M revenue variance is primarily the result of July through December 2024 retro premium rate increases not know at time of reforecast. Medical benefits variance of $20.5M is explained primarily by continued mitigation of claims backlog combined with trend. The Core Administrative favorability of $1.6M primarily related to timing of D-SNP and Operations spend and our TNW is 790% of the State requirement. We do have some conservatism in our medical cost estimates because of current trends in respiratory illness. Many health plans are seeing the rise in this illness.

CFO Dersch stated that we also continue to mitigate our claims system issues. We can process some of the claims that have been hanging on for a while, therefore we did see slight increases in the number of paid claims in January that was not anticipated. It was not a lot, but it does tell us that the efforts CIO Torres is undertaking are successful. We did have a deficit for the month, but it is a planned deficit, although it did exceed the forecast by $3.1M

We do see some timing favorability with our general Admin regarding operations and some of the D-SNP spend that we are expecting.

CFO Dersch stated that currently our TNE is at 790%, which is a bit lower than what we have seen over the last couple of years She reminded all that this number changes daily, and there is the advance payment which we will recoup from the County, and we did see an extra claims run in the month of January. She expects to go back up to approximately 850% over the next few weeks. The number will be slightly higher in April. We are still above the 700% threshold, and we are not at risk of dropping down any further at this point.

CFO Dersch reviewed high level metrics and noted that our revenue is coming in slightly favorable to budget from a total perspective as well as from a PMPM.

We are at 86.6% medical loss ratio versus a reforecast of 85.4, but it is still a healthy medical loss ratio, and we are not at risk for higher medical costs. Strategy Grants incentive is slightly less than projected due to timing. Some incentive payments will go out before the end of the week.

CFO Dersch confirmed that we are still where we need to be on a year-to-date basis. Admin Costs are slightly favorable in the amount of $800,000.

Commissioner Abbas asked if the PMPM cost has gone up compared to what was forecasted. CFO Dersch responded yes; it is related to the conservatism we have built into our Incurred But Not Paid because of the flu. We also had additional claims paid in January that we were not expecting and that will negatively impact the PMPM.
CFO Dersch moved onto review categories by service. She noted that our other fee for service is coming in at $12 million versus a budget of $2.2million - we have some data

mapping issues on our claims mitigation system. We have found over the last couple of months that in the mapping there are not homes for all the data that comes out of the claim system and it automatically defaults to another category. This will be fixed. This was due to the change in systems.

CFO Dersch reviewed membership and noted that we are close to where we thought we would be. She also stated that there are many uncertainties with federal and state actions. If work requirements are imposed, we will see a reduction in membership and an impact to our revenue. We will continue to monitor closely. We also have members under UIS, and we do not know if they will re-enroll. Many have called in to proactively disenroll because they do not want their address on record. We will monitor this closely as well.

CFO Dersch reminded the Commission that we are changing our fiscal year to a calendar year effective January 1, 2026. This means the period of July through December of 2025 is going to be a six-month fiscal year or a STUB budget. We will present the entire budget packet at the April meeting. The STUB period will be audited by Moss Adams.

For our 2026 entire year, the calendar and fiscal year will begin internally in late August and should be concluded with Commission approval in November.

Commissioner Corwin asked for clarification; he asked if we would close year end on 6/30/25, do a stub budget July to December and then another budget from January to December. CFO Dersch stated that was correct. She stated that Moss Adams, our auditor suggested it would be a better process to follow the six and twelve versus trying to do an entire eighteen month especially with all the work that has to be done from an audit perspective due to the new systems.

Commissioner Pupa asked if it would be possible to put the current PMPM for the A code so we can see that for the adult SIS. The final is 34129 for the revenue piece but is there a way to carve out what it is costing us. CFO Dersch will try to see what she can do to meet this request.

Commissioner Corwin motioned to approve financials, agenda item 5. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, and Dee Pupa,

NOES: None.

ABSENT: Commissioners Sara Sanchez and Scott Underwood, D.O.

Motion carried.

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

Acting Chief Executive Officer, Felix L. Nunez, M.D. stated the team is committed to presenting regular updates to keep all abreast of the progress. More information will be presented on how we are doing regarding remaining on our timeline for completion of this project by June.

Alan Torres, Chief Information & System Modernization Officer stated the remaining work left to close out this project, which has been three years in the making, and presenting in June to the commission when we closed out the program and have a project retrospective.

In July of last year, we implemented and were fully operational under EDI-CRM capabilities. – our call center, provider portal, print and fulfillment and our modern data warehouse capabilities, bet we still have more work to do. We are aligned and committed to support the remaining activities to wrap up the program.

CIO Torres reviewed the remaining work to transition from Conduit. Our mailroom capabilities, electronic enrollments, a handful of eligibility feeds to partners, trading partners and last is capitation. All these items are in various stages of testing. We have identified that 90 – 95% of the calls coming in from our provider community fall into three buckets: our EOPs, our paper remittance advice and our 835s – the electronic remittance advice. These three areas are driving the overwhelming majority of calls we are receiving, and this is the focus we are putting on this to wrap this up once and for all. There is also the intake process and how we handle inquiries that are coming in from our providers.

CIO Torres reviewed the timeline to show the work that is going on. Provider data, 835s, and EOP should be delivered prior to the end of June. He noted that optimization will go on if we feel we need it. Once we have implemented, stabilized, and continue to optimize, we can focus on innovation. We want to look at the area of artificial intelligence because there are certain opportunities that we can leverage to and get more efficiencies out of the platform capabilities.

Anna Sproule, Executive Director of Operations, shared her computer screen with he Commission to review the claims inventory. She stated that we are remaining within a stable state for our claims that are in appendix status. She noted that claims that are

aging over 30 days are a total of 10,000 and most of our claims are going through within the first 30 days with some unclean claims that are getting bogged down a bit.

Ms. Sproule also reviewed the new dashboard and noted that we have created a dashboard specific to auto-adjudication. Our auto-adjudication rate prior to July 1 of 2024 was in the 73%. We have made progress month over month in getting close to the 73% and we are now at 70%. We anticipate that over the next three months to continue to increase our auto-adjudication to hit that 73%.

Commissioner Corwin asked how the accuracy is tested, he asked if we were limping along or moving at a good pace. Ms. Sproule stated we have a way to go, but we will continue to move forward and adjust, as necessary. We will continue to work with our provider partners to ensure that we are testing on an ongoing basis, and we will continue to keep open lines for communication.

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.

Chief Innovation Officer, Eve Gelb, stated Chief Compliance Officer, Robert Franco was not able to attend but Ms. Brenda Gomez-Garcia would be presenting in his place. Ms. Garcia-Gomez is our Medicare Compliance Manager.

Ms. Gomez-Garcia will present on reception. She noted we have had some major milestones within the last couple of weeks. We have received our Knox-Keene license from the Department of Managed Health Care, which is a requirement for our CMS application. We submitted the application as of February 11th, and it included part of our Medicare Advantage application Part D prescription drug application. In the application we submitted our network adequacy and received a passing grade from CMS.

Ms. Gomez-Garcia stated the next part is the CMS Bid, and we did our application – our targets submit as of June 2nd. We have received the state Medicare/Medicaid agency contract which we reviewed internally and submitted our feedback to the state as of February 20th. If we receive any feedback we will advise the Commission. Currently we are on target for everything. CIO Gelb did want to note is that the bid is our financial plan for the Medicare product and will be presented to the Commission. We hope to bring a first pass and if needed a second pass. This will be done in Closed Session. We will submit on June 2nd. There will be some adjustments to the bid as the federal government releases various benchmark rates related to the pharmacy payment process. After June we will adjust slightly and then finalize in September.

Commissioner Espinosa asked if the RFP for supplemental benefits already been released. CIO Gelb stated we have released requests for information on proposal for

supplemental benefits so that we can determine what supplemental benefits we would include in the bid, but we have not finalized the decision of those benefits because input goes into the bid to decide if it is affordable or not. We have gotten the pricing needed to help us make those decisions, but we have not awarded.

We spoke to the Commission at the last meeting about a vendor that we would bring on to support us through this implementation process. We have done the RFP, and we have selected the vendor; Deloitte. They are three weeks into a four-week phase. They will look deep into requirements and ga. so we can understand the scope of work for the rest of the year – that will be Phase Two of the implementation, and that is moving along well. We did not expect them to be on board so quick and we were not ready for them,
Our procurement team, legal team and others were able to get them on quickly and we are not trending to green on our discovery phase which will end next week and then we move into implementation.

We have been working with focus groups to help us understand how best to do our Model of Care and design our benefits. CIO Gelb also noted that the Part D portion of our Medicare application was larger than the Part C portion.

We have accomplished a lot – there are items that are complete, a substantial portion of it is regulatory and currently we are in the middle of operational implementation. There are also some items in the red, and we are working with IT, legal and procurement to solve these. We are figuring out eligibility and enrollment process so that a member can be converted seamlessly – that is something that needs to be solved and we do not do today. There are solutions and partnerships for this – it is an understanding of which vendor we will use to support particular things. There are key vendor decisions that we need to make.

Commissioner Abbas motioned to approve agenda items 2, 3, and 4. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, and Dee Pupa,

NOES: None.

ABSENT: Commissioners Sara Sanchez and Scott Underwood, D.O.

Motion carried.

REPORTS

6. 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. stated his report was in the packet and he was glad to take questions on the report. He stated that he wanted to highlight. He noted that GCHP has been doing advocacy as an organization and as coalition within the state to the local health plans of California. We have been doing work through our strategic planning in terms of thinking about what is happening in Washington and what we are going to be doing as a state. We want to make sure that our members continue to have access to care. We are going to be looking at an economic impact analysis as well to highlight the importance of stabilizing the healthcare system.

At the state level in terms of advocacy work local health plans of California have been leading the charge amongst the county organized health systems and helping to organize our work and structure. We did receive a briefing regarding what the state is doing around concerns coming from the federal level and potential cuts. The message from the state is that they are not retreating on anything that they are doing and have zero plans to backtrack on any work – it will be business as usual. Dr. Nunez stated he believe the intent is to fight until the bitter end to retain access and expand access not only for health care services but also services that are impacted.

Dr. Nunez stated that DHCS has no reserves, so once three days worth of federal funds have been exhausted the state's direction/expectation is that we would use our reserves to help subsidize care until we can get that situation resolved. He noted that the state attorney general's offices are preparing for lawsuits if there are potential cuts.

Marlen Torres, Chief of Member Experience & External Affairs stated she and Dr. Nunez will be meeting with our delegation in Ventura County so that they continue to advocate and support the Medi-Cal program. Two weeks ago, our trade association in D.C. held a similar fly-in. Ms. Torres met with Congressman Salud Carbajal, and Congresswoman Brownley, both expressed support for us on their level, and they advocate for the program. There is a lot of action on whether they get one reconciliation act, which is what their House orders are. On the Senate side they want to get a two-part package which is immigration defense in one packet and the second will be on the 2017 Trump administration proposed cuts where you would see the impact of the Medicaid program. There could be an enormous impact to our state. There is advocacy that is going to put pressure on the Republican House representatives that have a substantial portion of Medicaid enrollees because it will impact them. She noted that there is a California coalition who will be sending out a letter to speak on behalf of the Medicaid program to all Republican Congress reps.

Acting CEO Felix L Nunez, M.D. stated that the state has not put together any modeling, we are working to put some scenarios together on what is likely to happen. Dr. Nunez

stated that there are work requirements on the table and will happen soon. Consideration of F maps will be a serious fight. Texas and Florida are getting together because both would be impacted, not just California. We are committed to fighting for our members at the state level. We are securing a contract with federal advocacy organization; we currently do not have a federal advocate or federal lobbyist. We are working to preserve everything we can. The government is looking for approximately $800 billion in cuts. There will be continued updates as we receive them.

Commissioner Abbas stated he is hearing rumors about Medicare, and he is asking about the state perspective. Dr. Nunez stated that in just the last few days we have seen that Medicare is on the table in terms of potential cuts. We do know that the impacts are going to crossover to Medicare, cuts at CMS are going to affect Medicaid as well.

Dr. Nunez noted that the state has no intention of backing off their work around diversity, equity, and inclusion. We are a diverse community in Ventura County, and it is important that our Commission and staff reflect that community, and we are fully committed to being with our members at every point in their healthcare journey and creating plans to help them achieve the best care possible.

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

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report

CDO Bagley stated that he is disappointed in the communication that is coming from our government. DEI has been a cornerstone for the success of many companies, and it is not getting the credit that it deserves. When we do our hiring, we hire the most qualified people we can find. Our county is diverse, and we want to be diverse inside GCHP. CDO Bagley stated that when he was asked to take the CDO position, there were requirements the Commission asked of him. It was asked to shut off the negative press, and that has been done. The measure of success of an organization or position is how successful you are in solving problems. He stated that the culture demographics of the senior team have also been addressed. When CDO Bagley arrived at GCHP the senior team looked vastly different at that time. There was not much diversity on that team. The senior team is now approximately 80% diverse.

CDO Bagley stated that DEI is valuable to an organization like GCHP, it taps into a wider talent pool and reduces turnover. That has to do with the culture you create. DEI is working, it is not a program, it is a process. A program has a beginning and an end, this does not end, it becomes incorporated into what we do daily.

CDO Bagley asked Lupe Gonzalez to give a brief overview of the training that is coming up. Dr. Gonzalez stated it is part of our requirement for the Department of Healthcare Services that we implement a DEI training, and there is a second training called the

transgender gender identity training. We have contracted with a vendor to assist us in putting together out TGI training and it is a model that is an overview of sensitivity in working with a specific population and we are excited to roll it out in the next few weeks.

Supervisor Lopez stated that she appreciated all the work being done by GCHP Staff. Commissioner Pupa stated there has been a total transformation of the Executive Team.

Commissioner Corwin asked if there were three vacant seats on the Commission. Commissioner Espinosa stated one of our commissioners has submitted a resignation and we have a second consumer representative, which has not bn filled. General Counsel, Scott Campbell stated we are looking at the County to fill at least two vacancies in late March/early April.

The Clerk to the Commission stated that during the time since Commissioner Cosio resigned there must be a posting ten days prior to anything going to the Board of supervisors. They must post that open seat ten days prior, they receive submissions, and it is presented as a first round to the BOS and then a second round within a certain period. Since the resignation was unexpected, they are trying to fulfill that date while we are dark in March and for Commissioner Livingston, who announced she is retiring in April, they need to get her resignation so that seat will be filled. We will hopefully have those two seats filled soon.

Commissioner Espinosa asked if individuals apply. The Clerk stated the names are submitted to the Board of Supervisors to fill that position. General Counsel stated that there are categories that fill the positions. Commissioner Livingston is from HAS so someone from that department will fill that seat. Commissioner Livingston stated that interviews are already under way. The Clerk stated that HASC makes a recommendation, and they take turns within the hospitals in the county.

Commissioner Abbas motioned to approve agenda items 6, and 7. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, and Dee Pupa,

NOES: None.

ABSENT: Commissioners Sara Sanchez and Scott Underwood, D.O.

Motion carried.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 4:53 p.m.

Approved:

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Maddie Gutierrez, MMC
Clerk to the Commission

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

April 3, 2025

CALL TO ORDER

Commission Vice Chair Dee Pupa called the meeting to order at 3:06 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, Allison Blaze, M.D., Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Sara Sanchez, Dee Pupa and Scott Underwood, D.O.

Absent: Commissioners Laura Espinosa, James Corwin, and Timothy Myers.

Attending the meeting for GCHP were Paul Aguilar, Chief of Human Resources, Ted Bagley, CDO, and Scott Campbell, General Counsel.

Guests: Lisa Coyne of Morgan Consulting.

PUBLIC COMMENT

None.

General Counsel, Scott Campbell stated that he was requesting the Commission to entertain a motion under government code 54953, which allow a Commissioner to attend this meeting remotely if they have a child care or health issue that has come up after the posting of the agenda. In this instance we have Commissioner Blaze , who needs to attend to childcare for the second half of this meeting.

Commissioner Pupa motioned to approve remote attendance for Commissioner Blaze. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Melissa Livingston, Anna Monroy, Dee Pupa, Sara Sanchez, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioners James Corwin, Laura Espinosa, Supervisory Vianey Lopez, and Timothy Myers

Motion carried.

Supervisor Vianey Lopez joined the Closed Session part of the meeting at 3:08 p.m.

Commission Chair, Laura Espinosa joined the meeting at 3:15 p.m.

Commissioner James Corwin joined the meeting at 3:39 p.m.

The Commission went into Closed Session at 3:09 p.m.

CLOSED SESSION

1. PUBLIC EMPLOYEE APPOINTMENT
Title: Chief Executive Officer

Commissioner Underwood left the meeting at 4:07 p.m. and returned at 4:49 p.m.

Commissioner Allison Blaze, M.D. left the meeting at 5:15 p.m. and attended the second half of Closed Session remotely.

There was no Reportable Action.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 6:53 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

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

April 7, 2025

CALL TO ORDER

Commission Chair Laura Espinosa called the meeting to order at 4:09 p.m. This meeting is completely remote. The Clerk was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Suite 110, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Melissa Livingston, Supervisor Vianey Lopez, Anna Monroy, Timothy Myers, Sara Sanchez, and Dee Pupa,

Absent: Commissioners James Corwin and Scott Underwood, D.O..

Attending the meeting for GCHP were Paul Aguilar, Chief of Human Resources, Ted Bagley, CDO, and Scott Campbell, General Counsel.

Guests: Lisa Coyne of Morgan Consulting.

PUBLIC COMMENT

Evelyn Figueroa asked about member services for Beacon. The Clerk asked Ms. Figueroa to stay on the Open Session line and got her information in order to forward her request for information on Beacon to staff.

The Commission went into Closed Session at 4:15 p.m.

CLOSED SESSION

1. PUBLIC EMPLOYEE APPOINTMENT
Title: Chief Executive Officer

Commissioner Corwin joined Closed Session at 5:14 p.m.

There was no Reportable Action.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 4:15 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: April 28, 2025

SUBJECT: Sunset California Advancing and Innovating Medi-Cal (CalAIM) Advisory Committee and Approve New Community Advisory Committee (CAC) Members

SUMMARY:

The Gold Coast Health Plan (GCHP) Community Advisory Committee (CAC) currently has five openings due to a retirement and resignations. To fill the vacancies, the GCHP Executive Team is recommending the integration of the four members of the California Advancing and Innovating Medi-Cal (CalAIM) Advisory Committee, which advises on topics similar to those of CAC.

The four CalAIM committee members submitted applications, which have been reviewed by the CAC Ad Hoc Committee. The ad hoc committee is recommending approval for the following individuals to join the CAC:

1. **Alma Diaz:** Ms. Diaz is a GCHP member who resides in the Santa Clara Valley and is involved in her community. Ms. Diaz is a regular attendee at the Santa Paula Social Services Coalition and the Santa Paula Planning Council.

2. **Vanessa Frank:** Ms. Frank is an immigration attorney who currently has her own practice. She formerly worked for California Rural Legal Assistance (CRLA), a nonprofit law firm founded in 1966 to provide free civil legal services to low-income residents of California's rural counties.

3. **Carolina Gallardo:** Ms. Gallardo is the former chair of the Southwinds Neighborhood Council and is a community advocate representing the South Oxnard community. Ms. Gallardo hosts a weekly food pantry and coordinates other services in South Oxnard.

4. **Maria Jimenez:** Ms. Jimenez works for Lucha / Poder Popular, a food pantry in the Santa Clara Valley that provides resources and referrals to community members who reside in the Santa Clara Valley and the City of Oxnard.

5. **Dr. Linda M. McKenzie:** Dr. McKenzie is the chief executive officer (CEO) of Global Empathy Training Academy, which delivers customized training on organizational culture and diversity and inclusion. Dr. McKenzie served more than 10 years as a program

director for the Make-A-Wish Foundation, advocating for services for children in the Tri-Counties. She formerly served in the Ventura County Health Care Agency's Health Equity Council.

RECOMMENDATION:

The GCHP Executive Team recommends that the Commission approve the five proposed CAC members and sunset the CalAIM Advisory Committee.

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: April 28, 2025

SUBJECT: Written Summary of Quality Improvement and Health Equity Committee Activities – Q1 2025

SUMMARY:

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

The attached report contains a summary of activities of the QIHEC and its subcommittees for Quarter 1, 2025.

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 1, 2025 Quality Improvement and Health Equity Committee summary.

ATTACHMENTS:

Quality Improvement and Health Equity Committee (QIHEC) Meeting, 2025 Quarter 1 Summary Report

Quality Improvement and Health Equity Committee (QIHEC) Meeting
Quarter 1 2025 Summary Report
January 21, 2025 and March 18, 2025

Overview:

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets six times per year, with special meetings scheduled as needed to conduct business. The QIHEC is chaired and facilitated by the Chief Medical Officer (CMO), with committee members comprised of internal leadership, the Chairs from the nine QIHEC subcommittees, one Commissioner, at least one practicing physician in the community, and a behavioral health care practitioner. This report represents a summary of the January 21, 2025 and March 18, 2025 QIHEC meetings.

January 21, 2025 Meeting

Open Action Items from Prior QIHEC Meeting

- Action Item #63:
  - Carelon Behavioral Health provided responses to questions from the September 17, 2024 QIHEC regarding their 2023 Quality Improvement Work Plan Evaluation and 2024 Quality Improvement Program Description and Work Plan. Carelon will do additional research on how they provide language assistance services.
  - Status: Open

- Action Item #64
  - At the December 3, 2024 QIHEC, a Committee Member requested that the Quality Improvement Facility Site Review RN create a Medical Record Review (MRR) guide that Providers can use to ensure compliance with the Department of Health Care Services (DHCS) MRR audit requirements.
  - Status: Open

- Action Item # 65
  - At the December 3, 2024 QIHEC, the Operations Manager was asked to present how GCHP's new Customer Relations Management (CRM) system is being leveraged throughout the organization.
  - Status: Open

- Action Item #66
  - At the December 3, 2024 QIHEC, the Operations Manager confirmed that as the CRM updates become aligned with the National Committee for Quality Assurance (NCQA) REaL (Race, Ethnicity, and Language) requirements, the call center reports can include calls received by race, ethnicity and language.
  - Status: Open

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 1 Summary Report
January 21, 2025 and March 18, 2025

- Action Item #67
  - At the December 3, 2024 QIHEC, the Committee Chair asked the Senior Director of Health Education and Cultural Linguistics to summarize the DHCS All-Plan Letter (APL) changes regarding threshold languages.
  - Status: Open

- Action Item #68
  - Topic: At the December 3, 2024 QIHEC, the Chief Compliance Officer reported that DHCS has increased health plan scrutiny of Nurse Advice Line services during the annual DHCS Medical Audits and he will report on GCHP's oversight of the Nurse Advice Line.
  - Status: Open

Approval Items

- 2025 Quality Improvement and Health Equity Committee (QIHEC) Charter
  - The QIHEC Charter describes the purpose, role and responsibilities of the QIHEC.
  - 2025 updates included:
    - Updates to the Sponsor, Chair, and Committee members
    - Updates to the QIHEC meeting frequency

- 2025 Quality Improvement and Health Equity Transformation (QIHET) Program Description
  - The QIHET Program Description supports GCHP's mission to improve the health of members through the provision of high-quality care and services. It defines the process for continuous quality improvement of clinical and non-clinical care and services, patient safety, health equity, and member experience.
  - The annual review ensures continued alignment with the DHCS Quality Strategy and the NCQA Health Plan and Health Equity Accreditation Standards.
  - 2025 updates included:
    - Enhancements to addressing health equity including the new Culturally and Linguistically Appropriate (CLAS) Program Description and Work Plan and the new Member Advisory Committee
    - Updates to Program Organization, Quality Committees and Subcommittees, and key functional areas.

- 2025 Quality Improvement and Health Equity Transformation Work Plan
  - The QIHET Work Plan serves as the roadmap to outline measurable, organizational, and multidisciplinary objectives, activities and goals focused on improving key performance indicators.
  - 51 focus areas were reviewed with updated goals and activities for 2025 in the following key objectives:
    - Objective 1: Improve Quality and Safety of Clinical Care Services
    - Objective 2: Improve Quality and Safety of Non-Clinical Care Services
    - Objective 3: Improve Quality of Services
    - Objective 4: Assess and Improve Member Experience
    - Objective 5: Ensure Organization Oversight of Delegated Activities

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 1 Summary Report
January 21, 2025 and March 18, 2025

Presentations

1. Sunsetting of Medical Advisory Committee (MAC)
   - The Medical Advisory Committee has been sunset as of Q4 2024.
   - The review of Clinical Practice Guidelines (CPGs) and Utilization Management (UM) Guidelines and Criteria will transition to the Credentialing / Peer Review (C/PRC) Committee in 2025.
   - The C/PRC Charter will be revised to reflect a broader scope of peer review activities and submitted for approval at the March 2025 C/PRC meeting.

2. Duals-Special Needs Plan (D-SNP) Quality Improvement Measure Proposal
   - Reviewed the D-SNP Model of Care (MOC)
     - MOC 1: Description of the SNP Population
       - Ensure ability to describe the demographic health and social characteristics of the target population and most vulnerable members.
     - MOC 2: Care Coordination
       - Ensure needs and preferences are met.
       - Ensure the right staffing, collection of health risk information, individualized care plan, interdisciplinary care team, and transition of care processes.
     - MOC 3: Network Collaboration
       - Ensure the providers have the specialized expertise, use clinical guidelines, engage with the care team and are properly trained on the MOC.
     - MOC 4: Quality and Performance Improvement
       - Demonstrate the process and capability to set and measure health outcomes, patient satisfaction and continuous improvement.
       - D-SNP Goals
         - Goal 1: Improve coordination of care and appropriate and equitable delivery of services through early identification and proactive engagement of high-risk members into care coordination.
         - Goal 2: Enhance care transitions across all health care settings and providers by increasing post-hospital discharge PCP visits and ensuring timely member contact by the transitions of care team for all hospital and SNF admissions.
         - Goal 3: Improve access and affordability of health care for the SNP population using preventive strategies to improve chronic disease management and member engagement with treatment plans.
   - Quality Measures that Address Health or Social Needs
     - Manage diabetes
     - Manage hypertension
     - Manage multiple conditions
     - Health care system access and affordability
     - Cognitive health
     - Manage pain
     - Housing, safety, food, transportation, long-term services and social supports

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 1 Summary Report
January 21, 2025 and March 18, 2025

March 18, 2025 Meeting

Open Action Items from Prior QIHEC Meeting

- Action Item #63:
  - Carelon Health confirmed they receive language information from the eligibility file, but the Carelon clinical team, member services, and referral line will also collect member demographic information to document preferred language. Carelon also offers interpretation services for 236 languages and 2 dialects for Mixteco, Bajo and Alto. Carelon reports language interpreter services utilization at the Joint Operations Committee quarterly meetings. Utilization is mostly for Spanish-speaking members. A 2024 Carelon report of language interpreter services showed that Mixteco has not been requested. Carelon Health can share these reports. The GCHP Director of Health Education and Cultural Linguistics reported that GCHP contracts with a local vendor, Mixteco Indigena Community Organization Project (MICOP), that offers interpreting services for additional regional Mixteco dialects. GCHP can provide Carelon language assistance for the Mixteco population and can provide a list of the different Mixteco languages based on region.
    - Status: Closed
  - Carelon confirmed that they will be able to share the Grievances & Appeals training materials, the dates of the training, and the Carelon staff that attended the training. Carelon is currently completing the trainings and will submit all documents to GCHP's Compliance Department and to the Senior Executive Assistant to the Chief Medical Officer (CMO).
    - Status: Closed

- Action Item #64
  - The QI RN shared the Medical Record Review (MRR) guide that was developed and shared with medical staff. The recommendation is to schedule a follow-up meeting to review the draft tool with clinic staff and make additional updates.
    - Status: Open

- Action Item # 65
  - The Manager of Operations described how the CRM system is integrated with other systems within the organization and utilized by the GCHP contact center to appropriately manage all member and provider calls.
    - Status: Closed

- Action Item #66
  - At the December 3, 2024 QIHEC, the Manager of Operations confirmed the CRM software reports on language used for each call. The source of demographic member data in the CRM is from the state enrollment 834 file and the Director of Health Informatics confirmed a report can be created to show the demographic information of each member that calls the contact center.
    - Status: Open

- Action Item #67
  - The new DHCS APL was released in February 2024 and will be compared to the NCQA requirements to ensure that GCHP is aligned with both. The Sr. Director of Health Education and Cultural Linguistics requested additional time to review both standards and present at the next QIHEC.
    - Status: Open

- Action Item #68
  - The Compliance Privacy Officer reported that a delegation oversight audit of the Nurse Advice Line is scheduled within the next two months. A follow-up will be provided at the next QIHEC.
    - Status: Open

Approval Items

None

Presentations

1. Member Incentives (MI) Program Evaluation
   - The 2024 member incentive programs provided $25 or $50 gift cards to Target, Walmart or Amazon to engage members to close care gaps for Child and Adolescent Well Care ($25), Lead Screening in Children ($25), Flu Vaccine ($25), HPV Vaccine ($25), Breast Cancer Screening ($50), Cervical Cancer Screening ($50), and Glycemic Status Assessment for Patients with Diabetes ($50). Members can receive the gift cards by mail by submitting a member incentive form or at the clinics through the Point-of-Care (POC) method.
   - Key successes of the 2024 incentive program include the following.
     - Member participation in the member incentive programs increased from 19,851 in 2023 to 43,647 in 2024.
     - The increase in member participation is attributed to expanded clinic participation in the POC program. Member incentives distributed via POC increased from 12,077 in 2023 to 36,942 in 2024.
     - The MI programs help relevant measures meet or exceed the DHCS Minimum Performance Level (MPL) benchmark, reduce no-show rates, and motivate parents/guardians to schedule well care exams for all their children.
   - Plans for 2025 include:
     - Add Lead Screening in Children to the POC program for clinics with POC capability.
     - Expand Breast Cancer Screening POC program to more imaging centers and at mobile mammogram events.
     - Explore digital gift card options.

2. Medicare Advantage and Part D Prescription Drug Program Star Ratings
   - GCHP will be launching a Medicare Advantage Dual Eligible Special Needs (D-SNP) plan on January 1, 2026 and will be working with a pharmacy consultant from Pharmaceutical Strategies Group (PSG) to provide support with the implementation of the Medicare

Advantage Prescription Drug (MA-PD) program. The PSG pharmacy consultant reviewed the 2025 Center for Medicare and Medicaid (CMS) Star ratings and measures for the MA-PD, GCHP's planned strategies to implement an effective MA-PD program, and best practices for achieving higher Star ratings.

Standing Items: QIHEC Subcommittee and Department Summaries

1. *Compliance/Delegation Oversight*
   - All audits were completed timely and Corrective Action Plans (CAPs) were issued where applicable.
   - Two utilization management audits were completed, and one claims audit is open with CAPs.

2. *Quality Improvement: Managed Care Accountability Set (MCAS) Steering Committee*
   - The MCAS Operations Steering Committee met and reviewed the Q4 2024 interventions including the planning and outcomes of 2024 GCHP Health Fairs, MCAS data strategy and improvement activities, status of member outreach activities to schedule appointments and close care gaps, and updates regarding continued collaborations with network providers to improve coordination of behavioral health and cancer prevention.
   - MCAS rates continued to improve in Q4 2024. For MCAS measures held to the DHCS MPL, 16 out of 18 measures met or exceeded the MPL benchmark and 8 measures had significant rate increases. For the report only MCAS measures, 20 out of 25 measures improved and 7 measures had significant rate increases.

3. *Quality Improvement: Facility Site Review (FSR) /Medical Record Review (MRR) / Initial Health Appointment (IHA)*
   - Facility Site Reviews: Audit Results
     - 95% of the providers met all DHCS FSR audit criteria and 91% passed the FSR audits.
     - 89% of the providers met all DHCS MRR audit criteria and 92% passed the MRR audits.
     - 98% of the providers met the DHCS Coordination of Care criteria.
     - Certified Site Review QI Nurses continue to provide training on DHCS FSR requirements and are developing new tools to help providers meet compliance.
   - Initial Health Assessments: Audit Results
     - 76% of the 1221 records reviewed met all IHA criteria and 83% met IHA completion requirements within 120-days of new member enrollment.
     - The MRR audits of members 12 months, 24 months and 6 years of age showed documentation of blood lead screening (64%) and blood lead anticipatory guidance (35%) which was an improvement compared to the prior quarter.
     - Provider documentation in need of improvement include age-appropriate immunization status, Hepatitis B and C screening, blood lead anticipatory guidance, blood lead screening at 12 months of age and catch-up by age 6, and psychosocial/behavioral assessments.

4. *Population Health Management (PHM) Department*
   - The Population Needs Assessment was completed and presented to the PHM Workgroup on December 16, 2024.

- The Wellth Program enrollment in Q4 2024 was 9,856 with program retention at 78% and 81% of active members participated in the daily check-ins.

5. *Behavioral Health (BH) Quality Committee*
   - The BH Committee, comprised of GCHP and Carelon medical and behavioral health clinical teams, addressed quality initiatives and mandates including the following:
     - DHCS Corrective Action Plan for 2023 BH Focused Audit and submitting monthly status updates.
     - Carelon's role for positive depression and any associated substance use on Health Risk Assessment (HRA) screenings.
     - Carelon's performance for post-ED outreach attempts for members identified with substance use or mental health conditions for Q4 year-to-date (YTD) was 94.74% and appointments scheduled and/or discharge assessments completed for this target population for Q4 YTD was 24.60%.

6. *Utilization Management Committee*
   - Utilization Management (UM)
     - 2024 UM turn-around times (TAT) were above benchmarks for standard prior authorization and post service requests. UM also continues to conduct analysis on TAT by Service Types to ensure 100% compliance with all TATs.
     - To increase utilization of the Nurse Advice Line, member and provider education was conducted.
     - Medical Informatics has started stratifying the following utilization key performance indicators by race, ethnicity, age, language, gender and assigned provider system: Emergency Department / 1000; Acute admissions / 1000; Bed Days / 1000; and Average Length of Stay / 1000.
   - Care Management
     - Referrals processed in Q4 2024 include 2,345 CM referrals, 355 HIF/MET referrals, and 519 TOC referrals.
     - Nurse Advice Line received 431 calls.
     - Enhanced Care Management (ECM) outreach included 1,589 members; 39% outreached by telephone and 61% outreach via telehealth.

7. *Member Services Committee*
   - There was a 0.1% decrease in membership from Q3 to Q4.
   - The Contact Center benchmarks for the average speed of answer and phone quality results were not met, but the abandonment rate benchmark was met.
   - To support the continuous improvement in the Contact Center, two Contact Center Managers and additional Contact Center Coordinators have been hired. Additionally, the Member Services team will transition into Quality Assurance roles to ensure Contact Center compliance with the established quality standards and to assist with Contact Center development through coaching and feedback.

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 1 Summary Report
January 21, 2025 and March 18, 2025

8. *Provider Network Operations (PNO)*
   - All PNO benchmarks were met in Q4 2024 for the following standards: geographic distribution of PCPs and specialists, ratio of members to physicians, ratio of members to PCPs, and time and distance standards to primary care sites.
   - The 2024 Provider Accessibility and After-Hours Survey was completed and PNO will implement actions plans to address areas in need of improvement.
     - Issue corrective action plans (CAPs) and request remediation plans for non-compliant providers with increased focus on providers that were non-compliant in 2023 and 2024
     - Provider training on accessibility standards
     - Continuously monitor progress of non-compliant providers

9. *Quality Improvement: NCQA Accreditation*
   - Mock audits are scheduled for the following areas: UM denials and appeals, pharmacy denials and complex care management.
   - Plans to finalize all documents for Health Equity Accreditation and Health Plan Accreditation submission in 2025.
   - Continue the bi-weekly workgroup meetings and NCQA Key Stakeholder meetings to address project status and risks.

10. *Health Education and Cultural Linguistics (HE/CL) Committee*
    - Cultural and Linguistic Services
      - In Q4 2024 a total of 2,558 language assistance referrals were received which was a 11% increase compared to Q3 2024.
      - Translation services decreased by 20% (256) compared to Q3 2024 (322).
    - Health Education Services
      - A total of 114 heath education referrals were completed in Q4 2024.
      - Two Chronic Disease Management Workshops were completed in Q4 2024

11. *Grievance and Appeal (G&A) Committee*
    - The 98% benchmark was not achieved for Member Grievance Acknowledgement TAT (96%) and Provider Grievances Acknowledgment TAT (82%). The recent system changes have affected the TATs, influencing all associated metrics. Monitoring processes are in place to identify and address any potential routing issues.
    - 56 Quality of Care cases were reported in Q4 2024: 25% were substantiated; 16% were unfounded due to lack of information; 3% were not substantiated; 6% had no rating applied.

12. *Pharmacy and Therapeutics (P & T) Committee*
    - Drug Utilization Review (DUR)
      - Opioid prescription utilization met performance metric of less than 5% increase in utilization.
      - There was an increase in number of members with 3+ prescribers and 3+ pharmacies from Q3 to Q4 but overall trend in 2024 is stable. Members who have 3+ prescribers and 3+ pharmacies are attributed to ED visit(s).
    - Medi-Cal Rx Updates

- Quantity limit for contracted infant enteral nutrition will be implemented on 1/31/25 and pediatric integration for continuing therapy will be implemented 04/25/25.

- Pharmacy & Therapeutics Committee
  - The updated physician administered drug (PAD) list and clinical guidelines are posted on GCHP website.

13. *Credentials/ Peer Review Committee (C/PRC)*
    - All measures in Q4 2024 were met.
    - Identified opportunity to optimize existing Symplr system capabilities to further streamline credentialing processes and improve overall efficiency.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Paul Aguilar, Chief of Human Resources & Organization Performance Officer
Scott Campbell, General Counsel

DATE: April 28, 2025

SUBJECT: Approval of Chief Executive Officer Contract

VERBAL PRESENTATION

AGENDA ITEM NO. 5

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: April 28, 2025

SUBJECT: Operations of the Future Update

PowerPoint with Verbal Presentation

ATTACHMENTS:

Operations of the Future Update

Gold Coast Health Plan℠
A Public Entity

Operations of the Future Update

April 28, 2025

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

Integrity
Accountability
Collaboration
Trust
Respect

Return to Agenda

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

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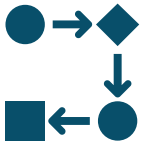
Remaining Work

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

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Timeline

40 of 130 pages

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835 Electronic Remittance Stats

835 Electronic Remittance Advice (ERA)

The 835 Electronic Remittance Advice (ERA) is the digitally transmitted document that provides details about a healthcare claim payment, including amounts paid, reasons for adjustments or denials, and other relevant information.

74K

835 Electronic Remittance Advice (ERA) **transmitted** to Edifces

$620M

Paid claim dollars

Return to Agenda

Project Retrospective

Presentation at the June 23, 2025, Commission meeting:

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

Return to Agenda

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Jeff Acomb, Executive Director, IT
Kimberley Marquez-Johnson, Director, D-SNP
Nancy Chen, Managing Director, Deloitte Consulting LLP

DATE: April 28, 2025

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

PowerPoint with Verbal Presentation

ATTACHMENTS:

D-SNP Update

Gold Coast Health Plan℠
A Public Entity

Duals Special Needs Plan (D-SNP) Program Update

Integrity
Accountability
Collaboration
Trust
Respect

Monday, April 28, 2025

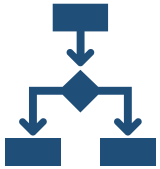
Jeff Acomb, Executive Director, IT
Kimberley Marquez-Johnson, Director, D-SNP
Nancy Chen, Managing Director, Deloitte Consulting LLP

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

GCHP D-SNP Program Elements

Regulatory

- Knox Keene License
- Centers for Medicare and Medicaid Services (CMS) Application
- Model of Care Submission
- CMS Bid
- State Medicaid Agency Contract (SMAC)



Governance

- System Implementation Partner
- Program Structure

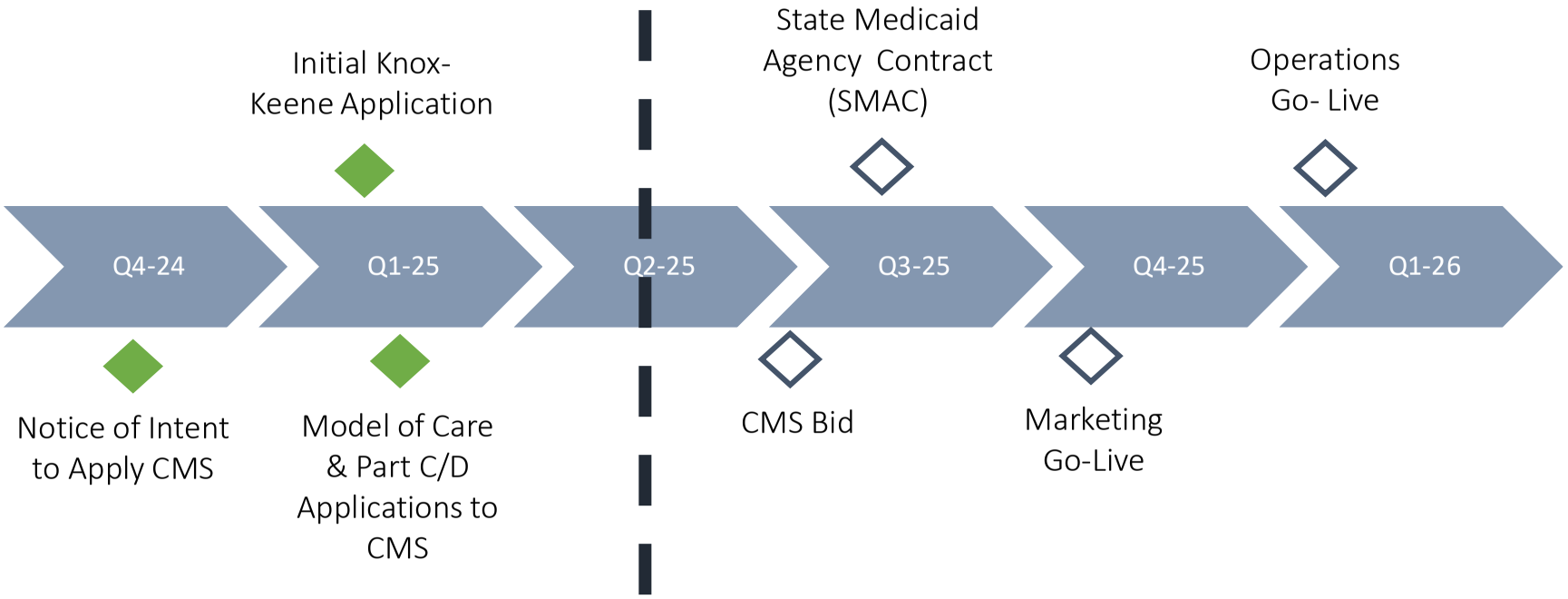
Operations

- People: Organizational structure, staffing models, hiring and training
- Process: Workflows, tools, policies and procedures, and budget
- Technology: Design, Build and Test

Return to Agenda

Regulatory Schedule Timeline

GCHP has received Knox Keene License, no deficiencies on Part C and D CMS application, and 100% (three-year approval) on the Model of Care.



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100% Score on Model of Care Thank Yous

Perlita Baguinon
Christopher Beeson
June Bibi
Julianne Block
Paula Bossoletti
Elizabeth Chrysanthis
Thomas Cooper
Dean Davidson
Eileen Egbo
Susana Enriquez-Euyoque
Michelle Espinoza
Annelie Ginn
Brenda Gomez-Garcia
Emma Gomez
Mayra Hernandez
Joanna Hioureas
Pshyra Jones
Nicole Kanter
Art Kharns
Yoonhee Kim
Kelly Laban
Brittany Ludeman
Stacy Luney
Jon Maguire
Lucy Marrero
Juan Martinez
Kimberly Marquez-Johnson
Judy Meraz
Nathan Norbryhn
Rachel Ponce
Pauline Preciado
Julian Romero
Cynthia Salmeron
Ajay Sasidharan
Erin Slack
Brian Starkey
Kim Timmerman
Trena Tobin
Karen Uchimiya
Jerry Wang
Vicki Wrighster
Lily Yip

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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)
- ☐ Possible Commission second pass 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)

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Governance: System Implementation

RFI	RFP	Phase 1 Discovery	Phase 2 Implementation
• Sent to 4 vendors • 3 responded • Decided to move to RFP	• Sent to 2 vendors • 2 responded • Evaluated based on business need, contract terms and cost • Awarded to Deloitte	• 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	• 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

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Governance: Program Structure

Steering Committee
Sponsors
Business Leads
IT Leads
Vendor Leads

Executive Sponsors

Program Owner

Program Office
Project Managers
Business Leads
IT Leads

GCHP Executive Team

Stakeholder Advisory Groups
Leadership Team Meeting – Provider Advisory Committee –Community Advisory Groups

PROGRAM WORKSTREAMS

Business Readiness Focus on People & Process
Program Owner
Project Manager
Business Leads
Subject Matter Experts

Technical Readiness Focus on Systems
IT Program Owner
Project Managers
System Implementation Partner Leads
Business Leads
Technology Leads

Organizational Change Management & Training
Program Owner
Project Manager
Subject Matter Experts

Implementation
(Go-Live Readiness and Contingencies, Post Go-Live Team) Starts July 1
Program Owner
Project Manager
Business Leads
Technology Leads

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Operations: People and Process

Organizational Structure—Model is to embed D-SNP Expertise in existing business units

Staffing & Support—Staffing models complete based on expected enrollment. Consultant support in place where we lack subject matter expertise. Implementation partners to support.

Hiring & Training—New hires slightly delayed, but 6 of 11 planned resources hired

Workflows—Delays in some workflow sign-offs due to complexity and need for additional working sessions.

Tools—Business, IT and Procurement working on statements of work for existing and new vendor tools

Budget—On target

Policies & Procedures—Not yet started

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Operations: Technology

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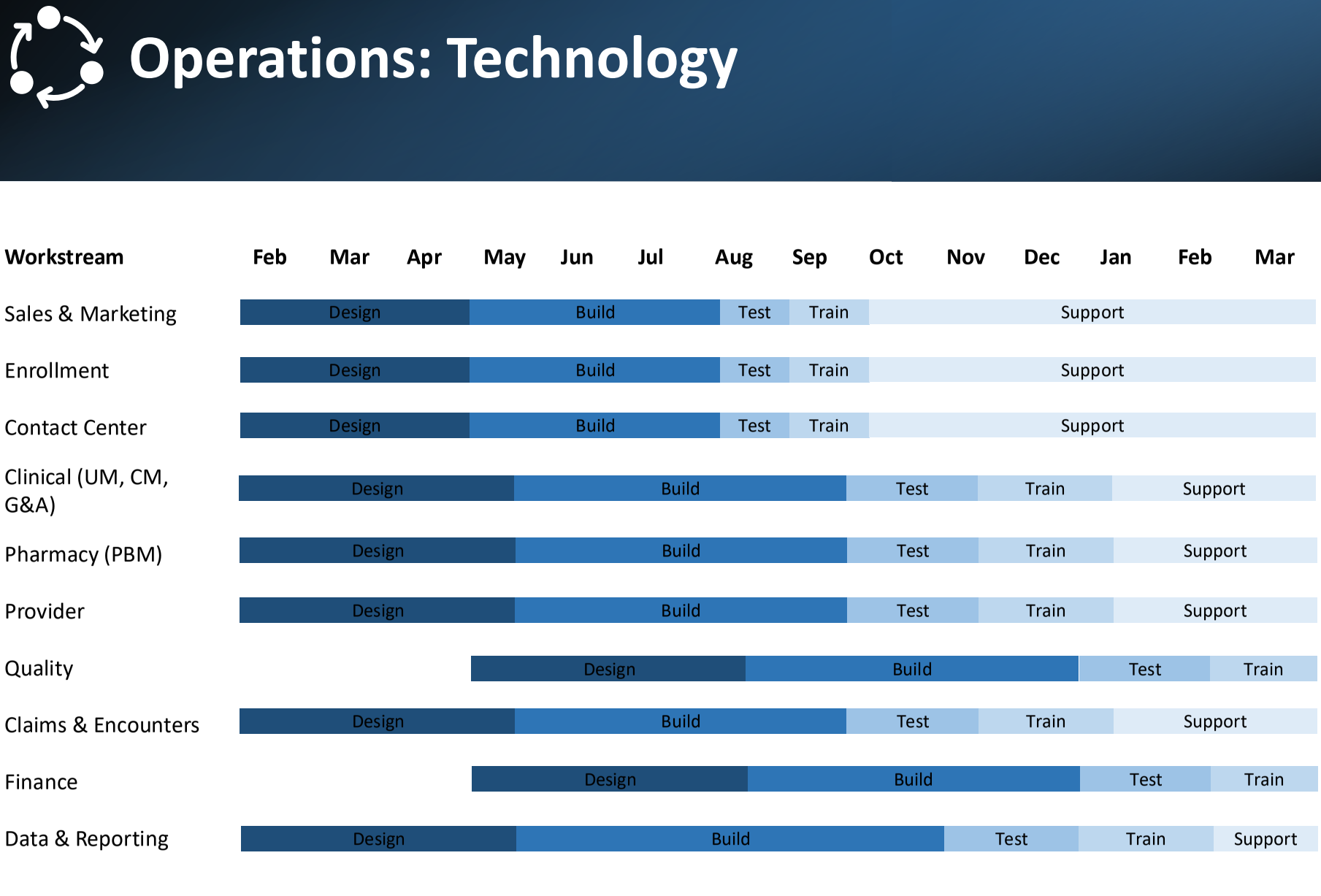
Operations: Technology



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AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, Chief Financial Officer

DATE: April 28, 2025

SUBJECT: March 2025 Fiscal Year to Date Financials

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

ATTACHMENT:
March 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 March 2025				Fiscal Year to Date Through March 2025			
	Actual	6+6 Forecast	Fav /(Unfav)	%	Actual	6+6 Forecast	Fav /(Unfav)	%
Membership	242,172	244,538	(2,366)	-1.0%	$ 2,205,430	2,205,021	409	0.0%
Revenue								
Premium	$ 128,733,722	$ 126,525,112	$ 2,208,610	1.7%	$ 1,136,173,003	1,121,953,710	$ 14,219,293	1.3%
Facility Expense AB85	-	-	-		8,915,070	8,915,070	-	0.0%
Reserve for Cap Requirements	(449,621)	(220,536)	(229,084)	103.9%	(2,664,129)	(1,923,165)	(740,963)	38.5%
Incentive Revenue	-	-	-		-	-	-	
MCO Premium Tax	(30,943,077)	(34,866,228)	3,923,151	-11.3%	(309,068,077)	(311,421,993)	2,353,916	-0.8%
Total Net Premium	**97,341,024**	**91,438,347**	**5,902,677**	**6.5%**	**833,355,868**	**817,523,622**	**15,832,245**	**1.9%**
Other Revenue:								
Interest Income		-	-			-	-	
Miscellaneous Income	90	-	90		965	585	380	1
Total Other Revenue	90	-	90		965	585	380	1
Total Revenue	**97,341,114**	**91,438,347**	**5,902,767**	**6.5%**	**833,356,833**	**817,524,207**	**15,832,625**	**1.9%**
Medical Benefits:								
Capitation:								
PCP, Specialty, Kaiser, NEMT & Vision	$ 7,170,876	$ 4,192,993	$ (2,977,883)	-71.0%	$ 63,683,086	54,472,029	$ (9,211,057)	-16.9%
ECM	730,292	1,336,517	606,224	45.4%	6,547,687	8,273,933	1,726,246	20.9%
Total Capitation	**7,901,169**	**5,529,510**	**(2,371,658)**	**-42.9%**	**70,230,774**	62,745,962	**(7,484,812)**	**-11.9%**
FFS Claims:								
Inpatient	$ 19,706,270	$ 19,829,585	$ 123,315	0.6%	$ 177,337,709	171,708,305	$ (5,629,404)	-3.3%
LTC / SNF	15,971,250	15,244,067	(727,183)	-4.8%	139,151,274	125,664,044	(13,487,230)	-10.7%
Outpatient	9,559,451	8,648,221	(911,230)	-10.5%	83,682,029	74,652,547	(9,029,482)	-12.1%
Laboratory and Radiology	855,635	768,185	(87,449)	-11.4%	8,415,443	8,765,132	349,688	4.0%
Directed Payments - Provider	2,013,958	926,207	(1,087,751)	-117.4%	12,258,678	10,757,450	(1,501,227)	-14.0%
Emergency Room	2,901,523	3,436,816	535,293	15.6%	33,616,844	28,281,290	(5,335,554)	-18.9%
Physician Specialty	7,486,414	8,817,089	1,330,676	15.1%	59,549,017	63,885,297	4,336,281	6.8%
Primary Care Physician	3,811,362	4,147,330	335,967	8.1%	31,293,177	27,977,426	(3,315,751)	-11.9%
Home & Community Based Services	7,194,623	2,676,929	(4,517,694)	-168.8%	30,206,086	20,069,155	(10,136,930)	-50.5%
Applied Behavior Analysis Services	4,691,491	3,910,027	(781,464)	-20.0%	39,621,520	37,131,854	(2,489,665)	-6.7%
Quality Incentives/Provider Reserves	-	-	-		7,007,338	7,007,338	-	*0.0%*
Quality Incentive Provider Program (QIPP)	3,583,370	*3,583,370*	*0*	*0.0%*	30,808,699	30,583,699	(225,000)	*-0.7%*
Other Medical Professional	447,661	407,208	(40,453)	-9.9%	3,980,837	3,843,796	(137,041)	-3.6%
Professional Fee For Service	-	-	-		6,650	6,650	-	0.0%
Other Fee For Service	1,609,553	2,215,845	606,292	27.4%	41,921,389	38,989,718	(2,931,671)	-7.5%
Transportation	91,201	443,604	352,404	79.4%	1,585,836	2,550,806	964,970	37.8%
HHIP & IPP	-	-	-		1,604,043	1,604,043	-	0.0%
Total Claims	**79,923,760**	**75,054,481**	**(4,869,279)**	**-6.5%**	**702,046,568**	**653,478,550**	**(48,568,017)**	**-7.4%**
Provider Grant Program	381,665	1,041,667	660,001	63%	6,010,415	8,753,750	2,743,335	31%
Medical & Care Management	2,900,533	2,275,943	(624,590)	-27%	23,840,175	22,682,753	(1,157,422)	-5%
Reinsurance	290,188	320,340	30,152	9%	2,783,854	2,611,080	(172,774)	-7%
Claims Recoveries	(464,180)	(100,000)	364,180	-364%	(3,040,550)	(1,710,077)	1,330,473	-78%
Sub-total	**3,108,206**	**3,537,950**	**429,744**	**12%**	**29,593,895**	**32,337,507**	**2,743,612**	**8%**
Total Medical Benefits	90,933,134	84,121,941	(6,811,193)	-8.1%	801,871,236	748,562,019	(53,309,217)	-7.1%
Contribution Margin	**6,407,980**	**7,316,406**	**(908,427)**	**-12.4%**	**31,485,596**	**68,962,188**	**(37,476,592)**	**-54.3%**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	5,158,513	5,702,601	544,087	10%	48,542,209	49,898,482	1,356,273	3%
Training, Conference & Travel	67,423	314,895	247,472	79%	553,002	1,129,581	576,578	51%
Outside Services	2,138,958	3,117,140	978,182	31%	18,725,244	22,086,235	3,360,991	15%
Professional Services	2,136,124	1,039,725	(1,096,400)	-105%	9,593,723	8,411,808	(1,181,915)	-14%
Occupancy, Supplies, Insurance & Others	2,995,219	2,502,425	(492,794)	-20%	21,224,025	21,168,023	(56,002)	0%
ARCH/Community Grants	-	-	-		346,066	346,066	-	0%
Sponsorships	11,000	-	(11,000)		54,584	32,709	(21,875)	-67%
Care Management Reclass to Medical	(2,900,533)	(2,275,943)	624,590	-27%	(23,840,175)	(22,682,753)	1,157,422	-5%
G&A Expenses	**9,606,704.71**	**10,400,844**	**794,139**	8%	**75,198,678**	**80,390,150**	**5,191,472**	**6%**
Project Portfolio (OOTF)	2,146,479	1,725,711	(420,767)	-24%	16,824,705	16,104,275	(720,430)	-4%
D-SNP	102,849	797,500	694,651	87%	505,996	2,392,500	1,886,504	79%
Project Portfolio	**2,249,327**	**2,523,211**	**273,884**	**11%**	**17,330,701**	**18,496,775**	**1,166,074**	6%
Total G&A Expenses	**11,856,032**	**12,924,055**	**1,068,023**	**8%**	**92,529,378**	**98,886,925**	6,357,547	6%
Total Operating Gain / (Loss)	**(5,448,053)**	**(5,607,649)**	**159,596**	-3%	**(61,043,782)**	**(29,924,737)**	**(31,119,045)**	**-104.0%**
Retro Premium Adj	-	-	$ -		8,741,207	82,738	$ 8,658,468	10464.9%
Non Operating								
Revenues - Interest	1,811,448	1,500,000	$ 311,448	20.8%	15,014,108	14,769,084	245,024	2%
Expenses - Interest	-	-						
Gain/(Loss) on Sale of Asset	-	-						
Total Non-Operating	**1,811,448**	**1,500,000**	$ 311,448	20.8%	**15,014,108**	**14,769,084**	245,024	2%
Total Increase / (Decrease) in Unrestricted Net Assets	**$ (3,636,604)**	**$ (4,107,649)**	**$ 471,045**	**11%**	**$ (37,288,467)**	**$ (15,072,914)**	**$ (22,215,552)**	**-147%**

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, March 2025	As of Month Ending, June 2024
ASSETS		
Current Assets:		
Total Cash and Cash Equivalents	**$ 584,060,077**	**$ 430,974,305**
Total Short-Term Investments	**103,259,356**	**99,718,245**
Medi-Cal Receivable	145,921,841	173,911,167
Interest Receivable	911,185	772,425
Provider Receivable	39,820,477	12,484,788
Other Receivables	12,191,943	5,579,474
Total Accounts Receivable	**198,845,446**	**192,747,854**
Total Prepaid Accounts	13,502,377	10,875,162
Total Other Current Assets	133,545	133,545
Total Current Assets	**899,800,801**	**734,449,111**
Total Fixed Assets	**43,522,289**	**23,343,857**
Total Assets	**$ 943,323,090**	**$ 757,792,968**
LIABILITIES & NET ASSETS		
Current Liabilities:		
Incurred But Not Reported	$ 148,242,440	$ 103,483,161
Claims Payable	18,977,266	18,370,448
Capitation Payable	6,986,665	8,201,415
Physician Payable	29,104,885	30,314,835
DHCS - Reserve for Capitation Recoup	49,806,539	55,107,254
Lease Payable- ROU	3,537,735	2,411,196
Accounts Payable	52,279,440	4,671,951
Accrued ACS	-	4,068,323
Accrued Provider Incentives/Reserve	5,901,037	8,389,182
Accrued Expenses	160,969,459	9,112,142
Accrued Premium Tax	106,935,000	138,769,137
Accrued Payroll Expense	5,226,893	4,240,566
Quality Withhold	3,951,161	1,287,033
Total Current Liabilities	**591,918,520**	**388,426,643**
Long-Term Liabilities:		
Lease Payable - NonCurrent - ROU	23,004,072	3,677,360
Total Long-Term Liabilities	**23,004,072**	**3,677,360**
Total Liabilities	**614,922,592**	**392,104,003**
Net Assets:		
Beginning Net Assets	332,037,102	359,951,656
Total Increase / (Decrease in Unrestricted Net Assets)	(3,636,604)	5,737,309
Total Net Assets	**328,400,498**	**365,688,964**
Total Liabilities & Net Assets	**$ 943,323,090**	**$ 757,792,967**

STATEMENT OF CASH FLOWS		
	For the Month Ended March 2025	Fiscal Year to Date Through March 2025
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ (3,636,604)	$ (37,288,467)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	895,863	3,910,518
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilites		
Accounts Receivable	124,569,910	(6,097,591)
Prepaid Expenses	2,798,190	(2,627,215)
Accrued Expense and Accounts Payable	179,574,130	212,763,619
Claims Payable	(4,539,065)	(1,817,883)
MCO Tax liablity	(37,535,912)	(31,834,137)
IBNR	(11,405)	44,759,279
Net Cash Provided by (Used in) Operating Activities	**262,115,107**	**181,768,123**
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		-
Proceeds from Investments	(148,303)	(3,541,112)
Proceeds for Sales of Property, Plant and Equipment		
Payments for Restricted Cash and Other Assets		
Purchase of Investments plus Interest reinvested	-	-
Purchase of Property and Equipment	(76,875)	(24,088,949)
Net Cash (Used In) Provided by Investing Activities	**(225,178)**	**(27,630,061)**
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(118,973)	(1,052,290)
Net Cash Used In Financing Activities	**(118,973)**	**(1,052,290)**
Increase/(Decrease) in Cash and Cash Equivalents	261,770,956	153,085,772
Cash and Cash Equivalents, Beginning of Period	322,289,121	430,974,305
Cash and Cash Equivalents, End of Period	**584,060,077**	**$ 584,060,077**

SCHEDULE OF INVESTMENTS AND CASH BALANCES			
		Market Value as of Month Ending, March 2025	Account Type
Local Agency Investment Fund (LAIF)	$	44,026,448	Investment
Ventura County Investment Pool	$	19,896,355	Investment
CalTrust	$	39,336,553	Short-term investment
Bank of Montreal	$	569,245,550	Money market account
Pacific Premier Bank	$	14,814,527	Operating accounts
Investments and monies held by GCHP	***$***	***687,319,433***	

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

FY2024-25 March YTD Results and Stub Period Budget

Ventura County Medi-Cal Managed Care Commission
April 28, 2025
Sara Dersch, Chief Financial Officer

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

Executive Summary

- YTD net loss of ($37.3M) is unfavorable to reforecast by ($22.2M)
- Claims clean-up as a result of HealthEdge (claims system) implementation continues to influence fiscal results: high-dollar claims incurred beginning in June and finally paid in January account for $12.3M of the unfavorability
- Revised 2025 Long-Term Care reimbursement rates revised upward in January and unknown at the time of 6+6 reforecast account for ($4.9M) of the unfavorability
- Membership continues to approximate reforecast in total
- YTD Premium revenue favorability of $24.4M is primarily the result of member mix and prior period payment adjustment of $8.6M relating to FY2023-2024
- Investment income approximates reforecast
- Total Administrative expenses are $6.4M favorable to forecast; this is due to the timing of the Duals Special Needs Plan (D-SNP) implementation and Member Incentives

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Financial Results March YTD Summary

Item	Actual	6+6 Forecast	Explanation
Membership	242,172	244,538	Membership approximates reforecast
Revenue $$ *Revenue pmpm*	$842.1M *$381.83*	$817.6M *$370.79*	Member mix along with retroactive premium adjustments account for the favorability
Investment Income	$15.0M	$14.8M	Investment Income in line with forecast
Medical Cost $$ *Medical Costs pmpm* MLR %	$758.0M *$343.72* 90.00%	$702.2M *$318.46* 85.90%	A backlog of Inpatient(IP), Long Term Care (LTC), and Outpatient(OP) claims were paid in January and February; also, State LTC reimbursement rates revised upwards
Quality Strategy (Grants/Incentives)	$43.8M	$46.3M	Variance due to timing of spend
Administrative Cost *Admin Cost PMPM* ALR% (% of premium)	$75.2M *$34.10* 8.90%	$80.4M *$36.46* 9.80%	Favorability partially due to timing of programmatic spend combined with higher than projected position vacancy
Operations of the Future (OOTF)	$17.3M	$18.5M	Continuation of expanded stabilization plan
Net Income/(Loss)	($37.3M)	($15.1M)	YTD variance primarily due to claims clean-up and revised LTC rates
TNE	$328.4M	$342.9M	TNE is 736% of State requirement

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Financial Results March MTD Summary

Item	Actual	6+6 Forecast	Explanation
Membership	242,172	244,538	Membership approximates reforecast
Revenue $$ *Revenue pmpm*	$97.3M *$401.95*	$91.4M *$373.92*	Revenue variance is the result of member mix
Investment Income	$1.8M	$1.5M	Interest rate favorability
Medical Cost $$ *Medical Costs pmpm* MLR %	$87.0M *$359.12* 89.30%	$79.5M *$325.09* 86.90%	Home & Community Based services claims paid in excess of forecast is driving variance
Quality Strategy (Grants/Incentives)	$4.0M	$4.6M	Timing of grant spend
Administrative Cost *Admin Cost PMPM* ALR% (% of premium)	$9.6M *$39.67* 9.90%	$10.4M *$42.53* 11.40%	Higher-than-projected vacancy rate and programmatic spend timing drive favorability
Operations of the Future (OOTF)	$2.2M	$2.5M	Continuation of expanded stabilization plan
Net Income/(Loss)	($3.6M)	($4.1M)	The March variance is due to the favorable member mix and the timing of Quality Incentive programs offset by medical costs
TNE	$328.4M	$342.9M	TNE is 736% of State requirement

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March Financial Results

($Ms except pmpms & mm)	MTD Actual	MTD 6+6 Reforecast	MTD Var Fav / (Unfav)	FYTD Actual	FYTD 6+6 Reforecast	FYTD Var Fav / (Unfav)
Membership	242,172	244,538	(2,366)	2,205,430	2,205,021	409
Premium Revenue	$97.3	$91.4	$5.9	$833.4	$817.5	$15.8
pmpm	*$401.95*	*$373.92*	*$28.03*	*$377.87*	*$370.76*	*$7.11*
Medical Benefits	$87.0	$79.5	($7.5)	$758.0	$702.2	($55.8)
pmpm	*$359.12*	*$325.09*	*($34.03)*	*$343.72*	*$318.46*	*($25.25)*
% of Revenue	*89.3%*	*86.9%*		*91.0%*	*85.9%*	
Quality Strategy (Grants/Incentives)	$4.0	$4.6	$0.7	$43.8	$46.3	$2.518
pmpm	*$16.37*	*$18.91*	*$2.54*	*$19.87*	*$21.02*	*$1.15*
% of Revenue	*4.1%*	*5.1%*		*5.3%*	*5.7%*	
G&A Expenses	$9.6	$10.4	$0.8	$75.2	$80.4	$5.2
pmpm	*$39.67*	*$42.53*	*$2.86*	*$34.10*	*$36.46*	*$2.36*
% of Revenue	*9.9%*	*11.4%*		*9.0%*	*9.8%*	
Project Portfolio	$2.2	$2.5	$0.3	$17.3	$18.5	$1.166
pmpm	*$9.29*	*$10.32*	*$1.03*	*$7.86*	*$8.39*	*$0.53*
% of Revenue	*2.3%*	*2.8%*		*2.1%*	*2.3%*	
Operating Gain/(Loss)	($5.4)	($5.6)	$0.2	($61.0)	($29.9)	($31.1)
Retro Premium Adj	$0.0	$0.0	$0.0	$8.7	$0.1	$8.7
pmpm	*0.00*	*0.00*	*0.00*	*3.96*	*0.04*	*3.93*
Investment Income	$1.8	$1.5	$0.3	$15.0	$14.8	$0.2
pmpm	*$7.48*	*$6.13*	*$1.35*	*$6.81*	*$6.70*	*$0.11*
Total Increase / (Decrease) in Unrestricted Net Assets	($3.6)	($4.1)	$0.5	($37.3)	($15.1)	($22.2)
pmpm	*-$15.02*	*-$16.80*	*$1.78*	*-$16.91*	*-$6.84*	*($10.07)*
% of Revenue	*-3.7%*	*-4.5%*		*-4.5%*	*-1.8%*	

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Membership

Member months are in-line with 6+6 reforecast ; however, Adult, Expansion, and Child populations fell in March

Revenue

Favorable premium rate and member mix are driving favorable revenue on YTD and MTD basis

Medical Benefits

Medical cost variance is due to a higher-than-expected backlog of long- term care, outpatient, and community support claims

Administrative Expense

Favorability in the Quality re-classification, Salaries and Travel partially offset by timing of Software expenses

March Financial Results: Categories of Service

(In Millions except membership)	For the Month Ended March 2025 Actual	6+6 Reforecast	Fav / (Unfav)	Fiscal Year to Date Through March 2025 Actual	6+6 Reforecast	Fav / (Unfav)
Membership	242,172	244,538	(2,366)	2,205,430	2,205,021	409
Capitation:						
Primary Care Physician (PCP)	$7.2	$4.2	($3.0)	$63.7	$54.5	($9.2)
Enhanced Care Management (ECM)	$.7	$1.3	$0.6	$6.5	$8.3	$1.7
Total Capitation	**$7.9**	**$5.5**	**($2.4)**	**$70.2**	**$62.7**	**($7.5)**
FFS Claims:						
Inpatient	$19.7	$19.8	$0.1	$177.3	$171.7	($5.6)
LTC / SNF	$16.0	$15.2	($0.7)	$139.2	$125.7	($13.5)
Outpatient	$9.6	$8.6	($0.9)	$83.7	$74.7	($9.0)
Laboratory and Radiology	$0.9	$0.8	($0.1)	$8.4	$8.8	$0.3
Directed Payments - Provider	$2.0	$0.9	($1.1)	$12.3	$10.8	($1.5)
Emergency Room	$2.9	$3.4	$0.5	$33.6	$28.3	($5.3)
Physician Specialty	$7.5	$8.8	$1.3	$59.5	$63.9	$4.3
Primary Care Physician	$3.8	$4.1	$0.3	$31.3	$28.0	($3.3)
Home & Community Based Services	$7.2	$2.7	($4.5)	$30.2	$20.1	($10.1)
Applied Behavior Analysis Services	$4.7	$3.9	($0.8)	$39.6	$37.1	($2.5)
Other Medical Cost	$5.6	$6.2	$0.6	$85.3	$82.0	($3.3)
Transportation	$0.1	$0.4	$0.4	$1.6	$2.6	$1.0
Total Claims	**$79.9**	**$75.1**	**($4.9)**	**$702.0**	**$653.5**	**($48.6)**
Other Medical Expense						
Provider Grant Program	$0.4	$1.0	$0.7	$6.0	$8.8	$2.7
Medical & Care Management	$2.9	$2.3	($0.6)	$23.8	$22.7	($1.2)
Reinsurance	$0.3	$0.3	$0.0	$2.8	$2.6	($0.2)
Claims Recoveries	($0.5)	($0.1)	$0.4	($3.0)	($1.7)	$1.3
Total Other Medical Expense	**$3.1**	**$3.5**	**$0.4**	**$29.6**	**$32.3**	**$2.7**
Total Medical Cost	**$90.9**	**$84.1**	**($6.8)**	**$801.9**	**$748.6**	**($53.3)**
Medical Margin	**$6.4**	**$7.3**	**($.9)**	**$31.5**	**$69.0**	**($37.5)**
Margin (w/o Grants and Incentives)	**$10.4**	**$11.9**	**($1.6)**	**$76.9**	**$116.9**	**($40.0)**

Long Term Care Center (LTC)
Backlog of claims and large number of high dollar claims.

Outpatient
Backlog of claims and large number of high dollar claims.

Community Based Services
Additional providers were added, increased member access and utilization

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March Membership, Premium and Medical Cost Rates

Category of Aid	Actual	6+6 Reforecast	Variance	Monthly Premium Rate	Monthly Medical Cost PMPM
Adult - SIS	23,089	24,750	(1,661)	$ 360.50	$ 458.96
Adult - UIS	16,024	15,027	997	$ 410.16	$ 265.9
Adult Expansion - SIS	65,628	67,403	(1,775)	$ 427.58	$ 411.9
Adult Expansion - UIS	14,554	12,403	2,151	$ 585.55	$ 441.8
Child - SIS	80,655	84,525	(3,870)	$ 136.40	$ 135.4
Child - UIS	5,448	3,944	1,504	$ 114.60	$ 348.9
LTC Non-Dual - SIS	44	34	10	$ 1,301.15	$ 12,486.4
LTC Non-Dual - UIS	19	20	(1)	$ 1,576.15	$ 10,317.4
LTC Dual - SIS	666	625	41	$ 614.23	$ 9,561.2
LTC Dual - UIS	14	6	8	$ 737.74	$ 11,153.3
SPD - SIS	8,455	9,842	(1,387)	$ 1,301.15	$ 1,196.2
SPD - UIS	1,657	1,308	349	$ 1,576.15	$ 1,256.9
SPD Dual - SIS	25,491	24,533	958	$ 614.23	$ 402.3
SPD Dual - UIS	428	118	310	$ 737.74	$ 180.1
Total	242,172	244,538	(2,366)		

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Labor Expense by Category March YTD

Gold Coast Health Plan - Headcount Fiscal Year 2024-25
FY 2024-25 - March 31, 2025

Function	EMPLOYEE COUNT					
	Active Headcount	Open Requisitions*	Total Active + Open Requisitions*	Revised Budget YE Headcount 2024/25	Variance to Revised Budget YE Headcount 2024/25*	Percentage of Total Headcount
Health Services	130	6	136	134	-2	30%
Operations	94	12	106	105	-1	23%
Information Tech	39	5	44	45	1	10%
Policy & Programs	41	2	43	44	1	10%
Compliance	21	1	22	22	0	5%
Finance & Accounting	36	1	37	37	0	8%
Executive & Administration	13	2	15	14	-1	3%
Member Experience and Ext Affairs	32	4	36	35	-1	8%
HR&Facilities	12	1	13	12	-1	3%
Innovation / DSNP	3	0	3	4	1	1%
Strategic Initiatives	0	0	0	0	0	0%
Grand Total	**421**	**34**	**455**	**452**	**-3**	**100%**

*Includes three positions that have been eliminated for the 2025 Stub Period

Function	EMPLOYEE COUNT	CONTINGENT WORKERS			TOTAL RESOURCES	
	Total Active + Open Requisitions*	Temp Roles	Contractor / Consultant Roles	Total Contingent Workers†	Total Resources	Percentage of Total Resources
Health Services	136	3	3	6	142	27%
Operations	106	16	20	36	142	27%
Information Tech	44	11	11	22	66	13%
Policy & Programs	43	1	0	1	44	8%
Compliance	22	1	0	1	23	4%
Finance & Accounting	37	1	1	2	39	7%
Executive & Administration	15	0	0	0	15	3%
Member Experience and Ext Affairs	36	0	0	0	36	7%
HR&Facilities	13	1	2	3	16	3%
Innovation / DSNP	3	4	0	4	7	1%
Strategic Initiatives	0	0	0	0	0	0%
Grand Total	**455**	**38**	**37**	**75**	**530**	**101%**

*Includes three positions that have been eliminated for the 2025 Stub Period
†Outsourced Labor (BPO) excluded: 42 in Operations - Netmark

- Three Open Positions were eliminated in April for the upcoming 2025 Stub Period Budget

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FY2024 -25 Headwinds & Tailwinds

As we approach the final two months of the year, the list of risks and opportunities narrows:

- Impact of federal immigration actions on our members
- State revenue takebacks
- Continued claims clean-up as we wind-down Operations of the Future

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Executive Summary Stub Period

- The Stub Period begins July 2025 and ends December 2025. The purpose is to allow Gold Coast to transition from a July-to-June Fiscal Year to a January-to-December) fiscal year. The Stub Period bridges the 6-month abbreviated fiscal period
- Due to the continued changes in government-sponsored healthcare funding, we have taken a conservative approach in projecting expected membership, utilization, and administrative expenses
- The projected ending membership is 224K compared to 246K for the same period in 2024. The reduction of 22K membership is driven by lower Unsatisfactory Immigration Status (UIS) and Adult Expansion members
- Premium Revenue is projected at $534.7M, down from $543.3M for the same period in 2024; the lower revenue is the result of anticipated membership reductions, partially offset by higher Department of California Health Services (DCHS) 2025 premium rates
- Medical Cost reductions of ($8.5M) are largely volume driven, but partially offset by higher Inpatient rates, Targeted Rate Increases (TRI), and an increase in Long-Term Care (LTC) state-mandated provider reimbursement rates
- We continue to invest in Quality Strategy, with a projected Stub Period spend of $28.6M
- Total Administrative costs remain flat to 2024, though there are shifts within administrative categories
  - Software and Amortization expenses related to Operations of the Future (OOTF) are now included
  - Salary and Occupancy expenses related to the Medicare launch reflect an increase
  - Salary and Occupancy expenses related to the Call Center Expansion an increase
  - Annual bonus for 2025 accrued in 2025 versus 2024 annual bonus expensed in July 2024

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Stub Period Summary of Changes

Item	2024 Actuals Jul - Dec	2025 Stub Jul - Dec	Explanation
Membership	245,627	224,014	Lower membership is expected in Adult and Expansion UIS populations
Revenue *Revenue pmpm*	$543.3M *$369.25*	$534.7M *$392.82*	While total revenue is lower, per member per month revenue is higher as a result of premium rate increases
Investment Income	$10.3M	$9.0M	Conservatism in interest rates
Medical Cost *Medical Costs pmpm* MLR %	$462.7M *$314.42* 85.2%	$454.2M *$333.65* 84.9%	While total medical cost is lower, higher provider reimbursement rates result in higher per member per month projected costs
Quality Strategy (Grants/Incentives)	$34.1M	$28.6M	Planned spend approximates multi-year strategy
Administrative Cost *Admin Costs PMPM* ALR% (% of premium)	$60.0M *$40.80* 11.1%	$60.1M *$44.17* 11.2%	Total Administrative costs remain flat to 2024, though there are shifts within administrative categories
Net Income/(Loss)	($3.2M)	$0.9M	Net Income is close to breakeven due to Quality and Admin expense offsetting the Medical Margin

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Stub Period Medical Cost by Category of Service

Medical Cost Category In $Millions (Except Membership)	2024 Actuals Jul - Dec	2025 Stub Jul - Dec
Ending Membership	**245,627**	**224,014**
Capitation & ECM		
Provider Capitation	$ 41.9	$ 22.2
Enhanced Care Management	$ 4.3	$ 8.0
Total Capitation	**$ 46.2**	**$ 30.2**
FFS Claims Expenses:		
Inpatient	$ 112.4	$ 111.0
LTC / SNF	$ 79.9	$ 87.5
Outpatient	$ 48.8	$ 48.2
Laboratory and Radiology	$ 6.5	$ 4.2
Directed Payments - Provider	$ 8.0	$ 4.8
Emergency Room	$ 18.0	$ 19.8
Physician Specialty	$ 37.5	$ 52.0
Primary Care Physician	$ 15.6	$ 13.8
Home & Community Based Services	$ 12.1	$ 21.2
Applied Behavior Analysis Services	$ 25.5	$ 27.6
Quality Incentives/Provider Reserves	$ 7.0	$ -
Quality Incentive Provider Program (QIPP)	$ 21.4	$ 21.5
Other Medical Professional	$ 2.6	$ -
Professional Fee For Service	$ 0.0	$ 2.3
Other Fee For Service	$ 32.4	$ 14.2
Transportation	$ 1.2	$ 2.6
Total Claims	**$ 428.9**	**$ 430.6**
Other Cost		
Provider Grant Program	$ 5.6	$ 7.1
Medical & Care Management	$ 15.9	$ 13.7
Reinsurance	$ 1.7	$ 1.8
Claims Recoveries	$ (1.4)	$ (0.6)
Total Other Cost	**$ 21.7**	**$ 22.0**
Total Medical Cost	**$ 496.7**	**$ 482.7**

- Anticipated utilization reduction due to immigration enforcement is only contemplated in the PCP and Specialty categories; Inpatient and Emergency utilization is not projected to be impacted
- The $14.0M lower medical costs are largely volume-driven, but partially offset by Targeted Rate Increases (TRI) in 2025
- Increases in LTC costs are the result of higher rates
- Increases in Physician Specialty and Home and Community Based Services are offset by a change in our Provider Capitation arrangement

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Membership – Stub Period 2025

Category of Aid	Actuals December 31, 2024	Edning Membership 6+6 June 30, 2025	Stub Period December 31, 2025
Child - SIS	83,215	80,548	80,144
Child - UIS	4,708	5,636	5,748
Adult - SIS	23,444	23,204	23,088
Adult - UIS	15,694	16,160	8,000
Adult Expansion - SIS	67,604	65,321	61,482
Adult Expansion - UIS	13,878	14,407	8,000
SPD - SIS	10,281	9,207	9,161
SPD - UIS	1,544	1,671	1,704
SPD Dual - SIS	24,394	25,764	25,634
SPD Dual - UIS	101	298	304
LTC Non-Dual - SIS	38	43	43
LTC Non-Dual - UIS	21	20	21
LTC Dual - SIS	698	677	673
LTC Dual - UIS	7	12	12
Total	**245,627**	**242,968**	**224,014**

Satisfactory Immigration Status (SIS)
Unsatisfactory Immigration Stauts (UIS)

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

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

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Labor Expense by Category Stub Period

Gold Coast Health Plan - Headcount Stub Period 2025
SP2025 -April 16, 2025

	EMPLOYEE COUNT						EMPLOYEE COUNT	
Function	Active Headcount*	Open Requisitions	Total Active + Open Requisitions	YE Headcount FY2024/25	Variance to FY2024/25 YE Headcount	Percentage of Total Headcount	SP25 Requests	Total SP25 + requests
Health Services	130	6	136	134	-2	30%	5	141
Operations	86	20	106	105	-1	23%	0	106
Information Tech	39	5	44	45	1	10%	0	44
Policy & Programs	41	2	43	44	1	10%	0	43
Compliance	21	1	22	22	0	5%	0	22
Finance & Accounting	36	1	37	37	0	8%	0	37
Execuitve & Administration	13	2	15	14	-1	3%	1	16
Member Experience and Ext Affairs	32	4	36	35	-1	8%	2	38
HR&Facilities	12	1	13	12	-1	3%	0	13
Innovation / DSNP	3	0	3	4	1	1%	3	6
Strategic Initiatives	0	0	0	0	0	0%	0	0
Grand Total	**413**	**42**	**455**	**452**	**-3**	**100%**	**11**	**466**

*Includes one position with pending resignation

	CONTINGENT WORKERS			TOTAL RESOURCES		TOTAL RESOURCES + SP25 REQUESTS	
Function	Temp Roles	Contractor / Consultant Roles	Total Contingent Workers†	Total Resources	Percentage of Total Resources	SP25 Requests	Total Resources + SP25 Requests
Health Services	3	3	6	142	27%	5	147
Operations	16	20	36	142	27%	0	142
Information Tech	11	11	22	66	12%	0	66
Policy & Programs	1	0	1	44	8%	0	44
Compliance	1	0	1	23	4%	0	23
Finance & Accounting	1	1	2	39	7%	0	39
Execuitve & Administration	0	0	0	15	3%	1	16
Member Experience and Ext Affairs	0	0	0	36	7%	2	38
HR&Facilities	1	2	3	16	3%	0	16
Innovation / DSNP	4	0	4	7	1%	3	10
Strategic Initiatives	0	0	0	0	0%	0	0
Grand Total	**38**	**37**	**75**	**530**	**100%**	**11**	**541**

†Outsourced Labor (BPO) excluded: 42 in Operations - Netmark

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Administrative Expense by Category

	Jul - Dec 2024 Actuals	Stub Period 2025 Budget	Period / Period Change	Percent Change
Expenses				
Salary Expense	*22,101,198*	*23,987,590*	*1,886,392*	8.5%
Overtime Expense	*237,687*	*337,632*	*99,945*	42.0%
Temporary Labor Expense	*1,698,997*	*494,652*	*(1,204,345)*	-70.9%
Other	*8,612,702*	*1,207,214*	*(7,405,487)*	-86.0%
Salaries, Wages and Employee Benefits	**32,650,583**	**26,027,089**	**(6,623,494)**	**-20.3%**
Travel / Employee Events / Training	**392,980**	**1,305,630**	**912,650**	**232.2%**
Operations Administration	*6,913,487*	*10,193,158*	*3,279,671*	47.4%
Outside Service - Member Incentive	*3,423,487*	*2,423,739*	*(999,748)*	-29.2%
D-SNP Readiness, Member Programs, Other	*2,574,673*	*6,134,948*	*3,560,275*	138.3%
Outside Services	**12,911,646**	**18,751,845**	**5,840,198**	**45.2%**
Legal Expense	*2,425,379*	*1,525,000*	*(900,379)*	-37.1%
Consulting Services Expense	*3,071,055*	*3,783,557*	*712,502*	23.2%
Other	*451,662*	*720,992*	*269,330*	59.6%
Professional Services	**5,948,095**	**6,029,549**	**81,454**	**1.4%**
Lease Related Expenses	*581,519*	*973,101*	*391,582*	67.3%
Depreciation & Amortization Expense	*259,661*	*80,384*	*(179,277)*	-69.0%
Shipping & Postage Expense	*275,182*	*730,640*	*455,458*	165.5%
Printing Expense	*636,039*	*1,035,100*	*399,061*	62.7%
Software Related Expenses	*2,912,929*	*6,914,262*	*4,001,332*	137.4%
Advertising and Promotion Expense	*143,682*	*1,091,065*	*947,383*	659.4%
Insurance	*922,948*	*1,345,450*	*422,502*	45.8%
Other	*6,475,600*	*2,900,900*	*(3,574,700)*	-55.2%
Occupancy, Supplies, etc.	**12,207,562**	**15,070,902**	**2,863,341**	**23.5%**
ARCH/Community Grants	*346,066*	*624,996*	*278,930*	80.6%
Sponsorships	*32,709*	*237,498*	*204,789*	626.1%
Sponsorships / Grants	**378,775**	**862,494**	**483,719**	**127.7%**
Total General and Administrative	**64,489,641**	**68,047,509**	**3,557,868**	5.5%
Care Management Credit	**(15,854,926)**	**(13,655,656)**	**278,930**	**-1.8%**
Operations of the Future Amortization (OOTF)	**11,408,101**	**4,643,132**	**(6,764,969)**	**-59.3%**
D-SNP Implementation (D-SNP)	**0**	**1,085,140**	**1,085,140**	
Total G&A (Including OOTF and D-SNP)	**60,042,816**	**60,120,125**	**77,309**	**0.1%**
% to Revenue	**11.1%**	**11.2%**	**19 bps**	

- Year over Year Changes
  - Jul-Dec 2024 Salary included prior period Bonus expenses
  - Outside Services are increasing as a result of D-SNP Readiness as well as an expense shift from OOTF to Core Administration
  - Software related expenses are increasing primarily as a result of the inadvertent omission of certain OOTF software in the first half of FY2024-25

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Stub Period Headwinds and Tailwinds

- New information emerges on a continuous basis regarding Federal, State, and Local actions impacting healthcare delivery

- We will continually monitor regulatory and legislative changes, taking appropriate actions to ensure our members are minimally impacted

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- Appendix 1: March Balance Sheet: Assets
- Appendix 2: March Balance Sheet: Liabilities
- Appendix 3: March Statement of Cash Flow
- Appendix 4: March Investments and Cash

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Appendix 1: March Balance Sheet: Assets

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, March 2025	As of Month Ending, June 2024
ASSETS		
Current Assets:		
Total Cash and Cash Equivalents	**$ 584,060,077**	**$ 430,974,305**
Total Short-Term Investments	**103,259,356**	**99,718,245**
Medi-Cal Receivable	145,921,841	173,911,167
Interest Receivable	911,185	772,425
Provider Receivable	39,820,477	12,484,788
Other Receivables	12,191,943	5,579,474
Total Accounts Receivable	**198,845,446**	**192,747,854**
Total Prepaid Accounts	13,502,377	10,875,162
Total Other Current Assets	133,545	133,545
Total Current Assets	**899,800,801**	**734,449,111**
Total Fixed Assets	**43,522,289**	**23,343,857**
Total Assets	**$ 943,323,090**	**$ 757,792,968**

- The Total Assets $185.5M increase vs last fiscal year end is attributed to the following:
  - Short Term Cash and Cash Equivalents (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

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Appendix 2: March Balance Sheet: Liabilities

STATEMENT OF FINANCIAL POSITION		
LIABILITIES & NET ASSETS	As of Month Ending, March 2025	As of Month Ending, June 2024
Current Liabilities:		
Incurred But Not Reported	$ 148,242,440	$ 103,483,161
Claims Payable	18,977,266	18,370,448
Capitation Payable	6,986,665	8,201,415
Physician Payable	29,104,885	30,314,835
DHCS - Reserve for Capitation Recoup	49,806,539	55,107,254
Lease Payable- ROU	3,537,735	2,411,196
Accounts Payable	52,279,440	4,671,951
Accrued ACS	-	4,068,323
Accrued Provider Incentives/Reserve	5,901,037	8,389,182
Accrued Expenses	160,969,459	9,112,142
Accrued Premium Tax	106,935,000	138,769,137
Accrued Payroll Expense	5,226,893	4,240,566
Quality Withhold	3,951,161	1,287,033
Total Current Liabilities	**591,918,520**	**388,426,643**
Long-Term Liabilities:		
Lease Payable - NonCurrent - ROU	23,004,072	3,677,360
Total Long-Term Liabilities	**23,004,072**	**3,677,360**
Total Liabilities	**614,922,592**	**392,104,003**
Net Assets:		
Beginning Net Assets	332,037,102	359,951,656
Total Increase / (Decrease in Unrestricted Net Assets)	(3,636,604)	5,737,309
Total Net Assets	**328,400,498**	**365,688,964**
Total Liabilities & Net Assets	**$ 943,323,090**	**$ 757,792,967**

- The Total Liabilities $185.5M 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

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Appendix 3: March Statement of Cash Flow

STATEMENT OF CASH FLOWS	For the Month Ended March 2025	Fiscal Year to Date Through March 2025
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ (3,636,604)	$ (37,288,467)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	895,863	3,910,518
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilites		
Accounts Receivable	124,569,910	(6,097,591)
Prepaid Expenses	2,798,190	(2,627,215)
Accrued Expense and Accounts Payable	179,574,130	212,763,619
Claims Payable	(4,539,065)	(1,817,883)
MCO Tax liablity	(37,535,912)	(31,834,137)
IBNR	(11,405)	44,759,279
Net Cash Provided by (Used in) Operating Activities	**262,115,107**	**181,768,123**
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		-
Proceeds from Investments	(148,303)	(3,541,112)
Proceeds for Sales of Property, Plant and Equipment		
Payments for Restricted Cash and Other Assets		
Purchase of Investments plus Interest reinvested	-	-
Purchase of Property and Equipment	(76,875)	(24,088,949)
Net Cash (Used In) Provided by Investing Activities	**(225,178)**	**(27,630,061)**
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(118,973)	(1,052,290)
Net Cash Used In Financing Activities	**(118,973)**	**(1,052,290)**
Increase/(Decrease) in Cash and Cash Equivalents	261,770,956	153,085,772
Cash and Cash Equivalents, Beginning of Period	322,289,121	430,974,305
Cash and Cash Equivalents, End of Period	**584,060,077**	**$ 584,060,077**

- The Total Year-to-Date decrease in cash of $118.9M is due to the following:
  - Provider and Other Receivables
  - Fixed lease expense and work in progress (WIP)

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Appendix 4: March Investments and Cash

SCHEDULE OF INVESTMENTS AND CASH BALANCES			
	Market Value as of Month Ending, March 2025		Account Type
Local Agency Investment Fund (LAIF)	$	44,026,448	Investment
Ventura County Investment Pool	$	19,896,355	Investment
CalTrust	$	39,336,553	Short-term investment
Bank of Montreal	$	569,245,550	Money market account
Pacific Premier Bank	$	14,814,527	Operating accounts
Investments and monies held by GCHP	***$***	***687,319,433***	

- Cash balances fluctuate daily; the balances as of March 2025, reflect normal operations
- Cash and short-term investments balance sits at $687.3M
- The investment portfolio includes:
  - LAIF CA State $44.0M
  - Ventura County Investment Pool $19.9M
  - Cal Trust $39.2M

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AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, Chief Financial Officer

DATE: April 28, 2025

SUBJECT: 2025 Contract Renewal Schedule

SUMMARY:
Staff is presenting the attached 2025 Contract Renewal Schedule for review and approval.

ATTACHMENT:
2025 Contract Renewal Schedule

APPENDIX:
- 2025 Contract Renewal Schedule

Contract Number	Vendor	Description	Contract Owner	Contract Start Date	Contract Expiration Date	PO #.	31-Mar-25	Current FY Spend Through March 31, 2025	Remaining Number of Months Until Contract Expiration Date	Projected Monthly Spend	Estimated Remaining Cost Until Expiration	COLA 5%	Estimated Annual spend	Renewal Strategy	Renewal Term (Months)	Renewal Projected Cost	Projected Cumulative Cost (As of 4/10/2024)	Renewal End Date
												1.05						
Contract_2022_00751	Affiliated Monitors Inc. [AMI]	CIA Consulting	Robert Franco	11/1/2022	10/31/2025	774	3/31/2025	$45,550.00	7	$5,061.11	$35,427.78	1.05	$63,770.00	Renew for 12 months	12	$63,770.00	$144,747.78	10/31/2026
Contract_2022_00765	BlueAlly echnology Solutions, LLC_formally Virtual Graffitti	IT Software	Kevin Ortloff	12/11/2022	12/10/2025	791	3/31/2025	$0.00	8	$0.00	$0.00	1.05	$0.00	Renew for 12 months	12	$0.00	$0.00	12/10/2026
Contract_2020_00238	Coffey Communications Inc.	IT Software	Susana Enriquez-Euyoque	1/1/2017	12/31/2025	155	3/31/2025	$2,865.32	9	$318.37	$2,865.32	1.05	$4,011.45	Renew for 12 months	12	$4,011.45	$9,742.09	12/31/2026
Contract_2024_00949	Deepti Nair	Consulting	Rachel Segovia	8/1/2024	8/1/2025	1119	3/31/2025	$23,840.00	4	$2,648.89	$10,683.85	1.05	$33,376.00	Renew for 12 months	12	$33,376.00	$67,899.85	8/1/2026
Contract_2024_00879	Elit Group LLC	Consulting	Chris Dulan	1/5/2024	12/31/2025	1021	3/31/2025	$52,030.59	9	$5,781.18	$52,030.59	1.05	$72,842.83	Renew for 12 months	12	$72,842.83	$176,904.01	12/31/2026
Contract_2025_01024	Emagined Security, Inc.	IT Software	Kevin Ortloff	12/28/2024	12/27/2025	1185	3/31/2025	$58,957.50	9	$6,550.83	$58,302.42	1.05	$82,540.50	Renew for 12 months	12	$82,540.50	$199,800.42	12/27/2026
Contract_2024_01004	Enterprise Systems Solutions dba LA Networks	IT Software	Kevin Ortloff	9/20/2021	9/19/2025	550	3/31/2025	$0.00	6	$0.00	$0.00	1.05	$0.00	Renew for 12 months	12	$0.00	$0.00	9/19/2026
Contract_2020_00286	Gemini Diversified Services, Inc.	Credentialing Services	Rachel Ponce	7/1/2015	9/30/2025	15065	3/31/2025	$36,241.45	6	$4,026.83	$24,160.97	1.05	$50,738.03	Renew for 12 months	12	$50,738.03	$111,140.45	9/30/2026
Contract_2023_00820	Glenys Wilbur	Consulting	Julianne Block	4/24/2023	12/31/2025	884	3/31/2025	$30,810.94	9	$3,423.44	$30,810.94	1.05	$43,135.32	Renew for 12 months	12	$43,135.32	$104,757.20	12/31/2026
Contract_2024_00882	Health Management Associates Inc.	Consulting	Sara Dersch	12/1/2023	12/31/2025	1014	3/31/2025	$1,011,282.50	9	$112,364.72	$1,011,282.50	1.05	$1,415,795.50	Renew for 12 months	12	$1,415,795.50	$3,438,360.50	12/31/2026
Contract_2021_00614	Health Management Associates Inc.	Consulting	Christopher Beeson	5/1/2021	7/31/2025	729	3/31/2025	$0.00	4	$0.00	$0.00	1.05	$0.00	Renew for 12 months	12	$0.00	$0.00	7/31/2026
Contract_2021_00614	Health Management Associates Inc.	Consulting	Christopher Beeson	5/1/2021	7/31/2025	730	3/31/2025	$0.00	4	$0.00	$0.00	1.05	$0.00	Renew for 12 months	12	$0.00	$0.00	7/31/2026
Contract_2021_00614	Health Management Associates Inc.	Consulting	Christopher Beeson	5/1/2021	7/31/2025	731	3/31/2025	$17,205.00	4	$1,911.67	$7,646.67	1.05	$24,087.00	Renew for 12 months	12	$24,087.00	$48,938.67	7/31/2026
Contract_2024_00943	IMA, Inc. dba LTC Performance	HR Services	Rachel Segovia	9/29/2022	9/28/2025	1120	3/31/2025	$16,425.00	6	$1,825.00	$10,828.33	1.05	$22,995.00	Renew for 12 months	12	$22,995.00	$50,248.33	9/28/2026
Contract_2023_00873	Infomedia Group dba Carenet Healthcare Services	Member Reach out	Erin Slack	1/1/2024	12/31/2025	979	3/31/2025	$0.00	9	$0.00	$0.00	1.05	$0.00	Renew for 12 months	12	$0.00	$0.00	12/31/2026
Contract_2023_00873	Infomedia Group dba Carenet Healthcare Services	Member Reach out	Erin Slack	1/1/2024	12/31/2025	1090	3/31/2025	$325,006.25	9	$36,111.81	$325,006.25	1.05	$455,008.75	Renew for 12 months	12	$455,008.75	$1,105,021.25	12/31/2026
Contract_2023_00857	Infomedia Group dba Carenet Healthcare Services	Member Reach out	Erin Slack	9/20/2023	12/31/2025	967	3/31/2025	$410,456.40	9	$45,606.27	$410,456.40	1.05	$574,638.96	Renew for 12 months	12	$574,638.96	$1,395,551.76	12/31/2026
Contract_2022_00725	Inovalon, Inc.	HEDIS Reporting	Kimberly Timmerman	8/1/2022	12/31/2025	714	3/31/2025	$1,083,297.87	9	$120,366.43	$1,083,297.87	1.05	$1,516,617.02	Renew for 12 months	12	$1,516,617.02	$3,683,212.76	12/31/2026
Contract_2020_00348	Iron Mountain	Record Retention	Shannon Robledo	11/19/2012	11/6/2025	16065	3/31/2025	$14,257.43	7	$1,584.16	$11,405.94	1.05	$19,960.40	Renew for 12 months	12	$19,960.40	$45,623.78	11/6/2026
Contract_2020_00348	Iron Mountain	Record Retention	Shannon Robledo	11/19/2012	11/6/2025	1176	3/31/2025	$4,900.41	7	$544.49	$3,920.33	1.05	$6,860.57	Renew for 12 months	12	$6,860.57	$15,681.31	11/6/2026
Contract_2021_00606	Johnson Controls Security Solutions LLC	Building Security System	Jeffery Gauthier	11/1/2019	7/14/2025	272	3/31/2025	$0.00	3	$0.00	$0.00	1.05	$0.00	Renew for 12 months	12	$0.00	$0.00	7/14/2026
Contract_2020_00361	Lazer Broadcasting Corporation	Communications	Susana Enriquez-Euyoque	11/1/2016	10/31/2025	16043	3/31/2025	$1,850.00	7	$205.56	$1,438.89	1.05	$2,590.00	Renew for 12 months	12	$2,590.00	$5,878.89	10/31/2026
Contract_2023_00852	Litmos US LP	Training	Chris Dulan	8/6/2023	8/5/2025	956	3/31/2025	$8,743.67	4	$971.52	$4,048.00	1.05	$12,241.14	Renew for 12 months	12	$12,241.14	$25,032.80	8/5/2026
Contract_2024_00978	Milliman	Actuarial Services	Eve Gelb	9/23/2024	9/30/2025	1156	3/31/2025	$67,012.25	6	$7,445.81	$44,674.83	1.05	$93,817.15	Renew for 12 months	12	$93,817.15	$205,504.23	9/30/2026
Contract_2020_00387	Milliman	Actuarial Services	Chris Dulan	1/1/2015	12/31/2025	143	3/31/2025	$463,293.53	9	$51,477.06	$463,293.53	1.05	$648,610.94	Renew for 12 months	12	$648,610.94	$1,575,198.00	12/31/2026
Contract_2025_01030	Morgan Consulting Resources	Executive Recruiting	Rachel Segovia	11/18/2024	12/31/2025	1180	3/31/2025	$52,930.11	9	$5,881.12	$52,930.11	1.05	$74,102.15	Renew for 12 months	12	$74,102.15	$179,962.37	12/31/2026
Contract_2025_01028	Moss Adams	Financial Auditing Services	Jeff Register	11/1/2024	10/31/2025	1205	3/31/2025	$0.00	7	$0.00	$0.00	1.05	$0.00	Renew for 12 months	12	$0.00	$0.00	10/31/2026
Contract_2023_00863	Navex Global, Inc.	Compliance Services	Robert Franco	8/29/2023	8/28/2025	975	3/31/2025	$42,000.00	5	$4,666.67	$23,022.22	1.05	$58,800.00	Renew for 12 months	12	$58,800.00	$123,822.22	8/28/2026
Contract_2022_00759	New Level Resources	HR Services	Rachel Segovia	12/26/2022	10/25/2025	772	3/31/2025	$701.25	7	$77.92	$532.43	1.05	$981.75	Renew for 12 months	12	$981.75	$2,215.43	10/25/2026
Contract_2022_00728	Optum360 LLC	IT Software	Nicole Kanter	8/1/2022	9/30/2025	903	3/31/2025	$25,153.90	6	$2,794.88	$16,769.27	1.05	$35,215.46	Renew for 12 months	12	$35,215.46	$77,138.63	9/30/2026
Contract_2022_00728	Optum360 LLC	IT Software	Nicole Kanter	8/1/2022	9/30/2025	715	3/31/2025	$69,562.26	6	$7,729.14	$46,374.84	1.05	$97,387.16	Renew for 12 months	12	$97,387.16	$213,324.26	9/30/2026
Contract_2025_01018	Partners In Leadership LLC dba Culture Partners	Compliance Services	Rachel Segovia	12/20/2024	12/19/2025	1196	3/31/2025	$350,000.00	9	$38,888.89	$335,740.74	1.05	$490,000.00	Renew for 12 months	12	$490,000.00	$1,175,740.74	12/19/2026
Contract_2021_00659	SAI360 Inc.	Compliance Services	Chris Dulan	11/15/2021	11/14/2025	549	3/31/2025	$42,299.37	7	$4,699.93	$35,092.81	1.05	$59,219.12	Renew for 12 months	12	$59,219.12	$136,611.30	11/14/2026
Contract_2023_00862	Simpledatalabs inc dba Prophecy Inc.	IT Software	Jan Schmitt	10/1/2023	9/30/2025	963	3/31/2025	$200,000.00	6	$22,222.22	$133,333.33	1.05	$280,000.00	Renew for 12 months	12	$280,000.00	$613,333.33	9/30/2026
Contract_2024_01002	Solventum Health Information Systems, Inc	IT Software	Chris Dulan	12/16/2024	12/15/2025	1181	3/31/2025	$50,645.00	9	$5,627.22	$47,831.39	1.05	$70,903.00	Renew for 12 months	12	$70,903.00	$169,379.39	12/15/2026
Contract_2024_00952	Stacy Miller Public Affairs Inc.	Public Relations Services	Susana Enriquez-Euyoque	8/1/2024	7/31/2025	1129	3/31/2025	$137,241.92	4	$15,249.10	$60,996.41	1.05	$192,138.69	Renew for 12 months	12	$192,138.69	$390,377.02	7/31/2026
Contract_2021_00642	TBJ Consulting	Chief Diversity Officer	Bob Bushey	1/1/2022	12/31/2025	453	3/31/2025	$247,775.00	9	$27,530.56	$247,775.00	1.05	$346,885.00	Renew for 12 months	12	$346,885.00	$842,435.00	12/31/2026
Contract_2020_00581	TBJ Consulting	Chief Diversity Officer	Felix Nunez	11/1/2020	12/31/2025	453	3/31/2025	$247,775.00	9	$27,530.56	$247,775.00	1.05	$346,885.00	Renew for 12 months	12	$346,885.00	$842,435.00	12/31/2026
Contract_2020_00458	Tevora Business Solutions, Inc.	IT Software	Kevin Ortloff	10/29/2018	10/31/2025	127	3/31/2025	$42,716.52	7	$4,746.28	$33,223.96	1.05	$59,803.13	Renew for 12 months	12	$59,803.13	$135,743.61	10/31/2026
Contract_2023_00844	UpToDate, Inc.	IT Software	Jan Schmitt	8/1/2023	7/31/2025	920	3/31/2025	$173,863.67	4	$19,318.19	$77,272.74	1.05	$243,409.14	Renew for 12 months	12	$243,409.14	$494,545.55	7/31/2026
Contract_2024_00917	Vendor Credentialing Svs LLC dba Symplr	Provider Contracting Software	Chris Dulan	4/26/2024	12/31/2025	1077	3/31/2025	$975.00	9	$108.33	$975.00	1.05	$1,365.00	Renew for 12 months	12	$1,365.00	$3,315.00	12/31/2026
Contract_2024_00916	Vendor Credentialing Svs LLC dba Symplr	Provider Contracting Software	Chris Dulan	4/26/2024	12/31/2025	1078	3/31/2025	$18,450.00	9	$2,050.00	$18,450.00	1.05	$25,830.00	Renew for 12 months	12	$25,830.00	$62,730.00	12/31/2026
Contract_2022_00739	Vendor Credentialing Svs LLC dba Symplr	Provider Contracting Software	Chris Dulan	9/14/2022	9/13/2025	756	3/31/2025	$21,451.30	5	$2,383.48	$12,950.23	1.05	$30,031.82	Renew for 12 months	12	$30,031.82	$64,433.35	9/13/2026

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Gold Coast Health Plan℠ A Public Entity

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix Nunez, MD, Acting Chief Executive Officer

DATE: April 28, 2025

SUBJECT: Chief Executive Officer (CEO) Report

Acting Chief Executive Officer (CEO) Update

Commissioners, I again welcome the opportunity to provide you with an update of activities connected to our ongoing strategic goals and advocacy on behalf of our members and network. As is detailed in the reports from our department leadership and teams, we remain steadfast in fulfilling our mission to advance quality and access to care for our members through our ongoing investment in quality initiatives that support our providers and incentivize members. Work to date has maintained quality gains made in the prior measurement year which placed Gold Coast Health Plan (GCHP) among the highest performing Medi-Cal health plans. Executive Director of Quality Improvement Kim Timmerman has articulated a vision and plan to ensure the entire organization remains fully aligned in our quality efforts despite state and federal policy and fiscal uncertainties.

As we consider the economic uncertainty and policy challenges that lie before us, we are developing a proposed budget for our stub period (July 2025 through Dec. 2025) that balances multiple imperatives, including:

- Financial stewardship.
- An ongoing drive to continuously improve equitable access and quality.
- Delivering on our operational optimization.
- Successfully launching our Dual Special Needs Plan (D-SNP) line of business.
- Advancing our Enhanced Care Management and Community Supports programs.
- Supporting provider quality initiatives.
- Supporting our community-based organizations.
- Fulfilling our regulatory obligations.
- Relentlessly advocating to protect Medi-Cal and our Ventura County health care infrastructure.

Faced with an actively evolving and uncertain state and federal policy landscape, our Chief Finance Officer, Sara Dersch, and her team have worked with our consultants to make assumptions which are based on an objective assessment of available data with a measure of

conservatism to account for uncertainty. As state and federal actions come into clearer focus, we will monitor the impact on our financial assumptions and provide updates to the Commission.

Our advocacy work led by Marlen Torres, our Chief Member Experience and External Affairs Officer, has focused on defending access to our Medi-Cal members and working to mitigate the impact of proposed changes to this vital program. Ms. Torres has joined colleagues from our sister plans in advocacy in both Washington D.C. and Sacramento providing updates on the real-world impact of Medicaid in the lives of our members and wellbeing of our Ventura County health care infrastructure. In support of these advocacy efforts, Ms. Torres has worked with Susana Enriquez-Euyoque, Director of Communications, in the development of a communication strategy that has sought to bring awareness of the risk posed by cuts to the Medicaid and Medi-Cal programs. This strategy has included working with me to produce a series of Op-Ed articles which highlight the effects of policy proposals on our members and the health and wellbeing of our community. Our advocacy will continue in close collaboration with our state and national trade associations: Local Health Plans of California (LHPC) and the Association for Community Affiliated Plans (ACAP). I have remained closely connected with LHPC leadership, joining weekly CEO calls, attending quarterly meetings with state Department of Health Care Services (DHCS) leadership, participating in quarterly board meetings, and helping to advise on policy proposals and strategy concerning state efforts to protect Medi-Cal for all members and the wellbeing of our health care infrastructure.

Amid our efforts to advance quality and defend access to Medi-Cal, we have continued in our work to successfully launch our D-SNP line of business. Led by Eve Gelb, Chief Innovation Officer, and her capable team, we have remained on schedule with our implementation timeline with success in gaining a three-year approval of our model of care – a significant achievement. While much work remains, we remain aligned as an organization on the importance of successfully launching our new line of business. The knowledge gained in this process will provide us with a foundation for future development of GCHP lines of business that further advance integration and coordination of care and align with the needs of our members and community.

With the completion of our Operations of the Future systems implementation and integration work at the end of June, we will be moving into a new phase of our operational development. In the face of potential financial headwinds and recognizing the need to improve integration and coordination of care, I have asked Alan Torres, Chief Innovation and System Modernization Officer, to develop a strategic vision and plan for optimization of our new operational technologies with a focus on the use of advanced technologies to augment our teams' capabilities. Mr. Torres and his team will consider how tools such as artificial intelligence can improve our effectiveness in all elements of our operational and programmatic work within the existing regulatory framework.

As we work towards greater alignment with our network partners, we recognize the need to be fully engaged in finding solutions to help meet the needs of our members and community. To fulfill this imperative, we have moved forward with the establishment and convening of the GCHP / Ventura County Health Care Agency (VCHCA) Santa Paula Strategy Committee, which we had agreed to previously. The committee's purpose is to provide a collaborative approach to fill voids

in access to vital care needs for the historically underserved Santa Clara Valley communities. Four members of our Executive Team (Erik Cho, Marlen Torres, Sara Dersch, myself) will be working with four senior VCHCA leaders (Dr. Theresa Cho, Dr. John Fankhauser, John Polich, and Michael Taylor) with the goal of agreeing on a plan of action that can then be considered by the Commission for support and endorsement. The committee will meet for the first time on April 24, 2025, and will be developing timelines and deliverables.

I. External Affairs

A. Federal Updates

Republicans Pass Concurrent Budget Resolutions to Unlock Reconciliation Process; Polling Shows Majority of Voters Oppose Medicaid Cuts

House Republicans narrowly passed their Resolution on April 10, 2025, after receiving assurances from Senate GOP Leadership that they will work toward the House's budget goal of at least $1.5 trillion in spending cuts. With both the House and Senate passing concurrent budget resolutions with different spending targets, the reconciliation process has been unlocked, but the total amount of cuts remains unknown. The reconciliation process is available when the same party controls the House, Senate, and Executive branch and allows major budget packages to pass along party lines with a simple majority and without the other party's ability to filibuster.

Congressional Republicans are now working to develop a unified legislative package that include spending cuts to offset the extension of the Trump tax cuts and increase border security and defense spending. To meet the $1.5T in spending cuts, Congress will have to make significant cuts to the Medicaid program, an action that some Senate Republicans cautioned they would not support. The House resolution directs the Energy and Commerce Committee to make $880B in cuts over a 10-year period. Republicans have indicated they are looking at imposing work requirements, eliminating or reducing the federal matching rate for Medicaid expansion states, limiting provider taxes, and other efforts to reduce fraud, waste, and abuse, although it is widely accepted that securing $880B in cuts cannot be done without cutting Medicaid benefits for the approximately 72 million people enrolled in the program.

As Congress heads home for the spring recess, they are likely to face significant pushback on Medicaid cuts. According to the Kaiser Family Foundation's Feb. 2025 Health Tracking Poll:

- Fewer than one in five (17%) say they want to see Medicaid funding decreased.
- Most people say funding for Medicaid should either increase (42%) or stay about the same (40%).
- A majority of Democrats (64%) want Congress to increase spending on Medicaid, as do about four in ten independents (39%).
- Support for decreasing Medicaid spending is somewhat higher among key groups of President Donald Trump's supporters, but still about two-thirds (65%) of Trump 2024 voters, and two-thirds (67%) of Republicans want spending to increase or be kept about the same.
- About three in four total rural residents (77%) say funding should increase or stay the same, as do two-thirds (66%) of rural Republicans.

Additionally, two-thirds of swing voters said they disapprove of cuts to Medicaid and most Trump voters also oppose the potential cuts to Medicaid, according to the March 2025 poll from the firm of Trump's 2024 campaign pollster, Tony Fabrizio.

GCHP's Government Relations Team is engaged with our trade associations at the national and state level to support advocacy efforts underway to protect Medicaid. GCHP's Chief Member Experience and External Affairs Officer is meeting with Ventura County's congressional representatives while they are in town during the spring recess to advocate for Medicaid protections. Government Relations will continue to provide updates as more information becomes available.

U.S. Senate Confirms Robert F. Kennedy, Jr. as Health and Human Services (HHS) Secretary and Dr. Mehmet Oz as the Centers for Medicare and Medicaid Services (CMS) Administrator

The U.S. Senate voted to confirm the appointments of Robert F. Kennedy, Jr. (RFK, Jr.) as the U.S. Department of Health and Human Services (HHS) Secretary and Dr. Mehmet Oz (Dr. Oz) as the Centers for Medicare and Medicaid Services (CMS) Administrator. RFK. Jr. was confirmed in a 52-48 vote with only Sen. Mitch McConnell (R-KY) breaking from party lines to join Democrats in opposition. Dr. Oz was confirmed in early April along party lines (53-45) after facing scrutiny from Sen. Josh Hawley (R-MO) on gender and abortion issues.

After being confirmed on Feb. 13, 2025, RFK. Jr. has taken sweeping actions to overhaul the HHS Agency including drastic downsizing of HHS and promoting his "Make America Healthy Again" (MAHA) movement that focuses on preventing chronic disease, reducing corporate influence on public health policy, and removing chemicals from food and water.

Dr. Oz shared his vision for CMS on April 10, 2025, through social media postings and a CMS press release. The vision includes:

- Implementing the President's Executive Order on Transparency to give Americans the information they need about costs.
- Equipping health care providers with better information about the patients they serve and holding them accountable for health outcomes, rather than unnecessary paperwork that distracts them from their mission. For example, CMS will work to streamline access to life saving treatments.
- Identifying and eliminating fraud, waste, and abuse to stop unscrupulous people who are stealing from vulnerable patients and taxpayers.
- Shifting the paradigm for health care from a system that focuses on sick care to one that fosters prevention, wellness, and chronic disease management. For example, CMS operates many programs that can be used to focus on improving holistic health outcomes.

Government Relations is closely monitoring updates from HHS and CMS and will continue to provide updates as more detailed information becomes available.

HHS Secretary Reduces HHS Workforce by More than 20%

A March 27, 2025, press release and fact sheet from HHS announced "a dramatic restructuring" that includes the elimination of approximately 10,000 full time employees. According to HHS, when combined with the agency's other efforts, it will be downsized from 82,000 workers to 62,000 and reduce its divisions from 28 to 15, with the creation of an office called the Administration for a Healthy America. Regional offices will also be cut in half. The reductions include the firing of 300 CMS employees and 1,200 employees from the National Institutes of Health (NIH).

As part of these efforts, HHS announced the closure of 5 of 10 CMS regional offices; however, at the time of this reporting, the affected cities had not been formally released. The closures are likely to lead to delays in administrative actions and put further strain on administrative activities conducted by CMS regional offices.

Government Relations will continue to provide updates as the HHS restructuring efforts are implemented.

CMS Releases Final Medicare Advantage Rules

CMS released the final Contract Year (CY) 2026 Medicare Advantage (MA) Part C & D rule and the final CY 2026 MA Rate notice. The final rules, proposed under the Biden Administration, increase MA plan payments, and include some notable provisions impacting Dually Eligible Enrollees.

The CY 2026 Rate Announcement establishes payment rates for contract year 2026 and includes the following major provisions:

- **Increase in the growth rate from 5.93% to 9.04%:** CMS used more recent data and found that their projections of future spending were higher due to increases in spending from using updated data. This higher growth rate will lead to benchmarks being about 9% higher in 2026 than 2025, on average.
- **Part D Split Normalization Factors Finalized as Proposed:** CMS will calculate separate normalization factors for plans that combine MA and Part D benefits (MA-PDs) and plans that offer Part D benefits only. This will lead to substantial cuts to Part D risk scores for MA-PD enrollees and will likely mean that MA plans must devote a greater share of rebate dollars to buying down Part D premiums if they want to offer a $0 premium plan for 2026.

Notably, CMS did not finalize the proposed list of star measures for 2026 and announced a name change for the Health Equity Index reward, set to take effect for 2027 star ratings; it will now be referred to as the Excellent Outcomes for All (EO4all) reward.

The final MA Part C & Part D rule determines major MA policies in CY 2026 and beyond and finalizes requirements relating to improving experiences for Dually Eligible enrollees including:

- **Integrated member identification (ID) cards:** CMS finalized the proposal to have integrated member ID cards that serve as the ID cards for both the Medicare and Medicaid plans in which an enrollee is enrolled.
- **Health Risk Assessments (HRA):** CMS finalized the proposal to conduct an integrated HRA for Medicare and Medicaid, rather than separate HRAs for each program. CMS delays the implementation of the HRA to Jan. 1, 2027, to align with the implementation timeline of the provisions related to member ID cards and to allow states and plans more time to implement and train staff.

Notably, CMS did not finalize provisions relating to Health Equity, coverage of Anti-Obesity Medications and Application to the Medicaid Program, and medical loss ratio changes.

GCHP's Government Relations Team is continuing to monitor federal activity and the release of proposed and final rules. Additional information on the final rules is available in the CMS Rate Notice fact sheet and the CMS Part C & D fact sheet.

B. State Updates

The State Department of Health Care Services (DHCS) Releases Final Community Reinvestment Requirements

On Feb. 7, 2025, the state Department of Health Care Services (DHCS) released APL 25-004 Community Reinvestment Requirements. This APL requires all Managed Care Plans (MCPs) with a positive net income to invest into Community Reinvestment activities beginning in Calendar Year (CY) 2026 and every year thereafter. The amount of funds that GCHP must allocate towards Community Reinvestment activities is based on GCHP's positive net income, as well as GCHP's performance on Managed Care Accountability Set (MCAS) measures in each Measurement Year (MY) – beginning with MY 2024.

As required by APL 25-004, GCHP will submit to DHCS a "Reinvestment Plan" each year which will detail GCHP's Community Reinvestment activities. GCHP's Community Reinvestment activities must align with the Guiding Principles and Mandatory Use Categories outlined in the APL. Further, GCHP must ensure that its Community Reinvestment activities align with the Local Health Jurisdiction's (LHJ) Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP), as well as the county Behavioral Health Department's Behavioral Health Transformation (BHT) to best address the needs of Ventura County. GCHP will also coordinate with other key stakeholders in the development and implementation of Community Reinvestment activities such as the Community Advisory Committee (CAC), Quality Improvement and Health Equity Committee (QIHEC), Chief Health Equity Officer, and others.

In partnership with GCHP's trade association, Local Health Plans of California (LHPC), GCHP submitted extensive feedback concerning the requirements of this APL during its draft stage and closely monitored its development. Consequently, the final APL includes flexibilities that are more favorable for both GCHP and the local community, allowing GCHP to maintain current

funding towards local partners while simultaneously developing new activities, partnerships, and strategies that will benefit Ventura County.

An internal workgroup has been formed to begin development of the Community Reinvestment program. MCPs must submit their first Community Reinvestment plan to DHCS in Q3 of 2026.

C. State Budgetary Update

Medi-Cal Budget Shortfall Prompts Funding Request and Medi-Cal Audit Request

Although California has successfully mitigated its $46B (FY 2024-25) budget shortfall through program reductions, reserve withdrawals, revenue and internal borrowing, fund shifts, programmatic delays and/or pauses, and deferrals, the Administration continues to estimate a $13B to $19B GF deficit in the outyears. This impending deficit is due to probable federal funding cuts, rising costs for services, and statewide economic instability as a consequence of California's progressive tax structure and federal policies on tariffs.

On March 12, 2025, DHCS testified that it is seeing increased costs related to a growing older adult population caseload and higher pharmacy expenditures. As a result, the Administration authorized a loan request of $3.44B for DHCS to complete payments to various Medi-Cal providers. Recently, DHCS submitted another request for an additional $2.8B GF as well as $8.3B federal fund expenditure authority to further offset growing Medi-Cal costs for FY 2024-25; this request was heard in the Senate Committee on Budget and Fiscal Review on April 9, 2025.

California Assembly Republicans have noted significant concerns with these Medi-Cal funding requests. On April 7, 2025, Assembly Republicans requested an audit of the Medi-Cal program from the Chair of the Joint Legislative Audit Committee to further understand the Medi-Cal caseload and the expansion of the program's budget. Despite Republican pushback and widespread commentary regarding Medi-Cal's coverage of undocumented immigrants and the impact on the deficit, California Assembly Democrats have asserted in budget committee hearings how DHCS Medi-Cal loan requests are quite common, especially in recent years.

There are significant concerns from the Administration and Legislature about how federal funding cuts may impact the state's fiscal situation. On several Senate and Assembly budget hearings, DHCS has asserted that there is no way to backfill federal Medi-Cal funding without state programmatic cuts or delays. Consequently, the Legislative Analyst's Office (LAO) continues to advocate for a proactive and prudent 2025-26 state budget to reduce the likelihood of future budget deficits and protect against federal Medicaid uncertainty.

The California Senate and Assembly will continue to meet with state departments, managed care plans, advocates, and other key stakeholders over the next few months to finalize the 2025-26 budget. 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.

A. Community Relations: Sponsorships

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

Organization	Description	Amount
Hospital Association of Southern California (HASC)	The HASC Annual Meeting gathers 400 hospital chief executive officers and other executives to discuss trade insights and continue to work on improving health care outcomes for our members and communities. The sponsorship will go toward funding their annual meeting.	$6,000
Ventura County Family Justice Center Foundation	The Voices of Hope - Decade of Camp is a fundraising event for programs for children and families impacted by domestic violence and trauma to help them heal, find hope, and build brighter futures. The sponsorship will go toward funding scholarships to participate in the Paths of Hope program.	$1,000
TOTAL		**$7,000**

B. Community Relations: Community Meetings and Events

In March and April, the Community Relations Team:

- Provided information on GCHP benefits and services at three community food distributions.
- Held health fairs in partnership with Ventura County Medical Center (VCMC), Community Memorial Health System (CMHS), and Livingston Memorial Visiting Nurse Association to conduct breast cancer screenings (mammograms) at Magnolia and CMHS clinics.
- Partnered with Swap Meet Justice to conduct A1C testing and chlamydia screenings.
- Attended one 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 connect members to GCHP benefits and services.

Organization	Date
Simi Valley Samaritan Center	March 20, 2025
Salvation Army	March 25, 2025
Help of Ojai	March 26, 2025
Collaborative Meeting	
Community representatives share resources, announcements, and upcoming community events.	
Partnership for Safe Families and Communities	April 2, 2025
Community Events	
Blackstock Junior High School: Open House	March 13, 2025
El Rio School District Resource Fair	March 15, 2025
The Port of Hueneme Color Dash 5K and Resource Fair	March 22, 2025
Lemonwood Elementary School: Open House	March 31, 2025
Nyeland Promise Resource Fair	April 5, 2025
California Lutheran University's National Crime Victims' Rights Awareness event	April 10,2025
Health Fairs	
VCMC Magnolia Clinic: Mammograms and well-child exams	March 14, 2025
CMH - Saviers Road Clinic: Mammograms	March 29, 2025
Oxnard College Swap Meet Justice A1C testing and chlamydia screenings	March 30, 2025

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	DIGNITY	PCP-OTHER	ADMIN MEMBERS	NOT ASSIGNED
Mar-25	97,255	54,486	34,530	0	5,839	47,745	3,034
Feb-25	97,939	54,909	34,718	0	5,825	45,945	3,806
Jan-25	98,664	54,947	34,717	0	5,638	46,502	3,495

NOTE:

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

Administrative Member Details

Category	March 2025
Total Administrative Members	45,745
Share of Cost (SOC)	629
Long-Term Care (LTC)	742
Breast and Cervical Cancer Treatment Program (BCCTP)	19
Hospice (REST-SVS)	26
Out of Area (Not in Ventura County)	403
DUALS (A, AB, ABD, AD, B, BD)	27,478
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	19,312

NOTE:

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

METHODOLOGY

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

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

B. Provider Network Operations (PNO)

Regulatory / Audit Updates

The Annual Network Certification (ANC), administered by the Department of Health Care Services (DHCS), was completed in March. The ANC is a critical annual regulatory deliverable and provides assurances that the Gold Coast Health Plan (GCHP) network meets state and federal network adequacy requirements.

Additionally, DHCS requires plans to submit their provider directory biannually for audit and approval. This ensures that members are provided with accurate provider data for ease of scheduling appointments. GCHP's provider directory was approved in March.

Transgender, Gender Diverse & Intersex (TGI) Training and Provider Directory Update

DHCS issued an All-Plan Letter (APL) 24-017 mandating that all member-facing providers and office staff complete training on Transgender, Gender Diverse and Intersex (TGI) cultural competency. This directive also requires plans to identify providers in their directories who offer gender-affirming services.

To meet this critical requirement, PNO implemented enhancements to the Provider Credentialing and Contracting Management (PCCM) system, known as sPayer. These updates enable the capture of gender-affirming provider data. Additionally, we are actively configuring both our printed and online provider directories to clearly identify practitioners offering gender-affirming services.

These efforts reflect our commitment to compliance and to fostering inclusive, patient-centered care for all members.

Operations of the Future

PNO continues to outreach to and train providers on the new Provider Portal and to address any escalated issues on claims and operational processes. The portal currently has 4,266 registered users.

Additionally, PNO is partnering with the Operations and IT departments to facilitate escalated issues for providers that need help with claim payment and remit issues.

Provider Network Developments: March 1-31, 2025

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	**Count**
Bariatrics Specialist	1
Acupuncture Specialist	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	6,253
Terminations	10,537
Midwife	0

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

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	**Network Additions**		**Total Counts**
	Jan-25	**Feb-25**	
Hospitals	**0**	**0**	**25**
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers	**0**	**77**	**8,385**
Primary Care Providers (PCPs) & Mid-levels	0	4	491
Specialists	0	71	7,057
Hospitalists	0	2	837
Ancillary	**12**	**5**	**702**
Ambulatory Surgery Center (ASC)	0	0	8
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	0	0	100
Home Health	1	0	32
Hospice	1	0	23
Laboratory	0	0	40
Optometry	0	0	113
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	10	5	225
Radiology / Imaging	0	0	63
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	0	0	84
Behavioral Health	**326**	**3**	**1,003**

California Advancing and Innovating Medi-Cal (CalAIM) and Non-Traditional Providers	Jan-25	Feb-25	Total
Enhanced Care Management (ECM)	0	0	7
Community Supports (CS)	2	0	16
Community Health Worker (CHW)	1	0	4
Doulas	0	0	11
	3	**0**	**38**

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

For the Exclusively Aligned Enrollment (EAE) / Dual Special Needs Plan (D-SNP), PNO submitted the provider data details for the Network Adequacy / HSD Table submission to the Centers for Medicare & Medicaid Services (CMS). PNO is proud to report that Network Adequacy was met and the submission passed for both time and provider count standards based on the CMS requirements.

With the initial contracting completed for the EAE D-SNP (see list below), PNO's primary focus is to transition those providers that signed a Letter of Intent (LOI) to a GCHP Provider Agreement. The goal is to have these LOIs converted by June 30, 2025, in time for marketing and the creation of the Provider Directory.

GCHP completed Amendments:

- County of Ventura [Hospital, Primary Care Provider (PCP), Specialty Care Provider (SCP)]
- Clinicas del Camino Real (PCP, SCP)
- Community Memorial Health (Hospital, PCP, SCP)
- Coastal View Nursing (Skilled Nursing Facility)
- Ventura Post Acute (Skilled Nursing Facility)
- Greenfield Care Center (Skilled Nursing Facility)
- Simi Dialysis

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.*

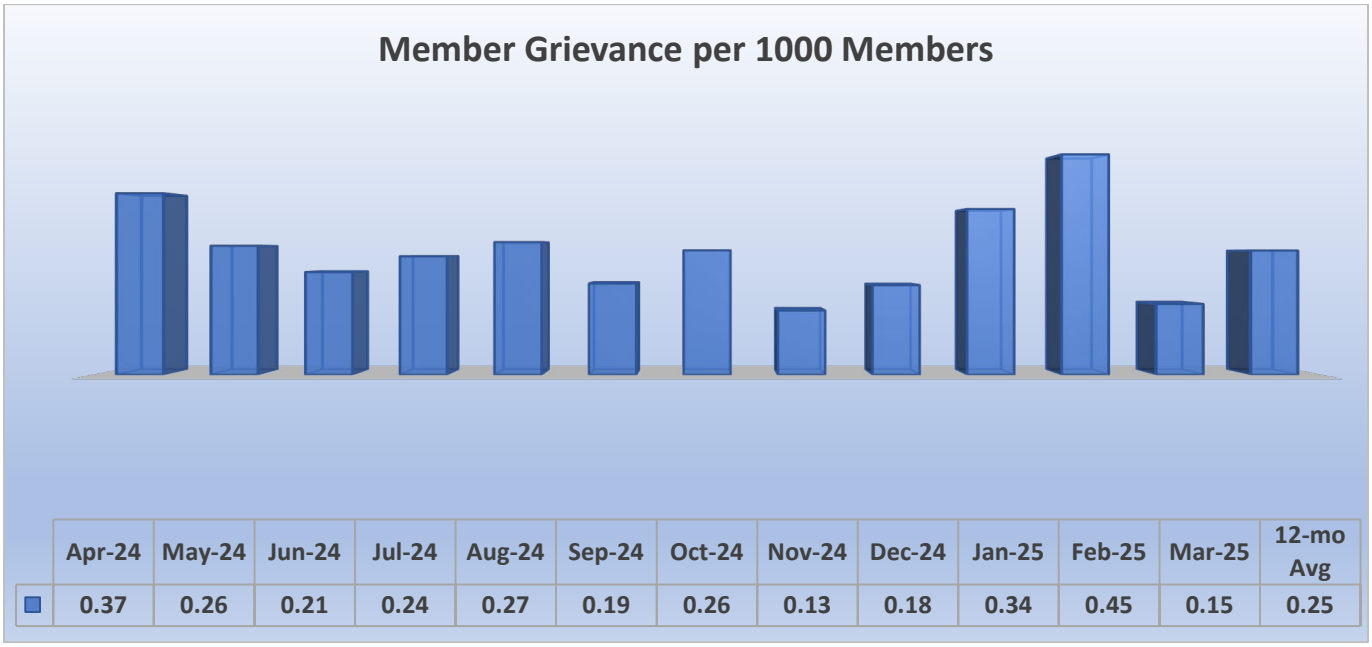
Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a state Department of Health Care Services (DHCS) requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during 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 **March 31, 2025.**

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2025 Q1 Utilization Management (UM) File Review Audit	Open	1/29/2025	Under CAP	N/A
Carelon	2025 Annual Claims Audit	Open	03/26/2025	Under CAP	N/A
Clinicas del Camino Real (CDCR)	2025 Q1 UM File Review Audit	Closed	2/19/2025	4/1/2025	N/A
CDCR	2024 Q3 Focused Claims Audit	Closed	10/1/2024	3/31/2025	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	

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VTS	2024 Non-Medical Transportation (NMT) / Non-Emergency Medical Transportation (NEMT) Vehicle Audit	Open	11/20/2024	Under CAP	NA
Wellth	2025 Annual Call Center Audit	Open	3/27/2025	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

GRIEVANCE AND APPEALS

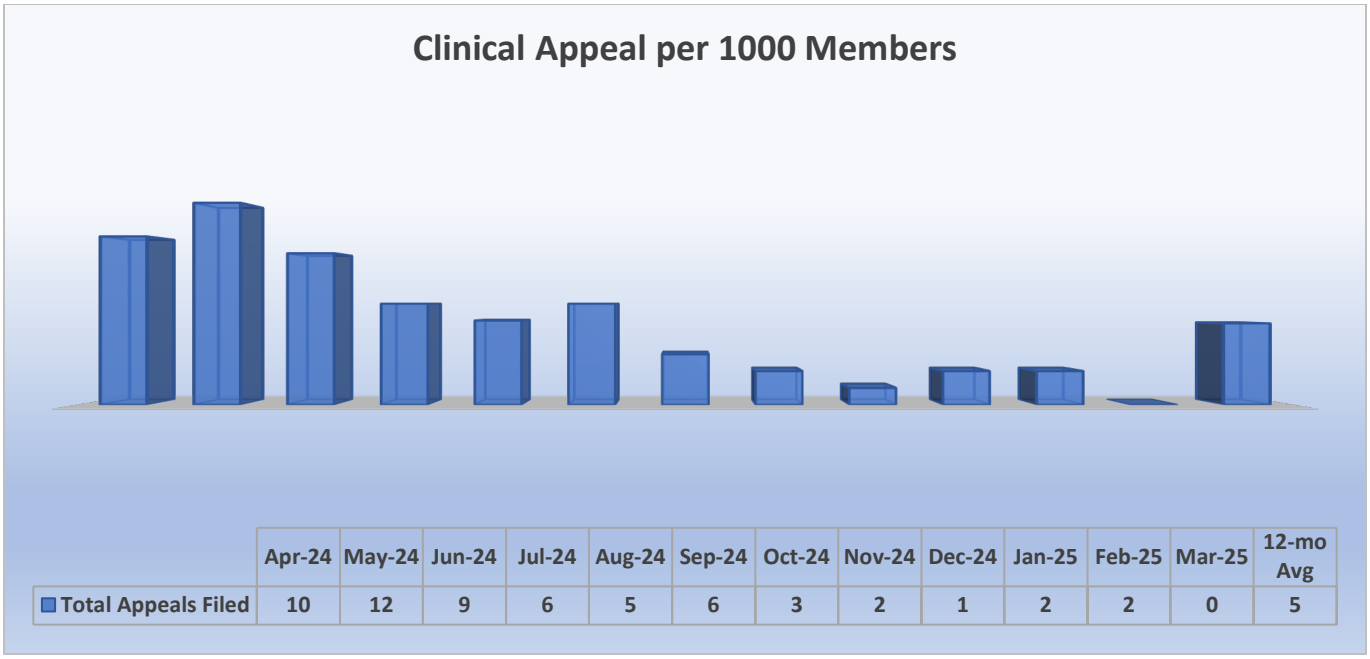


	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	12-mo Avg
■	0.37	0.26	0.21	0.24	0.27	0.19	0.26	0.13	0.18	0.34	0.45	0.15	0.25

Member Grievances per 1,000 Members

The data show GCHP's volume of grievances increased in March 2025. In March 2025, GCHP received 35 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 245,487, with an average annual grievance rate of .25 grievances per 1,000 members.

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



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	12-mo Avg
Total Appeals Filed	10	12	9	6	5	6	3	2	1	2	2	0	5

Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .02 appeals per 1,000 members. In March 2025, GCHP did not receive any clinical appeals.

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

RECOMMENDATION: Receive and file

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, MD, Acting Chief Medical Officer

DATE: April 28, 2025

SUBJECT: Chief Medical Officer Update

CMO COMMISSION REPORT – April 2025

Health Services Summary

The acting CMO is pleased to present this report to the Commission. Overall, the great progress in Quality Improvement (QI), Pharmacy, Health Equity, and Utilization Management (UM) continues. Detailed updates for each department are included in the subsequent PPT slides incorporated into this report.

The Health Services department proudly announces the promotion of Ms. Kimberly Timmerman to Executive Director of Quality Improvement. Her promotion is well earned. Ms. Timmerman has successfully executed significant improvement to elevate Gold Coast Health Plan's (GCHP) Managed Care Accountability Set (MCAS) quality scores. She has transformed GCHP's Quality Improvement efforts from internally facing activities, to broad, externally facing collaborations with our network partners. GCHP quality efforts continue to yield significant gains, as reported earlier to the Commission.

Health Services is equally proud to announce the promotion of Ms. Nicole Kanter to Executive Director of Health Services. In this new role, Ms. Kanter will oversee the integration of Medi-Cal line of business with implementation of GCHP's Dual Eligible Special Needs Plan (D-SNP) line of business to both Utilization Management (UM) and Care Management (CM). This work is critical to ensuring GCHP secures National Committee on Quality Assurance Health Plan accreditation this October.

California Children's Services (CCS) is a carved out benefit for Medi-Cal members up to age 21 years. While it is a carved-out benefit for Medi-Cal, GCHP works very closely with the Ventura County CCS to ensure coordination of services for GCHP children who have a CCS eligible condition. Our GCHP medical director, Dr. Teri J. Brown, who is a pediatrician, has been working very closely with our GCHP Care Management team transforming GCHP internal care management processes and created tools to ensure the plan optimizes our identification of children with a CCS eligible condition. Specifically, Dr. Brown and the team have successfully implemented the following:

1. Completed the revision of CCS deferral and carve-out letters for inpatient and outpatient service requests to members and providers. Our members and parents/guardians of our members are now receiving letters which are easier to understand about the services covered by GCHP and those covered by CCS. These revisions improve the overall member experience by making it easier for parents/guardians to understand how their child's healthcare benefits are structured.
2. Implemented tools to track GCHP's CCS Identification Rate. Our GCHP care managers have been granted access to the Power BI database.
    a. This database houses member information which the Plan can use to identify these rates from at least one year ago.
    b. Now, Health Services can compare our past and present CCS identification rates to see how effectively the department is identifying and referring children to CCS when they have CCS-eligible conditions.
    c. Health Services can track the CCS Identification Rate to identify trends, disparities, and potential areas for improvement in care delivery for these medically complex children.
    d. The CCS Identification Rate is also an effective tool to help GCHP recoup reimbursement for claims paid for CCS carved out benefit, medically necessary care and case management.
3. Granted CCS provider Electronic Data Interchange (EDI) Application to GCHP UM nurses.
    a. This application is a web-based tool that enables approved CCS and Genetically Handicapped Persons Program (GHPP) service providers and Medi-Cal Managed Care Plans to electronically access the status of Services Authorization Requests (SARs).
    b. Use of this tool by UM Nurses provides them with the latest information on the status of authorizations which can prevent duplicate approvals and coverage by GCHP when a service is covered by CCS.

Utilization Management and Care Management continue to do great work.

Utilization Management remains highly aligned and focused on ensuring regulatory compliance. The UM team received the results of the 2024 California Department of Health Services (DHCS) annual medical audit, which identified two corrective action items.

1. The DHCS audit identified that GCHP lacked a system to effectively track and monitor authorized, denied, deferred/modified referrals, including out-of-network referrals, and to ensure timely processing of these referrals.

2. The second finding noted that GCHP prior authorization process included screening Chest CT for lung cancer. The requirement of prior authorization should exclude preventive screening procedures.

For both DHCS findings, GCHP actions to correct the findings have been implemented within DHCS's specified timeframes.

The UM team continues their great work towards achieving National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA). Increased auditing has been implemented for UM denial statements to ensure the clinical rationale meets NCQA standards.

Lastly, the UM team continues its efforts optimizing daily operations to ensure member access to critical medical care and minimizing administrative burdens for our network providers.

Care Management is equally aligned and focused on ensuring regulatory compliance. The DHCS annual medical audit identified five corrective action items in CM. All five findings are related to GCHP's Continuity of Care (COC) process. The findings include acceptance of member COC requests by telephone, notification to members (3 findings) and policies to monitor and evaluate COC services to members. Corrective actions have been implemented to address all findings within the specified DHCS timeframes.

Quality Improvement: Delighted to report good news regarding GCHP MCAS.

Measurement Year (MY) 2024 Reporting Current State:

- All hybrid measures currently meeting minimum performance level (MPL) or higher target.
- All administrative measures expected to perform better than MY 2023.

Measurement Year 2025 Reporting Current State:

- Most measures currently performing better than same time last year.

The QI Department is leading response and remediation efforts for 2024 DHCS Medical Audit findings:

Remediation efforts will include:

- Revision of Initial Health Assessment (IHA) and blood lead screening policies/procedures.
- Member and provider education regarding IHA and lead screening requirements.
- IHA and Lead Screening Clinic (LSC)-focused medical record review, monitoring activities.
- Continue $25 LSC member incentive.

Pharmacy Services is pleased to report Medi-Cal Rx updates, D-SNP work progress, and the work of the Pharmacy and Therapeutics Committee which are detailed in the Pharmacy's slide deck.

Health Equity has been working diligently with GCHP Analytics and GCHP departments to enhance GCHP's data capture capabilities. Notably, work is focused on a Health Equity Data Gap Analysis. This includes:

- Assess ability to ingest/report on health equity metrics in GCHP systems.
- Identify percentage of missing member demographic data.
- Development of a health equity dashboard prototype.

Additionally, Health Equity Executive Director, Ms. Pshyra Jones has been participating with statewide learning collaboratives to ensure GCHP health equity efforts are incorporating the best practices from other Medi-Cal managed care health plans.

This concludes the CMO report for April.

ATTACHMENTS:

Chief Medical Officer Update

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Chief Medical Officer Update

Monday, April 28, 2025

James Cruz, MD
Acting Chief Medical Officer

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

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Quality Improvement Update

Monday, April 28, 2025

Kimberly Timmerman, MHA, CPHQ
Executive Director, Quality Improvement

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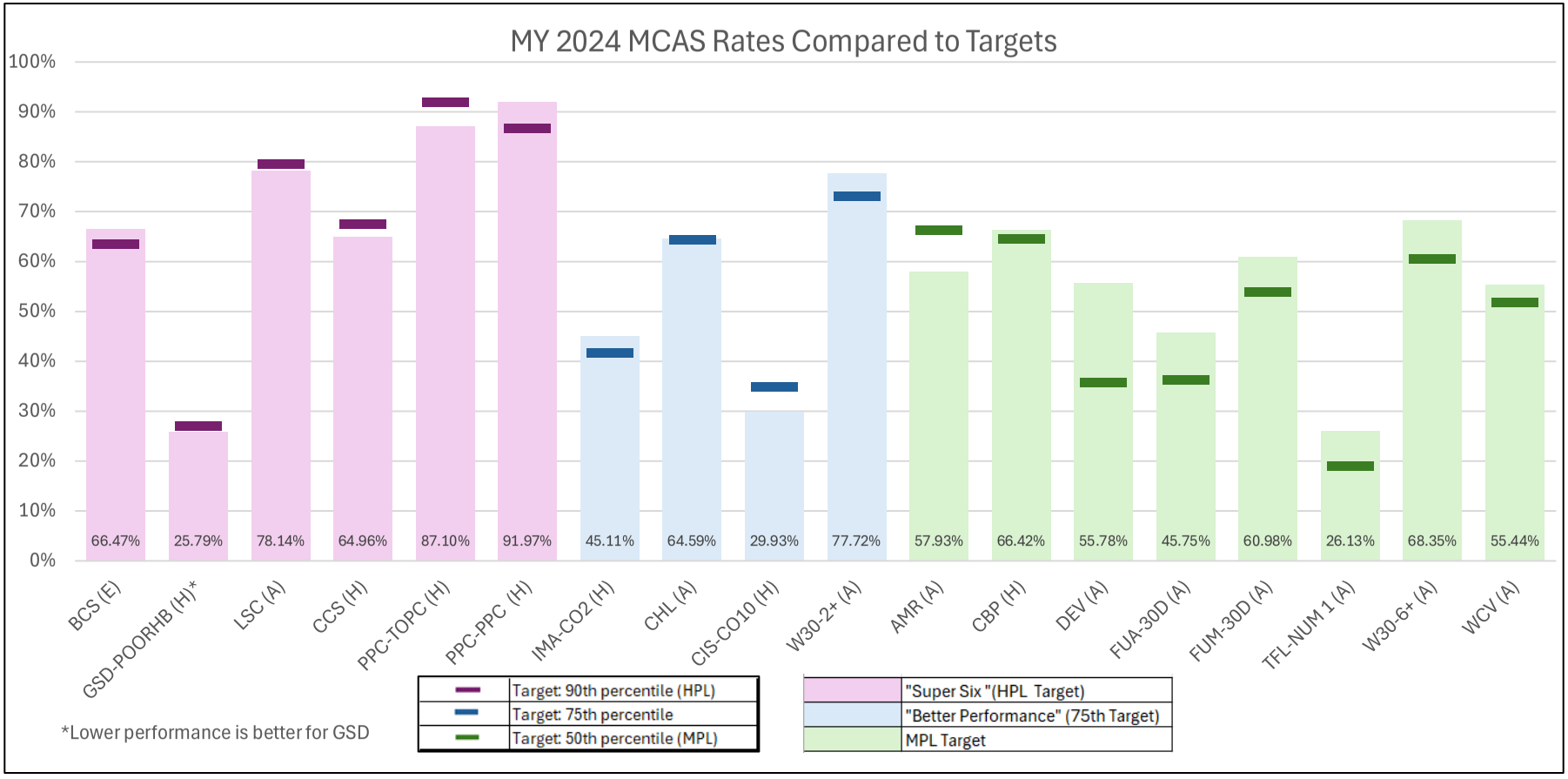
MY 2024 Rates Compared to Targets



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MCAS MY 2024 & MY 2025 Status

Measurement Year 2024 Reporting Current State

- All hybrid measures currently meeting MPL or higher target.
  - 2 Measures at 90th percentile (HPL) – PPC-Post, GSD
  - 1 Measure at 75th percentile – CCS
  - 3 Measures at 50th percentile (MPL) – PPC-Pre, CIS, CBP
- All administrative measures expected to perform better than MY 2023.
  - 1 Measure at 90th percentile (HPL) – BCS
  - 6 Measures at 75th percentile – CHL, FUA, IMA, LSC, W30-6+, W30-2+
  - 4 Measures at 50th percentile (MPL) – WCV, FUM, TFL, DEV
  - 1 Measure at 10th percentile – AMR

Measurement Year 2025 Reporting Current State

- Most measures currently performing better than same time last year.
  - 4 Measures performing lower – GSD, CHL, W30-6+, WCV

Measurement Year 2024 Risks/Dependencies

- PPC-Pre at risk for not meeting HPL target
  - Has met HPL for the last 4 of 5 years
- CCS at risk of not meeting HPL target
- CIS performing 2.92% below MY 2023 performance performance
  - 75th percentile target will not be met

Measurement Year 2025 Risks/Dependencies

- CCS, CIS & IMA loss of medical record pursuit
- CMH to transition to Epic 5/2025
- CDCR to transition to Epic 9/2025

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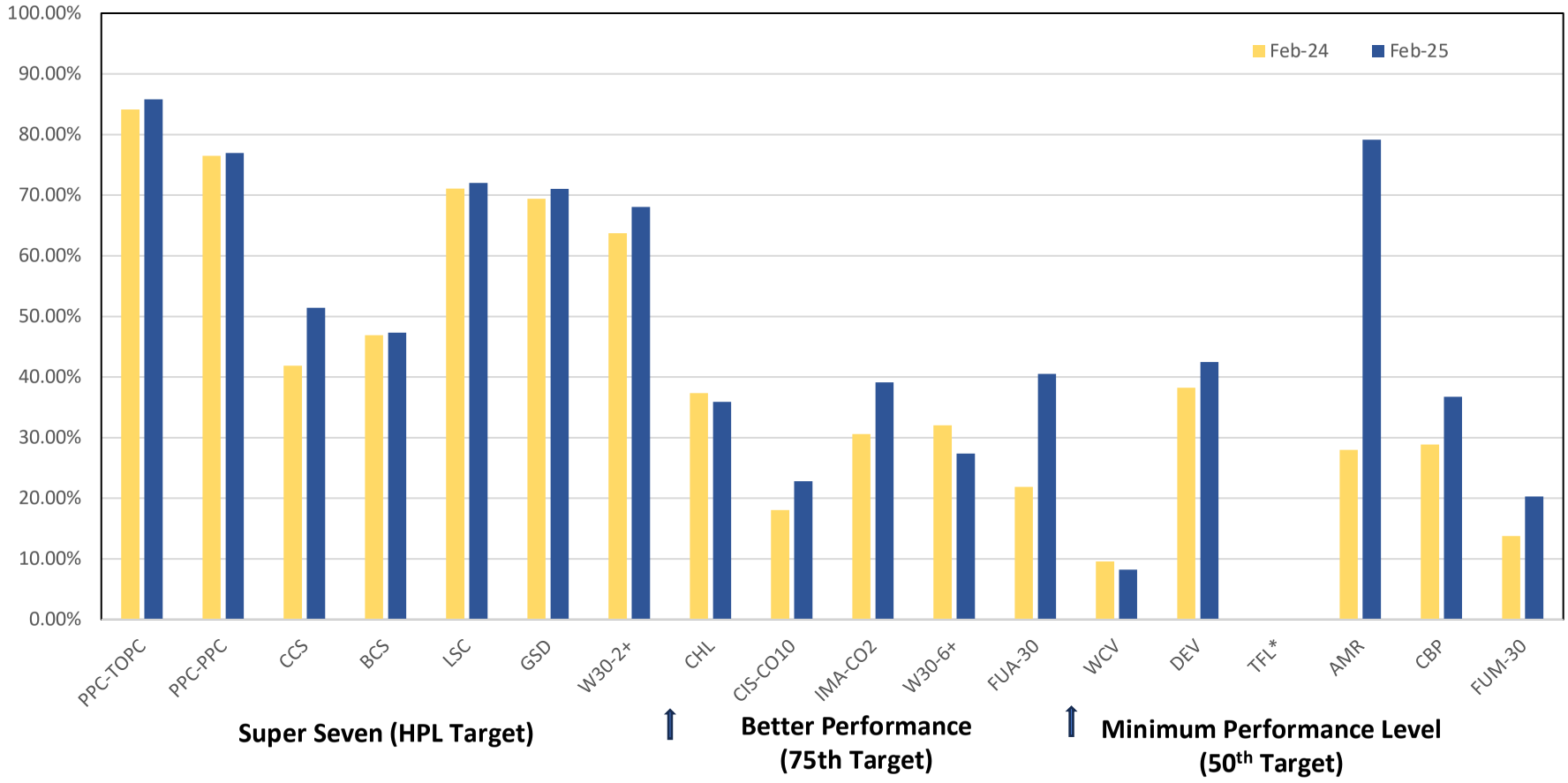
MY 2024 Rates vs. MY 2025 Prospective Rate Comparison



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

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MCAS MY 2025 Activities - Q2 Update

- Continued data refinement to capture services rendered
  - Partnership with Sr. Director Data Quality on data improvements
- Assessment of underperforming measures for root cause
- Cervical Cancer Screening focus groups to understand barriers
- Flu Shot/Childhood Immunization workgroup
  - Childhood flu vaccine member incentive expanded to be year-round to align with vaccine availability and immunization recommendations
- Health Fair, mobile mammography, and sponsorship of clinic events
  - Upcoming events:
    - June 22nd GCHP-sponsored Health Fair
    - Three clinic-based health fairs in Q2 focused on mammography and HbA1c testing
  - Refer to further details noted in CEO report from Community Relations team
- Member Gap Closure Outreach via CareNet, Health Education, Care Management & Embedded Member Ambassador staff
- Member Incentives with continued point-of-care expansion
- Asthma Medication Ratio (AMR) improvement workgroup
  - AMR planned for retirement in MY 2026 – likely to be replaced with new asthma ED F/U measure

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2024 DHCS Medical Audit CAP

The QI Department is leading response and remediation efforts for the following DHCS Medical Audit findings:

- The Plan did not provide IHAs to members within 120 calendar days of enrollment with the Plan.
- The Plan did not make reasonable attempts to contact members and document all attempts to schedule an IHA.
- The Plan did not ensure the provision of blood lead screening tests to members at one and two years of age, including up to six years of age as specified in APL 20-016.
- The Plan did not provide oral or written blood lead anticipatory guidance to the parent or guardian of members starting at six months to six years of age.

- **Remediation efforts will include:**
  - Revision of IHA and blood lead screening policies/procedures.
  - Member and provider education regarding IHA and lead screening requirements
  - IHA and LSC-focused medical record review

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2024 DHCS Medical Audit CAP

- **Remediation efforts (continued):**
  - Clinic-specific monthly communications/gap reports identifying members needing IHA and lead screening
  - Oversight and enforcement of submission of IHA outreach logs from providers
  - Monthly tracking of outreach compliance and IHA timeliness within 120 days
  - Blood Lead Level annual training and certification including education on capillary testing and anticipatory guidance in collaboration with CLPPP (monthly and on-demand trainings also available)
  - Continue LSC member incentive ($25)

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Pharmacy Services Updates

Monday, April 28, 2025

Lily Yip, PharmD, APh, CDCES, BCACP
Director of Pharmacy Services

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DHCS/Medi-Cal Rx Updates

- On January 31, 2025, Medi-Cal Rx initiated the implementation of claim utilization management (UM) edits and prior authorization (PA) requirements for new start prescriptions for members 21 years of age and younger, known as Pediatric Integration.
- Effective April 25, 2025, Medi-Cal Rx will complete the implementation of Pediatric Integration by reinstating PA requirements for continuation of therapy claims for members 21 years of age and younger. This means that all claims for new and continuing therapies will be subject to all UM edits, including PA requirements, as applicable per Medi-Cal policy.
- Medi-Cal Rx has also implemented the California Children's Services (CCS) Panel Authority Policy for CCS Paneled Providers who are physicians or certified nurse practitioners and enrolled in Medi-Cal. The CCS Panel Authority enables CCS Paneled Providers to prescribe for members 20 years of age and younger without submitting a PA request for Medi-Cal Rx covered drugs/products with some exceptions. For more information, review this bulletin.

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D-SNP Updates

- The Director of Pharmacy Services and other stakeholders have continued to meet weekly with the Pharmacy Benefit Manager (PBM), Prime Therapeutics, regarding the implementation plan and the timeline for executive milestones that need to be completed to ensure we are on track to be prepared to launch and execute the Part D pharmacy benefit for D-SNP on January 1, 2026.
- GCHP is also working closely with our pharmacy consultant, Pharmaceutical Strategies Group (PSG), to ensure the PBM is on track for the implementation plan, to share their expertise as subject matter experts, and to assist GCHP with providing bid support to meet CMS requirements and deadlines.

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P&T Committee Updates

- The last P&T committee meeting was held on February 13, 2025. A total of 28 drugs were reviewed including but not limited to neurotoxins, and monoclonal antibodies for chemotherapy.
- There was a total of 10 PADs (Lymphir, Besponsa, Elahere, Adcetris, Padcev, Tecentriq, Opdualag, Trisenox, Susvimo, Nucala) that will be added to the PAD list that will require PA and 3 PADs (Darzalex Faspro, Polivy, Gazyva) that will require PA only if requested for non-FDA approved indications. The approved changes to the PAD list will be effective June 1, 2025.
- A 90-day notification to impacted members and all providers were sent out by February 28, 2025. The updated PAD list and clinical guidelines will be updated on the GCHP website by June 1, 2025.

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Health Equity Update

Monday, April 28, 2025

Pshyra Jones, MPH
Executive Director, Health Equity

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Health Equity Highlights

- Instituted monthly Health Equity Steering Committee – February 2025
- ***In Progress***-Health Equity Data Gap Analysis
  - Assess ability to ingest/report on health equity metrics in GCHP systems
  - Identify % of missing member demographic data (REaL)
  - Develop health equity dashboard prototype

- External Meetings and Collaboratives
  - California Improvement Network (CIN) Partnership Meeting –May 8th, Oakland Ca
  - DHCS CMO/CHEO Quarterly Meeting – June 5th, TBD
  - Association for the Community Affiliated Health Plans (ACAP) Collaborative Meeting –June 11-13, Hartford CT

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Utilization and Care Management Updates

Monday, April 28, 2025

Nicole Kanter, RN, MPH
Executive Director, Health Services
Trena Tobin, RN
Interim Director Care Management

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DHCS Medical Audit Updates

- Utilization Management and Care Management remains highly aligned and focused on ensuring regulatory compliance. We have received the results of the 2024 California Department of Health Services (DHCS) annual medical audit, which was conducted in October 2024. The audit identified two corrective action items for Utilization Management and five corrective action items for Care Management.
- The first UM finding highlighted the need for a system to effectively track and monitor authorized, denied, deferred, or modified referrals, including out-of-network referrals, and to ensure timely processing of these referrals.
- The second UM finding noted the importance of preventing the application of prior authorization requirements to preventive services.

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DHCS Medical Audit Updates

- The five corrective finding in CM were all related to the Continuity of Care (COC) process. Which includes acceptance of COC requests by telephone, notification to members (3 findings) and policies to monitor and evaluate COC services to members.
- Corrective actions have been implemented to address all findings within the specified DHCS timeframes.

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NCQA Readiness

- The Utilization Management (UM) and Care Management (CM) teams are actively working towards achieving National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA).
- Increase auditing has been implemented for UM denial statements to ensure the clinical rationale meets NCQA standards.
- CM case files at mock audit showed 100% compliance with NCQA standards. Next mock audit is scheduled in May.
- The teams remains committed to this goal, continuously striving to improve our processes.

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AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: April 28, 2025

SUBJECT: Human Resources (H.R.) Report

Human Resources Activities

The Human Resource team has focused on (1) Staff Engagement, (2) Acquiring and retaining talent and (3) enhancing the performance of the organization

Staff Engagement: Our Culture Transformation journey was officially kick-off in March with the Culture Equation Workshop facilitated by the consulting group, Culture Partners. Our leadership team (directors and above) participated in the workshop, which set the course for the transformation by defining and aligning on our organization purpose, strategic anchors, key results and cultural beliefs. A new cross-functional Culture Committee has been formed to lead this initiative, under the leadership of Pauline Preciado, Executive Director, Population Health. The Culture Committee, working with our consulting group Culture Partners has developed the culture change plan to ensure all Goal Coast employees are trained on the cultural belief expectations and related tools to reinforce these beliefs / behaviors across the organization. The details of the Culture Transformation and change plan will be reviewed in detail at a future Commission meeting.

Organization: Since the start of the new fiscal year (July 1st), we have filled 113 positions through March 31, 2021, which has increased GCHP's headcount to 421. Of the new 93 budgeted roles, 78%, or 73 have been filled. The primary gap of unfilled roles are new D-SNP and Mailroom roles, which were recently posted and should be filled by the end of May.

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

- Director, Grants Administration and Oversight: Ellen Rudy
- Senior Director, Quality Data: Beth Kelty
- Director, Organization Performance & Change Leadership: Xochitl Boehm
- Promo/Hire - Executive Director, IT: Jeff Acomb
- Promo/Hire - Director, EDI: Michelle Lacy
- Promo/Hire – Executive Director, Health Services: Nicole Kanter

The table below provides a total Resource Summary, which includes Employee and Contingent Worker (Temps / Contractors) by Function. You will see the organization remains within current Employee budget of 452 roles and effectively managing 75 contingent worker counts against the overall fiscal year budget.

Gold Coast Health Plan - Headcount
Fiscal Year 2024/25 - March 31, 2025

	EMPLOYEE COUNT				CONTINGENT WORKERS			TOTAL RESOURCES	
Function	Active Headcount	Open Requisitions	YE Headcount FY2024/25	Percentage of Total Headcount	Temp Roles	Contractor / Consultants	Total Contingent Workers†	Total Resources	Percentage of Total Resources
Health Services	130	6	134	30%	3	3	6	140	27%
Operations	94	12	105	23%	16	20	36	141	27%
Information Tech	39	5	62	14%	11	11	22	84	16%
Policy & Programs	41	2	44	10%	1	0	1	45	9%
Compliance	21	1	22	5%	1	0	1	23	4%
Finance & Accounting	36	1	20	4%	1	1	2	22	4%
Execuitve & Administration	13	2	14	3%	0	0	0	14	3%
Member Experience and Ext Affairs	32	4	35	8%	0	0	0	35	7%
HR&Facilities	12	1	12	3%	1	2	3	15	3%
Innovation / DSNP	3	0	4	1%	4	0	4	8	2%
Strategic Initiatives	0	0	0	0%	0	0	0	0	0%
Grand Total	**421**	**34**	**452**	**100%**	**38**	**37**	**75**	**527**	**100%**

†Outsourced Labor (BPO) excluded: 42 in Operations - Netmark

Attrition: Our attrition for the last 12 months is still low at 5.08%. This is a slight decrease from the last month, as terminations have declined. Attrition trends are checked each month to assess pending organization risks or concerns.

Organization Performance: We are on-track to achieve our five priority Organization goals this year, which are (1) Stabilize Operations, (2) Implement D-SNP, (3) Improve Health Outcomes, (4) Improve Member Experience and (5) Transform Culture. Within the five organization goals, there are 38 sub-goals that detail the work. Of these sub-goal activities, 32%, or 12 are completed, 53%, or 20 are on-track, 13%, or 5 are at risk and 3%, or 1 is off-track. Through the leadership of Josephine Gallella, Director, Portfolio and Project Management and her project management team, we are confident the targeted outcomes of these goals will be achieved by June 30, 2025.

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

RECOMMENDATION:

Receive and file.

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AGENDA ITEM NO. 13
CLOSED SESSION

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: April 28, 2025

SUBJECT: **CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**
Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: Four cases

Gold Coast Health Plan has received a written communication that, on the advice of counsel and based on the facts and circumstances in such correspondence, creates a significant exposure to litigation against Gold Coast Health Plan. A copy of the written communication is attached to this agenda.

ATTACHMENTS: NOTE FROM EMPLOYEE

[redacted]

Dear Dr. Nuñez,

This message serves as my final direct outreach before transitioning this matter to legal representation.

I've always believed that you care deeply about this organization, and I still believe you have the opportunity to lead it toward meaningful correction before this issue becomes fully external and irreversible. I could not stay silent while the organization was manipulated by bad actors, internal safeguards were ignored, and risks were concealed from those in positions of trust. I've done everything possible to resolve this internally—and that window is now rapidly closing.

To that end, I am offering one final resolution path that reflects both accountability and institutional protection.

Goodwill Installment and Communication Boundaries

If the organization agrees to proceed, please confirm by replying with the following sentence no later than 3:00 PM on Wednesday, April 16, 2025:

> "Gold Coast agrees to pay the $200,000 goodwill installment as a display of good faith consideration of your settlement proposal terms."

This confirmation deadline is distinct from the actual payment deadline of **Friday morning, April 19, 2025**. If no confirmation is received by April 16, I will consider the offer rejected and will proceed accordingly. I have begun outreach to law firms with expertise in whistleblower protections and compliance governance. After the deadline, all future communication will proceed through counsel.

I will not engage in further documentation, discussion, or submission of additional clarifying materials unless and until this installment is received.

Regulatory Filings and External Disclosures

As of April 14, I submitted formal filings with the following regulatory bodies:

- **California State Bar** (naming Scott Campbell and Richard Egger of BBK)

- **Fair Political Practices Commission (FPPC)** (naming BBK and six Commissioners for oversight and recusal violations)

- **Office of Inspector General (OIG)** (citing probable material breach of Gold Coast's Corporate Integrity Agreement)

These filings were accompanied by supporting documentation, including my **March 31 Recusal Request**, **April 7 Settlement Proposal**, and exhibits detailing legal conflicts, retaliation, and procedural failures. Importantly, the **State Bar and FPPC complaints were formally included as exhibits in the OIG filing.**

Additionally, I trust the organization has taken appropriate steps to ensure that any individuals or firms named in pending complaints have not participated in communications or responses submitted to oversight authorities. Given the formal recusal request and structural conflicts outlined in prior correspondence, any involvement by such parties in OIG-related correspondence would raise serious questions of reporting integrity, neutrality, and potential obstruction.

Terms of Resolution

- **$200,000 net goodwill installment**, payable via direct deposit no later than **Friday morning, April 19, 2025**. If your discretionary spending authority is capped below the full amount, I will accept a reduced installment—provided it is properly documented as a good-faith action tied to this proposal.

- **$7,000,000 net total settlement**, inclusive of the goodwill installment.

- **Full implementation of all 14 Corrective Action Plans (CAPs)** with third-party monitored compliance. CAP 12 (**Independent Legal Counsel for Oversight Cases**) will also be required with immediate implementation and adjusted to ensure the formal replacement of legal counsel from Best Best & Krieger LLP (BBK).

- I also recognize that elements of the CAP framework have already begun to be implemented by the organization since my April 7, 2025 submission. While this reflects the practical value and urgency of the proposed reforms, partial implementation without a formal agreement leaves both the organization and myself unprotected. This offer ensures structural integrity, full accountability, and binding expectations going forward.

- **April 24, 2025** will serve as the deadline for decision and execution. If Commission approval is required, I note that the **Brown Act (Government Code §§ 54954.2 and 54956)** permits special or emergency closed session meetings to be convened with as little as **24-hour notice** when addressing matters involving anticipated litigation, personnel risks, or time-sensitive settlement considerations. There is no procedural barrier to Commission action within the timeframe provided.

Implementation Conditions

All CAP timelines remain in effect, with scope and execution governed by a third-party monitor. The remaining CAPs not included in the 14 required must be completed within **five years**, with their implementation plans approved prior to the conclusion of third-party oversight. While extended monitoring is not required for these additional CAPs, it is strongly recommended.

Vacation hours for protected recovery time will be increased from 40 to **60 hours**, credited immediately upon execution.

Insurance and Legal Safeguards

This matter involves risks typically covered under public entity liability insurance, including governance failure, retaliation, and legal conflict. The structure of this proposal mitigates institutional damage and supports continuity. You are **strongly encouraged to notify the organization's liability insurer** to evaluate potential subrogation against prior legal counsel whose actions may have increased exposure.

Given the nature of the policy violations and retaliation-related concerns already documented, **I strongly advise that this matter not be directed to or advised upon by the Chief Human Resources Officer (CHRO)** unless necessary for coordination with your insurer or replacement counsel. In such cases, all communication should be copied to external counsel to preserve process integrity.

I also reiterate that I do **not wish to be routed through or engaged by any member of HR leadership**, including informally. Line-level and non-implicated HR staff (such as the Senior Manager of Facilities) may continue to interact with me in the normal course of business.

While I appreciated a recent conversation with the Senior Manager of Facilities, the timing and nature of that engagement resembled a credibility assessment. As a direct report to the CHRO, it is reasonable to infer this was initiated or sanctioned as an informal vetting exercise. These tactics erode trust and should not substitute for formal communication through legal, compliance, or settlement channels.

Governance Risks and Disclosure Protections

I am aware of previously undisclosed personal or familial relationships between Gold Coast executives and Ventura County leadership. These remain off-record for now, but I reserve the right to amend filings if resolution is not achieved.

Likewise, my filings to date represent only a portion of the full record. I have withheld additional submissions out of deference to this internal resolution process. That discretion should not be mistaken for limitation.

Intent and Organizational Impact

This is not a demand for damages. It is a corrective roadmap designed to stabilize the organization and avert external enforcement.

The monetary value reflects not only the personal and professional harm incurred, but also the **corrective value already delivered** through the documentation, analysis, and solution framework embedded in the CAP structure.

These reforms are not theoretical—they directly address the root causes that drive union escalation, attrition, and regulatory exposure. They promote a culture of **transparency, protection, and long-term trust**, especially for the most vulnerable employees.

Regulatory Interpretation and Oversight Mitigation

While I will not be retracting my filings, a formal settlement and full implementation of the proposed reforms will be viewed by oversight bodies as evidence of meaningful course correction. It demonstrates that Gold Coast leadership acknowledged institutional risk and acted before enforcement became mandatory. Regulators, stakeholders, and the public will be able to see that the organization took internal accountability seriously—and resolved the matter structurally, not reactively.

Final Reflection and Leadership Opportunity

You still have the opportunity to lead—decisively and with integrity. These measures are not punitive. They are stabilizing, protective, and restorative. They ensure that Gold Coast emerges stronger, more credible, and better aligned with its mission.

> Accountability is not a punishment—it is how trust is reclaimed. It prevents future loss and allows leadership to say: *We got it wrong, but we made it right.*

Before you decide, I ask you to reflect honestly:

- Do these CAPs make Gold Coast stronger—by reinforcing the transparency, accountability, and resilience it needs to succeed long-term?

That is how organizational integrity is not only preserved—but earned.

History will reflect whether this moment was met with accountability—or avoidance. I hope it is the former.

Please consider this your opportunity to demonstrate that internal resolution was not only possible—but chosen.

Respectfully,

[redacted]