Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

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

Regular Meeting
Monday, November 17, 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: 942 914 280#

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

Community Memorial Hospital
147 N. Brent Street
Ventura, CA 93003

855 Partridge Dr
Ventura, CA 93003

AGENDA

CLERK ANNOUNCEMENT

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

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

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

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

MOMENT OF RECOGNITION

Quality Awards Presentation

James Cruz, M.D., Chief Medical Officer
Kim Timmerman, Executive Director, Quality Improvement

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of September 22, 2025 and October 30, 2025.

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

RECOMMENDATION: Approve the minutes as presented.

2. Adoption of Commission Meeting Schedule for 2026

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

RECOMMENDATION: Approve the 2026 Commission meeting calendar as presented.

3. Ratification of State and Federal Contracts and Amendments for the D-SNP and Medi-Cal Programs

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission ratify the SMAC, CMS MA and DHCS Contracts.

4. Written Summary of Quality Improvement and Health Equity Committee Activities – Q3 2025

Staff: Kim Timmerman, MHA, CPHQ, Executive Director of Quality Improvement

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 3, 2025 Quality Improvement and Health Equity Committee summary.

5. Career Framework and Salary Ranges

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

RECOMMENDATION: Accept and file the 2026 position leveling salary range matrix as presented.

PRESENTATIONS

6. Pathways to Wellness Grants Program

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

RECOMMENDATION: Receive and file the presentation.

FORMAL ACTION

7. Approval of Revised Code of Conduct

Staff: Robert Franco, Chief Compliance Officer
Bianca Naron, Compliance Program Manager

RECOMMENDATION: Staff recommends that the Commission approve and adopt the revised Code of Conduct as presented. The updated Code will serve as the practical resource for employees and stakeholders, reinforcing ethical standards and compliance obligations.

8. 2026 Dual-Eligible Special Needs Plan (D-SNP) Update & 2027 D-SNP Program

Staff: Eve Gelb, Chief Innovation Officer
Kimerly Marquez-Johnson, D-SNP Operations Director

RECOMMENDATION; Staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the program.

9. Quality Improvement and Health Equity Committee 2025 Third Quarter Report

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

RECOMMENDATION: Approve the 2024 QIHET Program Evaluation. Receive and file the complete report as presented.

10. Review of September 2025 Financial Performance

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive and file the financials

11. CY2026 Budget Targets

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive and file the information

REPORTS

12. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report

13. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

14. Chief Compliance Officer (CCO) Report

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the report

CLOSED SESSION

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

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

17. LIABILITY CLAIMS
Claimant: Ventura Orthopedics Medical Group, Inc.
Agency Claimed Against: Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan

ADJOURNMENT

The next meeting will be the held on December 15, 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: November 17, 2025

SUBJECT: Regular Meeting Minutes of September 22, 2025,, and October 30, 2025

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Commission meeting minutes of September 22, 2025,

and October 30, 2025.

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

September 22, 2025

CALL TO ORDER

Committee Chair Laura Espinosa called the meeting to order at 5:05 p.m. in the Community Room located at 711 E. Daily Drive, Suite 110, Camarillo, CA 93010

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

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

Absent: Commissioner Anwar Abbas

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

Also in attendance were the following GCHP Staff: Lupe Gonzalez, TJ Piwowarski, Susana Enriquez-Euyoque, Erin Slack, Pauline Preciado, Vicki Wrighster, Michelle Espinoza, Rachel Ponce, Josephine Gallella, Jeff Register, Lucy Marrero, Pshyra Jones, Paul Verhaar, Adriana Sandoval, Alison Jewell, Alex Fernandez, Sergio Cuevas, Kim Timmerman, Joanna Hioureas, Nicole Kanter, Shannon Robledo, Xochitl Boehm, Oscar Carrillo, Sandi Walker, and Karina Ramirez

INTERPRETER ANNOUNCEMENT

PUBLIC COMMENT

None.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of August 25, 2025.

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

RECOMMENDATION: Approve the minutes as presented.

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

Roll Call Vote as follows:

AYES: Commissioners Allison Blaze, M.D., James Corwin, Jaime Duncan, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Sara Sanchez, and Dee Pupa

ABSTAIN: Commissioner Laura Espinosa, and Scott Underwood, D.O.

NOES: None.

ABSENT: Commissioner Anwar Abbas

Motion carried.

PRESENTATIONS

2. D-SNP Ready to Sell and Ready to Enroll

Staff: Eve Gelb, Chief Innovation Officer
Jeff Acomb, Executive Director of IT
Susana Enriquez-Euyoque, Director of Communications
Brenda Gomez-Garcia, Medicare Compliance Manager
Kim Marquez-Johnson, Director of Dual Special Needs Plan
Jeyson Florez, Senior Manager, Deloitte

RECOMMENDATION: Receive and file the presentation

Chief Innovation Officer, Eve Gelb stated Jayson Florez from Deloitte, will be sharing our progress on D-SNP, along with Jeff Acombs, Susana Enriquez-Euyoque, Brenda Garcia-Gomez, and Kim Marquez-Johnson. CIO Gelb stated that today we are ready to sell and ready to enroll.

Kim Marquez-Johnson, Director of Dual Special Needs Plan, stated that she will present our program journey. We have done a lot of regulatory reform and meeting the requirements for CMS and DHCS. The first was our notice of intent to apply to become

a MAPD plan, which was done at the beginning of this year. We will be starting in November for 2027 – which is an annual requirement for us now. We also obtained our Know Keene license, and we are now able to work as a Medicare Advantage plan in California. We also submitted our Model of Care to CMS and scored 100% through NCQA auditors. This granted us a three-year approval so we will not have to rewrite the MOC every year. We also submitted our Part D&C applications to become an MAPD plan. For the first time GCHP has submitted and it has approved our Medicare bid submission and we are getting ready to kick off. We also just received the final copies of our executed Medicare contract and state Medicaid contract from CMS. We are now official.

Amid all those regulatory requirements, we also started at the beginning of quarter two with the design and build, test, and train for ready to sell, ready to enroll, and ready to serve. We will kick off ready to sell on October 1 and ready to enroll on October 15th. We will be ready to serve January 1, 2026. We are now in the Medicare manual, and we are nationwide. We are now looking at prospective members. We need to now start with our brand recognition, and we have also been working on marketing materials that will go out to the community. One letter has already gone out to the community, which was educational and said nothing about our brand, but does inform our potential prospective members who are current members right now and will be turning sixty-five, that a dual special needs plan is coming. We have received phone calls and members contacting our call center. Ms. Marquez-Johnson noted that CIO Gelb and she had done a training for our call center staff, and many had received phone calls and staff also noted that some of their parents were interested. She also stated that staff will need to be educated on what our 2026 benefits are for D-SNP.

We must prepare our tele sales. We have five tele sales staff and three sales agents that are being trained right now. We also must provide education for our providers. Ms. Marquez-Johnson noted that many of our departments have been involved in the preparation of this kickoff. Gold Coast staff has made a tremendous effort in this preparation.

Jeff Acomb, Executive Director of IT reviewed some of the IT and systems capabilities. We have a new capability with Wipro to sell, as well as manage the application enrollment process. The teams have been pushing hard to make sure we have the capability as well as the ability to process sales materials. We are moving forward to make sure our members have the materials required to help support our operations. Our contact center help support all our members, as well we have our operational support for launch on 10/1. Our data and reporting teams keep a lot of our members connected through data, through integrations across all our IT platforms, and we are tracking and making sure that we have the capabilities in place to support the launch. Our health rules payer, our new core admin system launched last year is continuing to be optimized with certain capabilities that are going live as part of the 10/1 release so we will be able to support our membership to make sure that the configuration for enrollment is in order to help manage these members as well as key aspects around PCP assignment and ensure that we are functioning appropriately for our members.

We do have a contingency plan in place and the Executive Team is confident in our contingency plan to make sure that, even though we have a couple of manual steps to enroll members in some of these systems and applications, that it has audit capability, and that we, as an organization are in alignment and confident in any type of manual process we do have.

The data and reporting team will ensure that information is available for our downstream consumers as well as our reporting teams. The data is available and is accurate for our members as well as our providers to make sure that our new members in the D-SNP process are ready and have the eligibility and benefits so that we make sure we serve our members appropriately. Mr. Acomb noted that our portal to inform members and providers with new membership is ready and set to go for 10/15/25.

Mr. Acomb also stated that we are rolling out a new PBM for Part D pharmacy and we will be ready to serve on 1/1/26.

Our data and reporting teams, when we are ready to serve, there are a number of downstream capabilities from data and reporting that we will be working to establish to build and test. We have some solutions to make sure that all our operational or business teams as well as our technology teams and our partners are well aligned. We will continue to provide timely as well as accurate updates to the Commission and our Executive Team to make sure that the capabilities as designed, built, and tested are introduced into production and ensure that new members receive an are able to have the benefits as part of being enrolled in our D-SNP.

Jayson Florez from DeLoitte stated there are different components of testing that are going on as well as some metrics. For each of the different releases discussed the first thing noted was system integration testing. Individual components are tested as the go from one system to the other. Each of the pieces of the process are accounted for and all the pieces are working together. For the ready to sell, ready to enroll the component testing is complete. Testing has begun for Ready to serve.

Mr. Acomb stated there is a large coordination and we continue to move forward in a positive way for our new members.

Susana Enriquez-Euyoque, Director of Communications provided an update on communications and marketing. Enrollment kicks off October 15th and we will be enrolling members month to month through the end of 2026. We have approximately 27,000 members who have both Medi-Cal and Medicare. For our first year we are targeting a small portion of these members to less than 10% of the 27,000. We will be specifically focusing on our existing GCHP members, those who are aging into Medicare, along with new GCHP members who are dually eligible. To reach the populations that would be enrolling in a D-SNP, we will have a presence at community events, and we will have targeted sales presentations. Ms. Enriquez-Euyoque stated that marketing is new to GCHP, because until now, marketing has been a prohibited function for the plan. She noted that for Medi-Cal, the enrollment process is different. The individual goes to

the county office, they enroll, their information is sent to the state, and then we (GCHP) get an enrollment file letting us know that they have become a member. We do not do any marketing to have them join the plan. Now we will be marketing, instead of just communicating with members about benefits and services we will be telling them about services and benefits available to them if they join our plan. We want to entice them and let them know how we stand out from our competition. We want them to stay with us because they see value in staying with our plan.

Ms. Enriquez-Euyoque stated it is important to know that we will not be doing anything that is unsolicited. We will not be going to members' homes. We will not be making unsolicited phone calls, sending text messages or emails. If someone is interested in learning more about the plan it is a very structured process that they must go through, it must be documented and once they tell us they want to engage in a conversation, then we will have a discussion with them.

Ms. Enriquez-Euyoque stated that come October 1st we will be putting out a press release letting our community know that we have something new to offer in Ventura County. We are also hoping to do some media interviews to get the word out about our new plan. We will be doing some targeted advertising on social media, but mostly we will be relying on direct mailings. She noted that we have already had some members reach out wanting to know more.

Commissioner Espinosa asked if GCHP will be working collaboratively with the County Human Services Agency, or the Area Agency on Aging, which is under HSA because many of the county enrollees in Medicare rely on the HICAP advice, and how it is being coordinated. CIO Gelb stated that we are coordinating with them, and staff has done a presentation for them. We will also continue to engage with Area Agency on Aging in terms of how to support older adults in the community. Going forward our relationship will be tighter. CIO Gelb stated that we have representation from Area Agency on Aging in our Community Advisory Committee. Commissioner Espinosa asked if the new program is part of the electronic potential selection for members. CIO Gelb stated the Madicare.gov/plan finder is the tool that HICAP uses to help beneficiaries. We will be live as a plan on Medicare.gov next week.

Brenda Gomez-Garcia, Medicare Compliance Manager, reviewed regulatory milestones and updates. She stated that we received our official signatures on our contracts, and we have started to establish our meetings with our CMS account manager and will continue to meet on a regular biweekly basis to discuss any issues, or anything regarding our marketing submissions. Eventually we will move to monthly meetings.

Moving onto our Department of Managed Healthcare, we have established relationships. We continue to submit monthly, quarterly financial reports and as of October, we will be submitting our first annual financial report. We have also engaged the new DHCS Deputy Director of the Office of Medicare Innovation and Integrations. We had the deputy attend our Member Advisory Committee and speak with the members. We have also established a relationship with our DHCS contract manager, and we continue to

communicate on a regular basis for any regulatory requirements or submissions. She noted that we have received approval on all our integrated materials, which incudes approvals for our Summary of benefits, formulary provider directories, our EDC, and IDs, which entail both Medicare and Medi-Cal requirements. We have also received approval for all our marketing and enrollment materials from a DHCS and CMS perspective. Finally, we have also gotten approval for our website, members will be able to see our product beginning October 1st.

In next steps we will move forward with establishing the Medicare Advantage prescription drug system. We all need to ensure that we meet deadlines to submit our integrated materials. We have a timeline to ensure that these are posted by October 15th on our website or at least handed out if members request to have them printed in hand, and our identification cards to new members. We also need to ensure that we continue to have encounter submission data and electronic interface, which means we will be exchanging data between EMS and GCHP in a secure system. Finally, we are moving forward to ensure that we meet our internal policies and procedures.

Ms. Marquez-Johnson stated that in appreciation for all the work that has been done there will be a Launch Party on September 25th for staff. This concludes the presentation.

Commissioner Pupa congratulated the staff for all the accomplishments they have done.

Supervisor Lopez motioned to approve the presentation. Commissioner Myers seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anwar Abbas

Motion carried.

FORMAL ACTION

3. Adoption of Resolution 2025-002 Authorizing the Investment of Monies in the Ventura County Treasury Investment Pool

Staff: Sara Dersch, Chief Financial Officer
Jeff Register, Controller

RECOMMENDATION: Staff recommends the Commission adopt Resolution 2025-002 authorizing the investment of funds into the Ventura County Treasury Investment Pool

Chief Financial officer, Sara Dersch, stated this is the adoption of a resolution authorizing the investment of monies in the Ventura County Treasury investment fund. She stated this is recordkeeping update. One of our investments is the Ventura County Treasury investment pool. She noted that all the local agencies, government agencies in the county invest in it. It includes over two hundred fifty agencies. Currently it is a bit over $4 billion dollars and our investment is approximately $20 million. Every few years we are required to update the resolutions ensuring they have the correct authorized users to do the management of funds. Staff is asking that CEO Felix L. Nunez, M.D., and Ms. Dersch, CFO be authorized signers on the account. She stated they cannot take the money out, but they are the designated signers.

Commissioner Corwin asked if GCHP had an investment policy that has constraints. CFO Dersch stated that falls along the lines of the signatory authority which has everything over $100,000 going to the Commission. General Counsel, Scott Campbell state we have an investment policy that will be presented to the Commission periodically when the state law mandates it be updated.

Commissioner Blaze asked if both people must look at it or just one. CFO Dersch state it would just be one. Commissioner Blaze asked if that is how it was in the past. CFO Dersch responded that we are not changing the structure, and we are not changing the policy, we are just updating the authorized personnel.

Commissioner Pupa motioned to approve the updated authorized signers Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anwar Abbas

Motion carried.

. **REPORTS**

4. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report

CFO Nunez stated he will present two different elements for his report. He stated that he wanted to acknowledge GCHP Teams for the work that has been done. We have moved forward on some key initiatives and will continue to grow and develop as a health plan. We will continue to evolve. There is no end to the work we are doing going forward as a plan. It is the nature of who we are and what we must do and the mandates that we have ahead of us. There are more changes to come.

CFO Nunez acknowledged and thanked CMO James Cruz, M.D., and his team for reviewing our vaccine policies and guidelines for this year. There has been a lot of discussion on vaccines in Washington D.C. There are changes happening at the CDC and the FDA. Typically, we are aligned at the state level and usually aligned with CDC recommendations. This is the fist time we have broken from those recommendations and instead have looked to align with the American Academy of Pediatrics, the American Academy of Family Medicine, the American College of Obstetrics and Gynecology, and the California Department of Public Health. We are looking to those agencies for recommendations. They are aligned on their recommendations, and we have changed our policies and recommendations internally to align with those as well. We are concerned about the changes at the CDC level on immunization practices. We have pledged to make vaccines available as broadly as possible to our members and to promote those vaccines to our membership. This will also include the Covid vaccine. The recommendations have changed at the federal level around the Covid vaccine, and we are going to be following the California State public health recommendations for those vaccines and continue to make them available.

Secondly, we are continuing to monitor the effects of HR1, which passed on July 4th and signed into law. There is a timeline for how those policies are going to affect us sooner than later. We have been monitoring enrollment as an indicator of how our members are responding to HR1 and how it is going to affect our member's decision to enroll or not enroll. We are looking closely at the UIS category out of concern. We have many mixed households regarding immigration status. There are many who fail to enroll out of fear in terms of exposing themselves to extra scrutiny from the federal government. He noted that the raw enrollment for September is declining. We saw a decline in new enrollment, and we saw disenrollment across both UIS and SIS. CEO Nunez stated that most health

plans are looking for the same way and are thinking about the UIS populations as being the first population to drop off enrollment due to extra pressures on them.

With that population in mind in terms of our financial projections we did budget for a loss of enrollment in the STUB period. We are going to see a decline in enrollment and making a budget decision in terms of that population. In terms of enrollment, it is not good news, and we need to look for opportunities where we partner with our community-based organizations to continue to encourage people to re-enroll. Our network partners are dependent on this, as we lose enrollment, our network partners lose enrollment too, and that is concerning. Enrollment is tied to revenues.

People without coverage are going to go into the emergency rooms and we are going to require treatment. However, they are going to be uncompensated for the most part. Coupled with changes to state directed payments, our network facilities are also concerned and have expressed it. We are looking to partner as much as we can with our network facilities and with our network partners to help encourage enrollment. We have had outreach from HASC asking if we would be interested in a joint program in terms of promoting, marketing, and advocacy towards Medicaid enrollment and advocating to state legislature in California. We have expressed an interest in partnering with them and doing advocacy work with them as well.

Our revenues are linked to enrollment, and we need to adjust in terms of our budgetary thinking and what the impact is going to be on the health plan. This is the third month in a row that we have seen a steady drop in enrollment little by little. We continue to advocate with LHPC, and we have been meeting the CEOs have met twice in August in two separate special meetings to discuss state budget, the effects of HR1, and mitigation of those effects to what we could do as a statewide organization. Many health plans are following a similar strategy in terms of considering whether their budgets need to be adjusted passed on a projection that the enrollment is going to start to drop off.

5. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report

Chief Diversity Officer, Ted Bagley, stated it is well known of the attacks in our communities going on with the DEI. This is at the local, state, and federal levels. We are not panicking, and we are still doing what we are supposed to do as it relates to DEI.

Things are going well within GCHP as it relates to DEI. The only changes we will make as it relates to DEI is if the Commission, or the state decides we must make a change. Hopefully, this will not happen because we have succeeded with that we have been doing and will continue to do that until we hear further.

This organization has worked well together to make sure that we do not have a lot of things going outside of these walls. This Senior Team has been very responsive whenever we have had cases. We have cases internally that we deal with, and we have been able to solve a lot of the issues following the processes that we use to make sure that we deal with key issues. The Diversity Council works closely with HR. We review pay and recruiting to make sure we are doing everything the right, fair, and consistent way.

CDO Bagley reviewed the diversity breakdown. He noted that 70% in the organization are female. New hires are also 72% female. Terminations since 2024 shows 4,049 and 36 of them were voluntary resignations. People are moving out of the area Average turnover rate is 5%. In this industry there is much more turnover, and the average is higher. Mr. Aguilar and CDO Bagley work together on the movement of our people as it relates to promotion. CFO Dersch works on pay, CME/EAO Marlen Torres works as it relates to the community, and CCO Robert Franco as it relates to compliance. All work together to work on cases before they become major.

CDO Bagley also noted that we are not our of line in any category, the only category that we are not in alignment with is the overall white population because they have more people rotating out, but everything is fairly consistent with what we are seeing with the census and in our community.

Commissioner Corwin stated that we had to get rid of some of the clear DEI language for risk of losing some of our federal funding or if there is any risk. CEO Nunez replied that we have not received any direct guidance from the Feds or the State regarding change to the wording of our programs and until we receive direct guidance, we are going to remain on the path that we are on. Once we receive that guidance, we will look at that directive and work to be compliant. There has been work by organizations to try to avoid the radar. We are waiting for direct guidance from the state, direct guidance from the federal government, and our Commission to see what we are being asked to do so that we can remain compliant. Even without the guidance we have looked at the language that we have on both our website and in our internal things and we do not have any language that would be a trigger. Our programs: health equity, the CDO program are not things that are prohibited. We are complying with the law.

General Counsel, Scott Campbell, stated that as far as DEI is concerned, we are prepared in case the state does come down with some kind of edict. As of right now, we are going to keep doing what we are doing. The CDO title cannot be changed by GCHP because it was created by the County. The CDO is not something that has been triggered by any federal review across the country.

Commissioner Corwin stated he will send some information to Mr. Campbell and that he is very proud to hear this discussion today.

Commissioner Corwin motioned to approve the reports. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anwar Abbas

Motion carried.

The Commission took a short break and then entered Closed Session at 3:26 p.m.

CLOSED SESSION

6. PUBLIC EMPLOYEE APPOINTMENT
Title: Chief Operating Officer

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

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

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

General Counsel, Scott Campbell stated there was not reportable action.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 5:17 p.m.
Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

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

October 30, 2025

CALL TO ORDER

Committee Vice Chair Dee Pupa called the meeting to order at 10:09 a.m. in the Conference Room of the Ventura County Art Museum located at 100 W. Main Street, Ventura CA 93001

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

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

Absent: Commissioner Laura Espinosa

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

Also in attendance were the following GCHP Staff: Lupe Gonzalez, Susana Enriquez-Euyoque, Vicki Wrighster, Michelle Espinoza, Josephine Gallella, Jeff Register, Pshyra Jones, Adriana Sandoval, Joanna Hioureas, Oscar Carrillo, Veronica Estrada, Anna Vasquez, Lupe Harrion, Danny Alvarez, Victoria Warner, Kelly Laban, Lily Yip, Lupe Nunez, Ron Reed, Kimberly Marquez-Johnson, Nthan Norbryn, Ross Hooper, Nicole Kanter, Tom Vargus, Ellen Rudy, Mayra Hernandez, Chris Dulan, Xochitl Boehm,

Guests: Baker Tilly Reps: Kimberly Sokoloff and Ashley Merda. Amy Porter, County of Ventura, Linnea Koopmans, of LHPC, Craig Kennedy of Medicaid Health Plans of America

PUBLIC COMMENT

None.

FORMAL ACTION

2. Fiscal Year 2024 - 2025 Audit Results

Staff: Sara Dersch, Chief Financial Officer
Baker Tilly Representatives

RECOMMENDATION: Receive and file the report

General Counsel, Scott Campbell stated the audit results were reviewed in detail and approved by the Executive Finance Committee on October 23, 2025, at a special meeting. These results will be presented at a high level for the entire Commission.

Chief Financial Officer, Sara Dersch, introduced Kimberly Sokoloff of Baker Tilly, who will present the audit results. Ms. Sokoloff noted that the results were presented and approved at the Executive Finance Committee, and there was a robust discussion at that time. Today, she will present highlights only. In the Scope of Services there is one new item. Baker Tilly was engaged to provide a Human Resource policy review with their HR strategy and transformation group. Baker Tilly was also engaged to provide the financial statement audit services for the six-month stub period ending 12/31/25 in connection with the change in fiscal year end. GCHP is already more than halfway through the six months and have already started planning and started procedures on the sub period audit. Baker Tilly is required under professional auditing standards to communicate significant risk areas, and there are not any vulnerabilities at the health plan in these areas. They do both controls and at the end of the year reconciliation against your membership enrollment and then actual cash payments received from the state against the revenue recorded, including subsequent cash receipts that have been received after fiscal year end that may have some retroactivity to evaluate that revenue for the fiscal year end. With claims liability new for our audit approach this year, given the new claims system that was implemented for fiscal year 2025, as well as bringing those claims processing and adjudication of payment in house with a new service provider. Baker Tilly performed incremental IT control testing procedures around the implementation, and spent quite a bit of time with the team to understand the new financial controls around the claims processing, so that they could identify and test the new controls we did evaluate subsequent claim payments all the way through September. They did not have any findings in these areas and believe that management estimate is materially correct.

Commissioner Laura Espinosa arrive at 10:22 a.m.

Ashley Merda stated they conducted the audit in accordance with auditing standards accepted in the US, under which they are required to exercise professional judgment and maintain professional skepticism throughout the audit.

The audit included obtaining an understanding of the company's internal controls to properly design our audit procedures, but not for the purpose of expressing an opinion or any assurance on the effectiveness of the internal controls. Baker Tilly is also responsible for communicating significant matters related to the audit that are relevant to GCHP responsibilities and overseeing the financial reporting process, the plan implemented GASB 101 The implementation of this standard requires a retrospective approach where all periods presented within the financial statements need to be reflective of the standard adoption. A total accrual of approximately 3.6 million was recorded with approximately 2.9 million of that total affecting the prior net position. there were no significant unusual transactions identified. No significant difficulties were encountered, and no disagreements with management. Ms. Sokoloff stated they are working with management to work through reconciliations during the stub period. and are prepared to issue the audit today with the Commission's approval. Baker Tilly does require management to sign a representation letter today, which the GCHP management team is prepared to do, so that a clean audit report is issued.

Commissioner Pupa motioned to approve the FY 2024-2025 Audit Results. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: None.

Motion carried.

CONSENT

1. New Facility Lease Approval, 4880 Santa Rosa Rd, Camarillo, CA 93012

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

RECOMMENDATION: Staff requests that the Commission authorize the CEO to enter a lease for new office space.

General Counsel, Scot Campbell stated the landlord of the new GCHP location has requested a resolution showing the new location has been approved.

Paul Aguilar, Chief of Human Resources & Organization Performance Officer stated that he and CFO Dersch seek approval on this lease. This is part of our overall, geographic strategy in the county. As mentioned in the past, we are seeking to first. establish a new site location for our office and second, as part of our footprint established resource centers within the county with the intention of enhancing our member experience. This is a twostep approach that we're managing, and this is the first one. In August, CFO Dersch went to the Commission seeking endorsement on a proposal where we shared four options we sought and received approval to move forward with the property. Since August, we've been working with our real estate broker from CBRE along with our attorney from BBK to work with the landlord. We have reached terms of that negotiation and based on the approval that was provided in August, we are ready to seek approval on the lease.

Commissioner Espinosa asked Mr. Aguilar to briefly discuss the financial aspect of the lease The terms of the property itself are approximately 40,000, square feet, which is a bit less than what we had occupied at our current properties. The terms of the lease are 126 months, which is 10 years, 10.5 years. and the terms of that would be as you can see within the budget that we provided. When we did the side by side comparison of the four properties, which included the current property we are in today, the cost of staying and working to upgrade and fix a lot of the issues we are managing within the current property and then with the limited flexibility due to space, that cost was greater than moving into any of the other three sites that we were looking at.

CFO Dersch stated that we looked at the current Santa Rosa site that met the financial expectations and the ease of trying to move in. We expect on an annual basis once we move in, we will save between $250000 to $400,000 per year. At our current location the property owner has actually locked the door, so you can't get out to any balcony or outdoor eating area. The building is not in good shape. CFO Dersch stated she wanted to call out two things, reiterate what Mr. Aguilar said about having a community Resource Center. We will have a small one. It will be our prototype. We are looking to expand into the Oxnard area for a larger Community Resource Center. We will have a community room that is at least double the size of the one we currently have. We know that even in our Commission meetings, the room can be very tight. We have had to go out and rent hotel conference rooms for some business meetings. Because we have too many people

coming in, that community room cannot accommodate that. So, by moving to this new facility, we'll be able to use that community room instead of spending money on outside conference rooms.

Commissioner Sanchez asked if there was access to public transportation for the public to get to the location. we're limited to the Camarillo public transportation right now and that is not a consistent option. That's one reason why we are seeking to go into the community-based resource centers. We do have people coming on the site in our Camarillo office. We anticipate that will continue, but we know that's not the ultimate objective here. So that's why as we go forward with the plan of establishing our site and then at the same time start to seek community-based resource centers.

Commissioner Abbas motioned to approve the lease. Commissioner Underwood seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: None.

Motion carried.

FORMAL ACTION

3. June 2025 Fiscal Year to Date Financials

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive and file the report

CFO Dersch stated she wanted to go over how we ended our last fiscal year and then how performing for July and August of this stub period. We had just as we completed the audit, we were able to finally close our books. we invested very heavily in our quality strategy funding for the fiscal year that ended June 30th, 2025. We did plan for a deficit of $55 million. We ended up with a deficit of almost $63,000,000. Part of the reason for the overage, two compelling reasons. Number one, we've had pressures. We have seen a lot of utilization of our medically tailored meals. We already have plans to address that utilization. to ensure that we are maximizing how we can provide medically tailored meals for those members that qualify and how we can graduate them to not needing the meals

anymore. They will know how to prepare the, the healthful meals on their own. The second reason that we have an overage has to do with that new accounting standard that Ashley Murda from Baker Tilly mentioned. this did add some pressure to our bottom line. CFO Dersch noted that this accounting treatment, will be reversed over time. It is a paper impact only so if we take out the utilization of the medically tailored meals and back out the new accounting standard, we would have been broken even with our budget. The projected deficit, there really no surprises in our year end results. It is the same previous months, where we continue to remediate our claim system. Pull down, work down those backlogs of claims. We are focused on payment accuracy and ensuring that our providers receive the timely accurate payments. There have been costs associated with that which was part of the deficit. There no state takes backs that we were not aware of. There were no other penalties or any unexpected utilization in medical services other than the community support services, primarily the medically tailored meals.

Operating income is simply your normal revenues in your normal daily expenses, what you would expect on a typical business, the expenses that you would expect to incur. For us that would include of course claims costs. That also includes salary of staff, any occupancy cost, and any other ancillary administrative expenses costs. At the end of the day, are we spending more or less than what we are bringing in. For this last fiscal year, we spent more than we brought in, that was planned. We are going to manage this and report on this number on a monthly basis going forward.

4. August 2025 Fiscal Year to Date Financials

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive and file the report

CFO Dersch stated has been a challenging first couple of months for us. We have had increased utilization in some of our community supports, medically tailored meals. We also continue to work on our claims backlog. Some of these claims go back a significant amount of time back to 2024, so that has put pressure on our medical cost for this year. This also puts pressure on our incurred but not paid number. The estimate for any claims that we have not yet received, or we have received and have simply have not completely adjudicated and paid. When we project that IBNP number, we must look at what the history and data tells us because we have had significantly higher claims payments due to the system implementation that that artificially raises our base rate. This results in a higher IBNP. Projecting IBNP is an actuarial science. This is all fact-based. This is science-based, as we continue to remediate the system. IBMP is coming down and in fact I can share with you that it came down $20 million from July to August, which is what we expected it to do

We will see that our total IBMP as that comes down that will positively influence our results. Other items to report for July, August, we did project about a 10% membership reduction. We are not experiencing that right now. We do have a membership reduction

of about 2000 members a month going back four months. We are seeing an uptick in that rate, but it is not to the level that we had expected, this is resulting in favorable revenue for us. CFO Dersch called out that investment income is slightly unfavorable to budget because we have less cash than we were expecting to have. We have enough cash, but we have less cash which if you have less cash, you're not going to earn as much interest. The other item has to do with administrative expenses. There was a shift in the rate that we use for estimating our non-salary compensation, so health insurance. Primarily we had been using our historical run rate which was about 25%. Now that we have in sourced all of operations that includes some lower level, lower paid positions for mailroom, and the call center you look at the percent of a call center representative's benefit versus their salary, it's much higher than it would be for an executive director, so the benefit cost is the same. Our benefit expenses for our 2026 budget. In fact, we are going to do it at a per individual level instead of applying a blanket percentage.

We are favorable in membership by about 13,000 members. Our revenue is favorable. So is our per member per month revenue which deals with the member mix, our administrative cost, you can see we're running at approximately 11%. Our own employees actual utilization goes up, then that's going to factor into premiums for next year. We know that the insurance industry in general is facing significant headwinds, sit would not be surprising if those costs go up. We do have a good broker who helps us broker that rate with the insurance company and we will do whatever we can to try to keep that cost, in line with what we are currently experiencing and it is not believed the employee share is going up in 2026. We were able to pass that flat, you know we passed it right on to our employees. For employees, you should expect your premiums to go up year over year. We are not doing that this year to where we are continuing to absorb the whole most of it.

We currently are not living within our means. We do have action plans on how to address the medically tailored meals. Those have been in the works and has been kicked off and we are starting to see some reduction in the utilization of that. We know that we hear in the news, we see in the news that SNAP benefits will be cut off for recipients in a couple of days, we are working with local food banks to ensure they have the resources that they need to continue to provide them for food insecurity. We also have updates on our website directing members who might have questions about where to go for food insecurity. It is meant to be a short-term benefit for those people who have a chronic condition that can be helped with better eating. If you have hypertension, high blood pressure, we educate people on how to use less salt, eat more healthfully. The program

is about 3 months. They then go through a review with the dietician and hopefully graduate out. If not, they are approved for additional services. We are also focusing not only on the meals, but on the food box where a fresh produce, fresh food is delivered and then they could prepare it themselves.

We have a $14.3 million deficit versus a planned net income of $ 2.3million, we are $16 million off mark. We expect to see some mitigation in September. Those results are not final yet, but we are we are looking to see IBNP continue to come down. IBNPI has been one of our key metrics. We do currently have a Commission resolution that indicates we will maintain a minimum of 700% tangible net equity. This was enacted by this body a couple of years ago as we kicked off the three-year quality funding strategy. At that time our TNE was over 1000%. It is now down to 600%, but it is coming up for September. Our initial take is that it's going to be about 620 percent, 600% TNE is still, healthy.

TNE is simply your total assets, less your liabilities. How much cash do you have, how many, what is your receivable on the books versus what do you currently, what do we think we owe doctor, what do we think we owe employees in expenses, what do we owe other entities in expenses. Tangible net equity is very, fluid. The two major ingredients cash which goes up and down depending on if we have recently received the cash payment from the state. It goes up and down depending on if we have received the MCO tax, which is hundreds of millions of dollars. It can go up and down depending on advances that we might make advances to providers. It is very volatile. Over the last three months it has been steady and that's 6 to 700% range, which is about what some of our other local plans are experiencing right now. This is still a healthy number. There is money that the state says you must keep on hand. There are three ingredients to this and it's somewhat complicated. It's 8% of your first $150 million in premium revenue, then it's 4% of expected annual healthcare expenditures in excess of $150 million except what you pay on a capitated or managed fee-for-service basis, and then it's 4% of what you would pay on that fee-for-service. It is 4% of capitated and then 4% of fee for service. This is projected for the whole year. What we have been faced with in this organization for the past couple of years is as we spent down our TNE for the quality programs and for the investment in our infrastructure specifically opposite the future, the cash goes down. Now we have the claims mitigation, the IBMP is going up. There is pressure from both sides of the equation. When we calculated our minimum TNE two years ago, it was about $32 million. Right now, it is about $47 million. That that will result in a smaller percentage of TNE for us, even though our cash really hasn't gone

down that much. CFO Dersch recommends we do not go beneath 600%, but this this is from a fiscal health perspective. This is a healthy organization.

We have the assets to cover any projected expenditure over the next few months on a cash basis and we talk about days cash on hand, and we will talk about that more over time. If there was a cessation of premium payments coming in, that is good. That is a significant amount of time. Most businesses don't have that much cash on hand, we are able to meet that. It does not mean that we can spend money, spend anything without careful thought. We want to maximize how we spend our dollars.

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

Roll Call Vote as follows:

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

NOES: None.

ABSENT: None.

Motion carried.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 11:09 a.m.

STRATEGIC PLANNING EVENT

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

A. Competitive Landscape

- **National Landscape**

  Guest Speaker: Craig A. Kennedy, President and Chief Executive Officer
  Medicaid Health Plans of America

- **State Landscape**

  Guest Speaker: Linnea Koopmans, Chief Executive Officer
  Local Health Plans of California

B. Financial Outlook

Presenter: Sara Dersch, Chief Financial Officer
Gold Coast Health Plan

C. Breakout Sessions

- Enhancing Member Experience
- Optimizing Provider Relationships
- Advancing Quality of Care

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 4:08 p.m.

Approved:

_____

Maddie Gutierrez, MMC
Sr. Clerk to the Commission

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: November 17, 2025

SUBJECT: Adoption of Commission Meeting Schedule for 2026,

SUMMARY:

This item will establish dates for the Ventura County Medi-Cal Managed Care Commission (Commission) meetings for 2026.

RECOMMENDATION:

Approve the 2026 Commission meeting calendar as presented.

ATTACHMENT:

Copy of the 2026 Commission meeting calendar.

Gold Coast Health Plan℠
A Public Entity

2026
Commission Meetings

Commission Reg Meeting 2P
Strategic Planning Retreat
March and July are dark months

January

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

This meeting will begin at 6PM

October

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Return to Agenda

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Robert Franco, Chief Compliance Officer

DATE: November 17, 2025

SUBJECT: Ratification of State and Federal Contracts and Amendments for the D-SNP and Medi-Cal Programs

SUMMARY:

D-SNP:

Gold Coast Health Plan (GCHP) is required to enter into two contracts, one from the State of California and one from the Federal government, in order to operate our Duals Special Needs Plan (D-SNP) product.

The first contract is the State Medicaid Agency Contract (SMAC) issued by the California Department of Health Care Services (DHCS). On June 20, 2025, GCHP received the final executed SMAC. This contract is a mandatory agreement between a DHCS and a GCHP that allows GCHP to operate a Duals Special Needs Plan (D-SNP) in California. The contract ensures coordination of Medicare and Medi-Cal benefits for individuals dually eligible for both programs and must meet federal and state-specific requirements.

Once the SMAC was obtained and GCHP fulfilled all other legal and regulatory requirements to operate a D-SNP, including filing our bid, the Centers for Medicare and Medicaid Services (CMS) determined that the plan was an eligible Medicare Advantage (MA) Organization.

CMS issued a contract which is the second contract that GCHP must enter to operate a D-SMP program, which contract was duly executed by GCHP, and GCHP received approval for our CMS MA Contract on September 9, 2025. Commission ratification of these two contract is sought.

Medi-Cal:

DHCS annually contracts with Gold Coast Health Plan for the delivery of Medi-Cal Managed Care services for Ventura County Medi-Cal beneficiaries.

From time to time throughout the contract period, DHCS modifies the service requirements of the contract by releasing contract amendments. These amendments in contract requirements require GCHP to review our policies, procedures, and provision of services to ensure alignment

with the contract. This notification is provided by the Compliance Department to alert GCHP Business Units of the update contract requirements in support of policy, procedure and service provision review and revision. Commission ratification of this contract is also sought.

GCHP impacted Business Units have review the amended contract requirements and will take the necessary action to update policies, procedures, and applicable service delivery.

Below is a high-level summary of the key contract areas that have been amended by DHCS in September of 2025.

Summary of changes:

Behavioral health Treatment Definition	Exhibit A, Attachment 1, Article 1.0 **Modify –** BHT definition was revised to align with The Department of Health Care Services (DHCS) Benefits Division BHT definition and the California Medicaid State Plan.
Enhanced Care Management (ECM) Streamlined Authorization	Exhibit A, Attachment I, Article 1.0 (Definitions) Exhibit A, Attachment III, Subsection 4.4.7.D-F (Authorizing Members for Enhanced Care Management) **Add –** ECM Streamlined Authorization definition and language was added to integrate requirements from the August 2024 ECM Policy Guide.
Intermediate Care Facility (IFC) & ICF/Developmentally Disabled (DD)	Exhibit A, Attachment I, Article 1.0 (Definitions) – Intermediate Care Facility (ICF) **Modify –** ICF definition was revised and now aligns with H&S section 1250(d). **Add –** ICF/DD definition was added and now aligns with H&S section 1250(g).
Minor Consent Services	Exhibit A, Attachment I, Article 1.0 (Definitions) Exhibit A, Attachment III, Subsection 5.2.8.D (Specific Requirements for Access to Programs and Covered Services) **Modify –** Definition was updated to align with the Medi-Cal Provider Manual.
Aid Code Table Contract Location	Exhibit A, Attachment I, Article 1.0 (Definitions) – Potential Member or Potential Enrollee Exhibit L, Article 1.0 (Definitions) **Modify –**The Aid Code table was relocated to Exhibit L, as the table includes plan-specific aid codes, and all plan-specific information is housed in Exhibit L.
Provider Dispute Resolution Mechanism	Exhibit A, Attachment I, Article 1.0 (Definitions) Exhibit A, Attachment III, Subsection 3.2.2.C (Provider Dispute Resolution Mechanism) **Remove –** “Subcontractors, Downstream Subcontractors” language was removed for consistent with A.III.3.2.2, which states only out-of-Network

	Providers and Network Providers are to submit disputes through this mechanism. Also, vague language was removed from 3.2.2.C.
MOU Updates	Exhibit A, Attachment II, Article 1.0 (Operational Readiness Deliverables and Requirements) – R.0225 & R.0256 Exhibit A, Attachment III, Subsection 2.2.10.G (Quality for Children) Exhibit A, Attachment III, Subsection 4.3.10.A.3 (Transitional Care Services) Exhibit A, Attachment III, Subsection 4.3.16.A (School-Based Services) Exhibit A, Attachment III, Subsection 5.6.1.G-H (MOU Purpose) **Remove –** The Home and Community Based Services (HCBS) program agencies and Continuum of Care MOUs were removed. **Modify –** Local Education Agency (LEA)and Justice Involved (JI) MOUs were moved to new operational readiness deliverable (R.0256) due to a delay in the effective date from 1/1/2025 to 1/1/2026. Language updates were also made. **Modify –** For LEA MOUs, requirements were updated to state the Contractor must negotiate in good faith and execute MOUs with all LEAs or County Offices of Education, if all stakeholders involved agree.
Emergency Preparedness	Exhibit A, Attachment II, Article 1.0 (Operational Readiness Deliverables and Requirements) Exhibit A, Attachment III, Article 6.0 (Emergency Preparedness and Response) – R.0229, R.0230, R.0231, R.0232 & R.0239 **Remove –** Language stating “effective January 1, 2025” was removed, as it is no longer needed. **Add –**Operational Readiness Deliverables were added, due to new requirements for Plans.
Community Reinvestment	Exhibit A, Attachment III, Subsection 1.2.7.A-C (Community Reinvestment Plan and Report) Exhibit B, Subsection 1.1.17 (Community Reinvestment) **Modify –** Edits were made by to align with APL 25-004: Community Reinvestment Requirements.
Notification of Changes in Member’s Circumstances	Exhibit A, Attachment III, Subsection 1.3.2.B (Fraud Prevention Program) **Modify –** Contractor is required to notify its local county office rather than DHCS when they receive information regarding changes in a Member’s circumstances that may affect their eligibility to Medi-Cal. **Remove –"**Income" and "insurance status" were removed as changes which require a notification in order to align with 42 CFR 438.608(a)(3).
Provider Overpayment	Exhibit A, Attachment III, Subsection 1.3.6.A.1-6 (Treatment of Overpayment Recoveries) Exhibit A, Attachment, Subsection 1.3.7.D (Federal False Claims Act Compliance and Support) Exhibit B, Subsection 1.1.9 (Recover of Amounts Paid to Contractor) **Modify –** Clarified existing language regarding overpayments from MCPs to Providers and Subcontractors and added additional language to

	incentivize recovery. Note: Updates will be made to APL 23-011 to align with contract changes.
Claims Processing	Exhibit A, Attachment III, Subsection 3.3.5 (Claims Processing) **Remove –** Removed language regarding an alternate payment schedule to be consistent with language in APL 23-020: Timely Payments.
Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan	Exhibit A, Attachment III, Subsection 4.3.12.B (Mental Health Services) Exhibit A, Attachment III, Article 7.0 (Operations Deliverables and Requirements) - D.0136 and D.0137 **Add –** Language and deliverables were added to align with APL 24-012. The two new deliverables, D.0136 and D.0137, require the Contractor to submit NSMHS Outreach and Education plans to DHCS annually and to publicly post the approved plan and utilization assessment on their websites. Annually as well.
EMC Referral Standards	Exhibit A, Attachment III, Subsection 4.4.6.C.2.b-f (Member Identification for Enhanced Care Management) **Add –** Additional requirements were added to integrate the August 2024 release of the ECM Referral Standards and Form Templates requirements.
Operations Deliverables	Exhibit A, Attachment III, Article 7.0 (Operations Deliverables and Requirements) – D.0139 & D.0140 **Add –** Operations deliverables, D.0139 and D.0140, were added to attest whether Contractor meets requirements in 5.1.3.A, B & C for mailing new/potential member materials within seven calendar days and annual mailing requirements.
Rate Table Contract Location	Exhibit B, Subsection 1.1.3 (Capitation Payment) Exhibit B, Subsection 1.1.7 (Supplemental Payments) Exhibit L Article 2.0 (Capitation Payment Rates) **Informational –** relocated rates tables from Exhibit B to Exhibit L and updated contract locations. The rates tables were moved as rates are plan-specific and all plan-specific information is held in Exhibit L**.**
R-Letter	Exhibit B, Subsection 1.1.5.B (Determination and Redetermination of Capitation Payment Rates) **Informational –** R-Letter text was removed as the Department no longer uses these.
Unsatisfactory Immigration Status (UIS) Risk Corridor	Exhibit B, Subsection 1.1.21 (Unsatisfactory Immigration Status Risk Corridor) **Informational –** Subsection 1.1.21 was removed from the Main Contract, as the CY 2025 UIS Risk Corridor is only applicable to State-Only Services. The UIS Risk Corridor language will be updated and relocated into State-Only Contract Amendment via a contract amendment.
Contract Term	Exhibit E, Subsection 1.1.13 (Term) I**nformational** – Updating contract term date to 12/31/2026.

Foster Youth Aid Codes	**Informational** – Effective 1/1/2025 Foster Youth Aid Codes for Single Plan counties will be mandatory instead of voluntary.

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission ratify the SMAC, CMS MA and DHCS Contracts.

ATTACHMENTS:

A copy of the contract and amendment are available upon request.

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: November 17, 2025

SUBJECT: Written Summary of Quality Improvement and Health Equity Committee Activities – Q3 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 3, 2025.

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 3, 2025 Quality Improvement and Health Equity Committee summary.

ATTACHMENTS:

Quality Improvement and Health Equity Committee (QIHEC) Meeting, 2025 Quarter 3 Summary Report

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 3 Summary Report

Overview

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets six times per year, with special meetings scheduled as needed. The QIHEC is chaired and facilitated by the Chief Medical Officer (CMO), with committee members comprised of internal leadership, the Chairs from the nine QIHEC Subcommittees, one Commissioner, at least one practicing physician in the community, and a behavioral healthcare practitioner. This report represents a summary of the July 15, 2025 and September 16, 2025 QIHEC meetings.

July 15, 2025 QIHEC

Open Action Items from Prior QIHEC Meeting

- Action Item #64: Facility Site Review (FSR) Medical Record Review (MRR) Guide
  - At the December 3, 2024 QIHEC, a Committee Member requested that the Quality Improvement FSR Registered Nurse (RN) create an MRR guide that Providers can use to ensure compliance with the Department of Health Care Services (DHCS) MRR audit requirements.
  - At the July 15, 2025 QIHEC, the QI FSR RN stated she will meet with healthcare providers on July 25, 2025 to continue reviewing the guide and a summary of findings will be shared at the next QIHEC meeting.
  - Status: Open

- Action Item #66: Member Call Center Data by Race and Ethnicity
  - The Operations Manager confirmed that the Call Center activity reports include race and ethnicity demographic data and she has requested a call activity report that stratifies member calls by race and ethnicity.
  - Status: Open

Approval Items

1. Quality Improvement (QI) Policy Updates approved by the QIHEC
   - The QI-002 Quality Improvement and Health Equity Transformation Requirements policy was reviewed for annual updates. The following changes were made: added definitions for the National Committee for Quality Assurance (NCQA) Quality Compass and the DHCS quality improvement methodologies; added content to address health equity, member engagement, and delegation oversight; updated QI department titles; and updated the reference section to replace the DHCS All Plan Letter (APL) 23-004 with the updated APL 24-009.

2. Carelon Health 2024 Quality Improvement Work Plan Evaluation approved by the QIHEC
   - Status of the 2024 measurement year (MY) performance goals and outcomes, including barrier analysis, opportunities for improvement and next steps, were reviewed for key performance indicators.
     - All goals were met for the following behavioral health measures: Antidepressant Medication Management (AMM); Follow-Up Care for Children Prescribed ADHD Medication (ADD);

Follow-Up After Emergency Department (ED) Visit for Substance Use (FUA); and Follow-Up After ED Visit for Mental Illness (FUM)
    - Access and Availability benchmarks were met for telephone access including call abandonment rate and average speed of answer
    - Member safety data reported no serious reportable events in 2024
    - Number of grievances increased in 2024, but the percentage of substantiated grievances fell to the lowest rate over the last three years
    - Member experience survey showed overall satisfaction with Carelon services declined from 90.18 in 2023 to 86.71 in 2024
- Opportunities for improvement in 2025 include the following:
    - Promote telehealth services
    - Utilize SMS/text and interactive voice response (IVR) technology to enhance member outreach
    - Partner with providers and community organizations to promote behavioral health services available through Carelon
    - Expand network by recruiting more behavioral health provides based on specialty, cultural, linguistic and geographic needs
    - Transform the existing Cultural and Linguistics (C&L) Program into a Health Equity Program and expand C&L staff training to include diversity, equity, and inclusion (DEI) training

3. Carelon 2025 Quality Improvement Program Description and Work Plan approved by the QIHEC
    - Carelon reviewed their 2025 Quality Framework including the committee structures, improvement processes and key performance indicators.
    - Quality Program objectives include the following:
        - Integration and operational excellence of services
        - Adherence to accreditation requirements
        - Improve quality of care and quality of service
        - Enhance understanding of HEDIS measures through education and training
        - Continue to enhance reporting including using Social Determinants of Health data to measure effectiveness of interventions
        - Improve member safety
        - Improve member, provider, client and regulatory expectations.
            - Conduct annual member experience surveys
            - Enhance service experience through quality improvement project

Presentations

1. Managed Care Accountability Set (MCAS) Rates: 2024 MY / 2025 Reporting Year (RY)
    - The QI Program Manager II presented performance highlights on the 18 measures held to the DHCS minimum performance level (MPL). Rates improved for 15 measures held to MPL and 11 measures met or exceeded the 75th National Medicaid percentile. Improved rate performance equated to improved care with closing almost 8,000 more care gaps in 2024 including for breast cancer and cervical cancer screening, topical fluoride varnish, developmental and lead screening in children, management of hypertension in adults, and follow-up care for members

seen in the ED for substance use or mental illness. Interventions that supported improved performance included member rewards programs and member outreach campaigns, provider incentive programs, community health fairs, and data improvements.

2. Lead Screening in Children Medical Record Review
   - The QI RN DHCS Certified Site Reviewer (CSR) presented updates on activities to remediate the corrective action plan (CAP) issued during the 2024 DHCS Medical Audit. Remediation activities include reinstituting the bi-annual lead screening medical record audits to validate completion of blood lead testing at 12 and 24 months; validating blood lead anticipatory guidance is given at all age-appropriate well-child visits (6, 9, 12, 15, 18 and 24 months); and ongoing provider education.
   - Audit results from the Q1 2025 showed higher rates of blood lead screening at 12 months of age (79.37%) compared to 24 months of age (54.62%), and lead screening anticipatory guidance for all age groups was 16.94%.

Standing Items: QIHEC Subcommittee and Department Summaries

1. Compliance/Delegation Oversight
   - Seven delegation oversight audits were initiated timely and one CAP was issued. Audit focus included one credentialing audit, three call center audits, one claims audit, and two utilization management audits.

2. Quality Improvement: MCAS Operations Steering Committee
   - The MCAS Operations Steering Committee met monthly in Q1 2025 and reviewed initiatives focused on community care, network strategies, outreach programs, member reward programs, and interventions focused on behavioral health, chronic conditions, children's health, and reproductive health.
   - Key activities launched in Q1 2025 include: began the MY 2024 regulatory data analytics and medical record collection to report the final rates in June; women's and children's member rewards programs; preventive health outreach programs; and planning for community and clinic-led health fairs.
   - By Q1 2025, the following eight MCAS measures had met or exceeded the DHCS MPL: Asthma Medication Ratio, Breast Cancer Screening, Developmental Screening in the First Three Years of Life, Follow-up After ED Visit for Substance Use, Immunizations for Adolescents, Lead Screening in Children, Well-Child Visits in the First 30 Months of Life (15-30 Months), and Prenatal Care. Depression screening measures continued to be under-reported due to provider under-utilization of LOINC codes, which is being addressed with providers.

3. Quality Improvement: Facility Site Review (FSR) and Initial Health Appointment (IHA)
   - Facility Site Reviews
     - Audit results: 11 FSRs were completed and 1 CAP was issued to a pediatric specialty clinic that failed the MRR. All interim site reviews are now current.
     - Instituted focused MRRs to align with DHCS APL 22-017

  - Initiated transition to a new site review database to improve data collection and reporting and to ensure compliance with DHCS requirements. The information system conversion is scheduled to be completed by July 2025.
  - Continued to assist clinics with clinic workflow evaluations, electronic health record documentation assessment and environmental safety to meet the DHCS FSR/MRR standards.
- Initial Health Appointment (IHA)
  - To improve IHA reporting capabilities and provide actionable data for timely interventions, the IHA medical record review audits will be replaced by a new data collection process that will enable providers to submit outreach logs into a new information system. The new process will improve timely provision of IHAs within 120 days of member enrollment and improve oversight of provider outreach to contact and schedule IHA appointments.

4. Population Health Management (PHM) Department
   - The Population Needs Assessment (PNA) met the NCQA Health Equity standards.
   - The Wellth Program enrolled 108 new members in Q1 2025 with year-to-date enrollment totaling 10,053 members. PHM is working with Wellth to explore a notification process to Care Management for members that self-report high blood pressure values.
   - Health Risk Assessment (HRA) outreach was conducted by Carenet in Q1 2025; 1,305 members were contacted and 1,181 HRAs were finalized. Internal business requirements and processes are being developed to begin processing HRAs internally through the Call Center and to refer members with elevated PHQ-2 depression screening scores to Carelon Behavioral Health. Enhancements to the HRA will also include collecting member reported sexual orientation and gender identity (SOGI) data.

5. Behavioral Health (BH) Quality Committee
   - The Behavioral Health department reviewed strategies for collecting behavioral health data including data sharing with Ventura County Behavioral Health and the upcoming addition of Dignity Health data in the Manifest Medex Health Information Exchange (HIE).
   - FUA and FUM process improvement updates include the expansion of Conejo Health Navigators at Dignity Health by September 2025 to provide follow-up care in the emergency department. Additionally, Carelon's performance trending for post-ED outreach and follow-up care remains consistent and for Q1 2025. Members outreached was 96.14% and follow-up care completed was 24.42%.
   - Additional focus areas include (1) evaluating system-level improvements to monitor access to Applied Behavioral Analysis (ABA) and Behavioral Health Treatment (BHT); (2) implement Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) as a non-specialty mental health service benefit to meet DHCS requirements; and (3) streamline the behavioral health close-loop referral process.

6. Utilization Management Committee
   - Utilization Management (UM)
     - In Q1 2025 UM turn-around-times (TAT) exceeded benchmarks for expedited, standard prior authorization, and post service requests.

  - The 2025 UM & CM Program Descriptions were revised to meet NCQA accreditation standards and were reviewed and approved at the Utilization Management Committee (UMC).
  - The 2025 Health Services Work Plan was reviewed and approved with minor changes that will be updated and brought back to the Q3 2025 UMC.
  - The UM Department reported corrective action plans have been implemented to address all findings from the last DHCS Medical Audit related to (1) track and monitor authorized referrals; (2) ensure preventive services do not require prior authorization; and (3) enhancements to continuity of care.
- Care Management
  - In Q1 2025, staff training was conducted on complex care management monitoring and maintaining turn-around-times.
  - The Nurse Advice Line received 457 calls including 240 triage calls and 5 program referrals.
  - Enhanced Care Management (ECM) serviced 10,830 unique members: 44% were outreached with services provided; 42% were outreached with no services provided; and 15% received services without outreach.

7. Member Services Committee
   - In Q1 2025, the Member Contact Center benchmarks for the average speed of answer and phone quality results were not met, but the abandonment rate benchmark was met.
   - Action plans to support improvement include conducing bi-weekly meetings with staff and ongoing quality assurance (QA) reviews to assist with performance improvements, and coaching with feedback. System enhancements included migration to the Genesys CX Cloud application to support scoring, auditing, feedback and QA calibration. Two additional Care Coordinators were hired to support peak period call volume and provide additional resource capacity to the Member Contact Center.

8. Provider Network Operations (PNO)
   - The following benchmarks were met in Q1 2025: Network adequacy for PCPs; number and geographic distribution of network specialists; and PCP-to-member and specialists-to-member capacity ratios.
   - The 2025 Provider Accessibility and After-Hours Survey is scheduled to begin Q2 2025 and be completed by Q3 2025.
   - In Q1 2025, 244 new providers were added to the provider network with 224 welcome letters and 243 provider orientations completed within the standard timeframe. However, 20 welcome letters were submitted late due to retroactive contract effective dates applied to the contract, which impacted the timeliness of outreach. One provider orientation was completed late due to non-timely responses from the provider.

9. Quality Improvement: NCQA Accreditation
   - Reviewed the submission timelines for the Health Equity Accreditation (HEA) on June 10, 2025 and Health Plan Accreditation (HPA) on October 7, 2025.
   - Mock audits are scheduled for UM Denials and Complex Care Management.

- Continue the bi-weekly standards workgroup and NCQA Key Stakeholder meetings to address project status and risks and finalize all documents for HEA and HPA submission.

10. Health Education and Cultural Linguistics (HE/CL) Committee
    - Cultural and Linguistic Services
        - In Q1 2025, all in-person and sign-language interpreting services met the 100% benchmark. A total of 3,135 language assistance referrals were received, which was a 23% increase compared to Q4 2024. Sign-language services increased 41% and in-person and telephonic interpreting services increased 35% and 25%, respectively.
        - The current Cultural Competency training and newly created DEI training, based on DHCS APL 24-016 and NCQA Health Equity standards, were reviewed at the Community Advisory Committee (CAC) and the CalAIM Advisory Committee. Surveys were sent to committee members and GCHP staff to solicit feedback. DEI and Transgender, Gender Diverse, or Intersex (TGI) trainings were launched for GCHP staff in March 2025.
    - Health Education Services
        - In Q1 2025, health education activities included processing 459 health education and outreach referrals and support for 6 community health care events.
        - Two focus groups were completed that included 47 participants: 39 for the Dual Special Needs Plan (DSNP) and 8 for the Winning Health Newsletter.

11. Grievance and Appeal (G&A) Committee
    - In Q1 2025, the turn-around-time (TAT) benchmarks of 98% were met for acknowledgment and resolution of member appeals and acknowledgement of member grievances. Benchmarks were not met for resolution of members grievances and acknowledgement and resolution of provider grievances which scored at 97%. However, the Q1 2025 rates were higher compared to Q4 2024 due to the implementation of monitoring processes that led to an improvement in TAT.
    - 76 Quality of Care cases were reported in Q1 2025: 27% pertained to Quality of Care and 6% pertained Outpatient Physical Health.

12. Pharmacy and Therapeutics (P & T) Committee
    - Drug Utilization Review (DUR): Opioid prescription utilization met performance metric of less than 5% increase in utilization in Q1 2025.
    - Medi-Cal Rx updates: Peak flow meters and spacers are fully carved out through the Medi-Cal Rx pharmacy benefit with coverage limited to one peak flow meter and two spacers per 365-day period.
    - Pharmacy & Therapeutics Committee: The P & T Committee met on May 15, 2025 and reviewed 88 medications on the Medicare Part B Drugs List for D-SNP. The committee also completed the annual review of the Medi-Cal physician administered drugs (PAD) list.

13. Credentials/ Peer Review Committee (C/PRC)
    - The C/PRC Committee met in Q1 2025 and reviewed the following: C/PRC Charter; Credentialing Information Integrity; QI-025 Practitioner Credentialing policy updates; Potential quality Issue Reports; Credentialing and re-credentialing of providers and facilities; Clinical practice and utilization management guidelines were reviewed and approved.

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 3 Summary Report

September 16, 2025 QIHEC

Open Action Items from Prior QIHEC Meeting

- Action Item #64: Facility Site Review (FSR) Medical Record Review (MRR) Guide
  - The Quality Improvement FSR RN reported that she has had three meetings with providers and a fourth is scheduled this week to review DHCS guidelines and evaluate strategies for clinics to develop tools that will help meet compliance with the DHCS FSR and MRR guidelines. The QI FSR RN confirmed that the best strategy is for each clinic to develop custom tools that are tailored to the needs of each clinic system.
  - Status: Closed

- Action Item #66: Member Call Center Data by Race and Ethnicity
  - The Contact Center Director reported that he created a test report of call center activity that includes race and ethnicity data. He will schedule a meeting with the Executive Director of Health Equity and Senior Director of Health Education and Cultural Linguistics to review the report to ensure it meets the requirements needed.
  - Status: Open

Approval Items

1. 2024 Quality Improvement and Health Equity Transformation Program Evaluation approved by the QIHEC
   - Gold Coast Health Plan met overall program initiatives in 2024. Leadership advocated for organization-wide commitment to quality improvement and health equity through the "Model of Care" to meet the unique needs of GCHP members
   - The QIHEC and subcommittee structure, which included 10 subcommittees that reported to the QIHEC, served the defined function to provide oversight of the QIHET Program and a forum for discussion and feedback.
   - Internal resources effectively supported quality goals and initiatives.
   - GCHP successfully passed the HEDIS Compliance Audit for the 12th consecutive year and reported 41 MCAS measures. Of the 18 measures held to the DHCS MPL, 3 met the 90th percentile, 8 met the 75th percentile and 6 met the 50th percentile.
   - Improved rates resulted in 8,000 more care gaps closed in 2024. Interventions that supported improved rates included the member rewards and member outreach programs, enhanced behavioral health care coordination, data improvements and new supplemental data sources, provider grants and the Quality Incentive Pool and Program (QIPP).

Presentations

1. NCQA Network Management (NET) Reports
   - The Provider Network Operations department presented results of the following assessments:
     - Availability of primary care and specialty practitioners
     - Accessibility of primary and specialty services
     - Assessment of network adequacy

  - Assessment of physician directory accuracy and improvements
  - Web-based directory usability testing
- Key findings and opportunities for improvement
  - Strategic recruitment and contracting
    - Increase recruitment of internal medicine, pediatric, OB/GYN, and oncology providers
    - Focus recruitment in rural Health Professional Shortage Areas (HPSA) (Ojai, Fillmore, Santa Paula) to balance provider availability across the county
  - Provider engagement and retention
    - Offer education on Medi-Cal participation and help reduce administrative burden
    - Explore incentives and flexible contracting to retain high-volume and high-impact physicians
  - Operational enhancements
    - Streamline appointment scheduling process and referral workflows
    - Prioritize staff support for high-volume clinics and complex member needs
  - Member-facing improvements
    - Continue to develop tools and resources that help members navigate to in-network providers
    - Understand appointment wait times and coverage options
    - Increase awareness of in-network benefits

2. NCQA Member Experience (ME) Reports
   - The Communications and Call Center departments presented results of the following assessments reports:
     - Assessing Member understanding
     - Call Center and website evaluation
     - Email evaluation
   - Key findings and opportunities for improvement
     - Member materials
       - Review technical terms and either define them in the paragraph or create a glossary/ definitions section
       - Review the reading level of the new member materials and determine if the language needs to be rewritten.
       - Review key processes and ensure that they are explained clearly and in easy-to-understand language.
     - Call Center
       - Enhance call center training modules focused on referral and authorization protocols
       - Update call scripts and job aid manuals
       - Enhance 1:1 training sessions with the call center coordinators and managers
     - Website
       - Update GCHP website to align with updates in the new Member Handbook
     - Email
       - Improve email response practices and written communications
       - Transition to a secure platform for PHI exchange that is HIPAA compliant and meets NCQA standards

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 3 Summary Report

Standing Items: QIHEC Subcommittee and Department Summaries

To allow time for discussion of the presentation items, the QIHEC motioned to accept and file the quarterly department summaries:

1. Compliance/Delegation Oversight
2. Quality Improvement: Managed Care Accountability Set (MCAS) Operations Steering Committee
3. Quality Improvement: Facility Site Review (FSR) and Initial Health Appointment (IHA)
4. Population Health Management (PHM) Department
5. Behavioral Health (BH) Quality Committee
6. Utilization Management / Care Management
7. Member Services Committee
8. Provider Network Operations (PNO)
9. Quality Improvement: NCQA Accreditation
10. Health Education and Cultural Linguistics (HE/CL) Committee
11. Grievance and Appeal (G&A) Committee
12. Pharmacy and Therapeutics (P & T) Committee
13. Credentials/ Peer Review Committee (C/PRC)

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: November 17, 2025

SUBJECT: Approval of Salary Range

SUMMARY:

The attached is the new Career Framework and salary range schedule which is required to be provided to the Commission every year by the delineation of authority.

RECOMMENDATION:

Receive and File the 2026 position leveling salary range matrix as presented.

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan Career Framework & Salary Range

November 17, 2025

Paul Aguilar, Chief Human Resource and Organization Performance Officer

Integrity
Accountability
Collaboration
Trust
Respect

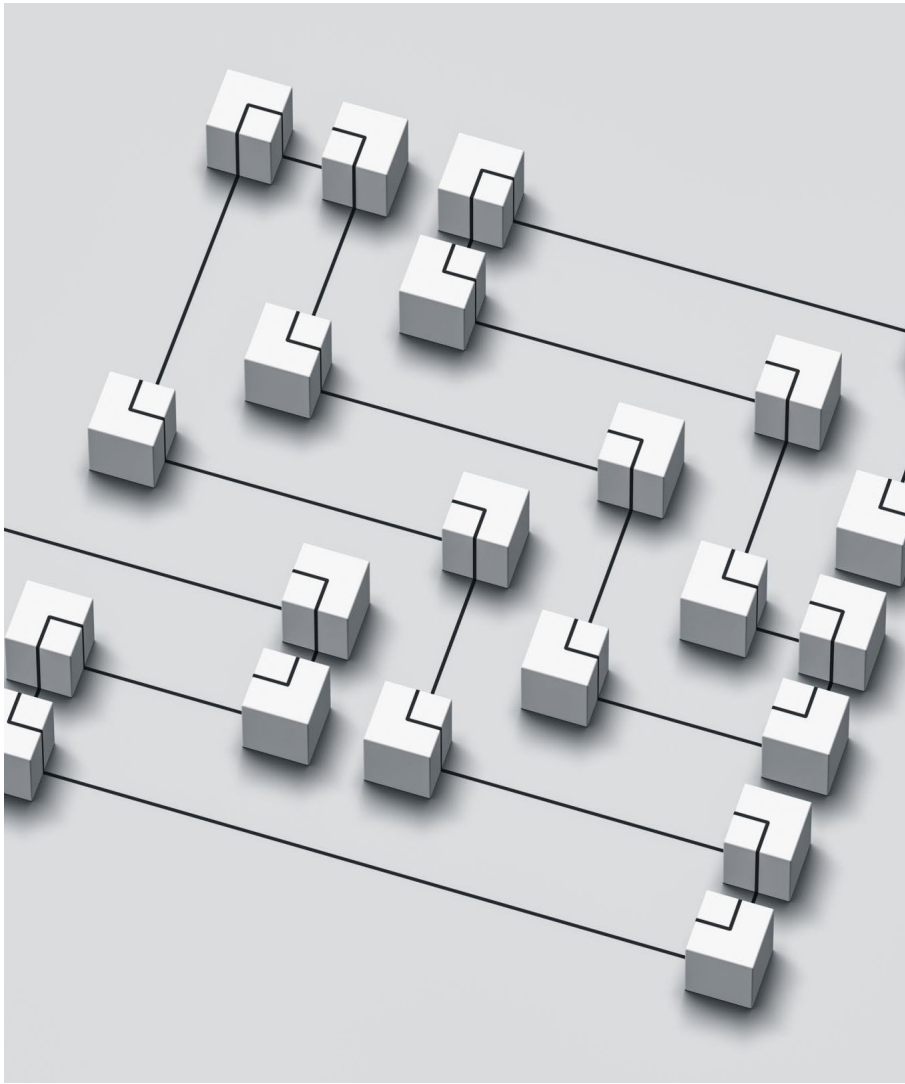
Return to Agenda

Career Framework

What is it?

A career framework is a structured system that outlines how employees can advance within an organization. It defines job levels, required skills, and competencies, providing a clear roadmap for career progression.

- Defined Career Path
- Skill and Competencies Defined
- Career Progression Opportunities
- Consistent Performance Expectations
- Aligned Compensation Philosophy



Return to Agenda

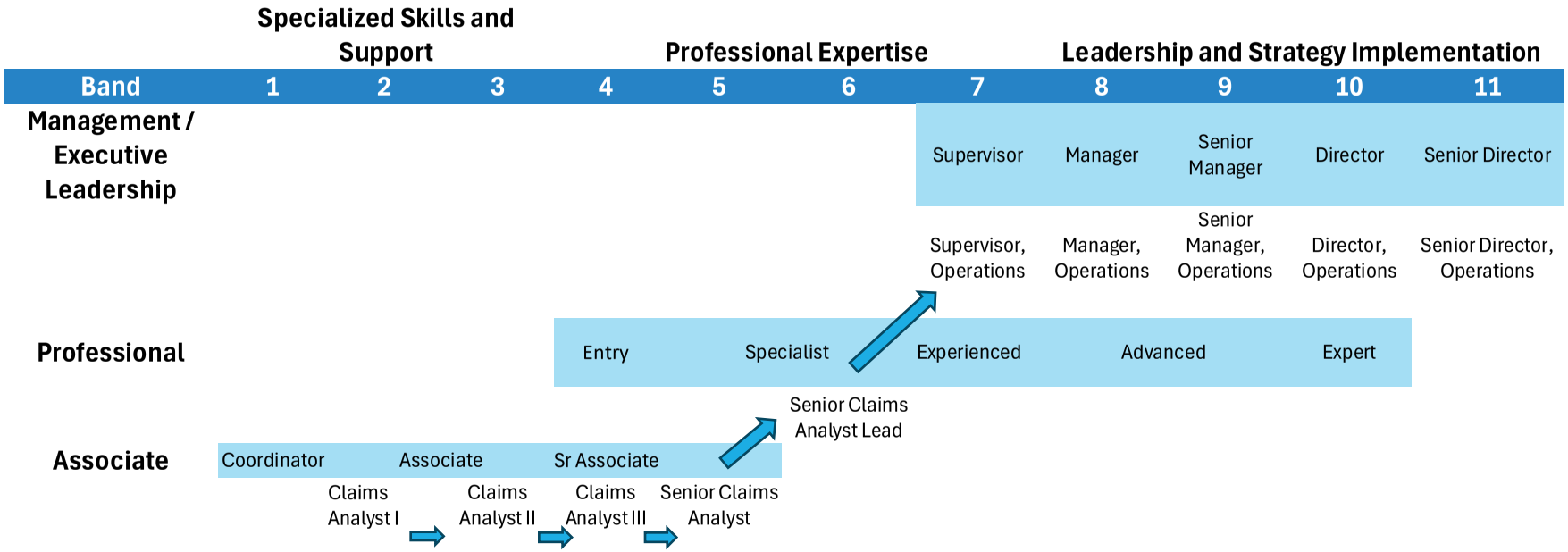
GCHP Career Framework

- Clearly defined career paths (Management, Professional, and Associate)
- Simplified number of job bands
- Provides clarity and transparency to employees on career progression
- Market-based compensation salary ranges aligned to each band

Return to Agenda

Career Path Options (Operations example)

GCHP Career Framework



Employees will have Career Path Options to consider as they manage their careers: Moving lateral, down, progression, switching paths, or changing professions

Return to Agenda

Career Path Guide:

Leadership / Management Levels, Professional Track, Associate Track Expectations, and Core Competencies

Return to Agenda

Professional Path Level Guide

Leader Role Differentiation / Expectations or Role Hierarchy and Core Competencies

Progressing Roles:

1. Entry
2. Specialist
3. Experienced
4. Advanced
5. Expert

Criteria

- Knowledge needed for the role
- Impact / Contribution to the organization
- Program Management
- Problem Solving
- Autonomy
- Interaction

Return to Agenda

Professional Path Level Guide

GCHP - Professional Career Path

Pay Band	6	7 8	9	10 11	12
Function	Entry *(Early Career Professional)*	Specialist *(Developing Professional)*	Experienced *(Proficient Professional)*	Advanced *(Senior Contributor)*	Expert *(Organizational Expert)*
Knowledge	Broad Knowledge Understands basic job functions and terminology. Requires training to develop competency. Applies foundational knowledge in a healthcare or customer service context (e.g., Medi-Cal processes, claims, member support)	Specified knowledge and expertise within a defined area. Applies principles, concepts, and theories. Possesses technical knowledge in a defined functional area (e.g., claims adjudication, prior auth rules). Understands key regulatory frameworks (e.g., DHCS, CMS) and applies them to routine tasks.	Broad Expertise within a specified area. Broad specialized knowledge, understands business trends, and develops solutions Deep, working knowledge of specialized functions. Applies policy and procedure to complex cases. Understands how their function supports organizational and regulatory goals	Thought Leadership – develop new techniques and processes to align with business priorities and goals Recognized as a subject matter expert. Anticipates needs and interprets evolving guidance (e.g., CalAIM mandates, compliance updates). Contributes to internal training or documentation	Organization Expert – broad understanding of multiple disciplines Institutional knowledge authority. Combines policy, operations, and strategy. Guides leadership on regulation, program design, and innovation. Often involved in external collaboration (e.g., audits, taskforces)
Impact / Contribution	Quality compliance and accuracy Completes assigned work with accuracy and timeliness. Directly supports operational flow, but with limited independent decision-making	Completion of milestones, applies knowledge to internal customer/member needs, quality, etc. Contributes to team goals through task ownership and quality. Identifies and resolves routine errors, supports team improvements	Provides training, works with senior staff, and identifies opportunities Influences work quality across a team. May identify process gaps or trends. Leads functional improvement projects or small initiatives	Department planning, thought leadership, and results delivery Creates or optimizes functional processes with enterprise impact. Leads or consults on strategic workstreams (e.g., reducing provider turnaround times, improving CAHPS scores)	Advise and decide on operations, designs organization-wide processes and systems, develops standards Shapes the strategic direction of the function. Influences policy, operational design, and performance goals. Frequently serves as a liaison with senior leaders and external stakeholders
Program Management	Project/process implementation and execution Supports basic project or program work (e.g., task tracking, data entry)	Project management/process implementation Executes defined components of programs (e.g., verifying provider data, supporting ECM tracking). May own simple projects under supervision	Program/process management Leads program elements end-to-end. Coordinates with stakeholders, manages timelines, ensures compliance	Program/process design Designs new programs or enhances existing ones. Oversees full implementation cycles and leads post-implementation reviews	Program/process, Governance, and steering. Architects enterprise-level programs or initiatives (e.g., CalAIM implementation across departments). Advises governance teams and may represent GCHP in state-level collaborations
Problem Solving	Define issue and resolution Identifies routine issues and escalates appropriately. Follows protocols for resolution	Solution implementation. Develops solutions, screens, and resolves issues, escalates, etc Solves common or repetitive issues using established procedures. May assist others in resolving basic questions.	Analysis and solutions development. Forecast trends, interprets issues through analysis, and anticipates problems Anticipates, analyzes, and resolves functional problems. Proposes solutions for continuous improvement	Interpretation and insights. Creates innovative solutions, makes recommendations, and develops methods Tackles multi-factor problems with cross-functional implications. Creates scalable, policy-compliant solutions	Creation, intervention, and negotiation. Complex solution to problems without precedent, implement major change Applies systems thinking to enterprise challenges. Leads root cause analyses and integrates insights into strategic planning
Autonomy	Follows practices and exercises discretion Works under close supervision. Requires guidance for task prioritization and decision-making	Refers to established policy and procedures. Guided by the objectives of the department, which refers to policies, sets timeframes, etc Works independently on routine work; consults manager for non-standard cases	Evaluates and recommends an approach. Minimal direction, guided by objectives, responsible for programs Operates with broad autonomy in assigned areas. Accountable for outcomes and results	Independent judgment and decision making. Guided by discipline, an organization plans to participate in goal setting. Manages organization processes Fully independent in function. Trusted to initiate and lead work with minimal oversight	Function or sub-function team/project leadership. Guided by organization plans and strategy, sets goals, initiates new procedures/programs Operates at a strategic level. Guides others in prioritization, oversees risk, and makes enterprise-impact decisions
Interaction	Builds relationship within are of expertise Interacts with immediate team and supervisor. Communication is mostly task-related	Guides relationships outside the area of expertise Coordinates with peers in other departments. May support member/provider calls or emails	Works closely with Senior staff and experts Regularly collaborates cross-functionally. May represent the department in working groups	Provides advice / consultation to senior management Leads cross-departmental initiatives. Builds relationships across business units and presents to senior leadership	Influences organization and cross functional leaders Represents GCHP with regulatory bodies, community stakeholders, and senior leadership. Shapes messaging and strategy across functions
Years of Experience	0–2 years	2-4 years	4-7 years	6-10 years	10+ years
Career Path Indicators *(Influence and Responsibility)*	Performs defined tasks with accuracy and timeliness Relies on procedures and direct supervision Learning organization structure and tools	Applies specific knowledge to solve routine issues Supports functional operations independently Follows standard operating procedures	Provides subject matter expertise Makes informed decisions within scope Mentors peers; improves processes	Drives program success across teams Translates strategy into execution Guides process improvements with data and insight	Thought leader in domain Leads enterprise-wide initiatives Advises executives, represents the organization externally
Knowledge Needed *(This will differ depending on job functionality.)*	Basic understanding of healthcare operations or customer service Learns Medi-Cal terminology, systems, and workflows through training Familiarity with tools like MS Outlook, Excel, or EHR systems is a plus	Working knowledge of Medi-Cal or health plan operations Familiarity with HIPAA, DHCS guidelines, and call center or provider workflows Ability to apply procedures to real-world member or provider scenarios	Specialized technical knowledge (e.g., prior auth, ECM, DHCS reporting) Comfort interpreting and applying regulatory frameworks Understands how team performance impacts member health outcomes	Deep functional expertise (e.g., grievance/appeals, population health data) Strong understanding of CalAIM, HEDIS, CAHPS, or DHCS metrics. Knowledge of how systems (e.g., Facets, Salesforce, EPIC) support healthcare operations	Expert knowledge in Medi-Cal managed care operations, policy, or strategy Regularly applies insights from state guidelines, CMS rules, and public health strategy Often represents the organization in external audits, advisory groups, or program development forums

Illustrative Example

Total Compensation Program

Philosophy & Objectives Statement

PHILOSOPHY:

Gold Coast Health Plan strives to provide market-competitive & internally equitable base compensation opportunities, in line with individual & organizational performance.

OBJECTIVES:

- Attract and retain high-caliber, well-suited individuals
- Target internal base compensation pay grades near the 50th percentile or market median of the relevant external market, while providing an appropriate pay range for each role to allow for variances based on incumbent background, skills & proficiency
- Strengthening the relationship between pay & performance
- Be externally competitive, internally equitable, and consistent in program administration
- Provide opportunities for appropriate development and meaningful contribution

Pay Range Management Guidelines

Sample Pay Grade Range

	Minimum	Midpoint	Maximum
Pay Range	$75,000	$100,000	$125,000

Utilization of Pay Range

Proficiency	Entry Level		Evolving		Proficient			Superior		Exceptional	
Comp-Ratio	75%	82%	83%	92%	93%	100%	107%	108%	117%	118%	125%
Salary Range	$75,000	$82,500	$82,500	$92,500	$92,500	$100,000	$107,500	$107,500	$117,500	$117,500	$125,000

Proficiency Guidelines:

Entry Level	This pay rate applies to individuals who are new in the given role and have little to no relevant prior experience. This rate also applies to individual undergoing continual on-the-job training, as well as individuals who are not performing satisfactorily.
Evolving	This pay rate applies to individuals who have satisfactorily completed all required training, if applicable, and are refining their craft. Individuals in this portion of the range are not yet fully proficient in all aspects of the role. Those new hires with some relevant past experience may be hired in at this rate.
Proficient	This pay rate applies to individuals who clearly demonstrate they can effectively perform all aspects of the position and do so with strong work ethic & respect for their peers & supervisors. In a well functioning team, a good portion of the employees should fall into the proficient level.
Superior	This pay rates applies to individuals who are well versed in their field of expertise & have a history of clearly demonstrating they can effectively perform all aspects of the position in a highly effective manner and do so with strong work either & respect for their peers & supervisors. Superior performers should serve as role models to newer employees.
Exceptional	This pay rates applies to individuals who have refined their craft & have long proven experience in the position. These individuals are few in number & clearly demonstrate they can excel at all aspects of the role. Exceptional performers are role models to newer employees and should provide guidance, training and support where applicable.

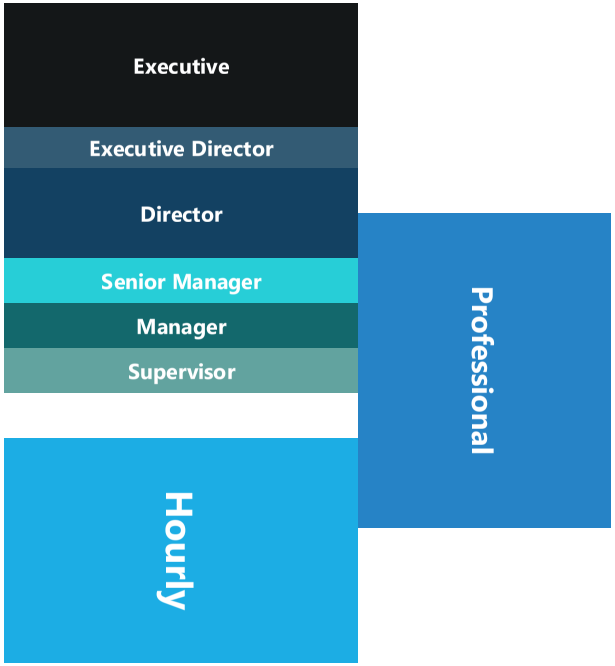
Return to Agenda

Market-Based Salary Ranges

Aligned to Bands

2026 PAY STRUCTURE

PB	MINIMUM	MIDPOINT	MAXIMUM	SPREAD
E3	$412,500	**$550,000**	$687,500	0.67
E2	$333,750	**$445,000**	$556,250	0.67
E1	$258,750	**$345,000**	$431,250	0.67
12	$213,750	**$285,000**	$356,250	0.67
11	$183,750	**$245,000**	$306,250	0.67
10	$157,303	**$210,000**	$262,697	0.67
9	$142,000	**$177,500**	$213,000	0.50
8	$120,000	**$150,000**	$180,000	0.50
7	$100,000	**$125,000**	$150,000	0.50
6	$91,667	**$110,000**	$128,333	0.40
5	$79,167	**$95,000**	$110,833	0.40
4	$66,667	**$80,000**	$93,333	0.40
3	$58,333	**$70,000**	$81,667	0.40
2	$52,083	**$62,500**	$72,917	0.40
1	$45,833	**$55,000**	$64,167	0.40



Return to Agenda

Next Steps - Implementation

- Employee Communications – November 24th to December 12th
  - Introduction of Career Framework
  - Job Band and Title confirmation
- Effective date for changes – December 13, 2025
- Career Framework Training – Q1 2026
  - Navigating your career by using the Career Framework Tools and Practices
- Competency-based Skill training aligned with the Career Path Level Guides – Q2 2026

Return to Agenda

GCHP - 2026 Career Framework Salary Range

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
Chief Executive Officer	Executive	E	Management	**E3**	$412,500	**$550,000**	$687,500
Chief Medical Officer	Executive	E	Management	**E2**	$333,750	**$445,000**	$556,250
Chief Operating Officer	Executive	E	Management	**E2**	$333,750	**$445,000**	$556,250
Chief Compliance Officer	Executive	E	Management	**E1**	$258,750	**$345,000**	$431,250
Chief Diversity Officer	Executive	E	Management	**E1**	$258,750	**$345,000**	$431,250
Chief Financial Officer	Executive	E	Management	**E1**	$258,750	**$345,000**	$431,250
Chief HR & Organizational Performance Officer	Executive	E	Management	**E1**	$258,750	**$345,000**	$431,250
Chief Information & Sys Modernization Officer	Executive	E	Management	**E1**	$258,750	**$345,000**	$431,250
Chief Innovation Officer	Executive	E	Management	**E1**	$258,750	**$345,000**	$431,250
Chief Member Experience and External Affairs	Executive	E	Management	**E1**	$258,750	**$345,000**	$431,250
Chief Policy and Program Officer	Executive	E	Management	**E1**	$258,750	**$345,000**	$431,250
Senior Medical Director	Health Services	E	Management	**E1**	$258,750	**$345,000**	$431,250
Controller	Finance & Accounting	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, Delivery Sys Op & Strat	Network Operations	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, Health Equity	Health Services	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, Health Services	Health Services	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, IT	IT-Information Technology	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, Operations	Operations	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, Population Health and Equity	Population Health	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, Procurement	Procurement	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, Provider Network Ops & Strategies	Network Operations	E	Management	**12**	$213,750	**$285,000**	$356,250
Executive Director, Quality Improvement	Quality	E	Management	**12**	$213,750	**$285,000**	$356,250
Medical Director	Health Services	E	Management	**11**	$183,750	**$245,000**	$306,250
Senior Director, Compliance	Compliance	E	Management	**11**	$183,750	**$245,000**	$306,250
Senior Director, Dual Special Needs Plan	Dual Special Needs Plan	E	Management	**11**	$183,750	**$245,000**	$306,250
Senior Director, Health Education, C & L	Health Education	E	Management	**11**	$183,750	**$245,000**	$306,250
Senior Director, HR & Org Performance	Human Resources	E	Management	**11**	$183,750	**$245,000**	$306,250
Senior Director, Model of Care	Dual Special Needs Plan	E	Management	**11**	$183,750	**$245,000**	$306,250
Senior Director, Network Operations	Network Operations	E	Management	**11**	$183,750	**$245,000**	$306,250
Senior Director, Operations	Operations	E	Management	**11**	$183,750	**$245,000**	$306,250
Senior Director, Quality Data	IT-Information Technology	E	Management	**11**	$183,750	**$245,000**	$306,250
Director, Architecture	IT-Information Technology	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Behavioral Health & Social Services	Population Health	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Business Solutions	IT-Information Technology	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Care Management	Care Management	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Communications and Marketing	Communications	E	Management	**10**	$157,303	**$210,000**	$262,697

Return to Agenda

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
Director, Contact Center	Contact Center	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Dual Special Needs Plan DSNP	Dual Special Needs Plan	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, EDI	IT-Information Technology	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Health Informatics	Population Health	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, IT Business Solutions	IT-Information Technology	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, IT Infrastructure and Security Oper	IT-Information Technology	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Medicare Sales & Enrollment	Government Relations	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Member Experience	Government Relations	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Network Operations	Network Operations	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Operations	Operations	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Org Performance & Change Leadership	Human Resources	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Pharmacy	Pharmacy	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Population Health	Population Health	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Portfolio and Project Management	Portfolio & Project Management	E	Management	**10**	$157,303	**$210,000**	$262,697
Director, Utilization Management	Utilization Management	E	Management	**10**	$157,303	**$210,000**	$262,697
Grants Administration and Oversight Director	Population Health	E	Management	**10**	$157,303	**$210,000**	$262,697
Privacy Officer	Compliance	E	Management	**10**	$157,303	**$210,000**	$262,697
Principal Business Relationship Manager	IT-Information Technology	E	Professional	**10**	$157,303	**$210,000**	$262,697
Principal Enterprise Architect	IT-Architecture & Testing	E	Professional	**10**	$157,303	**$210,000**	$262,697
Principal Solution Architect	IT-Architecture & Testing	E	Professional	**10**	$157,303	**$210,000**	$262,697
Manager, Member Engagement	Government Relations	E	Management	**9**	$142,000	**$177,500**	$213,000
Manager, Pharmacy	Pharmacy	E	Management	**9**	$142,000	**$177,500**	$213,000
Medicare PBM Senior Operations Manager	Pharmacy	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Accounting	Finance & Accounting	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Care Management	Care Management	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Clinical Quality Improvement	Quality	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Contact Center	Operations	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Facilities	Facilities	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Finance	Finance & Accounting	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Financial Analysis	Finance & Accounting	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, HR Operations	Human Resources	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Medical Policy Manager	Utilization Management	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Medicare Financial Analysis	Finance & Accounting	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Operations	Operations	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Operations G & A	Grievance and Appeals	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Population Health	Population Health	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Provider Net Ops - Prog & Pol	Network Operations	E	Management	**9**	$142,000	**$177,500**	$213,000

Return to Agenda

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
Senior Manager, Quality Improvement	Quality	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Strategic Planning & Talent	Human Resources	E	Management	**9**	$142,000	**$177,500**	$213,000
Senior Manager, Utilization Management	Utilization Management	E	Management	**9**	$142,000	**$177,500**	$213,000
Business Strategies Sr. Manager	Population Health	E	Professional	**9**	$142,000	**$177,500**	$213,000
Database Administrator Architect	IT-Data Warehouse	E	Professional	**9**	$142,000	**$177,500**	$213,000
Human Resources Solutions Architect	Human Resources	E	Professional	**9**	$142,000	**$177,500**	$213,000
Principal Business Systems Analyst	Portfolio & Project Management	E	Professional	**9**	$142,000	**$177,500**	$213,000
Principal Data Analyst	IT-Information Technology	E	Professional	**9**	$142,000	**$177,500**	$213,000
Principal Developer Data Engineer	IT-Data Warehouse	E	Professional	**9**	$142,000	**$177,500**	$213,000
Principal Project Manager	Portfolio & Project Management	E	Professional	**9**	$142,000	**$177,500**	$213,000
Senior Clinical Pharmacist	Pharmacy	E	Professional	**9**	$142,000	**$177,500**	$213,000
Senior Data Operations Engineer	IT-Data Warehouse	E	Professional	**9**	$142,000	**$177,500**	$213,000
Senior Data Validation Program Manager	Dual Special Needs Plan	E	Professional	**9**	$142,000	**$177,500**	$213,000
Senior Information Security Engineer	IT-Infrastructure & Security	E	Professional	**9**	$142,000	**$177,500**	$213,000
Sr. Manager internal Audit	Compliance	E	Professional	**9**	$142,000	**$177,500**	$213,000
Manager, Accounting and Finance	Finance & Accounting	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Behavioral Health	Behavioral Health	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Care Management & Special Programs	Care Management	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Clinical Care Management	Care Management	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Communications	Communications	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Community Relations	Government Relations	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Compliance	Compliance	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Cultural & Linguistics	Health Education	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Delegation Oversight Audit	Compliance	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, D-SNP Sales	Government Relations	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Government Relations	Government Relations	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Health Education	Health Education	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Internal Audit	Compliance	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Member Services	Government Relations	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Operations	Operations	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Procurement	Procurement	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Provider Relations	Network Operations	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Quality Improvement	Quality	E	Management	**8**	$120,000	**$150,000**	$180,000
Manager, Utilization Management	Utilization Management	E	Management	**8**	$120,000	**$150,000**	$180,000
Medicare Compliance Manager	Compliance	E	Management	**8**	$120,000	**$150,000**	$180,000
Business Strategy Manager	Population Health	E	Professional	**8**	$120,000	**$150,000**	$180,000

Return to Agenda

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
Clinical Compliance Program Manager	Compliance	E	Professional	**8**	$120,000	**$150,000**	$180,000
Clinical Pharmacist	Pharmacy	E	Professional	**8**	$120,000	**$150,000**	$180,000
Clinical Programs Pharmacist	Pharmacy	E	Professional	**8**	$120,000	**$150,000**	$180,000
Compliance Program Manager	Compliance	E	Professional	**8**	$120,000	**$150,000**	$180,000
Delegation Oversight Program Manager	Compliance	E	Professional	**8**	$120,000	**$150,000**	$180,000
Executive Administrator	Admin	E	Professional	**8**	$120,000	**$150,000**	$180,000
Human Resources Employee Benefits Lead	Human Resources	E	Professional	**8**	$120,000	**$150,000**	$180,000
LCSW Clinical Care Manager III	Care Management	E	Professional	**8**	$120,000	**$150,000**	$180,000
Lead Operations Analyst-EDI & Eligibility	Operations	E	Professional	**8**	$120,000	**$150,000**	$180,000
Medicare Marketing and Communication Manager	Communications	E	Professional	**8**	$120,000	**$150,000**	$180,000
Medicare STARS Program Manager	Quality	E	Professional	**8**	$120,000	**$150,000**	$180,000
Microsoft Sharepoint Manager	IT-Infrastructure & Security	E	Professional	**8**	$120,000	**$150,000**	$180,000
Program Manager, Medicare D-SNP Enrollment	Government Relations	E	Professional	**8**	$120,000	**$150,000**	$180,000
Provider Account Manager	Network Operations	E	Professional	**8**	$120,000	**$150,000**	$180,000
Provider Contracts Manager	Network Operations	E	Professional	**8**	$120,000	**$150,000**	$180,000
Provider Regulatory and Compliance Manager	Network Operations	E	Professional	**8**	$120,000	**$150,000**	$180,000
Provider Relations Account Manager	Network Operations	E	Professional	**8**	$120,000	**$150,000**	$180,000
Quality Data Engineer	IT Data Warehouse	E	Professional	**8**	$120,000	**$150,000**	$180,000
Quality Improvement Program Manager III	Quality	E	Professional	**8**	$120,000	**$150,000**	$180,000
RN Clinical Care Manager III CM	Care Management	E	Professional	**8**	$120,000	**$150,000**	$180,000
RN, Clinical Care Manager III	Care Management	E	Professional	**8**	$120,000	**$150,000**	$180,000
RN, Quality Improvement III	Health Services	E	Professional	**8**	$120,000	**$150,000**	$180,000
RN, Utilization Management III	Utilization Management	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Analyst - Data Modeler	IT-Data Warehouse	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Business Systems Analyst	Portfolio & Project Management	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Data Analyst	IT-Data Warehouse	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Data Engineer	IT-Data Warehouse	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior ETL DEV-Data Engineer	IT-Data Warehouse	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Healthcare Data Analyst	Population Health	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Human Resources Business Partner	Human Resources	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Population Health Program Manager	Population Health	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Project Manager	Portfolio & Project Management	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Technical Accountant	Finance & Accounting	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior Test Automation Engineer	IT-Architecture & Testing	E	Professional	**8**	$120,000	**$150,000**	$180,000
Senior, IT Business Systems Analyst	Portfolio & Project Management	E	Professional	**8**	$120,000	**$150,000**	$180,000

Return to Agenda

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
Sr. Data Analyst	IT- Population Health Enablement	E	Professional	**8**	$120,000	**$150,000**	$180,000
Manager, Contact Center	Contact Center	E	Management	**7**	$100,000	**$125,000**	$150,000
AP- Payroll Lead	Finance & Accounting	E	Professional	**7**	$100,000	**$125,000**	$150,000
Business Systems Analyst II	Portfolio & Project Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
Data Analyst II	IT-Data Warehouse	E	Professional	**7**	$100,000	**$125,000**	$150,000
Data engineer II	IT-Data Warehouse	E	Professional	**7**	$100,000	**$125,000**	$150,000
Delegation Oversight Auditor Lead	Compliance	E	Professional	**7**	$100,000	**$125,000**	$150,000
Developer II	IT-Data Warehouse	E	Professional	**7**	$100,000	**$125,000**	$150,000
DSNP CICM Care Manager I	Care Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
Health Services Trainer	Care Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
Human Resources Business Partner	Human Resources	E	Professional	**7**	$100,000	**$125,000**	$150,000
Human Resources Operations Specialist	Human Resources	E	Professional	**7**	$100,000	**$125,000**	$150,000
Internal Auditor Lead	Compliance	E	Professional	**7**	$100,000	**$125,000**	$150,000
LCSW Clinical Care Manager II	Care Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
Lead Policy Analyst	Government Relations	E	Professional	**7**	$100,000	**$125,000**	$150,000
Population Health Program Manager	Population Health	E	Professional	**7**	$100,000	**$125,000**	$150,000
Project Manager II	Portfolio & Project Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
Provider Relations Representative - External	Network Operations	E	Professional	**7**	$100,000	**$125,000**	$150,000
Quality Improvement Data Analyst III	Quality	E	Professional	**7**	$100,000	**$125,000**	$150,000
Quality Improvement Program Manager II	Quality	E	Professional	**7**	$100,000	**$125,000**	$150,000
RN Clinical Care Manager II CM	Care Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
RN, Clinical Care Manager II	Care Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
RN, Delegation Oversight Auditor	Compliance	E	Professional	**7**	$100,000	**$125,000**	$150,000
RN, DSNP-CICM	Care Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
RN, Quality Improvement II	Health Services	E	Professional	**7**	$100,000	**$125,000**	$150,000
RN, Utilization Management Grievance & Appeal	Utilization Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
RN, Utilization Management II	Utilization Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
Senior Clerk of the Board	Administrative	E	Professional	**7**	$100,000	**$125,000**	$150,000
Senior Data Analyst EDI	IT-Information Technology	E	Professional	**7**	$100,000	**$125,000**	$150,000
Senior Decision Support Analyst	IT- Population Health Enablement	E	Professional	**7**	$100,000	**$125,000**	$150,000
Senior Financial Analyst	Finance & Accounting	E	Professional	**7**	$100,000	**$125,000**	$150,000
Senior Health Services Business Analyst	Utilization Management	E	Professional	**7**	$100,000	**$125,000**	$150,000
Senior HEDIS Data Master	Quality	E	Professional	**7**	$100,000	**$125,000**	$150,000
Senior IT Quality Control Analyst	IT-Architecture & Testing	E	Professional	**7**	$100,000	**$125,000**	$150,000

Return to Agenda

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
Senior Program Analyst	Population Health	E	Professional	7	$100,000	**$125,000**	$150,000
Senior Provider Network Operations Specialist	Network Operations	E	Professional	7	$100,000	**$125,000**	$150,000
Senior Specialist, Talent Mgmt & Training	Human Resources	E	Professional	7	$100,000	**$125,000**	$150,000
Senior Systems Administrator	IT-Infrastructure & Security	E	Professional	7	$100,000	**$125,000**	$150,000
Special Investigation Unit Investigator Lead	Compliance	E	Professional	7	$100,000	**$125,000**	$150,000
Sr. Health Services Business Analyst	Utilization Management	E	Professional	7	$100,000	**$125,000**	$150,000
Workforce Strategy & Talent Acquisition Lead	Human Resources	E	Professional	7	$100,000	**$125,000**	$150,000
Associate Clerk of the Board-Sr. Executive As	Admin	E	Professional	6	$91,667	**$110,000**	$128,333
Behavioral Health Clinician III	Behavioral Health	E	Professional	6	$91,667	**$110,000**	$128,333
Business Systems Analyst I	Portfolio & Project Management	E	Professional	6	$91,667	**$110,000**	$128,333
Clinical Programs Registered Dietitian	Population Health	E	Professional	6	$91,667	**$110,000**	$128,333
Compliance Analyst II	Compliance	E	Professional	6	$91,667	**$110,000**	$128,333
Credentialing Specialist III	Network Operations	E	Professional	6	$91,667	**$110,000**	$128,333
Data Analyst I	IT-Data Warehouse	E	Professional	6	$91,667	**$110,000**	$128,333
Delegation Oversight Auditor II	Compliance	E	Professional	6	$91,667	**$110,000**	$128,333
Developer I	IT-Data Warehouse	E	Professional	6	$91,667	**$110,000**	$128,333
Health Services Business Analyst	Utilization Management	E	Professional	6	$91,667	**$110,000**	$128,333
Internal Auditor II	Compliance	E	Professional	6	$91,667	**$110,000**	$128,333
LCSW Clinical Care Manager I	Care Management	E	Professional	6	$91,667	**$110,000**	$128,333
Lead Community Relations Specialist	Government Relations	E	Professional	6	$91,667	**$110,000**	$128,333
Lead Service Desk Tech	IT-Infrastructure & Security	E	Professional	6	$91,667	**$110,000**	$128,333
Medicare Claims Analyst Lead	Operations	E	Professional	6	$91,667	**$110,000**	$128,333
Program Analyst	Population Health	E	Professional	6	$91,667	**$110,000**	$128,333
Provider Contracts Specialist III	Network Operations	E	Professional	6	$91,667	**$110,000**	$128,333
Provider Network Operations Analyst II	Network Operations	E	Professional	6	$91,667	**$110,000**	$128,333
Quality Improvement Data Analyst II	Quality	E	Professional	6	$91,667	**$110,000**	$128,333
Quality Improvement Program Manager	Quality	E	Professional	6	$91,667	**$110,000**	$128,333
RN Clinical Care Manager I CM	Care Management	E	Professional	6	$91,667	**$110,000**	$128,333
RN, Clinical Care Manager I	Care Management	E	Professional	6	$91,667	**$110,000**	$128,333
RN, Quality Improvement I	Health Services	E	Professional	6	$91,667	**$110,000**	$128,333
RN, Utilization Management I	Utilization Management	E	Professional	6	$91,667	**$110,000**	$128,333
Sales Lead	Government Relations	E	Professional	6	$91,667	**$110,000**	$128,333
Senior AP-Payroll Specialist	Finance & Accounting	E	Professional	6	$91,667	**$110,000**	$128,333
Claims Analyst Lead	Claims	E	Professional	6	$91,667	**$110,000**	$128,333
Senior Executive Assistant	Administrative	E	Professional	6	$91,667	**$110,000**	$128,333
Senior Policy Analyst	Government Relations	E	Professional	6	$91,667	**$110,000**	$128,333
Senior Procurement Specialist	Procurement	E	Professional	6	$91,667	**$110,000**	$128,333

Return to Agenda

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
Senior Provider Network Regulatory & Compliance Analyst	Network Operations	E	Professional	**6**	$91,667	**$110,000**	$128,333
Senior Staff Accountant	Finance & Accounting	E	Professional	**6**	$91,667	**$110,000**	$128,333
Special Investigation Unit Investigator	Compliance	E	Professional	**6**	$91,667	**$110,000**	$128,333
System Administrator II	IT-Infrastructure & Security	E	Professional	**6**	$91,667	**$110,000**	$128,333
Clerk of the Board	Executive	NE	Associate	**5**	$79,167	**$95,000**	$110,833
Executive Assistant	Admin	NE	Associate	**5**	$79,167	**$95,000**	$110,833
Operations and Provider Support Analyst III	Provider Contact Center	NE	Associate	**5**	$79,167	**$95,000**	$110,833
Provider Dispute Resolution Specialist II	Grievance and Appeals	NE	Associate	**5**	$79,167	**$95,000**	$110,833
Provider Relations Representative - Internal	Network Operations	NE	Associate	**5**	$79,167	**$95,000**	$110,833
Senior Claims Analyst	Claims	NE	Associate	**5**	$79,167	**$95,000**	$110,833
Senior Claims Operations Analyst	Ops Quality & Dispute Resolution	NE	Associate	**5**	$79,167	**$95,000**	$110,833
Senior Facilities Administrative Tech	Facilities	NE	Associate	**5**	$79,167	**$95,000**	$110,833
Senior Operations and Provider Support Analyst	Provider Contact Center	NE	Associate	**5**	$79,167	**$95,000**	$110,833
AP- Payroll Specialist II	Finance & Accounting	E	Professional	**5**	$79,167	**$95,000**	$110,833
Behavioral Health Clinician II	Behavioral Health	E	Professional	**5**	$79,167	**$95,000**	$110,833
Behavioral Health Program Specialist III	Behavioral Health	E	Professional	**5**	$79,167	**$95,000**	$110,833
Communications Specialist III	Communications	E	Professional	**5**	$79,167	**$95,000**	$110,833
Community Relations Specialist II	Government Relations	E	Professional	**5**	$79,167	**$95,000**	$110,833
Compliance Analyst I	Compliance	E	Professional	**5**	$79,167	**$95,000**	$110,833
Credentialing Specialist II	Network Operations	E	Professional	**5**	$79,167	**$95,000**	$110,833
Data Engineer I	IT-Data Warehouse	E	Professional	**5**	$79,167	**$95,000**	$110,833
Delegation Oversight Auditor I	Compliance	E	Professional	**5**	$79,167	**$95,000**	$110,833
Health Educator	Health Education	E	Professional	**5**	$79,167	**$95,000**	$110,833
Internal Auditor	Compliance	E	Professional	**5**	$79,167	**$95,000**	$110,833
Legal Compliance Specialist	Compliance	E	Professional	**5**	$79,167	**$95,000**	$110,833
Operations Analyst - EDI and Eligibility	Operations	E	Professional	**5**	$79,167	**$95,000**	$110,833
Policy Analyst	Government Relations	E	Professional	**5**	$79,167	**$95,000**	$110,833
Procurement Sourcing & Operations Administrat	Procurement	E	Professional	**5**	$79,167	**$95,000**	$110,833
Program Analyst I	Population Health	E	Professional	**5**	$79,167	**$95,000**	$110,833
Project Manager I	Portfolio & Project Management	E	Professional	**5**	$79,167	**$95,000**	$110,833
Provider Contracts Specialist II	Network Operations	E	Professional	**5**	$79,167	**$95,000**	$110,833
Provider Network Regulatory & Compliance Analyst	Network Operations	E	Professional	**5**	$79,167	**$95,000**	$110,833
Provider Relations Operational Lead	Network Operations	E	Professional	**5**	$79,167	**$95,000**	$110,833
Quality Improvement Data Analyst I	Quality	E	Professional	**5**	$79,167	**$95,000**	$110,833
Senior Health Navigator-Educator	Health Education	E	Professional	**5**	$79,167	**$95,000**	$110,833

Return to Agenda

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
System Administrator I	IT-Infrastructure & Security	E	Professional	**5**	$79,167	**$95,000**	$110,833
Care Management Coordinator III	Care Management	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Claims Analyst III	Claims	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Clinical Operations Assistant III	Utilization Management	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Credentialing Specialist I	Network Operations	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Health Navigator III	Health Education	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Lead Member Care Ambassador	Member Services	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Operations and Provider Support Analyst II	Provider Contact Center	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Operations Data Analyst	Claims	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Operations Oversight Analyst	Operations Oversight	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Provider Data Coordinator	Network Operations	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Provider Dispute Resolution Specialist I	Grievance and Appeals	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Quality Assurance Analyst	Operations	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Security Analyst	IT-Infrastructure & Security	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Senior Administrative Analyst	Utilization Management	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Senior Cultural and Linguistic Specialist	Health Education	E	Professional	**4**	$66,667	**$80,000**	$93,333
AP- Payroll Specialist	Finance & Accounting	E	Professional	**4**	$66,667	**$80,000**	$93,333
Behavioral Health Clinician I	Behavioral Health	E	Professional	**4**	$66,667	**$80,000**	$93,333
Behavioral Health Program Specialist	Behavioral Health	E	Professional	**4**	$66,667	**$80,000**	$93,333
Behavioral Health Program Specialist I	Behavioral Health	E	Professional	**4**	$66,667	**$80,000**	$93,333
Behavioral Health Program Specialist II	Behavioral Health	E	Professional	**4**	$66,667	**$80,000**	$93,333
Communications Specialist II	Communications	E	Professional	**4**	$66,667	**$80,000**	$93,333
Community Relations Specialist	Government Relations	E	Professional	**4**	$66,667	**$80,000**	$93,333
Compliance Specialist	Compliance	E	Professional	**4**	$66,667	**$80,000**	$93,333
Provider Contracts Specialist I	Network Operations	E	Professional	**4**	$66,667	**$80,000**	$93,333
Provider Relations Operational Specialist	Network Operations	E	Professional	**4**	$66,667	**$80,000**	$93,333
Quality Improvement Specialist	Quality	E	Professional	**4**	$66,667	**$80,000**	$93,333
Sales Agent	Government Relations	E	Professional	**4**	$66,667	**$80,000**	$93,333
Senior Service Desk Technician	IT-Infrastructure & Security	NE	Associate	**4**	$66,667	**$80,000**	$93,333
Staff Accountant - AP, Payroll Specialist	Finance & Accounting	E	Professional	**4**	$66,667	**$80,000**	$93,333
Care Management Coordinator II	Care Management	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Claims Analyst II	Claims	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Claims Intake Specialist	Operations	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Clinical Operations Assistant II	Utilization Management	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Communications Specialist I	Communications	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Contact Center Care Coordinator III	Contact Center	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Grievance and Appeals Intake Coordinator II	Grievance and Appeals	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Health Navigator II	Health Education	NE	Associate	**3**	$58,333	**$70,000**	$81,667

Return to Agenda

Title	Department	FLSA Status	Career Path	Pay Grade	Min	Mid	Max
Operations and Provider Support Analyst I	Provider Contact Center	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Purchasing Coordinator	Procurement	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Quality Improvement Coordinator	Quality	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Senior Administrative Assistant	Admin	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Senior Member Care Ambassador	Member Services	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Senior Pharmacy Technician	Pharmacy	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Service Desk Technician II	IT-Infrastructure & Security	NE	Associate	**3**	$58,333	**$70,000**	$81,667
Administrative Assistant	Admin	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Care Management Coordinator I	Care Management	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Claims Analyst I	Claims	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Clinical Operations Assistant I	Utilization Management	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Contact Center Care Coordinator II	Contact Center	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Coordinator, Cultural & Linguistics	Health Education	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Facilities Administrative Technician	Facilities	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Grievance and Appeals Intake Coordinator I	Grievance and Appeals	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Health Navigator I	Health Education	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Member Care Ambassador	Member Services	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Pharmacy Technician	Pharmacy	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Provider Network Ops Associate	Network Operations	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Provider Network Operations Associate	Network Operations	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Service Desk Technician	IT-Infrastructure & Security	NE	Associate	**2**	$52,083	**$62,500**	$72,917
Contact Center Care Coordinator I	Contact Center	NE	Associate	**1**	$45,833	**$55,000**	$64,167
Mailroom Associate	Operations	NE	Associate	**1**	$45,833	**$55,000**	$64,167

Return to Agenda

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: November 17, 2025

SUBJECT: Pathways to Wellness Grants Program

PowerPoint with Verbal Presentation

ATTACHMENTS:

Pathways to Wellness Community Grant Awardees

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Pathways to Wellness Community Grant Awardees

Monday, November 17, 2025

Marlen Torres
Chief Member Experience and External Affairs Officer

Agenda

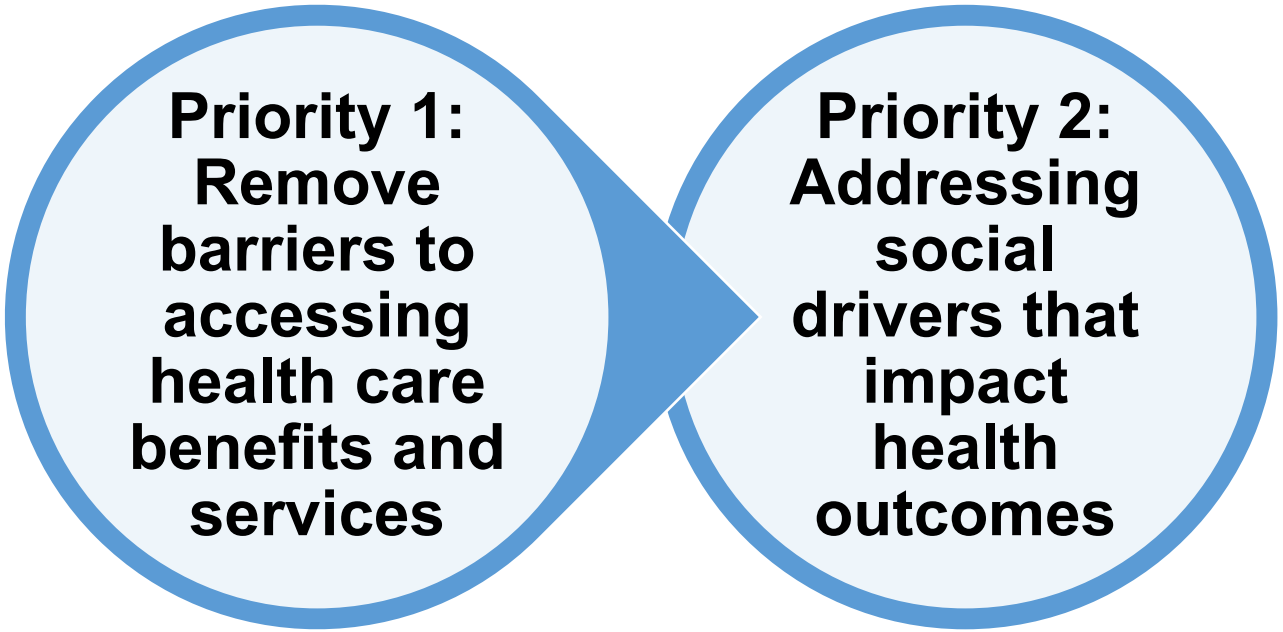
1. Pathway to Wellness Grant Overview
2. Process and Timeline
3. Eligibility to Apply
4. Selection of Awardees

Return to Agenda

Gold Coast Health Plan℠
A Public Entity

Pathways to Wellness Community Grant Overview

The goal of the Pathways to Wellness Community Grant Program is to improve the health care journeys of our members by addressing the social, cultural, structural, and environmental barriers that prevent them from accessing the care and services they need.



Return to Agenda

Gold Coast Health Plan℠
A Public Entity

Request for Applications (RFA) Overview

The purpose of this RFA is to solicit applications from interested organizations to participate in GCHP's Pathways to Wellness Program (PWP) to support Medi-Cal members with navigating their health care and supporting their social needs.

- Social, cultural, structural, and systemic barriers – such as navigating the health care system, difficulty accessing providers, and fear in accessing care – can impact timely care.
- Social drivers are the underlying social, economic, and cultural factors in which individuals are born and live that impact the experience with health care and health outcomes.

The RFA is a critical mechanism in administering and delivering support to hard-to-reach, underserved, and vulnerable populations to improve their experience as a member through targeted activities.

- Focused activities:
  - Coordinating the navigation of health care benefits and services
  - Building trust and creating cultural alignment
  - Supporting access to food and basic needs

Return to Agenda

Gold Coast Health Plan℠
A Public Entity

Grants Timeline

Grant Contract Period: Calendar Year 2025-26
Project begin date: Nov. 2025

Gold Coast Health Plan℠
A Public Entity

Selection of Awardees

Organization	Focus Area	Program Description and Impact	Proposed Funding	Geography
Food Share	Food Insecurity	Fresh produce boxes to 9,900 low-income seniors and 4,800 to agricultural workers households.	$124,049	Across Ventura
MICOP	Benefit Navigation	A 3-person team to support navigation services (enrollment, renewal, technical support) to at least 600 individuals in the 12-month period.	$150,000	Oxnard and surrounding areas
El Concilio Family Services	Benefit Navigation, Member Journey Mapping	Facilitate 3,000 - 5,000 referrals to healthcare and social service agencies in the first year. By increasing awareness to clients and community members in the targeted areas.	$134,567	Fillmore, Oxnard, Port Hueneme, Santa Paula
Many Mansions	Social Service Navigation, Food Insecurity	Residents will gain equitable access to health and social resources, food support, and other essential needs through outreach at residential sites. Reach 1,150 individuals—with targeted and responsive services.	$72,464	Fillmore, Oxnard, Santa Paula, Simi Valley, Thousand Oaks
Nyeland Promise	Benefit Navigation, Food Insecurity	The Healthy Nyeland Acres project aims to reduce health inequities in one of Ventura County's most disadvantaged communities by increasing access to health services, food, and culturally responsive support. Assist 200 members with health navigation; 500 households helped with food boxes; 300 + residents engaged through communication channels, connection to preventive care.	$44,000	Nyeland Acres, (unincorporated Oxnard)
Saticoy Food Hub	Food Insecurity	Expand food access and reduce food insecurity within the Saticoy area by increasing the frequency of mobile market events in Saticoy. Host 3 mobile food markets per month for 12 months, reaching 750 residents.	$49,920	Saticoy
Boys and Girls Club Santa Clara	Member Journey Mapping, Enrollment	The aim of the Community Compass project, is to measurably improve health outcomes for Medi-Cal eligible youth and families in Ventura County by addressing systemic barriers to care and cultural mistrust. The goal is to serve 500 youths and families through health navigation and trust-building events and workshops throughout the year. Additionally, 100 members will receive referrals to health and social services. There will be 3 journey mapping sessions and 4 family engagement events.	$50,000	Santa Paula, Fillmore, Piru

Return to Agenda

Summary of Awardees

Organization	Grant Award Amount
Food Share	$124,049
MICOP	$150,000
El Concilio Family Services	$134,567
Many Mansions	$72,464
Nyeland Promise	$44,000
Saticoy Food Hub	$49,920
Boys and Girls Club Santa Clara	$50,000
Total ENP Grant Awards	**$625,00**

Return to Agenda

Gold Coast Health Plan℠
A Public Entity

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Robert Franco, Chief Compliance Officer
Bianca Naron, Compliance Program Manager

DATE: November 17, 2025

SUBJECT: Approval of Revised Code of Conduct

SUMMARY:

Gold Coast Health Plan has updated its Code of Conduct to better reflect organizational priorities and regulatory expectations. The revision emphasizes alignment with enterprise standards, reinforces our mission, vision, and values, and integrates practical guidance for decision-making. Key updates include:

- **Clear Purpose:** Defines why the Code exists and what we aim to achieve.
- **Enterprise Alignment:** Ensures consistency across company-wide standards.
- **Mission, Vision, and Values:** Strengthens connections to who we are and what we stand for.
- **Culture in Action:** Links behavior, performance, and outcomes to our culture.
- **Compliance Expectations:** Reflects current regulatory guidance and best practices.
- **Practical Reference:** Shifts from policy language to actionable guidance for daily decisions.

These changes are designed to make the Code a more effective tool for guiding conduct and supporting compliance across the organization.

RECOMMENDATION:

Staff recommends that the Commission approve and adopt the revised Code of Conduct as presented. The updated Code will serve as the practical resource for employees and stakeholders, reinforcing ethical standards and compliance obligations.

.

ATTACHMENTS:

GCHP_CODE_OF_CONDUCT_102025_V6_DRAFTP

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan Code of Conduct

November 17, 2025

Robert Franco, Chief Compliance Officer
Bianca Naron, Compliance Program Manager

Integrity
Accountability
Collaboration
Trust
Respect

Return to Agenda

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

Code of Conduct Revision Highlights

- **Why We've got a Code of Conduct**
  Setting the intention behind the update and what we aim to achieve.
- **Enterprise Alignment**
  Ensuring consistency with company-wide standards and expectations.
- **Grounded in Our Mission, Vision, and Values**
  Reinforcing who we are and what we stand for.
- **The Culture Equation**
  Connecting behavior, performance, and outcomes.
- **Our Culture Beliefs in Action**
  Bringing our beliefs to life through everyday decisions.
- **Accountability Best Practices**
  Staying focused, taking ownership and contributing to our culture
- **OIG Compliance Expectations**
  Reflecting regulatory guidance and industry best practices
- **From policy to Practical Reference**
  Shifting the code from policy to practical guide supporting daily decision-making

Setting our intention

Gold Coast Health Plan
A Public Entity

Integrity • Accountability • Collaboration • Trust • Respect

Code of Conduct

Why Our Code of Conduct Matters

At Gold Coast Health Plan (GCHP), our Code of Conduct is more than a set of rules; it's a reflection of who we are and how we choose to show up for each other, our members, and our community. It's grounded in our mission to improve the health of our members through high-quality care and services, and it supports our vision of compassionate care, accessible to all.

We hold ourselves to these expectations not just because they're required, but because they reflect the kind of culture we're building together – a culture rooted in integrity, accountability, collaboration, trust, and respect. These values guide our decisions, shape our relationships, and define how we work as a team.

By living these values every day, we create a workplace where people feel safe, supported, and empowered to do their best work. Our Code of Conduct helps us stay aligned, act ethically, and navigate challenges with clarity and confidence.

Who is accountable to our Code of Conduct? GCHP employees, Commissioners, network providers, and contractors (including subcontractors and downstream subcontractors). These individuals are expected to be familiar with this Code of Conduct and adhere to it at all times.

If you have any questions, please reach out to the Compliance Department at Compliance@goldchp.org.

Sincerely,

Felix L. Nuñez, MD
Chief Executive Officer

Return to Agenda

Gold Coast Health Plan
A Public Entity

Integrity • Accountability • Collaboration • Trust • Respect

Code of Conduct

Our Mission and Vision

Our Mission:

To improve the health of our members through the provision of high-quality care and services.

Our Vision:

Compassionate care, accessible to all, for the health of our community.

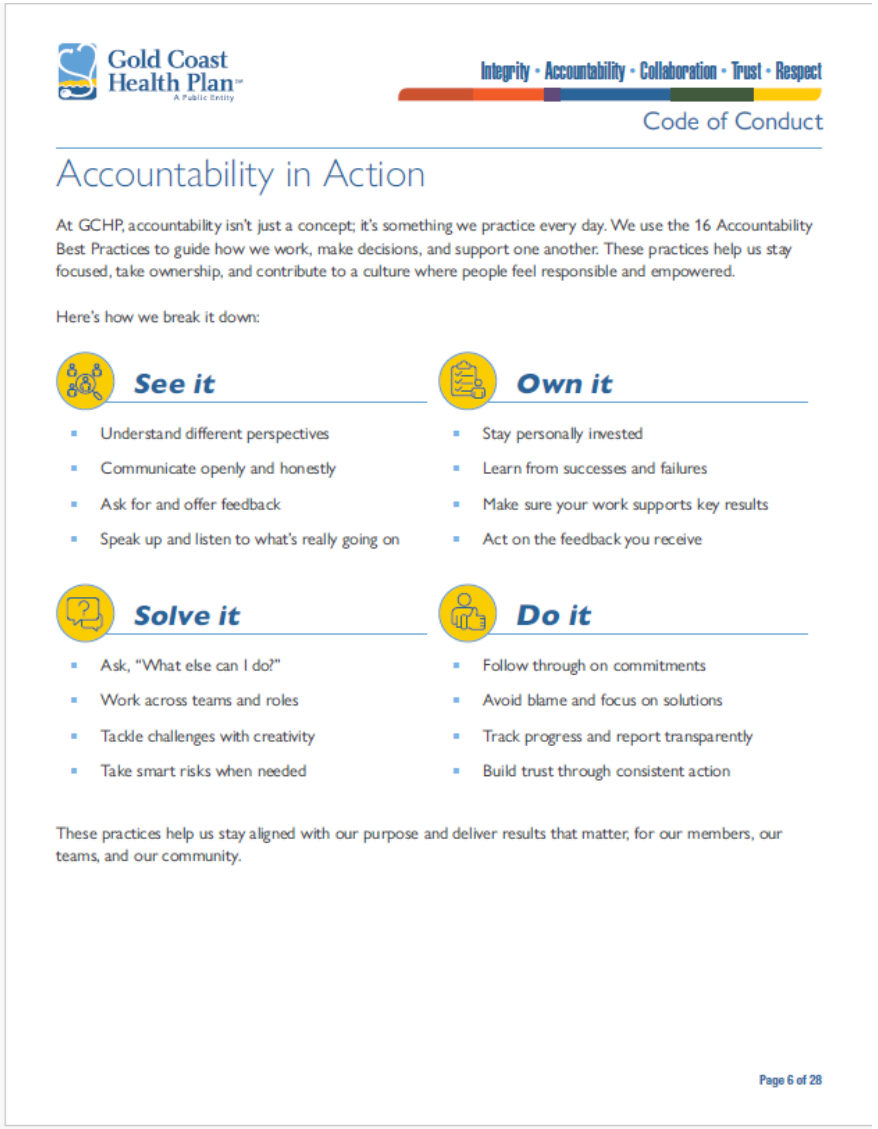
Our Core Values:

These five values shape how we work, how we treat each other, and how we serve our community:

Grounding in our Mission Vision& Values

Return to Agenda

Embracing Accountability



Gold Coast Health Plan
A Public Entity

Integrity • Accountability • Collaboration • Trust • Respect

Code of Conduct

Accountability in Action

At GCHP, accountability isn't just a concept; it's something we practice every day. We use the 16 Accountability Best Practices to guide how we work, make decisions, and support one another. These practices help us stay focused, take ownership, and contribute to a culture where people feel responsible and empowered.

Here's how we break it down:

See it

- Understand different perspectives
- Communicate openly and honestly
- Ask for and offer feedback
- Speak up and listen to what's really going on

Own it

- Stay personally invested
- Learn from successes and failures
- Make sure your work supports key results
- Act on the feedback you receive

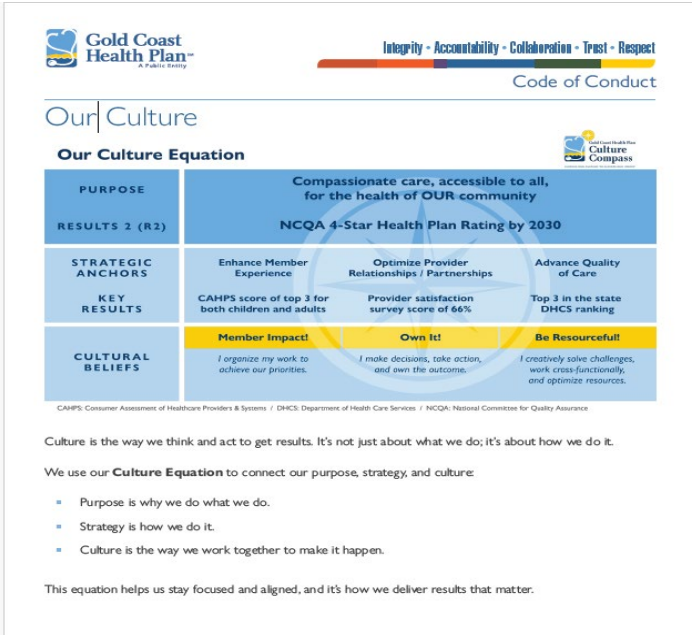
Solve it

- Ask, "What else can I do?"
- Work across teams and roles
- Tackle challenges with creativity
- Take smart risks when needed

Do it

- Follow through on commitments
- Avoid blame and focus on solutions
- Track progress and report transparently
- Build trust through consistent action

These practices help us stay aligned with our purpose and deliver results that matter, for our members, our teams, and our community.



Gold Coast Health Plan

Integrity • Accountability • Collaboration • Trust • Respect

Code of Conduct

Our Culture

Our Culture Equation

PURPOSE	Compassionate care, accessible to all, for the health of OUR community		
RESULTS 2 (R2)	NCQA 4-Star Health Plan Rating by 2030		
STRATEGIC ANCHORS	Enhance Member Experience	Optimize Provider Relationships / Partnerships	Advance Quality of Care
KEY RESULTS	CAHPS score of top 3 for both children and adults	Provider satisfaction survey score of 66%	Top 3 in the state DHCS ranking
CULTURAL BELIEFS	**Member Impact!** *I organize my work to achieve our priorities.*	**Own It!** *I make decisions, take action, and own the outcome.*	**Be Resourceful!** *I creatively solve challenges, work cross-functionally, and optimize resources.*

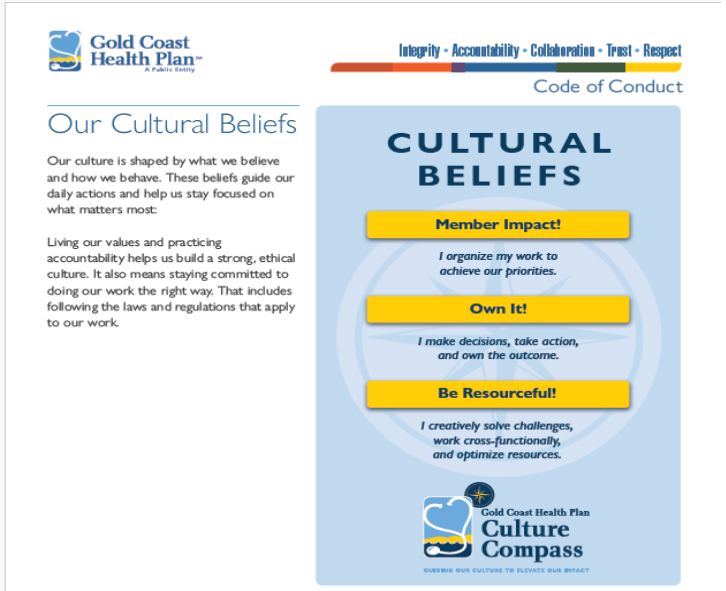
CAHPS: Consumer Assessment of Healthcare Providers & Systems / DHCS: Department of Health Care Services / NCQA: National Committee for Quality Assurance

Culture is the way we think and act to get results. It's not just about what we do; it's about how we do it.

We use our **Culture Equation** to connect our purpose, strategy, and culture:

- Purpose is why we do what we do.
- Strategy is how we do it.
- Culture is the way we work together to make it happen.

This equation helps us stay focused and aligned, and it's how we deliver results that matter.



Gold Coast Health Plan

Integrity • Accountability • Collaboration • Trust • Respect

Code of Conduct

Our Cultural Beliefs

Our culture is shaped by what we believe and how we behave. These beliefs guide our daily actions and help us stay focused on what matters most:

Living our values and practicing accountability helps us build a strong, ethical culture. It also means staying committed to doing our work the right way. That includes following the laws and regulations that apply to our work.

CULTURAL BELIEFS

Member Impact!

I organize my work to achieve our priorities.

Own It!

I make decisions, take action, and own the outcome.

Be Resourceful!

I creatively solve challenges, work cross-functionally, and optimize resources.

Gold Coast Health Plan Culture Compass

Our Cultures

Return to Agenda

From policy to Practical Reference

Gold Coast Health Plan
A Public Entity

Integrity • Accountability • Collaboration • Trust • Respect

Code of Conduct

Compliance with the Law

GCHP is committed to conducting all activities and operations in compliance with applicable federal and state law. Additionally, GCHP is committed to complying with all applicable requirements and standards under its contract with the state Department of Health Care Services (DHCS). All GCHP employees, officers, Commissioners, network providers, and contractors (including subcontractors and downstream contractors) are required to act ethically and have a responsibility to ensure compliance.

Obeying the Law

Commissioners, workforce members, employees, staff and contractors shall not lie, steal, cheat or violate any law in connection with their employment and/or engagement with GCHP.

Anti-Trust

All Commissioners, workforce members, employees, staff, and contractors must comply with applicable antitrust, unfair competition and similar laws, which regulate competition. Such persons shall seek advice from legal counsel if they encounter any decisions involving a risk of violation of antitrust laws. The types of activities

Questions & Answers

Return to Agenda

Gold Coast Health Plan
A Public Entity

Integrity • Accountability • Collaboration • Trust • Respect

Code of Conduct

Certification

All Commissioners, employees, workforce members, staff and contractors are required to certify, in writing, that they have received, read, understand and will abide by the Code of Conduct and applicable policies on an annual basis.

Annual Approval

Gold Coast Health Plan's Code of Conduct must be approved annually by the full Commission.

Request for Motion

Return to Agenda

Gold Coast Health Plan℠
A Public Entity

Code of Conduct

Compassionate care, accessible to all, for a healthy community

Code of Conduct

Why Our Code of Conduct Matters

At Gold Coast Health Plan (GCHP), our Code of Conduct is more than a set of rules; it's a reflection of who we are and how we choose to show up for each other, our members, and our community. It's grounded in our mission to improve the health of our members through high-quality care and services, and it supports our vision of compassionate care, accessible to all.

We hold ourselves to these expectations not just because they're required, but because they reflect the kind of culture we're building together – a culture rooted in integrity, accountability, collaboration, trust, and respect. These values guide our decisions, shape our relationships, and define how we work as a team.

By living these values every day, we create a workplace where people feel safe, supported, and empowered to do their best work. Our Code of Conduct helps us stay aligned, act ethically, and navigate challenges with clarity and confidence.

Who is accountable to our Code of Conduct? GCHP employees, Commissioners, network providers, and contractors (including subcontractors and downstream subcontractors). These individuals are expected to be familiar with this Code of Conduct and adhere to it at all times.

If you have any questions, please reach out to the Compliance Department at Compliance@goldchp.org.

Sincerely,

Felix L. Nuñez, MD
Chief Executive Officer

Table of Contents

Our Mission and Vision

Our Mission:

To improve the health of our members through the provision of high-quality care and services.

Our Vision:

Compassionate care, accessible to all, for the health of our community.

Our Core Values:

These five values shape how we work, how we treat each other, and how we serve our community:

Accountability in Action

At GCHP, accountability isn't just a concept; it's something we practice every day. We use the 16 Accountability Best Practices to guide how we work, make decisions, and support one another. These practices help us stay focused, take ownership, and contribute to a culture where people feel responsible and empowered.

Here's how we break it down:

See it

- Understand different perspectives
- Communicate openly and honestly
- Ask for and offer feedback
- Speak up and listen to what's really going on

Own it

- Stay personally invested
- Learn from successes and failures
- Make sure your work supports key results
- Act on the feedback you receive

Solve it

- Ask, "What else can I do?"
- Work across teams and roles
- Tackle challenges with creativity
- Take smart risks when needed

Do it

- Follow through on commitments
- Avoid blame and focus on solutions
- Track progress and report transparently
- Build trust through consistent action

These practices help us stay aligned with our purpose and deliver results that matter, for our members, our teams, and our community.

Our Culture

Our Culture Equation

Gold Coast Health Plan Culture Compass
GUIDING OUR CULTURE TO ELEVATE OUR IMPACT

PURPOSE	**Compassionate care, accessible to all, for the health of OUR community**		
RESULTS 2 (R2)	**NCQA 4-Star Health Plan Rating by 2030**		
STRATEGIC ANCHORS	**Enhance Member Experience**	**Optimize Provider Relationships / Partnerships**	**Advance Quality of Care**
KEY RESULTS	**CAHPS score of top 3 for both children and adults**	**Provider satisfaction survey score of 66%**	**Top 3 in the state DHCS ranking**
CULTURAL BELIEFS	**Member Impact!**	**Own It!**	**Be Resourceful!**
	I organize my work to achieve our priorities.	*I make decisions, take action, and own the outcome.*	*I creatively solve challenges, work cross-functionally, and optimize resources.*

CAHPS: Consumer Assessment of Healthcare Providers & Systems / DHCS: Department of Health Care Services / NCQA: National Committee for Quality Assurance

Culture is the way we think and act to get results. It's not just about what we do; it's about how we do it.

We use our **Culture Equation** to connect our purpose, strategy, and culture:

- Purpose is why we do what we do.
- Strategy is how we do it.
- Culture is the way we work together to make it happen.

This equation helps us stay focused and aligned, and it's how we deliver results that matter.

Our Cultural Beliefs

Our culture is shaped by what we believe and how we behave. These beliefs guide our daily actions and help us stay focused on what matters most:

Living our values and practicing accountability helps us build a strong, ethical culture. It also means staying committed to doing our work the right way. That includes following the laws and regulations that apply to our work.

Compliance with the Law

GCHP is committed to conducting all activities and operations in compliance with applicable federal and state law. Additionally, GCHP is committed to complying with all applicable requirements and standards under its contract with the state Department of Health Care Services (DHCS). All GCHP employees, officers, Commissioners, network providers, and contractors (including subcontractors and downstream contractors) are required to act ethically and have a responsibility to ensure compliance.

Obeying the Law

Commissioners, workforce members, employees, staff and contractors shall not lie, steal, cheat or violate any law in connection with their employment and/or engagement with GCHP.

Anti-Trust

All Commissioners, workforce members, employees, staff, and contractors must comply with applicable antitrust, unfair competition and similar laws, which regulate competition. Such persons shall seek advice from legal counsel if they encounter any decisions involving a risk of violation of antitrust laws. The types of activities

that potentially implicate antitrust laws include, without limitation: agreements to fix prices, bid rigging and related activities; boycotts; certain exclusive dealings and price discrimination agreements; unfair trade practices; sales or purchases conditioned on reciprocal purchases or sales; and discussion of factors determinative of prices at trade association meetings.

Fraud, Waste and Abuse

GCHP shall refrain from conduct that would violate fraud, waste and abuse laws. GCHP is committed to the detection, prevention, and reporting of fraud, waste and abuse. GCHP expects and requires that its Commissioners, workforce members, employees, staff, and contractors do not participate in any conduct that may violate fraud, waste and abuse laws. Generally, these laws prohibit direct or indirect payments (whether in cash or in kind) in exchange for the referral of patients or services, which are paid by federal and/or state health care programs, including Medi-Cal and Medicare; schemes to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program; and overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system.

Political Activities

GCHP's political participation is limited by law. GCHP funds, property, and resources are not to be used to contribute to political campaigns, political parties, and/or political organizations. Commissioners, workforce members, employees, staff, and contractors may participate in the political process on their own time and at their own expense but shall not give the impression that they are speaking on behalf of or representing GCHP in these activities.

Public Funds

GCHP, its Commissioners, employees, workforce members, and staff shall not make gifts of public funds or assets or lend credit to private persons without adequate consideration unless such actions serve a public purpose within the authority of the agency. GCHP, its Commissioners, employees, workforce members, and staff shall comply with applicable law and GCHP policies governing the investment of public funds and expenditure limitations.

Public Integrity

GCHP and its Commissioners, employees, workforce members, and staff shall comply with laws and regulations governing public agencies.

Public Meetings

GCHP and its Commissioners, employees, workforce members, and staff shall comply with requirements relating to the notice and operation of public meetings in accordance with the Ralph M. Brown Act, California Government Code Sections 54950 et seq.

Public Records

GCHP shall provide access to GCHP public records to any person, corporation, partnership, firm or association requesting to inspect and copy them in compliance with the California Public Records Act, California Government Code Sections 6250 et seq., Freedom of Information Act, and GCHP policies, unless specifically exempted or otherwise confidential.

Third-Party Sponsored Events

GCHP's joint participation in contractor, vendor or other third-party sponsored events, educational programs and workshops is subject to compliance with applicable law, including gifts of public fund requirements; fair political practices laws and regulations; and fraud, waste and abuse prohibitions, and must be approved in accordance with GCHP policies on this subject. In no event shall GCHP participate in any joint contractor, vendor, or third-party sponsored event where the intent of the other participant is to improperly influence, or gain unfair advantage from, GCHP or its operations. Employee, workforce member, and staff attendance at contractor, vendor or other third-party sponsored events, educational programs and workshops is generally permitted.

GCHP intends that these standards be construed broadly to avoid even the appearance of improper activity.

Member and Community Engagement

GCHP is committed to meeting the health care needs of its members by providing access to quality health care services.

Access

Employees, workforce members, staff and contractors shall comply with GCHP policies and procedures and applicable law governing member choice and access to health care services. Employees, workforce members, staff and contractors shall comply with all requirements for coordination of medical and support services for persons with special needs. Employees, workforce members, staff and contractors shall provide culturally, linguistically and sensory appropriate services to GCHP members to ensure effective communication regarding diagnosis, medical history and treatment, and health education.

Complaints and Grievances and Appeals Processes

GCHP, its physician groups, medical groups and third-party administrators shall ensure that GCHP members are informed of their grievance and appeal rights through member handbooks and other communications in accordance with GCHP policies and procedures and applicable law. Employees, workforce members, staff

and contractors shall address, investigate, and resolve GCHP member grievances and appeals in a prompt and nondiscriminatory manner in accordance with GCHP policies and applicable law.

Member grievances and appeals fall under these categories: Medi-Cal, Medicare / Dual Eligible Special Needs Plan (D-SNP), and Medicare market misrepresentation.

Emergency Treatment

Employees, workforce members, staff and contractors shall comply with all applicable guidelines, policies and procedures and law governing GCHP member access and payment of emergency services, including, without limitation, the Emergency Medical Treatment and Active Labor Act (EMTALA) and state patient anti-dumping laws, prior authorization limitations, and payment standards.

Ethics

Ethics encompasses the principles, standards, and values that govern GCHP's conduct and decisions.

Candor and Honesty

GCHP requires candor and honesty from individuals in the performance of their responsibilities and in communications with GCHP's supervisors, attorneys, and auditors. No Commission member, employee, workforce member, staff member or contractor shall make false or misleading statements to any members and/or persons or entities doing business with GCHP or about products or services of GCHP.

Business Ethics, including Fair Political Practice Laws and Regulations

In furtherance of GCHP's commitment to the highest standards of business ethics, employees, workforce members, staff, and contractors shall accurately and honestly represent GCHP and shall not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

Business Inducements

Commissioners, employees, workforce members, staff, contractors, and GCHP providers shall not seek to gain advantage through improper use of payments, business courtesies, or other inducements. The offering, giving, soliciting, or receiving of any form of bribe or other improper payment is prohibited. Commissioners, employees, workforce members, staff, contractors and providers shall not use their positions to personally profit or assist others in profiting in any way at the expense of federal and/or state health care programs, GCHP, or GCHP members.

Business Relationships

Business transactions with vendors, contractors, and other third parties shall be conducted at arm's length in fact and in appearance, transacted free from improper inducements, and in accordance with applicable law and ethical standards.

Ethics Training

All Commissioners, committee members, employees, workforce members, and staff shall receive at least two hours of ethics training every two years or as otherwise required by the Ethics Training Policy. Each new Commissioner, committee member, employee, workforce member, and staff member who has not completed AB 1234 training for the two-year cycle ending on December 31 of the year immediately preceding assuming office shall complete the training in accordance with the Ethics Training Policy.

Financial Reporting

All financial reports, accounting records, research reports, expense accounts, timesheets and other documents must accurately and clearly represent the relevant facts or the true nature of a transaction. GCHP maintains a system of internal controls to ensure that all transactions are executed in accordance with management's authorization and recorded in a proper manner to maintain accountability of the agency's assets. Improper or fraudulent accounting documentation or financial reporting is contrary to the policy of GCHP and may be in violation of applicable law. Commissioners and some designated employees, workforce members, and staff, as a result of their positions, are required to file annual financial statements and must report gifts as required by the Fair Political Practice laws and regulations.

Gifts to GCHP

Commissioners, employees, workforce members, and staff are specifically prohibited from soliciting and accepting personal gratuities, gifts, favors, services, entertainment or any other things of value from any person or entity that furnishes items or services used, or that may be used, in GCHP and its programs unless specifically permitted under GCHP policies and Fair Political Practice laws and regulations. Commissioners, employees, workforce members, and staff may not accept cash or cash equivalents. Perishable or consumable gifts given to a department or group are not subject to any specific limitation, and meals served at business meetings are not considered a prohibited business courtesy.

Protection and Personal Use of Agency Assets

Commissioners, employees, workforce members, staff, and contractors shall strive to preserve and protect GCHP's assets by making prudent and effective use of GCHP's resources and properly and accurately reporting their financial condition.

No Commissioners, employees, workforce members, staff, or contractors shall convert assets of GCHP to personal use. All property and business of GCHP shall be conducted in the manner designed to further GCHP's interest rather than a personal interest of an individual. Commissioners, employees, workforce members, staff, and contractors are prohibited from the unauthorized use or taking of GCHP's equipment, supplies, materials or services. Employees, workforce members, and staff shall obtain the prior approval of the appropriate manager of GCHP prior to engaging in any activity on GCHP time that will result in remuneration to the employee, workforce member, or staff from a party other than GCHP.

Regulatory Agencies and Accrediting Bodies

GCHP will deal with all regulatory agencies and accrediting bodies in a direct, open and honest manner. Employees, workforce members, staff and contractors shall not take action that is false or misleading with regulatory agencies and accrediting bodies.

Conflicts of Interest

Conflicts of interest arise when the professional responsibilities of individuals or organizations are, or have the potential to be, compromised by other, external obligations. Commissioners, employees, workforce members, and staff owe a duty of undivided and unqualified loyalty to GCHP.

Conflict of Interest Code and Applicable Federal Regulations and Laws

Commissioners and designated employees, workforce members, and staff shall comply with the requirements of the GCHP Conflict of Interest Code. Commissioners, employees, workforce members, and staff are expected to conduct their activities to avoid impropriety and/or the appearance of impropriety that might arise from the influence of those activities on business decisions of GCHP, or from disclosure of GCHP's business operations.

Outside Services and Interests

Without the prior written approval of the Chief Executive Officer (or in the case of the Chief Executive Officer, the Commission), no employee shall (1) perform work or render services for any contractor, association of contractors, or other organizations with which GCHP does business or which seek to do business with GCHP; (2) be a director, officer, or consultant of any contractor or association of contractors; or (3) permit his or her name to be used in any fashion that would tend to indicate a business connection with any contractor or association of contractors.

Confidentiality

Confidentiality is the legal and ethical obligation to protect private or sensitive information from unauthorized access, use, or disclosure.

Commissioners, employees, workforce members, staff, and contractors shall maintain the confidentiality of all confidential information in accordance with applicable laws and shall not disclose such confidential information except as specifically authorized by GCHP policies, procedures, or applicable law.

Duty to Safeguard Member and Medical Confidential Information

Commissioners, employees, workforce members, staff and contractors shall safeguard GCHP member identity, eligibility, and medical information, peer review, and other confidential information in accordance with GCHP's policies and procedures and applicable regulations and law.

No Personal Benefit

Commissioners, employees, workforce members, staff and contractors shall not use confidential or proprietary GCHP information for their own personal benefit or for the benefit of any other person or entity, while employed at or engaged by GCHP, or at any time thereafter.

Passwords

Employees, workforce members, staff and contractors must keep their passwords and other personal security codes confidential and will be held responsible for the actions resulting from the use of their passwords. Employees, workforce members, staff and contractors must not share their passwords or let others use their computer while they are logged on.

Personnel Files

Personal information contained in employee personnel files shall be maintained in a manner designed to ensure confidentiality in accordance with applicable law.

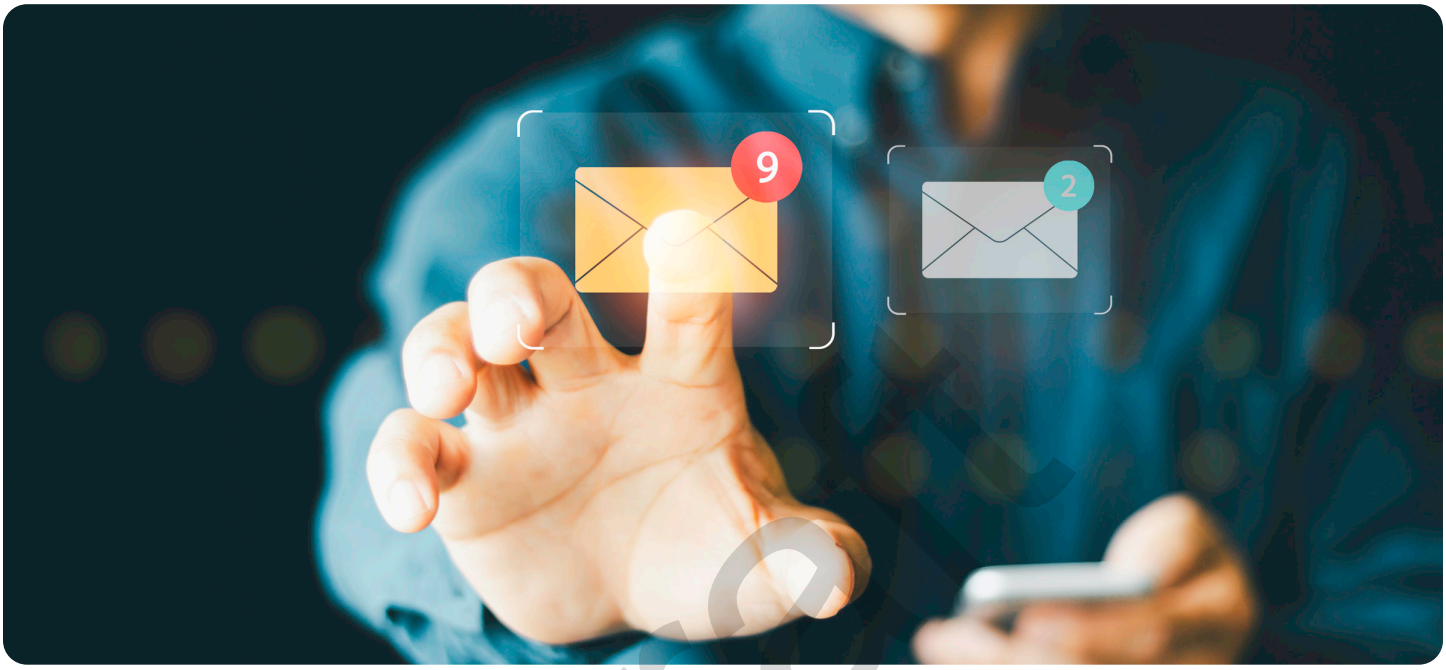
Proprietary Information

GCHP shall safeguard confidential proprietary information including, without limitation, contractor information and proprietary computer software, in accordance with and, to the extent required by contract or law. GCHP shall safeguard provider identification numbers including, without limitation, Medi-Cal license, Medicare numbers, social security, and other identifying numbers.

Use of Social Media

When communicating through social media, such as Facebook, X or similar electronic communication, Commissioners, employees, workforce members, staff and contractors must be mindful of their responsibilities to GCHP and GCHP members to protect confidential information and to abide by all of GCHP's policies, procedures and corporate standards. Only employees and individuals authorized to do so may speak on behalf of GCHP. Commissioners, employees, workforce members, staff and contractors must not upload pictures and videos of GCHP offices or employees, workforce members or staff to social media sites that might compromise the security of our offices or employees, workforce or staff or disclose confidential or proprietary information.

Communications



Communications refers to written, verbal, and electronic forms of conveying information and messages.

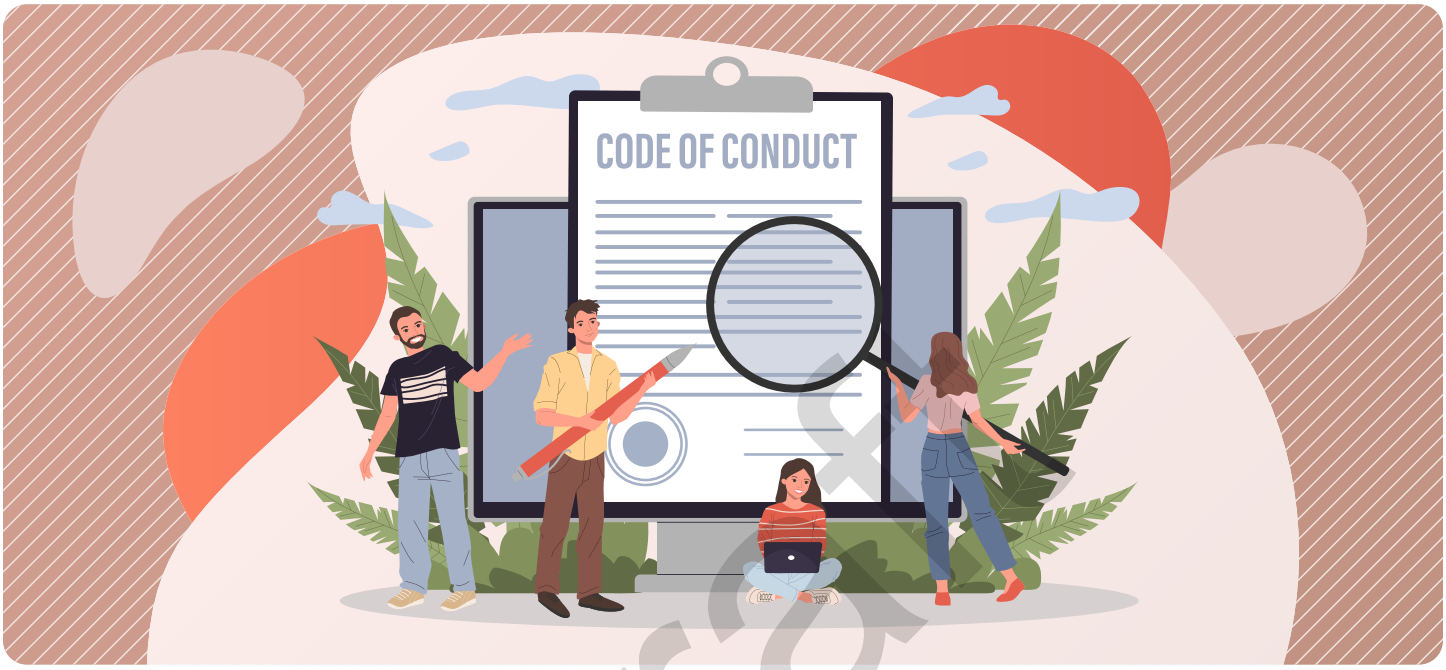
Communications

All communications systems, electronic mail, internet access, or voicemail are the property of GCHP and are to be used for business purposes. Commissioners, employees, workforce members, staff, and contractors are advised that communications using GCHP equipment are not private. Commissioners, employees, workforce members, staff, and contractors shall adhere to the highest standards of professional conduct and personal courtesy in the type, tone, and content of all written, verbal and electronic communications and messages.

Electronic Mail

Commissioners, employees, workforce members, staff and contractors may not use internal communication channels or access to the internet at work to post, store, transmit, download or distribute any information or material that is threatening, knowingly, recklessly, or maliciously false, obscene, or that constitutes or encourages criminal offenses, gives rise to civil liability or otherwise violates any laws. The internal communication channels or access to the internet may not be used to send chain letters, personal broadcast messages or copyrighted documents that are not authorized for reproduction, nor are these channels to be used to conduct a job search or to open misaddressed mail. Those who abuse the communication systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

Conduct



Conduct encompasses expected behavior, actions, and adherence to ethical and legal standards.

No Discrimination

GCHP acknowledges that fair and equitable treatment of employees, workforce members, staff, members, providers, and other persons is fundamental to fulfilling its mission and goals.

Commissioners, employees, workforce members, staff and contractors shall not unlawfully discriminate on the basis of race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), national origin, ancestry, age, physical disability, mental disability, medical condition, family care leave status, veteran status, marital status, place of residence, gender / gender identity, or sexual orientation. GCHP is committed to providing a work environment free from discrimination and harassment based on any classification noted above.

Reassignment

GCHP, physician groups, and medical groups shall not reassign members in a discriminatory manner, including based on the enrollee's health status.

Participation Status

Individuals' level of involvement, engagement, and legal standing within the organization.

GCHP requires that participating providers and suppliers have valid and current licenses, certificates, and/or registration, as applicable. Commissioners, employees, workforce members, staff, and contractors shall:

- not be currently suspended, terminated, debarred, or otherwise ineligible to participate in any federal or state health care program, including the Medi-Cal program and Medicare programs; and/or
- not have been excluded from participation in federal and/or state health care programs based on a mandatory exclusion at any time; and/or
- have met GCHP requirements regarding felony conviction status as set forth in GCHP policies.

Disclosure of Participation Status

Commissioners, employees, workforce members, staff and contractors shall disclose to GCHP whether they:

- are currently suspended, terminated, debarred, or otherwise ineligible to participate in any federal and/or state health care program; and/or
- have ever been excluded from participation in federal and/or state health care programs based on a mandatory exclusion; and/or
- have met GCHP's felony conviction status requirements as set forth in GCHP policies, as applicable.

Delegated Third-Party Administrator Review

GCHP requires that its physician groups, medical groups, and third-party administrators review participating providers and suppliers for licensure and participation status as part of the delegated credentialing and re-credentialing processes.

Licensure

GCHP requires that all employees, workforce members, staff, contractors, physician groups, medical groups, participating providers and suppliers who are required to be licensed, credentialed, certified and/or registered in order to furnish items or services to GCHP and its members have valid and current licensure, credentials, certification and/or registration as applicable.

Government Inquiries / Legal Disputes

Government inquiries refer to official, systematic investigations by a government body to gather information, examine events, or look into potential violations of law or public trust.

Government Inquiries and Notification of Government Inquiries

Employees, workforce members, and staff shall notify GCHP upon receipt of government agency inquiries and shall not destroy or alter documents in response to a government request for documents or information. Employees, workforce members, and staff shall notify the Compliance Officer and/or their supervisor immediately upon the receipt (at work or at home) of an inquiry, subpoena, or other agency or government request for information regarding GCHP.

No Destruction of Documents

Employees workforce members and staff shall not destroy or alter GCHP information or documents in anticipation of, or in response to, a request for documents by any governmental agency or from a court of competent jurisdiction.

Compliance Program Reporting

The systematic collection of data and creation of reports to demonstrate an organization's adherence to laws, regulations, industry standards, and internal policies.

Compliance Program Reporting

Commissioners, employees, workforce members, staff, and contractors have a duty to comply with GCHP's Compliance Program and such duty shall be a condition of their respective appointment, employment, or engagement.

All Commissioners, employees, workforce members, staff and contractors are expected and required to promptly report suspected violations of any statute, regulation or guideline applicable to federal and/or state health care programs or of GCHP's own policies in accordance with GCHP's reporting policies and its Compliance Program. Such reports may be made to a supervisor, the Compliance Officer, and/or anonymously to the Compliance Hotline.

Robert Franco, Chief Compliance Officer
rfranco@goldchp.org, 805-437-5731

Compliance/Fraud Hotline: 1-866-672-2615
File online at secure.ethicspoint.com

Violations

Disciplinary Action

Failure to comply with the Compliance Program, including this Code of Conduct, GHCP policies and/or applicable statutes, regulations and guidelines, may lead to disciplinary action. Discipline for failure to abide by the Code of Conduct may, in GCHP's discretion, range from oral correction to termination in accordance with GCHP's policies. In addition, failure to comply may result in the imposition of civil, criminal or administrative fines on the individual or entity and GCHP or exclusion from participation in federal and/or state health care programs.

Certification

All Commissioners, employees, workforce members, staff and contractors are required to certify, in writing, that they have received, read, understand and will abide by the Code of Conduct and applicable policies on an annual basis.

Annual Approval

Gold Coast Health Plan's Code of Conduct must be approved annually by the full Commission.

Gold Coast Health Plan℠
A Public Entity

Code of Conduct

711 East Daily Drive, Suite 106, Camarillo, CA 93010 | 1-888-301-1228 | **www.goldcoasthealthplan.org**

Published: 2026

Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eve Gelb, Chief Innovation Officer
Kimberly Marquez-Johnson, Director of Dual Special Needs Plan (d-SNP)

DATE: November 17, 2025

SUBJECT: 2026 Dual-Eligible Special Needs Plan (D-SNP) Update & 2027 D-SNP Program

PowerPoint with Verbal Presentation

ATTACHMENTS:

2026 Dual-Eligible Special Needs Plan (D-SNP) Update & 2027 D-SNP Program

Gold Coast Health Plan℠
A Public Entity

2026 Dual-Eligible Special Needs Plan (D-SNP) Update and 2027 D-SNP Program

Integrity

Accountability

Collaboration

Trust

Respect

November 17, 2025

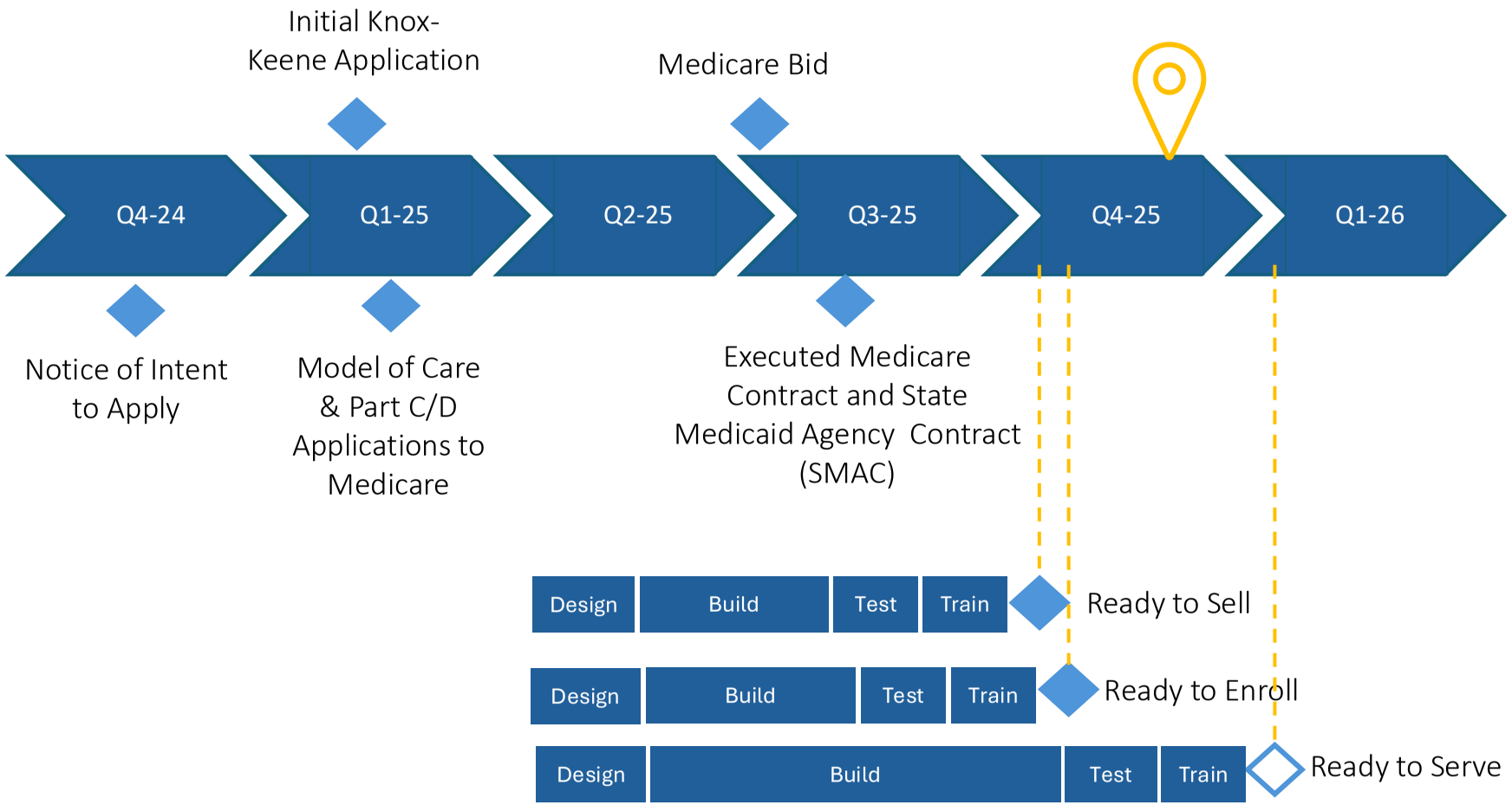
Eve Gelb, Chief Innovation Officer

Kim Marquez-Johnson, Director of Dual Special Needs Plan

2026 D-SNP Program Update

Return to Agenda

2026 Program Journey

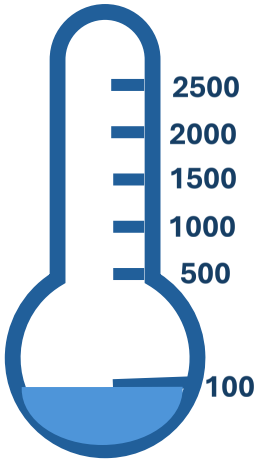


Return to Agenda

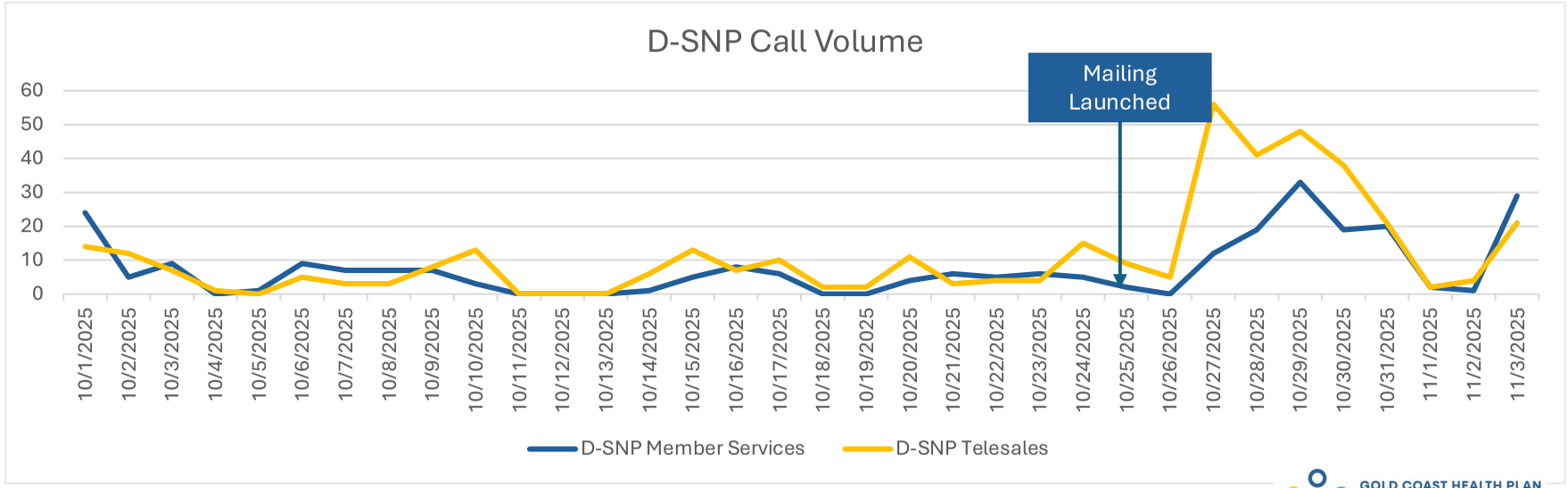
GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

Sales and Enrollments Status

91 members as of 11/4/2025



100% of applications processed timely



Return to Agenda

GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

Ready to Serve Status

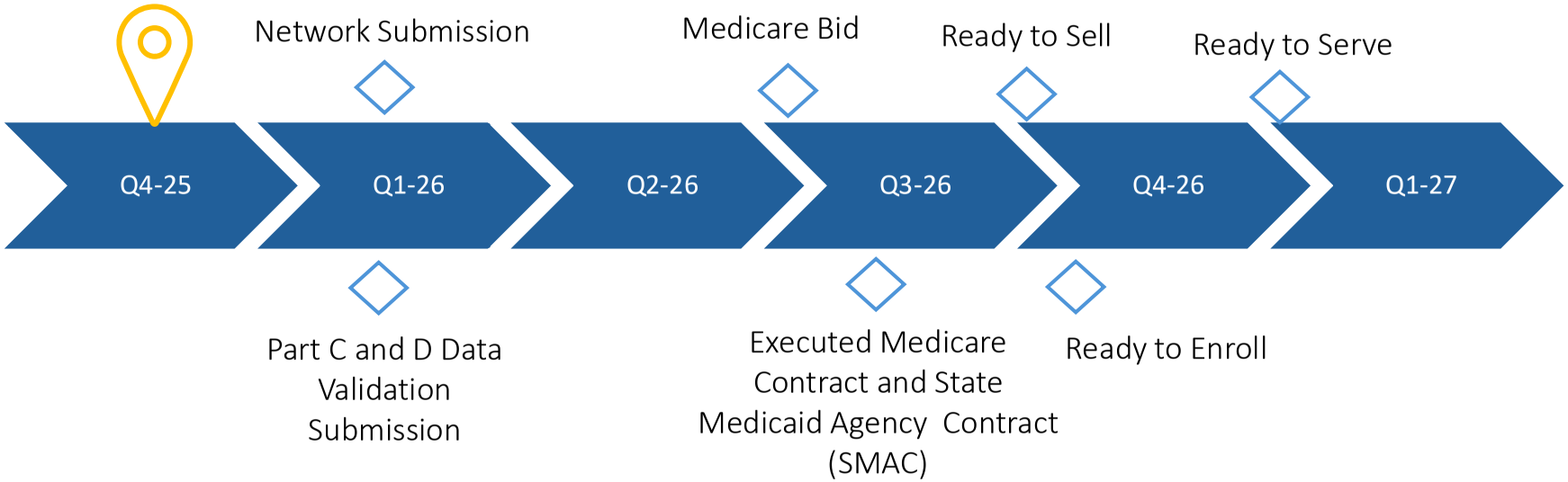
Status	Workstream	Systems/Processes		Path to Green/Mitigation
Y	**Application Enrollment**	• Enrollment Ingestion Engine	• Wipro	Continue manual enrollment process until automation is tested.
G	**Member & Provider Contact Center**	• Genesys • Salesforce		
G	**Network**	• NTT Provider Portal	• Contracting	
G	**Clinical**	• TruCare	• KP Print Vendor	
R	**Claims/Core Admin**	• HRP • Enterprise Data Warehouse (EDP)	• KP Print Vendor • Edifecs	Streamline decisions/adhere to critical path. Increase testing. Push out items not required for 1/1.
G	**Encounters**	• Edifecs	• Supplemental vendors	
Y	**Data & Reporting**	• Salesforce • NTT • Prime	• EDP • KP • Pay cycles	
Y	**Pharmacy**	• Prime		Align on timelines
G	**Quality**	• Inovalon	• 2027 RFP	
G	**Finance**	• Revenue360 • Inovalon	• Milliman/2027 Bid	
G	**Compliance**	• Policies and Procedures	• Compliance Program	
Y	**Training**	• All workstreams		Provide additional guidance
R	**Testing**	• All workstreams		Hit critical path items on core admin and add additional test cases

Return to Agenda

2027 D-SNP Program

Return to Agenda

2027 D-SNP Program Approval



Requesting Commission approval for 2027 D-SNP Program including:

- CMS Submissions
- 2027 SMAC
- 2027 CMS MA Contract

Expect Commission review of:

- CMS Bid
- 2027 D-SNP workplan
- 2027 D-SNP Quality Improvement Program and Workplan

GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

Return to Agenda

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: November 17, 2025

SUBJECT: Quality Improvement and Health Equity Committee 2025 Third Quarter Report

SUMMARY:

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

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

APPROVAL ITEMS:

- 2024 Quality Improvement and Health Equity Transformation ("QIHET") Program Evaluation

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the 2024 QIHET Program Evaluation as presented and receive and file the complete report as presented.

ATTACHMENTS:

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

Gold Coast Health Plan℠
A Public Entity

Quality Improvement and Health Equity Committee Report Q3 2025

November 17, 2025

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

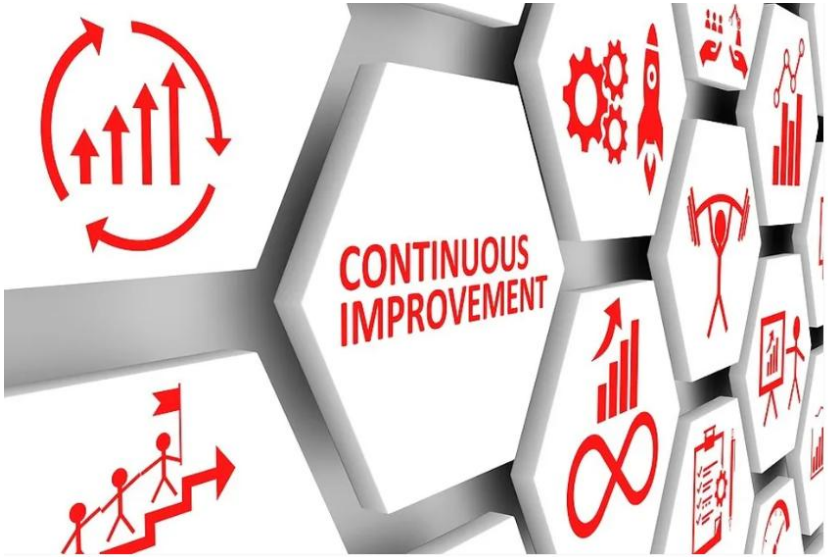
Integrity
Accountability
Collaboration
Trust
Respect

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

Q3 2025 Quality Improvement Update

2024 Quality Improvement and Health Equity Transformation (QIHET) Program Evaluation

Approval Requested



Return to Agenda

Annual 2024 QIHET Program Evaluation

- The annual program evaluation provides a comprehensive assessment of quality improvement and health equity activities
  - Ensures a culture of **continuous quality improvement**
  - Measures and assesses **effectiveness** of program initiatives
  - Evaluates **accountability and compliance** with standards
  - Evaluates **program structure and resources**
  - Provides **framework** for developing the 2025 QIHET Program and Work Plan

- The QIHET Program and Work Plan supports and aligns with:
  - California Department of Health Care Services (**DHCS**) Comprehensive Quality Strategy
  - California Advancing and Innovating Medi-Cal (**CalAIM**) Program
  - National Committee for Quality Assurance (**NCQA**) Health Plan and Health Equity Accreditation Standards

Return to Agenda

Highlights from the 2024 QIHET Program Evaluation

2024 QIHET Program Initiatives

- 2024 program initiatives successfully achieved overall goals
- Leadership advocated for organization-wide commitment to quality improvement and health equity through the “Model of Care” to meet the unique needs of our members.
- Programs initiatives included:
  - ✓Internal / external programs and partnerships with providers and community-based organizations
  - ✓Programs to support and improve member access to care and improve member experience
  - ✓Systems upgrades and enhancements to improve clinical data processing and management
  - ✓Advances in data analytics and validation to improve data quality and clinical-decision making.

Return to Agenda

Highlights from the 2024 QIHET Program Evaluation

2024 Committee Structure

- The QIHET Program's Committee and Subcommittees structure consisted of ten subcommittees each reporting up to the Quality Improvement and Health Equity Committee (QIHEC)
- The structure served its defined function to provide oversight of the QIHET Program by giving internal / external stakeholders, providers, community organizations and members a platform to provide feedback.

2024 Resources

- Resources for the QIHET Program were comprised of multidisciplinary GCHP staff with leadership from the Chief Medical Officer (CMO)
- The resources dedicated to the QIHET Program effectively supported organizational goals and initiatives
- However, resources were strained due to competing priorities with other critical organization-wide deliverables

Return to Agenda

Highlights from the 2024 QIHET Program Evaluation

2024 Managed Care Accountability Set (MCAS) Measures

- Successfully passed the HEDIS® Compliance Audit for the 12th consecutive year
- Almost 8,000 more care gaps were closed in 2024
- 41 MCAS measures reported
- 17 out of 18 measures met or exceeded the DHCS MPL
  - 3 met the 90th percentile; 8 met the 75th percentile; 6 met the 50th percentile
- Rates for 16 measures improved and some measures had significant rate improvement:
  - BCS (+6.85%); W30 6+(+7.95%); DEV (+8.08%); LSC (+8.27%); AMR (+11.13%); FUA (+17.49%); FUM (+37.39%)

Interventions

- Quality Incentive Pool and Program (QIPP) and provider grants
- Member Rewards programs (Mail and Point-of-Care)
- Member outreach campaigns to schedule appointments to close gaps in care
- Enhanced behavioral health care coordination for follow up to ED
- Robust provider and member education campaigns
- Data improvements and collection of new supplemental data sources
- Health fairs (clinic-sponsored events, mobile mammograms, self-collection test kits)

Return to Agenda

Highlights from the 2024 QIHET Work Plan Evaluation

2024 QIHET Work Plan Goals

- Goals met for 40 out of 49 initiatives

2024 QIHET Work Plan Highlights

- Wellth Program met enrollment goals and Wellth members showed improved medication adherence, decrease in ED utilization, inpatient and readmission, and increase in gap closure.
- Population Needs Assessment completed and used to implement PHM strategies.
- C&L training expanded to include DEI training that was approved by DHCS.
- UM completed annual review of clinical practice and preventive health guidelines timely.
- CM maintained compliance with turn-around times for complex case management.
- Network adequacy and time-to-distance standards were met.
- Children CAHPS Scores improved with 9 out of 20 scores meeting 50th %ile.
- 100% of all facility site reviews and CAPS were completed timely.
- 100% of all credentialing and recredentialing activities were completed timely.
- 100% of all delegation oversight audits and CAPs closed timely.

Return to Agenda

2024 QIHET Work Plan Evaluation Summary

Objectives That Met Goals

1. 2024 QIHET Program Description
2. 2024 QIHET Work Plan
3. 2023 QIHET Program Evaluation
4. 2024 HEDIS Compliance Audit
5. Population Needs Assessment
6. Wellth Program
7. Clinical Practice Guidelines
8. Complex Case Management
9. Care Gap Closure
10. Initial Health Appointments
11. Follow-Up After ED for Mental Illness
12. Follow-Up After ED for Substance Use
13. 2023-2026 SUD/SMH PIP
14. 2024-2025 DHCS/IHI Behavioral Health Collaborative with VCBH
15. Breast Cancer Screening
16. Colorectal Cancer Screening
17. Controlling Blood Pressure
18. Glycemic Status Assessment for Diabetes
19. Chlamydia Screening in Women
20. Immunizations for Adolescents
21. Developmental Screening in Children
22. Topical Fluoride Varnish
23. Well-Child Visits in the First 30-Months of Life
24. Child and Adolescent Well-Care Visits
25. 2023-2026 W30-6+ Hispanic/Latinx PIP
26. 2024-2025 DHCS/IHI Well-Child Collaborative
27. 2024 Comprehensive QIHE WCV and W30-6+ Improvement Project
28. Cultural and Linguistic Needs and Preferences
29. Network Adequacy
30. After Hours Availability Survey
31. Provider Satisfaction Survey
32. Facility Site Review Requirements
33. Facility Site Review Monitoring
34. Physical Accessibility Review Surveys
35. Credentialing / Re-Credentialing
36. Grievances and Appeals
37. CAHPS: Surveys
38. CAHPS: Access to Specialty Care
39. CAHPS: Improvement Projects
40. Delegation Oversight

Return to Agenda

2024 QIHET Work Plan Evaluation Summary

Objectives That Did Not Met Goals

1. **Tobacco Cessation:** Cessation medication increased 1.64% but did not meet the 13% goal
2. **Reduction in Potential Unsafe Opioid Prescriptions**: 2024 performance goals were met except for an increase in Q1 concurrent users of opioids and benzodiazepines and increase in Q2 concurrent users of opioids and antipsychotics
3. **Cervical Cancer Screening:** Rate increased 4.14% points and met the 75th percentile, but did not meet the 90th percentile HPL internal goal
4. **Asthma Medication Ratio:** Rate increased 11.13% points but did not meet the MPL
5. **Prenatal Care:** Rate decreased 1.94% and met the 75th percentile, but did not meet the 90th percentile HPL internal goal
6. **Childhood Immunization Status – Combo 10:** Rate decreased 2.92% points and met the MPL but did not meet the 75th percentile internal goal
7. **Lead Screening in Children:** Rate increased 8.27% points and met the 75th percentile, but did not meet the 90th percentile HPL internal goal
8. **Primary and Specialty Care Access:** The 90% benchmark standards were not met and Network Operations provided outreach and education to providers that did not meet standards
9. **Call Center Monitoring:** Average speed of answer and phone quality benchmarks were not met in Q4 2024 due to the transition from an external call center to an internal Contact Center and the significant local wildfire disaster resulting in a decrease in staff and increase in call volume

Return to Agenda

2025 QIHET Program and Work Plan Enhancements

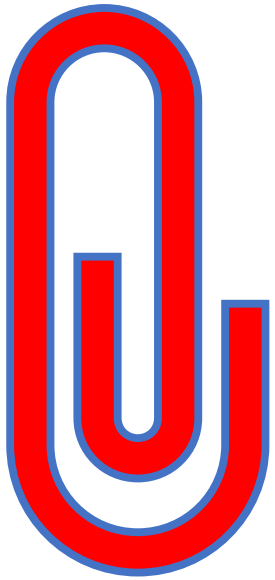
2025 QIHET Program Description

- Expand Health Equity Initiatives
  - Hired Executive Director of Health Equity
  - Develop the Culturally and Linguistically Appropriate Services (CLAS) Program and Work Plan
  - Initiate strategies to collect sexual orientation gender identity (SOGI) data
- Committee Structure
  - Launch the Member Advisory Committee
  - Sunset the Medical Advisory Committee and transfer approval of preventive health and clinical practice guidelines to the Credentialing / Peer Review Committee
- Strategic initiatives include launching the new RISE Grants Program

2025 QIHET Work Plan

- Five new initiatives:
  - CLAS Program Description and CLAS Work Plan, Health Risk Assessment, DHCS AMR Improvement Project, DHCS/IHI Collaborative Well-Child Performance Improvement Project
- Expanded the QIPP to include all MCAS measures held to MPL

Return to Agenda



Appendix:
2024 QI Work Plan Metrics

Return to Agenda

Objective 1

Improve Quality and Safety of Clinical Care Services

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(1) 2024 Quality Improvement & Health Equity Transformation (QIHET) Program Description ***Goal: Update the 2024 QIHET Program Description.***	
Completed and approved by QIHEC on 05/07/24 and Commission on 05/20/24.	Met

(2) 2024 Quality Improvement and Health Equity Transformation Work Plan ***Goal: Update the 2024 QIHET Work Plan.***	
Completed and approved by QIHEC on 03/19/24 and Commission on 05/20/24	Met

(3) 2023 Quality Improvement and Health Equity Program and Work Plan Evaluation ***Goal: Complete the 2023 QIHET Program and Work Evaluation.***	
Completed and approved by QIHEC on 09/17/24 and Commission on 10/28/24.	Met

(4) 2024 HEDIS® Compliance Audit™ ***Goal: Successfully complete and pass the annual HEDIS® Compliance Audit™ and receive "reportable" status for all measures.***	
Successfully passed the annual audit for the 13th consecutive year.	Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(5) Population Health: Population Needs Assessment (PNA) ***Goal: Maintain NCQA compliant PNA as part of the Population Health Strategy Report submitted to DHCS.***	
Maintained NCQA compliant PNA as part of the Population Health Strategy Report submitted to DHCS.	Met

(6) Population Health: Wellth Program ***Goal: Implement a QI focused program with Wellth for full-scope Medi-Cal members who are 18+ years of age, are taking at least one medication and have multiple care gaps for which GCHP is held to the DHCS MPL (50th percentile).***	
Met enrollment goals and created an internal process for evaluating outcomes related to the Wellth Utilization versus QI Program.	Met

(7) Utilization Management: Clinical Practice Guidelines ***Goal: Complete annual review and adoption of evidence-based Preventive Health Guidelines (PHG), including Diabetes and Asthma Clinical Practice Guideline (CPG).***	
Updated PHGs and CPGs and ensured alignment with the Provider Manual and applicable policies.	Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(8) Care Management: Complex Case Management ***Goal: Develop and implement a standardized Turn Around (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements.***	
Continued updating policies, standardized workflows, staff training, monitoring and evaluating benchmarks to ensure timeliness of complex case management.	Met

(9) Care Management: Care Gap Closure ***Goal: Implement strategies to close care gaps for MCAS measures.***	
Supported gap closure interventions using the MCAS Care Gaps dashboard to inform members about their care gaps and help schedule appointments.	Met

(10) Advance Prevention: Tobacco Cessation ***Goal: Increase rate of tobacco cessation interventions in members identified as tobacco users.***	
Cessation medication increased 1.64% from 8.85% in 2023 to 10.49% in 2024 but did not meet the 13% goal. Tobacco cessation counseling increased 7.69% from 34.13% in 2023 to 41.82% in 2024 and met the 39% goal.	Not Met

(11) Advance Prevention: Initial Health Appointment (IHA) ***Goal: Increase rates of Initial Health Appointment (IHA) completion by providers.***	
IHA compliance increased 0.46% from 81.45% in 2023 to 81.91% in 2024.	Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(12) Pharmacy: Reduction in Potential Unsafe Opioid Prescriptions ***Goal: Monitor member opioid utilization via pharmacy claims from Medi-Cal Rx and monitor for trends where utilization exceeds more than a 5% increase from the prior quarter in any category.***	
Performance goals for 2024 met except for an increase in Q1 concurrent users of opioids and benzodiazepines and in Q2 concurrent users of opioids and antipsychotics.	Not Met

(13) Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ***Goal: Increase the FUM-30 rate to meet or exceed the DHCS MPL (50th percentile).***	
The FUM-30 rate increased 37.39% points from 23.59% in 2023 to 60.98% in 2024 and met the 50th percentile MPL. Interventions include expanded care coordination with behavioral health providers and expanded data collection.	Met

(14) Behavioral Health: Follow-Up After Emergency Department Visit for Substance Use – 30 Days ***Goal: Increase the FUA-30 rate to meet or exceed DHCS MPL (50th percentile).***	
The FUA-30 rate increased 17.49% points from 28.32% in 2023 to 45.81% in 2024 and met the 75th percentile, exceeding the 50th percentile MPL goal. Interventions include expanded care coordination with behavioral health providers and expanded data collection.	Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(15) Behavioral Health: 2023-2026 PIP Non-Clinical Topic: Percentage of Provider Notifications for Members with SUD/SMH Diagnoses within 7 Days of an ED Visit ***Goal: Improve the percentage of provider notifications for members with substance use disorder (SUD) and / or specialty mental health (SMH) diagnoses following or within 7 days of emergency department (ED) visit.***	
The annual SUD/SMH PIP module and worksheets were submitted to DHCS on September 11, 2024. Submission documented the baseline calendar year (2023) rates with outcomes of three interventions to improve timeliness of the weekly provider notification. • Obtain daily emergency department (ED) data from Ventura County Medical Center (VCMC) • Obtain daily ED data from Community Memorial Health System (CMHS) • Automate the consolidation of the members identified with an SUD/SMH condition from the three data sources into one report that is generated daily (Monday – Friday)	Met

(16) Behavioral Health: 2024-2025 DHCS/IHI Behavioral Health Collaborative with VCBH ***Goal: By June 2025, improved care coordination processes and data exchange will increase the rate of follow-up BH services by 5% for Gold Coast Health Plan Medi-Cal beneficiaries with BH-related ED visits.***	
GCHP and VCBH began collaboration to implement/improve data sharing best practices to ensure behavioral health services are coordinated across systems and Medi-Cal members have access to appropriate whole-person care.	Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(17) Cancer Prevention: Breast Cancer Screening (BCS-E) ***Goal: Increase the percentage of women 50-74 years of age who had a mammogram to meet or exceed the DHCS HPL (90th percentile).***	
The BCS-E rate increased 6.85% from 59.65% in 2023 to 66.50% in 2024 and met 90th percentile.	Met

(18) Cancer Prevention: Cervical Cancer Screening (CCS) ***Goal: Increase percentage of women 21-64 years of age who were screened for cervical to meet or exceed the DHCS HPL (90th percentile).***	
The CCS rate increased 4.14% from 61.31% in 2023 to 65.45% in 2024 and met the 75th percentile, but did not meet the 90th percentile goal.	Not Met

(19) Cancer Prevention: Colorectal Cancer Screening (COL-E) ***Goal: Increase the percentage of members 45 to 75 years of age who had an appropriate screening for colorectal cancer screening.***	
The COL-E rate increased 1.71% from 32.04% in 2023 to 33.75% in 2024.	Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(20) Chronic Disease Management: Asthma Medication Ratio (AMR) ***Goal: Increase the MY 2023 AMR rate to meet or exceed the DHCS MPL (50th percentile) for members, 5 to 64 years of age, who had persistent asthma and had a ≥ 0.50 ratio of controller medications to total asthma medications.***	
The AMR rate increased 11.13% points from 46.80% in 2023 to 57.93% in 2024 but did not meet the MPL.	Not Met

(21) Chronic Disease Management: Health Equity Controlling Blood Pressure (CBP) ***Goal: Increase the CBP rate for members 21-44 years of age to meet or exceed the DHCS MPL (50th percentile).***	
The CBP rate increased 4.38% points from 62.29% in 2023 to 66.67% in 2024 and met the MPL.	Met

(22) Chronic Disease Management: Glycemic Status Assessment for Patients with Diabetes (>9.0%) (GSD) ***Goal: Decrease the percentage of members with diabetes who are 18-75 years of age and have GSD > 9.0% to meet the DHCS HPL (90th percentile).***	
The GSD > 9.0% rate decreased 2.92% points from 28.71% in 2023 to 25.79% in 2024 and met the HPL. A lower rate indicates better performance.	Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(23) Women's Health: Chlamydia Screening in Women (CHL) ***Goal: Increase the rate of chlamydia screening in members 16 to 24 years of age to meet or exceed the 75th national Medicaid percentile established by NCQA.***	
The CHL rate increased 1.00% points from 63.59% to 64.59% and met the 75th percentile.	Met

(24) Women's Health: Prenatal and Postpartum Care ***Goal: Increase the percentage of women with live birth deliveries who completed prenatal and postpartum exams to meet or exceed the DHCS HPL (90th percentile).***	
The PPC-Pre rate decreased 1.94% points from 92.21% in 2023 to 90.27% in 2024 and met the 75th percentile, but did not meet the 90th percentile HPL goal. The PPC- Post rate increased 3.41% points from 89.29% in 2023 to 92.70% in 2024 and met the 90th percentile.	Not Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(25) Children's Health: Childhood Immunization Status – Combo 10 (CIS-10) ***Goal: Increase the percentage of members, two years of age, who completed all Combo-10 immunizations by their 2nd birthday to exceed the 75th NCQA national Medicaid percentile.***	
The CIS-10 rate decreased 2.92% from 32.85% in 2023 to 29.93% in 2024 and met the MPL but did not meet the 75th percentile goal.	Not Met

(26) Children's Health: Immunizations for Adolescents – Combo 2 (IMA-2) ***Goal: Increase the percentage of adolescents who completed all IMA-2 immunizations by their 13th birthday to meet or exceed the 75th NCQA national Medicaid percentile.***	
The IMA-2 rate increased 3.50% from 41.61% in 2023 to 45.11% in 2024 and met the 75th percentile.	Met

(27) Children's Health: Developmental Screening in the First Three Years of Life (DEV) ***Goal: Increase the DEV rate by 3% compared to the prior measurement year.***	
The DEV rate increased 8.08% from 47.85% in 2023 to 55.93% in 2024.	Met

(28) Children's Health: Lead Screening in Children (LSC) ***Goal: Increase the percentage of children who had one or more capillary or venous blood lead tests for lead poisoning by their 2nd birthday to meet or exceed the DHCS HPL (90th percentile).***	
The LSC rate increased 8.27% from 69.87% in 2023 to 78.14% in 2024 and met the 75th percentile, but did not meet the 90th percentile goal.	Not Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(29) Children's Health: Topical Fluoride Varnish (TFL) ***Goal: Increase the percentage of members, ages 1 through 20, who received at least two topical fluoride applications during the measurement year to meet or exceed the DHCS MPL (50th).***	
The TFL rate increased 4.89% from 28.10% in 2023 to 32.99% in 2024 and met the MPL.	Met

(30) Children's Health: Well-Child Visits in the First 30 Months of Life (W30) ***Goal: Increase the W30-6+ rate to meet the 50th percentile and increase the W30-2+ rate to meet the 75th percentile.***	
The W30-6+ rate increased 7.65% from 60.70% in 2023 to 68.35% in 2024 and met the 75th percentile, exceeding the 50th percentile MPL goal. The W30-2+ rate increased 4.78% from 72.94% in 2023 to 77.72% in 2024 and met the 75th percentile.	Met

(31) Children's Health: Child and Adolescent Well-Care Visits (WCV) ***Goal: Increase the MY 2024 WCV rate to meet or exceed the DHCS MPL (50th percentile).***	
The WCV increased 5.64% from 49.80% in 2023 to 55.44% in 2024 and met the MPL.	Met

Return to Agenda

Objective 1: Improve Quality and Safety of Clinical Care Services

(32) Children's Health: 2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members ***Goal: Submit Modules as directed by DHCS/HSAG for approval.***	
All PIP documents were submitted timely, and multiple interventions launched focused on increasing parent/guardian engagement and patient access to well-care. • Collaborated with clinic partners to schedule Saturday clinic health fairs • Provider lunch and learn • Facebook Live FAQ sessions with Amigo Baby • Well-Child Visit Passport	Met

(33) Children's Health: 2024-2025 DHCS/IHI ***Goal: Increase the number of well-child visits completed by members assigned to CDCR KRB clinic, who are English speaking and between 12 and 17 years of age, from 38.42% to 43.22% by December 31, 2024.***	
All documents submitted to DHCS timely, and intervention testing was launched and completed.	Met

(34) Children's Health: 2024 Comprehensive QI HE Process focused on WCV and W30-6+ ***Goal: Improve the performance rate for Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6+) and Well Child Visits (WCV).***	
The W30-6+ rate increased 7.65% from 60.70% in 2023 to 68.35% in 2024 and met the 75th percentile, exceeding the 50th percentile goal. The WCV rate increased 5.64% from 49.80% in 2023 to 55.44% in 2024 and met MPL.	Met

Return to Agenda

Objective 2

Improve Quality and Safety of Non-Clinical Care Services

Return to Agenda

Objective 2: Improve Quality and Safety of Non- Clinical Care Services

(35) Cultural and Linguistic Needs & Preferences ***Goal: Expand C&L competency training to include Diversity, Equity, and Inclusion (DEI)***	
Developed DEI curriculum training that was reviewed for feedback by internal and external stakeholders and met DHCS APL requirements. Training was provided to network providers and community-based organizations.	Met

(36) Primary and Specialty Care Access ***Goal: Ensure primary and specialty care standards met for minimum of 90% of providers.***	
Primary and specialty care access standards were not met. Network Operations provided outreach and education to providers that did not meet standards.	Not Met

(37) Network Adequacy ***Goal: Assess and improve network adequacy as demonstrated by availability of practitioners.***	
Network adequacy time and distance standards were met.	Met

(38) After Hours Availability ***Goal: Conduct surveys to ensure members are able to reach a provider after hours.***	
After-hours surveys were completed. Network Operations provided outreach and education to providers that did not meet standards.	Met

Return to Agenda

Objective 2: Improve Quality and Safety of Non- Clinical Care Services

(39) Provider Satisfaction ***Goal: Field provider survey and develop action plan(s) to improve areas of low performance.***	
Provider satisfaction surveys completed and addressed provider feedback and concerns. • Providers report staffing shortages impacting member access and delayed care	Met

(40) Facility Site Review Requirements ***Goal: Maintain 100% compliance with Facility Site Review (FSR) requirements.***	
Completed and documented the Initial, Interim, and Tri-annual Facility Site Reviews timely.	Met

145 of 229 pages

(41) Facility Site Review Monitoring ***Goal: Conduct facility site monitoring 100% on time to ensure safety practices.***	
Completed 26 Facility Site Reviews / Medical Record Reviews and submitted bi-annual reports to DHCS timely.	Met

(42) Physical Accessibility Review Surveys (PARS) ***Goal: Complete Physical Accessibility Reviews (PARs) 100% on time.***	
Completed PARS on high volume/ancillary specialists and submitted bi-annual reports to DHCS timely.	Met

Return to Agenda

(43) Credentialing/Recredentialing ***Goal: Maintain a well-defined credentialing and recredentialing process for evaluating practitioners / providers to provide care to members.***	
All credentialing and re-credentialing standards were met 100%.	Met

Objective 3

Improve Quality of Services

Return to Agenda

Objective 3: Improve Quality of Services

(44) Grievances and Appeals ***Goal: Monitor all member grievances and appeals to review for trending issues that will be communicated to various departments to develop action plans to improve the member experience by focusing on highly reported issues.***	
Quarterly assessments of grievances and appeals were conducted, and workgroups created to address and resolve issues.	Met

(45) Call Center Monitoring **Goal:** ***Meet call center benchmarks to ensure members have timely access to call center staff and implement interventions on any deficient benchmarks. (1) ASA: 30 seconds or less; (2) Abandonment Rate: 5% or less; (3) Phone Quality Results: ≥ 95%.***	
Abandonment rate benchmarks were met. Average speed of answer and phone quality benchmarks were not met in Q4 2024 due to the transition from an external call center to an internal Contact Center and the significant local wildfire disaster resulting in a decrease in staff and increase in call volume.	Not Met

Return to Agenda

Objective 4

Assess and Improve Member Experience

Return to Agenda

Objective 4: Assess and Improve Member Experience

(46) CAHPS: Surveys ***Goal: Coordinate with DHCS and HSAG to complete the Adult and Child CAHPS member surveys to monitor and improve CAHPS scores.***	
The Adult and Child CAHPS surveys were completed, and scores assessed to identify strategies to implement to improve CAHPS rates.	Met

(47) CAHPS: Access to specialty care ***Goal: Improve access to specialty care for adults and children.***	
PNO completed the annual provider survey to identify and target providers who did not meet specialty care access standards. GCHP participated in an ACAP CAHPS Collaborative that included business process assessments and best practice sharing.	Met

(48) CAHPS: Getting Care Quickly ***Goal: Improve CAHPS Scores based on MY 2023 CAHPS outcomes.***	
Began development of the Member Advisory Committee but delays to launching in 2024 included: • Screening Members and conducting interviews to ensure there is diverse committee membership • Engaging Members to participate	Met

Return to Agenda

Objective 5

Ensure Organizational Oversight of Delegated Activities

Return to Agenda

Objective 5: Ensure Organizational Oversight of Delegated Activities

(49) Delegation Oversight ***Goal: 100% of all audits completed with corrective action plans (CAPs) closed timely.***	
100% of all audits completed with corrective action plans (CAPs) closed timely. • Credentialing • Quality Improvement • Utilization Management • Member's Rights • Claims • Call Center • Cultural and Linguistics • Transportation (NEMT/NMT)	Met

Return to Agenda

Questions?

Recommendation:

Approve the 2024 QIHET Program Evaluation

Thank you

Return to Agenda

AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, Chief Financial Officer

DATE: November 17, 2025

SUBJECT: September 2025 Fiscal Year to Date Financials

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

ATTACHMENT:
September 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 September 2025				Fiscal Year to Date Through September 2025			
	Actual	Stub Budget	Fav /(Unfav)	%	Actual	Stub Budget	Fav /(Unfav)	%
	9/1/25	9/1/25	9/1/25	9/1/25	9/1/2025	9/1/25	9/1/25	9/1/25
Membership	240,327	227,441	12,886	5.7%	727,582	685,752	41,830	6.1%
Revenue								
Premium	$ 131,220,395	$ 89,771,892	$ 41,448,503	46.2%	$ 400,671,475	$ 270,953,877	$ 129,717,599	47.9%
Facility Expense AB85	-	-	-		-	-	-	
Reserve for Cap Requirements	(453,458)	(214,053)	(239,405)	111.8%	(1,375,648)	(646,174)	(729,474)	112.9%
MCO Premium Tax	(35,209,703)	-	(35,209,703)		(104,036,064)	-	(104,036,064)	
Total Net Premium	**95,557,233**	**89,557,839**	**5,999,394**	**6.7%**	**295,259,763**	**270,307,703**	**24,952,061**	**9.2%**
Other Revenue:								
Miscellaneous Income	120	-	120		420	-	420	
Total Other Revenue	120	-	120		420	-	420	
Total Revenue	**95,557,353**	**89,557,839**	**5,999,514**	**6.7%**	**295,260,183**	**270,307,703**	**24,952,481**	**9.2%**
Medical Benefits:								
Capitation:								
PCP, Specialty, Kaiser, NEMT & Vision	$ 7,106,342	$ 6,614,632	$ (491,710)	-7.4%	$ 21,437,991	$ 20,033,514	$ (1,404,477)	-7.0%
ECM	1,294,939	1,340,997	46,057	3.4%	3,548,259	4,045,772	497,514	12.3%
Total Capitation	**8,401,281**	**7,955,629**	**(445,652)**	**-5.6%**	**24,986,249**	24,079,287	**(906,963)**	**-3.8%**
FFS Claims:								
Inpatient	$ 25,503,944	$ 16,952,051	$ (8,551,893)	-50.4%	$ 67,132,835	$ 51,028,809	$ (16,104,026)	-31.6%
LTC / SNF	14,081,670	14,568,179	486,509	3.3%	50,499,043	43,637,214	(6,861,829)	-15.7%
Outpatient	8,277,980	8,012,845	(265,135)	-3.3%	27,153,389	24,045,274	(3,108,116)	-12.9%
Laboratory and Radiology	777,314	698,523	(78,791)	-11.3%	2,963,262	2,104,403	(858,860)	-40.8%
Directed Payments - Provider	(1,854,910)	796,211	2,651,120	333.0%	859,156	2,414,391	1,555,235	64.4%
Emergency Room	3,126,029	3,368,532	242,503	7.2%	11,739,563	10,136,557	(1,603,006)	-15.8%
Physician Specialty	7,333,325	5,592,602	(1,740,723)	-31.1%	23,393,189	16,783,641	(6,609,548)	-39.4%
Primary Care Physician	3,810,943	4,032,850	221,907	5.5%	13,059,558	12,130,910	(928,648)	-7.7%
Home & Community Based Services	8,982,506	3,521,626	(5,460,880)	-155.1%	23,497,599	10,517,428	(12,980,170)	-123.4%
Applied Behavior Analysis Services	5,037,354	4,582,915	(454,439)	-9.9%	16,549,056	13,608,578	(2,940,478)	-21.6%
Pharmacy	-	-	-		-	-	-	
Adult Expansion Reserve	-	-	-		-	-	-	
Quality Incentives/Provider Reserves	-	-	-		-	-	-	
Quality Incentive Provider Program (QIPP)	256,391	*3,583,370*	*3,326,979*	*92.8%*	6,335,424	10,750,110	4,414,686	*41.1%*
Other Medical Professional	563,628	378,392	(185,237)	-49.0%	1,638,277	1,135,192	(503,085)	-44.3%
Other Medical Care	-	-	-		-	-	-	
Professional Fee For Service	-	-	-		-	-	-	
Other Fee For Service	2,301,331	2,365,606	64,275	2.7%	4,694,765	7,110,735	2,415,970	34.0%
Transportation	(2,187,947)	432,386	2,620,333	606.0%	(1,665,156)	1,299,399	2,964,555	228.1%
HHIP & IPP	-	-	-		-	-	-	
Total Claims	**76,009,560**	**68,886,089**	**(7,123,471)**	**-10.3%**	**247,849,959**	**206,702,640**	**(41,147,320)**	**-19.9%**
Provider Grant Program	943,745	1,178,500	234,755	20%	3,031,234	3,535,500	504,266	14%
Medical & Care Management	1,848,159	2,275,943	427,783	19%	6,364,227	6,827,828	463,600	7%
Reinsurance	115,547	306,988	191,441	62%	728,840	925,870	197,029	21%
Claims Recoveries	(344,619)	(100,000)	244,619	-245%	(2,398,096)	(300,000)	2,098,096	-699%
Sub-total	**2,562,832**	**3,661,431**	**1,098,598**	**30%**	**7,726,206**	**10,989,197**	**3,262,992**	**30%**
Total Medical Benefits	86,973,674	80,503,148	(6,470,525)	-8.0%	280,562,414	241,771,124	(38,791,290)	-16.0%
Contribution Margin	**8,583,680**	**9,054,691**	**(471,011)**	**-5.2%**	**14,697,769**	**28,536,579**	**(13,838,810)**	**-48.5%**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	6,071,848	4,344,565	(1,727,283)	-40%	18,858,931	13,010,494	(5,848,437)	-45%
Training, Conference & Travel	(112,375)	252,694	365,069	144%	208,287	694,449	486,162	70%
Outside Services	1,678,887	3,032,173	1,353,286	45%	7,016,969	9,635,152	2,618,183	27%
Professional Services	677,198	1,036,785	359,586	35%	2,828,918	3,055,354	226,435	7%
Occupancy, Supplies, Insurance & Others	3,414,944	2,272,236	(1,142,708)	-50%	9,904,682	7,125,843	(2,778,839)	-39%
ARCH/Community Grants	-	104,166	104,166	100%	-	312,498	312,498	100%
Sponsorships	5,500	39,583	34,083	86%	31,500	118,749	87,249	73%
Care Management Reclass to Medical	(1,848,159)	(2,275,943)	(427,783)	19%	(6,364,227)	(6,827,828)	(463,600)	7%
G&A Expenses	**9,887,842**	**8,806,258**	**(1,081,584)**	-12%	**32,485,059**	**27,124,711**	**(5,360,349)**	**-20%**
Project Portfolio (OOTF)	-	773,855	773,855	100%	-	2,321,566	2,321,566	100%
D-SNP	-	180,857	180,857	100%	10,300	542,570	532,270	98%
Project Portfolio	**-**	**954,712**	**954,712**	**100%**	**10,300**	**2,864,136**	**2,853,836**	100%
Total G&A Expenses	**9,887,842**	**9,760,970**	**(126,872)**	**-1%**	**32,495,359**	**29,988,847**	(2,506,513)	-8%
Total Operating Gain / (Loss)	**(1,304,162)**	**(706,279)**	**(597,883)**	85%	**(17,797,591)**	**(1,452,268)**	**(16,345,323)**	**-1125.5%**
Retro Premium Adj	(274,589)	-	$ (274,589)		(274,589)	-	$ (274,589)	
Non Operating								
Revenues - Interest	1,521,286	1,500,000	$ 21,286	1.4%	3,741,028	4,500,000	(758,972)	-17%
Total Non-Operating	**1,521,286**	**1,500,000**	$ 21,286	1.4%	**3,741,028**	**4,500,000**	(758,972)	-17%
Total Increase / (Decrease) in Unrestricted Net Assets	**$ (57,466)**	**$ 793,721**	**$ (851,187)**	**107%**	**$ (14,331,151)**	**$ 3,047,732**	**$ (17,378,883)**	**570%**

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, September 2025	As of Month Ending, June 2025
ASSETS		
Current Assets:		
Total Cash and Cash Equivalents	**$ 356,089,474**	**$ 291,033,725**
Total Short-Term Investments	**105,565,518**	**104,396,027**
Medi-Cal Receivable	182,298,927	213,250,889
Interest Receivable	759,194	761,742
Provider Receivable	4,645,715	34,764,364
Other Receivables	8,595,449	8,595,449
Total Accounts Receivable	**196,299,285**	**257,372,444**
Total Prepaid Accounts	17,459,641	14,810,767
Total Other Current Assets	133,545	133,545
Total Current Assets	**675,547,463**	**667,746,508**
Total Fixed Assets	**57,951,354**	**60,155,248**
Total Assets	**$ 733,498,817**	**$ 727,901,756**
LIABILITIES & NET ASSETS		
Current Liabilities:		
Incurred But Not Reported	$ 139,947,827	$ 166,097,652
Claims Payable	27,657,044	18,345,175
Capitation Payable	7,627,983	7,239,849
Physician Payable	11,749,672	13,406,843
DHCS - Reserve for Capitation Recoup	32,513,277	31,573,252
Lease Payable- ROU	6,868,524	7,035,805
Accounts Payable	5,090,850	6,704,869
Accrued ACS	477,002	-
Accrued Provider Incentives/Reserve	5,653,128	7,889,172
Accrued Expenses	63,631,111	22,928,272
Accrued Premium Tax	107,646,099	105,862,040
Accrued Interest Payable	215,660	600,367
Accrued Payroll Expense	11,282,970	9,850,498
Quality Withhold	6,710,755	5,335,108
Total Current Liabilities	**427,071,902**	**402,868,902**
Long-Term Liabilities:		
Lease Payable - NonCurrent - ROU	20,905,548	25,180,339
Total Long-Term Liabilities	**20,905,548**	**25,180,339**
Total Liabilities	**447,977,450**	**428,049,241**
Net Assets:		
Beginning Net Assets	299,852,518	300,703,702
Total Increase / (Decrease in Unrestricted Net Assets)	(14,331,151)	(851,187)
Total Net Assets	**285,521,367**	**299,852,515**
Total Liabilities & Net Assets	**$ 733,498,817**	**$ 727,901,756**

STATEMENT OF CASH FLOWS	For the Month Ended September 2025	Fiscal Year to Date Through September 2025
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ (57,466)	$ (14,331,151)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	(1,337,814)	276,195
Changes in Operating Assets and Liabilities		
Accounts Receivable	(4,924,757)	61,073,160
Prepaid Expenses	(2,806,700)	(2,648,874)
Accrued Expense and Accounts Payable	46,184,358	36,627,550
Claims Payable	6,488,810	8,042,834
MCO Tax liability	35,209,703	1,784,059
IBNR	(5,044,098)	(26,149,825)
Net Cash Provided by (Used in) Operating Activities	**73,712,036**	**64,673,948**
Cash Flow Provided By Investing Activities		
Proceeds from Investments	(296,639)	(1,169,491)
Purchase of Property and Equipment	2,353,784	1,927,699
Net Cash (Used In) Provided by Investing Activities	**2,057,145**	**758,208**
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(126,017)	(376,407)
Net Cash Used In Financing Activities	**(126,017)**	**(376,407)**
Increase/(Decrease) in Cash and Cash Equivalents	75,643,164	65,055,749
Cash and Cash Equivalents, Beginning of Period	280,446,309	291,033,725
Cash and Cash Equivalents, End of Period	**356,089,474**	**$ 356,089,474**

SCHEDULE OF INVESTMENTS AND CASH BALANCES	Market Value as of Month Ending, September 2025	Account Type
Local Agency Investment Fund (LAIF)	$ 44,999,286	Investment
Ventura County Investment Pool	$ 20,341,302	Investment
CalTrust	$ 40,224,930	Short-term investment
Bank of Montreal	$ 316,488,252	Money market account
Pacific Premier Bank	$ 39,601,222	Operating accounts
Investments and monies held by GCHP	***$ 461,654,992***	

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Stub Period 2025 September Financial Results

Executive Finance Committee Meeting
November 17, 2025
Sara Dersch, Chief Financial Officer

Return to Agenda

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

Executive Summary September 2025

- MTD net loss of ($0.1M), with a budget variance of ($0.9M), reflects on-going pressures in medical cost mitigated significantly by revenue and administrative cost favorability
  - Premium revenue variance of $6.0M is due to favorable member mix and less-than-projected membership attrition
  - Medical cost variance of ($10.1M) is the result of elevated IBNP, overruns in medically-tailored meals, Targeted Rate Increase rates higher-than-planned, and delay in payment integrity recoveries; the unfavorability is partially offset by a $2.3M sanction put on Ventura Transit System (VTS) due to low quality ratings
  - Administrative expense approximates budget

- YTD net loss of ($14.3M) is unfavorable to budget by ($17.4M)
  - Premium revenue favorability of $24.9M is the result of favorable membership volume (6% above budget) and member mix
  - Medical Costs variance of ($43.6M) is the result of elevated IBNP, overruns in medically-tailored meals, Targeted Rate Increase rates higher-than-planned, and delay in payment integrity recoveries
  - Administrative expense variance of ($2.5M) is due to underestimated employee benefit costs

Return to Agenda

Financial Results September MTD Summary

Item	Actual	Budget	Explanation
Membership	240,327	227,441	Membership attrition is than expected
Revenue *Revenue pmpm*	$95.3M *$396.47*	$89.6M *$393.76*	The revenue variance is the result of favorable membership volume and rate mix
Medical Cost *Medical Costs pmpm* Medical Loss Ratio	$85.8M *$356.90* 90.0%	$75.7M *$333.02* 84.6%	Continued pressure in medical costs as a result of elevated incurred but not paid (IBNP) estimates, overruns in Medically-Tailored Meals. Delay in payment integrity initiatives, and over-payments of Target Rate Increase rates
Administrative Cost *Admin Cost PMPM* Administrative Loss Ratio	$9.9M *$41.14* 10.4%	$9.8M *$42.92* 10.9%	Administrative expense is favorable from a percent of premium perspective; volume drives the administrative spend slightly higher than budget
Operating Income/(Loss)	**($0.4M)**	**$4.1M**	
Investment Income	$1.5M	$1.5M	Actuals approximate budget
Quality Strategy (Grants/Incentives)	$1.2M	$4.8M	Variance is associated with timing of grant spend
Non-Operating Income/(Loss)	**$0.3M**	**($3.3M)**	
Net Income/(Loss)	**($0.1M)**	**$0.8M**	Net Loss is primarily driven by higher medical cost
TNE	$285.5M	$317.0M	TNE is 621% of State requirement

Return to Agenda

Financial Results September YTD Summary

Item	Actual	Budget	Explanation
Membership	240,327	227,441	Membership attrition is than expected
Revenue *Revenue pmpm*	$295.0M *$405.43*	$270.3M *$394.18*	The revenue variance is the result of favorable membership volume and rate mix
Medical Cost *Medical Costs pmpm* Medical Loss Ratio	$271.2M *$372.74* 91.9%	$227.5M *$331.73* 84.2%	Continued pressure in medical costs as a result of elevated incurred but not paid (IBNP) estimates, overruns in Medically-Tailored Meals. Delay in payment integrity initiatives, and over-payments of Target Rate Increase rates
Administrative Cost *Admin Cost PMPM* Administrative Loss Ratio	$32.5M *$44.66* 11.0%	$30.0M *$43.73* 11.1%	Administrative expense approximates budget
Operating Income/(Loss)	**($8.7M)**	**$12.8M**	
Investment Income	$3.7M	$4.5M	Lower investment balances drive reduction in investment income
Quality Strategy (Grants/Incentives)	$9.4M	$14.3M	Variance is associated with timing of grant spend
Non-Operating Income/(Loss)	**($5.6M)**	**($9.8M)**	
Net Income/(Loss)	**($14.3M)**	**$3.0M**	YTD Net Loss is primarily driven by higher medical costs
TNE	$285.5M	$317.0M	TNE is 621% of State requirement

Return to Agenda

September Financial Results: Categories of Service

(In Millions except membership)	For the Month Ended September 2025 Actual	Budget	Fav / (Unfav)	Fiscal Year to Date Through September 2025 Actual	Budget	Fav / (Unfav)
Membership	240,327	227,441	12,886	727,582	685,752	41,830
Capitation:						
Primary Care Physician (PCP)	$7.1	$6.6	($0.5)	$21.4	$20.0	($1.4)
Enhanced Care Management (ECM)	$1.3	$1.3	$0.0	$3.5	$4.0	$0.5
Total Capitation	**$8.4**	**$8.0**	**($0.4)**	**$25.0**	**$24.1**	**($0.9)**
FFS Claims:						
Inpatient	$25.5	$17.0	($8.6)	$67.1	$51.0	($16.1)
LTC / SNF	$14.1	$14.6	$0.5	$50.5	$43.6	($6.9)
Outpatient	$8.3	$8.0	($0.3)	$27.2	$24.0	($3.1)
Laboratory and Radiology	$0.8	$0.7	($0.1)	$3.0	$2.1	($0.9)
Directed Payments - Provider	($1.9)	$0.8	$2.7	$0.9	$2.4	$1.6
Emergency Room	$3.1	$3.4	$0.2	$11.7	$10.1	($1.6)
Physician Specialty	$7.3	$5.6	($1.7)	$23.4	$16.8	($6.6)
Primary Care Physician	$3.8	$4.0	$0.2	$13.1	$12.1	($0.9)
Home & Community Based Services	$9.0	$3.5	($5.5)	$23.5	$10.5	($13.0)
Applied Behavior Analysis Services	$5.0	$4.6	($0.5)	$16.5	$13.6	($2.9)
Other Medical Cost	$3.1	$6.3	$3.2	$12.7	$19.0	$6.3
Transportation	($2.2)	$0.4	$2.6	($1.7)	$1.3	$3.0
Total Claims	**$76.0**	**$68.9**	**($7.1)**	**$247.8**	**$206.7**	**($41.1)**
Other Medical Expense						
Provider Grant Program	$0.9	$1.2	$0.2	$3.0	$3.5	$0.5
Medical & Care Management	$1.8	$2.3	$0.4	$6.4	$6.8	$0.5
Reinsurance	$0.1	$0.3	$0.2	$0.7	$0.9	$0.2
Claims Recoveries	($0.3)	($0.1)	$0.2	($2.4)	($0.3)	$2.1
Total Other Medical Expense	**$2.6**	**$3.7**	**$1.1**	**$7.7**	**$11.0**	**$3.3**
Total Medical Cost	**$87.0**	**$80.5**	**($6.5)**	**$280.6**	**$241.8**	**($38.8)**
Medical Margin	**$8.6**	**$9.1**	**($.5)**	**$14.7**	**$28.5**	**($13.8)**
Margin (w/o Grants and Incentives)	**$9.8**	**$13.8**	**($4.0)**	**$24.1**	**$42.8**	**($18.8)**

Inpatient
Elevated IBNP drives the unfavorability

Long Term Care Center (LTC)
YTD unfavorability is due to retroactive rate changes

Outpatient
Unfavorability is due to the backlog of claims and TRI

Home and Community Based Services
Unfavorability is due to new CalAIM requirements, specifically medically tailored meals utilization

Return to Agenda

Labor Expense by Category September FYTD

Gold Coast Health Plan - Position Count Stub Period 2025
SP25 - Sep 30, 2025

	POSITION COUNT					
Function	Active Headcount	Open Requisitions	Total Active + Open Requisitions	SP 25 Budget YE Headcount	Variance to SP25 YE Headcount	Percentage of Total Headcount
Health Services	138	2	140	140	0	30%
Operations	105	2	107	108	1	23%
Information Tech	40	3	43	43	0	9%
Policy & Programs	44	1	45	44	-1	10%
Compliance	21	1	22	21	-1	5%
Finance & Accounting	35	3	38	37	-1	8%
Executive & Administration	15	0	15	15	0	3%
Member Experience and Ext Affairs	37	2	39	37	-2	8%
HR & Facilities	12	0	12	12	0	3%
Innovation / DSNP	4	0	4	6	2	1%
Strategic Initiatives	0	0	0	0	0	0%
Grand Total	**451**	**14**	**465**	**463**	**-2**	**100%**

	POSITION COUNT	CONTINGENT WORKERS			TOTAL RESOURCES	
Function	Total Active + Open Requisitions	Temp Roles	Contractor / Consultant Roles	Total Contingent Workers†	Total Resources	Percentage of Total Resources
Health Services	140	0	5	5	145	24%
Operations	107	7	14	21	128	21%
Information Tech	43	0	3	3	46	8%
Policy & Programs	45	0	0	0	45	7%
Compliance	22	0	0	0	22	4%
Finance & Accounting	38	2	4	6	44	7%
Executive & Administration	15	0	0	0	15	2%
Member Experience and Ext Affairs	39	0	0	0	39	6%
HR & Facilities	12	1	3	4	16	3%
Innovation / DSNP	4	0	103	103	107	18%
Strategic Initiatives	0	0	0	0	0	0%
Grand Total	**465**	**10**	**132**	**142**	**607**	**100%**

†Outsourced Labor (BPO) excluded: 76 in Operations - Netmark

Return to Agenda

SP2025 Stub Period Headwinds & Tailwinds

Headwinds

- Impact of federal immigration actions on our members
- Continued payment timeliness and accuracy challenges

Tailwinds

- Resumption of payment integrity recoveries (recently begun)
- Possible 2025 retroactive rate increase
- Correction of TRI over-payments

Return to Agenda

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.

Return to Agenda

Appendix Table of Contents

Return to Agenda

Appendix 1: TNE Overview

DEFINITION:

Tangible Net Equity is the total assets of a health plan minus:

- its total liabilities
- the value of its intangible assets
- unsecured obligations of officers, directors, owners, or affiliates

TNE is fluid and will change based on a health plan's cash position, receivables, liabilities, and delegated model. GCHP recalculates required TNE quarterly.

REQUIRED TNE CALCULATION:

8% of the first $150M of annualized healthcare expenditures, except those paid on a capitated or managed hospital basis	+	4% of annualized healthcare expenditures in excess of $150M except those paid on a capitated or managed hospital basis	+	4% of the annualized hospital expenditures paid on a managed hospital payment basis	=	Required TNE

Return to Agenda

Appendix 2: September Balance Sheet: Assets

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, September 2025	As of Month Ending, June 2025
ASSETS		
Current Assets:		
Total Cash and Cash Equivalents	**$ 356,089,474**	**$ 291,033,725**
Total Short-Term Investments	**105,565,518**	**104,396,027**
Medi-Cal Receivable	182,298,927	213,250,889
Interest Receivable	759,194	761,742
Provider Receivable	4,645,715	34,764,364
Other Receivables	8,595,449	8,595,449
Total Accounts Receivable	**196,299,285**	**257,372,444**
Total Prepaid Accounts	17,459,641	14,810,767
Total Other Current Assets	133,545	133,545
Total Current Assets	**675,547,463**	**667,746,508**
Total Fixed Assets	**57,951,354**	**60,155,248**
Total Assets	**$ 733,498,817**	**$ 727,901,756**

- Total Asset balance of $733.5M represents an increase of $5.6M vs last fiscal year end is attributed to the following:
  - Higher Cash Equivalents and Short-Term Cash (Normal operations)
  - Offset by a decrease in Medi-Cal and Provider Receivable associated with operational functions

Return to Agenda

Appendix 3: September Balance Sheet: Liabilities

STATEMENT OF FINANCIAL POSITION		
LIABILITIES & NET ASSETS	As of Month Ending, September 2025	As of Month Ending, June 2025
Current Liabilities:		
Incurred But Not Reported	$ 139,947,827	$ 166,097,652
Claims Payable	27,657,044	18,345,175
Capitation Payable	7,627,983	7,239,849
Physician Payable	11,749,672	13,406,843
DHCS - Reserve for Capitation Recoup	32,513,277	31,573,252
Lease Payable- ROU	6,868,524	7,035,805
Accounts Payable	5,090,850	6,704,869
Accrued ACS	477,002	-
Accrued Provider Incentives/Reserve	5,653,128	7,889,172
Accrued Expenses	63,631,111	22,928,272
Accrued Premium Tax	107,646,099	105,862,040
Accrued Payroll Expense	11,282,970	9,850,498
Quality Withhold	6,710,755	5,335,108
Total Current Liabilities	**427,071,902**	**402,868,902**
Long-Term Liabilities:		
Lease Payable - NonCurrent - ROU	20,905,548	25,180,339
Total Long-Term Liabilities	**20,905,548**	**25,180,339**
Total Liabilities	**447,977,450**	**428,049,241**
Net Assets:		
Beginning Net Assets	299,852,518	300,703,702
Total Increase / (Decrease in Unrestricted Net Assets)	(14,331,151)	(851,187)
Total Net Assets	**285,521,367**	**299,852,515**
Total Liabilities & Net Assets	**$ 733,498,817**	**$ 727,901,756**

- Total Liabilities: $19.9M increase vs last fiscal year end is primarily attributed to the following:
  - $40.7M Increase in Accrued Expenses for passthrough payments
  - Partially offset by $16.8M reduction in claims liabilities

Return to Agenda

Appendix 4: September Statement of Cash Flow

STATEMENT OF CASH FLOWS	For the Month Ended September 2025	Fiscal Year to Date Through September 2025
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ (57,466)	$ (14,331,151)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	(1,337,814)	276,195
Changes in Operating Assets and Liabilities		
Accounts Receivable	(4,924,757)	61,073,160
Prepaid Expenses	(2,806,700)	(2,648,874)
Accrued Expense and Accounts Payable	46,184,358	36,627,550
Claims Payable	6,488,810	8,042,834
MCO Tax liability	35,209,703	1,784,059
IBNR	(5,044,098)	(26,149,825)
Net Cash Provided by (Used in) Operating Activities	**73,712,036**	**64,673,948**
Cash Flow Provided By Investing Activities		
Proceeds from Investments	(296,639)	(1,169,491)
Purchase of Property and Equipment	2,353,784	1,927,699
Net Cash (Used In) Provided by Investing Activities	**2,057,145**	**758,208**
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(126,017)	(376,407)
Net Cash Used In Financing Activities	**(126,017)**	**(376,407)**
Increase/(Decrease) in Cash and Cash Equivalents	75,643,164	65,055,749
Cash and Cash Equivalents, Beginning of Period	280,446,309	291,033,725
Cash and Cash Equivalents, End of Period	**356,089,474**	**$ 356,089,474**

- The Total Year-to-Date increase in cash of $65.1M is due to the following:
  - Year-to-Date Net Loss
  - Decrease in Accounts Receivable
  - Decrease in the IBNP
  - Fixed lease expense and work in progress (WIP)

Return to Agenda

Appendix 5: September Investments and Cash

SCHEDULE OF INVESTMENTS AND CASH BALANCES			
		Market Value as of Month Ending, September 2025	Account Type
Local Agency Investment Fund (LAIF)	$	44,999,286	Investment
Ventura County Investment Pool	$	20,341,302	Investment
CalTrust	$	40,224,930	Short-term investment
Bank of Montreal	$	316,488,252	Money market account
Pacific Premier Bank	$	39,601,222	Operating accounts
Investments and monies held by GCHP	***$***	***461,654,992***	

- Cash balances fluctuate daily; the balances as of September 2025, reflect normal operations
- Cash and short-term investments balance sits at $396.3M
- The investment portfolio includes:
  - LAIF CA State $45.0M
  - Ventura County Investment Pool $20.3M
  - Cal Trust $40.2M

Return to Agenda

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, Chief Financial Officer

DATE: November 17, 2025

SUBJECT: CY2026 Budget Targets

PowerPoint with Verbal Presentation

ATTACHMENTS:

CY2026 Budget Targets

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

CY2026 Budget Targets

Ventura County Medi-Cal Managed Care Commission
November 17, 2025
Sara Dersch, Chief Financial Officer

Return to Agenda

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

Executive Summary

- We are targeting a Net Income of $19.1M 2026
- Membership has been reduced 4.5% from October 2025 levels due to restrictions in unverified immigration status enrollment beginning in January 2026
- Premium rates, while up from 2025 levels, will continue to evolve over the course of year
- Medical costs are based on actual experience through June 2025 and incorporate utilization management efficiencies (programs to be rolled out over the course of the year)
- Payment integrity recoveries are projected to resume mid-year, offsetting some of the medical cost pressures
- The Duals – Special Needs Program (D-SNP) will be budgeted separately and will approximate the projections provided to the Commission earlier this year; this line of business is expected to run at a deficit until membership reaches 10,000 lives; 2026 deficit is estimated at ($7.0M) and is not included in the 2026 Budget Targets in this deck
- Forecast timeline for remainder of year:
  - January: “0+12” line-item budget to be presented to the Commission; this will incorporate the second iteration of 2026 rates (coming out in late December) and updated membership
  - Quarterly forecasts will begin with the April Commission meeting
- Today we are asking for your feedback on and alignment with our 2026 Budget Targets

Return to Agenda

Spend-by-Category Targets

Each dollar that we receive…..

…needs to be in alignment with the cost allocation below

= 88¢ on Medical Benefits

= 10¢ on Administrative Costs

= 2¢ retained for future use/savings

Return to Agenda

2026 Net Income Initial Financial Outlook

		revenues	expenses
Operating Income	Premium Revenue	$ 1,195,448,494	
	Medical Costs: FFS		$ 960,999,267
	Medical Costs: Cap		$ 61,042,072
	Medical Costs: Other		$ 8,042,674
	Medical Costs: Quality Improvement		$ 21,200,072
	gross margin	$ 1,195,448,494	$ 1,051,284,085
	Admin Expense		$ 140,744,921
	Quality Improvement credit		$ (21,200,072)
	net admin	$ -	$ 119,544,849
	Operating Income		**$ 24,619,560**
Non-Operating Income	Interest Income	$ 12,000,000	
	Quality Strategy		$ 17,500,000
	Net Non-Operating Income		**$ (5,500,000)**
	Net Income		**$ 19,119,560**

MLR	87.9%
ALR	10.0%
NNOIR	0.5%
Retained savings	1.6%
	100.0%

Return to Agenda

Rates and Membership 2024 – 2026

- Restrictions in enrollment eligibility for adults begin in 2026; we are currently projecting a 4.5% decrease

- Rates increase 5.6% in total from 2025 to 2026; we project to earn another 1.5% with the revised January rates

Category of Aid	2024		2025		2026	
	Rates	Membership	Rates	Membership	Rates	Membership
Adult - SIS	$ 339.69	23,870	$ 341.29	22,097	$ 378.96	20,411
Adult - UIS	$ 480.75	15,699	$ 385.37	15,735	$ 326.57	14,671
Adult Expansion - SIS	$ 339.63	67,604	$ 405.72	65,526	$ 429.93	58,936
Adult Expansion - UIS	$ 559.76	13,447	$ 558.41	14,394	$ 650.75	12,440
Child - SIS	$ 108.75	83,215	$ 129.44	79,331	$ 142.57	79,949
Child - UIS	$ 102.30	4,708	$ 107.12	5,054	$ 129.06	4,374
LTC Dual - SIS	$ 650.41	698	$ 596.26	697	$ 647.95	690
LTC Dual - UIS	$ 502.67	7	$ 724.65	8	$ 815.04	2
LTC Non-Dual - SIS	$ 1,268.91	38	$ 1,248.60	44	$ 1,397.32	44
LTC Non-Dual - UIS	$ 1,290.23	21	$ 1,539.34	12	$ 1,476.52	20
SPD - SIS	$ 1,311.31	10,281	$ 1,248.60	9,548	$ 1,397.32	8,883
SPD - UIS	$ 1,348.14	1,544	$ 1,539.34	1,811	$ 1,476.52	1,779
SPD Dual - SIS	$ 655.58	24,394	$ 596.26	25,742	$ 647.95	27,133
SPD Dual - UIS	$ 513.29	101	$ 724.65	328	$ 815.04	80
		245,627		**240,327**		**229,412**

Return to Agenda

2026 Potential Headwinds and Tailwinds

Headwinds

- Continued adverse regulatory changes
- Retroactive 2024 and 2025 rate claw-backs
- Unmanaged utilization, especially in Community Supports & Services
- Pressure to accommodate provider rate increases

Tailwinds

- 2026 mid-year rate increases
- Potential for value-based contracting
- Completion of claims clean-up resulting in reduction in IBNP
- Improved utilization management
- Resumption of payment integrity initiatives

Return to Agenda

CY2026 Line-Item Budget Deliverables

The “0+12” Budget Packet to be presented at the January Commission Meeting will include:

1) 2026 Projected Income Statement
2) Estimated TNE
3) Updated 2026 premium rates by Category of Aid
4) Medical cost by Category of Service
5) Administrative spend by account
6) Budgeted positions by department and type
7) Quality Strategy and Grants summary
8) Updated headwinds and tailwinds
9) Itemized Vendor Spend

Return to Agenda

AGENDA ITEM 12

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: November 17, 2025

SUBJECT: Chief Executive Officer (CEO) Report

Chief Executive Officer (CEO) Update

Gold Coast Health Plan (GCHP) continues to monitor and engage in advocating and supporting our members during the federal shutdown. The Medicaid program continues to be funded; however, there is a concern that a prolonged shutdown will begin to impact the program. We are very grateful to Congresswoman Julia Brownley for allowing GCHP to host a press conference on Oct. 24 on our campus, where she highlighted the need for Congress to begin negotiations to end this shutdown as soon as possible. Her words were echoed by GCHP Commission Chair Laura Espinosa and Supervisor Vianey Lopez, who stressed the urgency in ending the shutdown and protecting access to affordable health care coverage. I was privileged to add some comments supporting efforts to protect access to health care and end this devastating shutdown that impacts so many of our GCHP members.

We remain very concerned about the loss of funding for the Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California. This will impact many of our members and poses a risk for the approximately 80,000 Ventura County residents who rely on this program to address food insecurity. Recent federal judicial rulings directing the Administration to issue either partial or full SNAP benefits will not fully address the loss of benefits resulting from the federal shutdown. GCHP has moved to assist our community members affected by these cuts by donating $50,000 to Food Share of Ventura County. We recognize that, given the level of need, our community-based organizations (CBO) will be overwhelmed with requests for assistance, and we are prepared to provide additional assistance if this shutdown persists.

As will be discussed today in our fiscal year (FY) 2026 budget presentation, H.R. 1 will require us to carefully consider how we use our more limited resources to continue to advance on our strategic priorities. We are projecting continued decreases in enrollment as the impact of misinformation and immigration enforcement activities continues into 2026, deterring eligible participants from participating in Medi-Cal. These declines in enrollment will impact revenue. Thus, we need to carefully plan and budget to ensure we are able to successfully advance our work.

In anticipation of additional barriers to accessing Medi-Cal coverage in 2026 and 2027, we are adopting a collaborative approach to protect access for our Medi-Cal beneficiaries. We will coordinate with local agencies to provide assistance in any way possible to encourage and advance enrollment activities. Marlen Torres, Chief Member Experience and External Affairs Officer, will take the lead in organizing our GCHP teams to build collaborations to work toward full Medi-Cal enrollment of all eligible Ventura County residents.

As reported in previous months, our enrollment does continue to decline, as was anticipated during this stub budget period. This decline, although lower than budgeted projections, has been consistent since July of this year through October; however, November total enrollment is at 240,261, an increase of about 1,500 from October.

We continue to await federal regulatory guidance related to the provisions of H.R. 1. Federal regulatory guidance will frame our strategy to mitigate the impact of this legislation on enrollment. We have begun to schedule meetings with key network providers who potentially face financial shortfalls in the midst of declining Medi-Cal and Covered California enrollment. The full impact of uncompensated care is not fully known, but we do anticipate that this will strain safety net provider resources and force difficult staffing and operational decisions. We will remain connected with our providers during this time and work to advocate and collaborate on their behalf.

On Oct. 8, I attended the Association of Community Affiliated Plans (ACAP) CEO summit in Washington, D.C., where I and other regional and national CEOs joined in a series of discussions concerning ongoing work to advance quality and access while preparing to address the impact of H.R. 1 and other federal administrative actions. During this meeting I joined Marlen Torres on a Congressional visit to the office of our Congresswoman Julia Brownley where we met with her key legislative staff and provided an update on the impact of federal actions on our members and community. In addition, I was honored to be asked to present, along with Lizeth Granados, CEO of Health Plan of San Joaquin, on a panel discussing strategies to improve the quality of care for members suffering from chronic illness.

On Oct. 27, I joined Eve Gelb, GCHPs Chief Innovation Officer, at the SNP Alliance Fall Forum in Washington, D.C., where I participated in a panel discussion on CEO leadership perspectives on change management in a time of uncertainty and challenges. It was a privilege to hear Ms. Gelb’s panel discussion where she joined with other strategy leaders in discussing integration and innovation strategies to address the needs of special need plan beneficiaries. All in all, the mood of regional and national health care leadership is one of resilience and perseverance in the face of one of the greatest threats to health access. Here at GCHP, as we await clarity from federal administrators on the implementation of H.R. 1, we will remain committed to and focused on our mission and vision and look for opportunities to continue to advance our strategic priorities and goals.

I. External Affairs

A. Federal Updates

Supplemental Nutrition Assistance Program (SNAP) Benefits Impacted by Federal Government Shutdown

As of Nov. 1, 2025, SNAP benefits, known as CalFresh in California, were not issued due to the federal government shutdown. According to the California Department of Social Services, the interruption affects an estimated 5.5 million Californians, including approximately 3 million Medi-Cal members and more than 78,000 Ventura County residents, 73,000 of whom are also Medi-Cal enrollees. Gold Coast Health Plan (GCHP) included emergency funding to support coverage of these types of needs and local organizations, including Food Share of Ventura County, and is continuing food distributions to support the needs of the community.

In response to the delay, two federal courts ruled that the U.S. Department of Agriculture (USDA) cannot fully suspend SNAP benefit payments and directed the USDA to use its contingency/emergency reserve funds, about $4.6 billion according to the UDSA, to provide at least partial payments for November benefits. The USDA confirmed that the contingency fund will only cover approximately 50 percent of normal allotments in November. At the time of this reporting (Nov. 4, 2025), the timing of distributing these funds remains uncertain.

The Ventura County Human Services Agency (HSA) posted information to its website regarding the delay of November CalFresh benefits, including where to find additional food resources in Ventura County. GCHP also shared this information with our member-facing staff to assist in directing members to resources, and posted an alert on the GCHP website. The Ventura County HSA confirms that the USDA has informed states that households will receive retroactive benefits once the suspension is lifted, upon the availability of federal funding.

While Medi-Cal payments remain secure for now, a prolonged federal government shutdown may result in administrative slowdowns, eligibility issues, or state funding pressures. GCHP is actively monitoring the evolving legislative and appropriations environment. Currently, funding is appropriated through the first quarter of FY 2026.

B. State Affairs

Community Advisory Committee (CAC) Holds Special Meeting to Discuss Policy Impacts on Individuals with Unsatisfactory Immigration Status

GCHP's Community Advisory Committee (CAC) held a special meeting to discuss upcoming health policy changes impacting individuals with unsatisfactory immigration status (UIS).

As a result of upcoming state budget actions, Medi-Cal program changes will begin taking effect Jan.1, 2026, with some provisions taking effect later in the year; this includes the following changes:

- **Monthly premiums:** Implementation of Medi-Cal premiums for adults 19 and older with unsatisfactory immigration status (UIS) no sooner than July 1, 2027. Pregnant women are exempt from premium payments.

- **Enrollment freeze:** Applies to UIS individuals ages 19 and older effective no sooner than Jan. 1, 2026. Includes a three-month grace and cure period for re-enrollment following the payment of any outstanding premium balances, prevents those who are enrolled from aging out of the program, and allows exception for pregnant individuals who lose eligibility while pregnant.

- **Dental:** Elimination of full-scope dental benefits for UIS adults no sooner than July 1, 2026.

During the CAC meeting, participants discussed the upcoming policy changes and how GCHP and community-based organizations (CBOs) can partner to increase awareness and support members to ensure they maintain their enrollment. In support of these efforts, GCHP's Pathways to Wellness grantees will assist UIS members with enrollment efforts, distribute flyers to members, providers, and CBOs, and share information on how to maintain enrollment in light of upcoming policy changes.

On Nov. 7, 2025, the state Department of Health Care Services (DHCS) began mailing a General Information Notice and Frequently Asked Questions (FAQs) to Medi-Cal members who have no immigration status or an unverified immigration status, and to certain non-immigrant visa holders who are active on full-scope Medi-Cal. The notice informs members of changes to coverage impacting this population.

In addition to the state health care policy changes, managed care plans, including GCHP, are preparing for the implementation of federal policy changes including increased eligibility verifications and community engagement (work) requirements for expansion population adults with incomes within 100% to 138% of the federal poverty level. These changes are set to take effect Jan. 1, 2027, with implementation guidance expected from the Centers for Medicare & Medicaid Services (CMS) by June 1, 2026.

GCHP remains engaged with our state and national trade associations to advocate for federal implementation guidance that clarifies vague language and permits processes such as attestations to reduce administrative burdens and the risk of procedural errors.

C. State Legislative Update

The Legislature adjourned on Sep. 12, 2025. Gov. Gavin Newsom had until Oct. 12, 2025, to sign or veto bills that were passed during the legislative session. This year, health care bills continued to reflect California's ongoing efforts to strengthen behavioral health infrastructure, improve access to culturally competent care, and increase transparency in health plan operations. Several measures directly affect Medi-Cal managed care plans, including GCHP, by introducing new compliance requirements, expanding provider networks, and mandating reporting standards. While some bills were signed into law, others were vetoed or held under submission, signaling ongoing debate around feasibility and funding.

Bill	Title / Topic	Summary	Status	Date Signed / Vetoed	Potential Impact to GCHP
AB 2860	Mexico Physician/ Dentist Program	Expands pilot program and curriculum for licensed providers	Signed	Sept. 14, 2024	May improve access to bilingual providers in underserved areas. **Effective: Jan. 1, 2026**
AB 3275	Health care coverage: Claim reimburse ment timelines	Requires clean claims to be reimbursed within 30 days; penalties for late payments	Signed	Sept. 27, 2024	Claims processing workflows must meet new deadlines; possible audit exposure. **Effective: Jan. 1, 2026**
AB 2703	Federally qualified health centers and rural health clinics: psychologi cal associates	Adds psychological associates to reimbursable provider types under Medi-Cal	Signed	Sept. 27, 2024	May expand behavioral health provider network and billing options. **Effective: Jan. 1, 2026**
SB 1120	AI in utilization review	Requires transparency and evidence-based criteria for AI use in utilization decisions	Signed	Sept. 30, 2024	Plans must disclose AI use and ensure fair, medically grounded review processes. **Effective: Jan. 1, 2026**

Bill	Title / Topic	Summary	Status	Date Signed / Vetoed	Potential Impact to GCHP
AB 2466	Network adequacy standards	Strengthens timely access and provider directory accuracy	Signed	Oct. 6, 2025	GCHP must ensure appointment wait times meet standards and provider directories are current. BHIN 25-026 includes updated provider directory requirements. **Effective: Jan. 1, 2026**
AB 815	Vehicle insurance classification	Prevents reclassification of vehicles used for social services	Signed	Oct. 13, 2025	May benefit GCHP staff or contractors providing community-based services. **Effective: Jan. 1, 2026**
SB 516	Infrastructure financing: Sacramento	Creates special enhanced infrastructure financing district for downtown revitalization	Signed	Oct. 13, 2025	No direct impact to GCHP; localized to Sacramento. **Effective: Jan. 1, 2026**
AB 3260	Grievance response timelines	Requires 24-hour response for urgent prior authorization-related grievances	Held in Committee	-	No immediate change.

Bill	Title / Topic	Summary	Status	Date Signed / Vetoed	Potential Impact to GCHP
AB 1943	Telehealth outcomes reporting	Requires DHCS to report on telehealth access, outcomes, and equity	Held in Committee	-	May inform future policy; no immediate operational impact.
SB 953	Menstrual products in Medi-Cal	Proposes coverage of menstrual products as a Medi-Cal benefit	Held in Committee	-	No immediate impact; potential future benefit expansion.
AB 2250	Social determinants of health (SDOH)screening mandate	Would require Medi-Cal plans to implement standardized SDOH screening	Vetoed	Sept. 22, 2024	DHCS is already developing a tool (CalAIM initiatives); no new mandate for GCHP.
AB 1975	Medically supportive foods/Medically tailored meals	Makes nutrition interventions a Medi-Cal benefit, pending federal approval	Vetoed	Sept. 25, 2024	No expansion required unless future legislation or federal approval reintroduces the benefit.
AB 1895	Maternity ward closures	Requires hospitals to report closure data and notify communities	Vetoed	Sept. 29, 2024	No new compliance required, but aligns with GCHP's maternal health advocacy.
AB 236	Broadband and digital equity directories	Requires agencies to share program info with Department of Technology	Failed	May 23, 2025	No direct impact: supports digital access initiatives GCHP has endorsed.

D. APL Listing

APL #	APL Release Date	Title
25-015	10/2/2025	Data Sharing and Quality Rate Production for Directed Payment Initiatives and Alternative Payment Methodology Programs
25-014	9/26/2025	Update to Provider Directory Requirements
25-013	9/19/2025	Medi-Cal Rx Pharmacy Benefits and Cell and Gene Therapy Coverage
25-012	8/19/2025	Targeted Provider Rate Increases (supersedes APL 24-007)

E. Community Relations: Sponsorships

Through its sponsorship program, Gold Coast Health Plan (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 November 2025:

Organization	Description	Amount
American Heart Association	The American Heart Association is hosting a fundraising breakfast in support of the Go Red for Women movement, which raises awareness about cardiovascular disease, the leading health threat to women. Funding will go toward supportive programs and resources to help close critical gaps in care.	$1,000
City Impact	City Impact's mission is to strengthen and uplift the community by providing wellness programs, educational resources and compassionate support that empower youth and families to thrive. Funding will go toward City Impact's fundraising event, Thrive Together 2025. All proceeds will directly benefit youth and families in need.	$1,000

Organization	Description	Amount
Conejo Free Clinic	Conejo Free Clinic's mission is to provide free, high-quality medical, dental, and legal services to uninsured and underinsured individuals in the community. Funding will go toward providing free medical, dental, and legal services for more than 3,000 low-income, uninsured, and underinsured residents across Ventura County.	$2,500
TOTAL		**$4,500**

F. Community Relations: Community Meetings and Events

In October and November, the Community Relations team attended various community events supporting families with resources and assistance to connect them to GCHP services. The team participated in a collaborative meeting and partnered with provider systems to hold health fair screening events.

Strengthening Families Collaborative Meeting	
Community representatives share resources, announcements, and upcoming community events.	
Partnership for Safe Families and Communities	Oct. 1, 2025
Community Events	
Haycox Junior High School Back to School Night	Oct. 7, 2025
Reiter Affiliated Companies Employee Resource Fair	Oct. 10, 2025
Oxnard College Student Resource Fair	Oct. 21, 2025
Ventura County Department of Child Support Services (VCDCSS) Trunk or Treat Community Event	Oct. 22, 2025
California Lutheran University High School Health Care Summit	Oct. 23, 2025
Swap Meet Justice Community Resource Event	Oct. 28, 2025

Community Events	
El Rio Regenerative Farm Fiesta Dia de los Muertos	Nov. 1, 2025
Mixteco Indigena Community Organizing Project (MICOP) Annual Health Fair/Flu Vaccination Clinic	Nov. 14, 2025
Food Distribution Events	
El Rio School District Food Giveaway	Oct. 7, 2025
Help of Ojai Food Distribution	Oct. 22, 2025
Health Fairs	
Ventura County Medical Center Las Islas Well-Child Health Fair	Oct. 15, 2025
Ventura County Medical Center Las Islas Well-Child Health Fair	Oct. 16, 2025
Community Memorial Hospital Mammogram Health Fair	Oct. 18, 2025
Ventura County Medical Center Magnolia Mammogram Health Fair	Oct. 24, 2025

G. Community Relations: Speakers Bureau

In October, GCHP staff participated in various speaking engagements and held a press conference in partnership with Congresswoman Julia Brownley.

Speakers Bureau		
Press Conference	A press conference about the effects of the government shutdown was held at GCHP. Congresswoman Brownley, Dr. Felix Nuñez, Supervisor Vianey Lopez, and Laura Espinosa, Commission Chair, shared their insight on the impacts that will be felt by Medicaid beneficiaries, doctors, clinics, and hospitals due to the government shutdown and upcoming Medicaid coverage reduction because of passage of H.R 1. Furthermore, Commissioner Espinosa shared that families are worried about their health coverage and if their doctors will still be available to them.	Oct. 24, 2025
Ventura Chamber of Commerce Economic Development Committee	Marlen Torres, Chief Member Experience & External Affairs Officer, presented an overview of GCHP and its membership, GCHP's new Medicare line of business "Total Care Advantage", and upcoming challenges due to Medi-Cal / Medicaid budget cuts.	Oct. 28, 2025
Speakers Bureau		
Hospital Association of Southern California	Marlen Torres, Chief Member Experience & External Affairs Officer, presented on the impact on loss of membership to GCHP, and how this could impact providers. There was a discussion about concerns regarding the upcoming changes.	Oct. 28, 2025

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	PCP-OTHER	ADMIN MEMBERS	NOT ASSIGNED
Sep-25	94,307	55,302	34,768	4,307	46,147	3,718
Aug-25	95,456	55,595	35,042	4,310	46,946	2,543
Jul-25	96,590	55,533	34,970	4,306	47,416	2,561

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	Sept 2025
Total Administrative Members	46,147
Share of Cost (SOC)	672
Long-Term Care (LTC)	782
Breast and Cervical Cancer Treatment Program (BCCTP)	20
Hospice (REST-SVS)	20
Out of Area (Not in Ventura County)	398
DUALS (A, AB, ABD, AD, B, BD)	28,371
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	17,840

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 Subcontractor Network Certification (SNC), administered by the state Department of Health Care Services (DHCS), was launched in October 2025. The SNC is conducted in two phases and ensures that GCHP's subcontractor network meets both state and federal network adequacy and access requirements.

For the phase 1 deliverable, the Provider Network Operations (PNO) team submitted an SNC Landscape Analysis template in October 2025. Phase 2 deliverables will be forthcoming in late Q4 2025 or Q1 2026.

DHCS implemented provider network readiness assessments, which are used to monitor a managed care plan's (MCP's) network for newly launched covered services, initiatives or programs. PNO submitted readiness deliverables for the Enhanced Care Management (ECM)/Community Supports (CS) Quarterly Report.

PNO has received its annual Provider Access and Availability Survey results and will partner with Press Ganey and internal Gold Coast Health Plan (GCHP) operational teams to recognize areas of compliance and develop plans to address opportunities for improvement.

PNO is also preparing for National Committee for Quality Assurance (NCQA) audit, specifically for providers delegated for credentialing. A practice virtual file review will take place on Nov. 18, 2025. PNO will outreach to the provider partners delegated for credentialing to ensure they attend this practice run and are prepared for the actual NCQA audit.

Other notable regulatory deliverables include:

- Regulatory: Quarterly Network Report (QNR)

Update to Provider Directory Requirements

To comply with DHCS All Plan Letter (APL) 25-014, GCHP will implement updates to the printed and online provider directories to enhance transparency and member access. These updates include:

- Inclusion of telehealth providers.
- Updates to justice-involved (JI) Enhanced Care Management (ECM) providers, specifying their billing mechanisms and services offered.
- Identification of providers who accept new Children's Health Insurance Program (CHIP) patients.

These enhancements are currently in progress and are scheduled for full implementation in Q1 2026.

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

PNO continues to support GCHP's D-SNP implementation through key regulatory and operational deliverables. PNO finalized converting all letters of intent into agreements. PNO is also monitoring the network to ensure continued adequacy is met on the effective date of the D-SNP launch, Jan. 1, 2026, and maintained thereafter.

Provider Network Developments: Sept. 1- 30, 2025

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	**Count**
Community-Based Adult Services Facility	2
Hospice and Palliative Care	1
Pharmacy and Infusion	1
Ambulatory Surgery Center	1
Urgent Care	1
Long-Term Care Facility	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	67
Terminations	17
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.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	**Network Additions**		**Total Counts**
	Aug-25	**Sept-25**	
Hospitals:	**0**	**0**	**25**
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers:	**101**	**30**	**8,861**
Primary Care Providers (PCPs) and Mid-levels	0	1	472
Specialists	84	14	7,481
Hospitalists	17	15	908
Ancillary:	**4**	**1**	**693**
Ambulatory Surgery Center (ASC)	0	0	9
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	1	0	101
Home Health	0	0	34
Hospice	0	0	23
Laboratory	0	0	41
Optometry	0	0	110
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	0	1	210
Radiology / Imaging	3	0	67
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	0	0	84
Behavioral Health	**0**	**0**	**1108**

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

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.

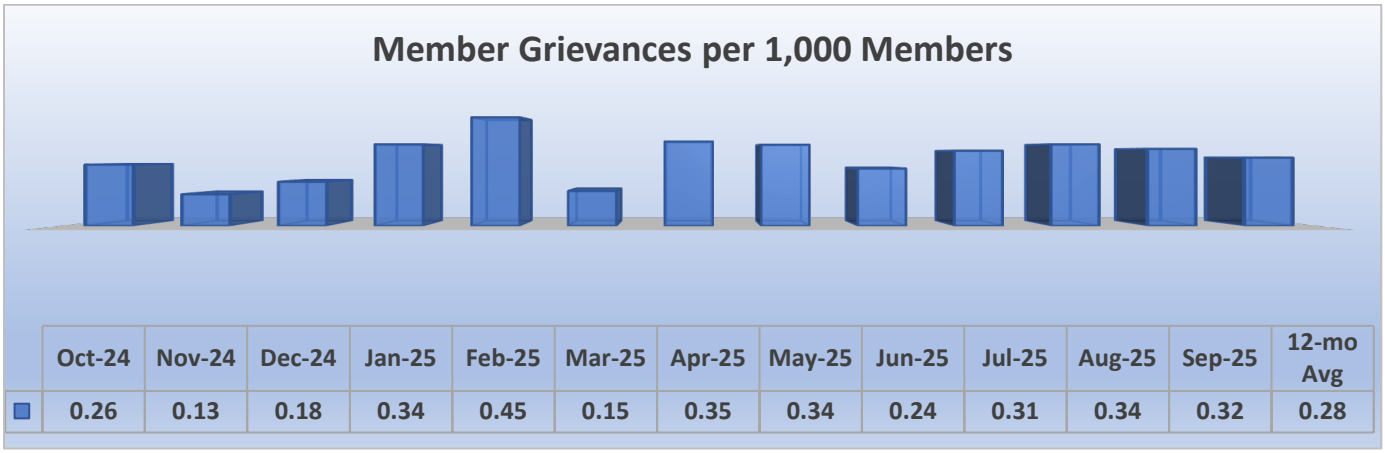
The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through Oct. 31, 2025.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2025 Annual Claims Audit	Open	03/26/2025	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2025 Annual Call Center Audit	Open	9/11/2025	Under CAP	N/A
Carelon	2025 Annual Credentialing Audit	Open	9/25/2025	Under CAP	N/A
Carenet	2025 Annual Call Center Nurse Advice Line	Open	7/15/2025	Under CAP	N/A
Clinicas del Camino Real (CDCR)	2024 Annual Claims Audit	Open	1/30/2025	Under CAP	N/A
CDCR	2025 Q1 Focused Claim Audit	Open	04/22/2025	Under CAP	N/A
CDCR	2025 Q2 Focused Claim Audit	Open	9/15/2025	Under CAP	N/A
Community Memorial Health Systems (CMHS)	2025 Focused Credentialing Audit	Open	10/2/2025	Under CAP	N/A
Vision Service Plan (VSP)	2025 Annual Credentialing Audit	Open	9/22/2025	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Ventura Transit System (VTS)	2024 Downstream Subcontractor Audit	Open	8/30/2024	Under CAP	Merged to 2025 CAP
VTS	2025 Annual Driver Credentialing Audit	Open	7/23/2025	Under CAP	N/A
University of California, Los Angeles (UCLA)	2025 Focused Credentialing Audit	Open	9/24/2025	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**
CDCR	Claims Timeliness	Open	4/22/2025	Open	Metrics of 90% in 30 days not met 2 out of 3 months. 95% in 45 days not met for Q2, and Q3.

D. Grievance and Appeals

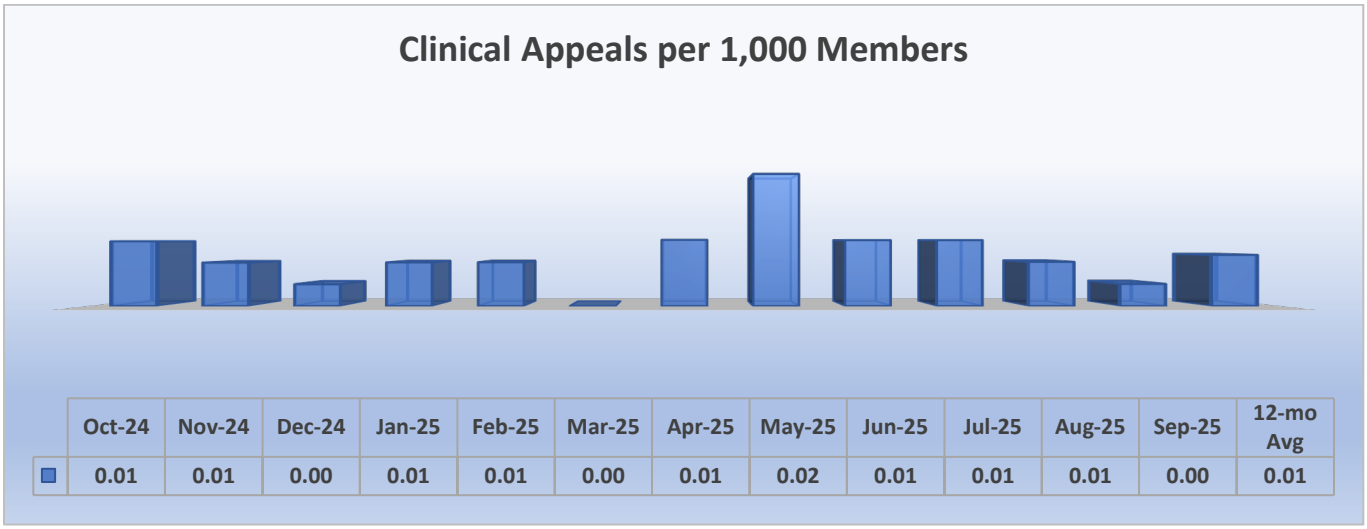


	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	12-mo Avg
■	0.26	0.13	0.18	0.34	0.45	0.15	0.35	0.34	0.24	0.31	0.34	0.32	0.28

Member Grievances per 1,000 Members

The data show Gold Coast Health Plan (GCHP)'s volume of grievances decreased in September 2025. In September 2025, GCHP received 77 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 242,533, with an average annual grievance rate of .28 grievances per 1,000 members.

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



	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	12-mo Avg
■	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.02	0.01	0.01	0.01	0.00	0.01

Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .01 appeals per 1,000 members. In September 2025, GCHP received one clinical appeal, which was withdrawn.

Q3 Member Grievance Log

This month, we included a Member Grievance Log that is intended to provide some insight into the challenges our members face when seeing their providers. The spreadsheet lists member complaints, the associated provider name, and the outcome. We will be updating and sharing the log on a quarterly basis.

RECOMMENDATION:

Receive and file.

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000031331	07/01/25	Grievance	07/01/25	07/23/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Scheduling
AG0000031367	07/02/25	Grievance	NULL	07/23/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider / Staff Attitude
AG0000031370	07/02/25	Grievance	07/02/25	07/29/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Scheduling
AG0000031371	07/02/25	Grievance	07/02/25	07/23/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Direct Member Billing
AG0000031372	07/02/25	Grievance	07/03/25	07/29/25	Resolved In Favor of Member	Santa Paula Medical Clinic (VCMC)	1932340890	1334 E Main St	Santa Paula	CA	93060	Outpatient Physical Health	Timely Response To Auth / Appeal Request
AG0000031452	07/03/25	Grievance	07/07/25	07/30/25	Resolved In Favor of Member	Beverly Radiology Medical Group	1114112372	415 Rolling Oaks Dr Ste 160	Thousand Oaks	CA	91361	Not Benefit Related	Provider Direct Member Billing
AG0000032453	07/03/25	Grievance	07/17/25	08/12/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Not Benefit Related	Provider Balance Billing
AG0000031408	07/03/25	Grievance	07/03/25	07/29/25	Resolved In Favor of Member	International Elder Care Solutions	1710504196	950 County Square Dr	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000031420	07/03/25	Grievance	07/03/25	07/03/25	Resolved In Favor of Member	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000031550	07/07/25	Grievance	07/08/25	07/30/25	Resolved In Favor of Member	1st Stop Urgent Care & Family Practice	1023443009	2275 Las Posas Rd	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000031473	07/07/25	Grievance	07/07/25	07/10/25	Resolved In Favor of Member	Kokot, Niels	1558487611	1450 San Pablo St Fl 2	Los Angeles	CA	90033	Not Applicable	Quality of Care
AG0000031486	07/07/25	Grievance	07/07/25	07/08/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Pharmacy	Plan Customer Service
AG0000031492	07/07/25	Grievance	07/07/25	08/05/25	Resolved In Favor of Member	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Provider Availability
AG0000031504	07/07/25	Grievance	07/07/25	08/05/25	Resolved In Favor of Member	CARELON BEHAVIORAL CARE	1053894790	200 State St Ste 302	Boston	MA	02109	Outpatient Mental Health and Substance Use Disorder	Timely Access
AG0000031575	07/07/25	Grievance	07/08/25	08/06/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Scheduling
AG0000031581	07/07/25	Grievance	07/08/25	08/04/25	Resolved In Favor of Member	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000031495	07/07/25	Grievance	07/07/25	07/31/25	Resolved In Favor of Member	Las Islas Family Medical Group North (VCMC)	1952542896	2400 S C St	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000031501	07/07/25	Grievance	07/07/25	08/04/25	Resolved In Favor of Member	Las Posas Family Medical Group (VCMC)	1982846366	3801 Las Posas Rd Ste 214	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000031535	07/07/25	Grievance	07/07/25	08/08/25	Resolved In Favor of Member	Wrobel, Bozena	1457378168	1516 San Pablo St Ste 3200	Los Angeles	CA	90033	Outpatient Physical Health	Quality of Care
AG0000031674	07/08/25	Grievance	07/09/25	08/06/25	Resolved In Favor of Member	Community Memorial Health Center (Main St)	1295773224	2721 E Main St	Ventura	CA	93003	Outpatient Physical Health	Referral
AG0000031679	07/08/25	Grievance	07/09/25	07/29/25	Resolved In Favor of Member	Community Memorial Health Center (Ashwood)	1114111309	120 N Ashwood Ave	Ventura	CA	93003	Outpatient Physical Health	Referral
AG0000031578	07/08/25	Grievance	07/08/25	08/04/25	Resolved In Favor of Member	Clinicas del Camino Real - Newbury Park	1982820221	1000 Newbury Rd Ste 150	Newbury Park	CA	91320	Outpatient Physical Health	Quality of Care

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000031794	07/08/25	Grievance	07/10/25	07/11/25	Resolved In Favor of Plan	Allied Emergency Physicians Inc	1043531346	2975 Sycamore Dr	Simi Valley	CA	93065	Outpatient Physical Health	Provider Direct Member Billing
AG0000031600	07/08/25	Grievance	07/08/25	08/05/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000031688	07/08/25	Grievance	07/09/25	08/05/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000031832	07/09/25	Grievance	07/10/25	08/05/25	Resolved In Favor of Member	1st Stop Urgent Care & Family Practice	1023443009	2275 Las Posas Rd	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000031746	07/09/25	Grievance	07/09/25	08/06/25	Resolved In Favor of Plan	Magnolia Family Medical Center (VCMC)	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Outpatient Physical Health	Provider Availability
AG0000031798	07/09/25	Grievance	07/10/25	07/31/25	Resolved In Favor of Member	Renal Consultants of Ventura County Inc	1932534021	1900 Outlet Center Dr	Oxnard	CA	93036	Non-Emergency Medical Transportation	Case Management / Care Coordination
AG0000031885	07/09/25	Discrimination Grievance	07/10/25	08/25/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Discrimination
AG0000031897	07/10/25	Grievance	07/11/25	08/05/25	Resolved In Favor of Member	Intend\,Inc.D.B.A Tangelo	1649937236	1701 N Delilah St	Corona	CA	92879	Community Supports - Medically Tailored Meals	Scheduling
AG0000031933	07/10/25	Grievance	07/11/25	07/30/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Not Benefit Related	Plan Customer Service
AG0000031846	07/10/25	Grievance	07/10/25	08/06/25	Resolved In Favor of Member	Magnolia Family Medical Center (VCMC)	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Outpatient Physical Health	Quality of Care
AG0000031942	07/11/25	Grievance	07/11/25	07/30/25	Resolved In Favor of Member	Clinicas del Camino Real - Newbury Park	1982820221	1000 Newbury Rd Ste 150	Newbury Park	CA	91320	Outpatient Physical Health	Referral
AG0000032049	07/11/25	Grievance	07/14/25	07/23/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Non-Medical Transportation	Plan Customer Service
AG0000032079	07/14/25	Grievance	07/14/25	08/07/25	Resolved In Favor of Member	Clinicas del Camino Real - Simi Valley	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Provider Availability
AG0000032087	07/14/25	Grievance	07/14/25	08/25/25	Resolved In Favor of Member	GENESIS HEALTHCARE PARTNERS	1548567498	215 W Janss Rd	Thousand Oaks	CA	91360	Outpatient Physical Health	Provider Availability
AG0000032104	07/14/25	Discrimination Grievance	07/14/25	09/02/25	Resolved In Favor of Member	GENESIS HEALTHCARE PARTNERS	1548567498	2241 Wankel Way Ste A	Oxnard	CA	93030	Outpatient Physical Health	Discrimination
AG0000032101	07/14/25	Grievance	07/14/25	08/12/25	Resolved In Favor of Member	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000032148	07/14/25	Grievance	07/15/25	08/13/25	Resolved In Favor of Member	Las Islas Family Medical Group North (VCMC)	1952542896	2400 S C St	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000032096	07/14/25	Grievance	07/14/25	08/12/25	Resolved In Favor of Member	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000032210	07/15/25	Grievance	07/15/25	08/05/25	Resolved In Favor of Member	CARELON BEHAVIORAL CARE	1053894790	200 State St Ste 302	Boston	MA	02109	Outpatient Mental Health and Substance Use Disorder	Eligibility
AG0000032311	07/15/25	Grievance	07/16/25	07/30/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000032320	07/16/25	Grievance	07/16/25	07/18/25	Resolved In Favor of Member	Clinicas Del Camino Real Inc - Karen R Burnham Health Center	1093933194	1100 W Gonzales Rd	Oxnard	CA	93036	Pregnancy and Post-Partum	Quality of Care
AG0000032368	07/16/25	Grievance	07/17/25	07/30/25	Resolved In Favor of Member	Community Memorial Health Center (MMG Brent)	1700303633	168 N Brent St Ste 302	Ventura	CA	93003	Outpatient Physical Health	Authorization
AG0000032369	07/16/25	Grievance	07/17/25	08/01/25	Resolved In Favor of Plan	Clinicas del Camino Real - Simi Valley	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Provider Availability
AG0000032377	07/16/25	Grievance	07/17/25	08/15/25	Resolved In Favor of Plan	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Scheduling
AG0000032462	07/17/25	Grievance	07/17/25	08/12/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000032502	07/17/25	Grievance	07/18/25	08/11/25	Resolved In Favor of Member	Las Posas Family Medical Group (VCMC)	1982846366	3801 Las Posas Rd Ste 214	Camarillo	CA	93010	Outpatient Physical Health	Provider Availability
AG0000032510	07/17/25	Grievance	07/18/25	08/13/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Scheduling
AG0000032646	07/17/25	Discrimination Grievance	07/18/25	09/03/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Discrimination
AG0000032516	07/17/25	Grievance	07/18/25	08/14/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000032620	07/18/25	Grievance	07/18/25	08/15/25	Resolved In Favor of Member	Clinicas del Camino Real - Maravilla	1518183904	450 W Clara St	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000032573	07/18/25	Grievance	07/18/25	08/14/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000032582	07/18/25	Discrimination Grievance	07/18/25	09/03/25	Dismissed	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Discrimination
AG0000032597	07/18/25	Grievance	07/18/25	08/14/25	Resolved In Favor of Plan	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000032601	07/18/25	Discrimination Grievance	07/18/25	09/03/25	Dismissed	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Discrimination
AG0000032607	07/18/25	Grievance	07/18/25	08/15/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Scheduling
AG0000032640	07/18/25	Grievance	07/18/25	08/14/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Scheduling
AG0000032656	07/18/25	Discrimination Grievance	07/18/25	09/04/25	Resolved In Favor of Member	Clinicas del Camino Real - Maravilla	1518183904	450 W Clara St	Oxnard	CA	93033	Outpatient Physical Health	Discrimination
AG0000032751	07/18/25	Grievance	07/22/25	08/16/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000032681	07/21/25	Grievance	07/21/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Community Supports - Recuperative Care	Provider / Staff Attitude
AG0000032718	07/21/25	Discrimination Grievance	07/21/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Skilled Nursing Facility	Discrimination

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000032812	07/22/25	Grievance	07/22/25	08/15/25	Resolved In Favor of Plan	Spanish Hills Interventional Pain Specialists	1205195732	1100 Paseo Camarillo	Camarillo	CA	93010	Not Benefit Related	Plan Customer Service
AG0000032806	07/22/25	Grievance	07/22/25	08/18/25	Resolved In Favor of Member	Clinicas del Camino Real\, Inc. (El Rio)	1134369366	2600 E Vineyard Ave	Oxnard	CA	93036	Outpatient Physical Health	Quality of Care
AG0000032946	07/23/25	Grievance	07/23/25	08/20/25	Resolved In Favor of Member	Clinicas del Camino Real - Santa Paula	1023234465	500 E Main St	Santa Paula	CA	93060	Outpatient Physical Health	Quality of Care
AG0000033075	07/23/25	Grievance	07/24/25	07/25/25	Resolved In Favor of Member	Pulse Health Facility\, Inc	1992196083	8410 Grenoble St	Sunland	CA	91040	Skilled Nursing Facility	Inappropriate Care
AG0000033138	07/24/25	Grievance	07/24/25	08/19/25	Resolved In Favor of Plan	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Scheduling
AG0000033315	07/28/25	Grievance	07/28/25	08/22/25	Resolved In Favor of Member	Magnolia Family Medical Center (VCMC)	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Outpatient Physical Health	Provider Availability
AG0000033368	07/28/25	Grievance	07/28/25	07/31/25	Resolved In Favor of Member	Pulse Health Facility\, Inc	1992196083	8410 Grenoble St	Sunland	CA	91040	Skilled Nursing Facility	Quality of Care
AG0000033379	07/28/25	Grievance	07/29/25	07/31/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Skilled Nursing Facility	Quality of Care
AG0000033386	07/28/25	Grievance	07/29/25	08/21/25	Resolved In Favor of Member	Magnolia Family Medical Center (VCMC)	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Outpatient Physical Health	Provider Availability
AG0000033493	07/29/25	Grievance	07/29/25	08/12/25	Resolved In Favor of Member	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Referral
AG0000033574	07/30/25	Grievance	07/30/25	08/01/25	Resolved In Favor of Plan	Clinicas del Camino Real - Santa Paula	1023234465	500 E Main St	Santa Paula	CA	93060	Outpatient Physical Health	Quality of Care
AG0000033748	07/30/25	Grievance	07/31/25	08/01/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Not Benefit Related	Provider Direct Member Billing
AG0000033760	07/31/25	Grievance	07/31/25	08/22/25	Resolved In Favor of Member	Academic Family Medicine Center (VCMC)	1629167457	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000033719	07/31/25	Grievance	07/31/25	08/20/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Vehicle
AG0000033740	07/31/25	Grievance	07/31/25	08/20/25	Resolved In Favor of Plan	Byram Healthcare Centers Inc	1477807667	5302 Rancho Rd	Huntington Beach	CA	92647	Durable Medical Equipment	Quality of Care
AG0000033757	07/31/25	Grievance	07/31/25	08/27/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Direct Member Billing
AG0000033764	07/31/25	Grievance	NULL	08/01/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Community Supports - Personal Care & Homemaker Services	Quality of Care
AG0000033769	07/31/25	Grievance	07/31/25	08/29/25	Resolved In Favor of Member	County of Ventura DBA Whole Person Care	1346900933	800 S Victoria Ave # 4615	Ventura	CA	93009	Community Supports - Housing Transition Navigation	Case Management / Care Coordination
AG0000033946	07/31/25	Grievance	08/04/25	08/25/25	Resolved In Favor of Member	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000033943	07/31/25	Grievance	08/04/25	08/18/25	Resolved In Favor of Member	GENESIS HEALTHCARE PARTNERS	1548567498	215 W Janss Rd	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000033916	08/01/25	Grievance	08/01/25	08/22/25	Resolved In Favor of Member	General Surgery Medical Group of Ventura County	1275511644	2309 Antonio Ave	Camarillo	CA	93010	Outpatient Physical Health	Provider Availability

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000033997	08/01/25	Grievance	08/04/25	08/27/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Provider / Staff Attitude
AG0000034049	08/01/25	Grievance	08/04/25	09/03/25	Resolved In Favor of Member	Shahrzad Shareghi MD	1912322728	215 W Janss Rd	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000033980	08/04/25	Grievance	08/04/25	08/27/25	Resolved In Favor of Plan	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000034185	08/05/25	Grievance	08/05/25	08/27/25	Resolved In Favor of Plan	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Vehicle
AG0000034255	08/06/25	Grievance	08/06/25	09/05/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Scheduling
AG0000034259	08/06/25	Grievance	08/06/25	08/27/25	Resolved In Favor of Member	Santa Paula West (VCMC)	1841431707	254 W Harvard Blvd Ste B	Santa Paula	CA	93060	Outpatient Physical Health	Quality of Care
AG0000034432	08/07/25	Grievance	08/08/25	09/02/25	Resolved In Favor of Member	Academic Family Medicine Center (VCMC)	1629167457	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000034336	08/07/25	Grievance	08/07/25	08/13/25	Resolved In Favor of Plan	Los Robles Hospital and Medical Center	1942254925	215 W Janss Rd	Thousand Oaks	CA	91360	Inpatient Physical Health	Not Applicable
AG0000034353	08/07/25	Grievance	08/07/25	08/28/25	Resolved In Favor of Member	Academic Family Medicine Center (VCMC)	1629167457	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Referral
AG0000034430	08/07/25	Grievance	08/08/25	08/27/25	Resolved In Favor of Plan	Hematology-Oncology Clinic / Infusion Center (VCMC)	1629167457	300 Hillmont Ave Ste 501	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000034570	08/07/25	Discrimination Grievance	08/08/25	NULL	NULL	Hematology-Oncology Clinic / Infusion Center (VCMC)	1629167457	300 Hillmont Ave Ste 501	Ventura	CA	93003	Outpatient Physical Health	Discrimination
AG0000034408	08/07/25	Grievance	NULL	09/02/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000034434	08/07/25	Grievance	08/08/25	08/22/25	Resolved In Favor of Plan	Spanish Hills Interventional Pain Specialists	1205195732	1600 N Rose Ave	Oxnard	CA	93030	Outpatient Physical Health	Quality of Care
AG0000034474	08/08/25	Grievance	08/08/25	08/28/25	Resolved In Favor of Member	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Referral
AG0000034495	08/08/25	Grievance	08/08/25	09/05/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Not Applicable
AG0000034506	08/08/25	Grievance	08/08/25	09/04/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Availability
AG0000034519	08/08/25	Grievance	08/08/25	09/05/25	Resolved In Favor of Member	Dr. Troy Williams dba Trillium Medical	1992084776	215 W Janss Rd	Thousand Oaks	CA	91360	Outpatient Physical Health	Fraud / Waste / Abuse
AG0000034521	08/08/25	Grievance	08/08/25	08/29/25	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Referral
AG0000034543	08/08/25	Grievance	08/08/25	08/27/25	Resolved In Favor of Member	Academic Family Medicine Center (VCMC)	1629167457	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Referral
AG0000034620	08/08/25	Grievance	08/11/25	09/02/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Provider / Staff Attitude
AG0000034665	08/11/25	Grievance	08/11/25	09/10/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Not Applicable	Not Applicable
AG0000034770	08/11/25	Grievance	08/13/25	09/17/25	Resolved In Favor of Plan	Narasimhulu, Deepa	1174895882	2900 Loma Vista Rd Ste 205	Ventura	CA	93003	Outpatient Physical Health	Quality of Care

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000034704	08/12/25	Grievance	08/12/25	08/28/25	Resolved In Favor of Plan	Clinicas Del Camino Real Inc Simi Valley East	1609291996	4370 Eve Rd	Simi Valley	CA	93063	Outpatient Physical Health	Provider Availability
AG0000034721	08/12/25	Grievance	08/12/25	09/10/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Scheduling
AG0000034727	08/12/25	Grievance	08/12/25	09/10/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Not Applicable
AG0000034730	08/12/25	Grievance	08/12/25	09/09/25	Resolved In Favor of Member	Ventura Orthopedics Medical Group	1871547315	147 N Brent St	Ventura	CA	93003	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000034830	08/12/25	Grievance	08/13/25	09/03/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Authorization
AG0000034854	08/12/25	Grievance	08/13/25	08/28/25	Resolved In Favor of Member	West Ventura Medical Clinic (VCMC)	1780821660	133 W Santa Clara St	Ventura	CA	93001	Outpatient Physical Health	Referral
AG0000034712	08/12/25	Grievance	08/12/25	08/13/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000034835	08/13/25	Grievance	08/13/25	08/15/25	Resolved In Favor of Member	Academic Family Medicine Center (VCMC)	1629167457	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Authorization
AG0000034845	08/13/25	Grievance	08/13/25	08/28/25	Resolved In Favor of Plan	Community Memorial Health Center (MMG Main)	1083001010	2721 E Main St	Ventura	CA	93003	Outpatient Physical Health	Provider Availability
AG0000034852	08/13/25	Grievance	08/13/25	08/18/25	Request Withdrawn	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Availability
AG0000034864	08/13/25	Grievance	08/13/25	09/12/25	Resolved In Favor of Plan	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Scheduling
AG0000034871	08/13/25	Grievance	08/13/25	09/12/25	Resolved In Favor of Plan	Magnolia Family Medical Center (VCMC)	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Outpatient Physical Health	Provider Availability
AG0000034886	08/13/25	Grievance	08/13/25	09/08/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Balance Billing
AG0000034992	08/13/25	Grievance	08/14/25	09/04/25	Resolved In Favor of Member	Clinicas del Camino Real Ventura	1679631907	200 S Wells Rd	Ventura	CA	93004	Outpatient Physical Health	Authorization
AG0000035041	08/13/25	Discrimination Grievance	08/13/25	09/04/25	Resolved In Favor of Member	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Discrimination
AG0000035054	08/14/25	Grievance	08/15/25	09/08/25	Resolved In Favor of Member	Clinicas del Camino Real - Ojai Valley Community Health Cent	1316163736	1200 Maricopa Hwy	Ojai	CA	93023	Outpatient Physical Health	Quality of Care
AG0000035057	08/14/25	Grievance	08/15/25	09/09/25	Resolved In Favor of Member	Clinicas del Camino Real - Ojai Valley Community Health Cent	1316163736	1200 Maricopa Hwy	Ojai	CA	93023	Outpatient Physical Health	Quality of Care
AG0000034996	08/14/25	Grievance	08/14/25	09/05/25	Resolved In Favor of Member	Intend\,Inc.D.B.A Tangelo	1649937236	1701 N Delilah St	Corona	CA	92879	Community Supports - Medically Tailored Meals	Quality of Care
AG0000035012	08/14/25	Grievance	08/14/25	09/10/25	Resolved In Favor of Member	Clinicas del Camino Real Ventura	1679631907	200 S Wells Rd	Ventura	CA	93004	Not Benefit Related	Plan Customer Service
AG0000035064	08/14/25	Grievance	08/15/25	09/04/25	Resolved In Favor of Member	Clinicas del Camino Real - Simi Valley	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Scheduling
AG0000035069	08/14/25	Grievance	08/15/25	09/09/25	Resolved In Favor of Plan	Las Posas Family Medical Group (VCMC)	1982846366	3801 Las Posas Rd Ste 214	Camarillo	CA	93010	Outpatient Physical Health	Scheduling

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000034968	08/14/25	Grievance	08/14/25	09/02/25	Resolved In Favor of Member	St Johns Regional Med Ctr	1073665360	1600 N Rose Ave	Oxnard	CA	93030	Outpatient Physical Health	Quality of Care
AG0000035202	08/15/25	Grievance	08/18/25	09/04/25	Resolved In Favor of Member	Los Robles Hospital and Medical Center	1942254925	215 W Janss Rd	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000035728	08/18/25	Grievance	08/21/25	09/15/25	Resolved In Favor of Member	Anacapa Surgical Associates (VCMC)	1629167457	300 Hillmont Ave Bldg 340 Ste 401	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000035324	08/18/25	Grievance	08/19/25	09/11/25	Resolved In Favor of Member	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000035255	08/18/25	Grievance	08/18/25	09/05/25	Resolved In Favor of Member	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Referral
AG0000035288	08/18/25	Grievance	08/18/25	09/16/25	Resolved In Favor of Member	Intend\,Inc.D.B.A Tangelo	1649937236	1701 N Delilah St	Corona	CA	92879	Not Benefit Related	Quality of Care
AG0000035290	08/18/25	Grievance	08/18/25	09/10/25	Resolved In Favor of Member	Community Memorial Health Center (Saviers)	1740228345	2921 Saviers Rd	Oxnard	CA	93033	Outpatient Physical Health	Referral
AG0000035365	08/18/25	Grievance	08/19/25	09/10/25	Resolved In Favor of Member	Ventura Orthopedics Medical Group	1871547315	2221 Wankel Way	Oxnard	CA	93030	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000035379	08/18/25	Grievance	08/19/25	09/10/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000035732	08/18/25	Grievance	08/21/25	09/16/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000035722	08/18/25	Grievance	08/21/25	09/16/25	Resolved In Favor of Member	Ventura County Medical Center	1629167457	300 Hillmont Ave	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000035573	08/20/25	Grievance	08/20/25	09/15/25	Resolved In Favor of Member	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000035590	08/20/25	Grievance	08/21/25	09/15/25	Resolved In Favor of Member	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Referral
AG0000035821	08/21/25	Grievance	08/22/25	09/16/25	Resolved In Favor of Plan	Magnolia Family Medical Center (VCMC)	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Outpatient Physical Health	Quality of Care
AG0000035677	08/21/25	Grievance	08/21/25	09/10/25	Resolved In Favor of Plan	Clinicas del Camino Real-Oxnard	1396961884	650 Meta St	Oxnard	CA	93030	Outpatient Physical Health	Not Applicable
AG0000035711	08/21/25	Grievance	NULL	09/15/25	Resolved In Favor of Plan	Clinicas del Camino Real-Oxnard	1396961884	650 Meta St	Oxnard	CA	93030	Outpatient Physical Health	Referral
AG0000035741	08/21/25	Grievance	08/22/25	09/16/25	Resolved In Favor of Plan	County of Ventura DBA Whole Person Care	1346900933	800 S Victoria Ave # 4615	Ventura	CA	93009	Community Supports - Housing Tenancy & Sustaining Services	Case Management / Care Coordination
AG0000035749	08/21/25	Grievance	08/22/25	09/10/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider / Staff Attitude
AG0000035745	08/21/25	Grievance	08/22/25	09/17/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000035787	08/22/25	Grievance	08/22/25	09/15/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Scheduling
AG0000035850	08/22/25	Grievance	NULL	09/19/25	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Provider Availability
AG0000035937	08/22/25	Grievance	08/25/25	08/28/25	Resolved In Favor of Plan	Adventist Health Simi Valley	1063495190	2975 Sycamore Dr	Simi Valley	CA	93065	Inpatient Physical Health	Quality of Care
AG0000035977	08/25/25	Grievance	08/25/25	09/17/25	Resolved In Favor of Member	Santa Paula West (VCMC)	1841431707	254 W Harvard Blvd Ste B	Santa Paula	CA	93060	Outpatient Physical Health	Scheduling

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000035992	08/25/25	Discrimination Grievance	08/25/25	NULL	NULL	Santa Paula West (VCMC)	1841431707	254 W Harvard Blvd Ste B	Santa Paula	CA	93060	Outpatient Physical Health	Discrimination
AG0000035994	08/25/25	Grievance	08/25/25	09/17/25	Resolved In Favor of Plan	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Driver Punctuality
AG0000035999	08/25/25	Grievance	08/25/25	09/16/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Not Applicable	Quality of Care
AG0000036037	08/25/25	Grievance	08/26/25	09/19/25	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Referral
AG0000036489	08/26/25	Grievance	08/28/25	09/24/25	Resolved In Favor of Member	Academic Family Medicine Center (VCMC)	1629167457	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000036052	08/26/25	Grievance	08/26/25	09/17/25	Resolved In Favor of Plan	California Managed Imaging Medical Group	1821271727	4422 E McDonald Dr	Scottsdale	AZ	85253	Outpatient Physical Health	Provider Balance Billing
AG0000036123	08/26/25	Grievance	08/26/25	09/17/25	Resolved In Favor of Plan	California Managed Imaging Medical Group	1821271727	4422 E McDonald Dr	Scottsdale	AZ	85253	Outpatient Physical Health	Provider Balance Billing
AG0000036262	08/27/25	Grievance	08/27/25	09/18/25	Resolved In Favor of Member	Magnolia Family Medical Center (VCMC)	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Outpatient Physical Health	Quality of Care
AG0000036309	08/27/25	Grievance	08/27/25	09/23/25	Resolved In Favor of Member	Clinicas del Camino Real - Moorpark	1841556404	4279 Tierra Rejada Rd	Moorpark	CA	93021	Outpatient Physical Health	Referral
AG0000036275	08/27/25	Grievance	08/27/25	09/25/25	Resolved In Favor of Member	Ventura County Medical Center	1629167457	300 Hillmont Ave	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000036511	08/28/25	Grievance	08/29/25	09/17/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Not Applicable	Driver Punctuality
AG0000037018	08/28/25	Grievance	09/03/25	10/02/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000036543	08/28/25	Grievance	08/29/25	09/24/25	Resolved In Favor of Member	Ventura Eastman Therapy	1629167457	2189 Eastman Ave # 4	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000036603	08/29/25	Grievance	08/29/25	09/26/25	Resolved In Favor of Member	West Ventura Medical Clinic (VCMC)	1780821660	133 W Santa Clara St	Ventura	CA	93001	Outpatient Physical Health	Provider / Staff Attitude
AG0000036745	08/29/25	Grievance	09/02/25	09/30/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000036829	09/02/25	Grievance	09/02/25	09/05/25	Resolved In Favor of Member	FRANKLIN HOSPICE INC	1093791667	7630 Vineland Ave Ste 203	Sun Valley	CA	91352	Skilled Nursing Facility	Quality of Care
AG0000036939	09/02/25	Grievance	09/03/25	09/04/25	Resolved In Favor of Member	Ventura County Medical Center	1629167457	300 Hillmont Ave	Ventura	CA	93003	Inpatient Physical Health	Quality of Care
AG0000036850	09/02/25	Grievance	09/02/25	09/24/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000036930	09/03/25	Grievance	09/03/25	09/26/25	Resolved In Favor of Member	Clinicas del Camino Real - Ojai Valley Community Health Cent	1316163736	1200 Maricopa Hwy	Ojai	CA	93023	Outpatient Physical Health	Referral
AG0000037087	09/03/25	Grievance	09/04/25	10/06/25	Resolved In Favor of Plan	Ventura County Medical Center	1629167457	300 Hillmont Ave	Ventura	CA	93003	Not Applicable	Provider Balance Billing
AG0000037187	09/04/25	Grievance	09/04/25	NULL	NULL	FRANKLIN HOSPICE INC	1093791667	7630 Vineland Ave Ste 203	Sun Valley	CA	91352	Not Applicable	Fraud / Waste / Abuse
AG0000037397	09/04/25	Grievance	09/05/25	10/07/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000037496	09/05/25	Grievance	09/08/25	09/24/25	Resolved In Favor of Member	Intend\,Inc.D.B.A Tangelo	1649937236	1701 N Delilah St	Corona	CA	92879	Not Applicable	Quality of Care
AG0000037569	09/05/25	Grievance	09/08/25	09/29/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Community Supports - Personal Care & Homemaker Services	Not Applicable
AG0000037575	09/08/25	Grievance	09/08/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Not Benefit Related	Plan Customer Service
AG0000037601	09/08/25	Grievance	09/09/25	09/30/25	Resolved In Favor of Member	Academic Family Medicine Center (VCMC)	1629167457	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Inappropriate Care
AG0000037573	09/08/25	Grievance	09/08/25	09/25/25	Resolved In Favor of Plan	St Johns Regional Med Ctr	1073665360	1600 N Rose Ave	Oxnard	CA	93030	Outpatient Physical Health	Quality of Care
AG0000037719	09/09/25	Grievance	09/10/25	NULL	NULL	Clinicas del Camino Real - Santa Paula	1023234465	500 E Main St	Santa Paula	CA	93060	Outpatient Physical Health	Quality of Care
AG0000037689	09/09/25	Grievance	09/09/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Member Informing Materials
AG0000037727	09/09/25	Grievance	09/10/25	09/30/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Non-Emergency Medical Transportation	Referral
AG0000037942	09/09/25	Grievance	09/12/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Not Applicable	Plan Customer Service
AG0000037782	09/10/25	Grievance	09/11/25	10/01/25	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000037762	09/10/25	Grievance	09/10/25	10/01/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000037746	09/10/25	Grievance	09/10/25	NULL	NULL	California Managed Imaging Medical Group	1821271727	168 N Brent St Ste 401	Ventura	CA	93003	Outpatient Physical Health	Provider Direct Member Billing
AG0000037797	09/10/25	Grievance	09/11/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Not Applicable	Member Informing Materials
AG0000037849	09/10/25	Grievance	09/11/25	09/29/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Authorization
AG0000037887	09/10/25	Grievance	09/11/25	10/06/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Driver Punctuality
AG0000037893	09/10/25	Discrimination Grievance	09/10/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Discrimination
AG0000037869	09/11/25	Grievance	09/11/25	NULL	NULL	Clinicas del Camino Real - Ocean View	1427276278	4400 Olds Rd	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000038128	09/11/25	Grievance	09/16/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000037807	09/11/25	Grievance	09/11/25	09/29/25	Resolved In Favor of Member	Clinicas Del Camino Real Inc Simi Valley East	1609291996	4370 Eve Rd	Simi Valley	CA	93063	Outpatient Physical Health	Scheduling
AG0000037818	09/11/25	Grievance	09/11/25	10/01/25	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Scheduling
AG0000037822	09/11/25	Grievance	09/11/25	10/01/25	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Scheduling
AG0000037825	09/11/25	Grievance	09/11/25	10/01/25	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Scheduling

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000037854	09/11/25	Grievance	09/11/25	09/17/25	Resolved In Favor of Member	Community Memorial Health Center (Airport Marina)	1346288875	3641 W 5th St	Oxnard	CA	93030	Non-Emergency Medical Transportation	Scheduling
AG0000037875	09/11/25	Grievance	09/11/25	NULL	NULL	Clinicas del Camino Real Ventura	1679631907	200 S Wells Rd	Ventura	CA	93004	Outpatient Physical Health	Provider Availability
AG0000037877	09/11/25	Grievance	09/11/25	10/02/25	Request Withdrawn	NULL	NULL	NULL	NULL	NULL	NULL	Inpatient Physical Health	Quality of Care
AG0000037881	09/11/25	Grievance	09/11/25	09/12/25	Resolved In Favor of Member	Divine Agape Health Care Agency	1588362966	300 E Esplanade Dr Ste 1670	Oxnard	CA	93036	Community Supports - Personal Care & Homemaker Services	Quality of Care
AG0000037902	09/11/25	Grievance	09/11/25	09/12/25	Resolved In Favor of Member	Community Memorial Hospital	1215903018	147 N Brent St	Ventura	CA	93003	Inpatient Physical Health	Quality of Care
AG0000037903	09/11/25	Grievance	09/12/25	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000037904	09/11/25	Grievance	09/12/25	10/01/25	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000037910	09/11/25	Grievance	09/12/25	10/03/25	Resolved In Favor of Plan	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Scheduling
AG0000037911	09/11/25	Grievance	09/12/25	10/06/25	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Non-Emergency Medical Transportation	Referral
AG0000038445	09/16/25	Grievance	09/18/25	NULL	NULL	Clinicas del Camino Real Inc Paseo Camarillo	1841556404	730 Paseo Camarillo	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000038142	09/16/25	Grievance	09/16/25	10/06/25	Resolved In Favor of Member	Los Robles Hospital and Medical Center	1306890389	215 W Janss Rd	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000038233	09/16/25	Grievance	09/17/25	NULL	NULL	Golden State Imaging Associates Inc	1144872052	3291 Loma Vista Rd	Ventura	CA	93003	Outpatient Physical Health	Provider Direct Member Billing
AG0000038262	09/16/25	Grievance	09/17/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Direct Member Billing
AG0000038446	09/16/25	Grievance	09/18/25	NULL	NULL	West Ventura Medical Clinic (VCMC)	1780821660	133 W Santa Clara St	Ventura	CA	93001	Outpatient Physical Health	Quality of Care
AG0000038258	09/17/25	Grievance	09/17/25	NULL	NULL	Aspen Surgery Venture LLC dba Aspen Surgery Center	1992788384	2750 Sycamore Dr Ste 101	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000038307	09/17/25	Grievance	09/17/25	09/22/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Not Benefit Related	Provider Balance Billing
AG0000038361	09/17/25	Grievance	09/18/25	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Provider / Staff Attitude
AG0000038381	09/17/25	Grievance	09/18/25	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000038331	09/18/25	Grievance	09/18/25	NULL	NULL	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000038641	09/19/25	Grievance	09/22/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000038579	09/19/25	Grievance	09/19/25	09/22/25	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Scheduling

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000038630	09/19/25	Grievance	09/22/25	NULL	NULL	Medical Kitchen\, LP dba The Medical Kitchen	1235995085	840 Tourmaline Dr	Thousand Oaks	CA	91320	Community Supports - Medically Tailored Meals	Quality of Care
AG0000038640	09/19/25	Grievance	09/22/25	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000038706	09/22/25	Grievance	09/22/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Not Applicable
AG0000038803	09/23/25	Grievance	09/24/25	NULL	NULL	Adventist Health Physicians Network	1811336258	2750 SYCAMORE DR	SIMI VALLEY	CA	93065	Outpatient Physical Health	Quality of Care
AG0000038937	09/23/25	Grievance	09/25/25	NULL	NULL	Southern California Hospital at Culver City	1487905725	3828 Delmas Ter	Culver City	CA	90232	Outpatient Physical Health	Quality of Care
AG0000038785	09/23/25	Grievance	09/23/25	09/25/25	Resolved In Favor of Member	Ventura County Medical Center	1629167457	300 HILLMONT AVE BLDG 340 #401	Ventura	CA	93003	Inpatient Physical Health	Quality of Care
AG0000038787	09/23/25	Grievance	09/23/25	NULL	NULL	Ventura Orthopedics Medical Group	1871547315	1145 Lindero Canyon Rd Ste C1	Westlake Village	CA	91362	Outpatient Physical Health	Quality of Care
AG0000038917	09/24/25	Grievance	09/25/25	NULL	NULL	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000038885	09/24/25	Grievance	09/24/25	NULL	NULL	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Referral
AG0000038886	09/24/25	Grievance	09/24/25	09/29/25	Request Withdrawn	Adventist Health Simi Valley	1063495190	2975 Sycamore Dr	Simi Valley	CA	93065	Outpatient Physical Health	Provider Availability
AG0000038923	09/24/25	Grievance	09/25/25	NULL	NULL	Clinicas del Camino Real - Simi Valley	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Assault / Harassment
AG0000038965	09/24/25	Discrimination Grievance	09/25/25	NULL	NULL	Clinicas del Camino Real - Simi Valley	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Discrimination
AG0000038981	09/25/25	Grievance	09/25/25	NULL	NULL	Las Posas Family Medical Group (VCMC)	1982846366	3801 Las Posas Rd Ste 214	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000038990	09/25/25	Grievance	09/25/25	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Vehicle
AG0000038993	09/25/25	Grievance	09/25/25	10/02/25	Request Withdrawn	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Provider Availability
AG0000039061	09/25/25	Grievance	09/26/25	NULL	NULL	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Referral
AG0000039180	09/26/25	Grievance	09/29/25	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000039202	09/26/25	Grievance	09/29/25	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Driver Punctuality
AG0000039279	09/29/25	Grievance	09/30/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000039219	09/29/25	Grievance	09/29/25	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Provider / Staff Attitude

Return to Agenda

Grievance Log
3rd Quarter 2025

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000039422	09/30/25	Grievance	10/01/25	NULL	NULL	Clinicas del Camino Real - Ojai Valley Community Health Cent	1316163736	1200 Maricopa Hwy	Ojai	CA	93023	Outpatient Physical Health	Quality of Care
AG0000039337	09/30/25	Grievance	09/30/25	NULL	NULL	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000039309	09/30/25	Grievance	09/30/25	NULL	NULL	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Scheduling
AG0000039314	09/30/25	Grievance	09/30/25	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Scheduling
AG0000039332	09/30/25	Grievance	09/30/25	NULL	NULL	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Provider Availability
AG0000039335	09/30/25	Grievance	09/30/25	NULL	NULL	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Provider Availability
AG0000039340	09/30/25	Grievance	09/30/25	NULL	NULL	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Provider / Staff Attitude

Return to Agenda

AGENDA ITEM NO. 13

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, MD, Chief Medical Officer (CMO)

DATE: November 17, 2025

SUBJECT: Chief Medical Officer (CMO) Report

CMO COMMISSION REPORT – November 2025

Gold Coast Health Plan's CMO is pleased to report continued, steady gains and progress in Health Services' Utilization Management, Care Management, Quality Improvement, Pharmacy and Health Equity initiatives.

First, for the Commission's attention, on Thursday, November 6, 2025, the Ventura County Star Op Ed section published GCHP's position statement regarding vaccinations and preventive health services for GCHP's MediCal members. The Op Ed piece is included as an attachment for the Commission's review. The piece makes 4 key position statements:

a. The policies and recommendations promoted by the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) are significantly — and dangerously — at odds with proven, time-tested medical science.

b. The Governors and the Departments of Public Health from the states of Oregon, Washington, and Hawaii have formed the West Coast Health Alliance. The intent of the alliance is to override what they describe as the "politicization of science" within HHS and the CDC and ensure that legitimate, medical science — not politics — remains the foundation of public health guidance. Respected medical associations, including the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists all support the recommendations of CDPH and the West Coast Health Alliance.

c. GCHP has aligned its vaccination and preventive health standards with those issued by the alliance, the CDPH, and the listed medical associations.

d. GCHP will continue to cover all vaccines endorsed by CDPH and reimburse providers for the vaccines and their administration, even if the federal government does not currently recommend them. GCHP members will have no out-of-pocket costs, and physicians and provider groups will be fully reimbursed for administering these vaccines.

Utilization and Care Management Update

The Utilization Management (UM) and Care Management (CM) teams continue to operate in strong alignment, maintaining a sharp focus on regulatory compliance and quality outcomes. There are specific operational changes being implemented for Concurrent Review of hospitalized GCHP members. These changes include using evidence-based tools by the UM RNs to assess risk for readmission. Additionally, CM RNs, UM RNs and GCHP medical directors will be organized into teams, with each team conducting scheduled weekly reviews of the members in an assigned hospital.

During the 2024 California Department of Health Services (DHCS) annual medical audit, two corrective action items were identified for Utilization Management and five for Care Management (Continuity of Care). All corrective actions were promptly implemented, and DHCS has officially accepted and closed the CAP (corrective action plan) for every finding. This helps prepare the UM and CM teams for the DHCS audit scheduled to start February 9, 2026.

Quality Improvement Update

The quality improvement team is delighted to share this overview of Managed Care Accountability Set (MCAS) Measurement Year (MY) 2024 results, MCAS MY 2025 progress, and a status update on GCHP's National Committee on Quality Assurance (NCQA) Health Plan Accreditation activities.

Managed Care Accountability Set (MCAS) Update

Measurement Year (MY) 2024

Gold Coast Health Plan (GCHP) was notified by DHCS that no financial sanctions will be imposed for MY 2024 quality performance - illustrating another year of GCHP's strong quality outcomes. Additionally, GCHP was notified that 100% of the DHCS quality withhold was earned back ensuring that ongoing high performance will be financially sustained due to an organizational commitment to members receiving high quality healthcare.

GCHP has also received quality performance outcomes compared to sister Medi-Cal Managed Care Plans (MCPs) in California. In previous years, MCPs were compared based on reporting unit/region for a total of 54 entities. However, for MY 2024, DHCS compared MCPs utilizing aggregate MCP performance for a total of 22 Plans. Due to this, GCHP is unable to compare MY 2024 quality performance to MY 2023.

Out of 22 Plans, GCHP's comparative quality performance outcomes are as follows:

- 6 measures in the top 5 of MCPs
    - Topical Fluoride Varnish Application #1 (for the second consecutive year)
    - Breast Cancer Screening #2

  - Lead Screening in Children #3
  - Cervical Cancer Screening #5
  - Postpartum Care #5
  - Glycemic Status Assessment for Patients with Diabetes - Poor Control (>9%) #5
- 14 measures in the top 10 of MCPs
  - Well Child Visits in the First 30 Months of Life #7
  - Well Child Visits in the First 15 Months of Life #8
  - Prenatal Care #9
  - Follow-Up After Emergency Department Visit for Mental Illness #10
  - Follow-Up After Emergency Department Visit for Substance Use #10
  - Developmental Screening in the First Three Years of Life #10
  - Immunizations for Adolescents #10
  - Child and Adolescent Well-Care Visits #10
- 4 measures in the bottom 10 of MCPs
  - Childhood Immunizations #13
  - Controlling High Blood Pressure #15
  - Chlamydia Screening #17
- 1 measure in the bottom 5 of MCPs: Asthma Medication Ratio #22

Measurement Year (MY) 2025

For MY 2025, DHCS has established 18 measures within the MCAS measure set that are required to meet or exceed the MPL. As of the October administrative rate reporting refresh, with claims/encounter/supplemental data reflecting care rendered through September 2025, all measures except for one (Glycemic Status Assessment for Patients with Diabetes), continue to perform better compared to the same timeframe last year. One measure has met the 90th percentile or High-Performance Level (HPL), six measures have met the 75th percentile, five measures are currently at the 50th percentile Minimum Performance Level (MPL), two measures are at the 25th percentile, four measures are below the 25th percentile with two measures at risk of not meeting targets.

The table below details each measure's current performance compared to established internal targets, key interventions, and notes, as applicable.

Measure	October 2025 Prospective Rate	MY 2025 Measure Target	Target Met/On Track/At Risk	Interventions/Notes
Breast Cancer Screening – 50+	75th percentile	90th percentile (HPL)	**On Track**	• Mobile Mammography • $50 Member incentive
Glycemic Status Assessment for Patients with Diabetes - Poor Control (>9%)	below 25th percentile	90th percentile (HPL)	**At Risk**	• Gaps in care outreach/appointment facilitation • $50 Member incentive • Hybrid measure (includes medical record review to help identify compliant members). Projected to meet 75th percentile. • Note that MY 2025 benchmark increased by 3.41%
Lead Screening in Children	75th percentile	90th percentile (HPL)	**On Track**	• $25 Member incentive
Cervical Cancer Screening	75th percentile	90th percentile (HPL)	**On Track**	• Gaps in care outreach/appointment facilitation • $50 Member incentive
Prenatal Care	25th percentile	90th percentile (HPL)	**On Track**	• Hybrid measure (includes medical record review to help identify compliant members). Projected to meet target.
Postpartum Care	50th percentile (MPL)	90th percentile (HPL)	**On Track**	• Hybrid measure (includes medical record review to help identify compliant members). Projected to meet target.
Well Child Visits in the First 30 Months of Life	75th percentile	90th percentile (HPL)	**On Track**	• Gaps in care outreach/appointment facilitation • Data mapping improvements
Immunizations for Adolescents	90th percentile (HPL)	75th percentile	**Met**	• $25 Member incentive for 2nd HPV vaccine • Participation in American Cancer Society HPV Learning Collaborative

Chlamydia Screening	50th percentile (MPL)	75th percentile	**On Track**	• Provider education and implementation of universal screening
Childhood Immunizations	75th percentile	75th percentile	**Met**	• $25 Member incentive for infant flu vaccine • Promote nurse visits for vaccine-only needs
Well Child Visits in the First 15 Months of Life	50th percentile (MPL)	75th percentile	**On Track**	• Gaps in care outreach/appointment facilitation • Data mapping improvements
Follow-Up After Emergency Department Visit for Substance Use	75th percentile	75th percentile	**Met**	• Onsite social workers/substance use navigators in ED (CMH, VCMC) • Collaborative efforts in place with Conejo Health and Carelon Behavioral Health
Asthma Medication Ratio	50th percentile (MPL)	50th percentile (MPL)	**Met**	• Data mapping improvements • Direct provider to member outreach and education • Provider notification reports to review prescribing patterns
Controlling High Blood Pressure	below 25th percentile	50th percentile (MPL)	**On Track**	• Data mapping improvements • Hybrid measure (includes medical record review to help identify compliant members). Projected to meet target.
Developmental Screening in the First Three Years of Life	50th percentile (MPL)	50th percentile (MPL)	**Met**	• Direct provider education regarding coding • Enhanced data to capture services rendered
Follow-Up After Emergency Department Visit for Mental Illness	25th percentile	50th percentile (MPL)	**At Risk**	• Partnership with BH providers to improve access. • Data sharing improvements with BH providers.

				• Note that benchmark increased by 3.31%
Topical Fluoride Varnish Application	below 25th percentile	50th percentile (MPL)	**On Track**	• Data lag causing artificially low rate
Child and Adolescent Well-Care Visits	below 25th percentile	50th percentile (MPL)	**On Track**	• Gaps in care outreach/appointment facilitation • $25 Member incentive

National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA) Status Report

GCHP completed the Health Plan Accreditation evidence submission to NCQA on October 7. GCHP's consulting partners at The Mihalik Group (TMG) projects an overall pass score of 97.35%! NCQA completed the initial review of evidence and returned the "Issues Report" to GCHP on October 29. This report documents the NCQA surveyors' list of questions, issues, and clarifications. A conference call with the NCQA survey team and GCHP accreditation team was held on November 5 to clarify NCQA's issues and questions. Final responses to the NCQA issues will be submitted to NCQA by November 10.

GCHP has also received NCQA's lists of selected UM denials, UM appeals, complex case management, and credentialing/recredentialing files. Practice file review sessions are scheduled with TMG and business areas from November 13-18 to prepare for the final file review with NCQA on November 24. One risk area that has been identified is the UM denials file review. Internal and delegate mock audits have identified areas of improvement requiring continued focus to ensure full compliance, specifically:

- UM 5A: Timely notification of non-behavioral health decisions
- UM 7B: Written notification of non-behavioral health care denials

To address these risks, GCHP has implemented targeted staff training and enhanced both internal and delegate auditing processes to strengthen consistency and compliance.

Below is a timeline overview.

Activity Description	Date	Status
Submission Date	10/7/2025	**Completed**
GCHP receipt of Initial Issues from NCQA survey team for response by GCHP	10/29/2025	**Completed**
Survey Conference Call to clarify Issues before responding to NCQA survey team.	11/5/2025	**Completed**

GCHP receipt of lists of selected Complex Case Mgt, Credentialing, UM Denial and Appeal Files to be reviewed by NCQA survey team	11/5/2025	**Completed**
GCHP to submit final response to the issues from NCQA survey team	11/10/2025	In progress
Virtual File Review with NCQA	11/24/2025	Upcoming
Closing Presentation • NCQA survey team to review final findings, strengths, and opportunities	TBD	Upcoming
GCHP receipt of NCQA accreditation decision and survey report	Approximately 34 calendar days from date of Virtual File Review session	Upcoming

Health Equity Update

GCHP Health Equity Executive Director offers this summary of GCHP's impactful Health Equity initiatives:

- Program Inventory:
  GHCP is compiling an inventory of existing programs and vendor relationships that address disparity populations. This effort focuses on reducing over and underutilization and connecting members to available resources. The effort has completed 10% of the identified work and anticipate completing the inventory by end of 2025.
- NCQA Delegation of Health Equity Activities:
  The Corrective Action Plan timeline for Carelon Health has been extended through January 2026 to accommodate anticipated changes related to the 2026 NCQA Health Equity Standards.
- DHCS 50X2025 BOLD GOALS:
  The *Advancing Health Equity Strategy* presented to the Commission in August included an overview of DHCS's statewide 50X2025 Bold Goals – a commitment to reduce disparities by 50% by 2025. Below summarizes GCHP's meaningful progress toward these statewide benchmarks:

  1. Close racial/ethnic disparities in well-child visits and immunizations by 50%.
     GCHP continues to trend positively in reducing disparities for African American, Asian, and multi-racial members across measurement years 2022-2024. However, political instability and anti-immigrant rhetoric have impacted progress. It is likely GCHP will not meet the 50% reduction by 2025, as this is a statewide- not individual plan – goal.

2. Close maternity care disparity for Black and Native American persons by 50%
   While the statewide Bold Goal targets 50% reduction in maternal care disparities, GCHP's data show gradual improvement among Black and Native American birthing persons. Although our population for this goal is minuscule, rates reflect strong compliance among members who meet criteria for these measures.
3. Improve maternal and adolescent depression screening by 50%
4. Improve follow up for mental health and substance use disorder by 50%
   GCHP has met the 50% target for both the maternal/adolescent depression screening and the mental health and substance use disorder follow-up goals. Rates continue to trend positively, reflecting sustained progress and effective collaboration with behavioral health partners.

Pharmacy Update

GCHP pharmacy provides this meaningful summary of DHCS pharmacy update, the GCHP Pharmacy and Therapeutics Committee, and D-SNP pharmacy.

Medi-Cal Rx Changes effective January 1, 2026

- GLP-1 drugs for weight loss and weight loss-related indications will be excluded from Medi-Cal Rx coverage for all Medi-Cal members
  - DHCS has issued letters in late October to all Medi-Cal members
  - GLP-1s for diabetes and other FDA approved indications will continue to be covered
- COVID-19 OTC Antigen test will require PA (prior authorization) except when written by CCS (California Children's Services) Paneled Provider for members < 21 years of age
- Continuing care for certain drugs and products that are currently paying as continuation of care exceptions will no longer be covered without an approved PA demonstrating medical necessity
- Coverage policies for select OTC (over the counter) products for members ≥ 21 years will change
  - Multivitamins will no longer be covered
  - Certain single-ingredient vitamins and dry eye products will require a PA
  - First- and second-generation antihistamines coverage are restricted to generic formulations.

There are meaningful Physician Administered Drugs (PADs) Policy Changes effective October 17, 2025. The GCHP Pharmacy team has notified network providers of the specific policy changes.

The GCHP Pharmacy and Therapeutics Committee continues to meet quarterly to review and approve Medicare Part B drugs on the Plan's formulary that will require prior authorization for GCHP's D-SNP members starting January 1, 2026. The GCHP website has updated the clinical guidelines and criteria for approval.

D-SNP Update. The GCHP Pharmacy Director and stakeholders continue to work with GCHP's contracted Pharmacy Benefit Manager (PBM) to ensure the implementation plan and executive milestones are on track to launch on 1/1/2026.

ATTACHMENTS:
Vaccination Op Ed Piece
Pharmacy Services Update PPT

Viruses don't care about politics; science shouldn't either

Dr. James F. Cruz

With cold and flu season upon us, this is the time of year I always urge my family, friends, and colleagues to take one simple, proactive step to protect their health: Get vaccinated.

As a family physician with more than 35 years of experience, I have seen how serious influenza and other preventable illnesses can be for people who do not get vaccinated. From infants and their parents to seniors, no age group is immune to the risks that come with viral infections. But there is good news. We are not powerless. Vaccines remain one of the safest, most effective tools physicians have to prevent illness, reduce complications, and protect our communities.

But this season, I worry that people will opt to face flu season without protecting themselves or their loved ones. This year, the policies and recommendations promoted by the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) are significantly — and dangerously — at odds with proven, time-tested medical science.

Left with a large void of sound federal public health guidance to fill, doctors, medical groups and associations, state public health officials, and population health experts have taken notice and are taking strong action.

Here in California, Gov. Gavin Newsom has joined the governors and the departments of Public Health from the states of Oregon, Washington, and Hawaii to form the West Coast Health Alliance. The intent of the alliance and the governors is to override what they describe as the “politicization of science” within HHS and the CDC and ensure that legitimate, medical science — not politics — remains the foundation of public health guidance.

Gold Coast Health Plan (GCHP), the local Medi-Cal plan for Ventura County, stands firmly with the West Coast Health Alliance, along with the California Department of Public Health (CDPH). GCHP is committed to following validated, peer-reviewed, evidence-based science, rather than shifting political agendas. GCHP has aligned its vaccination and preventive health standards with those issued by the alliance and CDPH, rather than the current federal guidance that contradicts the research of the established scientific community.

It's also worth noting that the West Coast is home to some of the world's leading infectious disease physicians and medical research scientists at UCLA, Stanford University, the University of California, San Diego, the University of California, San

Francisco, and the University of Washington. These are institutions that set global standards for research and innovation in medicine.

GCHP is not alone in moving away from the recommendations from HHS and the CDC. Respected medical associations, including the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists all support the recommendations of CDPH and the West Coast Health Alliance. These are the trusted physician organizations that have long safeguarded the health of children, families, and expectant mothers.

As the Medi-Cal health plan for about 240,000 Ventura County residents, GCHP wants its members and the broader Ventura County community to know that we will continue to cover all vaccines endorsed by CDPH and reimburse providers for the vaccines and their administration, even if the federal government does not currently recommend them. I want to emphasize that members will have no out-of-pocket costs, and physicians and provider groups will be fully reimbursed for administering these vaccines.

We recognize that people are confused by contradictory guidance and understandably so. Misinformation about vaccines, particularly those like the COVID vaccine that use mRNA technology, continues to circulate online. Let me be clear: mRNA vaccines do not alter DNA or chromosomes, and no fetal tissue is used to produce them. These are false claims. This is an example of how urban legends are being dressed up as science even by individuals who claim to be “experts” or to have “done the research.”

So, what can you do as someone who cares about their own health and that of their loved ones? When you see conflicting information online, I urge you to pause and ask: Who is providing the information? Is it based on a legitimate research study? If so, who conducted it and was it peer-reviewed? Is it cited by reputable medical institutions? Most importantly, I urge you to talk to your doctor.

Please, trust the medical science. Talk with your health care provider. Visit the Ventura County Public Health Department website for accurate, evidence-based information. These are the people and institutions with the knowledge, training, and dedication that work every day to keep our community safe.

Dr. James F. Cruz is the chief medical officer of Gold Coast Health Plan.

Gold Coast Health Plan℠
A Public Entity

Pharmacy Services Update

November 2025

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

Integrity
Accountability
Collaboration
Trust
Respect

Return to Agenda

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

DHCS/Medi-Cal Rx Updates

Medi-Cal Rx Changes effective Jan. 1, 2026

- GLP-1 drugs for **weight loss and weight loss-related indications will be excluded** from Medi-Cal Rx coverage for all Medi-Cal members
  - DHCS has issued letters in late October to all Medi-Cal members
  - GLP-1s for diabetes and other FDA approved indications will continue to be covered
- COVID-19 OTC Antigen test will require PA except when written by CCS Paneled Provider for members < 21 years of age
- **Continuing care** for certain drugs and products that are currently paying as continuation of care exceptions will no longer be covered without an approved PA demonstrating medical necessity
- Coverage policies for select OTC products for members ≥ 21 years will change
  - Multivitamins will no longer be covered
  - Certain single-ingredient vitamins and dry eye products will require a PA
  - First- and second-generation antihistamines coverage are restricted to generic formulations.

Return to Agenda

DHCS/Medi-Cal Rx Updates

Physician Administered Drugs (PADs) Policy Change:

- Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs archived effective October 17, 2025.
- PADs eligible for coverage via Medi-Cal Rx on the Medi-Cal Rx Approved NDC List and the Medi-Cal Rx Contracts Drugs List (CDL).
- Medical benefit PADs will deny at pharmacies with Reject Code 816 – Pharmacy Drug Benefit Exclusion with the supplemental message to "*Submit claim for medical benefit. This is excluded as a pharmacy benefit unless a PA exception is obtained.*"
- Effective October 30, 2025, any denied PAD claims initially submitted on or after October 17, 2025, for which there was a prior claim within the **450-day look back period** should be resubmitted to Medi-Cal Rx. If the claim continues to be denied, submit a Prior Authorization (PA).
- For PADs with reject code 816 from Medi-Cal Rx without any prior claim within the 450-day look back period, please submit to Gold Coast Health Plan as medical claim.

Return to Agenda

P&T Committee Updates

- The P&T committee meets quarterly.
- The last P&T committee meeting was held on Aug 14, 2025. The committee reviewed and approved 55 drugs to be added to the Medicare Part B Drugs List which will require prior authorization for D-SNP members starting January 1, 2026.
- The Total Care Advantage Part B Drugs list and clinical guidelines have been updated on the GCHP website.

Return to Agenda

D-SNP Updates

- The Director of Pharmacy 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.

Return to Agenda

Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 14

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Robert Franco, Chief Compliance Officer

DATE: November 17, 2025

SUBJECT: Chief Compliance Officer (CCO) Report

2025 DHCS Medical Audit

Pursuant to Title 42 of the Code of Federal Regulations (CFR) section 438.3(h) and the terms of the Contract, Exhibit E, Attachment 1.1.22 (B)(2), the state Department of Health Care Services (DHCS) may, at any time, inspect and audit any of the Plan's or its subcontractor's records or documents, and may, at any time, inspect the premises, physical facilities, and equipment where Medi-Cal-related activities or work is conducted.

The Plan shall allow DHCS to audit, inspect, monitor, or otherwise evaluate the quality, appropriateness, and timeliness of services performed under the Contract, and to inspect, evaluate, and audit any and all premises, books, records, equipment, facilities, contracts, computers, or other electronic systems maintained by the Plan and its subcontractors pertaining to these services at any time.

The audit will consist of an evaluation of the Plan's compliance with its contract and regulations in the areas of:

- Utilization Management
- Population Health Management and Coordination of Care
- Network Access to Care
- Grievances, Appeals, and Members' rights,
- Quality Improvement and Health Equity Transformation,
- Plan Organization and Administration
- State-supported Services
- Prior year Medical Audit finding corrective action plans (CAPs) and interventions

Interviews will be conducted with the Medical Director, Director of Quality Management, Director of Utilization Management, and other staff as necessary. The audit will also involve a medical record review.

Audit notice received: Oct. 30, 2025
Audit review period: July 1, 2024 through Dec. 31, 2025
Virtual audit dates: Feb. 9, 2026 through Feb. 20, 2026
Pre-audit deliverables due to DHCS: Dec. 3, 2025

There are 25 new areas of focus, including Enhanced Care Management (EMC) and Community Supports (CS), when comparing this year's pre-audit deliverables to last year's deliverables. DHCS reviews prior years' CAPs. Twelve of the 14 findings from last year's Medical Audit CAP have been accepted by DHCS and we are in the final stages of remediating the last findings regarding grievances and appeals.

The GCHP Compliance Team has initiated the Audit Preparedness Activities, which includes updating our communication plan to identify business owners for the requested documentation, reviewing prior audit CAPs for sustained compliance, updating our audit preparation training with lessons learned from prior audits, and scheduling regular Compliance Office Hours to address any questions and identify any potential audit risks.

The Compliance Team will provide updates as the Medical Audit progresses.

RECOMMENDATION:

Receive and file.

ATTACHMENTS:

A copy of the DHCS Entrance Conference Confirmation Letter is available upon request.