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

Executive Finance Committee
AGENDA

Regular Meeting
Thursday, November 12 2026 – 3:00 p.m.
4880 Santa Rosa Road Camarillo, CA 93012

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

Conference Call Number: 805-324-7279
Conference ID Number: 830 877 107#

Los Robles Health System
215 W Janss Road
Thousand Oaks, CA 91360

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

Persons wishing to address VCMMCC 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.

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

CONSENT

1. Approval of Executive Finance Committee meeting minutes of October 22, 2026.

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented

2. Approval of the 2027 Executive Finance Committee Meeting Calendar.

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the 2027 Executive Finance Committee calendar as presented.

FORMAL ACTION

3. Baker Tilly Audit Presentation

Staff: Christopher Lee, Chief Financial Officer
Baker Tilly Representatives

RECOMMENDATION: Staff recommend that the Executive Finance Committee recommend that the Commission approve the audit for the year ending December 31, 2026.

4. Consideration of Recommendation for Claims Payment Advance and Provider Advance Policies

Staff: Christopher Lee, Chief Financial Officer
Scott Campbell, General Counsel

RECOMMENDATION: Staff recommends that the Executive Finance Committee recommend that the Commission approve the policies as presented.

5. Consideration of Recommendation for the Investment Policy

Staff: Christopher Lee, Chief Financial Officer
Scott Campbell, General Counsel

RECOMMENDATION: Staff recommend that the Executive Finance Committee recommend the Commission approve the policy as presented.

6. 2026 September Year-to-Date Financials

Staff: Christopher Lee, Chief Financial Officer

RECOMMENDATION: Receive and file.

7. 2027 Budget Review

Staff: Christopher Lee, Chief Financial Officer

RECOMMENDATION: Staff recommend that the Executive Finance Committee recommend the Commission approve the 2027 Budget as presented.

8. 2027 Contract Renewal List

Staff: Christopher Lee, Chief Financial Officer

RECOMMENDATION: Staff recommend that the Executive Finance Committee recommend that the Commission approve the 2027 Contract Renewal List as part of its approval of the 2027 budget.

9. Q3 Procurement Summary Report

Staff: Christopher Lee, Chief Financial Officer

RECOMMENDATION: Receive and file.

10. 2026 Contract Renewal List Report

Staff: Christopher Lee, Chief Financial Officer

RECOMMENDATION: Receive and file.

ADJOURNMENT

The next meeting will be held on Thursday February 18, 2027 at 3:00 p.m., at the GCHP Building located at 4880 Santa Rosa Rd. Camarillo, CA 93012 in the Community Room

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

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

AGENDA ITEM NO. 1

TO: Executive Finance Committee (EFC)

FROM: Maddie Gutierrez, MMC – Sr. Clerk of the Board

DATE: October 22, 2026

SUBJECT: Meeting Minutes for EFC meetings of October 22, 2026.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the Executive Finance Committee meeting minutes of October 22, 2026.

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
Executive/Finance Committee
Regular Meeting

October 22, 2026

CALL TO ORDER

Committee Vice Chair Allison Blaze, M.D. called the meeting to order at 3:04 p.m. The meeting was held in the Community Room, 711 E. Daily Drive, Suite 110, Camarillo, California.

ROLL CALL

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., Timothy Myers and Mark Sewell

Absent: Commissioner Laura Espinosa.

GCHP Executive Team in attendance: CEO Felix Nunez, M.D., CHR Paul Aguilar, CPO Eve Gelb, COS Erik Cho, CCO Robert Franco, CDO Ted Bagley, CMO James Cruz, COO Suma Simcoe, CCCAO, Marlen Torres, Leeann Habte of BBK, and General Counsel, Scott Campbell.

GCHP Staff In attendance: Bob Bushey, David Kirkpatrick, Kris Schmidt, Lupe Gonzalez, Susana Enriquez-Euyoque, Lupe Harrion, Paul VerHaar, Josephine Gallella, Vicki Wrighster, Victoria Warner, Michelle Espinoza, Kimberly Timmerman, Pshyra Jones, Ben Lacey, Lily Yip, Kimberley Marquez-Johnson, Zed Haydar, Chris Dulan, Joanna Hinoureas, Mayra Hernandez, David Kirkpatrick, Gerry Wang, Jeff Register, and Gene Kirkland.

PUBLIC COMMENT

None.

Commissioner Espinosa joined the meeting at 3:07 p.m.

CONSENT

1. Approval of Executive Finance Committee meeting minutes of April 23, 2026, and August 20, 2026.

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

RECOMMENDATION: Approve the minutes as presented.

Commissioner Abbas motioned to approve the minutes as presented. Commissioner Blaze seconded the motion.

Roll Call Vote:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Timothy Myers and Mark Sewell

NOES: None.

ABSTAIN: Commissioner Sewell abstained from voting on April 23, 2026 minutes.

ABSENT: None.

The clerk declared the motion carried.

FORMAL ACTION

2. 2026 8+4 Reforecast

Staff: Christopher Lee, Chief Financial Officer

RECOMMENDATION: Receive and file. Staff recommend that the Executive Finance Committee approve the 2026 8+4 Reforecast, and recommend the Commission approve the reforecast as presented.

Christopher Lee, Chief Financial Officer, stated that wants to present what the financials look like annually. He stated that our results are minus $4 million He also reviewed the member loss of approximately 2000 members per month, noting that 70% of that has been SIS members who are leaving us because they have not sustained their need for care.

CFO Lee noted that we will have a projected $40 million operational loss and that does not go away. It will be there next year. He reviewed the 2026 8+4 versus 4+8 variance In revenue - which has a favorable increase of $18M primarily due to 2024/2025 Risk Corridor and 2025 Quality Withhold Premiums. Medical expenses have an unfavorable increase of $5M driven by provider recontracting. CFO Lee also noted administration was favorable $2M which was driven by management actions taken in preparation for the UIS and SIS membership declines expected in 2027. Quality strategy is unfavorable $6M – which reflects higher provider incentive payments. CFO Lee stated that prior year reserve development masked underlying

Medi-Cal SIS losses. This excluded one-time adjustments, underlying current year operations are substantially less favorable with the Medi-Cal SIS population generating a projected net loss of $40M and will remain as the primary driver of overall finance pressure.

We have sixty-two days cash on hand in the amount of $212.1M. TNE is currently 559% of the required percentage.

Medi-Cal accounts for $35M of the projected $47M net loss, which is unfavorable to budget due to lower enrollment, unanticipated provider contract changes, higher claims trend, increased Quality Strategy investments tied to provider performance and higher amortization expenses.

CFO Lee stated all of our reserves are straight forward to regular business operations. He reviewed the August balance sheet reserves liabilities, the IBNP reserve information with completion, and IBNP reserve adequacy review. He also reviewed risks and opportunities. He did note that we retain 1% of the premiums based on volume, the measures change yearly. Measures change from 65 to 85 to 95 next year. We may not have 85% of the 100 metric measure and this could be a concern, although in the past we have been successful in meeting the public results.

CFO Lee reviewed the 2026 8+4 Medicare reforecast. Total Care Advantage is a new product for GCHP. He stated our MLR is 103.1%, ALR is 54.7% and MNOIR is minus 20.3%.

CFO Lee stated that most plans are looking at three years – which is what is anticipate but may go longer. Anything beyond that would be a guess. We have hopes of what a new administration in Sacramento might do, what a new Congress might do, but that cannot be factored into the analysis.

Commissioner Blaze asked if there was a significance to three years. CEO Nunez stated that it is the timeframe that most of the plans are looking at for projections.

Commissioner Myers motioned to approve the 8+4 reforecast presented. Commissioner Abbas seconded the motion.

Roll Call Vote:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Timothy Myers and Mark Sewell

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

3. Consideration of Recommendation for a Provider Advance Policy

Staff: Christopher Lee, Chief Financial Officer
Scott Campbell, General Counsel

RECOMMENDATION: Staff recommend that the Executive Finance Committee review and Provide Input on the Provider Advance Policy as presented and recommend the Commission approve the policy.

CFO Lee stated the commission has requested that we formalize our provider advance policy, providing definitive criteria of measurement for determination of provider events. We have structural issues in getting payments out the door and we would like to make sure that we have a claims payment advance to those providers. We have determined that the COO will identify those and the CFO will decide. This will be a provider advance for advance of payment recognizing forward-looking expectation of payment due back – it is based off the known payment expected.

We made the determination of ensuring that there are specific criteria and measures that we determine from the provider for their solvency and determination of payback. The policy will show a lot of financial criteria of solvency. CFO Lee reviewed the approval authority. $250,000 for the CFO, $250,000 to $1million for CEO and CFO, $1 million to $10 million approved by the Executive Finance Committee, and anything over $10 million must have Commission approval.

Commissioner Sewell asked if there was a progressive approval process. CFO Lee stated there is a ninety-day cooling period – if there is a resubmission, all the criteria must be met again for validation. Commissioner Espinosa asked at what point the commission gets notified. CFO Lee stated it is not in the document, but he believed the commission will be notified about the advance afterwards – at the next commission meeting. General Counsel, Scott Campbell stated he suggests that after every approval, the approval be reflected in the next financial statement presented to the commission. These transactions should be noted as they occur. Commissioner Sewell asked if there was any reason why you could not name the specific provider or would it be stated there are X number of providers and they have been advanced X number of dollars. Mr. Campbell stated the provider would be identified. Mr. Campbell stated that in the event there is no CFO Report and no financials, information will be provided in the CEO monthly report. Regardless, at every

commission meeting we will make certain that these transactions will be identified by the amount and provider.

CFO Lee stated that the committee/commission should be aware that even though we have providers who might fail certain criteria, we have the ability for the finance committee to fight for an exception of that criterion. If a member of the finance committee is part of the provider group, they will be asked to recuse themselves for the exception. This will be a case-by-case instance. CFO Lee also noted that the criteria require the advance to be recognized in so much as the advance does not cost or if a default activities level would be below 500 percent.

Commissioner Espinosa stated that she wants to be clear that advancing funds to any provider will not change the TNE, it will change the liquidity of the TNE. She does not want to see our TNE drop. She does not want to see DHCS have scrutiny on our financial condition. CCO Robert Franco stated the now as a D-SNP plan, we are regulated by DMHC and DHCS tends to be a bit more lenient. The closer you get to 300% then tend to increase their activity in reporting with DMHC, and because we are a D-SNP we are no longer exempt from those requirements. We have seen in some of our sister plans that are live with D-SNP that once they drop between 400 and 350 there is additional monitoring. Commissioner Abbas stated the policy was well written, but he would like to include two items in the policy. He would like to plan funding availability criteria for testing for the providers and some type of test from the plan standpoint on funding availability and liquidity test. Commissioner Sewell asked if there was anything that needed to be codified in the policy. This is a new policy for everyone to see, and codification could be added in.

Mr. Campbell suggested that since we have a commission meeting coming up in November, there should be a redline presented to the commission that addresses this point. And the commission can adopt or reject or modify. The policy can be reviewed again at the next Executive Finance Committee meeting on November 12, 2026.

Commissioner Abbas motioned to present the policy with additional terms added . Commissioner Sewell seconded the motion.

Roll Call Vote:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Laura Espinosa, Timothy Myers and Mark Sewell

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

ADJOURNMENT

Commissioner Anwar Abbas motioned to adjourn the meeting at 4:49 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Sr. Clerk to the Commission

AGENDA ITEM NO. 2

TO: Executive Finance Committee

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

DATE: November 12, 2026

SUBJECT: Approval of the 2027 Executive Finance Committee Meeting Calendar.

SUMMARY:

To establish the Executive Finance Committee meeting dates for the 2027 calendar year.

RECOMMENDATION:

Approve the 2027 Executive Finance Committee calendar as presented.

ATTACHMENTS:

Copy of the 2027 Executive Finance Committee meeting dates.

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2027
Exec. Finance Committee Meetings

Exec. Finance Meeting

Thursdays 3PM - 5PM

Please Note: March, & July are dark.

January

Su	M	Tu	W	Th	F	Sa
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31						

February

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28						

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June

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July

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September

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October

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November

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December

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AGENDA ITEM NO. 3

TO: Executive Finance Committee

FROM: Christopher Lee, Chief Financial Officer
Baker Tilly Representatives

DATE: November 12, 2026

SUBJECT: Gold Coast Health Plan 2026 Audit Results and Summary

PowerPoint with Verbal Presentation

ATTACHMENTS:

2026 Audit Results

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

December 31, 2026
Audit Planning

Discussion with Management and the Executive Finance Committee

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1. Your Service Team
2. Scope of Services
3. Auditor's Responsibilities in a Financial Statement Audit
4. Significant Risks Identified
5. Risks Discussion
6. Consideration of Fraud in a Financial Statement Audit
7. Prior Year Report to Management
8. Audit Timeline
9. Audit Deliverables
10. Expectations
11. Documents Containing Audited Financial Statements and Auditor's Report
12. Recent Accounting Developments
13. Executive Session

Your Service Team



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Other Team Members:

Danila Afonin
Audit Senior

Alyssa Farra
Audit Staff

Scope of Services

Relationships between Baker Tilly and Gold Coast Health Plan:

Annual Audit

Annual financial statement audit as of and for the year ending December 31, 2026

Non-Attest Services

- Assist management with drafting the financial statements as of and for the year ending December 31, 2026, excluding management's discussion and analysis
- Human Resource policy review
- Medical loss ratio review

Auditor's Responsibilities in a Financial Statement Audit

Auditor is responsible for:

- forming and expressing an opinion on whether the financial statements are prepared, in all material respects, in conformity with applicable financial reporting framework.
- communicating significant matters, as defined by professional standards, arising during the audit that are relevant to you.
- when applicable, communicating particular matters required by law or regulation, by agreement with you, or by other requirements applicable to the engagement.

The audit of the financial statements doesn't relieve management or you of your responsibilities.

The auditor is not responsible for designing procedures for the purpose of identifying other matters to communicate to you.

Significant Risks Identified

During the planning of the audit, we have identified the following significant risks:

Significant Risks	Procedures
Premium Revenue Recognition	We will test internal controls around revenue recognition, vouch membership and rates to supporting documentation, and reconcile revenue recognized to monthly cash payments from the State of California.
Medical Claims Liability	We will test internal controls over the claims process, perform a lookback analysis on the prior year medical claims liability estimate, review the actuarial specialist's model and report, and perform analytical procedures around the current period estimate.
Management Override of Controls	We will perform inquiries of accounting and operational personnel, perform risk assessment procedures, and test risk-based manual journal entry selections.

Risks Discussion

1. What are your views regarding:
   - Gold Coast Health Plan's objectives, strategies, and business risks that may result in material misstatements
   - Significant communications between the entity and regulators
   - Attitudes, awareness, and actions concerning
     - Gold Coast Health Plan's internal control and importance
     - How those charged with governance oversee the effectiveness of internal control
     - Detection or the possibility of fraud
     - Other matters relevant to the audit
2. Do you have any areas of concern?



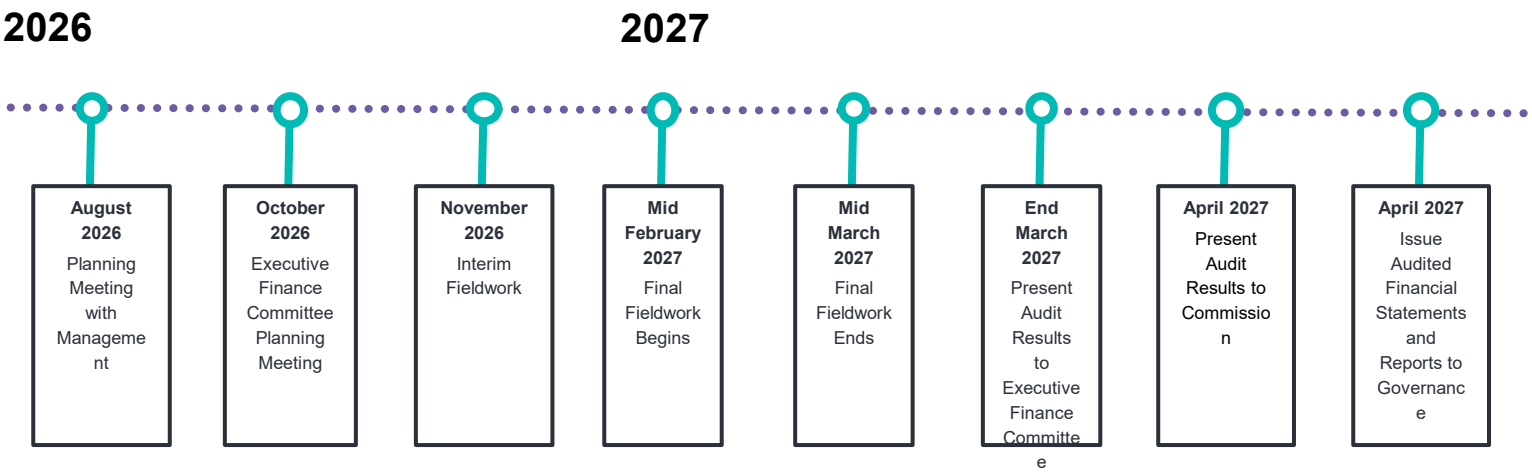
Consideration of Fraud in a Financial Statement Audit

Auditor's responsibility: Obtain reasonable assurance the financial statements as a whole are free from material misstatement – whether caused by fraud or error

To identify fraud-related risks of material misstatement, we:
• Brainstorm with team • Conduct personnel interviews • Document understanding of internal control • Consider unusual or unexpected relationships identified in planning and performing the audit

Procedures we perform:
• Examine general journal entries for nonstandard transactions • Evaluate policies and accounting for revenue recognition • Test and analyze significant accounting estimates for biases • Evaluate rationale for significant unusual transactions

Audit Timeline



Audit Deliverables

Report of Independent Auditors
on financial statements as of and for the year ended December 31, 2026

Report to Management
(communicating internal control related matters identified in an audit)

Report to Those Charged With Governance
(communicating required matters and other matters of interest)



Expectations

Gold Coast Health Plan will:
• Have no adjusting journal entries after beginning of field work. • Close books and records before beginning of field work. • Provide auditor requested information in CAP schedule one week prior to the beginning of fieldwork.

Baker Tilly will:
• Communicate proposed adjustments with management when identified. • Communicate control deficiencies with management when identified. • Discuss any additional fees over estimate in engagement letter with management.

Documents Containing Audited Financial Statements and Independent Auditor's Report

Our responsibility under generally accepted auditing standards

Request for advance notification when you intend to include audited financial statements and the independent auditor's report in a document

Arrangements to obtain the other information prior to report issuance

Recent Accounting Developments

Accounting Standards Update – GASB

Statement	Title	Effective
No. 103	*Financial Reporting Model Improvements* – The objective of this Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a government's accountability. This Statement also addresses certain application issues.	Fiscal years beginning after June 15, 2025 (Effective for FY26).
No. 104	*Disclosure of Certain Capital Assets* – State and local governments are required to provide detailed information about capital assets in notes to financial statements. Statement No. 34, Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments, requires certain information regarding capital assets to be presented by major class.	Fiscal years beginning after June 15, 2025 (Effective for FY26).

Accounting Standards Update – GASB

Statement	Title	Effective
No. 105	*Subsequent Events* – The primary objective of this Statement is to improve the financial reporting requirements for subsequent events, thereby enhancing consistency in their application and better meeting the information needs of financial statement users. This Statement clarifies the subsequent events that constitute recognized and non-recognized events and establishes specific note disclosure requirements for non-recognized events.	Fiscal years beginning after June 15, 2026 (Effective for FY27).

ABOUT
BAKER
TILLY

Firm Background

At Baker Tilly, we bring a legacy and commitment to helping our clients embrace what's next.

With more than 11,000 professionals from coast to coast, our resources fuel our ability to offer clients deep industry insights, bold thinking and holistic solutions. Our ranking as the sixth-largest advisory CPA firm means we're actively shaping the industry landscape across markets.

6th
largest U.S. accounting firm

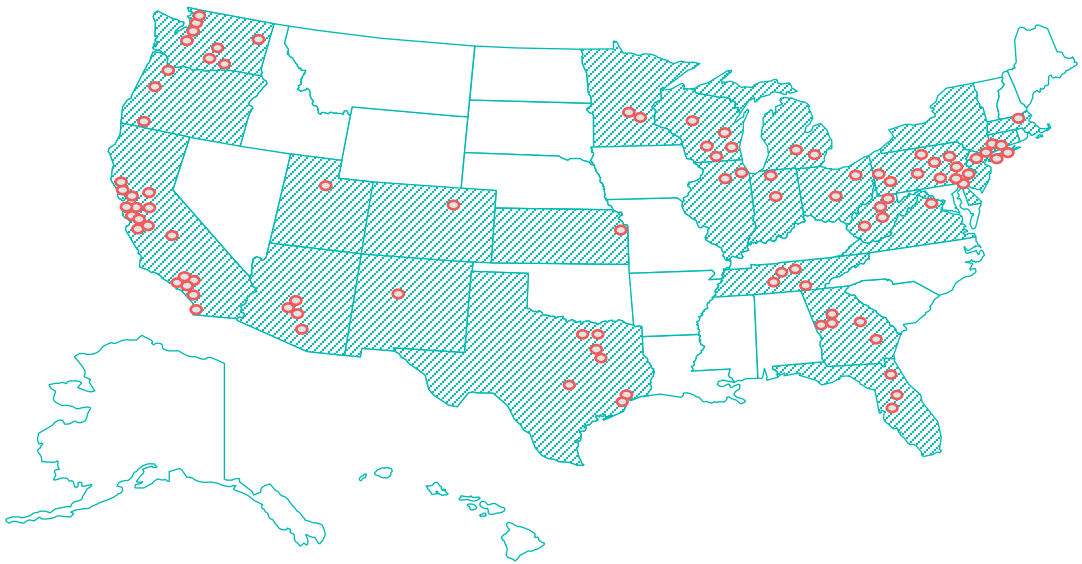
100+
years in business

11,000+
team members, 1,000+ principals

~3,400
Certified Public Accountants

$3B+
firm revenue in FY2024

700+
worldwide office locations



INDUSTRY EXPERTISE

Committed to Health Care

The demand for vital health care services continues to rise amid a multitude of challenges that impact the quality, accessibility, and efficiency of care.

From helping you comply with new regulations to easing your tax burden to exploring new care models, our dedicated health care professionals have the experience and expertise to help you navigate a complex new world.



Nearly
6,500
HEALTH CARE CLIENTS
across the nation

Nearly
500
PROFESSIONALS
specializing in health care

More than
60
PRINCIPALS
specializing in health care

LEADERSHIP INVOLVEMENT
with AICPA Health Care Expert Panel and HFMA National Principles and Practice Board

INDUSTRY EXPERTISE

Health Plans and Insurance

Recognized as a Top Audit Firm by AM Best Company's *Best's Review* consecutively since 2018, **we audit the fifth largest number of health plans** based on 2024 rankings and serve the needs of over 900 clients ranging in size and structure from large,
billion-dollar member insurers to small, captive insurers. In addition to tax and assurance services, we also focus on operational and systems infrastructure.



Nearly
900
CLIENTS
across the nation

TOP AUDIT FIRM
by AM Best Company's *Best's Review*

Selected industry involvement

- National association of insurance commissioners (NAIC)
- Insurance accounting and systems association (IASA)
- America's health insurance plans (AHIP)
- American institute of certified public accountants (AICPA) insurance expert panel (past)

Health Care Advisory Services

Audit and tax are vital. But you have complex needs that go beyond these core functions. Our dedicated health care consulting team provides a range of services to address all your emerging needs—both now and in the future.

Health care consulting

STRATEGY & INTEGRATION

- Provider risk analysis, contracting & operational design
- M&A support
- Feasibility studies
- Market intelligence & benchmarking
- Strategic planning & implementation
- Managed care assessment & negotiation
- Service line enhancement & analyses

INFORMATION TECHNOLOGY

- HIPAA security & privacy
- Network security & penetration testing
- HITRUST assessment & certification
- Disaster recovery planning
- PCI DSS audits
- SOC pre-audit gap analysis & readiness
- SOC audits

PROVIDER REIMBURSEMENT ENTERPRISE SERVICES

- Medicare & medicaid
- Provider-based licensure & certification
- Medical education
- Uncompensated care
- Wage index reviews
- Contract compliance

OPERATIONAL IMPROVEMENT

- Revenue cycle enhancement
- Claims recovery
- Litigation support
- Employer health benefits
- Financial turnaround
- Performance excellence
- Valuations

GOVERNMENT COMPLIANCE

- Regulatory compliance
- Coding validation
- Coding department redesign
- EHR internal controls
- Corporate compliance

LEAN TRANSFORMATION

- 3P & innovation
- Lean strategic planning & strategy deployment (hoshin kanri)
- Lean management systems & operations
- Quality & patient safety
- Internal infrastructure development



Join C-suite professionals from across the healthcare ecosystem to discuss the state of the industry and prepare leaders for 2026.

HIGHLIGHTS

Nov. 11: Women's Executive Healthcare Leadership Forum

Nov. 12–13: Executive Healthcare Conference

State of the Union
Political Point-Counterpoints
Reception with Keynotes
Economic Forecast

bakertilly

LEARN MORE

WHAT PAST ATTENDEES HAVE SAID

Caliber of presenters was phenomenal.

The whole conference for a board member was interesting. I wish it were something I had done early on.

Hearing from experts who have intimate knowledge on what the payer landscape looks like, their challenges and goals, helps us help our physicians.

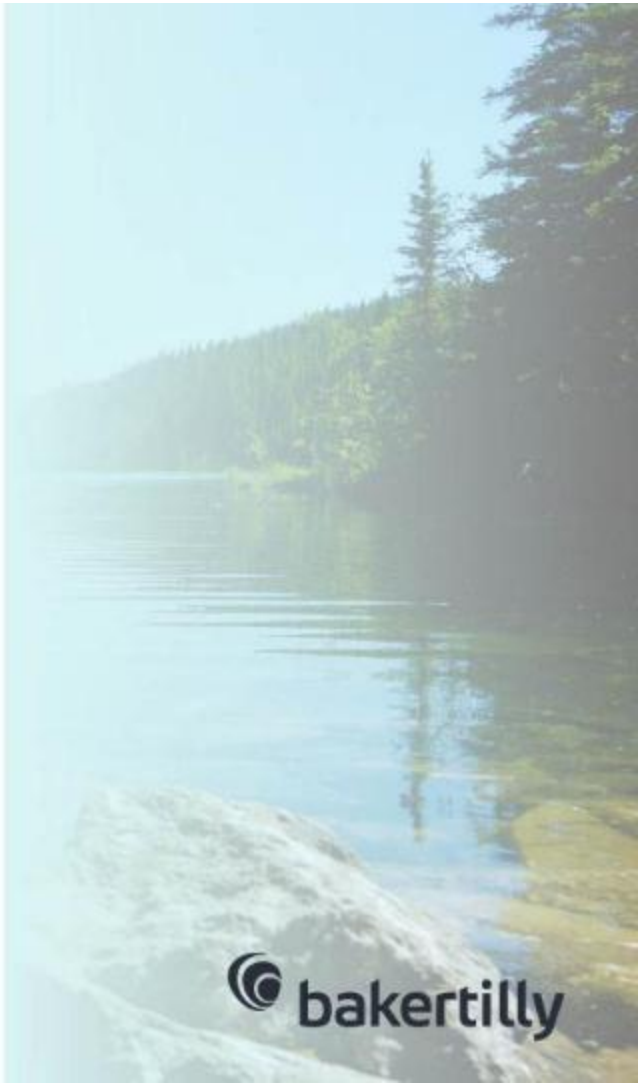
Great speakers and very engaging discussion topics.

Extremely beneficial to blend in the political perspective to the session and how it may impact the industry and our work overall.

It was great to get a broader perspective of the health care ecosystem beyond my region.

Attending the Women's Executive Leadership Forum prior to the conference was most valuable.

The industry, economic, and political presentations and panels were the most intriguing and engaging.



Executive Session

THANK YOU

AGENDA ITEM NO. 4

TO: Executive Finance Committee

FROM: Christopher Lee, Chief Financial Officer
Scott Campbell, General Counsel

DATE: November 12, 2026

SUBJECT: Consideration and Recommendation for Approval of the Claims Payment Advance and Provider Advance Policy

SUMMARY:

Staff is presenting the proposed Claims Payment Advance and Provider Advance Policy for a second review by the Executive Finance Committee. During its initial review, the Committee requested additional information regarding liquidity testing and GCHP's ability to support provider advances. Staff has incorporated liquidity assessment criteria into the policy framework to ensure future advance requests include consideration of available cash resources, claims obligations, operational funding needs, and overall financial risk.

Staff is presenting the proposed Claims Payment Advance and Provider Advance Policy for Executive Finance Committee review and input. The policy establishes the guidelines, approval requirements, financial controls, and documentation standards governing Claims Payment Advances and Provider Advances issued by Gold Coast Health Plan. The policy is intended to support provider network stability and member access to care while ensuring prudent stewardship of public funds through defined eligibility criteria, financial review requirements, repayment standards, approval authorities, and ongoing oversight. Staff is seeking Executive Finance Committee input and a recommendation to the Commission for approval of the policy.

RECOMMENDATION:

Staff recommends that the Executive Finance Committee approve the Claims Payment Advance and Provider Advance Policies as presented and recommend the Commission approve the policy.

ATTACHMENT:

Provider Advance Policy

POLICY AND PROCEDURE	
TITLE: Claims Payment Advance and Provider Advance Policy	
DEPARTMENT: Finance	**POLICY #:** F-Xxxxx
EFFECTIVE DATE: 11/16/2026	**REVIEW/REVISION DATE:** Not Set
COMMITTEE APPROVAL DATE: Not Set	**RETIRE DATE:** Not Set
PRODUCT TYPE: Medi-Cal and Medicare	**REPLACES:** New Policy

I. Purpose

A. The purpose of this policy is to establish the guidelines, approval requirements, financial controls, and documentation standards governing Claims Payment Advances and Provider Advances issued by Gold Coast Health Plan ("GCHP").
B. GCHP recognizes that temporary payment disruptions or provider financial hardships may occur from time to time. GCHP also recognizes its fiduciary responsibility as a public entity to safeguard public assets while maintaining network adequacy, member access to care, and the long-term viability of Safety Net providers.
C. This policy establishes the criteria under which financial assistance may be provided to contracted healthcare providers while ensuring prudent stewardship of GCHP resources.

II. Policy

A. Provider financial assistance may be provided only under the circumstances described in this policy.
B. Claims Payment Advances and Provider Advances are distinct transactions and shall be evaluated separately.
C. No provider shall be entitled to receive an advance solely by virtue of participating in the GCHP network.
D. All Claims Payment Advances and Provider Advances shall be evaluated on a case-by-case basis and shall be subject to documented financial review and approval requirements.
E. The Provider Advance shall be secured through contractual repayment rights, offset rights, assigned receivables, documented repayment sources, or other repayment mechanisms acceptable to GCHP.

III. Definitions

A. **Claims Payment Advance:** A temporary payment acceleration related to claims, encounters, capitation, or other amounts already earned or expected to be payable by GCHP to a provider. A Claims Payment Advance is intended to address administrative, claims processing, reconciliation, system configuration, or payment timing issues. A Claims Payment Advance is not considered a loan. Claims Payment Advance shall be fully recoverable through future settlements or offsets.

B. **Provider Advance:** A temporary advance payment provided to a contracted provider experiencing cash flow difficulties. A Provider Advance is distinct from a Claims Payment Advance and is considered an advance payment transaction subject to financial review, approval requirements, collateral requirements, and repayment terms.

C. **Safety Net Provider:** "Safety Net" providers herein are defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics

IV. Procedures

Section I: Claims Payment Advance

Eligibility

Claims Payment Advances may be approved when:

- Claims processing issues delay payment.
- System conversion issues delay reimbursement.
- Encounter reconciliation issues delay settlement.
- Other administrative circumstances prevent normal payment processing.

Requirements

The provider must demonstrate:

- The claims are valid and payable.
- The amount owed can be reasonably estimated.
- The advance amount does not exceed expected future payments.
- Reconciliation accounting and any recoupment can be completed within ninety (90) days.

Administration and Oversight

A Claims Payment Advance is an operational accommodation and is distinct from a Provider Advance.

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A Claims Payment Advance may be recommended by Operations Management when necessary to facilitate the timely resolution of provider payment issues and minimize disruption to participating providers.

Due to the operational nature and time-sensitive circumstances under which Claims Payment Advances may be required, they are exempt from the approval authority requirements applicable to Provider Advances. Notwithstanding the foregoing, issuance of a Claims Payment Advance requires the review and approval of the Chief Financial Officer (CFO)

Monitoring and Reporting

To provide oversight and visibility into outstanding Claims Payment Advances, Operations shall provide a quarterly report to the Chief Executive Officer and Chief Financial Officer identifying all outstanding Claims Payment Advances.

The report shall include:

- Provider name
- Amount outstanding
- Length of time the advance has been outstanding
- Brief description of the underlying issue requiring the advance
- Expected recoupment or recovery timeline

The purpose of this reporting requirement is to provide executive oversight of the Claims Payment Advances while preserving Operations' ability to efficiently administer and resolve provider payment issues as they arise.

Section II: Provider Advance

Eligibility

Provider Advances may only be considered when:

- The provider is a Safety Net Provider.
- The provider demonstrates temporary liquidity constraints.
- Failure to provide assistance would materially impact member access, network adequacy, or continuity of care.
- Repayment is reasonably assured.

Advance Payment Review Requirements

- Prior to approval, the Finance Department shall conduct a documented Pass/Fail Advance Payment Review.
- All mandatory requirements must be satisfied.

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- Any exception to satisfaction of the mandatory advance payment review criteria shall require Finance Committee approval regardless of amount.

Mandatory Advance Payment Review Criteria

A. Good Standing Test

Provider shall be in good standing with Plan and with federal and California legal requirements that relate to Provider as a network provider during the term of the Agreement.

For purposes of this policy, a Provider shall be considered in Good Standing if all of the following conditions are met:

- The Provider is not engaged in or pursuing litigation or arbitration or having a pending claim pursuant to the California Government Tort Claims Act (Cal. Gov. Code §§ 810, et. seq.), which is a claim that has been filed against Plan, with the exception of claims alleging fraud or willful injury to the person or property of Provider, a material violation of law, whether willful or negligent, or torts unrelated to its network provider agreement with Provider; and
- The Provider is not demonstrating Sustained Deficiencies or Serious Deficiencies with respect to either performance under the terms and conditions of its network provider agreement with Plan or federal or California legal requirements that relate to Provider as a network provider. Sustained Deficiencies are deficiencies that have continued for six (6) months or more where Plan or a California or federal authority has required corrective action and where Provider has not made good faith efforts to remedy such deficiencies. Serious Deficiencies include any deficiency that could result in serious adverse effects on the health or safety of Plan's members or documented threats to the safety of Plan's staff members.
- The Provider is eligible to participate in Medi-Cal and other applicable federal and state healthcare programs.
- The Provider is not subject to exclusion, suspension, debarment, or other participation restrictions imposed by any federal or state healthcare program.
- The Provider is not subject to a payment suspension resulting from a fraud, waste, or abuse investigation.
- The Provider is not in material breach of its provider agreement with GCHP.
- The Provider is compliant with material licensing, credentialing, accreditation, and regulatory requirements applicable to the services provided.

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- The Provider is not subject to litigation, investigations, audits, regulatory proceedings, or other matters that, in the judgment of Legal and Finance, materially impair repayment ability or increase repayment risk.

Result:
PASS / FAIL

B. Financial Viability Test

The Provider must demonstrate financial viability and the ability to repay the Provider Advance. Financial metrics shall be calculated and evaluated in accordance with Attachment A – Financial Viability Test Definitions and Calculation Standards. Attachment A contains the calculation methodologies, definitions, documentation requirements, examples, and evaluation criteria applicable to each metric. Provider must pass at least four (4) of the following five (5) requirements.

Parent Organization Evaluation

When the Provider is a division, department, agency, subsidiary, or other operating unit of a parent organization, governmental entity, or affiliated organization that is legally responsible for, guarantees, or otherwise provides financial support for repayment of the Provider Advance, GCHP may evaluate financial viability using the consolidated financial statements, financial resources, and repayment capacity of the parent organization, governmental entity, or guarantor.

If a Provider's standalone financial statements do not fully reflect the financial resources available to support repayment, GCHP may calculate the Financial Viability Test metrics using the consolidated financial statements of the parent organization, governmental entity, or guarantor. The financial statements used shall be consistent with the entity providing repayment support or bearing ultimate financial responsibility for the obligation.

The parent organization, governmental entity, or guarantor must provide documentation satisfactory to GCHP demonstrating its legal responsibility for repayment or its commitment to provide financial support. Finance and Legal shall jointly determine whether reliance on the financial resources of the parent organization, governmental entity, or guarantor is appropriate for purposes of satisfying the Financial Viability Test.

Metric	Passing Benchmark
Current Ratio	≥ 1.25
Days Cash on Hand	≥ 30 Days

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Debt Service Coverage Ratio	≥ 1.20
Positive Net Assets	Required
12-Month Cash Flow Forecast	Must demonstrate full repayment

Result:
4 or 5 Passed = PASS
3 or Less Passed = FAIL

C. Repayment Capacity Test

Provider must demonstrate:
Requirement 1: Documented repayment source. Repayment sources may be utilized only if permissible under state or federal law and consistent with any conditions, restrictions, or requirements associated with the source of funding.
Examples:

- Future claims payments
- Future capitation payments
- Assigned receivables
- Confirmed grant proceeds
- State Directed Payments (SDPs);
- State or federal supplemental payments that have been approved and are reasonably expected to be received
- Other documented payment sources acceptable to GCHP.

Result:
PASS / FAIL

Requirement 2 Coverage Ratio
(Expected Repayment Source ÷ Advance Amount)
Required Minimum: ≥ 3.0x

Result:
PASS / FAIL

D. Provider History Test

Provider must satisfy all of the following:

- No unresolved prior advances
- No defaults on prior repayment obligations
- No unresolved material audit findings related to payment activity that, in the judgment of Finance and Legal, may materially impair the Provider's financial condition, repayment ability, or compliance with applicable law.

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- No history of fraudulent billing activity

Result:
PASS / FAIL

E. Insolvency and Viability Test

Provider must not exhibit indicators of insolvency or inability to continue operations. Provider shall fail this test if any of the following exist:

- Bankruptcy filing
- Receivership or insolvency proceeding
- Going concern audit opinion
- Failure to provide requested financial information
- Existing default on a material repayment obligation
- Inability to demonstrate a documented repayment source acceptable to GCHP.

Result:
PASS / FAIL

F. Tangible Net Equity Safeguard Test

Provider Advance shall not be issued if the Provider's default on repayment would cause GCHP's TNE to fall below required minimum levels as set forth in GCHP's policies or state/federal regulations.

The purpose of this test is to ensure that the issuance of a Provider Advance does not impair GCHP's ability to maintain required regulatory capital levels or comply with Tangible Net Equity ("TNE") requirements established by applicable regulatory authorities and internal Board or Commission policy.

Result:
PASS / FAIL

G. Managed Care Plan Liquidity Test

Provider Advance shall not be issued if the proposed advance would cause projected Days Cash on Hand to fall below 60 days.

Prior to issuance of Provider Advance, management shall evaluate the Plan's projected liquidity position after giving effect to the proposed advance.

Projected Days Cash on Hand shall be calculated as follows:

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The Plan's Liquidity Position shall be calculated as:
Cash and Short-Term Investments
Less: MCO Tax Liabilities
Less: Directed Payment Liabilities
Less: Amounts Payable to the State

Average Daily Operating Cash Requirement shall be calculated as:
Year-to-Date Operating Expenses, excluding Depreciation and Amortization, divided by the number of days in the evaluation period.

Days Cash on Hand shall be calculated as:
Liquidity Position ÷ Average Daily Operating Cash Requirement.

Result:
PASS: Projected Days Cash on Hand is equal to or greater than 60 days.
FAIL: Projected Days Cash on Hand is less than 60 days.

H. A Provider Advance may only be approved if all the following receive a passing determination:

Test	Results
Good Standing Test	PASS
Financial Viability Test	PASS
Repayment Capacity Test (≥3.0x)	PASS
Provider History Test	PASS
Insolvency and Viability Test	PASS
Tangible Net Equity Safeguard Test	PASS
Managed Care Plan Liquidity Test	PASS

Provider Advance Limitations
Provider Advance shall not exceed the lesser of:
(a) Twenty-five percent (25%) of annual payments Provider received from GCHP in the previous 12 months.
or
(b) Ninety (90) days of expected payments to Provider at the time of the request.

Term
- Initial term: Maximum 180 Days
- Extensions: One extension not to exceed 90 additional days.

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- Repeat Advances: A Provider may receive a subsequent Provider Advance only after the prior Provider Advance has been repaid in full and a minimum of ninety (90) days has elapsed since the date of final repayment. Under no circumstances may a Provider have more than one (1) Provider Advance outstanding at any time.

Offset Rights

As a condition of receiving a Provider Advance, the Provider shall grant GCHP the right to offset any outstanding Provider Advance against future claims payments, capitation payments, State Directed Payments, supplemental payments, incentive payments, and any other amounts payable by GCHP to the Provider. Such offset rights shall survive the expiration or termination of the Provider Advance agreement until all obligations have been satisfied in full. Offset sources may be utilized only if permissible under state or federal law and consistent with any conditions, restrictions, or requirements associated with the source of funding.

Interest and Administrative Fee

Provider Advance shall be assessed:

- Administration Fee: The Provider Advance shall be assessed an administrative fee equal to the actual costs incurred by GCHP in evaluating, documenting, funding, monitoring, administering, and collecting the Provider Advance.

  Recoverable costs may include:
  - Finance Department underwriting and review costs;
  - Legal review and documentation costs;
  - Compliance and monitoring expenses;
  - Collection and recovery costs; and
  - Other reasonable costs directly attributable to the Provider Advance. Administrative fees shall be based upon GCHP's actual costs associated with the Provider Advance.
- The interest rate shall equal the weighted average yield earned on GCHP's current Money Market investments.

Approval Authority

Amount	Approval
Up to $250,000	CFO
$250,001 - $1,000,000	CEO and CFO
$1,000,000 - $10,000,000	Finance Committee
Greater than $10,000,000	Commission Approval

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Documentation Requirements

The provider shall submit:

- Financial statements
- Interim financial reports
- Cash flow forecast
- Description of financial hardship
- Requested amount
- Repayment plan
- Collateral documentation

Finance shall maintain a complete advance payment review file for each Provider Advance.

References

Ventura County Organized Health System Ordinance provisions supporting the long-term viability of participating provider networks and Safety Net providers.

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Gold Coast Health Plan℠
A Public Entity

ATTACHMENT A
Financial Viability Test Definitions and Calculation Standards

Purpose
This attachment establishes definitions, calculation methodologies, documentation requirements, and evaluation standards applicable to the Financial Viability Test.

1. Current Ratio
Current Assets ÷ Current Liabilities. Passing Benchmark: ≥ 1.25.
Measure's ability to satisfy short-term obligations using short-term assets.
Example

Amount	Approval
Cash	$2,500,000
Accounts Receivable	$7,000,000
Other Current Assets	$500,000
Total Current Assets	$10,000,000
Current Liabilities	$8,000,000

Calculation: $10,000,000 ÷ $8,000,000 = 1.25

Result: Current Ratio = **1.25; PASS**
The Provider has $1.25 of current assets available for every $1.00 of current liabilities.

2. Days Cash on Hand
Unrestricted Cash and Cash Equivalents ÷ Average Daily Operating Expenses.
Passing Benchmark: ≥ 30 Days. Measures operating liquidity.
Example

Item	Amount
Unrestricted Cash	$6,000,000
Annual Operating Expenses	$60,000,000

Average Daily Operating Expenses: $60,000,000 ÷ 365 = $164,384
Days Cash on Hand: $6,000,000 ÷ $164,384 = 36.5 Days

Result: Days Cash on Hand = **36.5 Days; PASS**
The Provider has sufficient unrestricted cash to fund approximately 36 days of operations.

3. Debt Service Coverage Ratio
Net Operating Income Available for Debt Service ÷ Total Annual Debt Service. Passing Benchmark: ≥ 1.20.
Measure's ability to meet debt obligations

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Example

Item	Amount
Net Operating Income	$12,000,000
Annual Principal Payments	$7,000,000
Annual Interest Payments	$3,000,000
Total Debt Service	$10,000,000

Calculation: $12,000,000 ÷ $10,000,000 = 1.20

Result: DSCR = **1.20; PASS**
The Provider generates $1.20 of cash flow for every $1.00 of debt service obligations.

4. Positive Net Assets
Total Assets minus Total Liabilities. Passing Benchmark: Positive Net Assets Required.
Net Assets = Total Assets − Total Liabilities

Example

Item	Amount
Total Assets	$100,000,000
Total Liabilities	$80,000,000

Calculation: $100,000,000 − $80,000,000 = $20,000,000

Result: Net Assets = **$20,000,000; PASS**
The Provider maintains a positive net asset position.

5. Twelve-Month Cash Flow Forecast
Forecast must demonstrate operating viability, sufficient liquidity, and full repayment of the Provider Advance within the approved term.

The twelve-month cash flow forecast demonstrates the Provider's ability to Maintain operations; Meet financial obligations; Repay the Provider Advance within the approved repayment term.

Example

Item	Amount
Beginning Cash Balance	$2,000,000
Projected Operating Revenue	$50,000,000
State Directed Payments	$4,000,000
Operating Expenses	($48,000,000)

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Debt Service	($2,000,000)
Provider Advance Repayment	($1,000,000)
Ending Cash Balance	$5,000,000

Result: The forecast demonstrates Continued operations; Positive cash balances; Ability to repay Provider Advance; **PASS**

Example of Financial Viability Test Evaluation

Metric	Benchmark	Actual	Result
Current Ratio	≥ 1.25	1.35	PASS
Days Cash on Hand	≥ 30	36.5	PASS
Debt Service Coverage Ratio	≥ 1.20	1.15	FAIL
Positive Net Assets	Required	Positive	PASS
12-Month Cash Flow Forecast	Repayment Demonstrated	Yes	PASS

Final Determination: 4 of 5 metrics passed. Positive Net Assets maintained. Cash Flow Forecast demonstrates full repayment.

Result; PASS

6. Managed Care Plan Liquidity Test
The following example is provided for illustrative purposes only and is intended to demonstrate the methodology used in calculating the Plan's liquidity position and days cash on hand.

Description	Amount
Cash and Short-Term Investments	$250,000,000
Less: MCO Tax Liabilities	(25,000,000)
Less: Directed Payment Liabilities	(60,000,000)
Less: Amounts Payable to the State	(15,000,000)
Liquidity Position	**$150,000,000**

Average Daily Operating Cash Requirement Calculation	Amount
Year-to-Date Operating Expenses	$365,000,000
Less: Depreciation & Amortization	(15,000,000)
Cash Operating Expenses	**$350,000,000**

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Evaluation Period (Days)	273
Average Daily Operating Cash Requirement	**$1,282,051**

Liquidity Analysis	**Amount**
Liquidity Position Before Provider Advance	$150,000,000
Average Daily Operating Cash Requirement	$1,282,051
Days Cash on Hand Before Advance	**117.0 Days**
Proposed Provider Advance	(10,000,000)
Adjusted Liquidity Position	$140,000,000
Days Cash on Hand After A	**109.2 Days**

Final Determination: The proposed Provider Advance results in projected Days Cash on Hand of 109.2 days, which exceeds the minimum required threshold of 60 days.

Result; PASS

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AGENDA ITEM NO. 5

TO: Executive Finance Committee

FROM: Christopher Lee, Chief Financial Officer
Scott Campbell, General Counsel

DATE: November 12, 2026

SUBJECT: Consideration and Recommendation of the Investment Policy

SUMMARY:

Staff is presenting the proposed updated Investment Policy for Executive Finance Committee review and input. The policy establishes the framework for investing Gold Coast Health Plan operating and reserve funds, with the primary objectives of preserving principal, maintaining liquidity, and earning a competitive rate of return consistent with California Government Code requirements.

The policy delegates day-to-day investment management to the Chief Financial Officer, establishes authorized investment types and risk controls, and requires periodic reporting to the Executive Finance Committee and Commission. The policy is intended to strengthen stewardship of public funds while providing staff with appropriate flexibility to manage the Plan's cash resources within Commission-approved parameters.

The Investment Policy outlines the following primary investment objectives in priority order, which are required by law:

- To provide safety of principal;
- To provide sufficient liquidity; and
- To maximize return on investments.]

The Investment Policy preserves the Commission's policy-setting and oversight responsibilities, while delegating the day-to-day management of the investment program to the Chief Financial Officer. Pursuance to the legal framework, such delegation authority, if desired, must be renewed each year. As long as the Chief Financial Officer is delegated such authority, a monthly report of investment transactions must be provided to the Commission. Additionally, any material policy exceptions, credit concerns or significant investment matters must be reported to the Commission at the subsequent regularly scheduled meeting of the Commission.

Exhibit 1 to the Investment Policy lays out the allowable investments that may be utilized for the Plan. The exhibit describes the types of investments that are allowable, the maximum

percentage of the portfolio that may be invested in such investment types, the maximum maturity of the investment, and whether any credit quality is required.

RECOMMENDATION:

Receive and file. Staff recommend that the Executive Finance Committee recommend the Commission approve the policy as presented.

ATTACHMENT:

Investment Policy, clean and relined versions.

POLICY AND PROCEDURE	
TITLE: Investment Policy	
DEPARTMENT: Finance	**POLICY #:** F-Xxxxx
EFFECTIVE DATE: 11/XX/2026	**REVIEW/REVISION DATE:** Not Set
COMMITTEE APPROVAL DATE: Not Set	**RETIRE DATE:** Upon Replacement or Rescission
PRODUCT TYPE: Medi-Cal and Medicare	**REPLACES:** New Policy

Purpose:

This Investment Policy ("Investment Policy") sets forth the investment guidelines for all Operating Funds and Commission Designated Reserve Funds (also referred to as Assigned) of Ventura County Medi-Cal Managed Care Commission, ("Commission") dba Gold Coast Health Plan ("Plan"). This Investment Policy does not apply to any bond/debt proceeds invested pursuant to their respective bond documents. The objective of this Investment Policy is to ensure the Plan's funds are prudently invested according to the Commission's objectives to preserve capital, provide necessary liquidity and to achieve a market-average rate of return through economic cycles.

Investments may only be made as authorized by this Investment Policy. The Investment Policy conforms to California Government Code sections 53600 *et seq*. (the "Code") as well as customary standards of prudent investment management. Irrespective of these policy provisions, should the provisions of the Code or any other applicable law be or become more restrictive than those contained herein, such provisions will be considered immediately incorporated into the Investment Policy.

I. OBJECTIVES

The Plan's investment objectives, in order of priority, are as follows:

A. Safety of Principal - Safety of principal is the foremost investment objective of the Plan. Each investment transaction shall seek to ensure that the risks of capital losses are minimized, including risks arising from institutional default, broker-dealer default, or erosion of market value of securities. The Plan shall seek to preserve principal by mitigating the two types of risk, credit risk and market risk, to the extent reasonable under the circumstances.

B. Liquidity - Liquidity is the second most important investment objective of the Plan. The portfolio shall contain investments for which there is a secondary

market or which otherwise offer the flexibility to be sold or liquidated within a reasonable amount time as set forth in this Investment Policy with minimal risk of loss of either the principal or interest based upon then prevailing rates.

C. Total Return - The Plan's portfolio shall be designed to earn a competitive rate of return (i.e., yield) within the confines of the California Government Code, this Investment Policy, and procedural structure.

The length of term for all investments shall be commensurate with the short, medium, and long-term cash flow needs of the Plan, and in compliance with the California Government Code. Market risk and the risk of market value fluctuations due to overall changes in the general level of interest rates shall be mitigated by matching maturity dates, to the extent possible, to the Plan's expected cash flow draws. It is explicitly recognized herein, however, that in a diversified portfolio, occasional losses are inevitable and must be considered within the context of the overall investment return. Consideration will be given to debt securities that would trigger capital gains or losses as market interest rates fluctuate.

II. PRUDENCE

The Plan's Commissioners, officials and employees authorized to make investment decisions on behalf of the Plan are trustees and fiduciaries subject to the prudent investor standard.

The standard of prudence to be used by investment officials shall be the "prudent person" standard as defined in Code Section 53600.3 and shall be applied in the context of managing an overall portfolio of public moneys.

THE PRUDENT PERSON STANDARD: When investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including but not limited to, the general economic conditions and the anticipated needs of the Plan, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency.

III. ETHICS AND CONFLICTS OF INTEREST

The Plan's officers and employees involved in the investment process shall refrain from personal and professional business activities that could conflict with the proper execution of the investment program, or which could impair their ability to make impartial investment decisions. The Plan's officers and employees involved in the investment process are not permitted to have any material financial interests in

financial institutions, including state or federal credit unions, that conduct business with the Plan, and they are not permitted to have any personal financial or investment holdings that could be materially related to the performance of the Plan's investments.

IV. DELEGATION OF AUTHORITY

Authority to manage the Plan's investment program is derived from the policies established by the Commission. Management responsibility for the investment program is hereby delegated to the Plan's Chief Financial Officer (“CFO”). The CFO may engage an independent licensed Investment Advisor ("Investment Advisor") to assist in managing the investment portfolio based upon the investment policies. Any Investment Advisor must comply with this Investment Policy and ensure that the investment objectives are met. The CFO shall be responsible for all actions undertaken and shall establish a system of controls to regulate the activities of any Independent Advisors and/or subordinate investment staff.

The CFO and/or Investment Advisor/s shall mitigate risk by following these guidelines:

A. Pre-qualifying financial institutions with which it will do business through the utilization of Moody's Credit Review Service, Standard and Poor's Financial Institutions Ratings, and Moody's Commercial Paper Record.

B. Diversifying the portfolio so that the failure of any one issuer or backer will not place any undue financial burden on the Plan. Spreading investments over different investment types minimizes the impact a singular industry/investment class can have on the portfolio. Spreading investments over multiple credits/issuers within an investment type minimizes the credit exposure of the portfolio to any single firm/institution.

C. Monitor all the Plan investments on a daily basis to anticipate and respond appropriately to a significant reduction in the credit worthiness of a depository.

D. Structuring the Plan's portfolio so that securities mature at times to meet the Plan's ongoing cash needs. Spreading investments over various maturities minimizes the risk of portfolio depreciation due to a rise in interest rates. An unforeseen liquidity need allows no options if "all your eggs are in one basket."

E. Restructuring the Plan's portfolio to minimize the loss of market value or cash flow.

F. Constructing a portfolio that will consist of securities with active secondary and resale markets. Any investment for which no secondary market exists, such as time deposits, shall not exceed 375 days and no investment shall have a maturity of more than 5 years (to minimize capital losses).

V. GUIDELINES FOR INVESTMENT

The CFO shall maintain and instruct any investment advisor to adhere to these investment protocols:

A. Liquidity

The Plan's portfolio will be structured so that securities will mature at or about the same time as cash is needed to meet demands and in accordance with the economic projections mentioned above.

B. Yield

The CFO and any Investment Advisors shall always attempt to obtain a competitive rate of return on any investment type consistent with the required safety, liquidity, and other parameters of this Investment Policy, departmental procedures, and the laws of the State of California.

C. Internal Controls

The CFO shall establish a system of internal controls, which shall be documented in writing. The controls shall be designed to prevent losses of public funds arising from fraud, employee error, and misrepresentation by third parties, as well as unanticipated changes in financial markets.

D. Safekeeping of Securities

To protect against potential losses caused by the collapse of individual securities dealers, all securities owned by the Plan, including collateral on repurchase agreements shall be held in safekeeping by a third party bank trust department, acting as agent for the Plan under the terms of a custody agreement executed by the bank and the Plan CFO. All trades executed between the Plan and a dealer will settle on a delivery vs. payment basis with a custodial bank. All security transactions engaged in by the CFO shall be countersigned by a second Finance Department official or employee, who the CFO has authorized to countersign security transactions.

E. Rating

If the rating of any depository drops during the course of time with which the Plan has placed an investment, the investment will be matured at the earliest possible convenience.

If any security rating drops below A-1/P-1 for short-term ratings or A-/A3 for long-term ratings, the investment will be reviewed by the CFO and may be sold or allowed to mature at the earliest practical opportunity.

Any sale resulting from a ratings downgrade shall be determined by the CFO based upon market conditions, liquidity needs, and risk considerations.

F. Financial Benchmarks

The Plan's portfolio shall be designed to attain a market-average rate of return through economic cycles given an acceptable level of risk, and in compliance with the required objectives of safety of principal and liquidity described above. The performance benchmark for the investment portfolio will be based upon the market indices for short-term investments of comparable risk and duration. These performance benchmarks will be determined by the CFO (with the assistance of an independent advisor, if needed) and may be reviewed by the Executive Finance Committee.

G. Periodic Review of the Investment Policy

The CFO is responsible for providing the Executive Finance Committee with this Investment Policy and any recommended changes. The Executive Finance Committee is responsible for recommending the Investment Policy to the Commissioners for final approval. This Investment Policy, and any changes hereto, shall be reviewed and approved by the Plan Commissioners at a public meeting.

H. Collateralization

All Certificates of Deposits must be collateralized by U. S. Treasury Obligations. Collateral must be held by a third party trustee and valued on a monthly basis. The Plan may invest surplus funds in deposits at a commercial bank, savings bank, savings and loan association, or credit union in accordance with applicable California Government Code requirements. The Plan shall not utilize private-sector deposit placement programs or intermediaries authorized under California Government Code Section 53601.8. The percentage of collateralization on repurchase and reverse repurchase agreements, if authorized, will adhere to the amount required under California Government Code Section 53601(j)(2). The percentage of collateralization on active or inactive deposits will adhere to the amounts required under California Government Code Section 53652.

I. Securities Lending

Investment securities shall not be lent to an Investment Manager, broker or any other entity.

J. Leverage

The investment portfolio, or investment portfolios, cannot be used as collateral to obtain additional investable funds.

K. Other Investments

Any investment not identified in Exhibit 1, Authorized Investment Schedule, shall be considered a prohibited investment unless specifically authorized by the Commission. Such authorization shall not be construed as directing the purchase, sale, or retention of any particular investment.

L. Underlying Nature of Investments

The Plan shall not make investments in organizations which have a line of business that is visibly in conflict with the interests of public health (which shall be defined by the Commissioners).

M. Derivatives

Investments in derivative securities are not allowed, except as to U.S. Treasury STRIPS.

N. Investments

For purposes of compliance with Section 53601 of the Government Code, an investment's term or remaining maturity shall be measured from the settlement date to final maturity. A security purchased in accordance with Section 53601 must not have a forward settlement date exceeding 45 days from the time of investment. Authorized Investments under this Investment Policy shall be as presented in Exhibit 1, Authorized Investment Schedule.

VI. REPORTING AND REVIEW

The CFO is delegated the responsibility for directing the Plan's investment program and for compliance with this Investment Policy pursuant to the delegation of authority to invest funds or to sell or exchange securities. The CFO shall provide a comprehensive review of the investment portfolio to the Executive Finance Committee at least semi-annually, including:

- Portfolio performance
- Liquidity position
- Compliance with this Investment Policy
- Significant investment matters, if any

Examples of the information that may be included in such reports are provided in Attachment A.

Any material policy exceptions, credit concerns, or significant investment matters shall be reported to the Commission at the next regularly scheduled meeting.

The CFO shall provide a monthly investment report to the Commission.

VII. QUALIFICATIONS OF BROKERS, DEALERS, AND FINANCIAL INSTITUTIONS

The CFO shall transact business with Investment Advisors, direct issuers, broker/dealers licensed by the State, National, or State chartered bank or savings institutions and primary government dealers designated by the Federal Reserve.

Any Investment Advisor or broker/dealer interested in conducting business with the Plan is required to fill out a questionnaire maintained by the CFO.

No broker/dealer shall be eligible to conduct business with the Plan if prohibited under MSRB Rule G-37 or any successor regulation governing political contributions.

The Finance staff shall investigate dealers with which it will conduct business in order to determine the following: if the firm is adequately capitalized and meets the Federal Reserve's minimum capital requirements for broker/dealer operations, makes markets in securities appropriate to the Plan's Investment Policy, the individual covering the account has a minimum of three years dealing with large institutional accounts, and receives three favorable recommendations from other short term cash portfolio managers.

The Plan may engage the support services of outside Investment Advisors in regard to its investment program, so long as it can be clearly demonstrated that these services produce a net financial or necessary financial protection of the Plan financial resources. Investment Advisors shall follow this Investment Policy, the Code, State law and other such written instructions as provided by the CFO.

VIII. DUTIES AND RESPONSIBILITIES OF THE EXECUTIVE FINANCE COMMITTEE:

A. The CFO, with or without the assistance of an independent investment advisor and staff, is responsible for the day-to-day management of the Plan's investment portfolio. The Plan's Commission is responsible for approval of the Plan's Investment Policy. Neither the Commission nor the Executive Finance Committee shall make or direct the Plan staff to make any particular investment, purchase any particular investment product, or do business with any particular investment companies or brokers. It shall not be the purpose of the Executive Finance Committee or Commission to advise on particular investment decisions of the Plan.

B. The duties and responsibilities of the Executive Finance Committee shall consist of the following:

1. Review any changes to the Plan's Investment Policy before consideration by the Plan's Commission and recommend revisions, as necessary.

2. Review the Plan's investment portfolio for conformance to the Plan's Investment Policy diversification and maturity guidelines, and make recommendations as appropriate.

3. Perform such additional duties and responsibilities as may be required from time to time by specific action and direction of the Commissioners.

Attachments:
EXHIBIT 1 - AUTHORIZED INVESTMENT SCHEDULE

ATTACHMENT A - Illustrative Investment Reporting and Questionnaires Examples

References:
Investment of Surplus: California Government Code Section §§53600-53610
Deposit of Funds: California Government Code Section §§53630-53686
Federal Bankruptcy Code

Revision History:

Review Date	Revised Date	Approved By
2/18/2015		PRC
02/02/2015		Ruth Watson, COO (Interim CEO)

Gold Coast Health Plan℠
A Public Entity

EXHIBIT 1

The below are investments allowable under the Plan's Investment Policy. Percentage limitations, where indicated, apply at the time of purchase. Unless otherwise noted below, no security shall be purchased in accordance with this Investment Policy that has a term remaining to maturity in excess of five years. Rating requirements where indicated, apply at the time of purchase. The term or remaining maturity of a security purchased in accordance with this Investment Policy shall be measured from the settlement date (not the trade date) upon purchase of the security and the stated final maturity of the security. A security purchased in accordance with this Investment Policy shall not have a forward settlement date exceeding forty-five (45) days from the time of investment.

The Chief Financial Officer (CFO) is authorized to invest and manage Plan funds in accordance with this Policy, applicable California law, and the limits set forth in this Authorized Investment Schedule. Investments not identified in this Schedule are prohibited unless specifically authorized by the Commission.

AUTHORIZED INVESTMENT SCHEDULE

Authorized Investment	Govt. Code	Maximum Percentage	Maximum Maturity	Minimum Quality*	Other Constraints
U.S Treasury Obligations	53601(b)	No Limit	5 Years	None	Notes, bonds, bills
U.S. Agency Obligations	53601(f)	No Limit	5 Years	None	Federal agency or U.S. government sponsored enterprise obligations, participations, or other instruments
State Obligations (CA and others)	53601(c) and (d)	No Limit	5 Years	A-/A3 or better	• Registered state warrants, treasury notes or bonds of California • Registered treasury notes or bonds from any of the other 49 states
California Local Agency Bonds	53601(e)	No Limit	5 Years	A-/A3 or better	Bonds, notes, warrants or other evidence of indebtedness of any local agency within California

Authorized Investment	Govt. Code	Maximum Percentage	Maximum Maturity	Minimum Quality*	Other Constraints
Corporate Medium Term Notes	53601(k)	• 30% of portfolio • 5% single issuer	5 Years	A-/A3 or better	Issued by • Domestic corporations or • Depository institutions licensed by the United States of any state and operating in the United States
Negotiable Certificates of Deposit	53601(1)	• 30% of portfolio • 5% single issuer	5 Years	A-/A3 or better	• Issued by nationally or state-chartered banks; savings or federal associations; state of federal credit unions; or federally licensed or state licensed branches of foreign banks. And • Per 53638 deposits may not exceed bank shareholder equity; total net worth of depository savings or federal association; unimpaired capital and surplus of a credit union; unimpaired capital and surplus of industrial loan companies
Supranationals	53601(q)	• 15% of Portfolio • 5% single issuer	5 Years	AAA	U.S. dollar denominated senior unsecured unsubordinated obligations issued by or unconditionally guaranteed by: • International Bank for Reconstruction and Development • International Finance Corporation • Inter-American Development Bank

Authorized Investment	Govt. Code	Maximum Percentage	Maximum Maturity	Minimum Quality*	Other Constraints
Bankers' Acceptances	53601(g)	• 40% of portfolio • 5% single issuer	180 Days	A-1/P-1	
Bank Deposits — Collateralized or FDIC Insured	53630 et seq.	• No Limit	5 Years	Satisfactory rating from national bank rating service from CRA review	• Amounts up to $250,000 per institution are insured by the FDIC • Amounts over the insurance limit must be placed with financial institutions participating in the California Local Agency Security Program, providing for collateralization of public funds • Per 53638 deposits may not exceed bank shareholder equity; total net worth of depository savings or federal association; unimpaired capital and surplus of a credit union; unimpaired capital and surplus of industrial loan companies • Treasurer may waive collateral for the portion of any deposits insured pursuant to federal law The use of private sector entities authorized by 53601.8 to assist in the placement of deposits are NOT permitted
Local Agency Investment Fund ("LAIF")	16429.1 et seq.	• As permitted by LAIF	N/A	N/A	

Authorized Investment	Govt. Code	Maximum Percentage	Maximum Maturity	Minimum Quality*	Other Constraints
Ventura County Pooled Investment Fund	53684	• As permitted by the VCPIF	N/A	None	
Joint Powers Authority Pool	53601(p)	• 15% of portfolio • 10% from single pool or maximum allowed by JPA whichever is less	N/A	See next box	JPA must be: • Organized pursuant to Section 6509.7; • Invest in securities in 53601 subdivisions (a) to (o); and • Retain investment advisor register or exempt from advisor register or exempt from registration with the SEC, with at least 5 years' experience, and has assets under management in excess of $500 million.
Money Market Funds	53601(l)	• 15% of portfolio	N/A	Fund must have the highest ranking by not less than 2 NRSROs	Retain an investment adviser registered or exempt from registered or exempt from registration with the SEC with 5 years' experience managing money market funds in excess of $500 million

Authorized Investment	Govt. Code	Maximum Percentage	Maximum Maturity	Minimum Quality*	Other Constraints
Mutual Funds	53601(l)	• 15% of portfolio • 5% from single mutual fund company	5 years	Fund must have the highest ranking by not less than 2 NRSROs	• Fund must invest in securities that comply with the investment restrictions of 53601(a) through (k) and (n) through (o); and Retain an investment adviser registered or exempt from registration with the SEC with 5 years' experience managing money market funds in excess of $500 million.
Commercial Paper	53601 (h)	• 25% of portfolio • 5% of the outstanding commercial paper from a single issuer	397 Days	A-1/P-1 or equivalent highest rating by an NRSRO	• Corporation must be organized within the United States; have assets in excess of $500 million; and have at least an A rating on its long term debt, if any; or • Corporation must be organized within the United States as a special purpose corporation, trust , or limited liability company; have program wide credit enhancements including, but not limited to, over collateralization letter of credit or a surety bond.

Authorized Investment	Govt. Code	Maximum Percentage	Maximum Maturity	Minimum Quality*	Other Constraints
Repurchase Agreements	53601(j)	• No Limit	90 Days	N/A	• Subject to a Master Repurchase Agreement with a Primary Dealer approved by the CFO and meeting the qualifications of this Policy; • Comply with Government Code 53601(j)

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ATTACHMENT A
Illustrative Investment Reporting and Questionnaires Examples

Purpose
This Attachment provides illustrative examples that may be used to satisfy the requirements established in Investment Policy. The examples are intended to demonstrate the type of information that may be presented to the Commission and Executive Finance Committee and do not constitute minimum requirements or a prescribed format.

Example 1: Executive Finance Committee Investment Portfolio Review
Illustrative Investment Reporting Examples pursuant to Section VI, Reporting Requirements

Investment Portfolio Review

- Portfolio balance: $125.4M
- Average yield: 4.52%
- Liquidity remains sufficient to meet operational requirements.
- All investments remain in compliance with the Investment Policy and applicable California Government Code requirements.
- No credit rating downgrades requiring action occurred during the reporting period.
- No policy exceptions or violations were identified.
- The portfolio continues to prioritize safety and liquidity while maximizing return within approved investment guidelines.

This example is provided for illustrative purposes only. The format and content of investment reports may vary based on portfolio composition, market conditions, regulatory requirements, and management judgment.

Example 2: Broker/Dealer Questionnaire and Certification
Illustrating the requirements set forth in Section VII, Qualifications Of Brokers, Dealers, and Financial Institutions

Firm Information

- Legal Name of Firm:
- Business Address:
- Primary Contact:
- Telephone:
- Email:
- FINRA CRD Number:
- SEC Registration Number (if applicable):
- Years in Business:

Regulatory and Professional Status

1. Is the firm registered with the Securities and Exchange Commission (SEC)?
   ☐ Yes
   ☐ No
2. Is the firm a member of FINRA?
   ☐ Yes
   ☐ No
3. Has the firm or any principal been subject to any regulatory enforcement action, suspension, or disciplinary proceeding within the past five years?
   ☐ Yes
   ☐ No
   If yes, please provide details.

Experience and Qualifications

4. Describe the firm's experience providing investment services to public agencies or healthcare organizations.
5. Identify the individuals who will be responsible for servicing Gold Coast Health Plan's account.

Investment Policy Acknowledgment

6. Has the firm received and reviewed the Gold Coast Health Plan Investment Policy?
   ☐ Yes
   ☐ No
7. Does the firm agree to conduct transactions consistent with the requirements, limitations, and objectives of the Investment Policy?
   ☐ Yes
   ☐ No
8. Does the firm acknowledge its responsibility to notify the CFO if it becomes aware of any transaction that may not comply with the Investment Policy?
   ☐ Yes
   ☐ No

Certification

I certify that the information provided in this questionnaire is true and complete. I acknowledge that I have received and reviewed the Gold Coast Health Plan Investment Policy and understand the investment objectives, authorized investments, and restrictions contained therein.

Authorized Representative: _____
Title: _____
Signature: _____
Date: _____

POLICY AND PROCEDURE	
TITLE: Investment Policy	
DEPARTMENT: Finance	**POLICY #:** F-Xxxxx
EFFECTIVE DATE: 11/XX/2026	**REVIEW/REVISION DATE:** Not Set
COMMITTEE APPROVAL DATE: Not Set	**RETIRE DATE:** Upon Replacement or Rescission
PRODUCT TYPE: Medi-Cal and Medicare	**REPLACES:** New Policy

Purpose:

This Investment Policy ("Investment Policy") sets forth the investment guidelines for all Operating Funds and Commission Designated Reserve Funds (also referred to as Assigned) of Ventura County Medi-Cal Managed Care Commission, ("Commission") dba Gold Coast Health Plan ("Plan"). This Investment Policy does not apply to any bond/debt proceeds invested pursuant to their respective bond documents. The objective of this Investment Policy is to ensure the Plan's funds are prudently invested according to the Commission's objectives to preserve capital, provide necessary liquidity and to achieve a market-average rate of return through economic cycles.

Investments may only be made as authorized by this Investment Policy. The Investment Policy conforms to California Government Code sections 53600 *et seq*. (the "Code") as well as customary standards of prudent investment management. Irrespective of these policy provisions, should the provisions of the Code or any other applicable law be or become more restrictive than those contained herein, such provisions will be considered immediately incorporated into the Investment Policy.

I. OBJECTIVES

The Plan's investment objectives, in order of priority, are as follows:

A. Safety of Principal - Safety of principal is the foremost investment objective of the Plan. Each investment transaction shall seek to ensure that the risks of capital losses are minimized, including risks arising from institutional default, broker-dealer default, or erosion of market value of securities. The Plan shall seek to preserve principal by mitigating the two types of risk, credit risk and market risk, to the extent reasonable under the circumstances.

B. Liquidity - Liquidity is the second most important investment objective of the Plan. The portfolio shall contain investments for which there is a secondary

market or which otherwise offer the flexibility to be sold or liquidated within a reasonable amount time as set forth in this Investment Policy with minimal risk of loss of either the principal or interest based upon then prevailing rates.

C. Total Return - The Plan's portfolio shall be designed to earn a competitive rate of return (i.e., yield) within the confines of the California Government Code, this Investment Policy, and procedural structure.

The length of term for all investments shall be commensurate with the short, medium, and long-term cash flow needs of the Plan, and in compliance with the California Government Code. Market risk and the risk of market value fluctuations due to overall changes in the general level of interest rates shall be mitigated by matching maturity dates, to the extent possible,

to the Plan's expected cash flow draws. It is explicitly recognized herein, however, that in a diversified portfolio, occasional losses are inevitable and must be considered within the context of the overall investment return. Consideration will be given to debt securities that would trigger capital gains or losses as market interest rates fluctuate.

II. PRUDENCE

The Plan's Commissioners, officials and employees authorized to make investment decisions on behalf of the Plan are trustees and fiduciaries subject to the prudent investor standard.

The standard of prudence to be used by investment officials shall be the "prudent person" standard as defined in Code Section 53600.3 and shall be applied in the context of managing an overall portfolio of public moneys.

THE PRUDENT PERSON STANDARD: When investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including but not limited to, the general economic conditions and the anticipated needs of the Plan, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency.

III. ETHICS AND CONFLICTS OF INTEREST

The Plan's officers and employees involved in the investment process shall refrain from personal and professional business activities that could conflict with the proper execution of the investment program, or which could impair their ability to make impartial investment decisions. The Plan's officers and employees involved in the investment process are not permitted to have any material financial interests in

financial institutions, including state or federal credit unions, that conduct business with the Plan, and they are not permitted to have any personal financial or investment holdings that could be materially related to the performance of the Plan's investments.

IV. DELEGATION OF AUTHORITY

Authority to manage the Plan's investment program is derived from the policies established by the Commission. Management responsibility for the investment program is hereby delegated to the Plan's Chief Financial Officer (“CFO”). The CFO may engage an independent licensed Investment Advisor ("Investment Advisor") to assist in managing the investment portfolio based upon the investment policies.

Any Investment Advisor must comply with this Investment Policy and ensure that the investment objectives are met. The CFO shall be responsible for all actions undertaken and shall establish a system of controls to regulate the activities of any Independent Advisors and/or subordinate investment staff.

The CFO and/or Investment Advisor/s shall mitigate risk by following these guidelines:

A. Pre-qualifying financial institutions with which it will do business through the utilization of Moody's Credit Review Service, Standard and Poor's Financial Institutions Ratings, and Moody's Commercial Paper Record.

B. Diversifying the portfolio so that the failure of any one issuer or backer will not place any undue financial burden on the Plan. Spreading investments over different investment types minimizes the impact a singular industry/investment class can have on the portfolio. Spreading investments over multiple credits/issuers within an investment type minimizes the credit exposure of the portfolio to any single firm/institution.

C. Monitor all the Plan investments on a daily basis to anticipate and respond appropriately to a significant reduction in the credit worthiness of a depository.

D. Structuring the Plan's portfolio so that securities mature at times to meet the Plan's ongoing cash needs. Spreading investments over various maturities minimizes the risk of portfolio depreciation due to a rise in interest rates. An unforeseen liquidity need allows no options if "all your eggs are in one basket."

E. Restructuring the Plan's portfolio to minimize the loss of market value or cash flow.

F. Constructing a portfolio that will consist of securities with active secondary and resale markets. Any investment for which no secondary market exists, such as

time deposits, shall not exceed 375 days and no investment shall have a maturity of more than 5 years (to minimize capital losses).

V. GUIDELINES FOR INVESTMENT

The CFO shall maintain and instruct any investment advisor to adhere to these investment protocols:

A. Liquidity

The Plan's portfolio will be structured so that securities will mature at or about the same time as cash is needed to meet demands and in accordance with the economic projections mentioned above.

B. Yield

The CFO and any Investment Advisors shall always attempt to obtain a competitive rate of return on any investment type consistent with the required safety, liquidity, and other parameters of this Investment Policy, departmental procedures, and the laws of the State of California.

C. Internal Controls

The CFO shall establish a system of internal controls, which shall be documented in writing. The controls shall be designed to prevent losses of public funds arising from fraud, employee error, and misrepresentation by third parties, as well as unanticipated changes in financial markets.

D. Safekeeping of Securities

To protect against potential losses caused by the collapse of individual securities dealers, all securities owned by the Plan, including collateral on repurchase agreements shall be held in safekeeping by a third party bank trust department, acting as agent for the Plan under the terms of a custody agreement executed by the bank and the Plan CFO. All trades executed between the Plan and a dealer will settle on a delivery vs. payment basis with a custodial bank. All security transactions engaged in by the CFO shall be countersigned by a second Finance Department official or employee, who the CFO has authorized to countersign security transactions.

E. Rating

If the rating of any depository drops during the course of time with which the Plan has placed an investment, the investment will be matured at the earliest possible convenience.

If any security rating drops below A-1/P-1 for short-term ratings or A-/A3 for long-term ratings, the investment will be reviewed by the CFO and may be sold or allowed to mature at the earliest practical opportunity.

Any sale resulting from a ratings downgrade shall be determined by the CFO based upon market conditions, liquidity needs, and risk considerations.

F. Financial Benchmarks

The Plan's portfolio shall be designed to attain a market-average rate of return through economic cycles given an acceptable level of risk, and in compliance with the required objectives of safety of principal and liquidity described above. The performance benchmark for the investment portfolio will be based upon the market indices for short-term investments of comparable risk and duration. These performance benchmarks will be determined by the CFO (with the assistance of an independent advisor, if needed) and may be reviewed by the Executive Finance Committee.

G. Periodic Review of the Investment Policy

The CFO is responsible for providing the Executive Finance Committee with this Investment Policy and any recommended changes. The Executive Finance Committee is responsible for recommending the Investment Policy to the Commissioners for final approval. This Investment Policy, and any changes hereto, shall be reviewed and approved by the Plan Commissioners at a public meeting.

H. Collateralization

All Certificates of Deposits must be collateralized by U. S. Treasury Obligations. Collateral must be held by a third party trustee and valued on a monthly basis. The Plan may invest surplus funds in deposits at a commercial bank, savings bank, savings and loan association, or credit union in accordance with applicable California Government Code requirements. The Plan shall not utilize private-sector deposit placement programs or intermediaries authorized under California Government Code Section 53601.8. The percentage of collateralization on repurchase and reverse repurchase agreements, if authorized, will adhere to the amount required under California Government Code Section 53601(j)(2). The

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Investments in derivative securities are not allowed, except as to U.S. Treasury STRIPS.

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- Portfolio performance
- Liquidity position
- Compliance with this Investment Policy
- Significant investment matters, if any

Examples of the information that may be included in such reports are provided in Attachment A.

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1. Review any changes to the Plan's Investment Policy before consideration by the Plan's Commission and recommend revisions, as necessary.

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Attachments:
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ATTACHMENT A - Illustrative Investment Reporting and Questionnaires Examples

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Federal Bankruptcy Code

Revision History:

	Review Date	Revised Date	Approved By
2/18/2015			PRC

02/02/2015		Ruth Watson, COO (Interim CEO)

Gold Coast Health Plan℠
A Public Entity

EXHIBIT 1

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Authorized Investment	Govt. Code	Maximum Percentage	Maximum Maturity	Minimum Quality*	Other Constraints
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U.S. Agency Obligations	53601(f)	No Limit	5 Years	None	Federal agency or U.S. government sponsored enterprise obligations, participations, or other instruments
State Obligations (CA and others)	53601(c) and (d)	No Limit	5 Years	Underlying A-/A3 and A-1/P-1 or better	• Registered state warrants, treasury notes or bonds of California • Registered treasury notes or bonds from any of the other 49 states
California Local Agency Bonds	53601(e)	No Limit	5 Years	Underlying A-/A3 and A-1/P-1 or better	Bonds, notes, warrants or other evidence of indebtedness of any local agency within California

Authorized Investment	Govt. Code	Maximum Percentage	Maximum Maturity	Minimum Quality*	Other Constraints
Corporate Medium Term Notes	53601(k)	• 30% of portfolio • 5% single issuer	5 Years	A-/A3 or better	Issued by • Domestic corporations or • Depository institutions licensed by the United States of any state and operating in the United States
Negotiable Certificates of Deposit	53601(1)	• 30% of portfolio • 5% single issuer	5 Years	A-/A3 or better	• Issued by nationally or state-chartered banks; savings or federal associations; state of federal credit unions; or federally licensed or state licensed branches of foreign banks. And • Per 53638 deposits may not exceed bank shareholder equity; total net worth of depository savings or federal association; unimpaired capital and surplus of a credit union; unimpaired capital and surplus of industrial loan companies
Supranationals	53601(q)	• 15% of portfolio **a** 5% single • issuer	5 Years	AAA	U.S. dollar denominated senior unsecured unsubordinated obligations issued by or unconditionally guaranteed by: • International Bank for Reconstruction and Development • International Finance Corporation • Inter-American Development Bank

Bankers' Acceptances	53601(g)	• 40% of portfolio • 5% single issuer	180 Days	A-1/P-1	
Bank Deposits — Collateralized or FDIC Insured	53630 et seq.	• No Limit	5 Years	Satisfactory rating from national bank rating service from CRA review	• Amounts up to $250,000 per institution are insured by the FDIC • Amounts over the insurance limit must be placed with financial institutions participating in the California Local Agency Security Program, providing for collateralization of public funds • Per 53638 deposits may not exceed bank shareholder equity; total net worth of depository savings or federal association; unimpaired capital and surplus of a credit union; unimpaired capital and surplus of industrial loan companies • Treasurer may waive collateral for the portion of nay deposits insured pursuant to federal law The use of private sector entities authorized by 53601.8 to assist in the placement of deposits are NOT permitted
Local Agency Investment Fund ("LAIF")	16429.1 et seq.	• As permitted by LAIF	N/A	N/A	

Ventura County Pooled Investment Fund	53684	• As permitted by the VCPIF	N/A	None	
Joint Powers Authority Pool	53601(p)	• 15% of portfolio • 10% from single pool or maximum allowed by JPA whichever is less	5 years	See next box	JPA must be: • Organized pursuant to Section 6509.7; • Invest in securities in 53601 subdivisions (a) to (o); and • Retain investment advisor register or exempt from advisor register or exempt from registration with the SEC, with at least 5 years' experience, and has assets under management in excess of $500 million.
Money Market Funds	53601(l)	• 15% of portfolio	5 years	Fund must have the highest ranking by not less than 2 NRSROs	Retain an investment adviser registered or exempt from registered or exempt from registration with the SEC with 5 years' experience managing money market funds in excess of $500 million

Mutual Funds	53601(l)	• 15% of portfolio • 5% from single mutual fund company	5 years	Fund must have the highest ranking by not less than 2 NRSROs	• Fund must invest in securities that comply with the investment restrictions of 53601(a) through (k) and (n) through (o); and Retain an investment adviser registered or exempt from registration with the SEC with 5 years' experience managing money market funds in excess of $500 million.
Commercial Paper	53601 (h)	• 25% of portfolio • 5% of the outstanding commercial paper from a single issuer	397 Days	A-1/P-1 or equivalent highest rating by an NRSRO	• Corporation must be organized within the United States; have assets in excess of $500 million; and have at least an A rating on its long term debt, if any; or • Corporation must be organized within the United States as a special purpose corporation, trust , or limited liability company; have program wide credit enhancements including, but not limited over collateralization letter of credit or a surety bond.

Repurchase Agreements	53601(j)	• No Limit	90 Days	N/A	• Subject to a Master Repurchase Agreement with a Primary Dealer approved by the CFO and meeting the qualifications of this Policy; • Comply with Government Code 53601(j)

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ATTACHMENT A
Illustrative Investment Reporting and Questionnaires Examples

Purpose
This Attachment provides illustrative examples that may be used to satisfy the requirements established in Investment Policy. The examples are intended to demonstrate the type of information that may be presented to the Commission and Executive Finance Committee and do not constitute minimum requirements or a prescribed format.

Example 1: Executive Finance Committee Investment Portfolio Review
Illustrative Investment Reporting Examples pursuant to Section VI, Reporting Requirements

Investment Portfolio Review

- Portfolio balance: $125.4M
- Average yield: 4.52%
- Liquidity remains sufficient to meet operational requirements.
- All investments remain in compliance with the Investment Policy and applicable California Government Code requirements.
- No credit rating downgrades requiring action occurred during the reporting period.
- No policy exceptions or violations were identified.
- The portfolio continues to prioritize safety and liquidity while maximizing return within approved investment guidelines.

This example is provided for illustrative purposes only. The format and content of investment reports may vary based on portfolio composition, market conditions, regulatory requirements, and management judgment.

Example 2: Broker/Dealer Questionnaire and Certification
Illustrating the requirements set forth in Section VII, Qualifications Of Brokers, Dealers, and Financial Institutions

Firm Information

- Legal Name of Firm:
- Business Address:
- Primary Contact:
- Telephone:
- Email:
- FINRA CRD Number:
- SEC Registration Number (if applicable):
- Years in Business:

Regulatory and Professional Status

1. Is the firm registered with the Securities and Exchange Commission (SEC)?
   ☐ Yes
   ☐ No
2. Is the firm a member of FINRA?
   ☐ Yes
   ☐ No
3. Has the firm or any principal been subject to any regulatory enforcement action, suspension, or disciplinary proceeding within the past five years?
   ☐ Yes
   ☐ No
   If yes, please provide details.

Experience and Qualifications

4. Describe the firm's experience providing investment services to public agencies or healthcare organizations.
5. Identify the individuals who will be responsible for servicing Gold Coast Health Plan's account.

Investment Policy Acknowledgment

6. Has the firm received and reviewed the Gold Coast Health Plan Investment Policy?
   ☐ Yes
   ☐ No
7. Does the firm agree to conduct transactions consistent with the requirements, limitations, and objectives of the Investment Policy?
   ☐ Yes
   ☐ No
8. Does the firm acknowledge its responsibility to notify the CFO if it becomes aware of any transaction that may not comply with the Investment Policy?
   ☐ Yes
   ☐ No

Certification

I certify that the information provided in this questionnaire is true and complete. I acknowledge that I have received and reviewed the Gold Coast Health Plan Investment Policy and understand the investment objectives, authorized investments, and restrictions contained therein.

Authorized Representative: _____
Title: _____
Signature: _____
Date: _____

AGENDA ITEM NO. 6

TO: Executive Finance Committee
FROM: Christopher Lee, Chief Financial Officer
DATE: November 12, 2026
SUBJECT: September 2026 Year to Date Financial Results

SUMMARY:

Staff is presenting the attached August 2026 year-to-date ("YTD") unaudited financial statements of Gold Coast Health Plan ("GCHP").

ATTACHMENT:

September 2026 Financial Package

APPENDIX:

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

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September 2026 YTD Results

Ventura County Medi-Cal Managed Care
Executive Finance Committee
November 12, 2026

Christopher Lee, Chief Financial Officer

Integrity
Accountability
Collaboration
Trust
Respect

Current Month September Net Income is favorable $3.1M to forecast primarily due to lower admin spending $2.4M and favorable prior year IBNP $0.7M.

Item	Actual	8+4 Forecast	Fav / (Unfav)
Membership	220,844	221,679	(835)
Revenue	$102.3M	$100.4M	$1.8M
Revenue pmpm	*$463.03*	*$443.42*	*$19.61*
Medical Cost	$97.4M	$96.1M	($1.3M)
Medical Costs pmpm	*$440.98*	*$424.25*	*($16.72)*
Medical Loss Ratio	95.2%	95.7%	0.4%
Administrative Cost	$10.4M	$12.8M	$2.4M
Admin Cost PMPM	*$47.20*	*$56.55*	*$9.34*
Administrative Loss Ratio	10.2%	12.8%	2.6%
Operating Results	**($5.6M)**	**($8.5M)**	**$2.9M**
Investment Income	$1.2M	$1.0M	$0.2M
Quality Strategy (Grants/Incentives)	$4.4M	$4.5M	$0.1M
Non Operating Results	**($3.3M)**	**($3.5M)**	**$0.2M**
Net Income/(Loss)	**($8.8M)**	**($11.9M)**	**$3.1M**
TNE	$258.5M		

MTD Vs Forecast Highlights

- Membership is unfavorable (835) with a greater loss of UIS enrollment than anticipated; however, we have 1.8k of positive retroactive restated enrollment driving favorable revenue.
- Revenue is $1.8M favorable primarily due to expected $2.0M ECM risk corridor offset by unfavorable Medicare ($0.2M) primarily due to volume.
- Medical expense is ($1.3M) unfavorable primarily due to greater ECM Claims of ($2.0M) offset by risk corridor revenue and unfavorable prior year IBNP ($0.8M) offset by better-than-expected claims results $1.5M
- Administrative spending continues below forecast as management proactively aligns staffing, consulting, and discretionary spending with anticipated 2027 membership declines.
- Investment income is $0.2M favorable due to better-than-expected investment performance.
- Quality Strategy is $0.1M favorable due to timing of anticipated expenses.
- The August TNE is 539% of the state requirement

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

Return to Agenda

Excluding one-time, unanticipated prior-year claims and revenue adjustments, adjusted YTD Net Income is $3.8M favorable to 8+4 Forecast driven by lower administrative expenses $2.4M and favorable claims experience $1.4M leading to the MLR improvement of 0.1%.

September YTD				
Item	**Actual**	**8+4 Forecast**	**Fav / (Unfav)**	**Explanation**
Net Income/(Loss)	**$12.1M**	**$8.9M**	**$3.1M**	
Revenue	($30.1M)	($30.0M)	($0.1M)	2025 UIS Risk Corridor ($25.0M) 2024 UIS Risk Corridor ($3.0M) 2025 Quality Withhold ($3.0M) 2025 Rate True-up ($2.7M)
Claims (IBNP)	($14.6M)	($15.4M)	$0.8M	2025 medical expenses paid in 2026 are less than the amount reserved as of 12/31/2025.
Other	$3.3M	$3.3M	$0.0M	The $3.3M is 2025 Carelon Incentive accounting $2.0M. Prior year settlements make up the balance
Net Income/(Loss), net of Prior Year Activity	**($29.4M)**	**($33.2M)**	**$3.8M**	
MLR - Adjusted	89.5%	89.6%	0.1%,	

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

Return to Agenda

September YTD Net Income $14.0M favorable to budget. Favorability driven by favorable member mix and lower administrative expenses partially offset by increased spending on Quality Strategy Initiatives.

September YTD			
Item	**Actual**	**Budget**	**Fav / (Unfav)**
Ending Membership	220,844	226,443	(5,599)
Revenue	$947.4M	$938.6M	$8.7M
Revenue pmpm	*$459.40*	*$453.31*	*$6.09*
Medical Cost	$806.3M	$806.2M	($0.1M)
Medical Costs pmpm	*$391.00*	*$389.33*	*($1.66)*
Medical Loss Ratio	85.1%	85.9%	0.8%
Administrative Cost	$96.8M	$108.5M	$11.7M
Admin Cost PMPM	*$46.93*	*$52.39*	*$5.47*
Administrative Loss Ratio	10.2%	11.6%	1.3%
Operating Results	**$44.3M**	**$24.0M**	**$20.3M**
Investment Income	$8.7M	$9.0M	$0.3M
Quality Strategy (Grants/Incentives)	$40.9M	$34.9M	($6.0M)
Non Operating Results	**($32.2M)**	**($25.9M)**	**($6.3M)**
Net Income/(Loss)	**$12.1M**	**($1.9M)**	**$14.0M**
TNE	$258.5M		
Adjusted Days Cash on Hand [1]	**62**		

(1) Adjusted Days Cash on Hand represents the organization's true available cash position by removing amounts designated for directed payments and taxes.

YTD Vs Budget Highlights

- Membership is 2.5%, or (5.6k) member below budget in September, reducing both revenue and medical expenses
- Revenue, excluding $10.6M* of prior-year adjustments, is ($1.9M) unfavorable to budget, primarily driven by lower membership volume, partially offset by favorable member mix and risk adjustment revenue.
- Medical expenses, excluding a $14.6M prior-year IBNP release, are ($14.5M) unfavorable to budget, reflecting higher-than-expected claims experience.
- Administrative expenses, excluding $3.3M of prior year expenses, is favorable $15.0M due to lower consulting costs $6.8M, labor savings from the hiring freeze $4.1M, reduced community grants $1.9M, and other administrative reductions $2.2M
- Investment income is $0.3M favorable to budget due to greater than expected investment results.
- Continued strong investment in Quality Strategy initiatives
- The August TNE is 539% of the state requirement

* 2026 Budget included $19.5M of anticipated 2025 UIS Risk Corridor adjustments

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

The year-end operating loss is projected at approximately ($21.0M), reflecting the 8+4F projected loss of ($4.1M), offset by a September YTD gain of $3.1M and adjusted for estimated reserves related to the 2025/2026 UIS Risk Corridor ($27M), the 2026 ECM Risk Corridor ($7M), and prior-year reserve developments $14M.
This result is ($12.3M) unfavorable to the budgeted operating loss of ($8.7M).

Risks:

- DHCS reinterpreted the 2025 UIS State-Only Risk Corridor methodology by changing the classification of state-specific and non-state-specific claims. This revision reduced the anticipated risk corridor payment to GCHP, resulting in an estimated unfavorable financial impact of approximately ($26M).
- The revised DHCS 2026 UIS State-Only Risk Corridor calculation methodology is expected to result in an estimated unfavorable financial exposure of approximately ($1M).
- DHCS has reinterpreted 2026 ECM risk corridor requirements to require encounter validation for capitated ECM payments. Based on preliminary encounter reconciliation analysis, management estimates potential exposure of approximately ($7M), subject to ongoing validation and remediation efforts.
- Risk of higher-than-expected Q4 claims costs due to seasonal flu and RSV activity, which may increase emergency room utilization, inpatient admissions, and overall medical expenses.
- Unanticipated provider disputes and payments.
- Membership attrition could remain above forecast, resulting in additional revenue pressure.

Opportunities:

- Evaluate potential release of approximately $14M of prior-year reserves related to FY22/23 retroactive overpayments and FY20/21 COVID-19 Risk Corridor settlements.
- Continued administrative savings reflect proactive cost management and position the organization for anticipated 2027 UIS and SIS membership declines.

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

Return to Agenda

Membership continues to decline, but monthly losses slowed in August and September.

Restated Medicaid Membership Volumes and Rates

COA	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Rates
Adult Expansion - SIS	63,046	62,352	61,685	61,328	61,024	60,779	$ 464.43
Adult - SIS	20,931	20,739	20,602	20,463	20,430	20,408	$ 411.21
Child - SIS	78,361	78,159	77,637	77,009	76,681	76,633	$ 151.35
SPD - SIS	9,238	9,181	9,142	9,067	9,069	8,734	$ 1,474.57
SPD Dual - SIS	24,269	24,148	24,085	24,077	23,978	23,714	$ 661.69
Long Term Care - SIS	42	42	40	37	34	27	$ 1,474.57
Long Term Care - Dual - SI	664	648	654	650	666	677	$ 661.69
Adult Expansion - UIS	13,053	12,714	12,326	11,738	11,511	11,366	$ 679.05
Adult - UIS	14,384	14,116	13,800	13,424	13,156	13,037	$ 350.38
Child- UIS	3,536	3,450	3,386	3,290	3,237	3,119	$ 135.34
SPD - UIS	1,765	1,744	1,701	1,658	1,649	1,609	$ 1,560.75
SPD Dual - UIS	311	316	309	158	154	180	$ 827.64
Long Term Care - UIS	17	16	12	10	12	11	$ 1,560.75
Long Term Care - Dual - UI	7	8	8	8	8	9	$ 827.64
Total	**229,624**	**227,633**	**225,387**	**222,917**	**221,609**	**220,303**	
Total SIS	**196,551**	**195,269**	**193,845**	**192,631**	**191,882**	**190,972**	**$ 404.65**
Total UIS	**33,073**	**32,364**	**31,542**	**30,286**	**29,727**	**29,331**	**$ 524.80**
Montly reduction - SIS	**(1,274)**	**(1,282)**	**(1,424)**	**(1,214)**	**(749)**	**(910)**	**Current Month 3% reduction**
Montly reduction - UIS	**(510)**	**(709)**	**(822)**	**(1,256)**	**(559)**	**(396)**	**Current Month 1% reduction**

Note: The financial results presented are unaudited, preliminary, and subject to restatement.

Return to Agenda

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AGENDA ITEM NO. 7

TO: Executive Finance Committee

FROM: Christopher Lee, Chief Financial Officer

DATE: November 12, 2026

SUBJECT: 2027 Budget

SUMMARY:

Staff is presenting the 2027 Budget of Gold Coast Health Plan to the Executive/Finance Committee.

RECOMMENDATION:

Receive and file. Staff recommend that the Executive Finance Committee approve the 2027 Budget as presented and recommend the Commission approve the 2027 Budget.

ATTACHMENT:

2027 Budget

Gold Coast Health Plan℠
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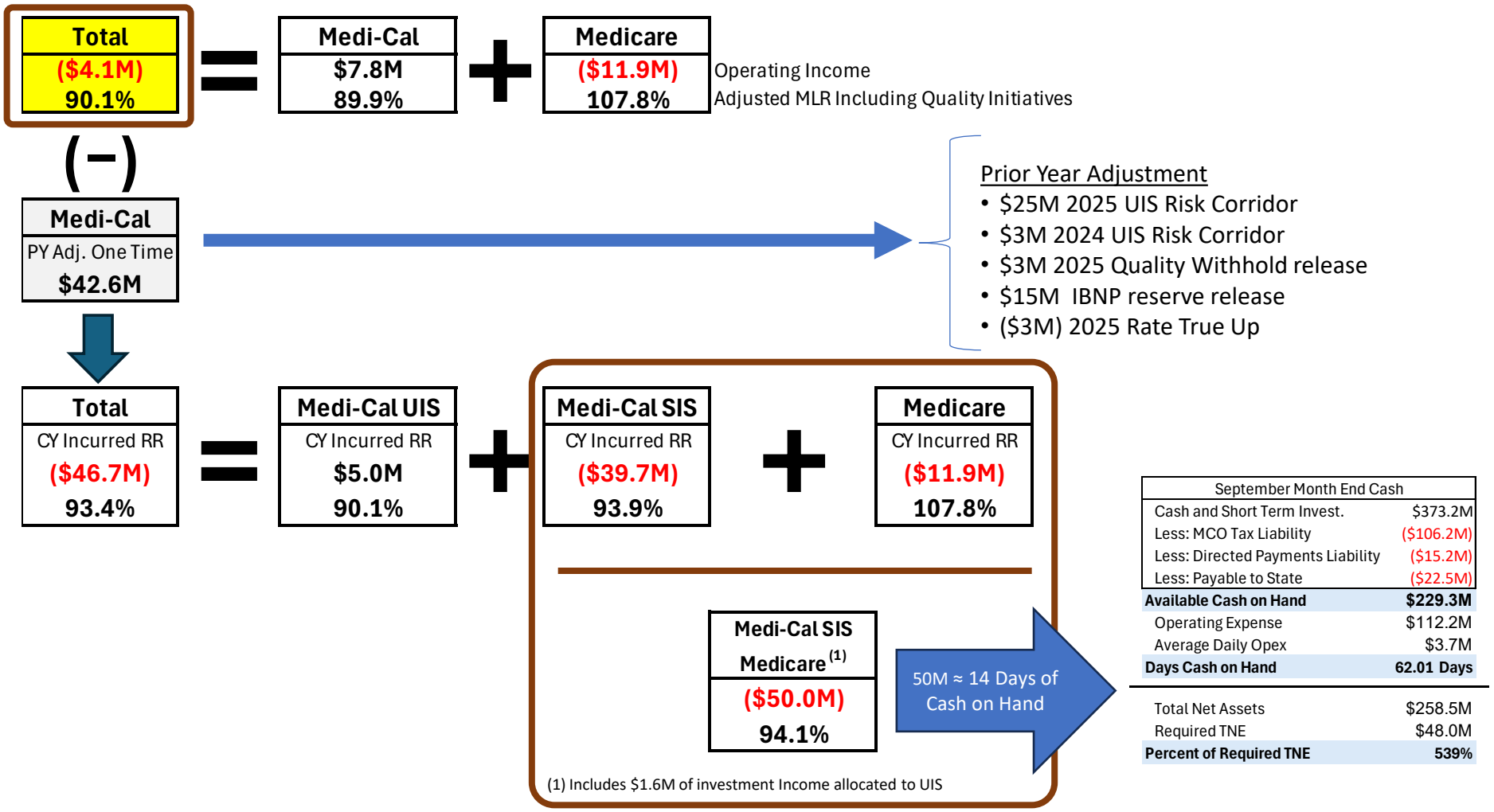
Integrity
Accountability
Collaboration
Trust
Respect

2027 Budget

Ventura County Medi-Cal Managed Care
Executive Finance Committee
November 12, 2026

Christopher Lee, Chief Financial Officer

Prior-Year Reserve Development Masks Underlying Medi-Cal SIS Losses. While the 8+4 Forecast reflects a net loss of only ($4M), this result is significantly supported by $43M of favorable prior-year reserve development. Excluding these one-time adjustments, underlying current-year operations are substantially less favorable, with the Medi-Cal SIS population generating a projected net loss of ($40M) and remaining the primary driver of overall financial pressure.



September Month End Cash	
Cash and Short Term Invest.	$373.2M
Less: MCO Tax Liability	($106.2M)
Less: Directed Payments Liability	($15.2M)
Less: Payable to State	($22.5M)
Available Cash on Hand	**$229.3M**
Operating Expense	$112.2M
Average Daily Opex	$3.7M
Days Cash on Hand	**62.01 Days**
Total Net Assets	$258.5M
Required TNE	$48.0M
Percent of Required TNE	**539%**

2027 Final Rates project an operational loss of ($59M), a $15M improvement from Preliminary Rates but ($9M) below the 2026 8+4 Forecast run rate. The decline is primarily driven by the Satisfactory Immigration Status (SIS) population, where provider rate increases, higher utilization, and rising service costs continue to outpace funding.

	2026 8+4 Forecast (Incurred)			Total SIS + Medicare	2027 Preliminary [1]			2027 Final [1]			vs 2027 Prelim Fav/(Unfav)	vs 8+4F Fav/(Unfav)
($Millions)	SIS	UIS	Medicare		SIS	Medicare	Total	SIS	Medicare	Total		
Ending Membership (Dec)	189,374	29,393	1,065	190,439	172,827	3,729	176,556	184,684	3,729	188,413	11,857	(2,026)
Average Member	193,664	31,393	688	194,352	181,259	2,170	183,429	187,111	2,170	189,281	5,852	(5,071)
Member Months	2,323,973	376,714	8,252	2,332,225	2,175,113	26,040	2,201,153	2,245,332	26,040	2,271,372	70,219	(60,853)
Revenue	$997.3M	$216.0M	$15.3M	$1,012.6M	$998.0M	$53.2M	$1,051.2M	$1,064.6M	$53.2M	$1,117.9M	$66.7M	$105.3M
Revenue pmpm	*$429.15*	*$573.30*	*$1,850.33*	*$434.18*	*$458.81*	*$2,044.83*	*$477.58*	*$474.15*	*$2,044.83*	*$492.16*	*$14.58*	*$57.98*
Medical Cost	$890.6M	$186.3M	$15.7M	$906.3M	$908.7M	$53.6M	$962.3M	$962.8M	$53.6M	$1,016.3M	($54.0M)	($110.0M)
Medical Costs pmpm	*$383.22*	*$494.67*	*$1,907.00*	*$388.61*	*$417.79*	*$2,057.70*	*$437.19*	*$428.78*	*$2,057.70*	*$447.46*	*($10.26)*	*($58.85)*
Medical Loss Ratio	89.3%	86.3%	103.1%	89.5%	91.1%	100.6%	91.5%	90.4%	100.6%	90.9%	0.6%	-1.4%
Quality Strategy (Grants/Incentives)	$45.5M	$8.3M	$0.7M	$46.2M	$34.8M	$0.7M	$35.5M	$32.5M	$0.7M	$33.2M	$2.3M	$13.0M
Quality Strategy PMPM	*$19.56*	*$21.94*	*$86.99*	*$19.80*	*$16.00*	*$27.57*	*$16.14*	*$14.47*	*$27.57*	*$14.62*	*$1.52*	*$5.18*
Total Medical Cost PMPM	$402.77	$516.61	$1,993.98	$408.40	$433.79	$2,085.27	$453.33	$443.25	$2,085.27	$462.08	($8.75)	($53.67)
MLR Includes Quality Strategy	93.9%	90.1%	107.8%	94.1%	94.5%	102.0%	94.9%	93.5%	102.0%	93.9%	1%	0%
Gross Margin	**$61.3M**	**$21.4M**	**($1.2M)**	**$60.1M**	**$54.4M**	**($1.1M)**	**$53.4M**	**$69.4M**	**($1.1M)**	**$68.3M**	**$15.0M**	**$8.2M**
Administrative Cost	$110.9M	$18.0M	$10.7M	$121.7M	$128.9M	$10.7M	$139.7M	$128.9M	$10.7M	$139.7M	-	($18.0M)
Admin Cost PMPM	*$47.73*	*$47.77*	*$1,300.58*	*$52.17*	*$59.27*	*$412.15*	*$63.45*	*$57.42*	*$412.15*	*$61.49*	*$1.96*	*($9.32)*
Administrative Loss Ratio	11.1%	8.3%	70.3%	12.0%	12.9%	20.2%	13.3%	12.1%	20.2%	12.5%	1%	(0%)
Investment Income	$9.9M	$1.6M	-	$11.5M	$12.0M	-	$12.0M	$12.0M	-	$12.0M	$0.5M	$0.5M
Net Income/(Loss)	**($39.7M)**	**$5.0M**	**($11.9M)**	**($50.0M)**	**($62.5M)**	**($11.8M)**	**($74.3M)**	**($47.5M)**	**($11.8M)**	**($59.3M)**	**$15.0M**	**($9.3M)**

(1) Preliminary 2027 Budget assumes 2026 Admin $'s

The 2027 Budget net loss of ($59.3M) is ($9.3M) unfavorable to the 2026 8+4 Forecast, primarily driven by higher administrative costs and provider re-contracting changes.

	2026 8+4F Net Income/(Loss)		**($50.0M)**
	Volume	($3.4M)	
A	Provider re-contracting changes	($10.3M)	
B	Utilization Trend	($3.7M)	
C	Reduction in Quality Strategy	$10.7M	
	Total Gross Margin	($6.7M)	
D	Admin expense reallocation	($18.0M)	
	Investment Income	$0.5M	
	Total Admin & Investment Income	($17.5M)	
	Total Adjustment		**($24.2M)**
	2027 PRELIMINARY Budget Net Income/(Loss)		**($74.3M)**
	Volume	$2.2M	
E	Trend Modification	$18.2M	
F	Risk Adjustment	($5.8M)	
	Other	($1.9M)	
C	Reduction in Quality Strategy	$2.3M	
	Total Gross Margin	$15.0M	
	Total Adjustment		**$15.0M**
	2027 Final Budget Net Income/(Loss)		**($59.3M)**
	Variance to 2026 8+4 Forecast Run Rate		**($9.3M)**

Discussion

A. Recent provider contract negotiations have increased unit cost trends beyond the levels funded by DHCS.

B. The SIS population continues to experience margin pressure as declining enrollment reduces revenue while the remaining membership reflects a higher-cost risk profile.

C. Quality incentive funding is recalibrated to reflect increasing performance thresholds and expected achievement. The revised strategy prioritizes high-impact measures and aligns incentives with meaningful quality outcomes.

D. Assumes operational costs supporting UIS would reallocate to support SIS.

E. The favorable variance is attributable to DHCS updating its trend assumptions based on more recent QFR and MLR experience. The updated data supported higher projected medical costs, which translated into increased CY27 rates

F. Risk adjustment measures the health risk of GCHP members relative to the regional average population used for rate development. Updated member data resulted in lower risk scores and a corresponding reduction in CY27 rates.

Achieving a sustainable 0.5% operating margin in 2027 will require significant operational changes, organizational discipline, and targeted investments, requiring approximately $65M of improvement through a reduction in Administrative Loss Ratio (ALR) from 12.5% to 11.0%($12M) and Medical Loss Ratio (MLR) from 93.9% to 89.1% ($53M).

($Millions)	Preliminay 2027 Budget [1] SIS	Medicare	Total
Ending Membership (Dec)	184,684	3,729	188,413
Average Member	187,111	2,170	189,281
Member Months	2,245,332	26,040	2,271,372
Revenue	$1,064.6M	$53.2M	$1,117.9M
Revenue pmpm	*$474.15*	*$2,044.83*	*$492.16*
Medical Cost	$962.8M	$53.6M	$1,016.3M
Medical Costs pmpm	*$428.78*	*$2,057.70*	*$447.46*
Medical Loss Ratio	90.4%	100.6%	90.9%
Quality Strategy (Grants/Incentives)	$32.5M	$0.7M	$33.2M
Quality Strategy PMPM	*$14.47*	*$27.57*	*$14.62*
Total Medical Cost PMPM	$443.25	$2,085.27	$462.08
MLR Includes Quality Strategy	93.5%	102.0%	93.9%
Gross Margin	**$69.4M**	**($1.1M)**	**$68.3M**
Administrative Cost	$128.9M	$10.7M	$139.7M
Admin Cost PMPM	*$57.42*	*$412.15*	*$61.49*
Administrative Loss Ratio	12.1%	20.2%	12.5%
Investment Income	$12.0M	-	$12.0M
Net Income/(Loss)	**($47.5M)**	**($11.8M)**	**($59.3M)**

(1) Preliminary 2027 Budget assumes 2026 Admin $'s

PATH TO OPERATIONAL SUSTAINABILITY:

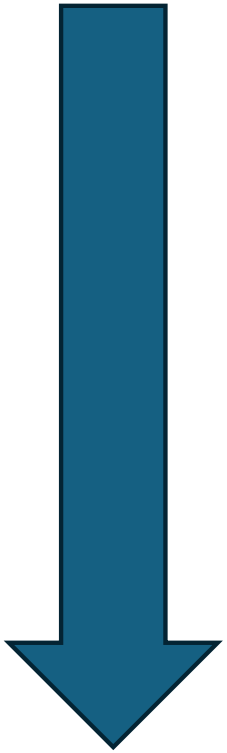
1) **Operational Restructuring** – Administrative layoffs and organizational efficiency.
2) **Strategic Investments** – Prioritize investments that improve long-term sustainability, operational effectiveness, and value creation.
3) **Aggressive Cost Management** – Strengthen oversight of medical expenditures through utilization management, network optimization, site-of-care strategies.
4) **Provider Contracting and Reimbursement Discipline** – Align provider contracts and reimbursement rates with financial capacity and available resources.

2027 Target (Run Rate) SIS	Medicare	Total	Variance to Prelim 2027 Budget
184,684	3,729	188,413	-
187,111	2,170	189,281	-
2,245,332	26,040	2,271,372	-
$1,064.6M	$53.2M	$1,117.9M	-
$474.15	*$2,044.83*	*$492.16*	-
$909.7M	$53.2M	$963.0M	$53.4M
$405.16	*$2,044.83*	*$423.95*	*$23.50*
85.4%	100.0%	86.1%	4.8%
$32.5M	$0.7M	$33.2M	-
			-
$14.47	*$27.57*	*$14.62*	-
$419.62	$2,072.40	$438.57	$23.50
88.5%	101.3%	89.1%	4.8%
$122.4M	**($0.7M)**	**$121.7M**	**$53.4M**
$117.1M	$10.8M	$127.9M	**$11.7M**
$52.16	*$415.99*	*$56.33*	*$5.16*
11.0%	20.3%	11.4%	1.0%
$12.0M	-	$12.0M	-
$17.3M	**($11.6M)**	**$5.8M**	**$65.1M**

Operational Sustainability Investments **$20.0M**

The path to operational sustainability is built on a phased approach that begins with immediate operational actions, progresses through strategic portfolio investments, and is strengthened by active management of care delivery and provider contracting strategies that align reimbursement with organizational sustainability.

($59.3M)



	2027 Preliminary Investments	2027 Run Rate Savings
 Operational Restructuring	($8M)	$12M
 Strategic Investments	($12M)	$40M
 Aggressive Cost Management	($3M)	$3M - 10M
 Provider Contracting and Reimbursement Discipline	TBD	$3M
	($22M)	

$5.8M

Total Operational Sustainability Investments Not to exceed $20M.

($20M)	$58M - $65M

2027 Preliminary Project Portfolio
Projects and funding may change. Total funding will not exceed $20M.
- Certain projects will require implementation starting in 2026

Operational Restructuring		
$5.1M	Operational Sustainability Initiative	Including one-time severance and transition costs associated with workforce reductions.
$2.6M	IT Rationalization	Conduct a comprehensive assessment and reorganization of IT operations, technology management, and infrastructure to identify gaps and improvement opportunities. The project will optimize processes, realign resources, maximize existing technology investments, and strengthen IT capabilities, performance, and scalability.
Strategic Initiatives		
$6.0M	Payment Integrity integration and operations	Supports the implementation, integration, and ongoing management of payment integrity solutions to identify, prevent, and recover inappropriate claim payments. Expenses include vendor fees tied to claim avoidance and recovery activities, system integration and oversight, and operational support to maximize savings, strengthen controls, and improve claims payment accuracy.
$2.8M	Member Retention Through Personalized Engagement	Current outreach efforts have not achieved desired retention outcomes amid Medicaid eligibility changes. This project will use data-driven member profiling to deliver targeted engagement through SMS, email, outbound and inbound calls, AI-assisted warm transfers, and peer-to-peer support, improving retention while scaling member outreach and marketing.
$0.4M	Salesforce Agentforce AI Implementation	Current enrollment, outreach, and retention efforts rely on manual processes that limit scalability and consistent member engagement. Implementing Salesforce Agentforce and Usher will automate 50-60% of routine interactions, increasing capacity to 1.7-2.5x current volumes while allowing staff to focus on complex member needs.
$1.4M	NCPDP D.0 to F6 Compliance	NCPDP compliance is federally mandated by January 1, 2028, requiring updates to systems, processes, and integrations. This project will fund assessment, configuration, testing, and implementation support to ensure GCHP and its PBM achieve compliance.
$0.4M	HRP Upgrade	GCHP's current HealthEdge version requires operational workarounds and has fallen behind the vendor's recommended release schedule. Upgrading will provide access to enhanced functionality, improve operational efficiency, and strengthen the stability and value of the core platform.
$0.1M	Symplr Upgrade	The current credentialing platform is not fully optimized, limiting operational efficiency and value realization. Upgrading Symplr will unlock its full functionality, streamline contract management implementation, and reduce administrative complexity.
$1.0M	PACE Application Review and Preliminary Implementation Planning	This initiative prepares the organization for future PACE participation by developing application materials, assessing operational readiness, and establishing implementation plans to support timely program launch when the state moratorium is lifted.
Aggressive Cost Management		
$1.0M	Care Optimization Initiative	This initiative optimizes healthcare utilization and medical spending by ensuring members receive the right care, at the right time, and in the right setting. Through care navigation, utilization management, and site-of-service strategies, the program improves access to appropriate care, enhances member outcomes, and reduces avoidable emergency, hospital, and other unnecessary healthcare utilization.
$0.4M	Contract Management Implementation	The current contracting process lacks a centralized, standardized system, resulting in inconsistent workflows, limited visibility, and contract tracking challenges. Implementing a contract management solution will streamline lifecycle management, improve oversight, and support scalable growth in contracting activities.
$0.3M	CLR Closed Loop Referral	The current referral process is manual and unsustainable, resulting in a growing backlog and delays in care. This project will automate referral workflows to improve access, efficiency, provider experience, and compliance.
$0.3M	Wellth DSNP Gaps in Care	Current D-SNP care management relies heavily on care navigators to drive member engagement and close care gaps. This project will use digital engagement and targeted incentives to improve health outcomes, member experience, and quality performance, resulting in stronger NPS, CAHPS, and HOS scores.
$0.5M	ESRD Medicare Enrollment	Members with ESRD represent a high-cost population, and missed Medicare enrollment shifts avoidable dialysis costs to GCHP. This project will use a specialized vendor to increase Medicare enrollment, reducing costs while ensuring members receive all eligible benefits.
$22.4M		

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Best Case: Reflects successful execution of strategic investments, utilization management, care delivery optimization, and provider contracting initiatives resulting in improved medical and administrative cost performance.

	2027 Medi-Cal SIS	2027 Medicare	2027 Total	2028 Medi-Cal SIS	2028 Medicare	2028 Total	2029 Medi-Cal SIS	2029 Medicare	2029 Total
Avg Members	187,111	2,170	189,281	169,188	3,900	173,088	167,963	5,950	173,913
Member Months	2,245,332	26,040	2,271,372	2,030,256	46,800	2,077,056	2,015,556	71,400	2,086,956
Revenue	$1,064.6M	$53.2M	$1,117.9M	$993.5M	$101.3M	$1,094.8M	$1,015.9M	$159.1M	$1,175.0M
Revenue PMPM	474.15	2,044.83	492.16	489.33	2,164.71	527.07	504.00	2,228.49	563.00
Medical Cost	$909.7M	$53.2M	$963.0M	$853.9M	$98.3M	$952.1M	$883.3M	$153.9M	$1,037.2M
Medical Cost PMPM	405.16	2,044.83	423.95	420.57	2,099.87	458.40	438.22	2,155.37	496.97
Quality Strategy	$32.5M	$0.7M	$33.2M	$30.3M	$1.3M	$31.6M	$31.0M	$2.1M	$33.1M
Quality Strategy PMPM	14.47	27.57	14.62	14.93	28.45	15.24	15.38		15.86
MLR (incl. Quality Strategy)	88.5%	101.3%	89.1%	89.0%	98.3%	89.9%	90.0%	98.0%	91.1%
Administrative Cost	$117.1M	$10.8M	$127.9M	$99.3M	$15.8M	$115.1M	$91.4M	$16.3M	$107.8M
Admin PMPM	52.16	415.99	56.33	48.93	336.55	55.41	45.36	228.88	51.64
ALR	11.0%	20.3%	11.4%	10.0%	15.5%	10.5%	9.0%	10.3%	9.2%
Investment Income	$12.0M	-	$12.0M	-	-	$12.0M	-	-	$12.0M
Strategy Investment	**-**		**$20.0M**	**-**		**$15.0M**	**-**		**$5.0M**
Net Income/(Loss)	$17.3M	($11.6M)	($14.2M)	$9.9M	($14.0M)	($7.1M)	$10.2M	($13.2M)	$3.9M
Operating Margin	1.6%	(21.7%)	(1.3%)	1.0%	(13.9%)	(0.6%)	1.0%	(8.3%)	0.3%
Ending equity			$227.9M			$220.8M			$224.7M
Required TNE			$42.1M			$41.5M			$44.5M
% of TNE			541.1%			531.7%			504.8%

- **Baseline**: Revenue and medical costs are projected to increase by 3.2% in 2028 and 3.0% in 2029.
- **Best Case**: Assumes Medi-Cal medical cost ratio improves to 88.5% in 2027, 89% in 2028, and 90% in 2029, combined with ALR improvements to 11% in 2027, 10% in 2028, and 9% in 2029, along with the identified strategic investments and operational initiatives.

The best-case scenario illustrates a path to operational sustainability that maintains reserve adequacy while requiring strategic investments to achieve and sustain long-term financial performance.

	Worst Case				Admin Change Only				**Best Case**			
	2026	2027	2028	2029	2026	2027	2028	2029	**2026**	**2027**	**2028**	**2029**
Avg Members	225,565	189,281	173,088	173,913	225,565	189,281	173,088	173,913	225,565	189,281	173,088	173,913
Member Months	2,271,372	2,271,372	2,077,056	2,086,956	2,271,372	2,271,372	2,077,056	2,086,956	2,271,372	2,271,372	2,077,056	2,086,956
Revenue	$1,253.9M	$1,117.9M	$1,094.8M	$1,175.0M	$1,253.9M	$1,117.9M	$1,094.8M	$1,175.0M	$1,253.9M	$1,117.9M	$1,094.8M	$1,175.0M
Medical Cost	$1,075.4M	$1,016.3M	$997.3M	$1,073.5M	$1,075.4M	$1,016.3M	$997.3M	$1,073.5M	$1,075.4M	$963.0M	$952.1M	$1,037.2M
Quality Strategy	$54.4M	$33.2M	$31.6M	$33.1M	$54.4M	$33.2M	$31.6M	$33.1M	$54.4M	$33.2M	$31.6M	$33.1M
MLR (incl. Quality Strategy)	90.1%	93.9%	94.0%	94.2%	90.1%	93.9%	94.0%	94.2%	90.1%	89.1%	89.9%	91.1%
Administrative Cost	$139.7M	$139.7M	$135.9M	$139.2M	$139.7M	$127.9M	$115.1M	$107.8M	$139.7M	$127.9M	$115.1M	$107.8M
ALR	11.1%	12.5%	12.4%	11.8%	11.1%	11.4%	10.5%	9.2%	11.1%	11.4%	10.5%	9.2%
Investment Income	$11.5M	$12.0M	$12.0M	$12.0M	$11.5M	$12.0M	$12.0M	$12.0M	$11.5M	$12.0M	$12.0M	$12.0M
Strategy Investment	-	-	-	-	-	-	**$7.0M**	**$2.5M**	-	**$20.0M**	**$15.0M**	**$5.0M**
Net Income/(Loss)	($4.1M)	($59.3M)	($58.1M)	($58.8M)	($4.1M)	($47.6M)	($44.3M)	($29.9M)	($4.1M)	($14.2M)	($7.1M)	$3.9M
Operating Margin	(0.3%)	(5.3%)	(5.3%)	(5.0%)	(0.3%)	(4.3%)	(4.0%)	(2.5%)	(0.3%)	(1.3%)	(0.6%)	0.3%
Ending equity	$240.7M	$181.3M	$123.2M	$64.4M	$240.7M	$193.0M	$148.8M	$118.9M	$240.7M	$227.9M	$220.8M	$224.7M
Required TNE	$48.1M	$44.3M	$43.3M	$46.0M	$48.1M	$44.3M	$43.3M	$46.0M	$48.1M	$42.1M	$41.5M	$44.5M
% of TNE	500.4%	409.7%	284.4%	140.1%	500.4%	436.2%	343.4%	258.6%	500.4%	541.1%	531.7%	504.8%

- **Baseline**: Revenue and medical costs are projected to increase by 3.2% in 2028 and 3.0% in 2029.
- **Worst Case**: Assumes no cost-of-care improvement initiatives and administrative expenses remain at 2026 levels.
- **Administrative Change Only**: Assumes Medi-Cal Administrative Loss Ratio (ALR) improves to 11% in 2027, 10% in 2028, and 9% in 2029.
- **Best Case**: Assumes Medi-Cal medical cost ratio improves to 88.5% in 2027, 89% in 2028, and 90% in 2029, combined with ALR improvements to 11% in 2027, 10% in 2028, and 9% in 2029, along with the identified strategic investments and operational initiatives.

Gold Coast Health Plan℠
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AGENDA ITEM NO. 8

TO: Executive Finance Committee

FROM: Christopher Lee, Chief Financial Officer
Bob Bushey, Sr. Director, Procurement

DATE: November 12, 2026

SUBJECT: 2027 Contract Renewal List

SUMMARY:

Staff is presenting the 2027 Contract Renewal Proposals to the Executive Finance Committee. The report summarizes the estimated contract renewal amounts for 2027 and seeks Executive Finance Committee review and recommendation that such list be approved as part of the 2027 Budget.

RECOMMENDATION:

Staff recommends that the Executive Finance Committee recommend the Commission approve the 2027 Contract Renewal List as part of approval of the 2027 Budget.

ATTACHMENT:

2027 Contract Renewal List

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2027 Contract Renewal List

Ventura County Medi-Cal Managed Care
Executive Finance Committee
November 12, 2026

Christopher Lee, Chief Financial Officer
Bob Bushey, Executive Director Procurement

Integrity
Accountability
Collaboration
Trust
Respect

2027 Contract Renewal Proposals

Supplier	Award Methodology	Brief Description	Current Contract			Renewal Period (1)				Relationship		
			Start Date	End Date	Amount	Start Date	End Date	Amount	% Change	Original Contract Start Date	Years	Cumulative Amount
LinkedIn Corporation	Under Bidding Threshold	Learning hub software	12/03/25	12/02/26	32,418	12/03/26	12/02/27	37,000	14%	12/01/17	10	331,466
Partners In Leadership LLC dba Culture Partners	Sole Source	Culture training services	12/20/25	12/19/26	310,750	12/20/26	12/19/27	155,000	-50%	12/20/24	3	776,500
Cotiviti, Inc.	Sole Source	IT interoperability software	01/01/26	12/31/26	187,000	01/01/27	12/31/28	200,000	7%	01/01/21	8	1,275,106
Health Management Associates, Inc	Sole Source	Consulting services - Finance, actuarial (RDT)	01/01/26	12/31/26	1,240,350	01/01/27	12/31/27	1,250,000	1%	12/01/23	4	5,074,413
Gemini Diversified Services, Inc.	Under Bidding Threshold	Credentialing services	01/01/26	12/31/26	33,551	01/01/27	12/31/27	39,000	16%	07/01/15	13	424,838
The Periscope Group	Under Bidding Threshold	In home medical assessment services	01/01/26	12/31/26	60,000	01/01/27	12/31/28	60,000	0%	02/01/15	14	483,726
LRMN Consulting	Sole Source	Provide medical reviews	01/02/26	01/01/27	254,271	01/02/27	01/01/28	300,000	18%	01/01/26	2	575,460
Crossroads Staffing Services	Competition/RFP	Temporary labor	02/01/26	01/31/27	497,543	02/01/27	01/31/28	500,000	0%	01/23/18	10	5,019,350
Mercy Kagoda MD	Sole Source	Consulting - Medical reviews	02/02/26	02/01/27	240,388	02/02/27	02/01/28	300,000	25%	02/01/26	2	560,420
Manifest Medex	Sole Source	Data sharing services	02/16/26	02/15/27	207,326	02/16/27	02/15/29	212,500	2%	02/15/21	8	1,686,236
Carol Hsu	Sole Source	Medical reviews	03/01/26	02/28/27	149,066	03/01/27	02/29/28	200,000	34%	03/01/23	5	796,265
Shah Health LLC	Sole Source	Medical reviews	03/02/26	03/01/27	244,800	03/02/27	03/01/28	300,000	23%	03/01/25	3	810,000
TTEC Government Solutions, LLC	Competition/RFP	Call center software licenses	04/01/26	03/31/27	104,940	04/01/27	03/31/28	110,000	5%	11/01/24	3	363,604
Navex Global, Inc.	Sole Source	Policy library software	04/23/26	04/22/27	198,833	04/23/27	04/22/28	198,833	0%	12/10/25	2	480,514
OpenText Inc.	Sole Source	Fax services	05/01/26	04/30/27	43,256	05/01/27	04/30/28	165,000	281%	05/12/15	13	684,073
OmniData Insights, Inc.	Sole Source	Azure (Microsoft ELA software)	05/01/26	04/30/27	493,545	05/01/27	04/30/28	1,555,000	215%	05/01/21	7	4,516,268
Infomedia Group dba Carenet Healthcare Services	Competition/RFP	Outreach services	06/01/26	05/31/27	95,074	06/01/27	05/31/28	200,000	110%	03/01/20	8	889,285
Cotiviti, Inc.	Sole Source	EDI software - Technology Solution Only	06/22/26	06/21/27	134,384	06/22/27	06/21/29	141,000	5%	06/22/19	10	1,357,070
Cotiviti, Inc.	Sole Source	Cloud member access software	06/30/26	06/29/27	112,820	06/30/27	06/29/29	118,500	5%	06/30/21	8	913,917
Intelligent Content Solutions LLC	Sole Source	Mailroom scanning software	07/01/26	06/30/27	367,200	07/01/27	06/30/28	375,000	2%	07/01/25	3	1,109,400
UpToDate, Inc.	Sole Source	Pharmacy software	07/01/26	06/30/27	177,229	07/01/27	06/30/28	170,000	-4%	08/01/23	5	864,147

(1) The proposed renewal amount represents a not-to-exceed dollar limit for the renewal period.

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2027 Contract Renewal Proposals
Continued

Supplier	Award Methodology	Brief Description	Current Contract			Renewal Period (1)				Relationship		
			Start Date	End Date	Amount	Start Date	End Date	Amount	% Change	Original Contract Start Date	Years	Cumulative Amount
Cotiviti, Inc.	Competition/RFP	EDI Software (Business Operations Services Only)	07/01/26	06/30/27	265,000	07/01/27	06/30/29	285,000	8%	07/01/24	5	7,372,284
Wellth Inc.	Sole Source	Disease management services	07/01/26	06/30/27	3,058,477	07/01/27	06/30/28	5,726,279	87%	07/13/23	5	17,960,188
All Languages Interpreting & Translating, Inc.	Competition/RFP	Interpreting services	07/01/26	06/30/27	276,000	07/01/27	06/30/28	280,000	1%	08/01/20	8	949,036
The Mihalik Group LLC	Competition/RFP	NCQA accreditation consulting services	07/01/26	06/30/27	300,787	07/01/27	06/30/30	138,333	-54%	07/01/24	6	1,317,361
SMI Concepts, Inc	Sole Source	Audio visual services	07/01/26	06/30/27	46,372	07/01/27	06/30/28	100,000	116%	09/01/17	11	555,987
Stacy Miller Public Affairs Inc.	Competition/RFP	Media buying services (pass through plus monthly service fee)	07/01/26	06/30/27	166,604	07/01/27	06/30/28	690,000	314%	07/01/23	5	1,356,417
Arine Inc.	Competition/RFP	Software - Used for chronic disease management	08/01/26	07/31/27	185,625	08/01/27	07/31/28	1,800,000	870%	12/06/24	4	2,295,000
Quest Analytics LLC	Sole Source	Provider address software platform	08/12/26	08/11/27	186,633	08/12/27	08/11/28	186,633	0%	08/12/24	4	746,531
KP LLC	Competition/RFP	Document translation services	09/01/26	08/31/27	102,000	09/01/27	08/31/28	100,000	-2%	09/01/25	3	304,000
The Finish Line	Sole Source	Promotional products	09/01/26	08/31/27	66,500	09/01/27	08/31/28	113,756	71%	09/01/21	7	512,756
Simpledatalabs inc dba Prophecy Inc.	Sole Source	IT software	10/01/26	09/30/27	239,500	10/01/27	09/30/28	249,080	4%	10/01/23	5	1,207,080
Baker Tilly Advisory Group LP	Sole Source	Financial audit services	10/01/26	09/30/27	185,000	10/01/27	09/30/28	200,000	8%	10/01/15	13	1,551,780
Tevora Business Solutions, Inc.	Sole Source	OKTA single sign software	11/01/26	10/31/27	25,590	11/01/27	10/31/30	25,000	-2%	10/29/18	12	307,445
Affiliated Monitors Inc.	Competition/RFP	Corporate integrity agreement services	11/02/26	11/01/27	89,873	11/02/27	11/01/28	111,882	24%	11/01/22	6	568,734
TopBloc	Sole Source	Workday support services	12/12/25	12/11/26	236,393	12/12/27	12/11/28	240,000	2%	01/12/26	3	693,087
James Vincent Pezzullo II dba The JVP Group	Sole Source	Website services	12/31/25	12/30/26	96,000	12/31/27	12/30/28	166,432	73%	12/04/14	14	662,933
Milliman	Sole Source	Actuarial services	01/01/27	12/31/27	477,387	01/01/28	12/31/28	525,000	10%	10/31/25	3	1,599,120
Pacific Interpreters	Competition/RFP	Interpreting services	01/01/27	12/31/27	204,000	01/01/28	12/31/28	210,000	3%	08/01/20	8	1,280,774
Stacy Miller Public Affairs Inc.	Competition/RFP	Public relations services	01/01/27	12/31/27	382,559	01/01/28	12/31/28	300,000	-22%	08/01/24	4	1,607,077
Quest Analytics LLC	Sole Source	Provider address verification outreach services	01/01/27	12/31/27	37,149	01/01/28	12/31/28	39,000	5%	12/17/18	10	376,441
SHI International Corp	Competition/RFP	Microsoft Volume Licensing Agreement	01/01/27	12/31/27	533,887	01/01/28	12/31/30	570,000	7%	01/01/25	6	3,311,661
Perfect Gift LLC	Competition/RFP	Gift cards	01/01/27	12/31/27	1,159,584	01/01/28	12/31/28	1,825,000	57%	12/03/21	7	8,879,136

(1) The proposed renewal amount represents a not-to-exceed dollar limit for the renewal period.

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AGENDA ITEM NO. 9

TO: Executive Finance Committee

FROM: Christopher Lee, Chief Financial Officer
Bob Bushey, Sr. Director, Procurement

DATE: November 12, 2026

SUBJECT: 2026 Q3 Procurement Summary

SUMMARY:

Staff is presenting the 2026 Q3 Procurement Summary to the Executive/Finance Committee as requested by the Commission to show what procurements occurred under the revised Procurement Policy.

RECOMMENDATION:

Receive and file.

ATTACHMENT:

2026 Q3 Procurement Summary

Gold Coast Health Plan℠
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Purchase Summary
June – September 2026

Ventura County Medi-Cal Managed Care
Executive Finance Committee
November 12, 2026

Christopher Lee, Chief Financial Officer
Bob Bushey, Executive Director Procurement

Integrity
Accountability
Collaboration
Trust
Respect

Report Overview

- The report reflects every transaction that is governed by the Signature Authority and Procurement Policy
- Transaction approvals are automated and completed via a purchase order using Workday financial software
- Sides 3-6 reflect new purchases that were originated in Workday and completed and awarded from June until September
- Slides 7-10 reflect purchase orders that were migrated from our legacy financial system, (Multiview) and amended to add additional funds or to renew a contract for a new renewal term

Each Procurement is funded via a Purchase Order

Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
PO-000081	6/3/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$2,058.00	No	
PO-000082	6/3/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$24,435.84	No	
PO-000083	6/3/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$1,933.98	No	
PO-000084	6/4/2026	Christopher Lee	Crow Canyon Systems, Inc	Single Purchase	Under $200k	Contract Management Software	$7,200.00	No	
PO-000085	6/5/2026	James Cruz	Health Literacy Innovations LLC	Single Purchase	Under $200k	IT Software - Medical Management	$1,812.00	No	
PO-000086	6/5/2026	Suma Simcoe	Aarete LLC	Contracted	Sole Source	Professional Services - Operations	$608,511.24	Yes	Stabilization Project- Approved as a project item under Agenda Item #5 at the February 23, 2026, Commission meeting.
PO-000087	6/9/2026	Suma Simcoe	Press Ganey Associates LLC	Contracted	Under $200k	Provider Survey Services	$45,765.00	No	
PO-000088	6/11/2026	Suma Simcoe	Cotiviti, Inc	Preferred	Competition	EDI and Interoperability Services	$245,714.50	No	
PO-000089	6/11/2026	Eve Gelb	Press Ganey Associates LLC	Contracted	Under $200k	Member Journey Survey	$100,800.00	No	
PO-000090	6/11/2026	Paul Aguilar	Crossroads Staffing Services	Preferred	Competition	Temporary Labor Services	$726,211.20	Yes	2025 Contract Renewal List
PO-000091	6/11/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$641.00	No	
PO-000092	6/11/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$33,101.03	No	
PO-000093	6/18/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$33,758.90	No	
PO-000094	6/18/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$33,800.00	No	
PO-000095	6/18/2026	Christopher Lee	Baker Tilly Advisory Group LP	Contracted	Sole Source	Financial Audit Services	$203,000.00	Yes	2026 Contract Renewal List

Each Procurement is funded via a Purchase Order

Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
PO-000096	6/24/2026	Paul Aguilar	CareNational Healthcare Services LLC	Preferred	Competition	Temporary Labor Services	$4,538.09	No	
PO-000097	6/24/2026	Christopher Lee	CareNational Healthcare Services LLC	Preferred	Competition	Temporary Labor Services	$5,848.62	No	
PO-000098	6/24/2026	Paul Aguilar	Akkodis, Inc	Preferred	Competition	Temporary Labor Services	$79,804.40	No	
PO-000099	6/24/2026	Paul Aguilar	Akkodis, Inc	Preferred	Competition	Temporary Labor Services	$184,164.00	No	
PO-000100	6/24/2026	Paul Aguilar	Crossroads Staffing Services	Preferred	Competition	Temporary Labor Services	$74,630.40	No	
PO-000102	7/2/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$8,932.40	No	
PO-000103	7/6/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$4,425.74	No	
PO-000105	7/7/2026	Eve Gelb	On Lok, Inc.	New Vendor and New Contract	Under $200k	Consulting Services - PACE Program	$43,000.00	No	
PO-000106	7/10/2026	Paul Aguilar	TotalMed LLC	Contracted	Under $200k	Temporary Labor Services	$154,080.00	No	
PO-000107	7/14/2026	Suma Simcoe	Aarete LLC	Contracted	Sole Source	Professional Services - Operations	$342,000.00	Yes	Stabilization Project- Approved as a project item under Agenda Item #5 at the February 23, 2026, Commission meeting.
PO-000108	7/15/2026	Paul Aguilar	TotalMed LLC	Contracted	Competition	Temporary Labor Services	$154,080.00	No	
PO-000109	7/15/2026	Paul Aguilar	TotalMed LLC	Contracted	Competition	Temporary Labor Services	$79,608.00	No	

Each Procurement is funded via a Purchase Order

Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
PO-000110	7/20/2026	Paul Aguilar	Universal Protection Service L.P.	New Vendor and New Contract	Under $200k	Building OnsiteSsecurity	$71,664.40	No	
PO-000111	7/20/2026	Christopher Lee	Crow Canyon Systems, Inc	Contracted	Under $200k	T&M Services for Contract Management Software	$1,678.00	No	
PO-000112	7/20/2026	Suma Simcoe	Cotiviti, Inc	Preferred	Competition	EDI and Interoperability Services	$125,310.43	No	
PO-000113	7/20/2026	Suma Simcoe	Cotiviti, Inc	Preferred	Competition	EDI and Interoperability Services	$106,490.94	No	
PO-000114	7/21/2026	Paul Aguilar	Crossroads Staffing Services	Preferred	Competition	Temporary Labor Services	$44,380.80	No	
PO-000115	7/21/2026	Paul Aguilar	Crossroads Staffing Services	Preferred	Competition	Temporary Labor Services	$44,380.80	No	
PO-000116	7/21/2026	Paul Aguilar	Crossroads Staffing Services	Preferred	Competition	Temporary Labor Services	$44,380.80	No	
PO-000117	7/21/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$5,665.00	No	
PO-000118	7/22/2026	Paul Aguilar	Salary.com	Contracted	Under $200k	Skill Set Market Salary Benchmarking Services	$9,072.00	No	
PO-000119	7/28/2026	Paul Aguilar	Scala Studio LLC	New Vendor and New Contract	Under $200k	New Building Design Services	$22,000.00	No	
PO-000120	7/28/2026	Eve Gelb	Milliman	Contracted	Under $200K	Actuarial Services	$95,000.00	No	
PO-000121	7/28/2026	Suma Simcoe	MRC Smart Technology Solutions dba Mr. Copy, Inc	Contracted	Under $200K	MFD Maintenance Service	$1,000.00	No	
PO-000122	7/29/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$32,203.06	No	

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Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
PO-000123	7/30/2026	Christopher Lee	SureShield Inc.	New Vendor and New Contract	Under $200K	Supplier Sanctioned Screening Services	$25,000.00	No	
PO-000124	7/31/2026	James Cruz	Public Health Institute	New Vendor and New Contract	Under $200k	Health Equity Metrics Technology	$5,000.00	No	
PO-000125	7/31/2026	Christopher Lee	Crow Canyon Systems, Inc	Single Purchase	Under $200k	T&M Services for Contract Management Software	$2,700.00	No	
PO-000126	8/3/2026	Suma Simcoe	Tevora Business Solutions, Inc	Contracted	Under $200k	OKTA Single Sign Software	$54,499.26	No	
PO-000128	8/5/2026	Suma Simcoe	Vendor Credentialing Svs LLC dba symplr	Preferred	Competition	Annual Software Hosting Services	$44,849.31	No	
PO-000129	8/5/2026	Suma Simcoe	Enterprise Sys Solutions Corp.dba LA Networks	Preferred	Competition	Network Hardware Maintenance (Cisco Equipment)	$29,500.00	No	
PO-000130	8/5/2026	Suma Simcoe	Aarete LLC	Contracted	Sole Source	Professional Services - Operations	$649,430.00	Yes	Stabilization Project- Approved as a project item under Agenda Item #5 at the February 23, 2026, Commission meeting.
PO-000131	8/5/2026	Suma Simcoe	Vendor Credentialing Svs LLC dba symplr	Preferred	Competition	Annual Software Maintenance Services	$17,013.54	No	
PO-000132	8/11/2026	Suma Simcoe	DEK Industrial Service, LLC dba 360X Staffing	New Vendor and New Contract	Sole Source	Operations Specific - Temporary Labor Services	$51,524.40	No	
PO-000134	8/11/2026	Suma Simcoe	DEK Industrial Service, LLC dba 360X Staffing	New Vendor and New Contract	Sole Source	Operations Specific - Temporary Labor Services	$57,752.40	No	

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Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Typ
PO-000135	8/11/2026	Suma Simcoe	DEK Industrial Service, LLC dba 360X Staffing	New Vendor and New Contract	Sole Source	Operations Specific - Temporary Labor Services	$56,420.00	No	
PO-000136	8/14/2026	Paul Aguilar	Fame Systems Inc	New Vendor and New Contract	Under $200K	Janitorial Services	$90,995.50	No	
PO-000137	8/16/2026	Suma Simcoe	Cotiviti, Inc	Preferred	Competition	EDI and Interoperability Services	$191,040.00	No	
PO-000138	8/16/2026	Suma Simcoe	NTT DATA Americas, Inc	Preferred	Competition	Provider Document Attachment Project	$155,755.00	No	
PO-000141	8/17/2026	Suma Simcoe	Visix Inc	New Vendor and New Contract	Under $200K	New Building Facilities Software	$8,444.00	No	
PO-000142	8/17/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$1,200.00	No	
PO-000143	8/17/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$4,876.00	No	
PO-000144	8/17/2026	James Cruz	Advent Advisory Group	New Vendor and New Contract	Under $200K	NCQA Compliant Audit Services	$49,500.00	No	
PO-000145	8/20/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$33,480.00	No	
PO-000146	8/26/2026	Suma Simcoe	Cotiviti, Inc	Preferred	Sole Source	EDI and Interoperability Services	$283,148.00	Yes	Funding approved on Agenda Item #7 at the August 24, 202 Commission meeting.
PO-000147	8/26/2026	Suma Simcoe	Cotiviti, Inc	Preferred	Sole Source	EDI and Interoperability Services	$1,258,730.20	Yes	Funding approved on Agenda Item #7 at the August 24, 202 Commission meeting.

Each Procurement is funded via a Purchase Order

Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
PO-000148	8/28/2026	Eve Gelb	EPIC Hldgs dba Pharmaceutical Stratgs Grp LLC	Contracted	Under $200k	Pharmacy Consulting Services	$41,625.00	No	
PO-000149	8/28/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$185.00	No	
PO-000151	8/31/2026	Paul Aguilar	TotalMed LLC	Preferred	Competition	Temporary Labor Services	$94,160.00	No	
PO-000152	8/31/2026	Eve Gelb	Attest Health Care Advisors LLC	New Vendor and New Contract	Under $200K	HEDIS Compliance Audit Services	$75,000.00	No	
PO-000153	9/3/2026	James Cruz	Alinea Imaging Associates, Inc	Contracted	Under $200k	Mobil Imaging Services	$11,030.00	No	
PO-000154	9/16/2026	Eve Gelb	Health Management Associates, Inc	Contracted	Under $200k		$114,400.00	No	
PO-000155	9/4/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	HEDIS Services Reporting Software	$569,736.94	Yes	Staff Report Agenda Item #6 at the August 24, 2026 Commission meeting.
PO-000156	9/8/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	D-SNP Risk Score Services	$395,638.86	Yes	Staff Report Agenda Item #6 at the August 24, 2026 Commission meeting.
PO-000157	9/8/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	HEDIS Services Technology (SaaS)	$1,767,408.85	Yes	Staff Report Agenda Item #6 at the August 24, 2026 Commission meeting.
PO-000158	9/8/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	Date Lake Services	$2,527,196.76	Yes	Staff Report Agenda Item #6 at the August 24, 2026 Commission meeting.
PO-000159	9/9/2026	Eve Gelb	Advent Advisory Group	New Vendor and New Contract	Under $200k	Medicare Audit Services	$23,500.00	No	

Each Procurement is funded via a Purchase Order

Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
PO-000148	8/28/2026	Eve Gelb	EPIC Hldgs dba Pharmaceutical Stratgs Grp LLC	Contracted	Under $200k	Pharmacy Consulting Services	$41,625.00	No	
PO-000149	8/28/2026	Suma Simcoe	Compuwave, Inc	Preferred	Competition	Laptops	$185.00	No	
PO-000151	8/31/2026	Paul Aguilar	TotalMed LLC	Preferred	Competition	Temporary Labor Services	$94,160.00	No	
PO-000152	8/31/2026	Eve Gelb	Attest Health Care Advisors LLC	New Vendor and New Contract	Under $200K	HEDIS Compliance Audit Services	$75,000.00	No	
PO-000153	9/3/2026	James Cruz	Alinea Imaging Associates, Inc	Contracted	Under $200k	Mobil Imaging Services	$11,030.00	No	
PO-000154	9/16/2026	Eve Gelb	Health Management Associates, Inc	Contracted	Under $200k		$114,400.00	No	
PO-000155	9/4/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	HEDIS Services Reporting Software	$569,736.94	Yes	Staff Report Agenda Item #6 at the August 24, 2026 Commission meeting.
PO-000156	9/8/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	D-SNP Risk Score Services	$395,638.86	Yes	Staff Report Agenda Item #6 at the August 24, 2026 Commission meeting.
PO-000157	9/8/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	HEDIS Services Technology (SaaS)	$1,767,408.85	Yes	Staff Report Agenda Item #6 at the August 24, 2026 Commission meeting.
PO-000158	9/8/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	Date Lake Services	$2,527,196.76	Yes	Staff Report Agenda Item #6 at the August 24, 2026 Commission meeting.
PO-000159	9/9/2026	Eve Gelb	Advent Advisory Group	New Vendor and New Contract	Under $200k	Medicare Audit Services	$23,500.00	No	

Each Procurement is funded via a Purchase Order

Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
PO-000160	9/16/2026	Suma Simcoe	DEK Industrial Service, LLC dba 360X Staffing	New Vendor and New Contract	Sole Source	Operations Specific - Temporary Labor Services	$207,259.20	No	
PO-000161	9/16/2026	Suma Simcoe	DEK Industrial Service, LLC dba 360X Staffing	New Vendor and New Contract	Sole Source	Operations Specific - Temporary Labor Services	$159,430.00	No	
PO-000162	9/16/2026	Paul Aguilar	SigsSigns Inc dba Signature Signs	New Vendor and New Contract	Under $200k	Building Sign	$1,265.92	No	
PO-000163	9/21/2026	Suma Simcoe	HealthEdge Software, Inc	Preferred	Sole Source	Interim Configuration Services	$300,000.00	No	
PO-000164	9/21/2026	Suma Simcoe	ClarisHealth, Inc	New Vendor and New Contract	Competition	Payment Integrity Services	$5,788,805.12	Yes	Staff Report on Agenda Item #11 at the October 5, 2026 Commission meeting.
PO-000165	9/21/2026	Suma Simcoe	ClarisHealth, Inc	New Vendor and New Contract	Competition	Payment Integrity Services	$1,339,921.35	Yes	Staff Report on Agenda Item #11 at the October 5, 2026 Commission meeting.
PO-000166	9/21/2026	Suma Simcoe	ClarisHealth, Inc	New Vendor and New Contract	Under $200k	Payment Integrity Services	$5,082,787.62	Yes	Funding approved on Agenda Item #11 at the October 5, 2026 Commission meeting.
PO-000167	9/21/2026	Paul Aguilar	Crossroads Staffing Services	Preferred	Competition	Temporary Labor Services	$34,444.80	No	
PO-000168	9/21/2026	Paul Aguilar	Southern California Edison	New Vendor and New Contract	Customer Directed Purchase	Utilities - Needed a PO For Payment Purposes	$30,000.00	No	

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Workday Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
PO-000169	9/21/2026	Paul Aguilar	SoCalGas	New Vendor and New Contract	Customer Directed Purchase	Utilities - Needed a PO For Payment Purposes	$1,000.00	No	
PO-000173	9/24/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$23,955.74	No	
PO-000174	9/24/2026	Suma Simcoe	SHI International Corp	Preferred	Competition	Desktop Software	$3,177.73	No	
PO-000175	9/28/2026	Paul Aguilar	Turner & Townsend Inc	New Vendor and New Contract	Under $200k	New Building Consulting	$40,300.00	No	
PO-000176	9/29/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	HEDIS - PO Migration From Multiview	$166,317.62	No	
PO-000177	9/29/2026	Suma Simcoe	Inovalon, Inc	Preferred	Competition	HEDIS - PO Migration From Multiview	$331,556.18	No	

Each Procurement is funded via a Purchase Order

Migrated Multiview Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
93	8/27/2018	James Cruz	MCG Health LLC	Contracted	Sole Source	Medical Management SaaS	$1,599,789.51	Yes	FY23/24 Contract Renewal List
361	3/13/2020	Christopher Lee	Ryan LLC dba Ryan Tax Compliance Svcs LLC	Contracted	Under $200k	Finance Lease SaaS	$37,500.00	No	
438	9/11/2020	James Cruz	Lourdes Campbell & Associates	Preferred	Competition	Language Interpreting Services	$345,000.00	Yes	Staff Report Agenda Item #9 at the October 5, 2026 Commission Meeting
439	9/14/2020	James Cruz	Pacific Interpreters	Preferred	Competition	Language Interpreting Services	$268,933.00	Yes	Contract Renewal List FY26
488	4/6/2021	Suma Simcoe	Infomedia Group dba Carenet Healthcare Svs	Preferred	Competition	Nurse Advise Hotline	$102,396.60	No	
503	5/13/2021	Suma Simcoe	OmniData, Inc	Contracted	Sole Source	Microsoft Azure Value Add Reseller	$1,024,151.28	Yes	Contract Renewal List FY23/24
540	8/31/2021	Christopher Lee	Multiview Corporation	Contracted	Under $200k	Legacy Financial Software	$35,680.00	No	
554	9/17/2021	Eve Gelb	Ronda Werner dba The Finish Line	Contracted	Under $200k	Promotional Items	$134,509.00	No	
665	5/10/2022	James Cruz	Inovalon, Inc	Preferred	Competition	HEDIS Technology and Services	$262,067.88	No	
774	11/3/2022	James Cruz	Affiliated Monitors, Inc	Contracted	Competition	CIA Consulting Services	$100,134.00	No	
785	11/18/2022	Suma Simcoe	Divurgent LLC	Contracted	Sole Source	Consulting Services - Operations	$203,895.00	No	
826	1/20/2023	Suma Simcoe	Red Gate Software LTD	Contracted	Under $200k	IT Desktop Software	$2,738.20	No	
862	4/13/2023	Paul Aguilar	Salary.com	Contracted	Under $200k	Salary Benchmarking Services	$9,072.00	No	
884	6/2/2023	James Cruz	Glenys Wilbur	Contracted	Under $200k	Nurse Training Services	$49,198.31	No	
898	6/22/2023	Suma Simcoe	Edifecs, Inc	Preferred	Competition	EDI Services	$3,258,922.94	Yes	Staff Report - Agenda Item #5 at the June 26, 2023 Commission meeting.
920	7/13/2023	Suma Simcoe	UpToDate, Inc	Contracted	Sole Source	Pharmacy Software	$121,908.28	Yes	Contract Renewal List FY26

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Migrated Multiview Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
923	7/21/2023	James Cruz	Manifest Medex	Sole Source	Sole Source	IT SaaS	$266,045.13	No	
954	9/1/2023	Eve Gelb	Stacy Miller Public Affairs, Inc	Preferred	Competition	Public Relations Services	$199,944.00	Yes	Contract Renewal List FY26
965	9/22/2023	Suma Simcoe	Netmark Business Services LLC	Preferred	Competition	Claims Processing Services	$16,666,608.20	Yes	Staff Report at the September 25, 2023 Commission Meeting, Project ID 901017 Operations of the Future
984	10/17/2023	Suma Simcoe	Ellit Groups LLC	Contracted	Under $200k	Consulting Services - Operations	$167,349.00	No	
985	7/1/2024	James Cruz	Wellth, Inc	Sole Source	Sole Source	Disease Management Services	$3,794,750.00	Yes	Staff Report at the November 16, 2023 Commission Meeting, Contract Renewal List FY26
1071	4/15/2024	Robert Franco	Navex Global, Inc	Contracted	Under $200k	Policy Library SaaS	$9,685.95	No	
1090	5/24/2024	James Cruz	Infomedia Group dba Carenet Healthcare Svs	Preferred	Competition	Member Outreach Services	$474,854.75	Yes	Contract Renewal List FY 26
1114	7/10/2024	James Cruz	The Mihalik Group LLC	Preferred	Competition	NCQA Certification Services	$307,203.00	Yes	Staff Report June 22, 2022, Contract Renewal List FY26
1116	7/12/2024	Eve Gelb	Coffey Communications, Inc	Contracted	Under $200k	Website Content Management Services	$67,714.00	No	
1132	8/20/2024	Eve Gelb	Perfect Gift LLC	Preferred	Competition	Gift Cards and Services	$1,678,775.70	Yes	Contract Renewal List FY 26
1142	9/23/2024	Suma Simcoe	Quest Analytics LLC	Contracted	Under $200k	Provider Address Software	$188,109.23	Yes	Contract Renewal List FY24/25
1148	10/4/2024	Suma Simcoe	TTEC Government Solutions LLC	Preferred	Competition	Call Center SaaS	$104,939.64	No	
1168	10/31/2024	Suma Simcoe	Salesforce, Inc	Preferred	Competition	CRM SaaS	$662,081.52	Yes	Staff Report at the December 14, 2023 Commission Meeting, Project ID 901017 Operations of the Future
1176	11/6/2024	Paul Aguilar	Iron Mountain	Contracted	Under $200k	Recoords Retrentions Services	$43,755.00	No	

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Migrated Multiview Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
1179	11/8/2024	Suma Simcoe	Emids Technologies	Contracted	Under $200k	Consulting Services - Operations	$125,793.75	No	
1186	11/27/2024	Eve Gelb	EPIC Hldgs dba Pharmaceutical Stratgs Grp LLC	Contracted	Sole Source	Consulting Services - D-SNP PBM	$470,103.30	Yes	Project ID 901018 D-SNP Readiness
1187	12/4/2024	Paul Aguilar	Adecco USA, Inc	Preferred	Competition	Temporary Labor Services	$104,700.86	No	
1203	1/6/2025	Paul Aguilar	Scala Studio LLC	New Vendor and New Contract	Under $200k	Facility Design and Architectual Services	$159,121.08	No	
1215	1/24/2025	Paul Aguilar	Pitney Bowes Global Financial Services LLC	Contracted	Under $200k	Mairoom Equipment	$17,625.80	No	
1224	2/7/2025	Paul Aguilar	MRC Smart Technology Solutions dba Mr. Copy, Inc	Contracted	Under $200k	MFD (Copier) Maintenance	$24,907.54	No	
1227	2/18/2025	Paul Aguilar	Adecco USA, Inc	Preferred	Competition	Temporary Labor Services	$23,166.52	No	
1228	2/18/2025	Paul Aguilar	Adecco USA, Inc	Preferred	Competition	Temporary Labor Services	$20,629.05	No	
1247	3/26/2025	James Cruz	Shah Health LLC	Contracted	Sole Source	Medical Records Review Services	$300,000.00	No	
1253	4/8/2025	Eve Gelb	Prime Therapeutics LLC	Preferred	Competition	D-SNP PBM	$670,000.00	Yes	Staff Report at the October 28, 2024 Commission Meeting, D-SNP Project ID 901018
1256	4/9/2025	Suma Simcoe	Netmark Business Services LLC	Preferred	Competition	Claims Processing Services	$318,635.00	Yes	Staff Report at the September 25, 2023 Commission Meeting, Project ID 901017 Operations of the Futur Project and
1257	4/9/2025	Suma Simcoe	Edifecs, Inc	Preferred	Competition	EDI Services	$355,407.00	Yes	Staff Report - Agenda Item #5 at the June 26, 2023 Commission meeting.
1258	4/10/2025	Suma Simcoe	KP Corporation	Preferred	Competition	Print Services	$160,050.00	No	
1263	4/18/2025	Robert Franco	Inovaare Corporation	Contracted	Competition	Compliance Management Software	$261,735.00	No	
1277	5/5/2025	Eve Gelb	Deloitte Consulting LLP	Preferred	Competition	D-SNP Implementation Services	$5,402,950.00	Yes	Project ID 901018 D-SNP Readiness

Each Procurement is funded via a Purchase Order

Migrated Multiview Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
1278	5/7/2025	Suma Simcoe	TTEC Government Solutions LLC	Preferred	Competition	Call Center SaaS	361,432.71	Yes	Staff Report at the November 20, 2023 Commission Meeting, Project ID 901017 Operations of the Future
1285	5/19/2025	James Cruz	Vendor Credentialing Svs LLC dba symplr	Sole Source	Competition	Provider Credentialing Services	$70,951.38	No	
1288	5/20/2025	Christopher Lee	Concur Technologies, Inc	Contracted	Under $200k	T&E Expense Reporting Software	$41,946.00	No	
1290	5/27/2025	Paul Aguilar	Securitas Security Services, Inc	Contracted	Under $200k	Building Security Services	$58,767.51	No	
1301	6/11/2025	Suma Simcoe	OptumInsight, Inc	Contracted	Sole Source	IT SaaS - Claims Edit Technology	$1,655,833.56	Yes	Staff Report November 20, 2023 and Project ID 901017 Operations of the Future
1307	6/20/2025	Paul Aguilar	Central Courier LLC	Contracted	Under $200k	Courier Services	$24,120.00	No	
1308	6/20/2025	Christopher Lee	Robert Half, Inc	Sole Source	Under $200k	Temporary Labor Services	$143,141.83	No	
1312	6/26/2025	Suma Simcoe	Intelligent Content Solutions LLC	Sole Source	Sole Source	Mailroom Scanning Software and Services	$540,000.00	Yes	Project ID 901017 Operations of the Future and FY26 Contract Renewal List
1314	6/30/2025	Eve Gelb	Michael A Mitchell	Contracted	Under $200k	Consulting Services - D-SNP	$96,126.00	No	Project ID 901018 D-SNP Readiness
1316	7/5/2025	James Cruz	Inovalon, Inc	Preferred	Competition	HEDIS Technology and Services	$916,478.98	Yes	Contract Renewal List FY24/25
1317	7/5/2025	James Cruz	Inovalon, Inc	Preferred	Competition	HEDIS Technology and Services	$901,292.18	Yes	Contract Renewal List FY24/25
1318	7/5/2025	James Cruz	Inovalon, Inc	Preferred	Competition	HEDIS Technology and Services	$1,542,369.89	Yes	Contract Renewal List FY24/25
1323	7/17/2025	Paul Aguilar	Stericycle, Inc dba Shred-It	New Vendor and New Contract	Under $200k	Facility Shredding Services	$21,618.88	No	
1337	8/26/2025	Paul Aguilar	Adecco USA, Inc	Preferred	Competition	Temporary Labor Services	$47,605.67	No	

Each Procurement is funded via a Purchase Order

Migrated Multiview Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
1341	9/2/2025	James Cruz	Prana Diabetes Inc dba HabitNu	Contracted	Under $200k	Disease Management	$20,500.00	No	
1343	9/9/2025	Paul Aguilar	Baker Tilly Advisory Group LP	Contracted	Sole Source	HR Consulting Services	$87,849.00	No	
1345	9/12/2025	Suma Simcoe	KP Corporation	Preferred	Competition	Print Services	$219,001.81	No	
1346	9/15/2025	James Cruz	Council for Affordable Quality Healthcare	Contracted	Under $200k	Credentialing Services	$12,838.00	No	
1347	9/15/2025	James Cruz	Gemini Diversified Services, Inc	Contracted	Under $200k	Credentialing Services	$63,125.90	No	
1348	9/16/2025	Paul Aguilar	Adecco USA, Inc	Preferred	Competition	Temporary Labor Services	$143,328.47	No	
1349	9/16/2025	Paul Aguilar	Adecco USA, Inc	Preferred	Competition	Temporary Labor Services	$143,415.64	No	
1352	9/16/2025	Paul Aguilar	Adecco USA, Inc	Preferred	Competition	Temporary Labor Services	$143,589.98	No	
1356	9/29/2025	James Cruz	Inovalon, Inc	Preferred	Competition	Data Lake Technology Database	$561,957.62	Yes	Contract Renewal List FY24/25
1357	9/29/2025	Suma Simcoe	KP Corporation	Preferred	Competition	Print Services	$204,000.00	No	
1367	10/13/2025	Paul Aguilar	CBRE, Inc	Contracted	Under $200k	Facility Building Services	$116,598.33	No	
1369	10/17/2025	Paul Aguilar	CareNational Healthcare Services LLC	Preferred	Competition	Temporary Labor Services	$72,660.00	No	
1370	10/17/2025	Paul Aguilar	Adecco USA, Inc	Preferred	Competition	Temporary Labor Services	$138,176.00	No	
1383	12/9/2025	Paul Aguilar	Akkodis, Inc	Preferred	Competition	Temporary Labor Services	$101,790.40	No	
1387	12/11/2025		540 Consulting LLC	Contracted	Under $200k	Consulting Services - Operations	$117,700.00	No	
15003	6/8/2015	James Cruz	Carol Hsu MD	Contracted	Under $200k	Medical Records Review Services	$104,784.00	No	
15050	7/1/2015	Eve Gelb	James Vincent Pezzullo II dba The JVP Group	Contracted	Under $200k	Website Services	$124,936.50	Yes	Contract Renewal List FY26
15226	6/15/2016	James Cruz	Ephonamation.com/Ansafone Contact Ctr	Contracted	Under $200k	Outbound Calling Technology Servce	$50,332.00	No	
17146	9/5/2017	Paul Aguilar	Valley Wide Air Corporation	Contracted	Under $200k	New Building HVAC Services	$4,191.00	No	

Each Procurement is funded via a Purchase Order

Migrated Multiview Purchase Order Transactions

PO Number	Date	Business Owner Chief	Vendor Name	Vendor Type	Award Method	Description	Total Amount	Commission Approved	Commission Approval Type
17155	9/29/2017	Eve Gelb	SMI Concepts, Inc	Contracted	Sole Source	Audio Visual Services	$191,750.00	Yes	Contract Renewal List FY26
18006	1/24/2018	Paul Aguilar	Pitney Bowes Global Financial Services LLC	Contracted	Under $200k	Mairoom Equipment		Yes	Project ID 901017 Operations of the Future
628	3/9/2022	Suma Simcoe	OpenText, Inc	Contracted	Under $200k	Fax Software	$145,137.00	No	
1007	11/28/2023	Suma Simcoe	TTEC Government Solutions LLC	Preferred	Competition	Call Center SaaS	$361,432.71	Yes	Staff Report at the November 20, 2023 Commission Meeting, Project ID 901017 Operations of the Future
1092	6/5/2024	James Cruz	Arine, Inc	Preferred	Competition	Disease Management	$450,000.00	Yes	Staff Report at the June 19, 2024 Commission Meeting
1182	11/20/2024	Paul Aguilar	Bucketlist Rewards, Inc	Contracted	Under $200k	HR Rewards Program	$110,667.00	No	
1295	5/28/2025	Eve Gelb	Deloitte Consulting LLP	Preferred	Competition	D-SNP Implementation Services	$315,877.05	Yes	Project ID 901018 D-SNP Readiness
1333	8/12/2025	Suma Simcoe	Alinea Imaging Associates, Inc	Contracted	Under $200k	Mobil Imaging	$27,390.00	No	
1379	11/17/2025	Suma Simcoe	Momentum Telecom Inc	Contracted	Under $200k	Telecom Services	$126,000.00	No	
1389	12/16/2025	James Cruz	Marcella R. Young	Contracted	Under $200k	Consulting Service - Medical Management Nurse	$30,500.00	No	
16066	12/2/2016	Suma Simcoe	eFax Corporate c/o j2 Cloud Services LLC	Contracted	Under $200k	IT Fax Software	$8,330.00	No	
17014	1/23/2017	James Cruz	The Periscope Group	Contracted	Under $200k	In Home Medical Assesment Services	$80,546.00	No	
17139	8/18/2017	Suma Simcoe	Verizon Wireless	Sole Source	Under $200k	Cell Phone Utility	$126,415.00	No	
1381	12/5/2025	Christopher Lee	TopBloc	Sole Source	Sole Source	Workday Technical Support Servi	$415,800.00	Yes	Contract Renewal List FY26

Gold Coast Health Plan℠
A Public Entity

AGENDA ITEM NO. 10

TO: Executive Finance Committee

FROM: Christopher Lee, Chief Financial Officer
Bob Bushey, Sr. Director Procurement

DATE: November 12, 2026

SUBJECT: 2026 Contract Renewal List

SUMMARY:

Staff is presenting the 2026 Contract Renewal List to the Executive Finance Committee. The report summarizes the actual contract renewal amounts executed during 2026 and compares those amounts to the maximum contract renewal amounts previously authorized by the Commission. The report demonstrates that all contract renewals executed during 2026 were within the Commission-approved authorization levels, reflecting the results of procurement and contract administration activities for the year.

RECOMMENDATION:

Receive and file.

ATTACHMENT:

2026 Contract Renewal List

Gold Coast Health Plan℠
A Public Entity

2026 Contract Renewal List Actual Amounts

Ventura County Medi-Cal Managed Care
Executive Finance Committee
November 12, 2026

Christopher Lee, Chief Financial Officer
Bob Bushey, Executive Director Procurement

Integrity
Accountability
Collaboration
Trust
Respect

Actual Renewal Amounts January through August 30, 2026

Every contract renewal amount is below the Commission approved amount.

		Current Contract			Renewal Period				Relationship			Renewal Amounts			
Vendor	Brief Description	Start Date	End Date	Amount	Start Date	End Date	Amount	% Change	Original Contract Start Date	Years	Cumulative Amount	2026 Renewal Amount	Renewal Variance	2026 Cumulative Amount	Cumulative Variance
Edifecs	IT interoperability software	1/1/2025	12/31/2025	180,000	1/1/2026	12/31/2026	187,200	4%	1/1/2021	6	875,106	185,065	(2,135)	872,971	(2,135)
KP LLC	D-SNP Printing	3/1/2025	2/28/2026	420,000	3/1/2026	2/28/2027	436,800	4%	4/7/2025	2	679,467	Termed	-	330,000	(349,467)
Edifecs, Inc.	IT interoperability software	6/22/2025	6/21/2026	121,661	6/22/2026	6/21/2027	126,527	4%	6/22/2019	8	1,075,070	125310	(1,217)	1,004,951	(70,119)
Edifecs, Inc.	IT interoperability software	6/30/2025	6/29/2026	103,389	6/30/2026	6/29/2027	107,525	4%	6/30/2021	6	676,917	106490	(1,035)	654,187	(22,729)
Intelligent Content Solutions LLC dba ICS	Mailroom scanning software	7/1/2025	6/30/2026	360,000	7/1/2026	6/30/2027	374,400	4%	7/1/2025	2	734,400	360,000	(14,400)	720,000	(14,400)
Netmark Business Services	D-SNP claims processing services	7/1/2025	6/30/2026	180,000	7/1/2026	6/30/2027	187,200	4%	4/14/2025	2	372,422	183,000	(4,200)	321,625	(50,797)
The Mihalik Group, LLC	NCQA certification services	7/1/2025	6/30/2026	359,970	7/1/2026	6/30/2027	374,369	4%	7/1/2024	3	902,361	286000	(88,369)	706,000	(196,361)
UpToDate, Inc.	Pharmacy software	7/1/2025	6/30/2026	198,160	7/1/2026	6/30/2027	206,086	4%	8/1/2023	4	694,147	121908	(84,178)	525,505	(168,641)
Wellth Inc.	Disease management services	7/1/2025	6/30/2026	2,880,000	7/1/2026	6/30/2027	2,995,200	4%	7/13/2023	4	12,233,909	2218735	(776,465)	11,593,459	(640,450)
SMI Concepts, Inc.	Audio visual services	7/1/2025	6/30/2026	243,409	7/1/2026	6/30/2027	253,146	4%	9/1/2017	10	455,987	130000	(123,146)	279,213	(176,774)
Quest Analytics LLC	Provider address software	8/12/2025	8/11/2026	157,116	8/12/2026	8/11/2027	163,401	4%	8/12/2024	3	559,898	13189	(150,212)	492,955	(66,943)

Actual Renewal Amounts from September through December 2026

Continued

		Current Contract			Renewal Period				Relationship			Renewal Amounts			
Vendor	Brief Description	Start Date	End Date	Amount	Start Date	End Date	Amount	% Change	Original Contract Start Date	Years	Cumulative Amount	2026 Renewal Amount	Renewal Variance	2026 Cumulative Amount	Cumulative Variance
Simpledatalabs inc dba Prophecy Inc.	IT software	10/1/2025	9/30/2026	200,000	10/1/2026	9/30/2027	208,000	4%	10/1/2023	4	958,000	188,000	(20,000)	788,000	(170,000)
Baker Tilly Advisory Group LP	Financial Auditing Services	10/1/2025	9/30/2026	189,000	10/1/2026	9/30/2027	197,000	4%	10/1/2015	12	1,351,780	188,000	(9,000)	1,163,540	(188,240)
Edelstein Gilbert Robson & Smith LLC	Lobbyist services	10/9/2025	10/8/2026	60,600	10/9/2026	10/8/2027	63,024	4%	10/9/2012	15	346,921	Termed	-	316,400	(30,521)
Milliman	Actuarial services	1/1/2026	12/31/2026	525,000	11/1/2026	12/31/2027	549,120	5%	10/31/2025	2	1,074,120	Pending		525,000	(549,120)
Affiliated Monitors Inc. [AMI]	Corporate integrity agreement services	11/2/2025	11/1/2026	89,167	11/2/2026	11/1/2027	92,733	4%	11/1/2022	5	456,852	50,000	(42,733)	389,600	(67,252)
TopBlock LLC	Workday support services	12/12/2025	12/11/2026	228,000	12/12/2026	12/11/2027	237,120	4%	1/12/2026	2	453,087	207,000	(30,120)	452,700	(387)
Perfect Gift, LLC	Gift cards	12/13/2025	12/12/2026	1,234,850	12/13/2026	12/12/2027	1,284,244	4%	12/13/2021	6	7,054,136	Pending		4,596,784	(2,457,352)
Infomedia Group dba Carenet Healthcare Services	Outreach services	12/31/2025	12/30/2026	378,894	12/31/2026	12/30/2027	394,050	4%	1/1/2024	4	1,361,042	Termed	-	1,160,004	(201,038)
James Vincent Pezzullo II dba The JVP Group	Website services	12/31/2025	12/30/2026	98,864	12/31/2026	12/30/2027	102,818	4%	12/4/2014	13	496,501	Pending		401,665	(94,836)
Stacy Miller Public Affairs Inc.	Public relations services	1/1/2026	12/31/2026	408,301	1/1/2027	12/31/2027	424,633	4%	8/1/2024	3	1,307,077	Pending		984,000	(323,077)
Pacific Interpreters Language Line Services	Interpreting services	1/1/2026	12/31/2026	237,705	1/1/2027	12/31/2027	247,214	4%	8/1/2020	7	1,070,774	Pending		695,509	(375,265)
Inovalon, Inc.	D-SNP risk assessment services	1/1/2026	12/31/2026	171,000	1/1/2027	12/31/2027	177,840	4%	10/1/2025	2	359,486	Renewed under an individual Staff Report at the August 2026 Commission meeting.			
Inovalon, Inc.	Data lake used for quality risk assessment scores	1/1/2026	12/31/2026	1,370,479	1/1/2027	12/31/2027	1,425,298	4%	8/1/2022	5	6,663,647	Renewed under an individual Staff Report at the August 2026 Commission meeting. Agenda Item #6.			
Inovalon, Inc.	Quality and risk assessment reporting (indices)	1/1/2026	12/31/2026	313,242	1/1/2027	12/31/2027	325,771	4%	7/1/2019	9	2,205,455	Renewed under an individual Staff Report at the August 2026 Commission meeting. Agenda Item #6.			
Inovalon, Inc.	Quality and risk assessment software platform	1/1/2026	12/31/2026	891,433	1/1/2027	12/31/2027	927,090	4%	7/1/2019	9	4,724,254	Renewed under an individual Staff Report at the August 2026 Commission meeting. Agenda Item #6.			

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