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

Regular Meeting
Monday, June 30, 2025 2:00 p.m.
Meeting Location: Community Room
711 E. Daily Drive #110
Camarillo, CA 93010

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

Conference Call Number: 1-805-324-7279
Conference ID Number: : 593 770 428 #

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

800 South Victoria Ave
Ventura, CA 93009

121 N. Fir Street #C
Ventura, CA 93003

AGENDA

CLERK ANNOUNCEMENT

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

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

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

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

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

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of April 28, 2025

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

RECOMMENDATION: Approve the minutes as presented.

UPDATES

2. Operations of the Future (OOTF) Final Update

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

RECOMMENDATION: Receive and file the update

3. RISE Grant Update

Staff: Erik Cho, Chief Policy & Programs Officer
Ellen Rudy, Director of Grants Administration

RECOMMENDATION: Receive and file the update.

PRESENTATIONS

4. Culture Transformation Initiative

Staff: Paul Aguilar, Chief of Human Resources & Organization Performance
Pauline Preciado, Executive Director of Population Health
Charu Chhabra, Sr. Manager of Strategic Planning & Talent

RECOMMENDATION: Receive, and file the presentation

FORMAL ACTION

5. Stipend Policy Approval

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

RECOMMENDATION: The GCHP staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the Stipend Policy.

6. Reconstitute the Strategic Planning Ad Hoc Committee

Staff: Marlen Torres, Chief Member Experience & External Affairs Officer
Presented by: Scott Campbell, General Counsel

RECOMMENATION: Staff recommends that the Commission reconstitute the Strategic Planning Ad Hoc Committee and select up to five Commissioners who will serve in the ad hoc committee. Additionally, staff recommends that the Strategic Planning Retreat be held in person this year.

7. May Year-to-Date Financial Results

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive, file, and approve the financials

8. Moss Adams Audit Kick Off

Staff: Sara Dersch, Chief Financial Officer
Stelian Damu, Moss Adams Rep.
Kimberly Sokoloff, Moss Adams Rep.

RECOMMENDATION: Receive and file the audit information as presented.

9. Vacancies, Retention, Retention Policy and Summary Report

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

RECOMMENDATION: Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the attached staffing report summary of open requisitions in accordance with Section 3502.3 of the Government Code.

REPORTS

10. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report

11. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

12. Human Resources (H.R.) Report

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

RECOMMENDATION: Receive and file the report

CLOSED SESSION

13. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: One case.

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

ADJOURNMENT

The next meeting will be on held on the next meeting will be on held on August 25, 2025, at 6:00 p.m., Location to be determined

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

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

AGENDA ITEM NO. 1

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: June 30, 2025

SUBJECT: Regular Meeting Minutes of April 28, 2025

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Commission meeting minutes of April 28, 2025.

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

April 28, 2025

CALL TO ORDER

Committee Chair Laura Espinosa called the meeting to order at 2:04 p.m. in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Suite 110, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

OATH OF OFFICE

Mark Sewell, Assistant Chief Financial Officer at the County of Ventura took his oath of office. Commissioner Espinosa asked Mr. Sewell to tell a bit about himself, and he gave a brief professional history of himself.

ROLL CALL

Present: Commissioners Anwar Abbas, James Corwin, Laura Espinosa, Supervisor Vianey Lopez, Anna Monroy Dee Pupa, and Mark Sewell
Absent: Commissioners Timothy Myers, Sara Sanchez, and Scott Underwood, D.O.

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

Also in attendance were the following GCHP Staff: Lupe Gonzalez, TJ Piwowarski, Victoria Warner, Susana Enriquez-Euyoque, Lupe Harrion, Kim Marquez-Johnson, Erin Slack, and Karina Ramirez

MOMENTS OF RECOGNITION

- Health Champion Award

  Staff: Erin Slack, Sr. Manager of Population Health

  GCHP received the Health Champion Award through the partnership for a health Ventura County. Supervisor Lopez was one of the presenters of the award along with the Director

of Public Health for Ventura. Staff is immensely proud to get this award for the innovative programs including the Wellth program. Ms. Erin Slack stated the award was for innovation for the Wellth program which is a behavioral health smartphone app that uses incentives for our members to engage in healthy behaviors. Those incentives allow them to later use a gift care for social determinants of health needs and allows us to show our members that we value their time and commitment and empower them to improve their health outcomes. We also received the award for our innovative health fairs, bringing community partners together, and allowing our members to get multiple preventative screenings in one location through our health fairs.

Ms. Slack stated that she had recently gone through our culture champion training, and was selected as a culture champion, we learned about cultural beliefs that will move us in terms of becoming a four-star NCQA accredited health clinic. She noted that care management, community relations, population health, and other internal departments work together toward a positive member impact.

PUBLIC COMMENT

None.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of February 24, 2025, special meeting minutes of April3, 2025, and April 7, 2025.

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

RECOMMENDATION: Approve the minutes as presented.

2. Sunset CalAIM Advisory Committee and Approve New CAC Members

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

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

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

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

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

Commissioner Pupa motioned to approve Consent items 1 through 3. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSTAIN: Commissioner Mark Sewell

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

Motion carried.

4. Approval of Chief Executive Officer Contract

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

A recommendation will be made by the Executive Finance Committee.

Paul Aguilar, Chief of Human Resources & Organization Performance Officer shared the outline of the CEO contract with the commission. He stated this topic was discussed with the Executive Finance Committee and an endorsement was received. The term provisions aligned with previous contracts with CEOs. The second was that the terms of agreement start from May 1, 2025, through April 30th, 2028. It will be a three-year contract. Compensation was agreed to at the beginning of the search, it will align with the external market study. The range of compensation was communicated to all potential candidates. Standpoint would be between $500,000 and $550,000. The compensation would be eligible for annual incentive up to 20% based on the outcome of predetermined within 90 days goals that will be determined to establish what that compensation would be, given that we are moving to a calendar year. The fiscal year will start in January and end December of each year, and the compensation will be positioned around that. The contract will start May1, the first incentive would be provided in January 2026. An agreement was reached with Dr. Nunez and is now forwarded to the commission for review. In January of 2026 Dr. Nunez will be eligible for a full bonus of 20 % increase. The contract can be based on the performance of the plan as will be determined within the next 90 days. Starting in November of 2027 contract negotiations can begin for renewal. The contract expires April of 2028. Standard medical retirement benefits are included and outlined in the contract. In additional, Dr. Nunez does practice on weekends periodically, and for transparency, we have noted that we do not compete with those clinics.

Commissioner Espinosa stated that everything was clear, and she was glad Dr. Nunez agreed to the terms and conditions. She noted that we are a public entity and are very cognizant of the public's perception of salaries.

Commissioner Pupa motioned to approve Consent item 4. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSTAIN: Commissioner Mark Sewell

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

Motion carried.

Dr. Nunez introduced his wife, Dr. Chastity Jennings-Nunez who was visiting today. He thanked the commission for their trust. Hurdles will be met collaboratively as a team, and he again thanked the commission for entrusting him with this responsibility.

The clerk asked Dr. Nunez to sign his contract and had Commissioner Espinosa sign the contract.

UPDATES

5. Operations of the Future (OOTF) Update

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

RECOMMENDATION: Receive and file the update

CEO Felix L. Nunez introduced Alan Torres, Chief Information & System Modernization Officer and Anna Sproule, Executive Director of Operations. CEO Nunez stated the team wants to be transparent with the commission and therefore updates have been on a regular cadence. He noted that there have been some hurdles encountered but the team has strategically positioned themselves to overcome these obstacles and keep the project moving forward.

CIO Torres stated there are two more months left of work. He noted that the optimization innovation phase of the project will come after. A project retrospective will be done at the

June Commission meeting. The remaining work that is in process now are those capabilities that are being supported by Conduent. This has been a three-year journey that is ending. The program stops but we are going to continue to look for ways to optimize and innovate to drive efficiencies.

We have produced close to 80,000 835s. Records have gone out the door tolling about $620 to $630 million worth of paid claims. This goes along with our checks that go out weekly or claims payments. This is the 835, the electronic remit for that paid claim. Commissioner Espinosa stated that we have been receiving regular reports on the remaining 835s – she asked if there is a backlog. Mr. Torres stated there is a backlog of approximately three hundred currently are backlogged. It is expected to be clear within the next three weeks.

In June, a full project overview will be provided; when we started, what our goals and objectives were, and did we meet them. We will also discuss vendor performance and our current state of our environment.

Anna Sproule, Executive Director of Operations, stated that in order to continue to provide transparency, she is continuing to share the dashboard in order to share the most updated information with the commission. She noted that in the new system we have processed 2.6 million claims over the course of July 1, 2024, to our present date. We have approximately 85% of them have been finalized. As of today, we have 22,000 claims in our inventory and there are 9,000 aged. We reviewed the dashboard to show what is holding these claims up. The highest number is actually pending new provider set-up. That means it is a claim that is a non-contracted provider. These are providers we do not have any relationship with, but we do have to pay those claims. We must reach out to those providers and get all the appropriate tax documentation to prove that we are paying a legal entity. Ms. Sproule noted that we have a large number of non-contracted claims that come through. We are not holding for terms, if it is ready to pay, we do it.

The member and provider call centers are doing well. Calls are answered promptly The dashboard is updated on a weekly basis. We track how long members sit on hold. We are assessed only on the member call center, but we do track all of it.

Commissioner Abbas motioned to receive and file agenda item 5. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

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

Motion carried.

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

Staff: Jeff Acomb, Sr. Director of IT Data Engineering
Kimberly Marquez- Johnson, Director of Dual Special Needs Plan
Nancy Chen, Managing Director for Deloitte Consulting

RECOMMENDATION: Receive and file the update.

Kimberly Marquez- Johnson, Director of Dual Special Needs Plan stated she will be providing an update on where we are with the implementation of our Dual Special Needs Plan. We will review the three elements that are needed to successfully launch our D-SNP. The plan is to successfully launch the D-SNP starting October 1 for our go-live on marketing and then on January 1st, 2026, for the go-live for operation care for our D-SNP members.

Under regulatory we have five components that we are required to get approval from our regulatory agencies. We have three regulatory agencies. We have DMHC, the Department of Managed Health Care, CMS, the Center for Medicare, and Medicaid Services, and we also have DHCS, the Department of Health Care Services. Next, we have governance and there are two components under governance. The first one is to have a system implementation partner and also establish a good proper program structure. Second, operations to do the daily work that is needed for our D-SNP – we must do daily operations so that there are three components, which is the people, our staff, the policies, and technology.

Ms. Marquez-Johnson then reviewed the timeline. We have successfully submitted our notice of intent to apply to become a managed care Part D Plan. On November 23rd we receive our Medicare Part C contract number. We also received our Knox Keene license on February 7. Most recently, we received our approval on our Medicare Advantage, our needs plan, and our Part D applications which is required for us to function as a D-SNP plan. We have submitted our Model of Care and received a perfect score. With a score of 80 – 86 or higher you receive a three-year approval, so we do not have to submit for another Model of Care until 2028 or 2029. We have successfully accomplished three of the regulatory requirements and we have two left.

Our second element is governance which has two components. First is our system implementation. We knew that we needed a partner to help us to ensure that all our systems are able to execute a Medicare line. We did the RFP process, and two vendors responded. The award was given to Deloitte.

Nancy Chen from Deloitte stated that GCHP has completed to discovery phase, and we are moving into the implementation phase. Jeff Acomb, Sr. Director of IT Data Engineering, stated we got into a four-week discovery phase focused on assessing our

current state of technology, in particular post OPS of the future implementation, as well as a deep dive into a Medicare capabilities standpoint. We identified potential gaps from a process perspective and have begun to document what needs to be implemented to support a successful D-SNP implementation.

Mr. Acomb stated the high-level requirements focus on the business process configuration as well as system integrations and develop a high-level implementation plan and road map transitioning from the discovery phase into the implementation phase. We are defining all the work from Operations of the Future in our new system landscape, enhance it, and tweaks it to make sure we have the capabilities to support D-SNP. We are refining the backlog or high-level requirements, getting to the next level of detail to make sure technical designs and configurations are captured to be successful in implementation. Our key milestones being October 1 for sales and marketing and January 1 for the go-live of the entire D-SNP program. We will have a command center to help provide support and monitoring as we go to productions for our members. To support the program, the D-SNP team has put together a strong governance structure.

We have the support of our Executive Team as well as a stakeholder advisory group. The Advisory group is a cross-functional team across Deloitte as well as our vendor partners to bring additional support, leadership, and guidance where the project team may need it. Finally, we have a steering committee that is composed of various executive sponsors, business leads, as well as our vendor partners that are helping to deliver this complex program. We are prepared for our two significant milestones.

Ms. Marquez-Johnson stated the focus is operations – focus on people and process. We took time to look at the structure and the result showed us that we needed to embed certain physicians within the organization that have expertise. Next, we looked at staffing and the support that we need because we knew we had gaps in Medicare knowledge. She noted that we are slightly delayed on hiring and training We have hired six but still pending five.

We have a slight delay on workflows, and we have been collaborating with the consultants on these work streams and catching little gaps that need to be addressed. It is delaying the sign-off because every time we look at one more thing, we go back. We need to really look at the workflows and separate them - there is a complexity there.

Policies and procedures will not get finalized until we are done with system testing, because there could be changes. She also noted that the contact center is going to be stood up to make sure that as potential members are calling, they are routed to the appropriate teams for help. Ms. Marquez -Johnson stated that updates will continue to be presented to the commission, we want to share the bumps in the road but, we want to share the success that we will have while delivering the D-SNP program.

Supervisor Lopez motioned to approve agenda item 6. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

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

Motion carried.

The Commission took a five-minute break at 3:26 p.m. and returned to continue the Open Session of the meeting at 3:32p.m.

FORMAL ACTION

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

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive, file, and approve the financials

Sara Dersch, Chief Financial Officer, stated she will review the year-to-date financial results and go through our stub period budget. The month of March was a straightforward work month. We ended the year approximately $500,000 favorable Our results are influenced by our OPS of the Future as we begin to wind down on the project. There are no surprises in our year-to-date results, it is just part of clean-up. March was a very even month for us. She noted that our loss is intentional. We do have a projected net loss for this fiscal year, and that is because of our sizeable TNE. We have an opportunity to spend down some of the reserves we built up with Covid. Our TNE was up to almost 1100% which is approximately $500 million in excess. As an organization that is committed to providing services to the underserved, that is not a position we want to be in. A few years ago, leadership developed a quality strategy program that involved investing heavily in providers and in the community to an amount of approximately $250 million. We are currently in the middle of that plan and that work will continue. We also have Operations of the Future implementation. We had some atypical economic events that resulted in a planned deficit this year of approximately $50 million.

CFO Dersch stated that we did have a substantial number of high dollars claims that have been "pended." In January and February, we did see payment of some of these claims in the amount of a little over $12 million.

CFO Dersch stated that our year-to-date premium revenue is favorable due to our member mix. She reminded the Commission that different premiums are based on the

demographics of our members. There are various categories of aid. Each of those categories has a different premium.

Our administrative expenses are favorable. Part of that is due to our current vacancy rate, which is the number of positions we have open. It is also related to timing of some of the implementation work. She noted that our Executive Team does an excellent job in managing controllable expenses, and we continue to focus on strong fiscal controls.

CFO Dersch stated that she expects our year, our annual deficit to be between $45 to $50 million. We do have some other larger expenses that are planned for the remained of the year. But expect it will be a bit less than what was projected.

Our TNE is currently at 736% of the state requirement, and this continues to be managed effectively. She also noted that our net income was favorable for the month versus the reforecast. Everything else was remarkably close to where we expected it to be. She then reviewed our traditional income statement view where we have both the month to date and the year-to-date numbers reflected. We are spending money on our members and getting providers the rates that they deserve.

Our long-term care and SNFs are unfavorable for the year today. Our outpatient is also slightly unfavorable. Part of that is due to re-contracting that we had with a key provider. Home and community-based services have been running unfavorable by $1,000,000 up to $5,000,000 each month for the last couple of months. We are looking into that. We have added providers for our community-based home and community-based services, which is a requirement of the state.

We were not aware of all the providers that were coming and were being onboarded over the last few months at the time of the reforecast. We are providing more services, even though we are unfavorable. It is not a bad thing. It means more members are getting are getting their home and community services which is good. It is initiative-taking care that will hopefully keep them out of the hospital.

Vice Chair Pupa stated it took us time to ramp up and get contracts in place and we will focus more on the prospective care. CFO Dersch stated the initiative-taking care total cost will go up. Even though there is a slight increase, it is a good sign because we will see our inpatient costs go down over time. We want our members to stay healthy.

CFO Dersch reviewed our membership, our categories of aid as well as our medical cost per member per month by category. She noted that we have a monthly premium of $360.50 which is what the state pays us to take care of our members. Currently, they are averaging a total cost of $458.96. There is an imbalance, but not overly significant. In some of the categories of aid the variance is a favorable one. CFO Dersch stated that in long term care the state was changing how it reimbursed or provided premiums for long-term care and the seniors, and people with disabilities. They are blending some of those rates. By doing this you will see what is happening. Upon review you will see that we received approximately $1300, The expense is almost $12500 – the state did this on

purpose to try to reduce funding to balance their own budget. Although reimbursements are going to go up in one area/one category, you are going to have reduced expenses, and it is not working out that way. CFO Dersch stated that there has been discussion with the state actuaries on many issues. We now have enough data to go to the state and we would go back into rate setting for future years and as the stated looks at our current premium rates they will have to address this. We will continue to watch and advocate strongly with the state.

CFO Dersch stated that we currently have 421 employees and thirty-four open requisitions. We are reviewing the requisitions to determine if we still need them. Mr. Aguilar has been collaborating with the Executive Team on what is the best use of these open positions.

As we wind down the year there are not may other items that we do not anticipate. The big one is going to be any federal action. We will continue to monitor as there could be revenue takebacks We are hearing from the state that we have a balanced budget or close to it, but federal actions will impact the state budget if the federal government withholds money. For Medicaid, the state will be forced to go back and make cuts of its own. CFO Dersch note that we have continued claims cleanup and there will always be some level of retroactivity, which is standard, and we expect to see that.

CFO Dersch then moved on to review the Stub period, which is the budget from July through December. She stated that because we do not know what actions might be, we do not know what the funding will look like. We want to be as conservative as possible to protect the care that our members are getting. We want to ensure that we preserve the integrity of our own margins so that we remain fiscally healthy and viable to provide services to the community. We also recognize that we are a partner with the providers in this community and we are doing what we can to have a collaborative engagement with them to ensure we all stay afloat, and our members continue to get quality and access to services that they need.

CFO Dersch reviewed some of the conservative projections in this budget. We have downgraded membership numbers – partially in response to the immigration actions that the government is taking. We do know that work requirements will put some pressure on members. Therefore, we have brought a couple of our categories of aid down. We also know that the expansion population could be revoked by federal, and if that happens, we will have a group of members that might not be eligible for coverage.

We expect to see some conservatism in 2026 rates. The state will continue to invest in our quality strategy through quality related incentive grants and some community actions. We are keeping our administrative expenses flat, even though there are shifts within categories. We have been able to hold off recognizing a part of our IT expenses until the systems are live. The money we have been holding on our balance sheet will not be recognized as an expense. We also have a call center in place that did not exist in July 2024, so when looking at that line item a big expense can be seen.

CFO Dersch stated that we will need to come back to the Commission as we get more information and greater insight in terms of the direction the state is going regarding Medi-Cal. We will present more information on the impact to our budget and our projections.

CFO Dersch did not that we are required by the state to maintain an 85.0% MLR. We are running flat in our administrative costs. We are running at approximately 11% of our total revenue and we will try to stay true to this number and try to bring it down a bit. We are projecting $900,000 positive net income which will go back into TNE and then tap into use. We are doing what we can as an organization.

Commissioner Pupa stated that it saddened her to see all the tremendous improvement that has been made and now it feels like we are going backwards.

CFO Dersch stated that we will be watching our enrollment numbers carefully and we will have a better idea as we get further into the year. We have expressed the burden of uncompensated care that will fall on our network providers. They will see an increase in uncompensated care, and this could have profound consequences to the entire healthcare infrastructure. This will affect everyone, not just those covered by Medicare. We will continue to produce creative ideas and incentives to reach metrics.

Paul Aguilar, Chief of Human Resources & Organization Performance Officer reviewed what our headcount looks like for this stub period. He stated we are taking a conservative approach but realize the importance of being flexible and resilient. We have current open requisitions, and we have evaluated them and do so on a regular basis. We look at how we can manage things and potentially go a route of contingent worker where possible as opposed to investing in a full-time position. All of that is being considered as we evaluate the request. We are asking for a 2% increase in head count, which is seven more jobs. Seven of those eleven jobs are associated with D-SNP work.
We need to have staff who process enrollments. We are asking for seven additional positions for D-SNP related jobs, plus three that will be member support in our case management positions and one executive positions as a Chief Operations Officer. We would like to add these positions during the stub period. We collaborated with staff, and they submitted an initial list which was quite extensive in terms of additions. Difficult decisions were made when reviewing the requests and prioritized the work that needed to get done. We want to begin to rely less on outside contractors and to the work in-house, which will be a cost savings.

Commissioner Espinosa stated the Commission is confident with the current staff and decisions made. She noted that there are some specialized areas which require outside assistance. CDO Ted Bagley stated people are being held accountable, but we must be careful about burnout. We must be cautious about that and not fall back into that again.

CFO Dersch reviewed administrative expense by category. She noted employee events and training is up 230% versus the spend from same period last year. Part of this is the cultural development work that we are doing. We are using a current vendor, and we are getting really valuable feedback from participants. There has also been additional travel

to Sacramento, and Washington to make sure that we are there at the table, that our voices are heard, and we are participating with the industry trade groups. It is important to keep the advocacy going and we will continue to do so.

We also have a golden bucket program that we rolled out that allows peers and managers to call out when an employee has done something good. Staff is taking advantage of the opportunity to provide recognition to each other.

CFO Dersch also noted that advertising and promotional expense is up 660% over the same time period as last year. We must do some marketing for our Medicare product; brochures for D-SNP, various marketing approaches. CFO Dersch welcomed any questions on finances. Commissioner Corwin asked when the 2026 budget will be presented. CFO Dersch stated that we will start the process in November.

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

Roll Call Vote as follows:

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

NOES: None.

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

Motion carried.

8. 2025 Contract Renewal Schedule

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive and file.

CFO Dersch reviewed the contract renewal schedule for 2025. This is a manual process to put this report together. She reviewed the projected spend column. It is a calculation of spend year-to-date divides by the number of month and assumes a run rate which is a good assumption of our spend. There might be some vendors that we do not expect to spend additional dollars. Commissioner Espinosa called out Contract #10-30 202501030: the commission voted for a specific recruitment that goes into a multi-year contract. She wants to ensure that the commission only approved and will only use the vendor for one specific recruitment which has just been successfully completed. CFO Dersch stated she has spoken with Mr. Paul Aguilar and that has been done.

Commissioner Sewell asked why we are doing a justification if they are the same contracts every year. General Counsel, Scott Campbell stated that over ten years ago the Commission adopted a policy that rather than have every contract that is for renewal or up come to the Commission every time it was up. The Commission then stated that if it is part of an approved project and listed in the budget it is approved or if in an existing contract and it is up for renewal if on the list it is approved. The purpose of this list is to bring those contracts that are either affiliated with projects or have already gone out to bid, have been approved by the Commission. If the contract exceeds the amount it must go before the Commission to ask for a supplement. The list is periodically update so that the Commission is kept up to date on contracts/vendors. If the services are not being performed or we need to assess the market, we have gone out to the market and solicit new contracts.

Commissioner Abbas motioned to approve agenda item 8. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

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

Motion carried.

REPORTS

9. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report

CEO Dr. Nunez stated that his report has been submitted for Commission review. Our drive towards fiscal stewardship is persistent. He stated that we continue to drive towards improving equitable access and quality. Delivering on our operational optimization remains a never-ending process. Our D-SNP is an opportunity to develop new lines of business and is an opportunity to build resilience as an organization, having additional revenue streams coming to the organization, advancing care management, enhanced care management and community supports programs. The state of California has no intention of backing away from their enhanced care management program. These programs are important, and we know that they have value to our members. We also know that our providers need extra resources to be able to accelerate quality. This has

all been a collaborative effort. The entire organization has worked hard to get us to where we are. A priority for us and for years to come is supporting our community-based organizations and supporting community reinvestment. He also noted that out regulatory obligations are important, and we are cognizant of that at all times. We will also continue our advocacy efforts which is critical to protecting Medicaid access. Our work will continue to be ongoing, and we need to protect the scope of services that are provided.

Dr. Nunez reviewed key advocacy points and asked our commission to feel free to share our communications. He then asked Marlen Torres, Chief Member Experience & External Affairs Office to shar some updates. She stated that we had Congresswoman Julia Brownley meet with staff and discuss advocacy. She stated she is in support of our work and was pleased with our commitment to our community.

Ms. Torres stated we have held three community-based health fairs, and we have seen good member participation. Members are still getting preventative screening.

Ms. Torres advised the Commission that we are closely monitoring the May Revise to see what the final budget will be due to expected federal cuts and the impact of those cuts. We do anticipate cuts regarding eligibility through work requirements. The challenge will be verifying employment for members. We will continue to make efforts that our members are receiving the resources that they need. We will be partnering with governmental agencies and our community-based organizations to assist in the verification.

Also on the table is fraud, waste, and abuse in terms of the federal strategy for cutting Medicaid. We anticipate serious cuts. There is no other way that they can get to their budgetary objective of $880 billion savings. We are preparing ourselves for a long fight and we are strategizing in terms of how we can minimize the impact on our members. We will continue to partner with our state and federal advocacy organizations. We now have a federal lobbyist that is helping with advocacy.

In terms of community alignment and partnership we have been working closely with County Health Care Agency and looking at the future of the Santa Clara Valley community. We are specifically looking at the Santa Paula Hospital and although we realize that the hospital will not be able to function fully as a hospital, we need to find a way to best align and partner with VCHC agency to provide a future for that community. We will continue to present follow-ups and updates, along with timelines to the Commission.

Commissioner Espinosa stated that Congresswoman Brownley likes to hear about personal stories, and it does make an impact.

10. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

James Cruz, M.D., Acting Chief Medical Officer stated that significant improvement continues in quality improvement, HealthEquity, pharmacy utilization management and care management. He stated that details can be found in his report.

Acting CMO Cruz stated Kim Timmerman had been promoted to Executive Director of Quality Improvement. Nicole Kanter has also been promoted to Executive Director of Health Services. She has proven to be a skilled, effective based thinker and this was demonstrated during her implementation of complex systems.

Dr. Cruz stated there is an important transformation project that has been ongoing in health services which has been spearheaded by our GCHP Medical Director, Dr. Terry Brown. She has been working closed with the care management team to transform the internal processes and to create tools to help more effectively identify children who have CCS eligible conditions that are serious and chronic and require a higher level of care. This is considered a Medi-Cal carve out benefit. Dr. Brown has focused on making sure that CCS Care-Out letters to parents, or guardians are more clear and easier to understand about services covered. Secondly, she has helped lead the team to create some internal tools to track our CCS identification. This will ensure that we have up-to-minute authorization status which will prevent delays and reduce duplications of authorization approvals that can occur.

Ms. Kanter and her team have worked to ensure that we meet our DHCS regulatory compliance requirements and secures NCQA accreditation. They have implemented our corrective action plan for the audit findings during our latest DHCS audit and been actively involved with our NCQA consultant for NCQA preparation.

Care management work is aligned tightly with utilization management and a corrective action plan process has been implemented.

Great work continues in QI and all hybrid MCAS measures are meeting the minimum performance level and above.

Pharmacy continues to actively implement any medical Rx policies as well as work closely with our consultants for D-SNP to implement pharmacy and therapeutic elements required for D-SNP as well as help guide our pharmacy.

Executive Director of HealthEquity, Ms. Phsyra Jones is working with our GCHP analytics to enhance our data capture capabilities to identify our HealthEquity issues by demographics, gender, and ethnicity. She has also been working with other managed care plans to help develop and implement some best HealthEquity processes.

11. Human Resources (H.R.) Report

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

RECOMMENDATION: Receive and file the report

Mr. Aguilar stated that he will highlight two key areas of work. The first is staff engagement and the work that we initiated in March around our culture transformation. Service transformation is key. We must think about the culture in which we are trying to establish within the organization and recall it more of a specific purposeful culture. How our employees will think and deliver results. We have created a Culture Committee led by Pauline Preciado. It is a cross functional group that is driving this, and Ms. Preciado will give a presentation to the Commission in the near future. Mr. Aguilar noted that this will be a two-year journey to start off and then build sustaining processes.

The second key highlight is on our organization performance and how we are successful in delivering our key organizational goals. We have five organizational goals: 1) optimize operation stability, 2) D-SNP, 3) improved health outcomes, 4) member experience, and 5) is the call for work that we are doing within each of those five goals. There are sub-goals, and there is a lot of work that we are managing. We have all our employees align their individual goals to these five in hopes that we can ensure that everyone is headed in the same direction.

Commissioner Pupa motioned to approve agenda items 9 through 11. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

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

Motion carried.

Commissioner Espinosa again congratulated Dr. Nunez on a very deserved position. She stated that the Commission acknowledged their vote of confidence in him, and all look forward to great things happening. His service is appreciated, and they want to see him in this new position for an exceptionally long time. She also congratulated Mr. Aguilar and Mr. Bagley for a successful recruitment. She also thanked General Counsel, Scott Campbell for all his input and guidance.

The Commission went into Closed Session at 5:17 p.m.

CLOSED SESSION

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

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

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 6:29 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information & System Modernization Officer

DATE: June, 30, 2025

SUBJECT: Operations of the Future – Final Update

PowerPoint with Verbal Presentation

ATTACHMENTS:

Operations of the Future (OOTF)

Gold Coast Health Plan℠
A Public Entity

Operations of the Future (OOTF) Final Update

June 30, 2025

Alan Torres
Chief Information & System Modernization Officer

Integrity
Accountability
Collaboration
Trust
Respect

Topics

1. Update on the remaining work
2. Operations of the Future background
3. Delivering on our commitments
4. Lessons learned
5. Voice of our business stakeholders

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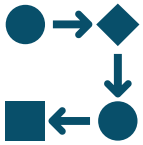
Update on Remaining Work: Steps Completed Toward the Goals

List of Completed Steps



Transition remaining business capabilities to GCHP

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

Maximize efficiency and accuracy.

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

Operations of the Future Background

Return to Agenda

The Case for Change

- **As a start-up health plan, GCHP needed a partner for launching core health plan operations…**

  …however, GCHP had gone too long without critical review of its operational model against high performing alternatives and had not performed a market-based procurement.

- **Conduent was far behind rapid advances in health plan industry operational / technological capabilities…**

  …as a result, Conduent did not have current-state health plan capabilities, could not independently and sustainably meet minimum performance standards, and did not have a compelling plan.

- **Continued dependency on Conduent subjected GCHP to growing financial, operational, and regulatory risks and constrained GCHP's achievements in health outcomes and member satisfaction…**

  …while moving to a hybrid strategy combining in-house management of certain functions with industry-leading vendors could mitigate risk and support improved outcomes.

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Services Delegated to Conduent

Member and Provider Services

- Call Centers
- Provider Portal

Processing and Transactional Operations

- Claims Processing
- Benefit Configuration
- Provider Data Management
- Encounter Processing
- Electronic Data Interchange (EDI)
- Data Warehouse & Operational Reporting
- Member Enrollment Processing and Reporting
- Capitation
- Payments (EOP's & 835's)
- Mail Room and Fulfillment

The vendor's system capabilities had resulted in operational performance issues:

- **Scalability**
  - The system struggled accommodate changes to the Calif. regulatory environment (i.e., CalAIM).
- **Inaccuracy**
  - Errors in data entry and processing resulted in claim rejections and disputes.
- **Lack of Insights**
  - Limited data analytics delayed process optimization.
- **Inefficiency**
  - Manual processes led to slow turnaround times and high labor costs.
- **Limited capabilities**
  - Limited capabilities for integrating with other systems and technologies, making it difficult to share data and streamline processes across the organization.

Return to Agenda

Future State Operating Model

Consideration of each option included:

- Alignment to the three business imperatives:
  - Quality and value-based health care
  - Better health
  - Member and community experience
- Quality and value of services provided
- Commodity or differentiating capabilities
- Advantages (uniqueness) of County Organized Health System (COHS) model
- Community presence
- Complexity, costs and time to implement
- Talent available
- Needs of Ventura County Medi-Cal members

Options considered:

1. Buy transactional systems and outsource business operations; buy member and provider technologies and insource operations.
2. Buy transactional and member and provider technologies; outsource all business operations.
3. Buy transactional and member and provider technologies; insource all business operations.
4. Build transactional and member and provider technologies; outsource all business operations.
5. Build transactional and member and provider technologies; insource all business operations.

Future State Operating Model (cont.)

Buy transactional systems and outsource business operations; buy member and provider technologies and in-source operations.

- Aligns to industry trends and allowed GCHP to leverage its strength as a community-based health plan that delivers the greatest quality while delivering differentiating member and provider experiences:
  - Portals and Call Center were opportunities to move from transactional to high-touch interactions, allowing GCHP to improve member engagement in health care and access to high quality health care (e.g., a PCP change is not a transaction, but an opportunity to learn what the member needs.)
  - Top quality health plans leverage their inimitable knowledge of members / providers and the communities they serve to deliver outstanding tailored service.

Procure (IT System) **and Outsource** (Business Operation)

- **Core Administration Technology:** Claims, Benefits, Member Enrollment and Reporting, Provider Data Management, Capitation, Payments
- **Business Operations: Processing and transactional operations**

Procure (IT System) **and Operate** by GCHP

- Medical Management
- Provider and Member Portals
- Call Center Telephony and CRM
- Encounter Processing
- Mailroom
- Electronic Data Interchange (EDI)
- Print & Fulfillment

Return to Agenda

Build Technology

- New Modern Data Warehouse

Technology & Services Procurement

Goals:

- Lead a procurement process resulting in the selection of the best technologies and services, which will result in a significant increase in quality and operational performance.
- Insource services and increase our presence in the community to deliver a very different experience for our members than what they have experienced to date.
- Invest in data operation capabilities, which will advance quality goals.

	Technology & Services	Award Winner
RFP 1	EDI Services - Electronic Data Interchange	Edifecs
RFP 2	Core Claims Processing Software	HealthEdge
RFP 3	Medical Management Software	Zyter/TruCare
RFP 4	Provider and Member Portal Software	NTT
RFP 5	BPO (Claims Processing Services)	Netmark
RFP 6	Mailroom	Tungsten
RFP 7	Print and Fulfillment Services	KP
RFP 8	Call Center Software/Technology	Genisis TTEC
RFP 9	Customer Relationship Management (CRM)	SalesForce

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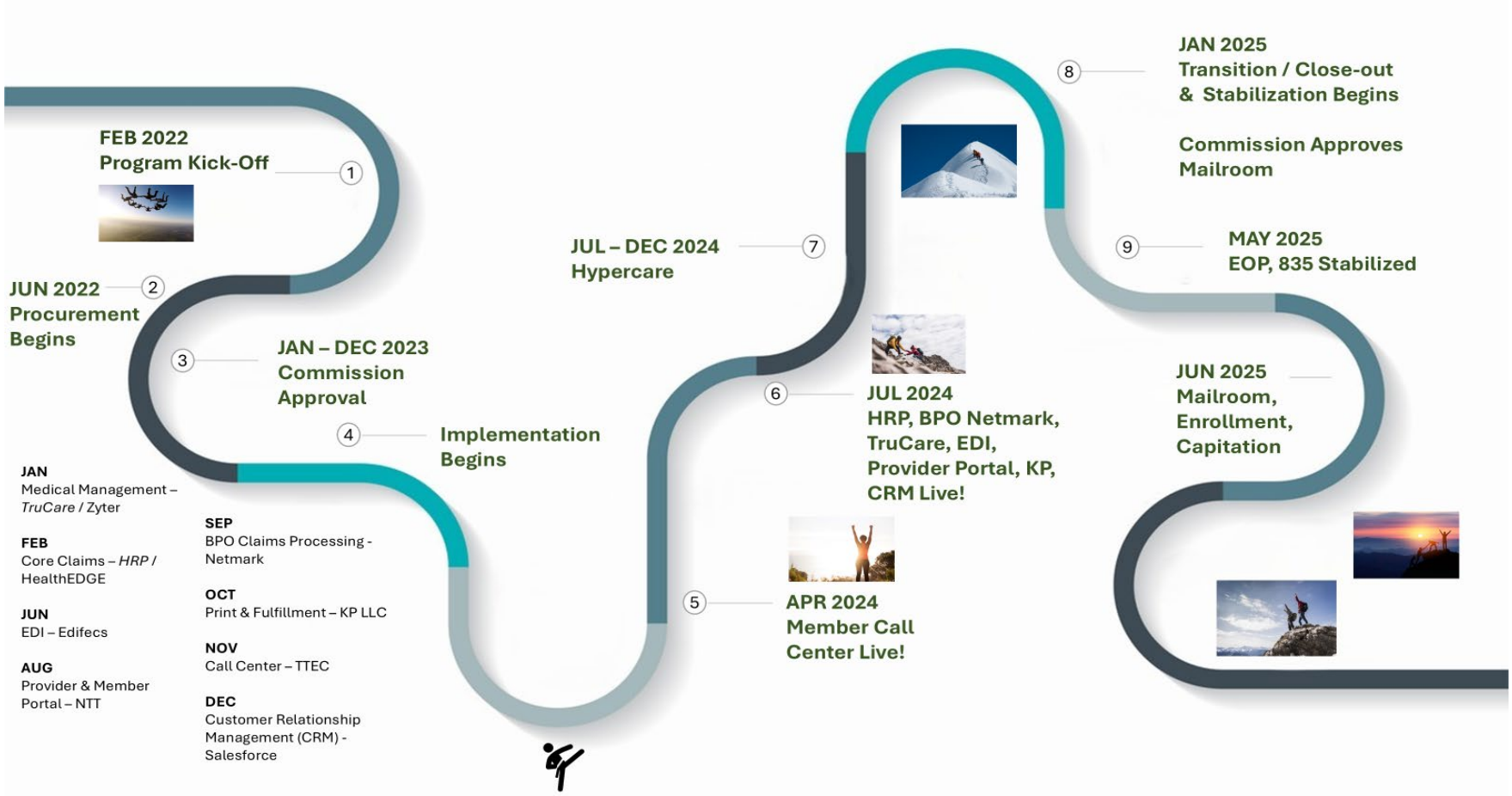
Program Timeline

In 2021, the GCHP Commission and Management together envisioned a future in which operations would be performed by the health plan on leading-edge systems, with modern capabilities, in house or working with the industry best vendors to economically and sustainably provide the highest level of services and supports to members and providers – *now and into the foreseeable future*. After 36 months of unprecedented planning, procurement, hiring, configuration, testing, and training, **the OOTF program comes to an end.** This corresponds with the end of a more than a decade of outsourcing of health plan operations to a single vendor.



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Delivering on our Commitments

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Original Scope of the Program

- Procure best in KLAS / industry leading technologies and services that would support GCHP for the next five years and beyond.

- Bring in-house differentiating capabilities:
  - Member and Provider Call Centers
  - Mailroom
  - Data Warehouse

- Hire local, community-based service team.

- Staff mailroom with local hires.

- Our license costs over the next 5-10 years would be at or lower than our current contract with Conduent.

- Implement capabilities that will be the foundation for D-SNP and potentially other lines of business.

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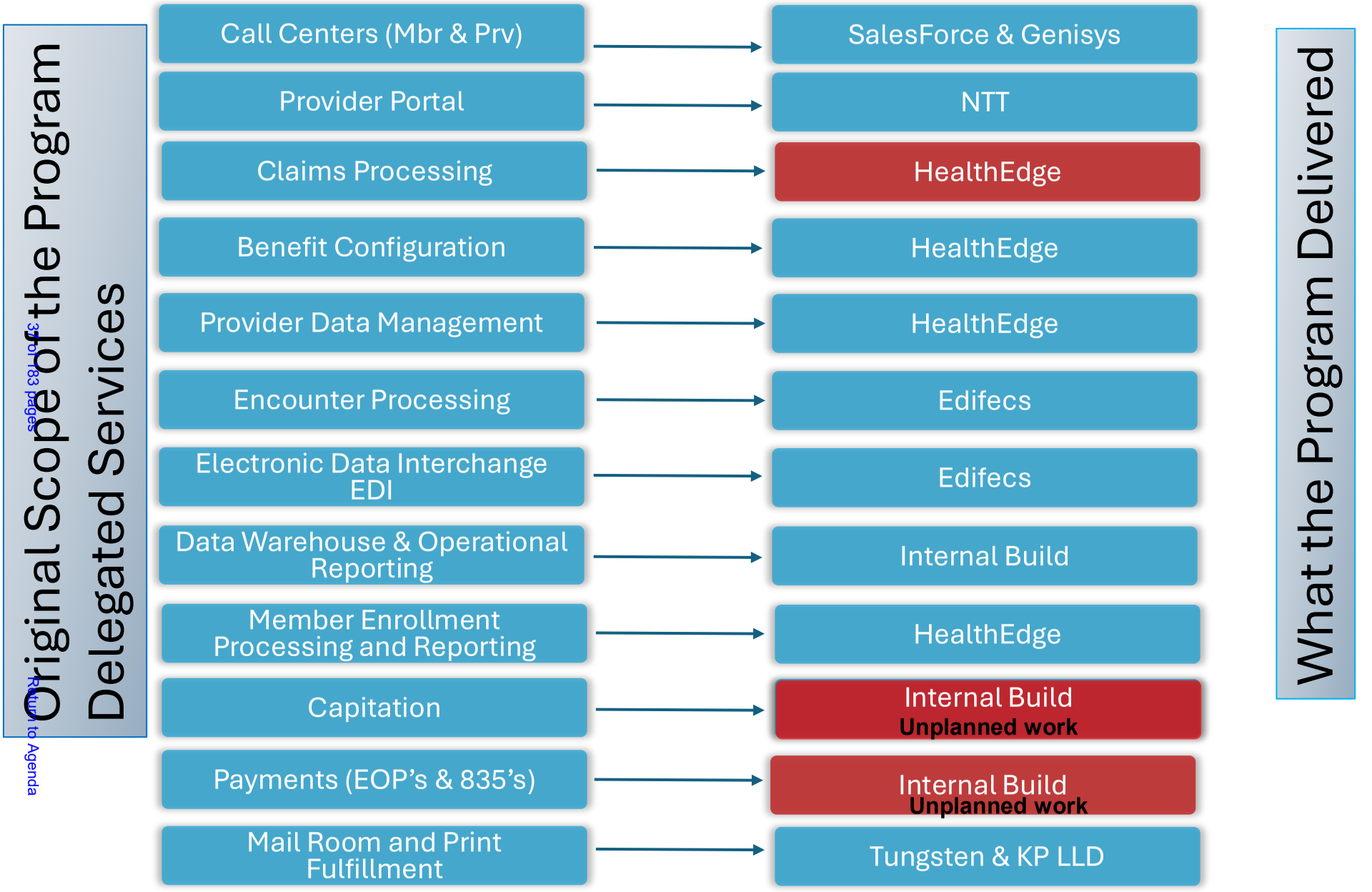
What was delivered



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Member and Provider Call Centers

On July 7, 2024, GCHP transitioned call center services to GCHP for the first time in the health plan's history. Most of the staff supporting the call centers are in Camarillo.

- CRM innovation
- Gaps in Care
- Call center and anywhere access
- Integration with medical management and MCAS systems
- Centralized member interaction data

- Improved productivity
- Increased efficiency
- Scalability
- Improved customer interaction
- Real time insights

See TCS pages
Return to Agenda

Financial Analysis - Comparison

Financial Basis (Recurring Licenses & Implementation)

Savings + Leading Edge, Configurable, Modernized Capabilities = Maximum Value

Cost Comparison – Over Term of Proposed New Contracts

(5 Years 2024-29 + Implementation period through June 2024 and Membership count of 190K)

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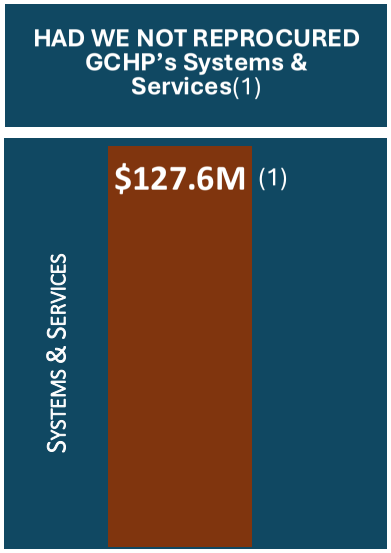
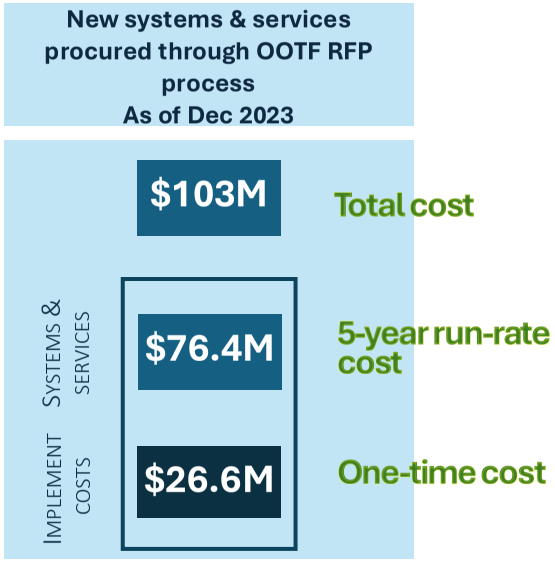


Financial Basis as of Dec 2023



Financial Basis as of Dec 2023

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(1)Based on assumed renewal of current contracts with an estimate of 5% Cost-of-Living Adjustment (COLA) for Conduent and MedHok (of $21M + $1M respectively per year) over the 5-year period 2024-29.

(2) Conduent costs reflect license costs and does not have any implementation costs

(3) License costs were negotiated with a membership count of 190K

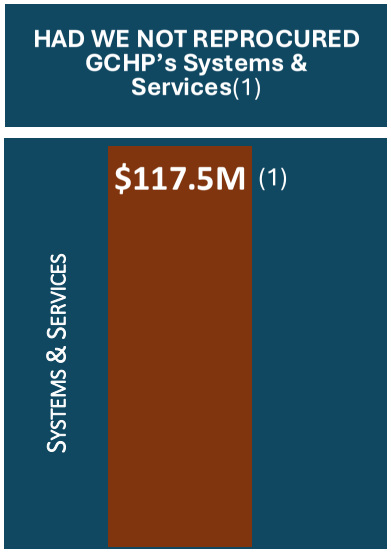
Financial Analysis - Comparison

Financial Basis (Recurring Licenses & Implementation)

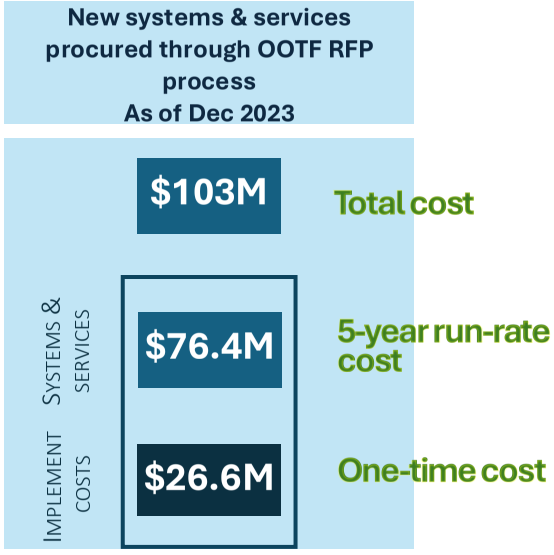
Savings + Leading Edge, Configurable, Modernized Capabilities = Maximum Value

Cost Comparison – with projected membership reduction of 8% ~220K

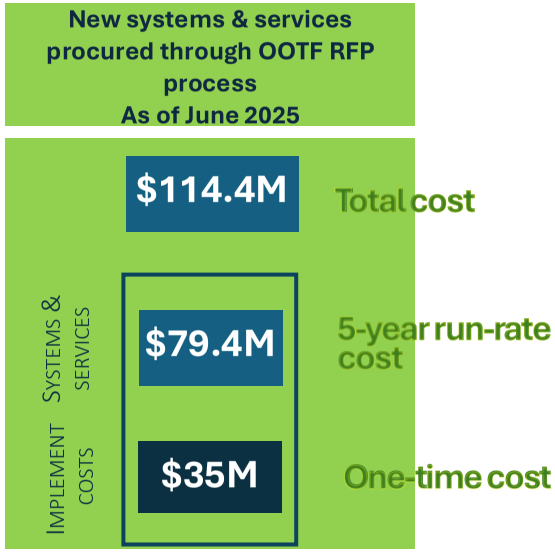
(5 Years 2024-2029 + Implementation & stabilization period through June 2025)



Financial Basis as of Dec 2023



Financial Basis as of Dec 2023



Financial Basis as of June 2025

(1)Not taking action, and renewal of current contracts with a 4% Cost-of-Living Adjustment (COLA) for Conduent and MedHok over the 5-year period 2024-29 & adjusted down to 220K membership

(1)The increase in the 5 year-run-rate of ~$3M is for additional licenses not identified at the time of the December 2023 commission mtg

(2)New license cost projection reflects a drop in membership by 8%. Membership total drops from 242K in year 1 down to 220 in years 2 - 5

(1)The new 5 year-run-rate license cost of $79.4M delivers license savings of $38.1M over the next 5 years.

Lessons Learned

Return to Agenda

What Worked

- **Strategic Visioning Workshops:** The first step was to define what we wanted to achieve and how to get there (which business capability and technologies should be procured versus which should be brought in-house). This was a collaborative effort with support from every department.

- **Procurement Process:** GCHP's sourcing process is a fact-based collaborative approach that uses qualitative and quantitative factors to select vendors. GCHP's contracting strategy for ***all*** term licensing agreements is to negotiate and agree to a financially committed term aligned with the product's useful life, the products switching complexity and costs, and market competitiveness. We include contractual language that provides GCHP unilateral right to renew the contract term for 12-month renewal periods ***and*** with annual price increases tied to the lesser of the CPI, or a pre-negotiated maximum percent increase.

- **Program Increment (PI) Events:**
  - Enabled clarity and common understanding of the work, and kept the organization engaged throughout the journey.
  - Identification and tracking of risks and issues and dependencies across multiple departments and other projects.

- **Innovation:** Team came up with innovative solutions to address enrollments, EOP's, 835's and Capitation due to vendor deficiencies.

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- **New Data Warehouse and Data Strategy:** Industry-leading approach to storing and distribution of data across the new vendors in near real-time.

What Didn't Work

	What happened	Impacts	What's next
Provider Data Conversion	Did not fully understand how the data was stored and maintained in the Conduent system and how the data would then be stored into the new core administration system (HealthEdge / HRP). The conversion took longer than planned and compressed the testing timeline. As a result, not all provider contracts were tested against all the possible claim scenarios.	A portion of Claims were adjudicated incorrectly, impacting provider payments	To be completed by June 30, 2025, 200 contracts for providers which account for more than 80% of total claims have been reloaded, which will allow for claims to be paid more accurately.
Evidence of Payment (EOP)	Did not fully understand how the data was stored and maintained in the Conduent system and how the data would then be stored into the new core administration system (HealthEdge / HRP). The conversion took longer than planned and compressed the testing timeline. As a result, not all provider contracts were tested against all the possible claim scenarios.	Provider abrasion due to incomplete information on the EOP.	Work has been completed to address this issue. GCHP developed a solution to enhance the process.

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What Didn't Work (cont.)

	What happened	Impacts	What's next
Electronic Remittance Advice (835)	HealthEdge did not have a working 835 capability.	Provider abrasions due to delays in receiving their 835's.	Work has been completed to address this issue. GCHP built a custom 835 solution to address the HealthEdge product deficiency
Capitation	During implementation, it was discovered that HealthEdge's current capitation module does not support California Medi-Cal business.	This required us to develop our own Capitation process.	Work will be completed by June 30, 2025 to support the Capitation process.
Critical Claims system problem	There was a problem identified with the HealthEdge claims capability in January of 2025. Capitated claims were paid as Fee for Service (FFS).	A portion of Capitated claims were paid as Fee for Service (FFS).	HealthEdge has fixed this problem.
Regression Testing	The testing phase was shortened due to the data conversion and claims platform configuration taking longer than planned.	A portion of Claims were adjudicated incorrectly, impacting provider payments, and this did not give us sufficient time to test the EOP's and 835's.	Ensure that all business functions are regression-tested prior to go-live.

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What Didn't Work (cont.)

	What happened	Impacts	What's next
Overall implementation strategy	The decision was to go with a full transition of all technologies and services away from Conduent at once by July 1, 2024 rather than a phased approach	This impacted our ability to mitigate risks and reduce abrasions by phasing in the new vendors and running Conduent in parallel during the transition. With the full transition of all capabilities at once approach, it compressed our overall testing timeline. A phased approach would have given us more time to test because the old systems are still in use and the implementation timeline can then be adjusted as needed.	Any future implementation of systems should consider and evaluate all strategies.

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Vendor performance

Vendor	Technology & Services	Service Level Agreement (SLA) Performance
Edifecs	EDI Services - Electronic Data Interchange	• Enrollment Management Module did not work and was not implemented • Contractual SLA's are being met
HealthEdge	Core Claims Processing Software	• 835 capability did not work and was not implemented • Capitation capability did not work and was not implemented • EOP's required significant development on the part of GCHP • Contractual SLA's for uptime and availability are being met
Zyter/TruCare	Medical Management	• Contractual SLA's for uptime, availability, and others are being met
NTT	Provider and Member Portal	• Contractual SLA's for uptime, availability, and others are being met
Netmark	BPO (Claims Processing Services)	• Contractual SLA's for uptime, availability, and others are being met
Tungsten	Mailroom	• N/A (in implementation phase)
KP	Print and Fulfillment Services	• Contractual SLA's for uptime, availability, and others are being met
Genisis TTEC	Call Center Software/Technology	• Contractual SLA's for uptime, availability, and others are being met
SalesForce	Customer Relationship Management (CRM)	• Contractual SLA's for uptime, availability, and others are being met

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Voice of our Business Stakeholders

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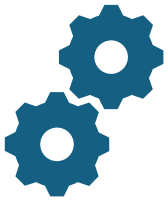
Medical Management System

New Medical Management System (MMS), TruCare was implemented July 1, 2024.



Reason for new system: To meet strategic needs by implementing a highly configurable MMS that enabled advanced data and analytic capabilities, while providing actionable insights and support to staff enabling member care.

Risk of not implementing: Inability to scale in a timely manner to support strategic initiatives, including the launch of new lines of business, such as D-SNP.

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Medical Management System (cont.)

The role of a Medical Management System (MMS):

MMS systems enable health plans to effectively manage members health care needs, improve outcomes, and lower costs.

The system provides a 360° longitudinal view of each member, enabling GCHP staff to identify gaps in care and potential needs, implement interventions, and perform authorizations.

The MMS is the software used to support Utilization Management, Care Management, Grievance and Appeals, Model of Care (MOC), and Integrative Care Teams (ICT).

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Medical Management System (cont.)

Advantages / Improvements Gained with new MMS (TruCare):

GCHP can now configure in-house for new regulatory changes and benefit implementations with the use of user-defined fields.

Increased visibility into the members' care across teams managing care.

Care Opportunity Profile integrated into the user's view of the member to support individualized care plans.

Real time communication of authorization status to the provider(s) trough the integrated Provider Portal. This includes real-time access to authorization and notice of action letters.

Enhanced workforce management tools providing real-time dashboards for regulatory compliance.

Enhanced reporting capabilities with the use of user-defined fields

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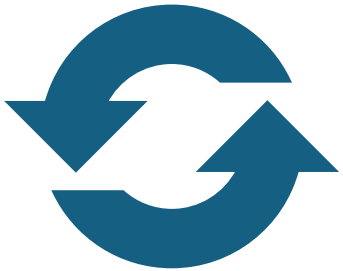
Medical Management System (cont.)

MMS (TruCare) Next Steps:



Continue system optimization and enhancement system capabilities: Ongoing

Configuration of MMS for D-SNP line of business. System configuration and testing on track to be completed Q4 2025.

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Provider Portal

Key Benefits for Providers:

- Streamlined communication and information system to enhance collaboration between providers and GCHP which provides and supports comprehensive care.
- Improves provider workflows and efficiencies, leading to increased member access and satisfaction.
- Enhanced visibility and strategic utilization of key operational functions:
  - Claims processing and submissions
  - Member eligibility verification
  - Authorization submissions and status

Return to Agenda

Provider Portal (cont.)

Provider Portal Functions:

- **24/7 Self-Service Capabilities:**
  - Instant access to member eligibility and demographics.
  - Submission and tracking of authorization requests.
  - Provider- / network-wide notification system.
  - Claim submission and status updates.
  - Tools and resources:
    - Provider Manual
    - Provider Directory
    - Medi-Cal Website
    - Centers for Medicare and Medicaid Services (CMS) Website
    - Regulatory / Mandatory Training

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Provider Portal (cont.)

Provider Portal Updates:

- **Enhancements since implementation:**
  - Increase in registration from 1,513 to 6,225 unique users.
  - Providers can proactively add users within their organizations.
  - Providers can obtain real-time status on authorizations.
  - Providers now have access to Member Primary Language and Member Aid Codes.

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Provider Portal (cont.)

D-SNP Provider Portal Updates

- **Preparation for D-SNP**
  - The ability to view the member's Care Navigator.
  - Exploring provider's ability to obtain insight to the member's Health Risk Assessment (HRA) and/or Risk Adjustment Factor (RAF) Scores.
  - "Line of Business" field will be added for members.
  - D-SNP resources will be created for the providers:
    - D-SNP Provider Directory
    - D-SNP Formulary
    - Supplemental Provider Directories

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Questions?

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Appendix

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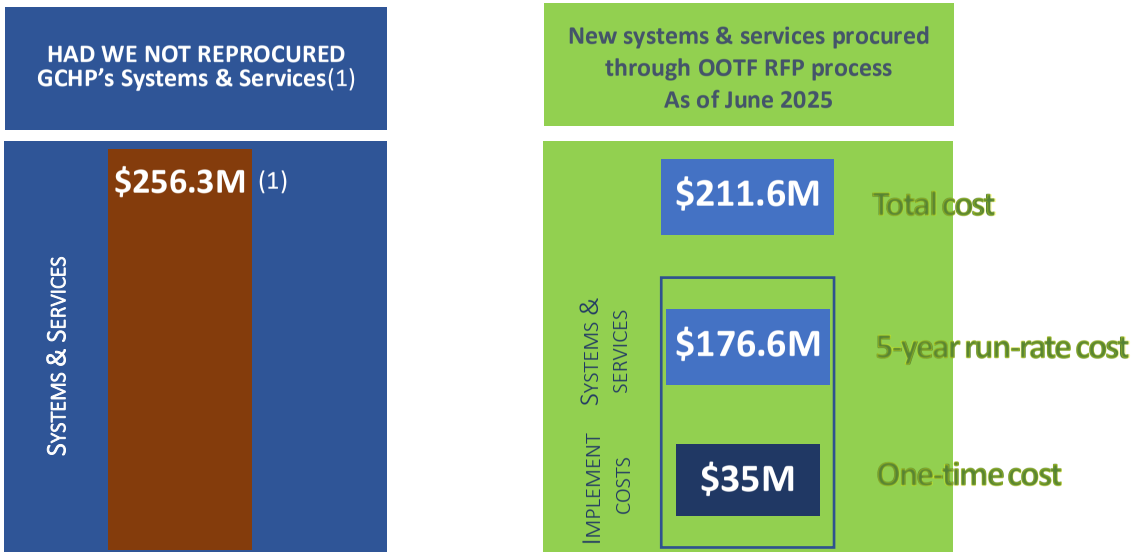
Financial Analysis – Comparison - 10 Yr View

Financial Basis (Recurring Licenses & Implementation)

Savings + Leading Edge, Configurable, Modernized Capabilities = Maximum Value

Cost Comparison – with projected membership reduction of 8% ~220K

(10 Years 2024-2034 + Implementation & stabilization period through June 2034)



Financial Basis as of Dec 2023

Financial Basis as of June 2025

(1) Not taking action, and renewal of current contracts with a 4% Cost-of-Living Adjustment (COLA) for Conduent and MedHok over the 10-year period 2024-2034 & adjusted down to 220K membership

(2) The new license cost projection reflects a drop in membership by 8%. Membership total drops from 242K in year 1 down to 220 in years 2 - 10

(3) The new 10 year-run-rate cost of $176.4M delivers license savings of $79.7M over the next 10 years.

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What was delivered
Reviewed with the commission

Initiative	Vendor	Approved Benefits
Medical Management Software	CaseNet/Zyter	The first sentence states that OOTF will improve services for substantially less cost. **(Accomplished)** There will be less intervention from IT staff due to the software **(Accomplished)** The software is highly configurable **(Accomplished)** The software will integrate with portal capabilities **(Accomplished)** There will be seemless integratin of member satisfaction and risk insight data. **(Accomplished)**
Claims Software	HealthEdge	There will be claims processing efficiencies with enhanced experience **(In Progress)** This is significantly better Claims Processing Software than currently with Conduent. **(In Progress)** Conduent did not present an upgrade in service or functionality **(Accomplished)** Greater financial accuracy **(In Progress)** This will improve accuracy and efficiency in the processing of claims **(In progress)**
EDI	Edifecs Order Form 1	This will provide claims processing efficiencies with an enhanced provider and member experience **(PAR)** Less human intervention which drives efficiencies and lowers the operating costs **(Accomplished)**
Portals	NTT Data	This will support claims processing efficiencies and significantly enhance the provider and member experience **(PAR)** This supports and enhances modernized capabilities of the new Health Edge System and Zytec/TruCare software **(Accomplished)** NTT has agreed to service level requirements (**Accomplished)** This is highly configurable which gives GCHP more control and less dependency **(Accomplished)** Greater oversight and financial accuracy **(In Progress)** The portals will improve the accuracy efficiency of processing claims **(Accomplished)** The product will eliminate maintenance and production issues between the core administrative system and the provider portal. **(Accomplished)**
Claims Processing BPO	Netmark	They have experience operating the Health Edge Software **(Accomplished)**
Call Center Software	TTEC	This will help the system alighn with Health Edge and Casenet software. **(Accomplished)**
Print & Fulfillment	KP	This technology alights with Health Edge **(Accomplished)** Best in class servies and capabilities **(Accomplished)**
Claims Software	HealthEdge	GCHP needs to purchase additional technical components without which GCHP could not support electronic claims processing, the pricing and payment of claims. **(Accomplished)** This will support timely and accurate claims reporting **(In progress)** What was unknown at the time of the original RFP was the costs to support Edifecs and hosting of Optum claims pricer product. **(Accomplished)**
CRM	Sales Force	Software for in-house call center and other functions for CRM service **(Accomplished)** This will streamline member outreach and interaction **(Accomplished)** Will assist efficient claims processing and member support **(Accomplished)**
Mailroom	Tungsten	
EDI	Edifecs Order Form 2	At time of original RFP, we needed to work with Health Edge and Edifecs to determine additional needed software for functionality for 820, 835 and 274 functions. **(Accomplished)** The Commission was notified this request would come after the discovery process. (**Accomplished)** This is the last step. **(Accomplished)** This necessary software was not included in Edifecs original contract. The new service is called Smart Trading & Encounter Management **(Accomplished)**
Other Implementation Costs	Various	To fund the completion of the Stabilization effort (Accomplished)

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Financial Analysis- Commission Approved

Initiative	Vendor	Commission Approved Date	Commission Approved Amount (Includes License & Implementation Costs)	Final Contract Amount (5 Yr On-going License Costs 220K Mbrs ~8% Reduction)	Comments
Medical Management Software	CaseNet/Zyter	Jan-23	$3,500,000	$2,500,000	Did not break out
Claims Software	HealthEdge	Feb-23	$19,500,000	$9,800,000	Did not break out (Includes Optum & Data Replication on-going costs)
EDI	Edifecs Order Form 1	Jun-23	$6,800,000	$4,600,000	$1,500,000
Portals	NTT Data	Aug-23	$8,100,000	$5,300,000	Did not break out
Claims Processing BPO	Netmark	Sep-23	$24,000,000	$22,500,000	Did not break out
Call Center Software	TTEC	Nov-23	$1,200,000	$928,000	Did not break out
Print & Fulfillment	KP	Nov-23	$18,000,000	$13,600,000	Did not break out
Claims Software	HealthEdge	Nov-23	$3,300,000	$0	This is rolled into the first HealthEdge line
CRM	Sales Force	Dec-23	$4,800,000	$3,000,000	Did not break out
EDI	Edifecs Order Form 2	Feb-24	$4,700,000	$3,200,000	Did not break out
Mailroom	Tungsten	October 2024	$1,000,000	$5,000,000	Only took 1 year to the commission (this includes License & FTE costs)
Call Center Staff	GCHP Internal	October 2024	$1,000,000	$9,000,000	Only year 1 was taken to the commission and is for internal FTE's
2024 Change Orders	Various	October 2024	$9,524,889	$0	One time implementation costs
		Total Amount:	**$95,900,000**	**$79,428,000**	

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AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ellen Rudy, Director of Grants Administration

DATE: June, 30, 2025

SUBJECT: RISE Grant Update

PowerPoint with Verbal Presentation

ATTACHMENTS:

Gold Coast Health Plan RISE Grant Update

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan RISE Grant Update

June 30, 2025

Erik Cho, Chief Policy & Programs Officer
Ellen Rudy, PhD, Director of Grants Administration

Integrity
Accountability
Collaboration
Trust
Respect

Overview of the RISE Grant Program

Strategic Pillars of the Resilience, Innovation, Sustainability, & Equity (RISE) Grant Program:

To increase and improve access to care,

To bring care to where members live, work, and go to school,

To improve member outcomes, experience, and education

To offer alternative healthcare solutions and remove structural barriers to care

Key Activities:

- Request for applications closed March 31, 2025
- Robust response from the community: **35 grant applications received**
- **Strong Partnership with Institute of Health Improvement (IHI)** to serve as third party reviewer to review, score and manage applications and grant awards
- 16 organizations selected to fund
  - 13 grants are for 12 months – July 1, 2025 – June 30, 2026
  - 3 grants are for 36 months – July 1, 2025 – June 30, 2028
- Award letters sent out June 2, 2025; grantees accepted awards, June 9, 2025
- Total funding for **yr 1**: **$11.3M; yr 2 $6.4 M committed; yr 3 $4.1M committed. Total commit: $21.9M**

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RISE Grants Fund Access to Care

Categories:

- Access to Care and Cancer Screening
- Mental Health Access
- Nutrition and Food Access
- Pediatrics and Family Care
- Public Health and Prevention
- Women's Health
- Workforce Development

"This grant is a lifeline for Ventura County's underserved families, allowing us to provide vital pediatric home health services with compassion and equity. Together, we're creating brighter futures for children who need every opportunity to thrive."
Pablo Velez, chief executive officer of Amigo Baby, Inc

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RISE Grants Funded Access to Care

List of Grantee Organizations	Description of Project
Access to Care and Cancer Screenings	
Health Care Foundation for Ventura County, Inc	Ventura County Medical Center Women's Health Breast Imaging Center: Mammography equipment and extension of hours
Clinicas del Camino Real, Inc	El Rio Urgent Care Expansion: Urgent clinic expansion and mammography mobile unit expansion
Conejo Free Clinic	Women's Wellness & Equity Initiative: Bridging Gaps in Preventive Care: Clinic expansion and increase access to well women screenings
Mental Health Access	
Community Memorial Health System	Behavioral Health Psychiatry Program: Provide high-quality medical and behavioral health care by integrating psychiatry residents across CMH sites and county facilities.
The Boys & Girls Clubs of Greater Oxnard and Port Hueneme	Mental Health Services for Youth Club Members: Improve the health and well-being of youth members by integrating mental health services into the Clubs' out-of-school programs.
Nate's Place, A Wellness and Recovery Center	Expanding Low Barrier Mental Health and Substance Use Services: Improve access to mental health and substance use disorder (SUD) services.

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List of Grantee Organizations	Description of Project
Nutrition and Food Access	
Food Share	Fresh for All: Expanding Access to Fresh Produce for Low-Income Communities: Expand access to fresh, nutritious produce by providing 30,000 fresh produce boxes to members directly in high-need communities.
California State University, Northridge/The University Corporation	Every Family Every Market: Increase access to fresh fruits and vegetables through technical assistance targeted to Ventura County farmers to use the new electronic benefits program for the Special Supplemental Nutrition Program for Women, Infants, and Children and through provision of health and nutrition education efforts.
Pediatrics and Family Care	
Amigo Baby, Inc	Benefits of Comprehensive Pediatric Home Health Services: Expand equitable, in-home pediatric therapy and nursing services, focusing on underserved areas such as Santa Paula, Fillmore, and Oxnard.
Shelter Care Resources	Shelter Care Resources Wraparound Health Care: Increase health care access and alternative solutions for Medi-Cal eligible homeless youth and families by addressing challenges to enrollment, digital access, and transportation.
United Way of Ventura County	Building Healthy Smiles (BHS): Expand the capacity of BHS services to facilitate school screenings events. Partners will provide care coordination to ensure that underserved students have access to essential dental care.

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List of Grantee Organizations	Description of Project
Primary Care Access	
Ventura County Medical System	Expanding Health care Access and Colon Cancer Screening in Ventura County: Increase clinic capacity at Magnolia Family Medical Clinic in Oxnard and enhance gastrointestinal services at Santa Paula Hospital
Livingston Memorial Visiting Nurse Association	Improve access to care through in-home visits, remote monitoring, linkage to PCPs, and support.
Public Health and Prevention	
Ventura County Public Health	Ventura County Public Health Mobile Team: Provide health education, sexually transmitted infection screening, and application assistance for health coverage to unhoused individuals.
Women's Health	
Mixteco Indigena Community Organizing Project (MICOP)	Access to Traditional Maternal Care for Indigenous Migrant Communities: Address gaps in access to traditional practices essential to maternal and infant health.
Workforce Development	
Santa Barbara Foundation	Community Health Worker

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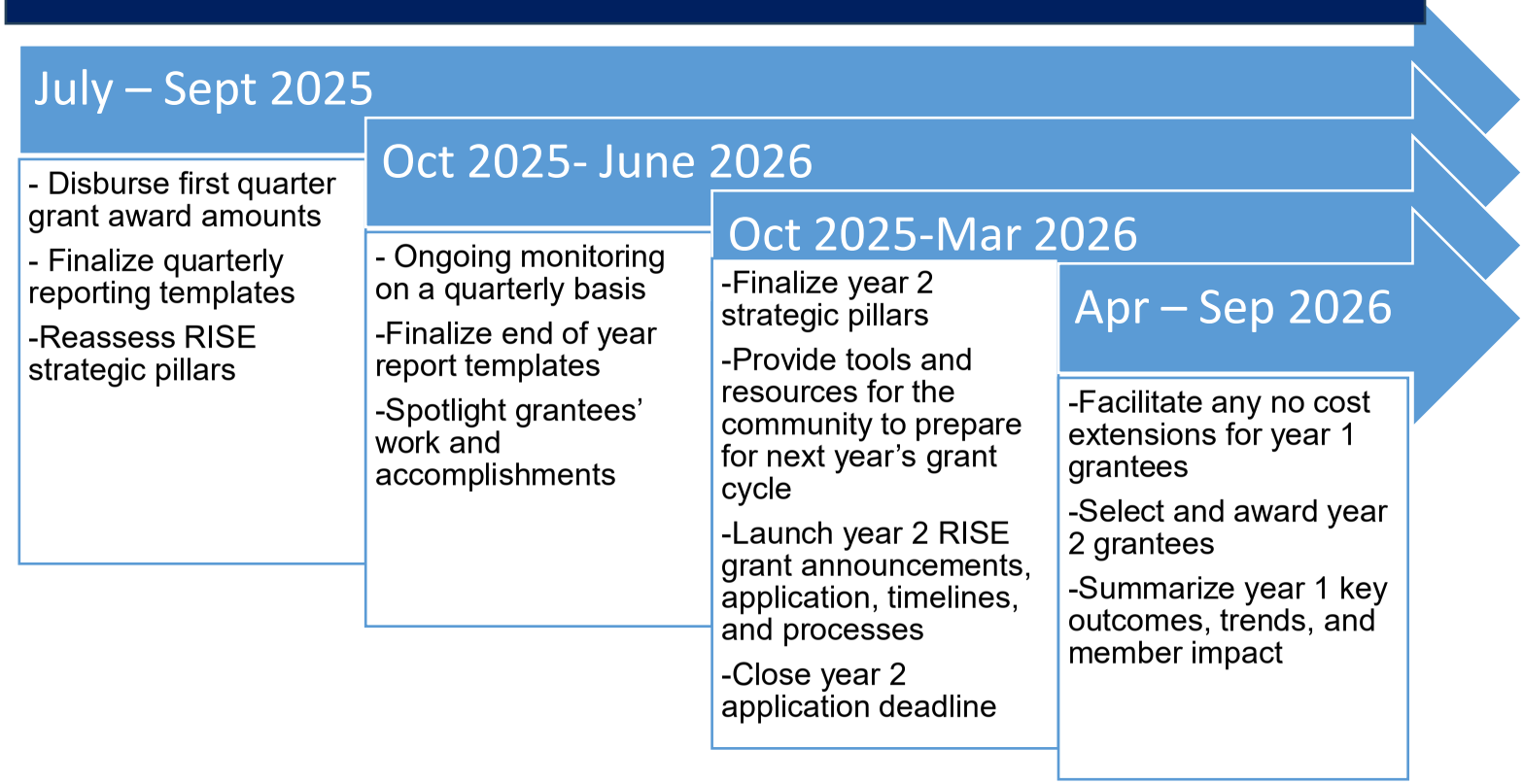
RISE Grant: Next Steps



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Appendix
RISE Grantees Project Titles and Brief Descriptions

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	List of Grant Awardee Organizations	Topic
1	Amigo Baby, Inc	Peds/staff retention
2	California State University, Northridge/The University Corporation	Vendor access to WIC
3	Clinicas del Camino Real, Inc	Urgent clinic expansion
4	Community Memorial Health System	Expansion/Psychiatry residents
5	Conejo Free Clinic	Clinic expansion
6	Food Share	Food boxes
7	Health Care Foundation for Ventura County, Inc	Mammography equipment and extension of hours
8	Livingston Memorial Visiting Nurse Association	Remote monitoring
9	Mixteco Indigena Community Organizing Project (MICOP)	Doula add services
10	Nate's Place, A Wellness and Recovery Center	Mental health/SUD
11	Santa Barbara Foundation	Community Health Worker
12	Shelter Care Resources	Homeless youth
13	The Boys & Girls Clubs of Greater Oxnard and Port Hueneme	Mental health
14	United Way of Ventura County	School dental varnish
15	Ventura County Public Health	Mobile health STI testing
16	Ventura County Medical System	Clinic expansion

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AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Paul Aguilar, Chief HR and Organizational Performance Officer
Pauline Preciado, Executive Director of Population Health & Equity
Charu Chhabra, Senior Manager of Strategic Planning and Talent

DATE: June 30, 2025

SUBJECT: Culture Transformation Presentation

PowerPoint with Verbal Presentation

ATTACHMENTS:

Culture Transformation Initiative

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan Commission Meeting

Culture Transformation Initiative

June 30th, 2025

Paul Aguilar, Chief HR and Organizational Performance Officer
Pauline Preciado, Executive Director of Population Health & Equity
Charu Chhabra, Senior Manager of Strategic Planning and Talent

Integrity
Accountability
Collaboration
Trust
Respect

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

Gold Coast Health Plan Culture Compass

GUIDING OUR CULTURE TO ELEVATE OUR IMPACT

Culture is the way people ***THINK*** and ***ACT*** to get results

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What does Full Alignment look like?

Why does your organization exist? +

Where is your organization going? +

How will you measure success? +

What are your long-term priorities? +

What shifts are needed for your success? +

Operationalize
Experiences
Accountability
Systems

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Our Culture Equation

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

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

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

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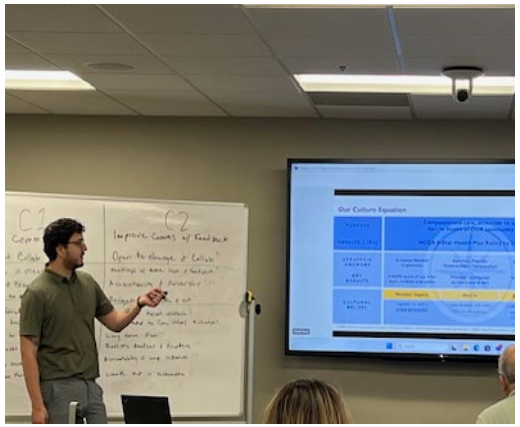
Culture Compass- Progress to Date

- Champion Training: Completed and thriving!
- We have officially launched our Culture Alignment Sessions
- 220+ Staff trained so far
- Bucketlist has been updated



Looking Ahead:
Leading Culture Transformation

Ongoing leadership integration

- Leader 360 & How I Show Up
- Accountability for Leaders
- Focused Decisions
- Leading Culture Alignment
- Cross Functional Feedback

Reinforcing desired behaviors- weekly integration, 3-2-1

- 3 focused recognition cards
- 2 focused feedback exchanges
- 1 focused story

Recognizing and rewarding behaviors aligned with culture transformation

Governance with Culture Partners, Culture Champions, Steering Committee and All-Staff meeting updates

Culture Compass: resources for employees in one place

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AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, MD, Acting Chief Medical Officer
Marlen Torres, Chief Member Experience & External Affairs Officer

DATE: June 30, 2025

SUBJECT: Stipend Policy Approval

Summary and Background

Gold Coast Health Plan (GCHP) proposes a formal policy that outlines the terms and conditions to issue a stipend to community member representatives and external provider representatives who sit on GCHP Brown Act committee meetings and specific GCHP quality committee meetings. The specific committees that are eligible for a stipend include the following: Provider Advisory Committee (PAC), Community Advisory Committee (CAC), Member Advisory Committee (MAC), Credentialing/Peer Review Committee (C/PRC), Quality Improvement and Health Equity Committee (QIHEC), and Pharmacy and Therapeutic Committee (P&T). The proposed policy outlines the amount to be paid ($200) for attending a committee meeting, and the frequency of stipend payment (no more often than monthly).

Financial Impact

The financial impact over a 12-month period will be approximately $36,000 greater than the stipend amount paid over 12 months in 2023/2024. GCHP leadership team will ensure that the stipend received by Medi-Cal eligible committee members does not compromise their Medi-Cal eligibility or violate member incentive requirements.

Recommendation

The GCHP staff recommends that the Ventura County Medi-Cal Managed Care Commission approve the Stipend Policy.

ATTACHMENTS:

Stipend Policy

POLICY AND PROCEDURE	
TITLE: Committee Stipend and Reimbursement Policy	
DEPARTMENT:	**POLICY #:**
EFFECTIVE DATE:	**REVIEW/REVISION DATE:**
COMMITTEE APPROVAL DATE:	**RETIRE DATE:**
PRODUCT TYPE: Medi-Cal	**REPLACES:**

I. Purpose

A. To establish the terms and conditions for members of Gold Coast Health Plan (GCHP) legislative bodies composed of community members and/or providers to receive stipends and expense reimbursement when performing their official duties on behalf of GCHP.

II. Policy

A. This policy (Policy) is adopted pursuant to Government Code Section 53232 et seq. and must be adopted or amended by resolution.

III. Definitions

A. N/A

IV. Procedure

A. Meeting Stipends
   i. Stipends and Eligible Meetings.
      1. Members of all GCHP legislative bodies (as defined in Government Code Section 54952) that are composed of community members and/or providers (Committees) shall be entitled to receive meeting stipends under this Policy.
      2. Committee members shall be entitled to receive stipends of $200 per day for attending meetings of the Committee.
   ii. Limitations
      1. Committee members shall not receive more than one (1) stipend payment in any calendar month.

2. Committee members may decline to receive a stipend under this Policy. The Committee member must notify relevant GCHP staff if they decline to receive a stipend on a one-time or ongoing basis.

B. Reimbursement of Reasonable and Necessary Expenses
   i. Travel to/from Committee Meetings of GCHP
      1. Committee members may receive reimbursement for mileage or public transportation expenses to and from meetings of a Committee within Ventura County. Such expenses shall be subject to GCHP's travel and expense reimbursement policy criteria.
   ii. Rates of Reimbursement
      1. Mileage and public transportation expenses as authorized under this Policy shall be reimbursed at the rates established under GCHP travel and expense reimbursement policy. If such rates are not provided, the reimbursement shall be at rates established under Internal Revenue Service Publication 463 or any successor publication.
   iii. Claim Forms
      1. All expense reimbursement claims must be submitted in accordance with GCHP travel and expense reimbursement policy.

C. Training Requirements
   i. Committee members eligible to receive stipends or reimbursement of expenses under this Policy shall receive ethics training and sexual harassment prevention training in accordance with Government Code sections 53234 et seq. and 53237 et seq.

V. Attachments

A. N/A

VI. References

A. Government Code section 53232 et seq.
B. Government Code section 53234 et seq.
C. Government Code section 53237 et seq.
D. Government Code section 54952
E. Internal Revenue Service Publication 463 (or its successor)

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Executive Director, Strategy and External Affairs

DATE: June 30, 2025

SUBJECT: Reconstitute the Strategic Planning Ad Hoc Committee

SUMMARY:

In preparation of last year's Strategic Planning Retreat the Commission convened a Strategic Planning Ad Hoc Committee to provide GCHP staff guidance on the strategic plan.

Prior members consisted of the following Commissioners:

Commissioner Laura Espinosa
Commissioner Dee Pupa
Supervisor Vianey Lopez
Commissioner Tabin Cosio and
Commissioner Sara Sanchez

Staff is presently preparing for the Strategic Planning Retreat, which will be on October 30, 2025. Staff believes the input from Commissioners would be very beneficial for a successful retreat and would like to reconvene the Ad Hoc Committee.

Staff recommends meeting in person once again this year, as the Public Health Emergency has been lifted.

NEXT STEPS:

Once reconvened, the Strategic Planning Ad Hoc Committee will begin meeting monthly starting in August 2025.

RECOMMENDATION:

Staff recommends that the Commission reconstitute the Strategic Planning Ad Hoc Committee and select up to five Commissioners who will serve in the ad hoc committee. Additionally, staff recommends that the Strategic Planning Retreat be held in person this year.

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, CFO

DATE: June 30, 2025

SUBJECT: May 2025 Fiscal Year to Date Financials

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

ATTACHMENT:
May 2025 Financial Package

APPENDIX:

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

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS

	For the Month Ended May 2025				Fiscal Year to Date Through May 2025			
	Actual	6+6 Forecast	Fav /(Unfav)	%	Actual	6+6 Forecast	Fav /(Unfav)	%
Membership	242,139	244,592	(2,453)	-1.0%	$ 2,688,887	2,696,955	(8,068)	-0.3%
Revenue								
Premium	$ 130,542,166	$ 126,560,735	$ 3,981,432	3.1%	$ 1,397,912,137	1,372,474,099	$ 25,438,038	1.9%
Facility Expense AB85	-	-	-		9,828,798	-	9,828,798	
Reserve for Cap Requirements	(460,085)	(220,601)	(239,484)	108.6%	(3,584,204)	(1,609,307)	(1,974,897)	122.7%
MCO Premium Tax	(34,504,360)	(34,873,927)	369,567	-1.1%	(379,217,437)	(377,618,226)	(1,599,211)	0.4%
Total Net Premium	**95,577,722**	**91,466,206**	**4,111,515**	**4.5%**	**1,024,939,294**	**993,246,566**	**31,692,727**	**3.2%**
Other Revenue:								
Miscellaneous Income	240	-	240		1,280	-	1,280	
Total Other Revenue	240	-	240		1,280	-	1,280	
Total Revenue	**95,577,962**	**91,466,206**	**4,111,755**	**4.5%**	**1,024,940,574**	**993,246,566**	**31,694,007**	**3.2%**
Medical Benefits:								
Capitation:								
PCP, Specialty, Kaiser, NEMT & Vision	$ 7,001,415	$ 4,194,052	$ (2,807,363)	-66.9%	$ 77,446,905	64,055,088	$ (13,391,817)	-20.9%
ECM	938,594	1,336,876	398,282	29.8%	8,283,313	15,005,597	6,722,284	44.8%
Total Capitation	**7,940,009**	**5,530,928**	**(2,409,081)**	**-43.6%**	**85,730,218**	79,060,685	**(6,669,533)**	**-8.4%**
FFS Claims:								
Inpatient	$ 19,880,386	$ 19,938,074	$ 57,688	0.3%	$ 215,298,796	218,388,590	$ 3,089,793	1.4%
LTC / SNF	19,242,566	15,247,862	(3,994,704)	-26.2%	184,587,475	160,241,239	(24,346,236)	-15.2%
Outpatient	9,982,916	8,721,086	(1,261,830)	-14.5%	104,476,043	91,603,900	(12,872,142)	-14.1%
Laboratory and Radiology	1,293,521	772,833	(520,688)	-67.4%	10,475,322	9,281,560	(1,193,761)	-12.9%
Directed Payments - Provider	(4,532,409)	926,635	5,459,044	589.1%	8,839,476	9,465,205	625,729	6.6%
Emergency Room	4,796,836	3,457,902	(1,338,934)	-38.7%	43,268,384	37,172,918	(6,095,466)	-16.4%
Physician Specialty	9,639,016	8,864,950	(774,066)	-8.7%	73,440,680	86,195,762	12,755,082	14.8%
Primary Care Physician	9,468,943	4,175,247	(5,293,696)	-126.8%	40,366,250	47,109,270	6,743,020	14.3%
Home & Community Based Services	5,103,291	2,690,155	(2,413,136)	-89.7%	40,434,286	21,083,262	(19,351,024)	-91.8%
Applied Behavior Analysis Services	5,176,993	3,970,602	(1,206,391)	-30.4%	51,944,889	47,120,568	(4,824,321)	-10.2%
Quality Incentives/Provider Reserves	-	-	-		7,921,066	(1,279,394)	(9,200,460)	*719.1%*
Quality Incentive Provider Program (QIPP)	464,102	*3,583,370*	*3,119,268*	*87.0%*	35,202,236	37,750,438	2,548,202	*6.8%*
Other Medical Professional	419,438	410,269	(9,169)	-2.2%	5,102,403	4,579,805	(522,597)	-11.4%
Professional Fee For Service	-	-	-		6,650	-	(6,650)	
Other Fee For Service	1,784,234	2,228,477	444,243	19.9%	45,442,316	42,104,763	(3,337,553)	-7.9%
Transportation	149,036	445,727	296,691	66.6%	2,035,488	4,903,257	2,867,769	58.5%
HHIP & IPP	-	-	-		1,604,043	-	(1,604,043)	
Total Claims	**82,870,331**	**75,433,188**	**(7,437,144)**	**-9.9%**	**870,447,266**	**815,721,144**	**(54,726,122)**	**-6.7%**
Provider Grant Program	1,000,000	1,041,667	41,667	4%	7,010,415	11,458,333	4,447,918	39%
Medical & Care Management	(2,835,330)	2,275,943	5,111,273	225%	23,701,945	25,035,368	1,333,424	5%
Reinsurance	403,271	320,441	(82,830)	-26%	3,602,294	3,550,145	(52,149)	-1%
Claims Recoveries	(462,041)	(100,000)	362,041	-362%	(4,224,495)	(1,100,000)	3,124,495	-284%
Sub-total	**(1,894,100)**	**3,538,050**	**5,432,150**	**154%**	**30,090,159**	**38,943,847**	**8,853,688**	**23%**
Total Medical Benefits	88,916,240	84,502,166	(4,414,074)	-5.2%	986,267,643	933,725,676	(52,541,967)	-5.6%
Contribution Margin	**6,661,722**	**6,964,040**	**(302,319)**	**-4.3%**	**38,672,931**	**59,520,890**	**(20,847,959)**	**-35.0%**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	6,498,394	5,807,689	(690,706)	-12%	61,578,586	62,519,706	941,120	2%
Training, Conference & Travel	81,079	205,778	124,700	61%	790,753	1,514,679	723,926	48%
Outside Services	2,450,347	2,928,170	477,824	16%	23,053,498	28,334,883	5,281,385	19%
Professional Services	939,219	816,808	(122,411)	-15%	10,683,972	10,045,174	(638,798)	-6%
Occupancy, Supplies, Insurance & Others	3,244,567	2,344,614	(899,953)	-38%	26,557,811	26,035,528	(522,284)	-2%
ARCH/Community Grants	-	-	-		346,066	-	(346,066)	
Sponsorships	-	-	-		65,584	-	(65,584)	
Care Management Reclass to Medical	2,835,330	(2,275,943)	(5,111,273)	225%	(23,701,945)	(25,035,368)	(1,333,424)	5%
G&A Expenses	**16,048,936.37**	**9,827,117**	**(6,221,820)**	-63%	**99,374,325**	**103,414,601**	**4,040,277**	**4%**
Project Portfolio (OOTF)	1,639,103	1,725,711	86,608	5%	19,748,121	19,315,218	(432,904)	-2%
D-SNP	274,504	797,500	522,996	66%	784,240	3,987,500	3,203,260	80%
Project Portfolio	**1,913,607**	**2,523,211**	**609,604**	**24%**	**20,532,362**	**23,302,718**	**2,770,356**	12%
Total G&A Expenses	**17,962,544**	**12,350,328**	**(5,612,216)**	**-45%**	**119,906,686**	**126,717,319**	6,810,633	5%
Total Operating Gain / (Loss)	**(11,300,822)**	**(5,386,288)**	**(5,914,534)**	110%	**(81,233,756)**	**(67,196,429)**	**(14,037,327)**	**-20.9%**
Retro Premium Adj	(137,693)	-	$ (137,693)		8,603,514	-	$ 8,603,514	
Non Operating								
Revenues - Interest	1,193,885	1,500,000	$ (306,115)	-20.4%	17,654,302	16,500,000	1,154,302	7%
Total Non-Operating	**1,193,885**	**1,500,000**	$ (306,115)	-20.4%	**17,654,302**	**16,500,000**	1,154,302	7%
Total Increase / (Decrease) in Unrestricted Net Assets	**$ (10,244,629)**	**$ (3,886,288)**	**$ (6,358,341)**	**-164%**	**$ (54,975,940)**	**$ (50,696,429)**	**$ (4,279,511)**	**-8%**

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, May 2025	As of Month Ending, June 2024
ASSETS		
Current Assets:		
Petty Cash	-	500
Cash - Claims Payment	(16,259,618)	(6,997,289)
Money Market Accounts - Investment	326,536,069	437,971,094
Total Cash and Cash Equivalents	**$ 310,276,451**	**$ 430,974,305**
Total Short-Term Investments	**104,037,161**	**99,718,245**
Medi-Cal Receivable	181,738,804	173,911,167
Interest Receivable	924,325	772,425
Provider Receivable	34,772,733	12,484,788
Other Receivables	12,191,943	5,579,474
Total Accounts Receivable	**229,627,805**	**192,747,854**
Total Prepaid Accounts	6,447,281	10,875,162
Total Other Current Assets	133,545	133,545
Total Current Assets	**650,522,243**	**734,449,111**
Total Fixed Assets	**42,377,579**	**23,343,857**
Total Assets	**$ 692,899,822**	**$ 757,792,968**
LIABILITIES & NET ASSETS		
Current Liabilities:		
Incurred But Not Reported	$ 137,502,451	$ 103,483,161
Claims Payable	18,965,925	18,370,448
Capitation Payable	7,138,285	8,201,415
Physician Payable	25,685,683	30,314,835
DHCS - Reserve for Capitation Recoup	52,776,933	55,107,254
Lease Payable- ROU	650,515	2,411,196
Accounts Payable	1,246,753	4,671,951
Accrued ACS	-	4,068,323
Accrued Provider Incentives/Reserve	7,633,171	8,389,182
Accrued Expenses	21,294,760	9,112,142
Accrued Premium Tax	74,832,355	138,769,137
Accrued Payroll Expense	6,746,405	4,240,566
Quality Withhold	4,871,237	1,287,033
Total Current Liabilities	**359,344,473**	**388,426,643**
Long-Term Liabilities:		
Lease Payable - NonCurrent - ROU	22,842,323	3,677,360
Total Long-Term Liabilities	**22,842,323**	**3,677,360**
Total Liabilities	**382,186,796**	**392,104,003**
Net Assets:		
Beginning Net Assets	320,957,655	359,951,656
Total Increase / (Decrease in Unrestricted Net Assets)	(10,244,629)	5,737,309
Total Net Assets	**310,713,026**	**365,688,965**
Total Liabilities & Net Assets	**$ 692,899,822**	**$ 757,792,968**

STATEMENT OF CASH FLOWS		
	For the Month Ended May 2025	Fiscal Year to Date Through May 2025
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ (10,244,629)	$ (54,975,940)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	895,895	5,701,863
Changes in Operating Assets and Liabilities		
Accounts Receivable	(32,397,495)	(36,879,951)
Prepaid Expenses	3,789,764	4,427,882
Accrued Expense and Accounts Payable	(22,652,887)	26,396,512
Claims Payable	(4,402,673)	(5,096,804)
MCO Tax liability	34,504,360	(63,936,782)
IBNR	(16,308,199)	34,019,290
Net Cash Provided by (Used in) Operating Activities	**(46,815,864)**	**(90,343,930)**
Cash Flow Provided By Investing Activities		
Proceeds from Investments	(112,057)	(4,318,917)
Purchase of Property and Equipment	(274,380)	(24,735,585)
Net Cash (Used In) Provided by Investing Activities	**(386,437)**	**(29,054,502)**
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(123,836)	(1,299,422)
Net Cash Used In Financing Activities	**(123,836)**	**(1,299,422)**
Increase/(Decrease) in Cash and Cash Equivalents	(47,326,137)	(120,697,854)
Cash and Cash Equivalents, Beginning of Period	357,602,588	430,974,305
Cash and Cash Equivalents, End of Period	**310,276,451**	**$ 310,276,451**

SCHEDULE OF INVESTMENTS AND CASH BALANCES			
		Market Value as of Month Ending, May 2025	Account Type
Local Agency Investment Fund (LAIF)	$	44,511,614	Investment
Ventura County Investment Pool	$	20,008,413	Investment
CalTrust	$	39,517,134	Short-term investment
Bank of Montreal	$	282,844,306	Money market account
Pacific Premier Bank	$	27,432,145	Operating accounts
Investments and monies held by GCHP	***$***	***414,313,612***	

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

FY2024-25 May YTD Financial Results

Ventura County Medi-Cal Managed Care Commission
June 30, 2025
Sara Dersch, Chief Financial Officer

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

Executive Summary

- YTD net loss of ($55.0M) is unfavorable to reforecast by ($4.3M)

- YTD Medical Costs variance of ($54.7M) is mainly due to:
  - Long Term Care (LTC) claims - both high dollar and those paid at higher, state-mandated retroactive rates - accounting for ($17.6M)
  - True-up for Federally Qualified Health Centers (FQHC) provider parity payments of ($15.0M)
  - CalAIM Home and Community Based Services (HCS) requirements accounting for ($19.3M)

- YTD Premium revenue favorability of $31.7M is primarily the result of member mix as well as prior year retroactivity, including a $5.0M reduction in FY2023-2024 risk corridor liability

- Investment income $1.2M favorable to forecast as interest rates remain unchanged

- YTD Membership is slightly unfavorable, influenced by decreases in Adult, Child, and Adult Expansion cohorts

- YTD Administrative expenses are $4.0M favorable to forecast

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Financial Results May YTD Summary

Item	Actual	6+6 Forecast	Explanation
Membership	242,139	244,592	Adult SIS, Child SIS, and Expansion membership down from forecast, while UIS in same categories is up; Seniors/People with Disabilities SIS is also up
Revenue *Revenue PMPM*	$1,033.5M *$384.38*	$993.2M *$368.28*	The revenue variance is the result of favorable member and rate mix
Investment Income	$17.7M	$16.5M	Investment Income is favorable due to unchanged interest rates
Medical Cost *Medical Costs PMPM* MLR % (% of premium)	$934.5M *$347.55* 90.4%	$885.8M *$328.44* 89.2%	LTC claims run-out paid at the higher retro rates, New CalAIM requirements driving increases in HCS claims as well as FQHC provider parity payments
Quality Strategy (Grants/Incentives)	$51.7M	$47.9M	Timing of grant spend
Administrative Cost *Admin Costs PMPM* ALR % (% of premium)	$99.4M *$36.96* 9.6%	$103.4M *$38.34* 10.4%	Favorable Outside Services resulting from a shift of Core Ops expense to Operations of the Future, higher than anticipated vacancy leading to lower Labor Expense, and markedly lower Training & Travel expense partially offset by the Care Management Credit adjustment and Claims Interest Expense
Operations of the Future (OOTF)	$20.5M	$23.3M	Continuation of expanded stabilization plan
Net Income/(Loss)	($55.0M)	($50.7M)	Retroactive LTC rates, true-up for FQHC/TRI parity, and HBC utilization
TNE	$310.7M	$337.5M	TNE is 700% of State requirement

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Financial Results May MTD Summary

Item	Actual	6+6 Forecast	Explanation
Membership	242,139	244,592	Adult SIS, Child SIS, and Expansion membership down from forecast, while UIS in same categories is up; Seniors/People with Disabilities SIS is also up
Revenue *Revenue PMPM*	$95.4M *$394.15*	$91.5M *$373.95*	The revenue variance is the result of favorable member and rate mix
Investment Income	$1.2M	$1.5M	Lower asset balance results in less interest income
Medical Cost *Medical Costs PMPM* MLR % (% of premium)	$87.5M *$361.17* 91.6%	$79.9M *$326.57* 87.3%	LTC claims run-out paid at the higher retro rates, New CalAIM requirements driving increases in HCS claims as well as FQHC provider parity payments; YTD Care Management true-up reduces medical cost by $5.1M (offset by increase in Administrative expense)
Quality Strategy (Grants/Incentives)	$1.5M	$4.6M	Contract amortization adjustment recorded in May
Administrative Cost *Admin Costs PMPM* ALR % (% of premium)	$16.0M *$66.28* 16.8%	$9.8M *$40.18* 10.7%	One-time adjustment in the Care Management Credit shifting previously booked Medical Expense to Administrative Expense and Claims Interest Expense
Operations of the Future (OOTF)	$1.9M	$2.5M	Continuation of expanded stabilization plan
Net Income/(Loss)	($10.2M)	($3.9M)	Higher HCS utilization, OP Claims and YTD true-up of Care Management credit
TNE	$310.7M	$337.5M	TNE is 700% of State requirement

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May Financial Results

($Ms except pmpms & mm)	MTD Actual	MTD 6+6 Reforecast	MTD Var Fav / (Unfav)	FYTD Actual	FYTD 6+6 Reforecast	FYTD Var Fav / (Unfav)
Membership	242,139	244,592	(2,453)	2,688,887	2,696,955	(8,068)
Premium Revenue	$95.6	$91.5	$4.1	$1024.9	$993.2	$31.7
pmpm	*$394.72*	*$373.95*	*$20.77*	*$381.18*	*$368.28*	*$12.89*
Medical Benefits	$87.5	$79.9	($7.6)	$934.5	$885.8	($48.7)
pmpm	*$361.17*	*$326.57*	*($34.59)*	*$347.55*	*$328.44*	*($19.11)*
% of Revenue	*91.5%*	*87.3%*		*91.2%*	*89.2%*	
Quality Strategy (Grants/Incentives)	$1.5	$4.6	$3.2	$51.7	$47.9	($3.8)
pmpm	*$6.05*	*$18.91*	*$12.86*	*$19.24*	*$17.77*	*($1.47)*
% of Revenue	*1.5%*	*5.1%*		*5.0%*	*4.8%*	
G&A Expenses	$16.0	$9.8	($6.2)	$99.4	$103.4	$4.0
pmpm	*$66.28*	*$40.18*	*($26.10)*	*$36.96*	*$38.34*	*$1.4*
% of Revenue	*16.8%*	*10.7%*		*9.7%*	*10.4%*	
Project Portfolio	$1.9	$2.5	$0.6	$20.5	$23.3	$2.8
pmpm	*$7.90*	*$10.32*	*$2.41*	*$7.64*	*$8.64*	*$1.00*
% of Revenue	*2.0%*	*2.8%*		*2.0%*	*2.3%*	
Operating Gain/(Loss)	($11.3)	($5.4)	($5.9)	($81.2)	($67.2)	($14.0)
Retro Premium Adj	($0.1)	$0.0	($0.1)	$8.6	$0.0	$8.6
pmpm	*($0.57)*	*$0.00*	*($0.57)*	*$3.20*	*$0.00*	*$3.20*
Investment Income	$1.2	$1.5	($0.3)	$17.7	$16.5	$1.2
pmpm	*$4.93*	*$6.13*	*($1.20)*	*$6.57*	*$6.12*	*$0.45*
Total Increase / (Decrease) in Unrestricted Net Assets	($10.2)	($3.9)	($6.4)	($55.0)	($50.7)	($4.3)
pmpm	*($42.31)*	*($15.89)*	*($26.42)*	*($20.45)*	*($18.80)*	*($1.65)*
% of Revenue	*-10.7%*	*-4.2%*		*-5.4%*	*-5.1%*	

<u>Membership</u>
Member months slightly unfavorable to 6+6 reforecast ; however, Adult, Adult Expansion, and Child populations fell slightly in May

<u>Revenue</u>
Favorable premium rate and member mix are driving favorable revenue on YTD and MTD bases

<u>Medical Benefits</u>
Medical cost variance is due to the older LTC claims paid at higher, retro-adjusted rates, FQHC parity payments, and higher (HCS) CalAIM requirements

<u>Administrative Expense</u>
Unfavorability primarily due to a one-time adjustment in the Care Management Credit, shifting previously booked Medical Expense to Administrative Expense, and Claims Interest Expense

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May Financial Results: Categories of Service

(In Millions except membership)	For the Month Ended May 2025 Actual	6+6 Reforecast	Fav / (Unfav)	Fiscal Year to Date Through May 2025 Actual	6+6 Reforecast	Fav / (Unfav)
Membership	242,139	244,592	(2,453)	2,688,887	2,696,955	(8,068)
Capitation:						
Primary Care Physician (PCP)	$7.0	$4.2	($2.8)	$77.4	$64.1	($13.4)
Enhanced Care Management (ECM)	$.9	$1.3	$0.4	$8.3	$15.0	$6.7
Total Capitation	**$7.9**	**$5.5**	**($2.4)**	**$85.7**	**$79.1**	**($6.7)**
FFS Claims:						
Inpatient	$19.9	$19.9	$0.1	$215.3	$218.4	$3.1
LTC / SNF	$19.2	$15.2	($4.0)	$184.6	$160.2	($24.3)
Outpatient	$10.0	$8.7	($1.3)	$104.5	$91.6	($12.9)
Laboratory and Radiology	$1.3	$0.8	($0.5)	$10.5	$9.3	($1.2)
Directed Payments - Provider	($4.5)	$0.9	$5.5	$8.8	$9.5	$0.6
Emergency Room	$4.8	$3.5	($1.3)	$43.3	$37.2	($6.1)
Physician Specialty	$9.6	$8.9	($0.8)	$73.4	$86.2	$12.8
Primary Care Physician	$9.5	$4.2	($5.3)	$40.4	$47.1	$6.7
Home & Community Based Services	$5.1	$2.7	($2.4)	$40.4	$21.1	($19.4)
Applied Behavior Analysis Services	$5.2	$4.0	($1.2)	$51.9	$47.1	($4.8)
Other Medical Cost	$2.7	$6.2	$3.6	$95.3	$83.2	($12.1)
Transportation	$0.1	$0.4	$0.3	$2.0	$4.9	$2.9
Total Claims	**$82.9**	**$75.4**	**($7.4)**	**$870.4**	**$815.7**	**($54.7)**
Other Medical Expense						
Provider Grant Program	$1.0	$1.0	$0.0	$7.0	$11.5	$4.4
Medical & Care Management	($2.8)	$2.3	$5.1	$23.7	$25.0	$1.3
Reinsurance	$0.4	$0.3	($0.1)	$3.6	$3.6	($0.1)
Claims Recoveries	($0.5)	($0.1)	$0.4	($4.2)	($1.1)	$3.1
Total Other Medical Expense	**($1.9)**	**$3.5**	**$5.4**	**$30.1**	**$38.9**	**$8.9**
Total Medical Cost	**$88.9**	**$84.5**	**($4.4)**	**$986.3**	**$933.7**	**($52.5)**
Medical Margin	**$6.7**	**$7.0**	**($.3)**	**$38.7**	**$59.5**	**($20.8)**
Margin (w/o Grants and Incentives)	**$8.1**	**$11.6**	**($3.5)**	**$90.4**	**$107.5**	**($17.0)**

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

Outpatient
Unfavorability is due to the backlog of claims and large number of high dollar claims

Home and Community Based Services
Unfavorability is due to new Cal AIM requirements which are putting pressure on HCS claims

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May Membership, Premium and Medical Cost Rates

Category of Aid	Actual	6+6 Reforecast	Variance	Monthly Premium Rate	Monthly Medical Cost PMPM
Adult - SIS	22,282	24,750	(2,468)	$ 360.50	$ 368.58
Adult - UIS	15,994	15,052	942	$ 410.16	$ 259.57
Adult Expansion - SIS	66,117	67,403	(1,286)	$ 427.58	$ 439.79
Adult Expansion - UIS	14,410	12,423	1,987	$ 585.55	$ 699.76
Child - SIS	80,034	84,525	(4,491)	$ 136.40	$ 121.02
Child - UIS	5,527	3,951	1,576	$ 114.60	$ 280.24
LTC Non-Dual - SIS	44	34	10	$ 1,301.15	$ 525.00
LTC Non-Dual - UIS	20	20	0	$ 1,576.15	$ 8,811.72
LTC Dual - SIS	674	625	49	$ 614.23	$ 13,181.89
LTC Dual - UIS	12	6	6	$ 737.74	$ 19,029.26
SPD - SIS	9,367	9,842	(475)	$ 1,301.15	$ 1,055.97
SPD - UIS	1,742	1,310	432	$ 1,576.15	$ 1,037.65
SPD Dual - SIS	25,617	24,533	1,084	$ 614.23	$ 413.57
SPD Dual - UIS	299	118	181	$ 737.74	$ 699.57
Total	242,139	244,592	(2,453)		

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Labor Expense by Category May YTD

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

	POSITION COUNT					
Function	Active Headcount	Open Requisitions	Total Active + Open Requisitions	Revised Budget YE Headcount 2024/25	Variance to Revised Budget YE Headcount 2024/25	Percentage of Total Headcount
Health Services	130	6	136	134	-2	30%
Operations	102	6	108	105	-3	23%
Information Tech	37	6	43	45	2	10%
Policy & Programs	40	4	44	44	0	10%
Compliance	22	0	22	22	0	5%
Finance & Accounting	38	0	38	37	-1	8%
Execuitve & Administration	13	1	14	14	0	3%
Member Experience and Ext Affairs	34	1	35	35	0	8%
HR&Facilities	12	0	12	12	0	3%
Innovation / DSNP	3	0	3	4	1	1%
Strategic Initiatives	0	0	0	0	0	0%
Grand Total	**431**	**24**	**455**	**452**	**-3**	**100%**

	POSITION COUNT	CONTINGENT WORKERS			TOTAL RESOURCES	
Function	Total Active + Open Requisitions	Temp Roles	Contractor / Consultant Roles	Total Contingent Workers†	Total Resources	Percentage of Total Resources
Health Services	136	1	4	5	141	24%
Operations	108	8	25	33	141	24%
Information Tech	43	11	19	30	73	12%
Policy & Programs	44	0	0	0	44	7%
Compliance	22	0	0	0	22	4%
Finance & Accounting	38	1	1	2	40	7%
Execuitve & Administration	14	0	0	0	14	2%
Member Experience and Ext Affairs	35	1	0	1	36	6%
HR&Facilities	12	1	7	8	20	3%
Innovation / DSNP	3	0	65	65	68	11%
Strategic Initiatives	0	0	0	0	0	0%
Grand Total	**455**	**23**	**121**	**144**	**599**	**100%**

†Outsourced Labor (BPO) excluded: 92 in Operations - Netmark

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FY2024 -25 Headwinds & Tailwinds

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

- Impact of federal immigration actions on our members
- State revenue takebacks
- Jan to Dec 2024 Long-Term Care claims paid at revised rates
- Continued claims clean-up as we wind down Operations of the Future

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2025 Rates: Original Budget Compared to Final

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

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

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Appendix 1: May Balance Sheet: Assets

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, May 2025	As of Month Ending, June 2024
ASSETS		
Current Assets:		
Total Cash and Cash Equivalents	**$ 310,276,451**	**$ 430,974,305**
Total Short-Term Investments	**104,037,161**	**99,718,245**
Medi-Cal Receivable	181,738,804	173,911,167
Interest Receivable	924,325	772,425
Provider Receivable	34,772,733	12,484,788
Other Receivables	12,191,943	5,579,474
Total Accounts Receivable	**229,627,805**	**192,747,854**
Total Prepaid Accounts	6,447,281	10,875,162
Total Other Current Assets	133,545	133,545
Total Current Assets	**650,522,243**	**734,449,111**
Total Fixed Assets	**42,377,579**	**23,343,857**
Total Assets	**$ 692,899,822**	**$ 757,792,968**

- Total Asset balance of $693M represents a decrease of $64M vs last fiscal year end is attributed to the following:
  - Cash Equivalents and Short-Term Cash (Normal operations)
  - Offset by increases in Medi-Cal and Provider Receivable, and Fixed Assets associated with the insourcing of Operational functions

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Appendix 2: May Balance Sheet: Liabilities

STATEMENT OF FINANCIAL POSITION		
LIABILITIES & NET ASSETS	As of Month Ending, May 2025	As of Month Ending, June 2024
Current Liabilities:		
Incurred But Not Reported	$ 137,502,451	$ 103,483,161
Claims Payable	18,965,925	18,370,448
Capitation Payable	7,138,285	8,201,415
Physician Payable	25,685,683	30,314,835
DHCS - Reserve for Capitation Recoup	52,776,933	55,107,254
Lease Payable- ROU	650,515	2,411,196
Accounts Payable	1,246,753	4,671,951
Accrued ACS	-	4,068,323
Accrued Provider Incentives/Reserve	7,633,171	8,389,182
Accrued Expenses	21,294,760	9,112,142
Accrued Premium Tax	74,832,355	138,769,137
Accrued Payroll Expense	6,746,405	4,240,566
Quality Withhold	4,871,237	1,287,033
Total Current Liabilities	**359,344,473**	**388,426,643**
Long-Term Liabilities:		
Lease Payable - NonCurrent - ROU	22,842,323	3,677,360
Total Long-Term Liabilities	**22,842,323**	**3,677,360**
Total Liabilities	**382,186,796**	**392,104,003**
Net Assets:		
Beginning Net Assets	320,957,655	359,951,656
Total Increase / (Decrease in Unrestricted Net Assets)	(10,244,629)	5,737,309
Total Net Assets	**310,713,026**	**365,688,965**
Total Liabilities & Net Assets	**$ 692,899,822**	**$ 757,792,968**

- Total Liabilities $10.0M decrease vs last fiscal year end is primarily attributed to the following:
  - Decrease in the Accrued Premium/MCO Tax payable
  - Offset by increases in Incurred But Not Paid (IBNP) expenses (medical services provided but not yet submitted or paid) and Accrued Expenses
  - Increase in Lease Payable – Noncurrent-ROU

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Appendix 3: May Statement of Cash Flow

STATEMENT OF CASH FLOWS	For the Month Ended May 2025	Fiscal Year to Date Through May 2025
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ (10,244,629)	$ (54,975,940)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	895,895	5,701,863
Changes in Operating Assets and Liabilities		
Accounts Receivable	(32,397,495)	(36,879,951)
Prepaid Expenses	3,789,764	4,427,882
Accrued Expense and Accounts Payable	(22,652,887)	26,396,512
Claims Payable	(4,402,673)	(5,096,804)
MCO Tax liability	34,504,360	(63,936,782)
IBNR	(16,308,199)	34,019,290
Net Cash Provided by (Used in) Operating Activities	**(46,815,864)**	**(90,343,930)**
Cash Flow Provided By Investing Activities		
Proceeds from Investments	(112,057)	(4,318,917)
Purchase of Property and Equipment	(274,380)	(24,735,585)
Net Cash (Used In) Provided by Investing Activities	**(386,437)**	**(29,054,502)**
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	(123,836)	(1,299,422)
Net Cash Used In Financing Activities	**(123,836)**	**(1,299,422)**
Increase/(Decrease) in Cash and Cash Equivalents	(47,326,137)	(120,697,854)
Cash and Cash Equivalents, Beginning of Period	357,602,588	430,974,305
Cash and Cash Equivalents, End of Period	**310,276,451**	**$ 310,276,451**

- The Total Year-to-Date decrease in cash of $120.7M is due to the following:
  - Year-to-Date Net Loss
  - Decrease in the Accrued Premium/MCO Tax payable
  - Catch-up of paid claims
  - Fixed lease expense and work in progress (WIP)

- Reminder: cash position changes daily; this schedule represents the cash position on May 31, 2025

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Appendix 4: May Investments and Cash

SCHEDULE OF INVESTMENTS AND CASH BALANCES			
		Market Value as of Month Ending, May 2025	Account Type
Local Agency Investment Fund (LAIF)	$	44,511,614	Investment
Ventura County Investment Pool	$	20,008,413	Investment
CalTrust	$	39,517,134	Short-term investment
Bank of Montreal	$	282,844,306	Money market account
Pacific Premier Bank	$	27,432,145	Operating accounts
Investments and monies held by GCHP	***$***	***414,313,612***	

- Cash balances fluctuate daily; the balances as of May 2025, reflect normal operations
- Cash and short-term investments balance sits at $414.3M
- The investment portfolio includes:
  - LAIF CA State $44.5M
  - Ventura County Investment Pool $20.0M
  - Cal Trust $39.5M

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AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, Chief Financial Officer
Moss Adams Representatives

DATE: June 30, 2025

SUBJECT: Gold Coast Health Plan 2025 Audit Kick Off

PowerPoint with Verbal Presentation

ATTACHMENTS:

2025 Audit Kick Off

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

2025 Audit Planning

Discussion with Management and the Executive Finance Committee

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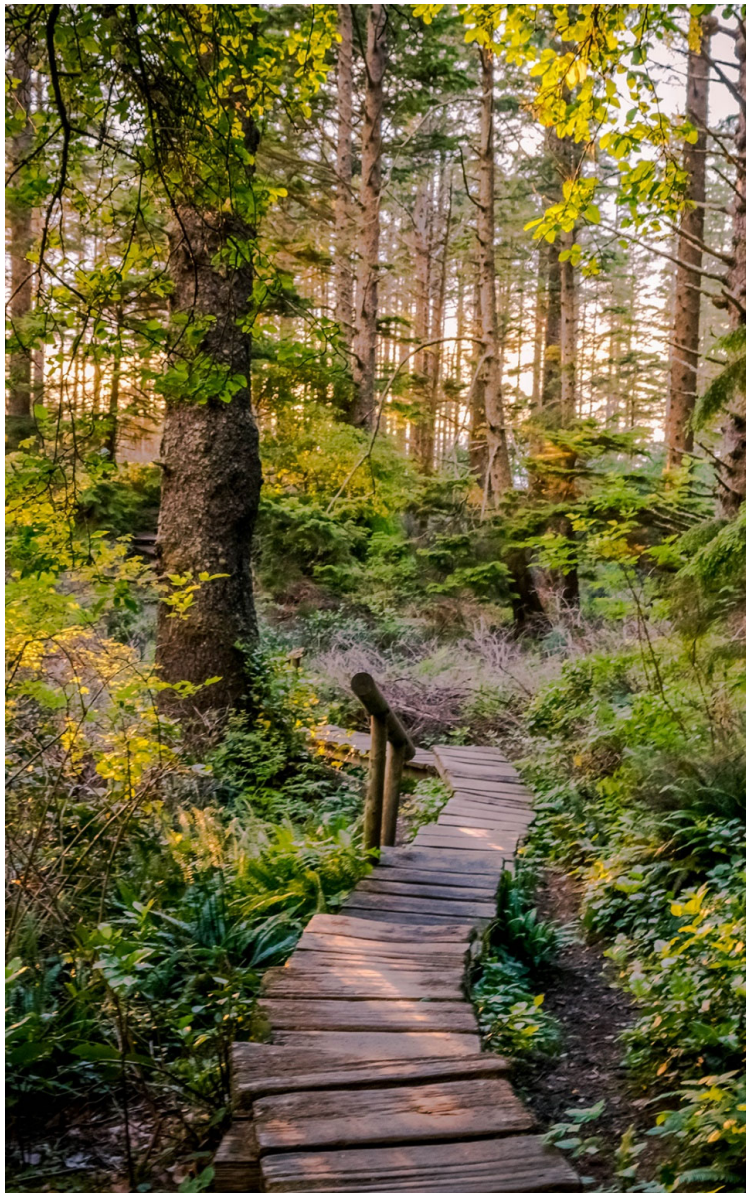
Agenda

1. Moss Adams Combination with Baker Tilly
2. Your Service Team
3. Scope of Services
4. Auditor's Responsibility in a Financial Statement Audit
5. Significant Risks Identified
6. Risks Discussion
7. Consideration of Fraud in a Financial Statement
8. Audit Timeline
9. Audit Deliverables
10. Expectations
11. Documents Containing Audited Financial Statements and Independent Auditor's Report
12. About Baker Tilly
13. Executive Session



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MOSSADAMS × bakertilly

Hellman & Friedman

&

VALEAS CAPITAL PARTNERS

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Benefits to You

- Our professionals in more locations
- Enhanced international expertise
- Deeper industry insights
- Additional services and expertise that you need
- Increased technology investments to support how we work together
- Top-notch talent into the future

The same high-touch team and deep relationships you've counted on, now with even more resources to support our work together

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Your Service Team

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Client Service Partner

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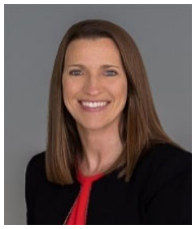
(818) 577-1914

Aparna Venkateswaran
Concurring Review Partner

Aparna.Venkateswaran@
bakertilly.com
(949) 474-2684



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Caitlyn McPherson
Audit Senior

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(310) 295-3729

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Scope of Services

Relationships between Baker Tilly and Gold Coast Health Plan:

Annual Audit

- Annual financial statement audit for the year ending June 30, 2025.

Non-Attest Services

- Consulting services associated with Adaptive Insights financial and budgeting solution.
- Assist management with drafting the financial statements for the year ending June 30, 2025, excluding Management's Discussion and Analysis, as of and for the year ending June 30, 2025.
- Human Resource policy review

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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 U.S. Generally Accepted Accounting Principles
  - performing an audit in accordance with generally accepted auditing standards issued by the AICPA
  - 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 does not 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.

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Significant Risks Identified

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

Significant Risks	Procedures
Capitation 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, including controls around the new claims system implementation, 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 year 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.

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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

	**Procedures to address the risk of fraud**	Engagement team discussion
	**Identify the risks of material misstatement due to fraud**	• Perform procedures to address identified risks • Inherent limitation of an audit
	**Unavoidable risk exists that some material misstatements may not be detected**	

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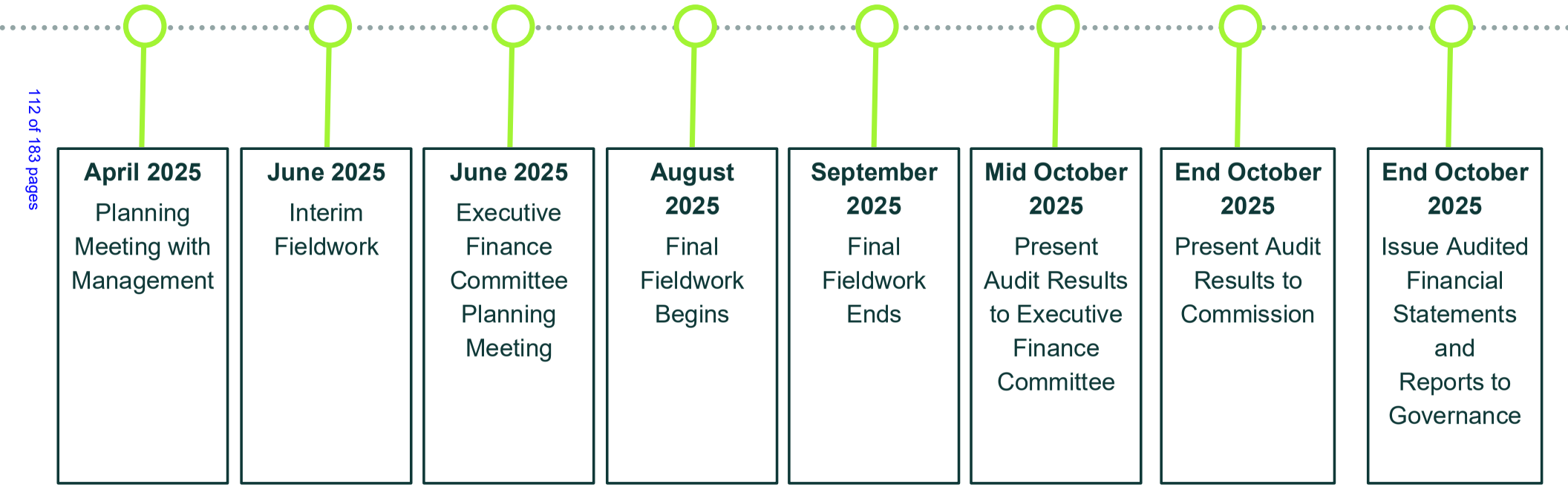
Audit Timeline



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Audit Deliverables

Report of Independent Auditors

on financial statements for the year ended June 30, 2025

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)

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Expectations

Client will:

- Have no significant adjusting journal entries after beginning of field work.
- Close books and records before beginning of field work.
- Provide auditor requested information in CAP schedule by requested due dates.

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.

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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.

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Executive Health Care Conference

Celebrating 30 Years

250+
Health care industry leaders convene

HALF DAY
Women's Executive Leadership Forum

1.5 DAYS
Executive Conference

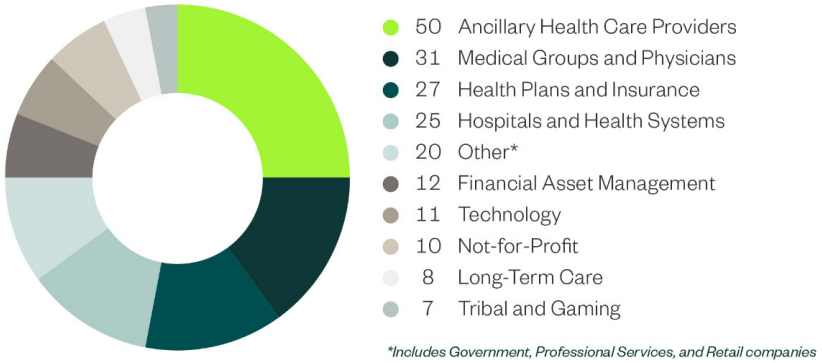
20+
Engaging speakers

On average for attendees of the Executive Health Care Conference:

70% hold the titles of C-suite, senior leadership, board members, presidents, and VPs.

30% include partners, physicians, senior managers, directors, controllers, and more.

COMPANIES IN ATTENDANCE BY INDUSTRY MARKET SEGMENT (2024)



*Includes Government, Professional Services, and Retail companies

"I found it extremely beneficial to blend in the political perspective to the session and how it may impact the industry and our work overall."

– 2024 Attendee

2025 Executive Health Care Conference

30TH ANNIVERSARY | SAVE THE DATE!

NOVEMBER 12–14, 2025

Red Rock Casino Resort & Spa
Las Vegas, NV

REGISTRATION NOW OPEN

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

HIGHLIGHTS

Nov 12: Women's Executive Health Care Leadership Forum

Nov 13: State of the Union
Political Point-Counterpoints
Reception with Keynotes

Nov 14: Economic Forecast

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What 2024 attendees said:

> *Caliber of presenters 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 healthcare ecosystem beyond my region.*

> *Attending the Women's Executive Leadership Forum prior to the conference was most valuable. The industry, economic, and political presentations/panels were the most intriguing and engaging.*

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Perspective

ELEVATED

Updrafts—
These rising air currents support flight and the ability to soar to greater heights.

As of June 3, 2025, Baker Tilly and Moss Adams have merged. Combined statistics are based on data currently available. Actual counts may vary slightly and will be finalized during the integration process.

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Health Care Group

Health care is one of our firm's largest and most successful industry groups. For more than 45 years, we've recognized the value of having dedicated industry professionals. Unlike many of our competitors, our Health Care Group includes 100% industry-focused professionals who specialize in navigating the complexities of today's health care landscape.

Our team supports a wide range of clients from individual clinics to health systems, from surgery centers to long-term care facilities, and from ancillary health care providers to private equity firms investing in the health care sector.

Updrafts—
These rising air currents support flight and the ability to soar to greater heights.

Data as of January 2025

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Health Care Consulting

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 emerging needs—both now and in the future.

Health Care Consulting

COST REIMBURSEMENT

- Medicare & Medicaid
- Provider-Based Licensure & Certification
- Medical Education
- Uncompensated Care
- Wage Index Reviews
- Contract Compliance

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

GOVERNMENT COMPLIANCE

- Regulatory Compliance
- Coding Validation
- Coding Department Redesign
- EHR Internal Controls
- Corporate Compliance

INFORMATION TECHNOLOGY

- HIPAA Security & Privacy
- Network Security & Penetration Testing
- Disaster Recovery Planning
- PCI DSS Audits
- SOC Pre-Audit Gap Analysis & Readiness
- SOC Audits

OPERATIONAL IMPROVEMENT

- Revenue Cycle Enhancement
- Claims Recovery
- Litigation Support
- Employer Health Benefits
- Lean Consulting
- Operational Assessments & Process Improvement
- Valuations
- Performance Improvement

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Insights and Resources

In today's fast-paced world, we know how precious your time is. We also know that knowledge is key.

These resources offer what you need to know, when you need to know it, and is presented in the format that fits your life.

We'll keep you informed to help you stay abreast of critical industry issues.

Baker Tilly closely monitors regulatory agencies, participates in industry and technical forums, and writes about a wide range of relevant accounting, tax, and business issues to keep you informed.

We also offer CPE webinars and events which are archived and available on demand, allowing you to watch them on your schedule.

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Connect With Us

LinkedIn: www.linkedin.com/company/baker-tilly

Twitter: @Baker_Tilly

Subscribe to our emails: www.bakertilly.com/subscribe

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Executive Session

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THANK YOU

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Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: June 30, 2025

SUBJECT: Vacancies, Retention, Retention Policy and Summary Report

SUMMARY:

California Assembly Bill (AB) 2561 was approved September 24, 2024, and added section 3502.3 to the Government Code. This law requires a public agency to present the status of job position vacancies and recruitment efforts at a public hearing before the agency's governing board at least once per fiscal year. The presentation must be made prior to the adoption of a budget for the fiscal year.

This policy and report is presented to comply with Section 3502.3 of the Government Code. If the number of vacancies within a single functional unit exceeds 20% of the total number of authorized full-time positions, the organization must, upon request of the recognized employee organization, include specified information during the public hearing. Gold Coast Health Plan functional units, management groups, or any other employee groups does not meet or exceed the 20% threshold and is not currently subject to this requirement.

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Ventura County Medi-Cal Managed Care Commission accept and file the attached staffing report summary of open requisitions in accordance with Section 3502.3 of the Government Code.

ATTACHMENT:

June 2025 Staffing Report Summary of open requisitions

Gold Coast Health Plan℠
A Public Entity

Staffing Report Summary

June 30, 2025

Paul Aguilar, Chief Human Resources and Organization Performance Officer

Integrity
Accountability
Collaboration
Trust
Respect

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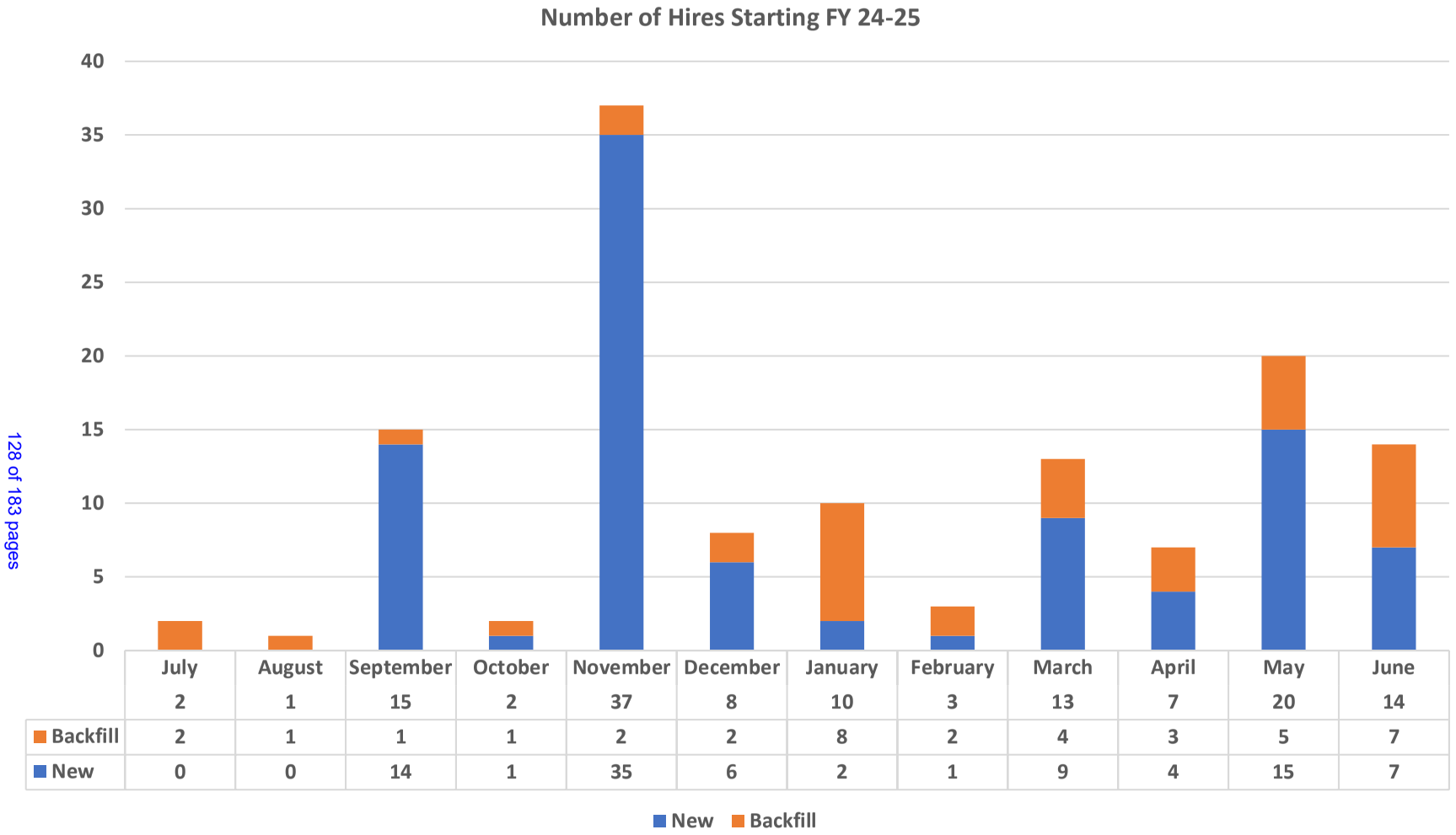
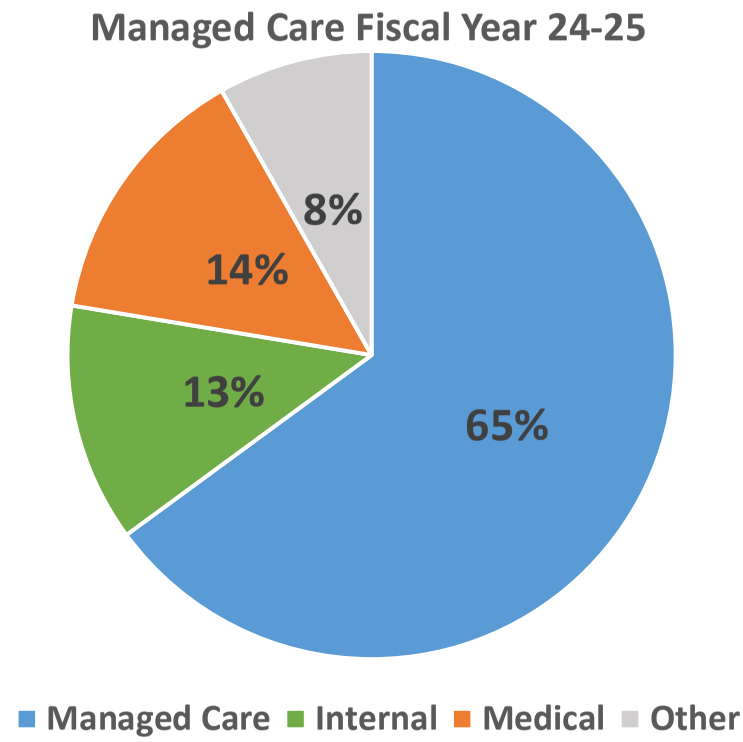
711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

Summary of Hires



	July	August	September	October	November	December	January	February	March	April	May	June
	2	1	15	2	37	8	10	3	13	7	20	14
Backfill	2	1	1	1	2	2	8	2	4	3	5	7
New	0	0	14	1	35	6	2	1	9	4	15	7



Hire Profile Key

Medical: Health Care Field Experience

Other: Non-Managed care and Non-Healthcare experience

Average Days to Fill Since July 2024: 42 Days

Voluntary Attrition YTD: 5.21%

Current Posted Openings: 18

Total FY 24-25 Hires: 127

Capacity Rate: 95.3%

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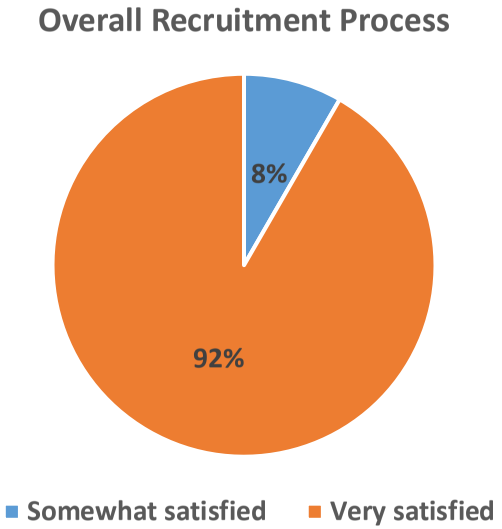
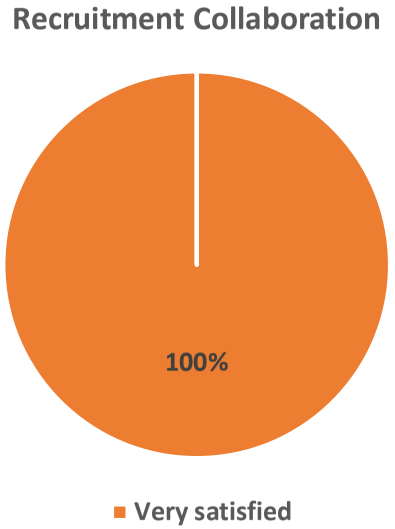
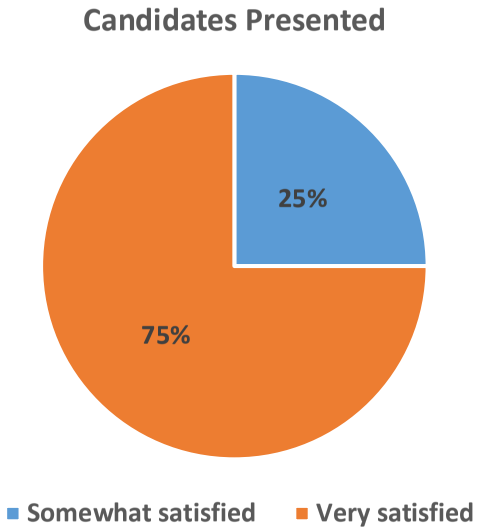
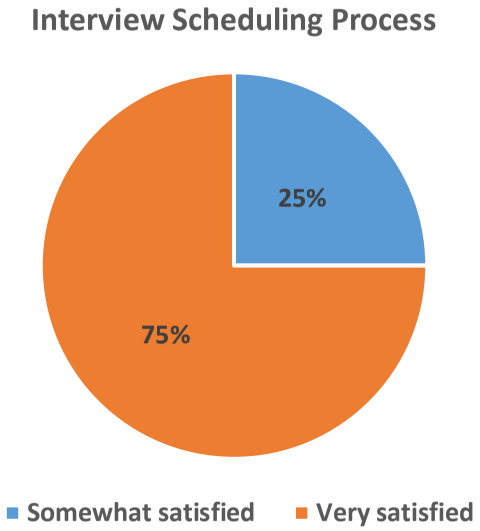
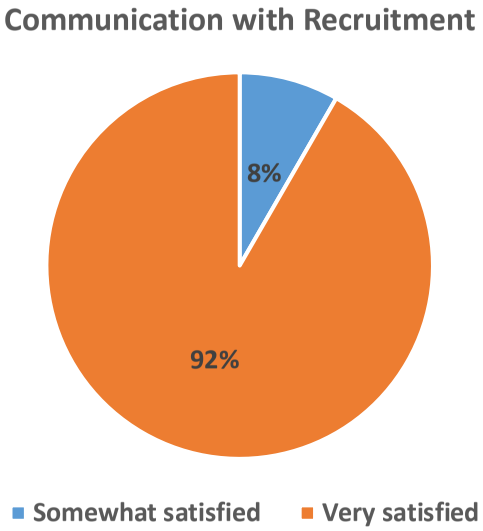
Summary of Hiring Manager Feedback

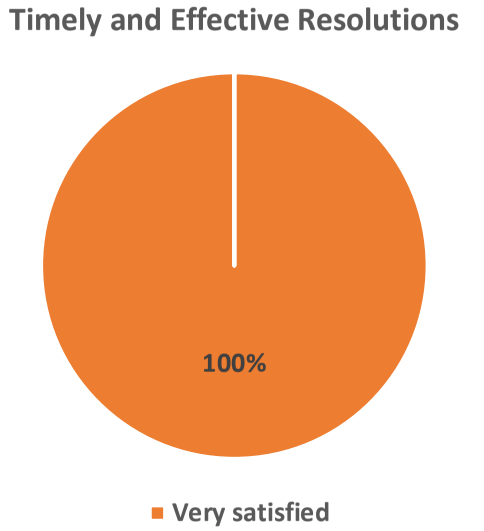












Survey March to Current, Total number of responses = 12

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Open Requisitions as of 6/13/2025

Title	ADP #	Grouping	Leadership	Hiring Manager	Date Posted in ADP	Days Open	Department	Status	Updates
Principal BSA Claims EDI	1552	New	Alan Torres	Michelle Lacy	1/8/2025	156	IT - Information Technology	Interviewing	6.10 3 in HM/panel interview; 2 new resumes sent for review 6.6 Sent email asking for interview feedback for 3 candidates 5.28 Submit 1 new resume for review
Quality Data Engineer	1598	New	Alan Torres	Jeff Acomb	1/21/2025	143	IT - Data Warehouse	Interviewing	6.11 Submit 3 new resumes for review; Scheduling 2nd round for 2 candidates 6.6 Waiting on details to schedule panel interviews 5.30 2 completed HM interview; 2 more scheduled; 1 submitted waiting feedback
Developer II	1599	New	Alan Torres	Jeff Acomb	4/4/2025	70	IT - Data Warehouse	Interviewing	6.11 Submit 1 new resume to review - total of 5 resumes need feedback 6.6 2 interviewing with HM 6.2 Submit 1 new resume to review - moving on to NXT screen
Director, Care Management	1594	Backfill	Dr. Cruz	Nicole Kanter	4/25/2025	49	Care Management	Interviewing	6.12 Submit 1 new resume - moving to NXT screen 6.11 Submit 3 new candidates for review - 1 moving to panel interview 6.11 CC Dr. Cruz on submittals
Senior Project Manager	1597	Backfill	Sara Dersch	Josephine Gallella	5/7/2025	37	PMO	Interviewing	6.11 1 new referral at NXT screening; 4 at HM and panel interviews 6.6 3 scheduled for HM interview; 1 screened waiting for feedback 5.27 Submit 1 new resume for review
Sales Agent	1600	New	Marlen Torrez	Fernando Sanchez	5/28/2025	16	Government Relations	Interviewing	6.11 Submit 1 new resume for review 6.6 1 HM interview; 1 NXT screen - continuing to reveiw resumes 6.3 Submit 3 resumes to review (1 internal)
Clinical Pharmacist	1603	New	Dr. Cruz	Lily Yip	5/28/2025	16	Pharmacy	Interviewing	6.11 3 moving to HM interview; 2 more in NXT screening 6.9 5 moving to NXT screen; Submit 1 new resume for review 6.5 Submit 8 resumes for review
Chief Medical Officer	1604	Backfill	Dr. Cruz	Dr. Nuñez	5/28/2025	16	Executive	Interviewing	
Care Management Coordinator I	1605 - 2	New	Dr. Cruz	Eileen Egbo	5/29/2025	15	Care Management	Interviewing	6.11 3 scheduled for panel interview; 1 NXT screen 6.2 3 moving to NXT screen to fill 2nd opening 5.30 Intake complete; Submit 4 resumes to review
Clinical Operations Assistant I	1606	New	Dr. Cruz	Julie Martinez	5/30/2025	14	Utilization Management	Candidates Sent to HM	6.11 2 internals being considered - waiting for further direction to proceed 6.4 Submit 8 resumes for review
RN, Utilization Management II	1607	Backfill	Dr. Cruz	Chris Boral	6/3/2025	10	Utilization Management	Interviewing	6.12 2 moving to panel; 2 in NXT screening; 1 screened need feedback 6.11 Submit 3 new resumes to review 6.3 Submit 8 resumes to review - 4 moving to NXT screen

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Open Requisitions as of 6/13/2025

Title	ADP #	Grouping	Leadership	Hiring Manager	Date Posted in ADP	Days Open	Department	Status	Updates
Provider Relations Account Manager	1609-1	New	Erik Cho	Michelle Espinoza	6/11/2025	2	Network Operations	Pending Intake	6.11 emailed for availability for intake - no response as of 6.12 EOD
Provider Relations Account Manager	1609-2	New	Erik Cho	Michelle Espinoza	6/11/2025	2	Network Operations	Pending Intake	6.11 emailed for availability for intake - no response as of 6.12 EOD
Provider Relations Representative - External	1610	Backfill	Erik Cho	Vicki Wrighster & Sonya Ibarra	6/11/2025	2	Network Operations	Pending Intake	6.11 emailed for availability for intake - no response as of 6.12 EOD
Provider Data Coordinator	1608	Backfill	Erik Cho	Vicki Wrighster & Carolyn Harris	6/11/2025	2	Network Operations	Pending Intake	6.11 emailed for availability for intake - no response as of 6.12 EOD
PC Desktop Technician I	1611	Backfill	Alan Torres	Kevin Ortloff	6/13/2025	0	IT - Infrastructure and Technology	Pending Intake	6.6 Asked HRBP to provide JD
Data Analyst	1612	Backfill	Alan Torres	Michelle Lacy	6/13/2025	0	IT - Information Technology	Pending Intake	6.11 HRBP confirmed job needs to be benchmarked for potential upgrade 6.9 HM provided update to crosswalk, wants to upgrade role to EDI Data Analyst II 6.6 Asked Lisa to provide JD
Senior Technical Accountant	1613	Backfill	Sara Dersch	Jeff Register	6/13/2025	0	IT - Information Technology	Pending Intake	

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AGENDA ITEM 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix Nunez, MD, Chief Executive Officer

DATE: June 30, 2025

SUBJECT: Chief Executive Officer (CEO) Report

Chief Executive Officer (CEO) Update

As we close our fiscal year and prepare to enter our 2025 stub budget period, I would like to share my perspective on the present state of our plan, including areas of opportunity and risk. I recognize that the work of leading a health plan that is so closely intertwined with our county safety-net system is challenging in the best of times and is only made more so by the uncertainty and lack of predictability stemming from the direction of state and federal policies. Despite these difficulties facing our members and community, the team has remained focused on increasing access and improving the quality of health care services. To accomplish these objectives, we have worked to align internally, training staff and working to develop a culture that puts our members first (member impact!), fosters accountability (own it!), and seeks to creatively problem solve in a highly collaborative way (be resourceful!). These cultural beliefs are foundational for us as an organization seeking meet our member needs and advance our goals despite external disruptions and uncertainty.

A clear demonstration of the impact of our cultural alignment is our drive towards quality excellence. As we will be reporting at our August commission meeting, our quality metrics have continued to show progress in advancing our quality priorities, with year-over-year performance improvement that is moving us towards becoming one of the top performing Medi-Cal managed care plans in the state. These results are a direct consequence of strong internal alignment around our culture equation and our quality strategy, which has remained focused on the continuation and refinement of provider and member interventions that target Managed Care Accountability Set (MCAS) quality metrics. This foundational work continues with the development of our hospital quality incentive program, which will begin to close hospital care gaps and advance quality through the entire spectrum of care. In addition, the quality structure and organizational engagement we have established are strengths that we will leverage as we move forward towards establishing a high performing Dual Special Needs Plan (D-SNP).

As we look at a future where access to health care for our members and community will potentially face greater barriers, we will continue to look for opportunities to partner with and strengthen our safety-net provider system. An example of these efforts is demonstrated in our Resilience, Innovation, Sustainability & Equity (RISE) grant program, which will provide nearly

$22 million dollars to 16 organizations to align critical resources to improve access. These grants will make a significant impact in bridging critical access and care needs for our members and community through projects focusing on breast cancer screening, women's health, children's health, behavioral health, healthy eating, and primary and preventive care. These current and future grants are all aligned with our strategic priorities and reflect the mission, vision, and values of Gold Coast Health Plan as we move to invest in the future of our safety net and community partners.

This work in strengthening our providers takes on greater urgency as changes to the Medi-Cal and Medicaid programs are weighed in both Sacramento and Washington, D.C. We continue to monitor and advocate for our members and safety-net providers by directly reaching out to our elected officials as well as coordinating and collaborating with our regional and national trade associations.

While disappointed with the passage of the "One Big Beautiful Bill" in the House of Representatives, we continue advocacy in the U.S. Senate for a rejection of language which will disenfranchise millions of Americans of their health care benefits. We continue to highlight not only the personal damage to the health of individuals and communities, but also the greater impact to our provider networks who will bear the brunt of uncompensated care. Please be assured that our efforts will continue as the bill comes to a vote in the Senate and then moves to reconciliation with the House.

We have remained engaged with leadership in Sacramento as the state grapples with a multibillion-dollar budget shortfall ($12B). While advocacy efforts in the legislature have appeared to bear fruit, resulting in significant changes to Gov. Gavin Newsom's initial proposal, we remain very concerned about the outcome of budget negotiations. Access to care is at risk for so many of our immigrant community members who are part of the lifeblood of Ventura County's agricultural and service industries. Please know that we will continue our advocacy efforts at the state capitol and will always advocate for the health care needs of our members and community at this perilous time.

As has been reported in news sources, we have been monitoring health care access effects of increased enforcement activities by U.S. Immigration and Customs Enforcement (ICE) in Ventura County. Reports from our safety-net provider networks confirm a significant decrease in patient visits as a result of the environment of fear and intimidation brought on by these enforcement actions. I would also like to note here that we have issued a statement addressing false rumors that GCHP has in any way collaborated or coordinated with federal immigration authorities with data sharing. We do not share data with federal immigration authorities and protect our confidential member data.

Due to these ICE activities and out of an abundance of caution for the safety of our members, we have postponed our health fair, which was scheduled for June 22, 2025, at Oxnard College. We fully understand the implications of this decision and simply note that we are not retreating from our commitment to help meet the care needs for our members where they are in the community, but we will instead look for other opportunities to engage with our members and the community that do not put them and their families at risk. During these times, we will remain in

close contact with our provider systems and community-based partners to assist with access and care coordination needs however possible.

Dual-Eligible Special Needs Plan (D-SNP) Update

As Fiscal Year 2024-25 draws to a close, the Dual-Eligible Special Needs Plan (D-SNP) work is on track with the goal of launching a high-quality sustainable D-SNP to ensure compassionate, equitable and integrated care for members with Medicare and Medi-Cal. The launch requires:

1. Completion of all regulatory filings necessary to launch a D-SNP.
2. Strong program governance and program management practice.
3. Completing all operational and systems task and deliverables on time and on budget for Oct. 1, 2025, enrollments and Jan. 1, 2026, go-live.

GCHP has completed the following regulatory activities:

- The attainment of the Knox-Keene licensure from the Department of Managed Health Care (DMHC).
- The filing and provisional acceptance of the Medicare Part C and Part D application to the Centers for Medicare and Medicaid Services (CMS).
- The filing of – and 100% score – of the Model of Care to CMS and the state Department of Health Care Services (DHCS) in Feb. 2025.
- The submission of the remaining two items of the CMS bid and the State Medicaid Agency Contract (SMAC) in June 2025.

Strong program governance and management is in place with the support of our system implementation partner, Deloitte, and we are on track to meet June 27, 2025, milestones. Steering committee and other program meetings are occurring as scheduled.

While the program has had minor delays in staffing and engaging solution vendors, all vital resources are now hired, provider contracting is complete, all system procurement is complete, and system configuration is in process. The program is on budget and on time for tasks and deliverables.

I. External Affairs

A. Federal Updates

Senate Releases Changes to Budget Reconciliation Bill; CBO Estimate of House Version Indicates Significant Coverage Loss

The Senate Finance Committee Republicans released their version of the reconciliation package and a corresponding summary on June 16, 2025. The revised language maintains the majority of the House's proposed Medicaid cuts and makes further cuts to secure additional Medicaid savings. Key changes include:

- **Federal Medical Assistance Percentage (FMAP):** Reduces the FMAP for the Medicaid expansion population from 90% to 80% for states that provide state-based Medicaid coverage to those with "unsatisfactory immigration status" who are not determined to be "qualified" during any quarter of the year; equalizes FMAP for otherwise ineligible people receiving emergency Medicaid to FMAP of the traditional Medicaid population.

- **Provider Taxes:** Incrementally reduces state provider taxes in Medicaid expansion states for provider classes other than nursing or intermediate care facilities from the current 6% to 3.5% by 2031 and prohibits non-expansion states from increasing provider tax rates or increasing the base of the tax to a class or services to which is did not previously apply.

- **State Directed Payments (SDP):** For expansion states, would reduce the current SDP payment limit from the average commercial rate to 100% of the Medicare payment rate; in non-expansion states, would reduce the payment limit to 110% of the Medicare payment rate; existing SDP limits would be reduced by 10% annually until the allowable Medicare-related payment limit is achieved.

- **Community Engagement Requirements:** Requires adults ages 19 to 64 to complete a minimum of 80 hours of qualifying community engagement activities prior to initial application as a condition of eligibility, with exemptions for specified groups, "good cause" short-term hardships, and qualifying activities.

- **Cost Sharing:** Requires Medicaid expansion enrollees earning more than 100% of the Federal Poverty Level (FPL) to pay cost-sharing amounts of $35 per service, excluding primary, prenatal, pediatric, and emergency room care.

Prior to release of the Senate Finance Committee language, the Congressional Budget Office (CBO) released an updated estimate on the House budget reconciliation bill. The CBO estimates that the House version of the bill will save $864B in Medicaid expenditures over 10 years, with $344B of those savings coming from the implementation of work requirements and $64B from increasing the frequency of eligibility redeterminations. Other Medicaid cuts in the bill come from changes to provider tax structures, reductions to the FMAP for Medicaid expansion states that

provide health care coverage to undocumented immigrants, and the implementation of cost sharing for adults covered under Medicaid expansion.

In addition to the cost savings estimates, the CBO estimates coverage losses as a result of the House bill. The CBO estimates that enacting the Medicaid and Affordable Care Act (ACA) provisions would increase the number uninsured individuals by 9.1M in 2034. Of that number, 7.8M individuals would lose Medicaid coverage and 1.3M would lose coverage under the ACA. The 9.1M total includes an estimated 1.4 million people who would lose coverage due to lack of verified citizenship, nationality, or satisfactory immigration status.

According to our trade association, Local Health Plans of California (LHPC), preliminary estimates indicate that the House Medicaid provisions could result in a $90-100B decrease in federal funding to California over 10 years. Specifically, FMAP penalties on states that cover undocumented individuals are estimated to result in a $13-15B annual decrease in matching funds to California, and implementation of work requirements is estimated to put more than 8M Californians (4.9M expansion adults and 3.2M other adults) at risk of losing coverage.

We are working with our trade associations at the national and state level as well as conducting direct advocacy to underscore the importance of protecting health care for the most vulnerable members of our community. GCHP led the development and submission of a coalition letter to U.S. Senators Alex Padilla and Adam Schiff that details firsthand how Medi-Cal supports our members with access to primary care, chronic disease management, and behavioral health services, as well how the program supports a healthy and productive workforce while contributing to the economic stability of our region. Advocacy efforts will continue as Senate Republicans negotiate the released language with the goal of securing enough votes to pass in both Houses.

The Senate is still able to make changes to the language before passing the bill and sending it back to the House for a final vote. Congressional Republicans are aiming to pass the bill and send it to the President by the July 4 recess. The GCHP Government Relations Team is closely monitoring the activity and will continue to provide updates as they become available.

Department of Health and Human Services (HHS) Releases Fiscal Year (FY) 2026 Budget Recommendations

On May 30, 2025, the Department of Health and Human Services (HHS) released its Budget in Brief for the Fiscal Year 2026. The “Budget in Brief” is a recommendation to Congress, which has the final say on a 2026 budget. The provisions relating to the Centers for Medicare and Medicaid Services (CMS) are divided into two sections:

1. CMS Program Integrity, where they ask for $2.7B in proposed funding.
2. CMS Program Management, where they ask for $3.5B in discretionary funds for various programs, a decrease of $673M from FY 2025.

The proposal includes a 25% cut to the HHS discretionary funding from $127B in 2025 to $95B in 2026.

The proposed budget seeks to build on efforts earlier this year to restructure the agency, including folding Substance Abuse and Mental Health Services Administration (SAMHSA) into the new Administration for a Healthy America. The budget proposal for mental health services of $5.8B is $1.5B less than the $7.3B managed by SAMHSA in 2024. The proposed budget also includes requests for mandatory appropriations for the Medicaid Integrity Program that coordinates with states to promote best practices and awareness of fraud, waste, and abuse.

The GCHP Government Relations Team will continue to provide updates as the final budget takes shape, likely after the passage of the reconciliation bill this summer.

The Centers for Medicare and Medicaid Services (CMS) Increases Scrutiny of Health Plan Coverage of "Illegal Immigrants" and Medicare Advantage (MA) Risk Adjustment and Data Validation (RAD-V) Processes

The Centers for Medicare and Medicaid Services (CMS) announced that it will be increasing federal supervision of Medicaid funding and health care coverage of undocumented immigrants. In a May 27, 2025, letter and fact sheet, CMS outlined increased and new oversight of the prohibition of payments to states for medical assistance for an individual who is not lawfully admitted for permanent residence or otherwise permanently residing in the U.S. CMS indicates that oversight may include reviews of quarterly reports and financial management reviews and that it will be assessing existing eligibility requirements and may propose revisions to federal regulations as necessary.

Building on this increased oversight, CMS also announced plans to hire more than 2,000 additional auditors and increase the number of audits of Medicare Advantage (MA) health plans' Risk Adjustment and Data Validation (RAD-V) processes. While this action is currently limited in scope to MA plan audits, other product types, including Medicaid, may be subject to increased scrutiny in the future.

The GCHP Government Relations Team will continue to provide updates as CMS's efforts get underway and as new information becomes available.

The Centers for Medicare and Medicaid Services (CMS) Proposed Rule to Amend Health Care-Related Taxes

On May 15, 2025, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule, "Medicaid Program; Preserving Medicaid Funding for Vulnerable Populations-Closing a Health Care-Related Tax Loophole," intended to address a gap in the regulatory statistical test applied to state Medicaid waiver submissions. CMS has expressed concern that certain health care-related taxes, including managed care organization (MCO) taxes, may not meet redistributive standards. Specifically, CMS notes that these taxes are sometimes levied at differing rates based on whether the taxed entities serve Medicaid or non-Medicaid populations, which potentially raises questions about their equitable application.

In response, CMS is proposing that in order to receive federal approval, health care-related taxes must not only satisfy the existing statistical test, but also demonstrate a redistributive structure. The proposed rule specifically targets seven states, including California, who use MCO taxes to help fund state Medicaid programs.

The public comment period for this proposed rule is currently open and will close on July 14, 2025. GCHP's Government Relations Team is coordinating with our federal trade associations, including the Association for Community Affiliated Plans (ACAP) and Medicaid Health Plans of America (MHPA), to submit formal comments in the coming weeks.

B. State Updates

Senator Monique Limón Selected as Next President pro Tempore of the State Senate

On June 9, 2025, Senate Democrats formally selected Senator Monique Limón as the next President pro Tempore of the State Senate. Senator Limón currently represents the state's 21st Senate District, which encompasses all of Santa Barbara County and parts of Ventura County, including the communities of Oxnard, Port Hueneme, and Camarillo. Notably, her district includes a substantial portion of GCHP members.

The President pro Tempore is one of the most influential leadership positions within the state Legislature. This role manages the Senate's legislative priorities, determines committee assignments and chair appointments, and serves as the Senate's primary representative in discussions with the State Assembly and the Governor's Office. Senator Limón has consistently demonstrated strong support for the protection and expansion of Medi-Cal. Her selection as Senate leader is expected to further strengthen efforts to protect health care services for the most vulnerable populations across the state. Senator Limón will assume the role following the departure of the current Senate leader, Senator Mike McGuire, who is expected to term out in early 2026.

C. State Budgetary and Legislative Update

California Legislature Approves Budget; Makes Changes to May Revise Proposals

On June 13, 2025, the California Legislature approved its version of the 2025-26 state budget to address a projected $12B deficit. The proposal relies on a combination of spending reductions ($3.5B in 2025-26, increasing to over $12B ongoing), revenue and internal borrowing ($7.8B in 2025-26), and fund shifts, deferrals, and delays ($1.0B in 2025-26).

To help balance the budget, the Legislature modified, postponed, or rejected many of the Gov. Gavin Newsom's May Revise proposals. Key changes include:

- **Medi-Cal Asset Limit**: Reinstates the $130,000 asset limit, rejecting the governor's proposal to lower it to $2,000. This change is projected to save $680M in 2028-29.
- **Medi-Cal Premiums for Individuals with Unsatisfactory Immigration Status (UIS)**: Reduces the governor's proposed premium from $100 to $30 per month for adults ages 19 to 56, effective Jan. 1, 2027.
- **Enrollment Freeze**: Modifies the governor's Medi-Cal enrollment freeze to apply only to UIS individuals ages 19 and older starting Jan. 1, 2026. A six-month re-enrollment grace period is included.
- **Dental Benefits**: Delays removal of dental coverage for the UIS population until July 1, 2027.

- **Funding for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs):** Delays the proposed $1.1B ongoing cut to FQHCs and RHCs until July 1, 2027.
- **Long-Term Care (LTC) and In-Home Supportive Services (IHSS) for UIS Adults**: Rejects the proposed elimination of both services.
- **Proposition 56 Payments**: Recalls $172M in supplemental payments for family planning and women's health services, reversing the governor's proposed cut.
- **Managed Care Organization (MCO) Tax**: Approves increased GF offsets from the MCO tax under Proposition 35, generating an estimated $1.3B in 2025-26 and $236.7M in 2026-27.

While the governor's May Revise prioritizes the long-term reduction of the budget deficit through immediate cuts, the Legislature adopts a more moderate approach, preserving critical safety net programs, including Medi-Cal. This highlights how there is ongoing tension between balancing fiscal responsibility and maintaining California's safety net.

The Legislature's proposal received criticism from both parties. Republicans argue the budget is fiscally unsustainable and increases the risk of future shortfalls while progressive Democrats believe it falls short in protecting undocumented Californians and safeguarding access to critical services.

The budget is a working document and requires a three-party agreement (Administration, Senate, and Assembly) to be chaptered into law. Over the next few weeks, negotiations with the governor's office and the Legislature will occur and the budget may change significantly. Gov. Newsom has until June 30, 2025, to sign the budget bill, as the next fiscal year in California begins on July 1, 2025.

GCHP's Government Relations Team will continue to provide updates on California's 2025-26 budget activity to ensure the business is informed of all pending and significant budgetary or legislative changes that may affect the Medi-Cal delivery system and/or Medi-Cal managed care plans.

Appendix:

All Plan Letter (APL) Listing: Below is a listing of recently released APLs with implementation efforts underway.

APL #	APL Release Date	Title	DCHS Due Date
25-006	4/25/2025	Timely Access Requirements	7/24/2025
25-007	4/25/2025	Enforcement Actions: Corrective Action Plans, Administrative, and Monetary Sanctions	7/24/2025

APL #	APL Release Date	Title	DCHS Due Date
25-008	5/5/2025	Hospice Services	8/1/2025
25-009	5/12/2025	Community Advisory Committee	8/11/2025
25-010	6/3/2025	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	9/1/2025

Priority Bill Listing: Below is a listing of priority bills that GCHP's Government Relations Team is tracking. The legislative session ends on Sept. 12, 2025, and Gov. Gavin Newsom has until Oct. 13, 2025, to sign or veto bills. Given the current budget situation, bills that generate a cost to the state are likely to be vetoed by the governor.

Bill Number	Bill Title	Sponsor	Summary
SB 32	Public Health: Maternity Ward Closures	Weber Pierson	This bill would require the state Department of Health Care Services (DHCS) to develop and adopt time and distance standards for perinatal units to ensure that covered benefits are accessible to enrollees of Medi-Cal plans, in consultation with Department of Managed Health Care (DMHC), Department of Insurance, and stakeholders by July 1, 2027.
SB 250	Medi-Cal: Provider Directory: Skilled Nursing Facilities	Ochoa Bogh	The provider directory must include skilled nursing facilities as one of the available searchable provider types as part of the health care options information posted by the department in the provider directory that lists accepted Medi-Cal managed care plans, through the Medi-Cal Managed Care Health Care Options website and any other applicable mechanisms.
SB 306	Health Care Coverage: Prior Authorizations	Becker	This bill would prohibit a health care service plan or health insurer from imposing prior authorizations, as defined, on a covered health care service for a period of one year beginning on April 1 of the current calendar year, if specified conditions exist, including that the health care service plan approved 90% or more of the requests for a covered service in the prior calendar year. The bill would also require a health care service plan or health insurer to list any covered services exempted from prior authorization on their website by March 15 of each calendar year. The bill would also clarify how to calculate a plan or insurer's approval rate for purposes of determining whether a service may be exempted from prior authorization.

Bill Number	Bill Title	Sponsor	Summary
SB 324	Medi-Cal: Enhanced Care Management (ECM) and Community Supports (CS)	Menjivar	This bill would require a Medi-Cal managed care plan, for purposes of covering the ECM benefit or if it elects to cover a CS, to contract with community providers whenever those providers are available in the respective county and have experience in providing the applicable ECM or CS and can demonstrate that they are capable of providing access and meeting quality requirements in accordance with Medi-Cal guidelines. The bill would require a managed care plan to honor member preference with regard to the applicable ECM or CS by authorizing service delivery to the contracted provider who is submitting a request for approval of services to the managed care plan.
SB 530	Medi-Cal: Time and Distance Standards	Richardson	This bill would recast those provisions and would specify that there be an appropriate level of care and access that is consistent with professionally recognized standards of practice, with a departmental determination that the alternative access standards will not have a detrimental impact on the health of enrollees. The bill would require the department to consider the sufficiency of payment rates offered by the Medi-Cal managed care plan to the provider type or for the service type when evaluating requests for the utilization of alterative access standards. The bill would also require the department to publish, and periodically update as necessary, the criteria for evaluation and authorizing alternative access standards.
AB 220	Medi-Cal: Subacute Care Services	Jackson	This bill would require a health facility that provides pediatric subacute or adult subacute care services to submit with a treatment authorization request, including an electronic treatment authorization request, a specified form when requesting authorization for subacute care services. The bill would prohibit a Medi-Cal managed care plan from developing or using its own criteria to substantiate medical necessity for pediatric subacute or adult subacute care services with a condition or standard not enumerated in those forms. The bill would require the department to develop and implement procedures, and authorize the department to impose sanctions, to ensure that a Medi-Cal managed care plan complies with these provisions.

Bill Number	Bill Title	Sponsor	Summary
AB 280	Health Care Coverage: Provider Directories	Aguiar-Curry	This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. The provider directory or directories shall display the date of the most recent update. The provider directory or directories shall also display a dedicated email address, telephone number, and reporting hyperlink for members of the public and providers to report possible inaccurate, incomplete, or misleading directory information.
AB 298	Health Care Coverage Cost Sharing	Bonta	This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after Jan. 1, 2026, from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services, as defined, provided to an enrollee or insured under 21 years of age, except as otherwise specified. The bill would prohibit an individual or entity from billing or seeking reimbursement for in-network health care services provided to an enrollee or insured under 21 years of age, except as otherwise specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.
AB 512	Health Care Coverage: Prior Authorization	Harabedian	For a request prior to or concurrent with the provision of health care services, existing law requires utilization review decisions to be made within five business days from the plan's or insurer's receipt of the information reasonably necessary and requested by the plan or insurer to make the determination, or within 72 hours if the enrollee or insured faces an imminent and serious threat to their health or if the normal timeframe would be detrimental to their life or health, as specified. This bill would shorten the timeline for prior authorization requests to no more than 48 hours for standard requests or 24 hours for urgent requests from the plan's or insurer's receipt of the information reasonably necessary and requested by the plan or insurer to make the determination.

Bill Number	Bill Title	Sponsor	Summary
AB 539	Health Care Coverage: Prior Authorizations	Schiavo	This bill would require a prior authorization for a health care service by a health care service plan or a health insurer to remain valid for a period of at least one year from the date of approval, or throughout the course of prescribed treatment, if less than one year. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program.
AB 543	Medi-Cal: Street Medicine	González	The bill would authorize a Medi-Cal managed care plan to elect to offer Medi-Cal covered services through a street medicine provider, as defined. Under the bill, a managed care plan that elects to do so would be required to allow a Medi-Cal beneficiary who is experiencing homelessness to receive those services directly from a street medicine provider, regardless of the beneficiary's network assignment, as specified. The bill would also require the managed care plan to allow a street medicine provider enrolled in Medi-Cal to directly refer the beneficiary for covered services within the appropriate network, as specified.
AB 618	Medi-Cal: Behavioral Health: Data Sharing	Krell	This bill would require each Medi-Cal managed care plan, county specialty mental health plan, Drug Medi-Cal certified program, and Drug Medi-Cal organized delivery system (DMC-ODS) program to electronically provide data for members of the respective entities to support member care. The bill would require the department to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final DHCS guidance to be published by Jan. 1, 2027, in compliance with privacy laws.
AB 1328	Medi-Cal Reimbursements: Nonemergency Ambulance Transportation	Rodriguez	This bill would mandate Medi-Cal fee-for-service reimbursement for nonemergency ambulance transportation services to be adjusted and equal to the federal Medicare ambulance fee schedule based on the corresponding level of service beginning on Jan. 1, 2026. AB 1328 would require the DHCS to develop a directed payment program for Medi-Cal managed care to also follow a similar treatment or pattern for reimbursement rates around nonemergency ambulance transportation services. AB 1328 instructs DHCS to maximize federal financial participation to implement these provisions and if federal monetary sharing is unavailable, DHCS must use state funds to implement bill requirements. Directed payments will begin on Jan. 1, 2026, subject to an appropriation by the state Legislature.

C. Community Relations: Sponsorships

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

Organization	Description	Amount
Food Share of Ventura County	Food Share is dedicated to leading the fight against hunger in Ventura County. The sponsorship will go towards its countywide food assistance programs, which are facing funding cuts.	$100,000
Tri-Counties Regional Center (TCRC) Rainbow Connection Family Resources	TCRC provides person and family centered planning services and support for individuals with development disabilities to maximize opportunities and choices for living, working, learning, and recreating in the community. The sponsorship will support the Annual Down Syndrome Awareness Walk.	$1,000
Mothers Against Drunk Driving (MADD)	MADD's mission is to end drunk and drugged driving, support the victims of these violent crimes, and prevent underage drinking and other drug use. The sponsorship will go toward the Walk Like MADD Walk, the proceeds of which will benefits victims, substance prevention, and traffic safety programs.	$1,000
TOTAL		**$102,000**

D. Community Relations: Community Meetings and Events

In May and June, the Community Relations Team provided information on GCHP benefits and services at four community food distributions. In partnership with Ventura County Ambulatory Care, the team organized a health fair to conduct mammograms, Pap exams, HbA1c testing, and blood pressure checkups. Our Health Education Team also conducted focus groups to learn about what barriers are members are facing when it comes to their health. In addition, the team participated in Swap Meet Justice to provide HbA1c and Chlamydia screenings to GCHP members. Lastly, the team connected with GCHP members by attending nine community events and represented GCHP at three collaborative meetings, where information and resources were exchanged with community partners.

Food Distributions	
GCHP's Community Relations Team was onsite at these food distributions to provide resources, answer questions, and connect members to GCHP services and benefits.	
Organization	**Date**
Westminster Oxnard Free Clinic	May 13, 2025
Samaritan Center	May 15, 2025
Help of Ojai	May 28, 2025
Westminster Oxnard Free Clinic	June 10, 2025
Collaborative Meeting	
Community representatives share resources, announcements, and upcoming community events.	
Partnership for Safe Families and Communities	May 7, 2025
Ventura County Cultural Heritage Board Speakers Series	May 12, 2025
Partnership for Safe Families and Communities	June 4, 2025
Community Events	
Santa Paula Wellness Fair	May 7, 2025
Ventura County Behavioral Health (VCBH) Mental Wellness Symposium	May 14, 2025
Mental Health Conference "Sentir para Sanar"	May 16, 2025
Hueneme High School Health and Wellness Expo	May 22, 2025
Goodwill Spring Job and Resource Fair	May 22, 2025
GCHP Behavioral Health and Wellness Event at Pacifica High School	June 6, 2025
City Impact Beachfront Run	June 7, 2025
Cabrillo Economic Development Corporation (CEDC) Resource Fair at Azahar Place Apartments	June 10, 2025

Health Fairs	
Ventura County Ambulatory Care, Las Islas “Dia de la Mujer” Health Fair	May 17, 2025
Swap Meet Justice	May 21, 2025
Simi Valley Senior Wellness Expo	May 21, 2025
Focus Groups	
GCHP’s Winning Health Newsletter Focus Group-Oxnard Adult School	June 4, 2025

II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	PCP - OTHER	ADMIN MEMBERS	NOT ASSIGNED
Apr-25	95,965	54,320	34,453	5,847	45,390	3,496
Mar-25	97,255	54,486	34,530	5,839	45,745	3,034
Feb-25	97,939	54,909	34,718	5,825	45,945	3,806

NOTE:

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

Administrative Member Details

Category	April 2025
Total Administrative Members	45,390
Share of Cost (SOC)	634
Long-Term Care (LTC)	751
Breast and Cervical Cancer Treatment Program (BCCTP)	18
Hospice (REST-SVS)	25
Out of Area (Not in Ventura County)	399
DUALS (A, AB, ABD, AD, B, BD)	27,623
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	18,806

NOTE:

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

METHODOLOGY

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

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

B. Provider Network Operations (PNO)

Regulatory / Audit Updates

The annual federal Network Adequacy Validation (NAV) audit, which assesses provider network adequacy, is underway. Completion of the audit is required by the state Department of Health Care Services (DHCS). The Provider Network Operations (PNO) Team attended the NAV audit kick-off webinar and met with Health Services Advisory Group (HSAG) in early June. Audit materials are due July 17, 2025.

Key audit areas include:

- Information Systems
- Enrollment Systems & Processes
- Provider Data Systems & Processes
- Network Adequacy Methodology
- Documentation Requests

Additionally, PNO received notification from DHCS that GCHP's Annual Network Certification (ANC) submission was approved, and the health plan is in compliance with regulatory requirements. This is one of PNO's most critical regulatory deliverables.

Operations of the Future

PNO continues to outreach to and train providers on the new Provider Portal and to address any escalated issues on claims and operational processes.

Provider Network Developments: May 1-31, 2025

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	**Count**
Pediatric Subacute Facility	1
Physical Therapy Group	1
Laboratory	1

Note: The numbers above represent contract completion in targeted specialties to close GCHP provider network gaps. PNO continues its outreach to targeted specialties and areas, such as eastern Ventura County, where provider network gaps exist.

GCHP Provider Changes	
Provider Additions and Terminations	**Count**
Additions	73
Terminations	18
Midwife	0

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

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	**Network Additions**		**Total Counts**
	Mar-25	**April-25**	
Hospitals	**0**	**0**	**25**
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers	**29**	**57**	**8,468**
Primary Care Providers (PCPs) & Mid-levels	0	0	488
Specialists	28	57	7,142
Hospitalists	1	0	838
Ancillary	**1**	**41**	**711**
Ambulatory Surgery Center (ASC)	0	1	9
Community-Based Adult Services (CBAS)	0	0	13
Durable Medical Equipment (DME)	0	1	101
Home Health	0	0	32
Hospice	0	0	23
Laboratory	0	0	40
Optometry	0	1	110
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	1	11	237

Radiology / Imaging	0	0	62
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	0	28	84
Behavioral Health	**0**	**70**	**1,072**

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

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

With the initial contracting completed for the Exclusively Aligned Enrollment (EAE) / Dual Special Needs Plan (D-SNP) providers, PNO continues to convert Letters of Intent (LOI) to formal provider agreements. The goal is to have the LOIs converted by June 30, 2025, in time for marketing and the creation of the Provider Directory. To date, PNO has converted eight LOIs and has two pending conversions.

Additionally, PNO is supporting the contracting efforts for the supplemental benefits offered by GCHP for the EAE D-SNP line of business.

PNO reviews network adequacy against the CMS standards to ensure routine changes in the provider network have not impacted the time and distance standards. The most recent analysis in early June determined that the EAE D-SNP network remains compliant at 99.8%. PNO is analyzing current non-par Medicare approved providers within Ventura County for consideration to ensure ongoing network compliance.

C. Delegation Oversight

Gold Coast Health Plan (GCHP) is contractually required to perform oversight of all functions delegated through subcontracting arrangements. Oversight includes, but is not limited to:

- Monitoring / reviewing routine submissions from subcontractors
- Conducting onsite audits

- Issuing a Corrective Action Plan (CAP) when deficiencies are identified

**Ongoing monitoring denotes the delegate is not making progress on a CAP issued and/or audit results were unsatisfactory. GCHP is required to monitor the delegate closely, as it is a risk to GCHP when delegates are unable to comply.*

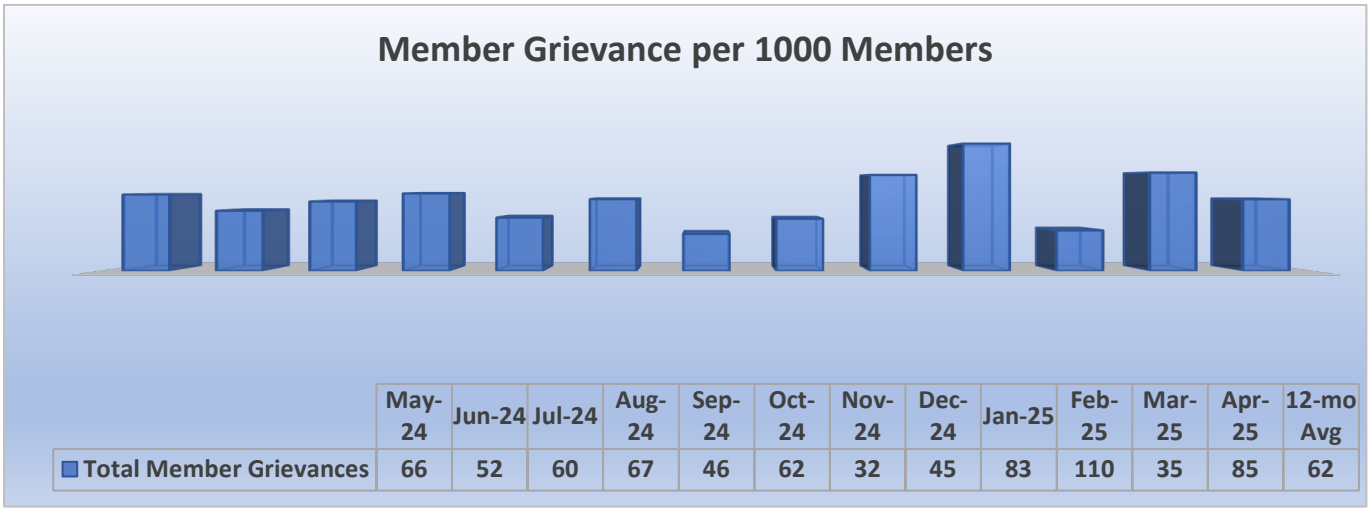
Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a state Department of Health Care Services (DHCS) requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and audits conducted and corrective action plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility plans have in the oversight of their delegates.

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

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2025 Q1 Utilization Management File Review Audit	Open	1/29/2025	Under CAP	N/A
Carelon	2025 Annual Claims Audit	Open	3/26/2025	Under CAP	N/A
Clinicas del Camino Real (CDCR)	2024 Annual Claims Audit	Open	1/30/2025	Under CAP	N/A
CDCR	2025 Q1 Focused Claim Audit	Open	4/22/2025	Under CAP	N/A
Ventura Transit System (VTS)	2024 Downstream Subcontractor Audit	Open	8/30/2024	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VTS	2024 Non-Medical Transportation (NMT) / Non-Emergency Medical Transportation (NEMT) Vehicle Audit	Closed	11/20/2024	5/30/2025	N/A
Wellth	2025 Annual Call Center Audit	Open	3/27/2025	Under CAP	N/A
Privacy & Security CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
N/A	N/A	N/A	N/A	N/A	N/A
Operational CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
N/A	N/A	N/A	N/A	N/A	N/A

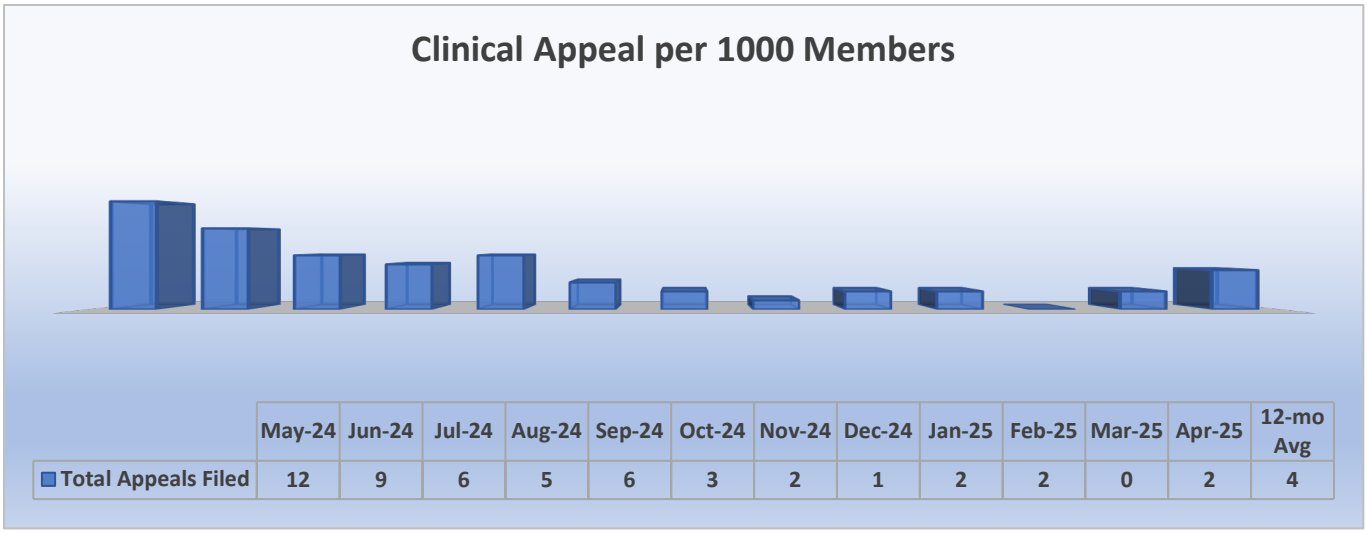
D. Grievance and Appeals



Member Grievances per 1,000 Members

The data show GCHP's volume of grievances increased in April 2025. In April 2025, GCHP received 85 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 244,667, with an average annual grievance rate of .25 grievances per 1,000 members.

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



	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	12-mo Avg
Total Appeals Filed	12	9	6	5	6	3	2	1	2	2	0	2	4

Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .01 appeals per 1,000 members. In April 2025, GCHP receive two clinical appeals:

1. One was upheld.
2. One was overturned.

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

RECOMMENDATION:

Receive and file.

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: James Cruz, MD, Acting Chief Medical Officer

DATE: June 30, 2025

SUBJECT: Chief Medical Officer (CMO) Report

Health Services Summary

The Acting Chief Medical Officer (CMO) is delighted to provide the Chief Medical Officer Report to the Commission. May and June have been very active and productive months for the Health Services Department. This report will summarize the good work by Utilization Management (UM), Care Management (CM), Quality Improvement (QI), Pharmacy, and Health Equity. For the Commission's review, power point slides from each of these areas summarize their team's accomplishments.

Overall, good news to share. Gold Coast Health Plan (GCHP) National Committee for Quality Assurance (NCQA) consultant has completed a round of mock file reviews of Utilization Management and Care Management, and states that GCHP is on track to achieving NCQA Health Plan Accreditation in October. The Utilization Management team continues to focus on key areas: Member Denial letter language understandability, and Medical Director selection of Medical Necessity Criteria. The Care Management team continues to focus their attention ensuring completion of member's care management assessments within 60 days per NCQA.

The Quality Improvement team continues to build on their Managed Care Accountability Set (MCAS) success from Measurement Year (MY) 2023. MY 2024 final rates have been submitted to NCQA and show significant MCAS measure gains compared to MY 2023. Specifically, for MY 2024, 13 out of 18 MCAS measures met or exceeded GCHP target goals. 5 out of 18 measures did not meet GCHP's internal performance rate target. One measure, CIS which measures all recommended childhood vaccinations by age 2, was 3% lower, compared to MY 2023. MY 2025 MCAS activities have started, and the good news continues. Compared to the same time last year, our MY 2025 MCAS measures are performing better than MY 2024 measures. Several lessons were learned in MY 2024, which have been implemented for MY 2025. Lessons include refinement of our data capture processes and performing a deeper dive to identify underlying factors leading to MCAS measure under performance.

NCQA activities are in high gear. Submission of NCQA Health Equity Accreditation documents were submitted on June 10, 2025. Our NCQA consultant projects GCHP will

achieve 100% score for all NCQA Health Equity standards. NCQA will issue their Health Equity Accreditation decision by September 1, 2025. For NCQA Health Plan accreditation, per our NCQA consultant, GCHP is scoring 80% or better in 5/6 areas, and as reported for UM/CM, the teams are working diligently to address risk areas.

GCHP Pharmacy, has been extremely busy. There have been new updates released by Department of Health Care Services' (DHCS) Medi-Cal Rx. Specific Medi-Cal Rx updates are shared in the Pharmacy slide deck. Recently, Rite Aid announced closure of their retail pharmacies. There are two retail pharmacies in Ventura County. Our Pharmacy team has taken actions to ensure that GCHP members do not experience medication refills disruptions. There are two other retail pharmacies that have announced closures in CA. At this time, Ventura County is not impacted.

The GCHP Pharmacy Department is reevaluating our Physician Administered Drug (PAD) prior authorization process. Recently a community specialty physician reached out to the GCHP Chief Executive Officer (CEO) and the Acting CMO, to share his concerns regarding GCHP's prior authorization requirements for Physician Administered Drugs (PAD). The Pharmacy Director and Acting CMO met with the specialty physician and had a very productive discussion. The GCHP Pharmacy Department committed to reviewing the PAD prior authorization process and will eliminate barriers leading to delay in authorizing Medi-Cal PADs. That work has started and the Acting CMO will continue engaging with the specialty physician on this issue.

The Pharmacy and Therapeutics Committee continue to meet regularly, and during their May meeting, reviewed and approved PAD additions to the GCHP Dual Eligible Special Needs Plan (DSNP) Medicare formulary.

GCHP's Executive Director of Health Equity has been working closely with GCHP data and analytics teams, to develop a Health Equity Dashboard. The Health Equity Dashboard is a first step in identifying and tracking GCHP efforts to reduce health care inequities. Current data collection capabilities and resources resulted in a first step Health Equity Dashboard that will report % of members without evidence of utilization over prior 12 months, member grievance rates, and age of unused authorizations. The Executive Director of Health Equity has also been deeply involved with NCQA Health Equity Accreditation efforts. Specifically, the Executive Director of Health Equity facilitated Carelon Health Services, GCHP's Behavioral Health Provider, completing a corrective action plan for GCHP Delegation Agreement, which was necessary to fulfill a major NCQA Health Equity Accreditation pass element.

This concludes the CMO report for June.

ATTACHMENTS: *Chief Medical Officer Update*

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Chief Medical Officer Update

Monday, June 30, 2025

James Cruz, MD
Acting Chief Medical Officer

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Utilization and Care Management Updates

Monday, June 30, 2025

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

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NCQA

- Utilization Management and Care Management teams remain highly aligned and focused on ensuring regulatory compliance.
- The Utilization Management (UM) and Care Management (CM) teams are actively working towards achieving National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA).
- There are some key area of focus for continued improvement to achieve National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA).
- The teams remains committed to this goal, continuously striving to improve our processes.

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NCQA Readiness Key Focus Areas- UM

- Utilization Management Written Notification on UM denials
  - NCQA requires written notification of UM denials to be easily understandable and reference the benefit provision or guideline the denial decision was based on.
  - Mock audits conducted highlight continued need to improve denial rational statements.
  - UM has conducted staff training and increased audits
  - Focus remains on improving written notification of UM denial statements internally and with delegates.

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NCQA Readiness Key Focus Areas - CM

- Complex Care Management (CCM) Initial Assessments
  - NCQA requires CCM initial assessments to be completed within 60 calendar days
  - Mock audits conducted highlight continued need to implement tools to ensure CCM initial assessments are completed within 60 calendar days .
  - Monitoring tools have been created to ensure compliance with completing initial assessments within 60 calendar days.

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NCQA Readiness

- The Utilization Management and Care Management teams remains dedicated to enhancing our daily operations to improve member access to essential medical care and reduce administrative burdens for our network providers.
- The teams remain on track remediating processes to achieve NQCA Health Plan accreditation.

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Quality Improvement Update

Monday, June 30, 2025

Kimberly Timmerman, MHA, CPHQ
Executive Director, Quality Improvement

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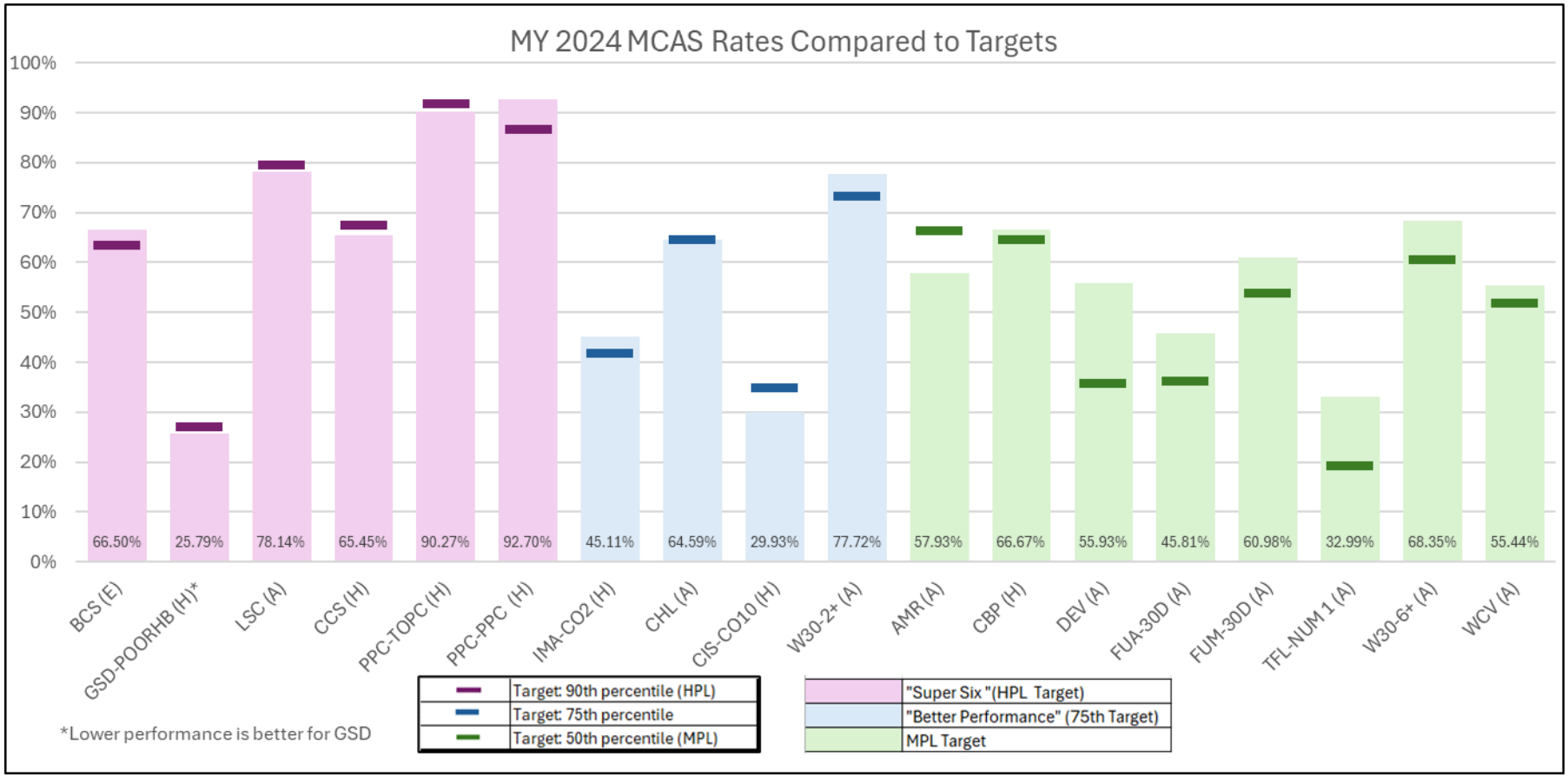
MY 2024 Rates Compared to Targets



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MCAS MY 2024 & MY 2025 Status

Measurement Year 2024 Final Reporting

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

Measurement Year 2024 Highlights

- 13 measures met or exceeded internal target
- 7 measures improved in percentile performance
- FUA & W30-6+ exceeded MPL target, met 75th percentile
- TFL surpassed MPL target by 13.99%
- 5 measures did not meet internal target
- PPC-Pre did not meet HPL target
  - Has met HPL for the last 4 of 5 years
- CCS & LSC did not meet HPL target
- CIS performed 2.92% below MY 2023 performance performance
  - 75th percentile target was not met
- AMR did not meet MPL target

Measurement Year 2025 Reporting Current State

- Most measures currently performing better than same time last year.
  - 3 Measures performing significantly higher – CCS, FUA, FUM
  - 5 Measures performing lower – BCS-E, LSC, W30-6+, WCV, TFL

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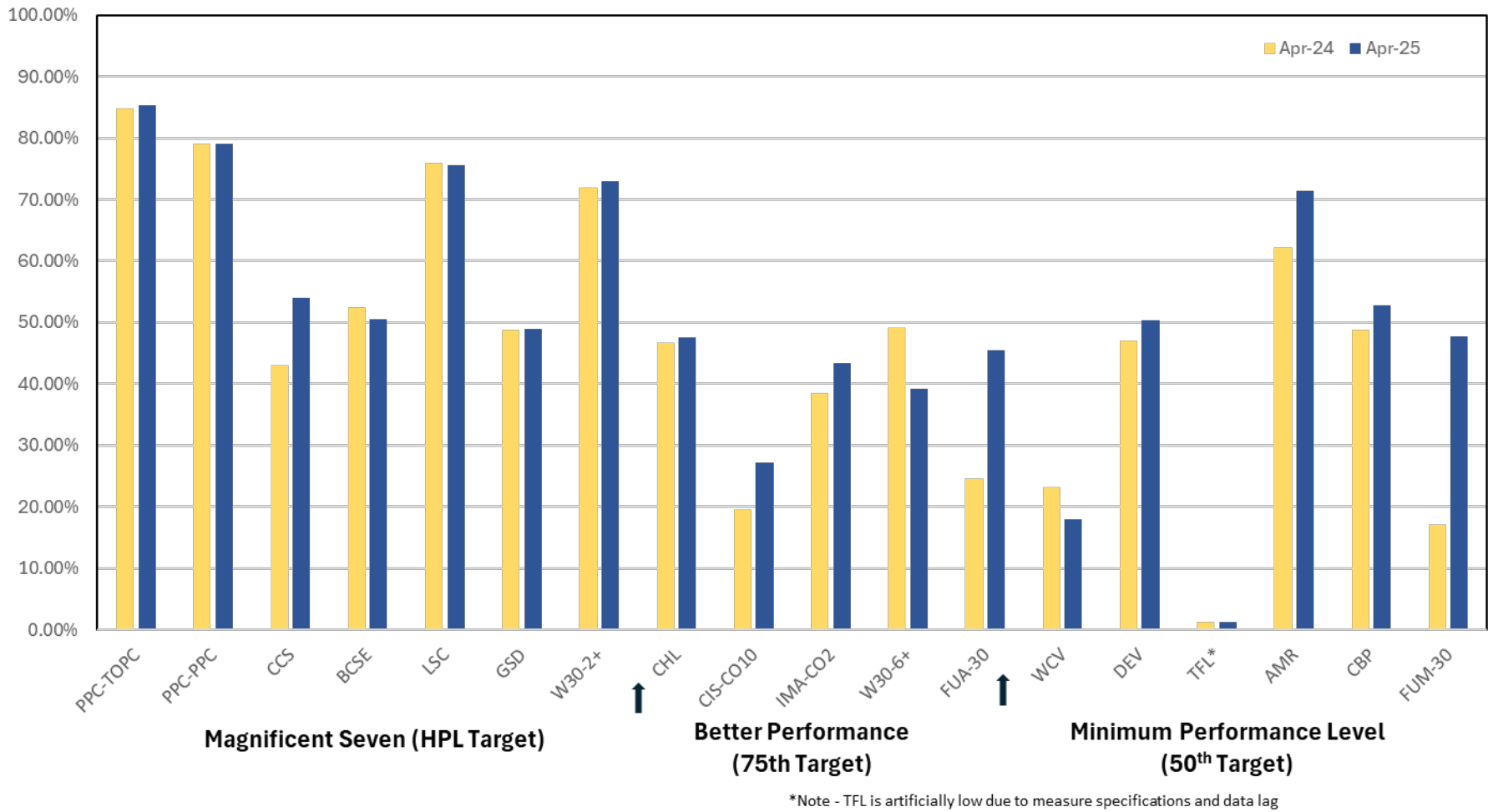
Measurement Year 2025 Risks/Dependencies

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

MY 2024 Rates vs. MY 2025 Prospective Rate Comparison

Dates as of April 2025



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

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MCAS MY 2025 Activities - Update

- Continued data refinement to capture services rendered
  - Partnership with Sr. Director Data Quality on data ingestion automation and improvements
  - Launch of Quality Improvement Analytics Change Advisory Board (QIA CAB)
  - Begin work to meet DHCS behavioral health data exchange requirements
  - Remediate data issues causing lower comparative MY 2025 rates for W30-6+ and WCV
- Assessment of underperforming measures for root cause
  - Explore potential health disparities
- Cervical Cancer Screening and Well Child focus groups to understand barriers
- Childhood Immunization workgroup expansion to focus on all immunizations
  - American Cancer Society HPV Learning Collaborative w/Dr. Carlos O'Bryan at VCHCA
- Health Fair, mobile mammography, and sponsorship of clinic events
  - Upcoming events:
    - Three clinic-based health fairs in Q3 focused on mammography, well-child, lead testing, & blood pressure
    - Refer to further details noted in CEO report from Community Relations team
- Member Gap Closure Outreach via CareNet, Health Education, Care Management & Embedded Member Ambassador staff
  - Begin outreach to members for HbA1c test
- Member Incentives with continued point-of-care expansion
- Asthma Medication Ratio (AMR) improvement workgroup
  - Provider notification reports to assess prescribing patterns

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NCQA Health Equity Accreditation

Health Equity Accreditation (HEA) focuses on the foundation of health equity work by:

- Building an internal culture that supports health equity work
- Collecting data to create and offer language services and provider networks that are mindful of individuals' cultural and linguistic needs
- Identifying opportunities to reduce health inequities and improve care

Status Update:

The NCQA Health Equity Accreditation (HEA) submission was completed **June 10.**

The final assessment from TMG projected GCHP at 100% of all points for HE standards. No risks or issues remained for the final submission.

Timeline and next steps:

- **July 2** – Receive NCQA Issues Report
- **July 15** – Submit Issues Report final response to NCQA
- **September 1** – Receive final decision report

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NCQA Health Plan Accreditation

- Health Plan Accreditation Survey
  - NCQA Submission: October 7, 2025
  - Final Survey Findings: By December 31, 2025
- Continue preparation efforts including finalization of evidence demonstrating compliance (documents, reports, and materials) and mock file review audits.
- Current estimated score by standards category:

HPA Standard	Points Possible	Points Achieved	Overall % as of 5/2/25
CR	19	17	89.47%
ME	22	18	81.82%
NET	29	27	93.10%
PHM	23	23	100.00%
UM	49	31	63.27%
QI	13	13	100.00%
Overall Score	155	129	83.23%

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Pharmacy Services Updates

Monday, June 30, 2025

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

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DHCS/Medi-Cal Rx Updates

- On June 1, 2025, Medi-Cal Rx made some updates to the following: Contract Drugs List, Provider Manual, Diabetic Supplies, Contracted Enteral Nutrition Products, Medical Supplies. And the updates included more covered products and added some quantity limit changes which will be effective on July 1, 2025.
- As a reminder, changes to the contracted drugs list and products list are made at the beginning of every month.
- More information and details can be found on the Medi-Cal Rx Bulletins & News website.

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Pharmacy Closures

- Retail pharmacies (CVS, Walgreens, Rite Aid) are closing some of their store locations due to various reasons.
- DHCS/Medi-Cal Rx is working on a Provider communication to be posted on the Medi-Cal Rx Bulletins & News website. Medi-Cal Rx will provide guidance on where the prescriptions will be transferred to and how members can select new pharmacies to use.
- GCHP will be closely monitoring the news and updates from Medi-Cal Rx/DHCS to anticipate any potential impacts to our members.
- Ventura County is not impacted by any store closures by CVS Pharmacy or Walgreens Pharmacy at this time.

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Pharmacy Closures

- Rite Aid Pharmacy (due to bankruptcy)
  - Stores in Ventura County to be closing soon:
    - **Store # 05559- 387 E Avenida De Los Arboles, Thousand Oaks, CA. 91360** Closing by 8/4/2025. Files will be transferred to CVS Pharmacy.
    - **Store # 05775- 2400 B Las Posas Road, Camarillo, CA. 93010**. Closing on 7/7/25. Files will be transferred to CVS Pharmacy.
  - CVS Pharmacy Corporate will be sending out letters to all impacted members 2 weeks before the closing date. Members will have the option to transfer prescriptions out now to their preferred pharmacy from the closing location or they can contact CVS after the closure to have them transferred to another preferred pharmacy.

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Pharmacy Closures

- GCHP Pharmacy staff will help coordinate care for any member who is having challenges or difficulties getting their prescriptions or having them transferred to a new pharmacy to ensure no delays in treatment and care.

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Pharmacy Administered Drugs

- Physician Administered Drugs (PADs) are injectable or infused medications that need to be administered by a healthcare professional at a clinic or hospital setting.
- GCHP received some insights from a specialty physician within Ventura County with their concerns about potential delays in care associated with the PAD prior authorization (PA) process.
- PADs are a medical benefit and not a pharmacy benefit.
- Based on feedback, GCHP is looking at opportunities to improve the PA process to reduce any potential delays related to the PA process.

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P&T Committee Updates

- The P&T committee meets quarterly.
- The last P&T committee meeting was held on May 15, 2025. The committee reviewed and approved a set of physician administered drugs (PADs) to be added to a new Medicare Part B PAD List which will require prior authorization for D-SNP members starting January 1, 2026.
- The updated Medi-Cal PAD list and clinical guidelines have been updated on the GCHP website as of June 1, 2025.

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D-SNP Updates

- The Director of Pharmacy and other stakeholders have continued to meet weekly with the Pharmacy Benefit Manager (PBM), Prime Therapeutics, regarding the implementation plan and the timeline for executive milestones that need to be completed to ensure we are on track to be prepared to launch and execute the Part D pharmacy benefit for D-SNP on January 1, 2026.

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Health Equity Update

Monday, June 30, 2025

Pshyra Jones, MPH
Executive Director, Health Equity

Integrity
Accountability
Collaboration
Trust
Respect

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

Health Equity Updates

Health Equity Dashboards – In progress

- No Utilization ≥ 12 months
- Member Grievance Data
- Aging Authorizations

- NCQA Health Equity HE 7: Delegation of Health Equity Activities
  - Corrective Action Plan Issued for Carelon Health Services: 5/23/2025
  - Corrective Action Response Due: 6/23/2025
  - Action Required:
    - Delegation Agreement in accordance with NCQA HE 7A – Completed
    - Develop a timeline to implement requirements of updated Health Equity Agreement with Carelon – In Progress
    - Schedule and conduct an updated performance review of Carelon health equity delegated activities in accordance with NCQA HE7 – In progress

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AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: June 30, 2025

SUBJECT: Human Resources (HR) Report

Human Resources Activities

Over the last few months, the Human Resources team has been focused on:

1. Staff engagement.
2. Acquiring and retaining talent.
3. Enhancing the performance of the organization.

Staff engagement:

- **Culture:** Our Culture Transformation journey continues to evolve with great progress and momentum. The Culture Committee, led by Pauline Preciado, Executive Director of Population Health and Equity, and Charu Chhabra, Senior Manager of HR Strategic Planning and Talent, has successfully advanced the initiative, highlighted by the training of 25 Culture Champions who facilitate staff trainings and coach leaders on modeling the Cultural Beliefs. The Culture Champions have facilitated seven Culture Alignment Sessions, resulting in 187 employees being trained on our culture strategy and related cultural belief expectations, and given the necessary tools to reinforce these beliefs / behaviors across the organization. Our plan is to have all employees complete the training by Oct. 2025.
- **Recognition:** As mentioned in a previous HR Staff report, we launched the Golden Glow Recognition and Rewards Program. This program provides managers the ability to recognize employees for key accomplishments and provides a platform for peer-to-peer recognition for demonstrating our Cultural Beliefs and reward them with Golden Glow gold coins points. The Golden Glow gold coins have a monetary value and can be redeemed by employees for items via an online catalog. There have been 510 Golden Glow recognitions issued from January through the end of May. Of the 510 recognitions, 100, or 20% have been peer-to-peer recognitions and 410, or 80% have been manager recognitions for key accomplishments. These recognitions help reinforce the key results and cultural beliefs aligned with our cultural transformation.
- **Management Training:** This quarter, we launched the GCHP Management Fundamentals Training Series, a continuous manager training series that aims to

strengthen leadership skills, support team success, and build consistency across our organization. These sessions are designed to give managers practical tools, share best practices, and create space for peer learning. The comprehensive workshop was designed to provide new and seasoned managers with the essential tools and knowledge to navigate their role in daily processes, performance management, and enhance leadership capabilities.

The kick-off was with in-person and virtual sessions that were attended by 45 managers. These sessions were hosted and led by the HR team, in collaboration with the Finance and Procurement teams. The HR team plans to bring a regular cadence of manager trainings focused on core management capabilities with opportunities for discussion and application.

Acquiring and retaining talent:

From July 1 through May 31, 2025, we have filled 127 positions, which has increased GCHP's headcount to 431. Of the new 93 budgeted roles, 92%, or 86, have been filled. Over the last few months, we have successfully filled all 13 new mailroom roles and filled six new D-SNP roles.

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

- Dr Felix Nuñez – Chief Executive Officer (CEO)
- Lupe Nuñez – Director, Medicare Sales and Enrollment

The table below provides a total Resource Summary, which includes Employee and Contingent Worker (Temps / Contractors) by function. You will see the organization remains within the current employee budget of 452 roles and effectively managing 144 contingent worker counts against the overall fiscal year budget. The recent increase in contingent labor is due to the 65 added Deloitte contractors working on D-SNP readiness.

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

	POSITION COUNT					CONTINGENT WORKERS			Total Resources	
Function	Active Headcount	Open Requisitions	Total Active + Open Requisitions	Revised Budget YE Headcount 2024/25	Percentage of Total Headcount	Temp Roles	Contractor / Consultant Roles	Total Contingent Workers†	Total Resources	Percentage of Total Resources
Health Services	130	6	136	134	30%	1	4	5	141	24%
Operations	102	6	108	105	23%	8	25	33	141	24%
Information Tech	37	6	43	45	10%	11	19	30	73	12%
Policy & Programs	40	4	44	44	10%	0	0	0	44	7%
Compliance	22	0	22	22	5%	0	0	0	22	4%
Finance & Accounting	38	0	38	37	8%	1	1	2	40	7%
Execuitve & Administration	13	1	14	14	3%	0	0	0	14	2%
Member Experience and Ext Affairs	34	1	35	35	8%	1	0	1	36	6%
HR&Facilities	12	0	12	12	3%	1	7	8	20	3%
Innovation / DSNP	3	0	3	4	1%	0	65	65	68	11%
Strategic Initiatives	0	0	0	0	0%	0	0	0	0	0%
Grand Total	**431**	**24**	**455**	**452**	**100%**	**23**	**121**	**144**	**599**	**100%**

†Outsourced Labor (BPO) excluded: 92 in Operations - Netmark

- **Attrition:** Our attrition for the last 12 months is still low at 5.21%. This is a slight decrease from the last month, as terminations have declined. Attrition trends are checked each month to assess organization risks or concerns.

Enhancing the performance of the organization:

We are on-track to achieve our five priority Organization goals this year:

- Stabilize Operations
- Implement D-SNP
- Improve Health Outcomes
- Improve Member Experience
- Transform Culture.

Within the five organization goals, there are 38 sub-goals that detail the work. As of May 31, these sub-goal activities:

- 37%, or 14, are completed.
- 45%, or 17, are on-track.
- 18%, or 7, are at risk.
- 0%, or none, are off-track.

Through the leadership of Josephine Gallella, Director of Portfolio and Project Management, and her team, we are focused on the “at-risk” sub-goals to ensure a successful outcome by the end of June.

RECOMMENDATION:

Receive and file.

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CLOSED SESSION
AGENDA ITEM 13

From: Audra Strickland [redacted]
Sent: Friday, May 30, 2025 2:28 PM
To: Benitez, Cruz [redacted]; Lopez, Vianey [redacted]
Subject: St. John's Hospitals
Importance: High

Supervisor Lopez,

I would like to request a meeting to sit down with you and the Chief Financial Officer of St. John's hospitals.

As the county supervisor representing St. John's and the supervisorial representative to the Gold Coast Health Plan Commission, St. John's would like to discuss an outstanding and significant reimbursement issue with GCHP.

St. John's has provided care in good faith to the community, in accordance with their contract with Gold Coast, and is currently shouldering $25 million in unpaid claims. The issue has been unresolved for more than a year.

We've met with the CEO; the CEO and CFO; and again with additional staff. Letters, calls, and requests for resolution have been fruitless.

This situation is untenable, and your intervention is requested.

Are you available for a 30-minute meeting anytime next week?

We are grateful for your assistance and look forward to sitting down with you at your earliest convenience.

Sincerely,

Audra Strickland
Hospital Association of Southern California
Regional Vice President,
Ventura & Santa Barbara Counties
[redacted]