Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

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

Regular Meeting
Monday, August 24, 2026 5:30 p.m.
Meeting Locations: Museum of Ventura County
100 E. Main Street
Ventura, CA 93001

855 Partridge Drive
Ventura, CA 93003

300 Hillmont Ave
Ventura, CA 93003

125 West Thousand Oaks Blvd.
Thousand Oaks, CA 91360

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

Conference Call Number: 1-805-324-7279
Conference ID Number 922 610 996 #:

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

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 June 29, 2026

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

RECOMMENDATION: Approve the minutes as presented.

2. Approval of Credentials / Peer Review Committee Member

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

RECOMMENDATION: Approve Amelia Breckenridge, M.D., as an active member of the Credentials / Peer Review Committee

PRESENTATION

3. Member Experience

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

RECOMMENDATION: Receive and file the presentation.

FORMAL ACTION

4. Reconstitute the Strategic Planning Ad Hoc Committee

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

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.

5. Quality Improvement and Health Equity Committee 2026 Second Quarter Report

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

RECOMMENDATION: Receive and file the second quarter Quality Improvement and Health Equity Committee report as presented.

6. Request For Proposal Number GCHP10232025: Notice of Non-Award, Rejection Of All Bids and Renewal of Work with Inovalon for HEDIS and Risk Adjustment Services

Staff: Eve Gelb, Chief Innovation Officer
Kim Timmerman, Executive Director Quality Improvement

RECOMMENDATION: It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission approve the Notice of Non-Award and reject all bids for Request For Proposal Number GCHP10232025 and approve a three-year contract amendment to renew four, (4) Statement of Works, (SOWs #4, 5, 6 & 7), for these services commencing January 1, 2027, and ending on December 31, 2029, at a reduced amount, for an amount not-to-exceed $5.7M, with Inovalon.

7. Contract Approval – Cotivity – Implementation and Software License, Interoperability 57F & APL 26-008 Requirements

Staff: Alan Torres, Chief Information Officer

RECOMMENDATION: It is the Plan's recommendation that the Commission authorize the CEO to execute a contract with Cotivity. The term of the contract will be 5 years of services commencing September 1, 2026, and expiring on August 31, 2031, for an amount not to exceed $2.6M.

8. Continuation of Approval of Contract Renewal List

Staff: Jeff Register, Interim Chief Financial Officer / Controller
Bob Bushey, Executive Director of Procurement

RECOMMENDATION: It is recommended that the Commission approve the contract renewal list.

9. June Year-To-Date 2026 Financials

Staff: Jeff Register, Interim Chief Financial Officer - Controller

RECOMMENDATION: Accept the financial information as presented

REPORTS

10. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report

11. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report

12. Chief Operations Officer (COO) Report

Staff: Suma Simcoe, Chief Operations Officer

RECOMMENDATION: Receive and file the report

13. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

CLOSED SESSION

14. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of Litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: Two cases.

15. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer

ADJOURNMENT

The next meeting will be held on September 28, 2026, at 2:00 p.m., at the **NEW** GCHP Building located at 4880 Santa Rosa Rd. Camarillo, CA 93012 in the Community Room

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

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

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

Reunión Ordinaria
Lunes, 24 de agosto de 2026 5:30 p.m.
Ubicaciones de la Reunión: Museo del Condado de Ventura
100 E. Main Street
Ventura, CA 93001

855 Partridge Drive
Ventura, CA 93003

300 Hillmont Ave
Ventura, CA 93003

125 West Thousand Oaks Blvd.
Thousand Oaks, CA 91360

Los miembros del público pueden participar utilizando los Números de Conferencia Telefónica que aparecen a continuación.

Número de Conferencia Telefónica: 1-805-324-7279
Número de Identificación de la Conferencia: 922 610 996 #:

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

AGENDA

ANUNCIO DE LA SECRETARIA

Todos los miembros del público son bienvenidos a llamar al número de conferencia telefónica que aparece en esta agenda y a seguir todos los asuntos enumerados en la Sesión Abierta, visitando el sitio web de GCHP y dirigiéndose a ***About Us > Ventura County***

Medi-Cal Managed Care Commission > Desplácese hacia abajo hasta "Commission Meeting Agenda Packets and Minutes"

LLAMADA AL ORDEN
ANUNCIO DE INTÉRPRETE

PASE DE LISTA

COMENTARIOS DEL PÚBLICO

El público tiene la oportunidad de dirigirse a la Comisión de Atención Administrada de Medi-Cal del Condado de Ventura (VCMMCC) y al Comité que ejerce su actividad como Gold Coast Health Plan (GCHP) sobre los asuntos de la agenda.

Las personas que deseen dirigirse a la VCMMCC y al Comité tienen un límite de tiempo de tres (3) minutos, a menos que la Presidencia de la Comisión amplíe el tiempo por causa justificada debidamente acreditada. Los comentarios sobre asuntos que no estén en la agenda deben estar comprendidos dentro del ámbito de competencia de la Comisión y del Comité.

Los miembros del público pueden llamar, utilizando los números anteriores, o pueden enviar comentarios del público a la Comisión y al Comité por correo electrónico, enviando un correo a ask@goldchp.org. Si los miembros del público desean hablar sobre un asunto particular de la agenda, se ruega que identifiquen el número de asunto de la agenda. Los comentarios del público presentados por correo electrónico deben ser de menos de 300 palabras.

ASUNTOS DE CONSENTIMIENTO

1. **Aprobación de las Actas de la Reunión Ordinaria de la Comisión de Atención Administrada de Medi-Cal del Condado de Ventura del 29 de junio de 2026**

   Personal: Maddie Gutierrez, MMC – Sr. Secretaria de la Comisión

   RECOMENDACIÓN: Aprobar las actas tal y como se presentan

2. **Aprobación de Miembro del Comité de Credenciales / Revisión por Pares**

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

   RECOMENDACIÓN: Aprobar a Amelia Breckenridge, M.D., como miembro activo del Comité de Credenciales / Revisión por Pares

PRESENTACIÓN

3. Experiencia de los Miembros

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

RECOMENDACIÓN: Recibir y archivar la presentación.

ACTUACIONES FORMALES

4. Reconstituir el Comité Ad Hoc de Planificación Estratégica

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

RECOMENDACIÓN: El personal recomienda que la Comisión reconstituya el Comité Ad Hoc de Planificación Estratégica y seleccione hasta cinco Comisionados que formarán parte del comité ad hoc. Asimismo, el personal recomienda que este año el Retiro de Planificación Estratégica se celebre de manera presencial.

5. Informe del segundo trimestre de 2026 del Comité de Mejora de la Calidad y Equidad en Salud

Personal: James Cruz, M.D., Director Médico
Kim Timmerman, Directora Ejecutiva de Mejora de la Calidad

RECOMENDACIÓN: Recibir y archivar el informe del segundo trimestre del Comité de Mejora de la Calidad y Equidad en la Salud, tal y como se presentó.

6. Solicitud de propuestas número GCHP10232025: Aviso de no adjudicación, rechazo de todas las ofertas y renovación del trabajo con Inovalon para servicios de HEDIS y ajuste de riesgos

Personal: Eve Gelb, Directora de Innovación
Kim Timmerman, Directora Ejecutiva de Mejora de la Calidad

RECOMENDACIÓN: El Plan recomienda que la Comisión de Atención Administrada de Medi-Cal del Condado de Ventura apruebe el Aviso de no adjudicación y rechace todas las ofertas correspondientes a la Solicitud de propuestas número GCHP10232025, y que apruebe una enmienda contractual de tres años para renovar cuatro (4) declaraciones de trabajo (SOW n.º 4, 5, 6 y 7) correspondientes a estos

servicios, con vigencia del 1 de enero de 2027 al 31 de diciembre de 2029, por un importe reducido que no exceda los $5.7 millones, con Inovalon.

7. Aprobación de contrato – Cotivity – Implementación y licencia de software, requisitos de interoperabilidad 57F y APL 26-008

Personal: Alan Torres, Director de Información

RECOMENDACIÓN: El Plan recomienda que la Comisión autorice al director ejecutivo a formalizar un contrato con Cotivity. El plazo del contrato será de 5 años de servicios, con vigencia del 1 de septiembre de 2026 al 31 de agosto de 2031, por un importe que no exceda los $2.5 millones.

8. Continuación de la Aprobación de la Lista de Renovación de Contratos

Personal: Jeff Register, Director Financiero Interino - Contralor
Bob Bushey, Director Ejecutivo de Adquisiciones

RECOMENDACIÓN: Se recomienda que la Comisión apruebe la lista de renovación de contratos.

9. Datos financieros acumulados hasta junio de 2026

Personal: Jeff Register, Director Financiero Interino - Contralor

RECOMENDACIÓN: Aceptar los datos financieros tal y como se presentaron

INFORMES

10. Informe del Director de Diversidad (CDO)

Personal: Ted Bagley, Director de Diversidad

RECOMENDACIÓN: Recibir y archivar el informe

11. Informe del Director Ejecutivo (CEO)

Personal: Felix L. Nunez, M.D., MPH, Director Ejecutivo

RECOMENDACIÓN: Recibir y archivar el informe

12. Informe del Director Médico (CMO)

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

RECOMENDACIÓN: Recibir y archivar el informe

SESIÓN A PUERTA CERRADA

13. CONFERENCIA CON EL ASESOR JURÍDICO – LITIGIOS PREVISTOS
Inicio de litigios de conformidad con el párrafo (4) de la subdivisión (d) de la Sección 54956.9:
Dos casos.

14. EVALUACIÓN DE DESEMPEÑO DE EMPLEADO PÚBLICO
Cargo: Director Ejecutivo

LEVANTAMIENTO DE SESIÓN

La próxima reunión tendrá lugar el 28 de septiembre de 2026, a las 2:00 p.m., en el **NUEVO** edificio de GCHP ubicado en 4880 Santa Rosa Rd. Camarillo, CA 93012, en la Sala Comunitaria

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

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

AGENDA ITEM NO.1

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 24, 2026

SUBJECT: Regular Meeting Minutes of June 29, 2026

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Commission meeting minutes for June 29, 2026

Ventura County Medi-Cal Managed Care Commission (VCMMCC)
Commission Meeting
Regular Meeting

June 29, 2026

CALL TO ORDER

Committee Chair Laura Espinosa called the meeting to order at 2:06 p.m. The meeting was held in the Community Room located at 711 E. Daily Drive, Suite 110, Camarillo, CA 93010

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

OATH OF OFFICE

Demitric Franklin, Chief Deputy Director, Ventura County Health Care Agency, took his oath of office.

ROLL CALL

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Demitric Franklin, Douglas Kleam, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

Absent: Supervisor Vianey Lopez, Commissioners Laura Espinosa, Anna Monroy, and Timothy Myers.

Attending the meeting for GCHP were Felix L. Nunez, M.D., CEO, James Cruz, M.D., CMO, CPPO Erik Cho, Interim CFO Jeff Register, Robert Franco CCO, Eve Gelb, Chief Innovation Officer, CDO Ted Bagley, Paul Aguilar, CHR, COO Suma Simcoe, Scott Campbell, General Counsel, Leeann Habte and Jacqueline Segal both of BBK.

Also in attendance were the following GCHP Staff: Bob Bushey, Lupe Gonzalez, TJ Piwowarski, Holly Krull, Patrick Warfield, Joanna Hioureas, Victoria Warner, Pauline Preciado, Ben Lacy, Kris Schmidt, Brenda Gomez-Garcia, Chris Dulan, Kim Timmerman, Shannon Robledo, David Tovar, Adriana Sandoval, Michelle Espinoza, Nicole Kanter, Kim Marquez-Johnson, Paul VerHaar, Allison Jewell, Veronica Estrada, Corey Stephenson, David Kirkpatrick, Lupe Nunez, Jeff Acomb, Susana Enriquez-Euyoque, Mayra Hernandez, Nathan Norbryhn, Gene Kirkland, Jerry Wang, Zed Haydar, Luis Aguilar, Vicki Wrighster, Carolyn Harris, Lupe Harrion, and Lily Yip.

Guests: John Fankhauser, M.D. – County of Ventura
Erick Stevens - Interface

PUBLIC COMMENT

None.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of May 18, 2026.

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

RECOMMENDATION: Approve the minutes as presented.

Commissioner Denering motioned to approve the meeting minutes of May 18, 2026. Commissioner Kleam seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Douglas Kleam, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Laura Espinosa, Anna Monroy, and Tim Myers.

ABSTAIN: Commissioner Demitric Franklin

Motion carried.

PRESENTATION

2. Maternal Focus

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

RECOMMENDATION: Receive and file the presentation.

James Cruz, M.D., Chief Medical Officer, stated that he wanted to report on expanding and integrating work being done in maternity services. We want to ensure that we deliver high quality, equitable maternity care. DHCS issued an All-Plan Letter (APL) which describer the state's expectations that managed care plans must ensure that maternity care programs and services equitably connect birthing members to high-quality clinical services including behavioral health and includes care for the postpartum members for a twelve-month period after delivery.

As our team reviewed the APL, it required assessment of all the components, it required a heavy lift to fully implement the required processes and activities that would meet the DHCS requirements. CMO Cruz stated there were three key elements that needed to be

addressed for this to work. First, we had to fully modernize GCHP's approach to implementing the regulatory framework. Second, we had to expand our internal expectations on integrating clinical and behavioral health services focused on pregnant and postpartum members. Third, we had to depart from traditional decentralized or partialized approach to implementing department required programs and create fresh model for cross-departmental collaboration.

With provider and member incentives, one would think there would be improvement in maternal care outcomes, but that is not the case. This is the driver behind the state's intense spotlight on maternity care statewide. There is also an expectation for maternal and infant outcomes, especially for specific populations of target. CMO Cruz noted that there were seventy moms that died and over one thousand six hundred infants that died from preventable pregnancy-related conditions. This demonstrates evidence of structural inequities which are completely under our control to eliminate.

GCHP is in a key position to make a difference and drive improvements in maternal and fetal outcomes. The Plan must ensure that maternity services fully wrap around the pregnancy and postpartum period. The team did an assessment of the APL and bucketed the requirements into seven areas. They also assessed the work that was required, and that work has been divided into two phases to ensure that we would be able to accommodate people, process development, infrastructure and have full implementation. The team has completed a great amount of work, but they are not done, there is still more work ahead. We anticipate completing most of this work by the end of 2026. CMO Cruz also highlighted the importance of collaboration with our network partners, working hand in hand.

Commissioner Blaze asked for an example. CMO Cruz noted that the doula program is important. The state requires that every pregnant woman have access to a doula, so we need to make sure that they are aware of the doula benefit. Second, we need to make sure that we are contracted with enough doulas that would support these moms, and third, we need to educate our providers about this benefit to make sure they understand how it works. This will take a contracting effort, a cultural linguistics effort and provider education.

Commissioner Monroy asked about health integration. She asked if the state is expecting a specific target as far as encounters or occurrences during pregnancy and postpartum. We must integrate that obstetricians conduct a variety of screenings, such as pregnancy depression, postpartum depression, personal or domestic violence, substance issues, and make sure they are referred to our behavioral health network. The behavioral health network identifies those women and matches them with the appropriate services based on referrals and encounters of services.

Commissioner Kleam asked what the education requirements for a doula are. CMO Cruz stated it is not a technical degree; it is a certification. There is a process they need to complete. Commissioner Kleam asked how many doulas are in the county. CMO Cruz stated there were approximately 3,000 deliveries, but we did not effectively match those

women or make sure they were aware of the benefit. We had approximately three hundred women that were matched with doulas. We need to contract more, and we are in the process of assessing how many doulas are in the county that are willing and able to contract with us, so we do not have an exact number. We do not have enough doulas in the county, which is why we initiated a program with the County medical Center to train doulas.

Commissioner Perera asked if there are other outcomes that are being followed, such as preterm birth, maternal preeclampsia, control diabetes, etc. they all have an impact on maternal health and maternal behavioral health as well. He also asked if there is any collaboration with centering pregnancy. CMO Cruz stated we will be focusing on types of data and/or metrics in terms of determining maternal or infant outcomes. We will be focusing on those that are followed by the California Department of Public Health.
CMO Cruz stated that centering pregnancy is not an area he is familiar with and would like to understand that better. He noted that we are highly interested and receptive to doing and working with any areas that can improve our outcomes for both moms and infants.

Commissioner Denering motioned to approve Agenda Item 2. Commissioner Kleam seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Demitric Franklin, Douglas Kleam, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Laura Espinosa, Anna Monroy, and Tim Myers.

Motion carried

FORMAL ACTION

3. New Brown Act Requirements and Resolution Adopting Public Participation and Community Outreach and Disruption of Meetings Policies

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Receive and file the presentation and Adopt Resolution 2026-003.

Scott Campbell, General Counsel gave a brief update of SB 707. SB 707 is the first major change in in the Brown Act in 30-40 years. He noted that the Brown Act is the rule by

which we run our public meetings. He reviewed the guidelines of the Brown Act with the commission. SB707 changes a lot of things with the Brown Act. It requires the adoption of policies regarding technological disruptions and community outreach, as well as establishing rules for meeting notices and websites.

Effective July1 all meetings of this commission must be either on telephone with the public's ability to call in during the meeting, and if they want to make a public comment, they could do so. There is also the option of having all meetings on video via Zoom or Teams. If the meeting is done via Zoom/Teams, we must have captions running throughout that meeting. We are going to start slowly, so once moved to the new building we will see how it goes and then upgrade to the appropriate time for full technology. He also stated that the agenda for the commission meetings (beginning July 1) must be translated into Spanish. There is a requirement that you investigate what languages are predominantly spoken in the county, and if over 20% you must have the agenda translated. For Gold Coast it is Spanish. This means just the agenda will be translated, not the entire packet, so that will hopefully result in more community going to the website. The agenda must be posted in both English and Spanish at locations and must be posted outside. Under this new rule any member of the public can come and post the agenda translated into another language and be allowed to post at the same locations as we do. When we post our agendas t is going to have to have a link or a direct link to someone who can look at it in Spanish. The new law also requires that we must reasonably assist members of the public who wish to translate at the meeting. He noted that we have already translated so we are ahead of the game. We must make space for translators to the meeting. You can have headphones available for the public. GCHP has a telephone number that people can call in, and that is sufficient. If a member of the public comes in and wants to make a public comment in their language the time is doubled so that the translator can translate for them.

We must have a policy that will encourage residents, including those from underrepresented communities, to participate in public meetings. The policy that we are asking to adopt is that within six months, we will have identified what those communities are, what media is available to them, and will then establish contacts with those medias for more outreach to get more people to come to meetings.

Mr. Campbell also reviewed telecommunications guidelines for commissioners. He noted that if there is an emergency, the commission can vote to allow the participation of a commissioner without posting at a specific location. You must also identify if there is another adult in the room. This exception can be used twice in one year. He also noted that if there is a technological disruption to the meeting the state law says that you must pause for an hour and try to fix it, if you cannot fix the issue in an hour, the commission will decide whether to continue with the meeting or go into Closed Session during the time while staff tries to fix the problem. If someone tries to take over the meeting the new policy provides that you can immediately cut them off. In November we will present refined policies for adoption.

Mr. Campbell stated that in the past a salary must be announced in public for the CEO, now it will include not only the CEO salary, but also the General Counsel salary, and Chief Diversity Officer salary. He noted that state law requires only changes for Commission meetings. The Commission can determine if they want these new guidelines to include Executive Finance or not.

Commissioner Abbas motioned to approve Agenda Item 3. Commissioner Franklin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Demitric Franklin, Douglas Kleam, Roger Robinson, Mark Sewell, and Scott Underwood, D.O.

NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Laura Espinosa, Anna Monroy, and Tim Myers.

Motion carried

4. 2026 4+8 Reforecast

Staff: Jeff Register, Interim Chief Financial Officer / Controller
Felix L. Nunez, M.D., Chief Executive Officer

RECOMMENDATION: Approve the 2026 4+8 Reforecast

CEO Nunez stated that he wanted to remind the commission that our reforecast is not a redoing of our budget. Our budget is what it is once it is set. We are working with that budget, and the reforecast is a prognostication, a look forward to how we are doing and looking forward at what our projections are for the remainder of the year, and whether or not we will meet our budget, our budget goals and objectives.

CEO Nunez also thanked Jeff Register for taking on the interim Chief Financial Officer role – it has been a challenge. Staff in finance have been lower than anticipated but the current staff has done a great job.

Jeff Register, Interim Chief Financial Officer, stated that we are largely on track with the original budget and we are projecting a $1.4 million decline on a consolidated basis from the original budget. The original budget was a net loss of $8.7 million and now we are looking at a $10.1 million net loss.

We now have two products, we have Medi-Cal, and D-SNP/Medicare is our new line of business. This is the first year we have been projecting a $10.8 million net loss on that

line of business. It has improved about $300,000 to a $10.5 projected net loss for the year, which is a good result for Medicare. Medi-Cal is also close to the original budget. One of the key drivers is the decline in income for Medi-Cal is primarily driven by an additional membership loss. The other key driver of the results that we are seeing is that we have $11 million through April. The reforecast is we have dropped in our first four months of actual results, January through April, and then projecting out May through December and adding together to get our new plan, our new full year look.

Mr. Register stated there is a lag between when the claims come in and services are provided. Every month our actuaries look at our books, they look at our claim payment history. They recalculate all the months for which we still have an outstanding liability every month, which is how we get to the ultimate liability and they do a thirty-seven month look back – thirty-six months plus the current month. The liability has come cone $11 million more than we have paid out on that same liability – it is a positive development on prior year actuarial estimation.

Mr. Register stated that our total expenses are greater than our revenues. Our proposed 2026 4+8 consolidated reforecast the total loss ratio is now 100.8% we are projecting a net loss of 10.1 million on a consolidated basis. Medicare forecast shows a loss of $10.5 million.

Our May through December forecast is based on our actual 2026 run rate. We collaborate with the actuaries, consider changes in membership, the mix, to best that we can forecast. The original budget carves out quality strategy down in net non-operating income section for purposes of the MLR calculation. As membership attrits, revenue will go down and it will take medical expenses a little longer to catch up with the attrition. Commissioner Sewell asked if UIS will be incorporated into the budget later. Mr. Register stated it will be subsequent budgets, and it is a concern. UIS enrollment has been impacted by immigration enforcement. Once signed by the governor, the new budget directly targets the UIS to move out of care. This will cause more confusion in the community and could also accelerate disenrollment. There are still variables to come. We will have to come back and present another forecast to keep everyone updated on progress. We want to protect enrollment because it is the top line of revenue.

Mr. Register noted that our Medicare membership projections are tracked close to the original budget. With the loss ratio on the Medicare line of business, we are expecting an MLR adjustment of over 100%. As we get more experience those numbers should come down but that depends on technical factors with our risk score analysis and how the medical records are coded. The administrative loss ratio is high in Medicare, this is necessary to make this product run and as we grow membership over the years, the PMPM will come down. After a few years we expect this line of business to be more matured and to be self-sustaining. This is right on target with what was originally proposed in January.

Mr. Register reviewed the summary outline. He noted the revenue is projected to be down $5.4 million which is driven by lower-than-expected volume, partially offset by

member mix. Each of the categories of aid receives a different premium rate from the state as does the immigration status. The net medical expense favorability is driven by prior year reserve favorability partially offset by higher rates.

On Administrative we have successfully executed company-wide efforts to control, to lower our controllable administrative expenses. We do have some project asks and that is going to be in addition to what was included in the original budget.

Commissioner Franklin asked that given a one-year type of cash injection coming through what is the plan to sustain that. Mr. Register stated our actuarial results are audited each year by our external auditors. It looks like we are looking favorable because we received a cash influx. Given the decline in enrollment, it is challenging to understand if we do not continue to receive this influx, we might not be able to maintain our level of profitability. The prior year favorability has been carved out and noted for January through April, and it is not considered in our May through December projections.

Once the legislation passes, we are going to know what 2027 is going to look like in terms of the legislation. The variable is going to be how many of our members who would otherwise be eligible drop out due to reluctance. We will have better clarity in October/November – we will have a clear financial picture as to how low the TNE is going to go. Right now, the state has said to keep TNE around five hundred.

Moving on to 2026 Contract Renewals – Bob Bushey, Executive Director of Procurement will present the vendor list. These are contracts that should have been presented in January. We want to ensure that there is full transparency.

Mr. Register stated some of the contract dates go back to 2017, 2012. If the purchasing agreement goes over $300,000 on contract it needs to be presented to the commission for approval. We have the budget which approves the dollars that we are spending in the current year, and then we have the contracts which often run for multiple years. Even if they are just for one year, it might not be a calendar year. To ensure consistency with our vendors we ask for approval of the contract through its expiration term. These dollars are not necessarily on the same schedule as the annual budget. Mr. Bushey will be able to provide additional details on how we structure the contracting process. Any contract above the amount of $300,000 must be presented to the commission for approval except if they are affiliated with a project. In each budget there is a list of projects, and the commission approves a budget for a certain project. Any contracts that are involved in a specific project for the total budgeted amount of the project, if it goes above the amount, you must present to the commission.

General Counsel, Scott Campbell stated we are going forward now on a quarterly basis, going forward with this list with what we are spending so the commission can keep an eye on these lists. These lists will be presented to the commission on a consistent basis.

Commissioner Sewell asked if the commission is notified of RFPs, and do they have any foresight or insight into who is selected or how they are being selected. Mr. Campbell

clarified that if it is a project that the commission is approving, contracts are not required to go to the commission for approval because the project is approved. In August/September you will be asked to approve a project, technically the contract does not have to come to you, but because it is a substantial amount it will be presented to the commission. It is not in the bylaws; it is in the purchasing policy that was approved by the commission in February.

Mr. Bushey reviewed the list and noted that there are contracts listed that expire in 2026 and if renewed the projected cumulative costs of that agreement would exceed $300,000, which is the authorization level required for staff to present to the commission. The focus is on the contract renewal date and the cumulative projected amount of the spend if renewed for twelve months. We go through a strategy around taking it to the marketplace, competing it, or continuing to renew because switching costs and the cost to go to market exceed. He noted that staff will work on this on a proactive basis, and we will add how we awarded the contracts – sole source or competing. He will also add if it was under the competitive threshold, was it a contracted vendor that has stayed on the list for a long time and you want to see, or why is it still on the list, did it start out under $200,000 and now is over the $300,000 mark. He stated he will share actuals on a quarterly basis going forward.

Mr. Bushey stated that by looking at the list, some contracts were left off, and we need to be transparent. This does not affect the budget, because they are already in the budget. He did note that the projects on the last page do affect the budget. They are the cost of doing business for the administrative portion of our operations and we are already committed to doing these. Many of our contracts have renewal pre-negotiated pricing so it makes the renewal easier. There are also multiple vendors for the same thing but those are different Scopes of Work (SOW) or different transactions, or different agreements. With the same vendor.

Commissioner Abbas stated he is looking at projected contracts and at calculating the numbers and almost every company that he has looked at there is an increase from 18 to 20% from this year's contract to the future contract, our revenue is going down, and vendor costs are going up. He asked if staff talk with the vendors and explain the decrease in revenue. Mr. Bushey stated that his team is working proactively and starting to look at the spending associated with these agreements. This includes a 4% COLA just from our forecast. If we are not giving more that 3% raise to people how is it some companies are at 18%, 26%. We could challenge vendors to reduce costs for us. Our revenue is going to go down. Every line item is going up. We need to tighten our belt.

Commissioner Sewell stated the way the data is presented he would appreciate it if the information was rewritten in a way that is clearer before staff start asking for approval of contracts. He asked for the information to be presented in August and that it be formatted so there is no misunderstanding. He also noted a renewal contract with an 18% increase. There needs to be more due diligence in this process. Leeann Habte, BBK, suggested this item be brought back to the commission and include a follow-up that would show the rate of increase year over year that has been pre-negotiated on this contract.

General Counsel, Scott Campbell, stated there is an Executive Finance committee meeting scheduled for August 20th and the meeting will focus on this list and all the data. It will be presented to the commission after thorough review of Executive Finance.

CEO Nunez asked Mr. Bushey if there was a material risk in the delay in approval for the list. There are several contracts that have an expiration date of June 30, 2026. Mr. Bushey stated that we do not have the authorization from the Commission to renew those contracts. They are operational contracts. Mr. Bushey stated he will present in August with clear information.

Commissioner Abbas motioned to approve Agenda Item 4 – Reforecast only. Commissioner Franklin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Demitric Franklin, Douglas Kleam, Roger Robinson, and Mark Sewell

NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Laura Espinosa, Anna Monroy, Tim Myers, and Scott Underwood, D.O.

Motion carried

Commissioner Sewell made a sub-motion to approve the contract renewals from December 31, 2025, through August 11, 2026, with direction to provide the requested information to bring back for detailed discussion at Executive Finance in August, and to the Commission with the backup information on the rest of the contracts. Commissioner Kleam seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Demitric Franklin, Douglas Kleam, Roger Robinson, and Mark Sewell

NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Laura Espinosa, Anna Monroy, Tim Myers, and Scott Underwood, D.O.

Motion carried

Mr. Register stated that we have three projects that we are bringing for approval. One is an extension of an ongoing project that was approved earlier in the year. The

Business Transformation continuity – we are asking for #350,000. The goal is to continue to support some transformation efforts that we expect to bring in-house, but there was a delay in hiring the people that are running that work. To ensure smooth transition, we need to continue with the consultants for a period.

Salesforce build-out $450,000. Salesforce is a customer relationship management software. It collects information on our numbers, our customers/members. Right now, we have multiple systems. We must enter data into one system, read it off in one system and turn around and put it into a different system. This will eliminate those inefficiencies to connect data better within our systems which should result in less administrative overhead and make data from one place to another.

The third project is big. The payment entity is $6.6 million. We are required to have a payment integrity process to ensure that our FW&A obligations are met and make sure that contracts are paid appropriately. We currently do not have a payment integrity solution installed and we are currently working through an RFP process to select a vendor for this work. The work itself would cost approximately $6.6 million by the end of the year.

Suma Simcoe, Chief Operations Officer, stated the business transformation continuity is ongoing work, and we have a closed session where she will provide more details. Salesforce is a great tool, but we never leveraged all the capabilities of that tool. That is what the work that we will have to do for more call monitoring, and all the information is available to an agent when they receive a call. We can quickly answer the calls and the quality. Salesforce will make it more robust and more sustainable and manage our appeals, grievance, provider disputes, provider calls, and member calls.

The payment integrity project is an initial investment, and we plan to go live in October. We can always go back one year and recover the payments as it relates to the modifier, bilateral procedure, etc. The RFP is already out, the response is back and we are evaluating. That contract will be presented to the commission for approval in September.

Commissioner Sewell asked if we could just defer the approval of this funding at the same point that the contract is presented to the commission. Otherwise, you are asking for approval now. He asked if there would be any downside to deferring that action until the RFP was complete and you have the contract.

Mr. Campbell stated we could go forward with the RFP and come back to the commission. The motion would be to approve the award of the contract and amend the budget for that amount.

Commissioner Abbas stated he motions to approve the reforecast plus the three projects. Commissioner Franklin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Demitric Franklin, Douglas Kleam, Roger Robinson, and Mark Sewell

NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Laura Espinosa, Anna Monroy, Tim Myers, and Scott Underwood, D.O.

Motion carried

Commission Chair Laura Espinosa returned to the meeting at 4;20 p.m.

5. May Year-To-Date 2026 Financials

Staff: Jeff Register, Interim Chief Financial Officer - Controller

RECOMMENDATION: Accept the financial information as presented

Jeff Register, Interim Chief Financial Officer stated the May Medi-Cal membership is unfavorable to budget by approximately 2,500 members and has declined by almost 11,000 members since December 2025. Overall year-to-date performance is favorable to budget. Net income is $12.3million compared to a budget of $2.4 million. Prior year adjustments of $12.6million are favorably impacting current year results. He also noted that revenue is $5.1 million favorable to budget, driven by favorable member mix, partially offset by unfavorable volume.

Medical expenses are $1.7 million favorable to budget. The financial statement MLR is 83.9% versus a budget of 85.1%. He noted that quality strategy costs are part of our MLR. Administrative expenses are 4.9% favorable to budget. Our administrative loss ratio is 10.4% compared to a budget of 11.5%, which concerns our efforts to control administrative expenses. Our TNE is currently 551% of the state requirement that is within the target range set by the commission. We are showing $12.3 million of net income year-to-date. We continue to have strong investment in the quality initiatives. Our actual 2026 results for 2026 activity only are a net loss of $0.3million compared to a budget of $2.4 million. We are slightly behind on a run rate basis on our original budget. GCHP continues working on a series of initiatives into operational efficiency and adequate utilization that will yield improved results.

Mr. Register noted that from the finance department we did achieve a 10-business day close for May and the goal is to consistently close in ten business days and have reporting and analysis ready by business day fourteen.

In August/September we will give an update on the investment policy. We need to get this policy refreshed. There is also regulatory reporting on investments, and we need to be prepared to manage them before we start executing transactions.

We also continue with the workday adaptive rollout for budget and reforecast processes. We need to develop and improve our adaptive reporting, and we will build out the reporting structure within it and prepare for the 6+6 reforecast process to be executed on the platform. We also continue to work to improve the workday general ledger set up to improve efficiency and accuracy for the DHCS financial reporting package.

Commissioner Blaze motioned to approve Agenda Item 5. Commissioner Kleam seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Demitric Franklin, Douglas Kleam, Roger Robinson, and Mark Sewell
NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Anna Monroy, Tim Myers, and Scott Underwood, D.O.

Motion carried

REPORTS

6. Chief Executive Officer (CEO) Report

Staff: Felix L. Nunez, M.D., MPH, Chief Executive Officer
RECOMMENDATION: Receive and file the report

Felix L. Nunez, M.D., MPH, Chief Executive Officer, gave a brief update. He wanted to focus on the UIS population. The UIS population is the membership that we have acquired over the last few years. These are people who do not qualify for the federal Medicaid program. The state has extended Medi-Cal coverage for this population. We learned from the May Revise that the governor's intention was to move that population out of managed care and into a fee-for-service model.

CEO Nunez reviewed alternative proposals, the CMS regulatory letter to the state regarding the continuation of a capitated model. The Local Health Plans of California developed a model that we feel met standards.

We developed a coalition and we had buy-in from commercial plans as well. We have had many organizations sign on to this as well, mostly out of the concern of retaining continuity for these individuals not losing that provider relationship that they had. Both the Senate and the Assembly came together with a two-party budget. They put this item on hold pending further discussion. It appears the fee-for-service model has won and that entire population will be carved out of managed care for the entire state. What we were able to gain in terms of compromise was some funding to help with care navigation and care coordination. We are not going to abandon this population, we are committed

to collaborating with them and helping them navigate through the process, and we will give guidance. As we get information on rates and the model, we will present the information to the commission to ensure that you are updated and understand what it will look like.

Commissioner Abbas motioned to approve Agenda Item 6. Commissioner Blaze seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Demitric Franklin, Douglas Kleam, Roger Robinson, and Mark Sewell

NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Anna Monroy, Tim Myers, and Scott Underwood, D.O.

Motion carried

7. Chief Operations Officer (COO) Report

Staff: Suma Simcoe, Chief Operations Officer

RECOMMENDATION: Receive and file the report

This agenda item was presented in Closed Session.

8. Human Resources (HR) Report

Staff: Paul Aguilar, Chief Human Resources & Organizational Performance Officer

RECOMMENDATION: Receive and file the report

Paul Aguilar, Chief Human Resources & Organizational Performance Officer, stated he had two topics he wanted to present. One is resource management. We have implemented a couple of measures around managing resources. One is a hiring pause that we have implemented. As a result, we are running at about 11.6% vacancy rate and we are monitoring. One of the things that we have implemented is focusing on a flexible workforce and producing solutions that we were able to fill some gaps. There is a focus in terms of looking at our resources and making sure that we are trying to manage the workforce appropriately.

The second topic he wanted to highlight is an organization employee culture assessment that was conducted in May. This is the second survey, and it is intended to measure the

success of our culture transformation. The feedback was positive, as we have seen some improvements and got confirmation from our employees.

Commissioner Sewell asked if there were targets or benchmarks that need to be achieved for each item. He also asked if there were goals and if he was looking to drive senior leadership culture and if it was part of a financial incentive for leaders as part of their performance measures. Mr. Aguilar stated there were no particular targets on the survey results, but there are measures year after year. We do see specific areas in almost every category where they have gone up. Employees are eligible to receive up to a 5% incentive. 52% of employees responded to the survey and we pushed for more activity, so that was disappointing. It was well represented as far as the distribution levels and by functions. Mr. Aguilar did note that we are losing people, they are leaving the organization, but we are below the average.

Commissioner Sewell asked about the new office space and Mr. Aguilar gave details on the size of the building and noted the move in date is August 31. The option to work in office or from home will continue. Our goal is to not bring everyone back on site, but to have targeted events that bring better collaboration.

Commissioner Abbas motioned to approve Agenda Item 8. Commissioner Franklin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, Demitric Franklin, Douglas Kleam, Roger Robinson, and Mark Sewell.

NOES: None.

ABSENT: Supervisor Vianey Lopez, Commissioners Anna Monroy, Tim Myers, and Scott Underwood, D.O.

Motion carried

CLOSED SESSION

9. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of Litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: Two cases.

General Counsel, Scott Campbell stated there was no reportable action.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 6:23 p.m.

Approved:

_____
Deborah Munday, MMC
Associate Clerk of the Board

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 24, 2026

SUBJECT: Approval of Credentials / Peer Review Committee Member

Summary:

As directed in the Gold Coast Health Plan Practitioner Credentialing Policy (CR-003), the Ventura County Medi-Cal Managed Care Commission is required to approve changes to the Credentials / Peer Review Committee membership.

Amelia Breckenridge, MD has been nominated to replace Rachel Stern, M.D., as an active member of the Credentials / Peer Review Committee (C/PRC). Dr. Breckenridge is a Family Practice physician at Ventura County Medical Center.

Recommendation:

Approve Amelia Breckenridge, M.D., as an active member of the Credentials / Peer Review Committee.

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 24, 2026

SUBJECT: Member Experience Presentation

PowerPoint with Verbal Presentation

ATTACHMENTS:

Member Experience

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Integrity
Accountability
Collaboration
Trust
Respect

Member Experience Update

Marlen Torres,
Chief Member Experience & External Affairs Officer

Agenda

1. Retention and Enrollment Update

2. Ventura County Healthcare Access Coalition

3. UIS Transition to Fee-For-Service

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Return to Agenda

Retention and Enrollment Update

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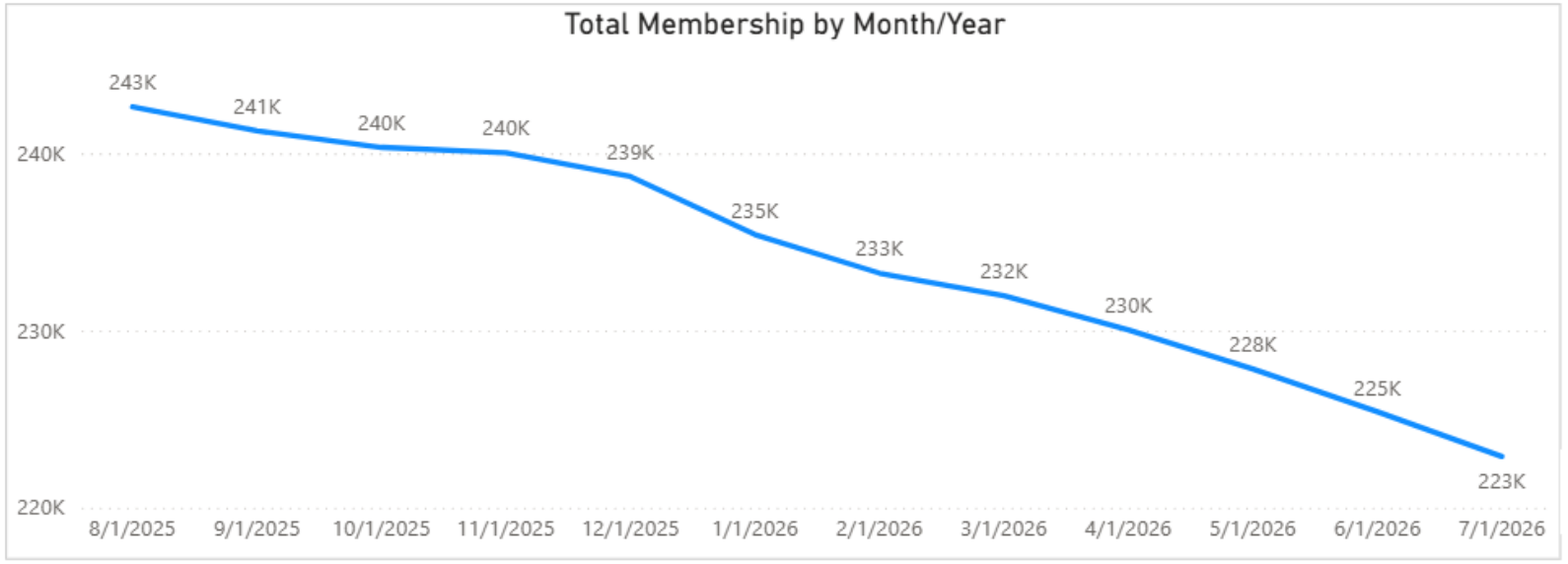
GCHP Membership Update

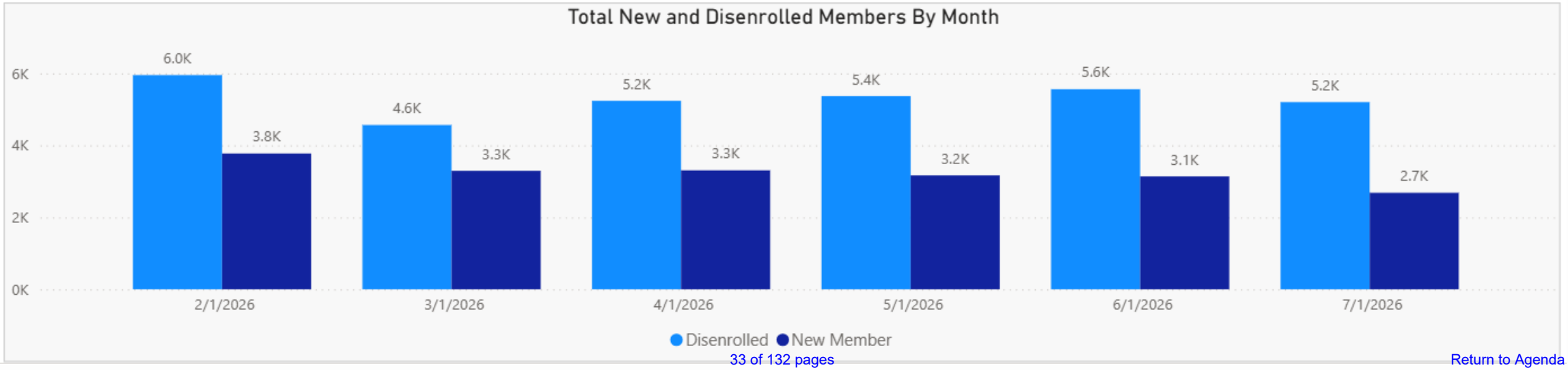


Monthly Total Membership Change

▼ -1.12%

June - 2026 (Distinct Subscriber ID's 225,397)

July - 2026 (Distinct Subscriber ID's 222,879)



Return to Agenda

Membership Redetermination Implementation Timeline

Feb.-May 2026

- Launched awareness campaign about Medi-Cal eligibility changes
- Launched Ventura County Access Coalition
- Launched Community Relations boots on the ground outreach

June-Sept. 2026

- GCHP hired Temp Call Center agents to remind members about completing their renewal and to assist with completing their application.
- Awarded RISE Grants
- Develop communications toolkits
- Launching texting campaign

Oct.-Dec. 2026

- Support members in taking action to complete new requirements
- Collaborate with Ventura County Healthcare Access Coalition to develop and deliver guidance and training at a county wide level

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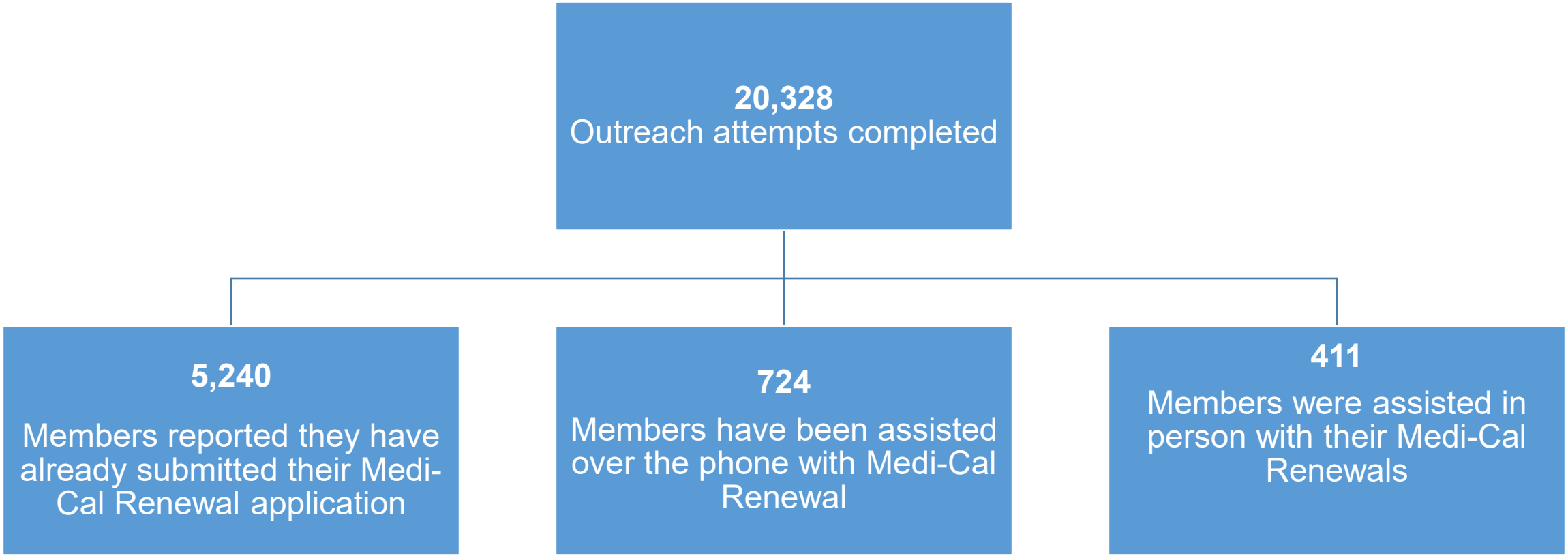
Member Services Outreach Update



Note: Reporting from June 11, 2026 – August 13, 2026

Grantees and Community Relations Outreach Update

11,980	• Members were outreached by Pathways to Wellness Grantees
1,330	• Members outreached by the GCHP Community Relations team
864	• Members were assisted in completing their Medi-Cal renewals

* *Timeframe June 2026 to July 2026.*

Broad Messaging for Awareness

We have launched an awareness campaign throughout Ventura County on:

- Billboards
- Buses – inside
- Bus shelters (Oxnard, Santa Clara Valley, Simi Valley)
- DMV locations
- Digital platforms (websites)
- Newspapers (Vida, El Latino, Santa Paula Times, Fillmore Gazette)
- Radio
- Social Media

Ventura County Healthcare Access Coalition

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Return to Agenda

Ventura County Health Care Coalition

Mission and Vision:

1. Continued advocacy against any further funding and enrollment cuts in the Medicaid Program.

2. Address access concerns / barriers in coverage for most at-risk populations, such as:
   a) Adult Expansion (New Adult Group)
   b) Members state-only Medi-Cal (UIS)
   c) Older adults
   d) Children and families

Ventura County Healthcare Access COALITION

3. Education and outreach on H.R. 1 eligibility changes:
   a) Education and communication campaigns to support members as they navigate the proposed changes in coverage, including meeting work requirements and completing increased eligibility renewals.

4. Innovate to mitigate impacts in access to health care for individuals who lose full scope Medi-Cal.

Who we serve:

1. Medi-Cal beneficiaries and individuals who lose Medi-Cal coverage

Who we are:

1. The Coalition is comprised of more than 30 members including the Ventura County Health Care Agency, Clinicas del Camino Real, Community Memorial Health System, elected officials, community-based organizations, and Kaiser Permanente

Coalition Update

- We have a name for our coalition: *Ventura County Healthcare Access Coalition*
- The workgroups were created, the group chose days/times for the meetings, and the groups are already meeting.
- We have a logo!
- We came together to advocate for the retention of our immigrant members in managed care.

Ventura County Healthcare Access COALITION

UIS Transition to Fee-For-Service

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Return to Agenda

UIS Transition

- On Jan. 1, 2027, Medi-Cal beneficiaries with Unsatisfactory Immigration Status (UIS) will transition from Medi-Cal Managed Care to the Fee-for-Service (FFS) program.
- Applies to approximately 2 million UIS Members throughout the state.
  - Approximately 30,000 current GCHP members.
- DHCS' UIS Transition Policy Guide and operational details will cover key elements needed to effectively transition these members such as:
  - Care Coordination
  - Member Outreach
  - Navigation Services
  - Language Access
  - Provider Coordination

Call to Action: Access for ALL

Gold Coast Health Plan has an obligation to support our members during this transition, particularly those high-risk individuals with complex medical, behavioral, and social needs who could experience significant health consequences if their care is disrupted.

Our commitment to “health equity for all” means ensuring that **every member** – regardless of health status, disability, language, income, or life circumstances – has fair and meaningful access to the care and services they need.

By leveraging our Care Management Team’s expertise, community partnerships, and provider network relationships, we can help reduce barriers to care, promote equitable outcomes, and support members throughout their transition to fee-for-service (FFS) Medi-Cal.

GCHP Care Coordination for UIS Transition

Strategic Objectives

- Maintain continuity of care for high-risk members.
- Minimize disruption of primary, specialty, facility, and supportive service relationships.
- Identify provider continuity issues before transition.
- Assist members with understanding how to access services under FFS.
- Maintain compliance with DHCS requirements.
- Escalate, wherever possible, systemic barriers impacting care access through DHCS designated channels.

DHCS Transition Policy Guide Version 1.0 Major Components

1. **Provider Communications:** DHCS requires MCPs to communicate with all contracted network providers serving UIS members within 30 days of the Policy Guide release.
2. **Continuity of Provider Access:** Although continuity-of-care protections do not apply when members move from Managed Care to FFS, DHCS expects MCPs to minimize disruption and preserve provider relationships whenever possible.
3. **Member Communications:** While DHCS has the responsibility for the primary transition notice, MCPs will still have significant required activities: i.e., encourage members to update address in county offices, reinforce BIC card usage, direct members to Medi-Cal FFS provider resources, maintain consistent messaging with DHCS communications, provide culturally and linguistically appropriate communications.
4. **Data Deliverables:** MCPs must submit authorization data for transitioning members, MCPs must submit a summary of the provider communications and outreach that was done to support the transition, MCPs must submit separate files containing authorization data for all CCS transitioning members.

Critical Path

The highest priority for GCHP is to ensure a smooth transition from Manage Care to Fee-For-Service.

The critical path:

Member Identification → Provider Coordination → Individual Transition Care Plan → Member Outreach → *Post-Transition Monitoring → DHCS Escalation

Complex Care Management (CCM)	Congestive heart failure, COPD, diabetes w/ complications, dialysis, multi-specialist encounters, cancer treatments
California Children's Services (CCS)	Cancer, cystic fibrosis, cerebral palsy, congenital heart disease, severe diabetes, neuromuscular disorders, hemophilia
Enhanced Care Management	Individuals experiencing homelessness, high utilizers of healthcare services, individuals with serious mental illness or substance use disorders, children and youth with complex needs, members transitioning from institutional settings, high-risk pregnant individuals

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Marlen Torres, Chief Member Experience and External Affairs

DATE: August 24, 2026

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
Commissioner Anna Monroy
Commissioner Anwar Abbas and
Commissioner Timothy Myers

Staff is presently preparing for the Strategic Planning Retreat, which will be on October 29, 2026. 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.

NEXT STEPS:

Once reconvened, the Strategic Planning Ad Hoc Committee will begin meeting monthly starting in September 2026. It is anticipated that there will be two meetings of the Committee.

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. 5

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 24, 2026

SUBJECT: Quality Improvement and Health Equity 2026 Second Quarter Report

RECOMMENDATION:

Receive and file the second quarter Quality Improvement and Health Equity Committee report as presented.

ATTACHMENT:

1) Quality Improvement and Health Equity Committee (QIHEC) Meeting 2026 Quarter 2 Summary Report

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Trust
Respect

Quality Improvement and Health Equity Committee 2026 First Quarter Report

August 24, 2026

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

MCAS/HEDIS MY 2025 Achievement Highlights

All measures met the Minimum Performance Level **(MPL)** or above!

17 of 18 Measures **improved** compared to MY 2024

13 Measures **at 75th percentile or above** (72% compared to 61% in MY 2024)

3 measures **increased** in percentile level performance

AMR **increased from the 10th to the 75th** percentile, a 14.4% improvement

4 measures **met** High Performance Level (HPL)

MY 2025 MCAS/HEDIS Measure Performance

"Magnificent Seven" Measures

- **PPC-Postpartum: 90th percentile**
- **GSD: 90th percentile**
- **BCS: 90th percentile**
- CCS: 75th percentile
- LSC: 75th percentile
- PPC-Prenatal: 75th percentile
- W30-2+: 75th percentile

MY 2025 Rate Summary

MCAS Measure/Data Element	MY2023	MY2024	MY2025	MY2024-MY2025 Rate Difference	Rate Trend	Percentile Difference	Additional Members Served
Hybrid							
Glycemic Status Assessment for Patients With Diabetes >9% (GSD) (formerly HBD) - a lower rate is better	28.71%	25.79%	22.87%	-2.92%	↑	=	-41
Controlling High Blood Pressure (CBP)	62.29%	66.67%	68.86%	2.19%	↑	=	624
Prenatal and Postpartum Care							
Timeliness of Prenatal Care (PPC-Pre)	92.21%	90.27%	90.51%	0.24%	↑	=	231
Postpartum Care (PPC-Post)	89.29%	92.70%	94.16%	1.46%	↑	=	235
Administrative/ECDS							
Asthma Medication Ratio (AMR)	46.80%	57.93%	72.32%	14.39%	↑	+3	229
Breast Cancer Screening (BCS)	59.65%	66.50%	67.75%	1.25%	↑	=	-109
Cervical Cancer Screening (CCS)	61.31%	60.65%	62.84%	2.19%	↑	=	249
Child and Adolescent Well-Care Visits (WCV)	49.79%	55.44%	57.86%	2.42%	↑	=	-4
Childhood Immunization Status - Combo 10 (CIS-10)	32.85%	29.30%	32.26%	2.96%	↑	+1	13
Well-Child Visits in the First 30 Months of Life							
First 15 Months - Six or more visits (W30-15)	60.70%	68.35%	68.86%	0.51%	↑	=	152
15 to 30 months - 2 or more visits (W30-30)	72.94%	77.72%	79.81%	2.09%	↑	=	-125
Chlamydia Screening in Women (CHL)	63.59%	64.59%	68.31%	3.72%	↑	=	203
Developmental Screening in the First Three Years of Life (DEV)	47.85%	55.93%	65.77%	9.84%	↑	=	1154
Follow-Up After Emergency Department Visit for Mental Illness- 30 days (FUM)	23.59%	60.98%	57.59%	-3.39%	↓	=	850
Immunizations for Adolescents - Combo 2 (IMA-2)	41.61%	45.06%	51.33%	6.27%	↑	+1	108
Lead Screening in Children (LSC)	69.87%	78.14%	79.41%	1.27%	↑	=	-169
Follow-Up After Emergency Department Visit for Substance Use - 30 days (FUA)	28.32%	45.81%	51.37%	5.56%	↑	=	49
Topical Fluoride for Children (TFL)	28.10%	32.99%	36.82%	3.83%	↑	=	1818

Note: Changes in eligible population year-over-year impact number of additional members served

Percentiles					
Below 10th	10th	25th	50th	75th	90th

Return to Agenda

MY 2025 MCAS/HEDIS Member Impact Highlights

Almost 6,000 more care gaps were closed:

- 1,818 more children received topical fluoride varnish
- 1,154 more children were screened for developmental delays
- 624 more members with high blood pressure had a blood pressure reading under 140/90
- 850 more members had a follow-up visit after a mental health ED visit
- 249 more members received cervical cancer screening
- 235 additional members had a timely postpartum visit
- 231 additional members had a timely prenatal visit
- 229 more members had their asthma medication ratios within guidelines

MY 2025 MCAS/HEDIS Take Aways

- QIPP is effective in continuing to drive quality improvement and strong provider partnerships aligned on common goals
  - Concerted focus on data quality, completeness and accuracy enables an accurate reflection of rates
  - Strategic and targeted focus results in performance improvement (e.g., AMR $10^{th} \longrightarrow 75^{th}$ percentile)
- Member incentive programs continue to motivate members to schedule and keep appointments
- NCQA specification changes impact rate improvement and require additional strategic adjustments to maintain performance (e.g., FUM)
- Continued incremental improvement will be more challenging and will require strategic innovation as headwinds approach (membership changes, reduced resources)

MY 2026 MCAS/HEDIS Measures and Status as of July

- 60% (12 of 20) of MCAS measures meeting internally-established targets (HPL/90th, 75th, MPL/50th percentile)
- 17 of 20 measures performing better than July 2025
  - BCS-E, DEV, and PPC-Post performing lower
- Elite Eight (HPL Target): BCS, CCS, GSD, IMA, LSC, PPC-Pre, PPC-Post, W30-2+
  - 1 measure met: IMA at the 90th
  - LSC and W30-2+ at the 75th
  - CCS at the 66th
  - BCS the 50th
- Better Performance Level (75th Percentile Target): CIS, FUA, CBP, W30-6+
  - 2 measures met: FUA (at 95th) & CIS
- MPL (50th percentile Target): WCV, FUM, TFL, DEV, DSF, PDS, PND, COL
  - 5 measures met: DEV, FUM, DSF, PND, and PDS
  - PND, PDS at the 95th, and DSF, FUM at the 75th

Appendix

MCAS/HEDIS Measure Acronyms

MCAS Managed Care Accountability Set

2026 Quality Measures Achieved by Connecting Members with Care

Gold Coast Health Plan™

Connecting Children Ages 0-21 with Care		
MEASURE		**DESCRIPTION**
WCV	Child and Adolescent Well-Care Visits	At least one well-care visit annually between ages 3-21.
W30-6+	Well-Child Visits in the First 0-15 Months of Life – 6+ Well-Child Visits	Six or more well-child visits.
W30-2+	Well-Child Visits in the First 15-30 Months of Life – 2+ Well-Child Visits	Two or more well-child visits.
CIS-10	Childhood Immunization Status – Combo 10	Completion of 10 specific vaccine series before turning 2.
IMA-2	Immunizations for Adolescents – Combo 2	Completion of the Meningococcal, Tdap, and HPV vaccinations before turning 13.
DEV	Developmental Screening in the First Three Years of Life	Screening for risk of developmental, behavioral, and social delays.
LSC	Lead Screening in Children	Blood lead test before turning 2.
TFL	Topical Fluoride for Children	At least two topical fluoride varnish applications annually between ages 1-20.
Connecting Women with Care		
MEASURE		**DESCRIPTION**
PPC-Pre	Prenatal and Postpartum Care: Timeliness of Prenatal Care	One prenatal care visit in first trimester or within 42 days of enrollment with GCHP.
PND – S	Prenatal Depression Screening	Depression screening for pregnant members before delivery.
PDS – S	Postpartum Depression Screening	Depression screening between 7 and 84 days after delivery.
PPC-Pst	Prenatal and Postpartum Care: Postpartum Care	One postpartum care visit between 7 and 84 days after delivery.
Connecting Members with Cancer Screening		
MEASURE		**DESCRIPTION**
BCS	Breast Cancer Screening	Screening for breast cancer.
CCS	Cervical Cancer Screening	Screening for cervical cancer.
COL	Colorectal Cancer Screening	Colorectal cancer screening.
Connecting Members Ages 6 and up with Behavioral Health Care		
MEASURE		**DESCRIPTION**
FUA	Follow Up After an ED Visit for a Substance Use – 30 Days	Members who receive a follow-up visit within 30 days of an ED visit.
FUM	Follow Up After an ED Visit for Mental Illness – 30 days	Members who receive a follow-up visit within 30 days of an ED visit.
DSF – S	Depression Screening	Depression screening for adolescents and adults.
Connecting Members Ages 5-85 with Care to Manage Chronic Conditions		
MEASURE		**DESCRIPTION**
CBP	Controlling High Blood Pressure	Blood pressure control (<140/90).
GSD	Glycemic Status Assessment for Patients with Diabetes	Blood sugar control, measured by an HbA1c test or continuous glucose monitoring.

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eve Gelb, Chief Innovation Officer
Kim Timmerman, Executive Director Quality Improvement

DATE: August 24, 2026

SUBJECT: Request For Proposal Number GCHP10232025: Notice of Non-Award, Rejection Of All Bids and Renewal of Work with Inovalon

Executive Summary

The Plan is recommending the Ventura County Medi-Cal Managed Care Commission approve 1) the Notice of Non-Award and the Rejection of All Bids associated with Request For Proposal Number GCHP10232025 for the Quality Measures and Risk Adjustment services and 2) the approval to renew the existing statement of work at significantly lower costs for these services with the incumbent vendor, Inovalon. This matter was heard on August 20th by the Executive Finance Committee and their recommendation was forwarded to the Commission.

BACKGROUND/DISCUSSION

Procurement, together with participation from Quality Improvement, IT and Finance, initiated a Request For Proposal (RFP) to procure a technology platform and its associated services to help improve the Plans HEDIS and Risk Adjustment scores for both its Medi-Cal, and Medicare lines of business.

Procurement Background

On October 31, 2025, Procurement issued a Request for Proposal, (RFP) for Quality Measures and Risk Adjustment to the following 7 vendors:

Careseed	Inovalon
CitiusTech	Optum
Cotiviti	SS&C
Cozeva	

GCHP received six responsive proposals. In January 2026, a cross functional team evaluated and scored the proposals, using predetermined evaluation criteria and weights.

The scoring results from the evaluation team using the standard Evaluation Matrix were as follows:

Evaluation Matrix Scores (High to Low):

Rank	Vendor	Score
1	Cotiviti	60.28
2	Cozeva	59.22
3	CitiusTech	58.14
4	SS&C	54.43
5	Inovalon	52.07
6	Optum	45.17

Contract Negotiations

In February the team began discussions with the top scoring vendor, Cotiviti. The contract negotiations became increasingly difficult and were slow and arduous, partially due to complications introduced with the Cotiviti acquisition of Edifecs in March 2025. By May, the team still had a significant number of outstanding contractual issues to resolve. As the runway for concluding the negotiations and working on implementation of a new system continued to compress, the Plan became increasingly concerned about the risk and ability to switch vendors for these services by December 2026. The inability to complete the vendor transition timely would put the Plan at risk for the Measurement Year 2026 HEDIS project and delay the needed progress on risk adjustment activities.

Notice of Non-Award

By late June, contract discussions were still not completed with Cotiviti and the Plan determined that the risk of switching exceeded the value of using a new vendor. As such, on July 14, 2026, the Plan issued an Intent of a Notice of Non-Award and Rejection of All Bids for Request For Proposal Number GCHP10232025 to all responsive Proposers. Concurrently, the Plan began contract renewal discussions with the incumbent, Inovalon. The time for any protest of the Non-Award and Rejection of All Bids has passed and no protest was received.

Inovalon Statements of Work Renewal Discussion

Inovalon was responsive and agreed to reduce their current pricing by thirty-four percent, 34%, in exchange for a three-year renewal term.

FISCAL IMPACT:

The historical annual cost and market pricing for these services is approximately $2.8M. The new unit pricing is fixed with annual costs projected to be $1.8M. This represents annual savings of approximately $1M, and $3.2M over the term of the three-year renewal period.

Year	Prior Run Rate	New Run Rate	Savings YOY
2027	$2,856,524	$1,871,203	$(985,322)
2028	$2,913,655	$1,871,203	$(1,042,452)
2029	$2,971,928	$1,871,203	$(1,100,725)
Total	**$8,742,107**	**$5,613,608**	**$(3,128,499)**

RECOMMENDATION:

It is the Plan's recommendation that the Ventura County Medi-Cal Managed Care Commission approve the Notice of Non-Award and reject all bids for Request For Proposal Number GCHP10232025 and approve a three-year contract amendment to renew four, (4) Statement of Works, (SOWs #4, 5, 6 & 7), for these services commencing January 1, 2027, and ending on December 31, 2029, at a reduced amount, for an amount not-to-exceed $5.7M, with Inovalon.

If the Ventura County Medi-Cal Managed Care Commission desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Alan Torres, Chief Information Officer

DATE August 24, 2026

SUBJECT: Contract Approval – Cotiviti – Implementation and Software License, Interoperability 57F & APL 26-008 Prior Authorization Rule Requirements

BACKGROUND/DISCUSSION:

Executive Summary

GCHP staff is recommending the Ventura County Medi-Cal Managed Care Commission to approve the execution of additional contract authorizations with Cotiviti Inc. (previously Edifecs Inc.) for Software and implementation services to address DHCS & CMS compliance requirements for interoperability Prior Authorization Rule. Note: Cotiviti acquired Edifecs in March of 2025.

The term of the contract will be 5 years of services commencing September 1, 2026, and expiring on August 31, 2031, for an amount not to exceed $2.6M.

Background:

In June 2020 (See attachment below for Commission materials from June 22, 2020), the Commission approved contracts with Edifecs, for the interoperability base product in support of the new Interoperability requirements. The first set of foundational software licenses:

a.) Edifecs hosting services
b.) Edifecs hosting of database engine – Fast Healthcare Interoperability Resources (FHIR)

In 2020, GHCP made significant investments to develop and implement the data feeds into the Edifecs base product (database engine – FHIR data repository).

In 2026, CMS and DHCS aligned their interoperability approach, requiring all plans to implement the technical provisions of CMS-0057-F and CMS-4208-F2. These provisions introduce four new APIs and require updates to the Patient Access API to include prior authorization information by January 1, 2027.

We are adding a new license to the Cotiviti base product. Instead of going to the market for a product to support just the prior authorization rule requirements, GCHP will leverage existing

investments and use existing technical data integration approaches, while saving significant time and money by avoiding moving towards a new vendor not just for this requirement but for all existing interoperability services and capabilities.

What is Interoperability and why do we need to support it?

According to the Centers for Medicare & Medicaid Services (CMS) and California's Department of Health Care Services (DHCS), interoperability is the secure, seamless, and standardized exchange of electronic health data across the healthcare ecosystem. Rather than keeping vital medical details isolated within separate health IT silos, it leverages open standards, such as Fast Healthcare Interoperability Resources (FHIR) Application Programming Interfaces (APIs), to ensure that information can be easily accessed, integrated, and interpreted. These comprehensive guidelines focus on connecting disparate networks, electronic health records (EHRs), and systems maintained by patients, providers, and payers. By establishing standardized schemas, federal and state regulators mandate that a patient's clinical records, provider directories, and claims history flow seamlessly to where they are needed most.
Supporting interoperability is essential to reduce administrative burdens, eliminate system redundancies, and empower individuals to manage their own healthcare.

Current Status and the Need for Additional Technology Services:

To comply with DHCS (Department of Health Care Services) and CMS (Centers for Medicare & Medicaid Services) interoperability goals (including CMS-9115-F and CMS-0057-F), impacted payers and state programs must implement a core set of standards-based Fast Healthcare Interoperability Resources (FHIR) application programming interfaces (APIs) and supporting data architectures.
Core APIs to Implement

- Patient Access API: A secure, mobile-compatible FHIR R4 endpoint allowing members to retrieve their adjudicated claims, encounter data, and clinical records via third-party apps.
- Provider Directory API: A public-facing digital endpoint exposing accurate provider network information, specialties, and contact details in standard FHIR formats.
- Provider Access API: A bulk data exchange solution allowing attributed providers to query clinical and claims data for care coordination.
- Payer-to-Payer API: A mechanism to transfer a member's historical clinical and claims data when transitioning between different health plans.
- Prior Authorization API: An automated electronic prior authorization (ePA) workflow system to streamline the submission and decision-making process for medical items and services.

FISCAL IMPACT:

The incremental cost to add and implement this additional software over the projected useful life of the 4-6-month implementation period and 5-year license term (9/1/2026 - 8/31/2031) is projected to not exceed $2.6M.

There is no expense impact to the 2026 budget. There will be an annual amortization cost of approximately $570,000 per year starting in 2027 and ending in 2031.

RECOMMENDATION:

The Plan's is recommending the Ventura County Medi-Cal Managed Care Commission authorize the CFO or the Director of Procurement to execute a contract with Cotiviti Inc., to include the added work associated with the licensing and implementation of Cotiviti's 57-F Interoperability software. The term of the contract will be 4-6 months of implementation and 5 years of production commencing September 1, 2026, and expiring on August 31, 2031, for an amount not to exceed $2.6M.

If the Ventura County Medi-Cal Managed Care Commission desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

Attachment (June 22, 2020 Staff Report):

Gold Coast Health Plan SM A Public Entity

www.goldcoasthealthplan.org

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eileen Moscaritolo, HMA Consultant
Helen Miller, Senior Director Information Technology

DATE: June 22, 2020

S
UBJECT: Procurement of CMS Interoperability & Patient Access Final Rule Software Solution and Approval of Program Staffing Plan

SUMMARY:

Gold Coast Health Plan (GCHP) staff seek approval to:

1. Enter into a five-year contract with Edifecs, Inc. to purchase their interoperability solution at a not-to-exceed cost of $1,723,575 inclusive of a 4.22% contingency of $69,828.
2. Add 6.0 full time equivalent (FTE) positions to permanently staff a new GCHP interoperability and data intelligence product team that supports an ongoing program of work for interoperability, data and analytics, and health information exchange.

BACKGROUND/DISCUSSION:

The Centers for Medicare & Medicaid Services (CMS) Interoperability and Patient Access final mandated Rule (Rule) for payers, is effective on January 1, 2021, with enforcement deferred to July 1, 2021. The Rule's overarching goal is to enable patient access to personal health information along with the choice as to when, who, and how that information is shared and utilized.

The Rule transforms healthcare by allowing patients to make informed decisions about their healthcare. Patients will have easy access to:

- clinical and claims data, including treatment history and prescriptions
- up-to-date provider listing and pharmacy formulary for their health plan's network
- share data between their providers including hospital notifications
- bring their data with them when switching plans or providers
- know their benefits are coordinated if a dually eligible individual
- gain insight on which providers share data versus which providers block data to help guide care decisions

As a Medi-Cal payer, GCHP will have increased ability to provide more efficient and coordinated care by sharing health information with patients for better engagement, exchanging data with other payers to get patients the best outcomes, offering a shareable provider directory to help patients find the doctors they need, and maintaining historical claims and encounter data to help patients understand their healthcare and expenses.

The Rule mandates technical standards that payers and health information technology vendors must use as a common interoperability framework for information exchange. This common framework not only enables data exchange but also encourages marketplace competition for third-party healthcare applications (e.g., mobile phone apps) which patients may elect to use to keep their health data readily available.

The Rule requires GCHP to implement and support new technology and operations that make the members' claims & encounters including financial information, and a subset of defined clinical data available to third parties authorized by the member. In addition, GCHP must also make the provider directory and the drug formulary available to third parties. CMS estimates that a Plan's cost to comply ranges from $788k to $2.5M and specified that states must include these costs in the development of Medi-Cal capitation rates. Although the enforcement date was extended to July 1, 2021, this remains an aggressive timeframe. The payer-to-payer data exchange requirement, effective January 1, 2022, will require a concurrent implementation to begin once CMS defines the trusted data exchange security requirements.

GCHP is seeking to implement the most cost-effective timely compliant solution that can be supported in the current GCHP information technology architecture. GCHP currently uses a software product called Edifecs, Inc (Edifecs) to host and manage core operating rules electronic transactions for compliance with the Department of Health and Human Services ACA Section 1104 mandate. Edifecs has offered preferred interoperability shared solution pricing to 14 local not-for-profit health plans represented by Local Health Plans of California (LHPC), a statewide trade association. Software pricing is tiered based upon the combined total membership of all plans electing to participate in the founding group purchase. For example, GCHP's portion of the software licensing costs with 11 participating plans represents 5.8% of the combined total shared instance software licensing costs based upon a GCHP membership of 193,000. Staff are recommending to

sole source the purchase and use of Edifecs to minimize software and staffing costs as well as begin the project quickly leveraging the collective benefits of a solution shared by fellow CA Sister Plans.

The Edifecs proposed solution consists of the following software and services:

- Fast Healthcare Interoperability Resources (FHIR) shared instance software
- Initial base solution set-up
- Operations support for FHIR data conversions, data exchanges, and regulatory changes
- FHIR data rendering web portal for internal GCHP interoperability product team
- XE Connect software (on premise) for members to validate their GCHP eligibility prior to sharing their data
- GCHP data mappings (13) to FHIR standards
- Security and privacy certification for third-party vendor applications (apps')
- Implementation Fees
- CA Sister Plans cloud artifact repository with reusable best practice configurations and reference models

Rule implementation and ongoing administrative support requires dedicated GCHP information technology professionals, with very specific skill sets, working closely with the software vendor, Edifecs, and additional existing vendor partners and providers. These skill sets are new to GCHP and the staff is recommending a dedicated interoperability and data intelligence product team to support both the implementation and post implementation day-to-day operational activities of interoperability. In addition, the team will also support the concurrent establishment and ongoing administration of a data and analytics program including an enterprise data warehouse (EDW). The EDW will provide the foundational data and business information architecture required for interoperability and for Ventura County's new health information exchange (HIE) partner, Manifest Medex. The team would be comprised of the following new six full-time-equivalent positions:

- Program / Product Manager
- Data Integration Architect / Engineer
- Senior ETL/Integration/Business Intelligence Developer
- Senior Business Systems Analyst (2 positions)
- Senior Data Analyst

FISCAL IMPACT:

The total five-year estimated cost for the Edifecs managed services and FHIR solution is $1,653,746 for an average annual cost of $330,750. Adding a 4.22% contingency of $69,828 results in a cumulative estimated not to exceed total of $1,723,574.

Estimated Costs	Year 1	Years 2 to 5*	Total
EDIFECS			
Edifecs Software	$136,250	$616,618	$752,868
Managed services & operations support	$80,640	$364,947	$445,587
Security & Privacy Certification of Third-Party Applications	$10,000		$10,000
Data mapping (12 high complexity)	$259,200	$0	$259,200
Implementation Fees	$186,091	$0	$186,091
Total -Edifecs	$672,181	$981,565	$1,653,746
Contingency (~4.22%)	$69,828		$69,828
Total -Edifecs + Contingency Not to Exceed			**$1,723,574**
OTHER PROGRAM COSTS			
Estimated Costs	**Year 1**	**Years 2 to 5***	**Total**
On-premise hardware	$58,000		$58,000
Existing vendor (3) update or integrations	$120,000		$120,000
Printing member educational material	$5,000		$5,000
Legal fees	$32,000		$32,000
Yr 1 contingency, non Edifecs (~15.4%)	$33,109		$33,109
Total -Other Costs	$248,109		$248,109
Cumulative Total with contingencies in Year 1, excludes staffing	**$990,118**	**$981,565**	**$1,971,683**

*includes 5% maximum annual increase

RECOMMENDATION:

1. Award and authorize the CEO to execute an agreement with Edifecs, Inc. for an Interoperability FHIR data repository hosted and managed services solution, in an amount not to exceed $1,723,574 over a five-year term. Total includes a ~4.22% contingency of
$69,828.

2. Increase by 6.0 the full-time equivalent positions in the Information Technology and the Decision Support Services departments to support Rule implementation and ongoing interoperability, HIE, and data & analytics program technology services.

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Jeff Register, Interim Chief Financial Officer-Controller
DATE: August 24, 2026
SUBJECT: Continuation of Approval of Contract Renewal List

SUMMARY:
Staff is presenting the attached 2026 Contract Renewal List.

ATTACHMENT:
2026 Contract Renewal List

Gold Coast Health Plan℠
A Public Entity

Contract Renewal List

Ventura County Medi-Cal Managed Care Commission
August 24, 2026

Jeff Register, Interim Chief Financial Officer-Controller
Bob Bushey, Executive Director of Procurement

Integrity
Accountability
Collaboration
Trust
Respect

Executive Summary

- GCHP Signature Policy states that the Commission must approve all contracts with a lifetime spend of $300K or greater
- Updated format to provide greater clarity
- This list is only for contracts expiring during 2026 that have not been previously approved
- We are asking for approval of the “Renewal Period” amounts
  - “Current Period” and “Relationship” contract information is provided for context and continuity over the life of GCHP’s relationship with each vendor
  - As not all of the renewals have been executed yet, the amounts noted are maximum amounts authorized, not the budgeted amounts for these contracts

2026 Contract Renewals

			Current Contract				Renewal Period				Relationship		
Vendor	Award Meth	Brief Descrip.	Start Date	End Date	Amount		Start Date	End Date	Amount	% Change	Original Contract Start Date	Years	Cumulative Amount
Simpledatalabs inc dba Prophecy Inc.	Under bidding threshold	IT software	10/01/25	09/30/26	200,000		10/01/26	09/30/27	208,000	4%	10/01/23	4	958,000
Baker Tilly Advisory Group LP	Sole Source	Financial Auditing Services	10/01/25	09/30/26	189,000		10/09/26	10/08/27	197,000	4%	10/01/15	12	1,351,780
Edelstein Gilbert Robson & Smith LLC	Under bidding threshold	Lobbyist services	10/09/25	10/08/26	60,600		10/09/26	10/08/27	63,024	4%	10/09/12	15	346,921
Milliman	Sole Source	Actuarial services	01/01/26	12/31/26	525,000		11/01/26	12/31/27	549,120	5%	10/31/25	2	1,074,120
Affiliated Monitors Inc. [AMI]	Competition	Corporate integrity agreement services	11/02/25	11/01/26	89,167		11/02/26	11/01/27	92,733	4%	11/01/22	5	456,852
TopBlock LLC	Under bidding threshold	Workday support services	12/12/25	12/11/26	228,000		12/12/26	12/11/27	237,120	4%	01/12/26	2	453,087
Perfect Gift, LLC	Competition	Gift cards	12/13/25	12/12/26	1,234,850		12/13/26	12/12/27	1,284,244	4%	12/13/21	6	7,054,136
Infomedia Group dba Carenet Healthcare Services	Competition	Outreach services	12/31/25	12/30/26	378,894		12/31/26	12/30/27	394,050	4%	01/01/24	4	1,361,042
James Vincent Pezzullo II dba The JVP Group	Under bidding threshold	Website services	12/31/25	12/30/26	98,864		12/31/26	12/30/27	102,818	4%	12/04/14	13	496,501
Inovalon, Inc.	Competition	D-SNP risk assessment services	01/01/26	12/31/26	171,000		01/01/27	12/31/27	177,840	4%	10/01/25	2	359,486
Stacy Miller Public Affairs Inc.	Competition	Public relations services	01/01/26	12/31/26	408,301		01/01/27	12/31/27	424,633	4%	08/01/24	3	1,307,077
Inovalon, Inc.	Competition	Data lake used for quality risk assessment scores	01/01/26	12/31/26	1,370,479		01/01/27	12/31/27	1,425,298	4%	08/01/22	5	6,663,647
Pacific Interpreters Language Line Services	Competition	Interpreting services	01/01/26	12/31/26	237,705		01/01/27	12/31/27	247,214	4%	08/01/20	7	1,070,774
Inovalon, Inc.	Competition	Quality and risk assessment reporting (indices)	01/01/26	12/31/26	313,242		01/01/27	12/31/27	325,771	4%	07/01/19	9	2,205,455
Inovalon, Inc.	Competition	Quality and risk assessment software platform	01/01/26	12/31/26	891,433		01/01/27	12/31/27	927,090	4%	07/01/19	9	4,724,254

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Jeff Register, Interim Chief Financial Officer-Controller
DATE: August 24, 2026
SUBJECT: June 2026 Year to Date Financial Results

SUMMARY:

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

ATTACHMENT:

June 2026 Financial Package

APPENDIX:

- Income Statement YTD
- 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 June 2026				Fiscal Year to Date Through June 2026			
	Jun 2026 ACTUALS	Jun 2026 BUDGET	Fav /(Unfav)	%	Jun 2026 ACTUALS	Jun 2026 BUDGET	Fav /(Unfav)	%
Membership	225,369	229,064	(3,695)	-1.6%	1,379,318	1,388,695	(9,377)	-0.7%
Revenue								
Premium	$ 137,543,671	$ 138,245,271	$ (701,601)	-0.5%	$ 842,746,562	$ 837,755,292	$ 4,991,270	0.6%
Facility Expense AB85			-			-	-	
Reserve for Cap Requirements	(238,248)	(242,833)	4,586	1.9%	(2,707,073)	(1,476,856)	(1,230,218)	-83.3%
Incentive Revenue	-	-	-		-	-	-	
MCO Premium Tax	(33,799,752)	(34,141,014)	341,263	1.0%	(206,224,287)	(207,182,110)	957,824	0.5%
Total Net Premium	**103,505,671**	**103,861,424**	**(355,752)**	**-0.3%**	**633,815,202**	**629,096,326**	**4,718,876**	**0.8%**
						-		
Other Revenue:								
Miscellaneous Income	126	-	126		838	-	838	
Total Other Revenue	126	-	126		838	-	838	
Total Revenue	**103,505,797**	**103,861,424**	**(355,626)**	**-0.3%**	**633,816,040**	**629,096,326**	**4,719,714**	**0.8%**
Medical Benefits:								
Capitation:								
PCP, Specialty, Kaiser, NEMT & Vision	3,541,836	4,420,253	878,417	19.9%	21,966,907	26,948,272	4,981,365	18.5%
ECM	2,136,434	1,051,125	(1,085,309)	-103.3%	11,220,234	6,381,704	(4,838,530)	-75.8%
Total Capitation	**5,678,270**	**5,471,377**	**(206,892)**	**-3.8%**	**33,187,141**	33,329,977	**142,836**	**0.4%**
FFS Claims:								
Inpatient	17,347,218	19,780,843	2,433,625	12.3%	119,353,511	119,545,167	191,656	0.2%
LTC / SNF	20,139,321	16,738,023	(3,401,297)	-20.3%	93,476,408	100,660,145	7,183,736	7.1%
Outpatient	8,133,400	9,704,638	1,571,238	16.2%	53,906,564	58,225,538	4,318,974	7.4%
Laboratory and Radiology	1,421,029	843,219	(577,810)	-68.5%	8,659,871	5,153,613	(3,506,257)	-68.0%
Directed Payments - Provider	967,818	807,177	(160,641)	-19.9%	4,892,471	4,871,108	(21,363)	-0.4%
Emergency Room	3,947,342	4,395,322	447,980	10.2%	27,193,863	26,268,296	(925,568)	-3.5%
Physician Specialty	9,138,470	7,235,979	(1,902,492)	-26.3%	59,482,736	43,765,182	(15,717,553)	-35.9%
Primary Care Physician	6,750,507	7,398,252	647,745	8.8%	34,687,647	44,420,629	9,732,982	21.9%
Home & Community Based Services	2,853,028	4,640,733	1,787,706	38.5%	17,915,001	27,549,782	9,634,781	35.0%
Medically Supportive Food	944,378	-	(944,378)		10,917,572	-	(10,917,572)	
Applied Behavior Analysis Services	5,248,340	5,562,461	314,121	5.6%	34,985,413	32,731,237	(2,254,176)	-6.9%
Pharmacy	375,915	221,028	(154,886)	-70.1%	1,481,617	928,928	(552,688)	-59.5%
Quality Incentive Provider Program (QIPP)	2,758,053	3,242,765	*484,712*	*14.9%*	20,256,501	19,445,740	(810,761)	*-4.2%*
Other Medical Professional	1,001,561	1,826,720	825,159	45.2%	4,781,327	11,013,642	6,232,315	56.6%
Other Fee For Service	2,027,799	1,998,237	(29,562)	-1.5%	11,356,127	12,016,174	660,047	5.5%
Settlements - Medical	-	-	-		1,112,041	-	(1,112,041)	
Transportation	799,754	492,460	(307,293)	-62%	2,993,615	2,963,156	(30,459)	-1%
Total Claims	**83,853,933**	**84,887,858**	**1,033,925**	**1.2%**	**507,452,285**	**509,558,338**	**2,106,052**	**0.4%**
Provider Grant Program	865,108	930,506	65,398	7%	5,345,628	5,505,749	160,120	3%
Medical & Care Management	2,503,553	1,926,865	(576,688)	-30%	15,401,052	11,687,250	(3,713,803)	-32%
Reinsurance	335,382	301,908	(33,474)	-11%	(419,896)	1,838,285	2,258,180	123%
Claims Recoveries	(87,759)	(158,333)	(70,574)	45%	(730,119)	(950,000)	(219,881)	23%
Sub-total	**3,616,283**	**3,000,945**	**(615,338)**	**-21%**	**19,596,667**	**18,081,283**	**(1,515,384)**	**-8%**
Total Medical Benefits	93,148,486	93,360,181	211,695	0.2%	560,236,093	560,969,597	733,504	0.1%
Contribution Margin	**10,357,311**	**10,501,243**	**(143,932)**	**-1.4%**	**73,579,947**	**68,126,729**	**5,453,218**	**8.0%**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	5,857,102	7,060,493	1,203,391	17%	39,811,452	42,362,961	2,551,509	6%
Training, Conference & Travel	14,292	52,500	38,208	73%	342,597	315,000	(27,597)	-9%
Outside Services	2,131,183	2,470,733	339,550	14%	13,842,959	14,824,398	981,439	7%
Professional Services	1,239,196	1,406,687	167,491	12%	5,657,022	8,440,125	2,783,102	33%
Occupancy, Supplies, Insurance & Others	3,834,876	2,754,097	(1,080,779)	-39%	19,070,171	16,524,583	(2,545,588)	-15%
ARCH/Community Grants	22,428	183,975	161,547	88%	207,128	1,103,848	896,720	81%
Sponsorships	4,000	61,325	57,325	93%	40,000	367,949	327,949	89%
Care Management Reclass to Medical	(2,503,553)	(1,926,865)	576,688	30%	(15,401,052)	(11,687,250)	3,713,803	32%
G&A Expenses	**10,599,525**	**12,062,946**	**1,463,421**	12%	**63,570,276**	**72,251,614**	**8,681,337**	**12%**
D-SNP	539,774	-	(539,774)		2,876,921	-	(2,876,921)	
Project Portfolio	**539,774**	**-**	**(539,774)**		**2,876,921**	**-**	**(2,876,921)**	
Total G&A Expenses	**11,139,300**	**12,062,946**	**923,646**	**8%**	**66,447,197**	**72,251,614**	5,804,417	8%
Total Operating Gain / (Loss)	**(781,989)**	**(1,561,703)**	**779,715**	50%	**7,132,750**	**(4,124,884)**	**11,257,635**	**272.9%**
Retro Premium Adj	-	-	-		-	-	-	
Non Operating								
Revenues - Interest	1,066,483	1,000,000	66,483	6.6%	5,466,278	6,000,000	(533,722)	-9%
Expenses - Interest	-	-	-		-	-	-	
Gain/(Loss) on Sale of Asset	-	-			-			
Total Non-Operating	**1,066,483**	**1,000,000**	66,483	6.6%	**5,466,278**	**6,000,000**	(533,722)	-9%
Total Increase / (Decrease) in Unrestricted Net Assets	**$ 284,495**	**$ (561,703)**	**$ 846,198**	**151%**	**$ 12,599,028**	**$ 1,875,116**	**$ 10,723,913**	**572%**

STATEMENT OF FINANCIAL POSITION		
	As of Month Ending, June 2026	As of Month Ending, December 2025
ASSETS		
Current Assets:		
Total Cash and Cash Equivalents	**$ 259,965,922**	**$ 294,296,392**
Total Short-Term Investments	**108,726,408**	**106,685,365**
Medi-Cal Receivable	162,742,912	156,518,148
Interest Receivable	711,506	808,060
Provider Receivable	41,959,927	13,571,218
Other Receivables	12,613,807	8,823,232
Total Accounts Receivable	**218,028,152**	**179,720,658**
Total Prepaid Accounts	14,572,897	8,959,028
Total Other Current Assets	430,157	320,402
Total Current Assets	**601,723,536**	**589,981,845**
Total Fixed Assets	**71,027,368**	**66,277,453**
Total Assets	**$ 672,750,904**	**$ 656,259,298**
LIABILITIES & NET ASSETS		
Current Liabilities:		
Incurred But Not Reported	$ 138,754,719	$ 131,690,924
Claims Payable	3,765,832	7,252,812
Capitation Payable	5,027,798	8,073,833
Physician Payable	14,947,816	11,519,669
DHCS - Reserve for Capitation Recoup	47,101,890	53,643,320
Lease Payable- ROU	6,317,432	7,376,788
Accounts Payable	5,618,259	(50)
Accrued ACS	364,871	407,101
Accrued Provider Incentives/Reserve	14,577,831	18,558,113
Accrued Expenses	16,825,654	25,109,373
Accrued Premium Tax	107,866,674	106,146,397
Accrued Payroll Expense	19,615,340	10,929,318
Quality Withhold	4,195,121	5,482,802
Total Current Liabilities	**385,688,611**	**386,618,131**
Long-Term Liabilities:		
Lease Payable - NonCurrent - ROU	28,052,855	23,230,757
Total Long-Term Liabilities	**28,052,855**	**23,230,757**
Total Liabilities	**413,741,466**	**409,848,888**
Net Assets:		
Beginning Net Assets	246,410,410	233,811,382
Total Increase / (Decrease in Unrestricted Net Assets)	12,599,028	12,599,028
Total Net Assets	**259,009,438**	**246,410,410**
Total Liabilities & Net Assets	**$ 672,750,904**	**$ 656,259,298**

STATEMENT OF CASH FLOWS		
	For the Month Ended June 2026	Fiscal Year to Date Through June 2026
Cash Flows Provided By Operating Activities		
Net Income (Loss)	$ 284,495	$ 12,599,028
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	1,340,845	267,343
Disposal of fixed assets	-	-
Amortization of discounts and premium	-	-
Changes in Operating Assets and Liabilities		
Accounts Receivable	(27,512,336)	(38,307,495)
Prepaid Expenses	(4,380,902)	(5,713,868)
Accrued Expense and Accounts Payable	(12,773,732)	(9,029,354)
Current Portion of Deferred Revenue	-	-
Claims Payable	(4,087,824)	(3,104,867)
MCO Tax liability	33,799,752	1,720,277
IBNR	(924,989)	7,063,794
Net Cash Provided by (Used in) Operating Activities	**(14,254,691)**	**(34,505,142)**
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	(300,143)	(2,041,043)
Proceeds for Sales of Property, Plant and Equipment		
Payments for Restricted Cash and Other Assets		
Purchase of Investments plus Interest reinvested		
Purchase of Property and Equipment	(8,721,428)	(5,027,013)
Net Cash (Used In) Provided by Investing Activities	**(9,021,571)**	**(7,068,056)**
Cash Flow Provided By Financing Activities		
Lease Payable - ROU	9,699,570	7,242,683
Net Cash Used In Financing Activities	**9,699,570**	**7,242,683**
Increase/(Decrease) in Cash and Cash Equivalents	(13,576,692)	(34,330,515)
Cash and Cash Equivalents, Beginning of Period	273,542,614	294,296,437
Cash and Cash Equivalents, End of Period	**259,965,922**	**$ 259,965,922**

SCHEDULE OF INVESTMENTS AND CASH BALANCES

		Market Value as of Month Ending, June 2026	Account Type
Local Agency Investment Fund (LAIF)	$	47,259,092	Short-term investment
Ventura County Investment Pool	$	20,558,506	Short-term investment
CalTrust	$	40,908,810	Short-term investment
Bank of Montreal	$	222,590,668	Money market account
Columbia Bank	$	37,375,254	Operating accounts
Investments and monies held by GCHP	***$***	***368,692,330***	

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June 2026 YTD Results

Ventura County Medi-Cal Managed Care Commission
August 24, 2026

Dr. Felix Nunez, Chief Executive Officer
Jeff Register, Interim Chief Financial Officer-Controller

Integrity
Accountability
Collaboration
Trust
Respect

Executive Summary

- June Medicaid membership is unfavorable to budget by approximately 3,700 members, or 1.6%, and has declined 13,100 since December 31, 2025

- Overall YTD performance is $10.7M favorable to budget
  - Net Income is $12.6M, compared to a budget of $1.9M
    - Prior year adjustments of $17.6M are favorably impacting current year results

- Revenue is $4.7M favorable to budget, driven by favorable member mix, partially offset by unfavorable volume

- Medical Expenses are $0.7M Favorable to budget
  - The Financial Statement MLR is 84.4% versus a budget of 85.2%
    - Quality Strategy costs are carved out in this presentation for tracking purposes, but they do qualify as MLR related costs
      - The MLR including Quality Strategy is 88.4% versus a budget of 89.2%

- Administrative Expenses are $5.9M Favorable to budget
  - The ALR is 10.5%, compared to the budgeted ALR of 11.5%

- Tangible Net Equity (TNE) is currently 549% of the State requirement, and is within the target range set by the Commission

- Days Cash on Hand is 107

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

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June 2026 Year-to-Date Financial Results

Item	Actual	Budget
Member Months	1,379,318	1,388,695
Revenue	$633.8M	$629.1M
Revenue pmpm	*$459.51*	*$453.01*
Medical Cost	$534.6M	$536.0M
Medical Costs pmpm	*$387.61*	*$385.99*
Medical Loss Ratio	84.4%	85.2%
Administrative Cost	$66.4M	$72.3M
Admin Cost PMPM	*$48.17*	*$52.03*
Administrative Loss Ratio	10.5%	11.5%
Operating Results	**$32.7M**	**$20.8M**
Investment Income	$5.5M	$6.0M
Quality Strategy (Grants/Incentives)	$25.6M	$25.0M
Non Operating Results	**($20.1M)**	**($19.0M)**
Net Income/(Loss)	**$12.6M**	**$1.9M**
TNE	$259.0M	$248.3M
Days Cash on Hand	**107**	

June YTD Results are favorable to budget

Highlights

- Membership is 1.6% below budget, driving volume related decreases in revenue and medical expense
- Medical Loss Ratio (MLR), 84.4% is favorable to budgeted expectations of 85.2%, driven by prior year favorable IBNP restatement
    - When adjusted for prior year favorability, the MLR is 86.4% versus a budget of 85.2%
- Administrative costs variance is $5.9M, or 8.0%, favorable to budget
- Investment income is $534K, or 8.8%, unfavorable to budget due to lower interest rates and balances
- Continued strong investment in Quality Strategy initiatives
- The June TNE is 549% of the state requirement

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

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June 2026 Year-to-Date - Adjusted Financial Results

Item	Actual	Budget	Explanation
Net Income/(Loss)	**$12.6M**	**$1.9M**	
Revenue	($3.9M)		($1.1M) is the 2024 UIS Risk Corridor. ($2.8M) relates to 2025 Quality Premium Withhold
Claims (IBNP)	($16.6M)		2025 medical expenses paid in 2026 are less than the amount reserved as of 12/31/2025
Other	$2.9M		The $2.9M Various 2024 and 2025 activity reported in 2026 that was not accrued as of 12/31/2025
Net Income/(Loss), net of Prior Year Activity	**($5.0M)**	**$1.9M**	Adjusted for PY activity Net Income decreases from $12.6M to ($5M)
MLR - Adjusted	86.4%	85.2%	The net PY activity changes the MLR from 84.4% to 86.4%

- June YTD results show significant favorability to budget
  - These results are favorably influenced by prior year activity reported in 2026 of $17.6M
- Adjusting for the favorability, YTD 2026 Net Income would be Net Loss of ($5.0M)
  - The Adjusted MLR is 86.4% -vs- the 84.4% reported on a financial statement basis
  - Adjusted 2026 results represent a significant improvement over 2025 results

- GCHP continues working on a series of initiatives aimed at operational efficiency and medical utilization that will yield improved results as these efforts bear fruit

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

Medicaid Membership Volumes and Rates

COA	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Rates
Adult Expansion - SIS	64,453	63,806	63,488	62,831	62,134	61,194	$ 464.43
Adult - SIS	21,575	21,314	21,130	20,891	20,692	20,525	$ 411.21
Child - SIS	79,204	78,805	78,600	78,198	77,973	76,996	$ 151.35
SPD - SIS	9,427	9,337	9,282	9,157	9,100	9,148	$ 1,474.57
SPD Dual - SIS	24,487	24,326	24,250	24,038	23,860	24,053	$ 661.69
Long Term Care - SIS	42	44	47	43	42	44	$ 1,474.57
Long Term Care - Dual - SIS	676	674	663	656	647	625	$ 661.69
Adult Expansion - UIS	13,893	13,473	13,247	12,951	12,565	12,616	$ 679.05
Adult - UIS	15,090	14,739	14,524	14,244	13,943	14,009	$ 350.38
Child- UIS	3,717	3,622	3,563	3,486	3,401	3,401	$ 135.34
SPD - UIS	1,845	1,805	1,780	1,757	1,716	1,806	$ 1,560.75
SPD Dual - UIS	302	299	298	304	297	264	$ 827.64
Long Term Care - UIS	15	16	17	15	14	14	$ 1,560.75
Long Term Care - Dual - UIS	7	7	7	7	8	8	$ 827.64
Total	**234,733**	**232,267**	**230,896**	**228,578**	**226,392**	**224,703**	

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

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Finance Department Update

Achievements:

- Achieved a 10 Business Day (BD) close for June
  - The goal is to consistently close within 10 BD and have reporting and analysis available by BD 14
- Quarterly regulatory reporting for DHCS, DMHC and CMS have been successfully filed
- New CFO, Christopher Lee, started!
  - Orientation/transition plans are being executed to help him hit the ground running
  - The Interim CFO is happy to retire his title, and return to normal life as the GCHP Controller

Windshield View:

- Begin work on the CY2027 Budget
  - Major impacts to GCHP from the transition of UIS members from managed care to FFS.
- Continue Workday Adaptive roll out for Budget and Reforecast processes
  - Develop/improve Adaptive reporting
- Continue to improve Workday General Ledger set up to improve efficiency and accuracy for the DHCS Quarterly Financial Reporting package
- Begin to build out additional Workday and Adaptive financial reports to improve monthly reporting capabilities and analysis
  - This process will likely take several months to build out and properly test

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

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AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Chief Diversity Officer

DATE: August 24, 2026

SUBJECT: Chief Diversity Officer (CDO) Report

PowerPoint with Verbal Presentation

ATTACHMENTS:

Chief Diversity Report

Chief Diversity Officer Report

Ted Bagley, Chief Diversity Officer
August 24, 2026

GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE℠

Gold Coast Health Plan℠ A Public Entity

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GCHP Historical

- Ordinance created by the Board of Supervisors Ventura County to address the diversity issues that were present within GCHP 2016-2017.

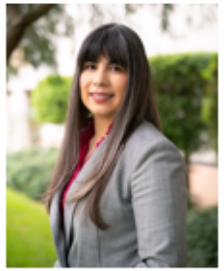
- TBJ Consulting was contracted to stabilize the environment and decrease the number of cases going externally.

- Community interview team developed to hire a CDO to address sensitive issues and establish a foundation for Diversity at GCHP.

- Establishment of a Diversity Council to address issues on a continual basis.

DEI Council Members

Ted Bagley
Chief Diversity Officer



Marlen Torres
Chief Member Experience &
External Affairs Officer

Shannon Robledo
Director, Finance

Rebecca Mastrangelo
RN, Utilization Management III

Pshyra Jones
Executive Director,
Health Equity

Annelie Ginn
Manager, Clinical Care
Management

Chris Martinez
Manager, Contact Center

Kris Schmidt
Senior Manager, Finance

Percy Mayfield
Compliance Analyst II

Edgar Santos
RN, Clinical Care Manager I

TJ Piwowarski
Project Manager I

Chris Beeson
Workforce Strategy & Talent
Acquisition Lead

GOLD COAST HEALTH PLAN
TOTAL Care
ADVANTAGE℠

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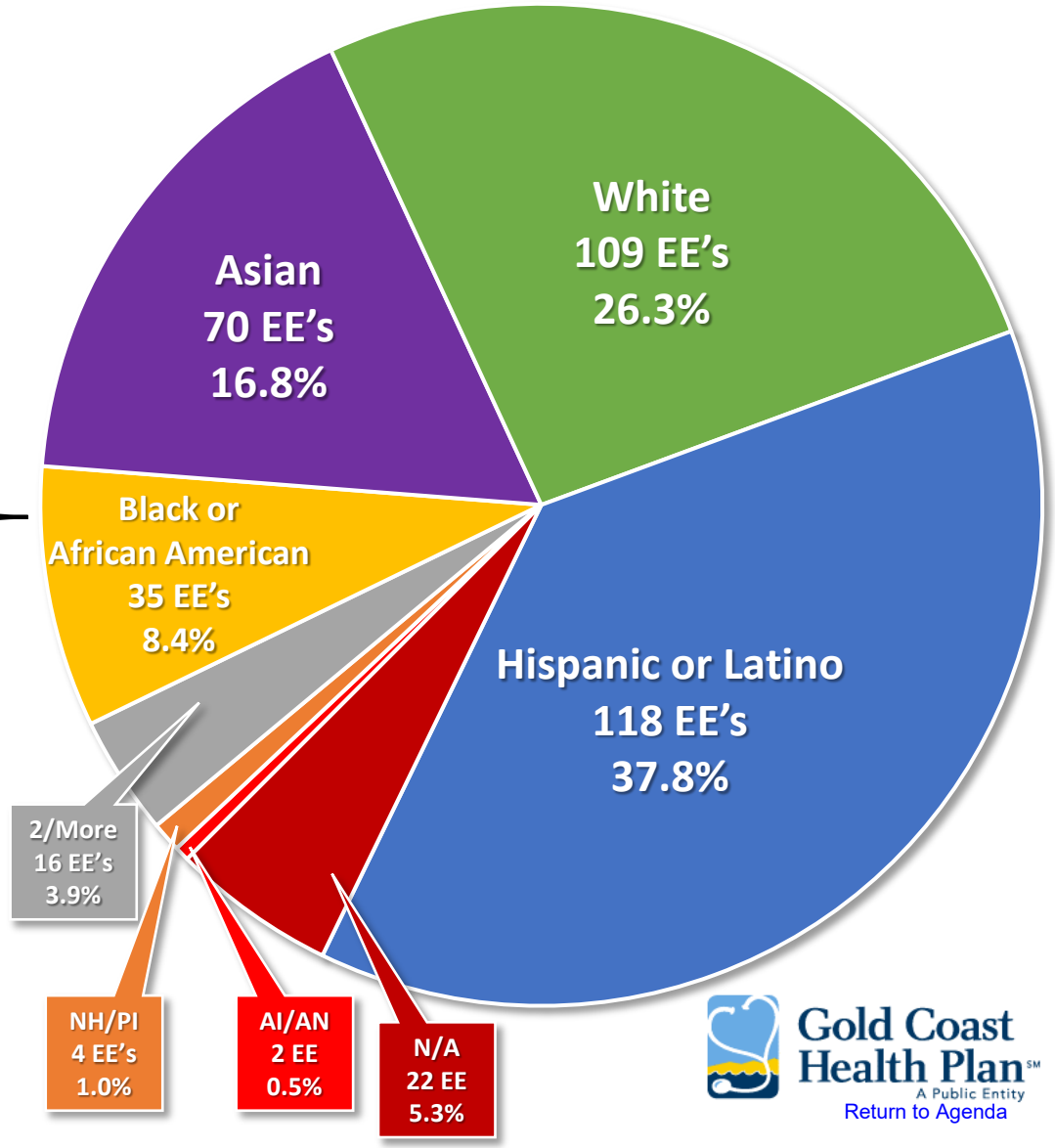
GCHP Diversity Breakdown as of 7/01/26

- 415 Employees

Race/Ethnicity	Female	Male	Total	
Hispanic or Latino	118	39	157	37.8%
White	62	47	109	26.3%
Asian	43	27	70	16.8%
Black or African American	25	10	35	8.4%
I do not wish to answer.	19	3	22	5.3%
Two or more races (Not Hispanic or Latino)	13	3	16	3.9%
Native Hawaiian or Other Pacific Islander	2	2	4	1.0%
American Indian or Alaska Native	2	0	2	0.5%
Grand Total	284 (68%)	131 (32%)	415	

*Chief Diversity Officer included in FTE counts



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Ventura County Demographics

In Ventura County, these are the data points that we compare our internal numbers with:

	Ventura County	GCHP
Hispanics	45.3 - 45.6	37.8
Whites	40.6 - 41.7	26.3
Asians	8.6 - 9.1	16.8
Blacks	1.6 - 2.6	8.4

GCHP Activities

- Working with HR to monitor equity in hiring, promotions, discipline, terminations, and pay. (**Paul Agular**)
- Coordinating with Community Relations activities when possible. (**Marlen Torres)**
- Adopt-A-School process.(**Diversity Council**)
- Lunch-N-Learn educational tool. (**Diversity Council**)
- Coaching and Counselling as needed across the organization.
- Created communication tool, “TED Talk”, to address current events potentially affecting the GCHP population at the Federal, State and Local levels.

Summary

Many organizations have chosen a path of least resistance from the Federal Government and have eliminated their Diversity Position. GCHP have chosen to continue our efforts to its benefit.

Benefit

1. Equity impact assessments before major decisions.
2. DEI-focused environment scans to identify disparities and measure outcomes.
3. Partner with Health Equity and the organization to ensure that training and services are culturally relevant and accessible.
4. Support public-sector funding of worthy organizations.

GCHP remains deeply embedded in the Ventura Community and seeks to minimize leadership distractions that can be a major obstacle to operation's efficiency.

AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix Nunez, MD, Chief Executive Officer

DATE: August 24, 2026

SUBJECT: Chief Executive Officer (CEO) Report

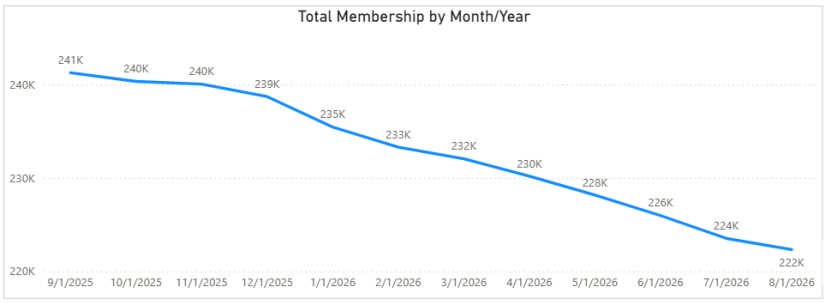
Chief Executive Officer (CEO) Update

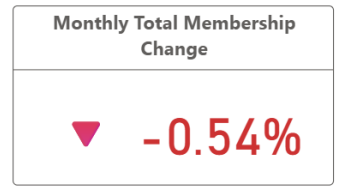
Membership Update

The focus on member retention and preparation for the impacts of both H.R. 1 and the safe transition of our Unsatisfactory Immigration Status (UIS) membership to fee-for-service continues to be of paramount importance as we approach the close of 2026.

Member data shows that Gold Coast Health Plan (GCHP) continues to lose members; however, August numbers have demonstrated a slower rate of membership loss that we haven't seen since March 2026. As of Aug. 1, 2026, GCHP has 222,326 members. Since last month, GCHP has lost 4,289 members and gained 3,087 new members, leading to a net loss of 1,202 members.

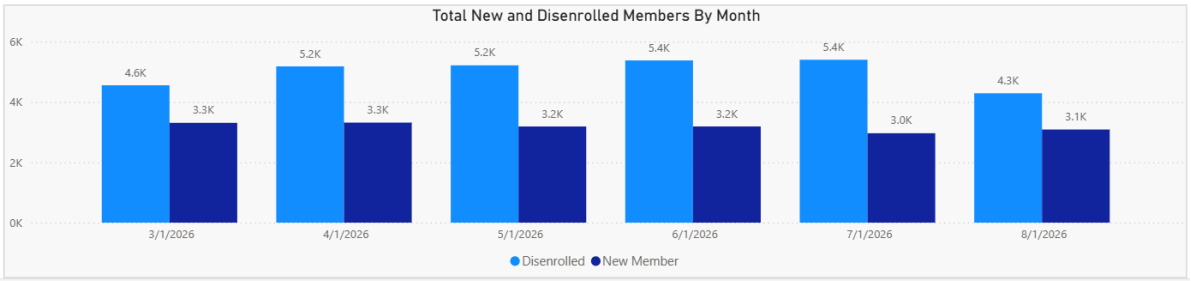
While it is not clear what factors are influencing the month-to-month variation in membership, we are optimistic that this may be an early sign that our outreach efforts are helping members stay enrolled in the health plan. As we work to validate this assumption, we are continuing to stay activated in our efforts to retain our eligible members while we further refine our strategy to enrollment and retention.





July - 2026 (Distinct Subscriber ID's 223,528)

August - 2026 (Distinct Subscriber ID's 222,326)



We also continue to actively engage with our regulatory and trade association partners to advocate for regulatory relief that will aid in member retention as well as provide updated assessments of the Medi-Cal landscape.

State Department of Health Care Services (DHCS) Meeting

The state Department of Health Care Services (DHCS) convened its quarterly meeting with the chief executive officers (CEOs) of the Medi-Cal plans on July 8, 2026. As in prior meetings, managed care plan CEOs were afforded the opportunity to have a pre-meeting with DHCS Director Michelle Baass to discuss collective concerns about the transition of UIS members to a fee-for-service program beginning Jan. 1, 2027. With the transition only months away, we stressed the importance of having a clearly defined plan for the transition that outlines a strategy for the development of a fee-for-service provider network and the process by which these members – particularly those who are at highest risk, like cancer and dialysis patients – should be connected with providers for uninterrupted care. We also discussed the administrative burden that will be placed on health plans to fulfill data and care coordination requests from DHCS as well as build the infrastructure to support this additional scope of work. All plan CEOs noted that in the midst of a worsening financial outlook, attempts are being made to lower administrative costs, which means that fewer resources will be available to manage this transition work.

On July 21, 2026, DHCS released the first iteration of a transition guide for the UIS population. This 36-page policy guide, which has been framed by DHCS officials as a “living document,” delineates health plan responsibilities for member and provider communications, continuity of provider access and transitions of care, data and service information sharing, and collaborative transition support. According to DHCS, the guide will be updated in September with further details regarding transition communications for members and providers.

As we await more detailed direction from the state, we continue to follow through on our commitment to our UIS members and have developed an internal workplan to ensure that this

transition is safe for them – most especially for our high-risk UIS population. In an opinion piece that was published by the VC Star on July 11, 2026, *A consequential step back in healthcare*, I expressed our commitment to provide our members with the support and resources they will need through this transition. We have continued to emphasize how important it is that these members stay enrolled in the health plan as long as possible to ensure that vital annual healthcare screenings and preventive health measures are completed prior to years end. As a component of our UIS transition workplan we will be consulting with our providers to better understand which of them will offer fee-for-service Medi-Cal to help facilitate a safe hand-off that strives to preserve continuity.

There is no doubt that this transition will be disruptive for our members, our providers, and our community, as we are effectively transforming access into a system that has not been tested on this scale.

Ventura County Healthcare Access Coalition

We are continuing to bring together county healthcare leaders, community-based organizations, and other stakeholders through the Ventura County Healthcare Access Coalition. On July 23, 2026, we met with the broader coalition group and provided updates on the work of the smaller workgroups: Advocacy, Outreach and Education, and Direct Member Engagement. We also had an opportunity to break into groups and brainstorm broad goals for the coalition.

The workgroups are scheduled to meet this month on August 12, 19, and 26 with good engagement from our coalition partners. It is important to emphasize that while GCHP is organizing and leading this effort, it is our expectation that this county-wide collaborative effort will engage all coalition participants in playing an active role in moving our collective work forward.

California Association of Health Plans (CAHP) Meeting

On July 28, 2026, I and several members of the Executive Team attended a seminar by the California Association of Health Plans (CAHP), a statewide trade association representing public and private health care plans. The seminar, “Navigating the Next Phase of Transformation,” focused on the impact of H.R. 1 and the transition of UIS members to fee-for-service Medi-Cal.

Health plans throughout the state, including GCHP, are committed to supporting members as they navigate the new requirements for Medi-Cal enrollment, as well as those who will be transitioning to fee-for services.

Association for Community Affiliated Plans (ACAP) Meeting

On July 30,2026, we hosted leaders from the Association for Community Affiliated Plans (ACAP), the national trade association that represents not-for-profit safety net health plans. Margaret Murray, ACAP’s chief executive officer, and Christine Aguiar Lynch, the vice president for Medicare and managed long-term services and supports (MLTSS) policy, provided an

overview of the services ACAP offers and talked about their advocacy priorities for the coming year.

Photos of the Month: ACAP Visits Two California Plans

ACAP CEO Margaret A. Murray and Vice President for Medicare and MLTSS Policy Christine Aguiar Lynch had a busy last week of July as they traveled to California for a pair site visits.

The duo first visited Gold Coast Health Plan and then finished the week with CenCal Health outside Santa Barbara (pictured right).

Our thanks to both plans for their hospitality!

(from the ACAP newsletter)

ACAP's focus is to mitigate the impacts of H.R. 1. During the comment period for the Centers for Medicare & Medicaid Services (CMS) interim final rule on Medicaid work requirements, ACAP provided feedback on how the medical frailty exemptions are defined, with the goal of minimizing regulatory hurdles for members who qualify for the exemptions. On the legislative side, they will continue to advocate for policies that protect healthcare coverage for our communities. They are also working on developing messaging about the importance of Medicaid and the value of local health plans compared to commercial plans.

ACAP will also be helping plans identify new opportunities to build resilience for their organizations. They currently have workgroups on Dual Special Needs Plans (D-SNP) and Medicare and are exploring supporting plans with the implementation of other lines of business, like the Program of All-Inclusive Care for the Elderly (PACE). We are exploring PACE as a new line of business and will stay connected with ACAP's leaders to leverage any support they may be able to offer in this area.

About PACE

The PACE model of care provides a comprehensive medical / social service delivery system using an interdisciplinary team approach in a PACE Center that provides and coordinates all needed preventive, primary, acute, and long-term care services. Services are provided to older adults who would otherwise reside in nursing facilities. The PACE model affords eligible individuals the ability to remain independent and in their homes for as long as possible. To be eligible, a person must be 55 years or older, reside in a PACE service area, be determined eligible at the nursing home level of care by DHCS, and be able to live safely in their home or community at the time of enrollment.

PACE is a model that improves the lives and health outcomes for people with complex health needs and would benefit our community. As a County Organized Health System, GCHP is in a unique position to implement this new model and support the community as changes continue at the state and federal level related to H.R. 1.

Last year, DHCS imposed a pause on PACE applications through at least Nov. 19, 2027, to manage rapid program growth and administrative resources. During the two-year pause, DHCS will not accept applications from entities wishing to become new PACE organizations or service area expansion applications from existing PACE organizations.

GCHP has partnered with On-Lok / PACE Partners to complete a feasibility study for a PACE program in Ventura County. We expect the study to be completed by November. Results will help determine if a PACE program is both a good fit for the community and GCHP. If the study supports a PACE program, we would seek commission approval to continue planning and developing a model during the pause, with the goal of submitting a letter of intent to the state once the pause has ended.

In the meantime, GCHP will continue to explore other ways to serve the community and diversify revenue sources.

GCHP Welcomes a New Chief Financial Officer

On August 24, 2026, we are welcoming our new chief financial officer (CFO) to GCHP. Christopher Lee brings more than 25 years of healthcare finance leadership to GCHP, with deep expertise in Medicare Advantage, Medi-Cal managed care, and community health. He is joining us from Healthcare In Action, a community health organization serving people experiencing homelessness in Southern California, where he served as CFO. Prior to Healthcare In Action, Christopher spent seven years as vice president of financial planning and analysis at SCAN Health Plan.

Christopher has already started the work of getting up to speed on our financial landscape. He will continue the work we have done on financial forecasting and begin the planning for our 2027 budget.

I. External Affairs

A. State budget update:

The FY 2026-27 California Budget Act preserves Medi-Cal as a statewide priority while implementing significant policy changes that will affect managed care plans over the next several years. Although the budget maintains many existing health care investments, its most significant implications for Gold Coast Health Plan (GCHP) stem from implementation of federal H.R. 1 requirements, the transition of individuals with unsatisfactory immigration status (UIS) from managed care to fee-for-service (FFS), and continued reliance on the Managed Care Organization (MCO) Tax to support Medi-Cal financing.

Unlike prior budget years that focused on program expansion, the FY 2026-27 budget emphasizes program sustainability, administrative efficiencies, and implementation of federal requirements. These changes require operational planning, member communications, provider engagement, and ongoing monitoring of future state Department of Health Care Services (DHCS) guidance.

Executive takeaways

Priority	Budget Action	Gold Coast Health Plan Impact
High	UIS Transition to Fee-for-Service	The Jan. 1, 2027 transition to fee-for-service is expected to reduce GCHP managed care enrollment and associated capitation revenue for affected members. GCHP will also need to support member communications, provider education, care transitions, and coordination with the state Department of Health Care Services (DHCS) and Ventura County to minimize disruptions in care.
High	Federal H.R. 1 Implementation	New federal eligibility and enrollment requirements could increase coverage disruptions and member churn, particularly as more frequent eligibility determinations and other requirements take effect. GCHP should anticipate increased member outreach, county coordination, reporting, and administrative workload as implementation guidance is finalized.
High	Managed Care Organization (MCO) Tax	The revised MCO Tax preserves an important source of Medi-Cal financing, but the structure may change tax liability for local plans, including potential financial implications for GCHP. Final impacts will depend on federal approval, DHCS implementation, and subsequent rate and financing decisions.

Priority	Budget Action	Gold Coast Health Plan Impact
High	Enhanced Care Management (ECM) and Community Supports (CS) Refinements	The budget maintains ECM and CS while generating savings through program refinements. For GCHP, the primary impact is likely to be operational, including potential changes to eligibility, authorization, provider requirements, and program administration as DHCS issues additional guidance.
Medium	Utilization Management Efficiencies	Changes affecting Applied Behavioral Health (ABA) / Behavioral Health Therapy (BHT) and transportation utilization management may require GCHP to review authorization processes, utilization trends, and related workflows. Implementation should be monitored for potential effects on administrative workload, member access, and provider operations.
Medium	Quality Incentive and Withhold Program	Elimination of the incentive component beginning in 2027 could change the financial incentives associated with plan quality performance. GCHP should assess the fiscal impact and determine whether internal quality improvement strategies or performance priorities require adjustment.
Medium	Qualified Non-Citizen Eligibility Delay	Delaying the transition to restricted-scope Medi-Cal until July 1, 2027, temporarily preserves broader coverage for affected members but extends the period in which GCHP must prepare for future eligibility and coverage changes. This creates additional time for implementation planning while also prolonging uncertainty for members and providers.
Medium	CalAIM (California Advancing and Innovating Medi-Cal) Renewal – BridgeCare and Employment Supports	Continuation of these CalAIM initiatives could create additional opportunities to address member needs through community-based services, particularly for populations nearing dual eligibility or requiring employment supports. GCHP will assess potential member eligibility, provider capacity, and implementation requirements if federal approval is obtained.

Priority	Budget Action	Gold Coast Health Plan Impact
Low	Provider and Health System Investments	State investments in hospitals and other providers may indirectly support GCHP by strengthening provider financial stability and maintaining access to services. These investments do not currently appear to require significant direct operational changes for GCHP but may have implications for network capacity and local delivery-system stability.

Key areas of impact

- The FY 2026-27 Budget creates several overlapping considerations for GCHP, with the greatest impacts expected in membership and eligibility, operational readiness, and financial planning. While several implementation details remain pending, the combination of state and federal changes will require continued monitoring and coordination across GCHP.

Membership and eligibility

- The UIS transition to fee-for-service and implementation of H.R. 1 represent the most significant potential membership impacts. GCHP will experience reduced enrollment as UIS members transition out of managed care, while new federal eligibility requirements could contribute to additional coverage disruptions and member churn.

- These changes may also increase member outreach, provider education, and coordination with providers and partners in Ventura County and with DHCS. Continuity of care will be an important consideration as members experience changes in eligibility or delivery systems.

Operational readiness

- The budget largely requires GCHP to adapt existing operations rather than implement entirely new programs. H.R. 1, CalAIM refinements, utilization management changes, and modifications to quality incentives may require updates to workflows, policies, reporting, and provider communications.

- The broader concern is the cumulative impact of multiple requirements taking effect within similar timeframes, which could increase administrative workload and require coordinated implementation across GCHP business areas.

Financial and strategic considerations

- Enrollment changes may affect capitation revenue, while changes to the MCO Tax create additional uncertainty until federal approval and implementation details are finalized. At the same time, continued state investment in providers may indirectly support GCHP through improved network stability and access to care.

- GCHP will need to monitor enrollment and financing developments closely and assess whether subsequent state or federal actions create additional fiscal or operational impacts.

Overall assessment

- The FY 2026-27 budget represents a period of significant implementation and transition for GCHP rather than a single major programmatic shift. The greatest near-term risks are enrollment changes, increased administrative responsibilities, and uncertainty surrounding Medi-Cal financing.

- GCHP's focus should remain on implementation readiness, continuity of care, financial impact assessment, and early identification of emerging requirements or unintended consequences.

The Government Relations Team will continue to monitor DHCS and federal guidance, budget trailer bills, and MCO Tax developments; coordinate with trade associations and other partners; and elevate emerging issues affecting GCHP membership, financing, administrative burden, provider capacity, or continuity of care.

A. Community Relations: Sponsorships and Events

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. GCHP awarded the following organizations from July 2026 to the present:

Organization	Description	Amount
Alzheimer's Association - California Central Coast Chapter	The Alzheimer's Association California Central Coast Chapter will host its annual Walk to End Alzheimer's at the Ventura Harbor Village Main Lawn. Funds raised through this event will support the Alzheimer's Association's community care and support programs, research initiatives, and advocacy efforts. The Walk to End Alzheimer's brings together community members, families, caregivers, and supporters to raise awareness and funds in the fight to end Alzheimer's disease and other forms of dementia.	$1,000
American Cancer Society Relay for Life of Conejo Valley	The American Cancer Society Relay for Life of Conejo Valley will host its annual Relay for Life event, bringing together community members to celebrate cancer survivors, honor and remember loved ones lost to cancer, and support the ongoing fight against cancer. Funds raised through the event will support their programs and services, including cancer research, patient support, education, and advocacy efforts.	$1,000

Organization	Description	Amount
Santa to the Sea, Inc.	Santa to the Sea will host its annual Santa to the Sea Run, a community event that raises funds to support children, students, and families throughout Ventura County. Proceeds from the event help provide holiday toys for children, scholarships for local students, and year-round assistance to underserved communities.	$1,000
TOTAL		**$3,000**

E. Community Relations: Community Meetings and Events

Community Relations attended events throughout the county in July and early August, supporting families with resources and connecting them to GCHP services. The team participated in collaborative meetings, community events, provider partnered health fairs, and food distribution events.

Collaborative Meetings	
Community representatives shared resources, announcements, and upcoming community events.	
Gold Coast Health Plan Community Insight Coalition Meeting (Camarillo)	July 14, 2026
Goodwill Coffee Connect Partnership Meeting (Oxnard)	July 21, 2026
Geo Group Community Connections Collaborative Meeting (Ventura)	Aug. 4, 2026
Partnership for Safe Families and Communities (Online)	Aug. 5, 2026
Community Events	
LifeSTEPS Community Health Fair (Camarillo)	July 8, 2026
United Parents Resource Fair (Ventura)	July 11, 2026
Eighth Annual Stronger Families Safer Kids 5k and Resource Fair (Oxnard)	Aug. 1, 2026

Community Events	
Westminster Free Clinic Back to School Fair (Oxnard)	Aug. 5, 2026
Family Connections Day Resource Fair (Camarillo)	Aug. 6, 2026
Health Fairs	
Boys & Girls Club of Santa Clara Valley Annual Kids Day (Santa Paula)	July 17, 2026
Ventura County Medical Center Sierra Vista Clinic Health Fair (Simi Valley)	July 18, 2026
Ventura County Medical Center Las Islas Clinic Mammogram Health Fair (Oxnard)	Aug. 4, 2026
Clinicas del Camino Real Mammogram Health Fair (Oxnard)	Aug. 7, 2026
Food Distribution Events	
El Rio Food Distribution (Oxnard)	July 7, 2026
Salvation Army Food Distribution (Simi Valley)	
One Step A La Vez Food Distribution (Fillmore)	July 8, 2026
Catholic Charities Food Distribution (Ventura)	July 9, 2026
Westminster Food Distribution (Oxnard)	July 14, 2026
San Salvador Mission Food Distribution (Piru)	July 15, 2026
Shadow Hills Food Distribution (Thousand Oaks)	
Samaritan Center (Simi Valley)	July 16, 2026
Salvation Army Food Distribution (Simi Valley)	Aug. 4, 2026

F. Community Relations: Medi-Cal Renewal Workshops

In July, GCHP staff hosted workshops to help members with Medi-Cal renewals. These events take place in various locations throughout Ventura County. Locations include low-income housing properties, food distribution centers, and community centers. As GCHP continues Medi-Cal renewal efforts, Community Relations will continue to play a central role in these educational workshops.

Workshops	
Cabrillo Economic Development Corporation – Working Artists of Ventura (Ventura)	July 7, 2026
Ventura Housing Authority Workshop at Westview Village Apartments (Ventura)	July 8, 2026
Promotoras y Promotores (Santa Paula)	July 9, 2026
Center for Employment Training Renewal Workshop (Oxnard)	July 10, 2026
Cabrillo Economic Development Corporation – Valle Naranjal (Piru)	July 21, 2026
Ventura Housing Authority Valentine Road Apartments (Ventura)	
Many Mansions – Rancho Sierra (Camarillo)	July 23, 2026
Westminster Free Clinic (Oxnard)	
Poder Popular (Santa Paula)	
Swap Meet Justice (Oxnard)	July 26, 2026
Saticoy Food Hub (Saticoy)	July 28, 2026
Many Mansions – Casa de Paz (Simi Valley)	
Cabrillo Economic Development Corporation – Dolores Huerta Gardens (Oxnard)	July 30, 2026

II. Plan Operations

A. 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 do not comply.*

Compliance monitors all CAPs. GCHP's goal is to ensure delegates achieve and sustain compliance. It is a state Department of Health Care Services (DHCS) requirement for GCHP to hold all delegates accountable. The oversight activities GCHP conducts are evaluated during the annual DHCS medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, audits conducted, and CAPs issued by GCHP during the audit period. DHCS emphasizes 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 July 31, 2026.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Prime Therapeutics	2026 Q1 Utilization Management and Grievances and Appeals Audit	Open	7/14/2026	Under CAP	N/A
University of California, Los Angeles (UCLA)	2026 Credentialing Annual Audit	Closed	5/20/2026	8/3/2026	N/A
Vision Service Plan (VSP)	2025 Annual Claims Audit	Closed	1/6/2026	5/5/2026	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
VSP	2025 Q4 Claims Audit	Closed	3/24/2026	5/5/2026	N/A
Ventura Transit System (VTS)	2026 Annual Policies and Procedures, Non-Medical Transportation / Non-Emergency Medical Transportation (NMT/NEMT) Call Center (CC), Door to Door Driver (D2D), Credentialing (CR), Downstream subcontract (DS)	Open	4/22/2026	Under CAP	N/A
VTS	Pre-delegation Dual Eligible Special Needs Plan (D-SNP) Social Transportation Benefit Audit	Closed	3/20/2026	6/22/2026	N/A
VTS	2026 Q1 Call Center Audit	Open	6/9/2026	Under CAP	N/A
Privacy and 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**
Clinicas del Camino Real (CDCR)	Claims Timeliness	Open	4/22/2025	Open	Q1 2026 metrics were not met for 90% within 30 days or 45 days. April metrics for 90% within 30 days were not met; May metrics were met. Q2 metrics were met for 90% within both 30 and 45 days.
Prime Therapeutics	Correct Language on Prior Authorization Letters	Open	7/14/2026	Under CAP	N/A

RECOMMENDATION:

Accept and file.

AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Suma Simcoe, Chief Operating Officer

DATE: August 24, 2026

SUBJECT: Chief Operations Officer (COO) Report

PowerPoint with Verbal Presentation

ATTACHMENTS:

Operations

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan

Integrity

Accountability

Collaboration

Trust

Respect

August 2026

Open Session Commission

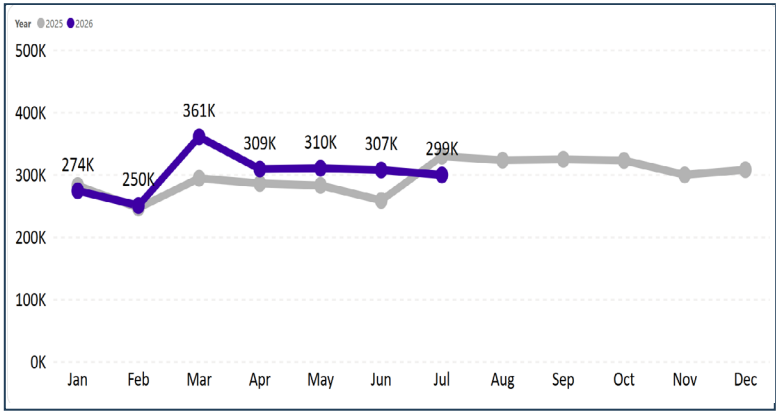
Operations KPI
Medi-Cal

Claims Received – Medi-Cal

Claims Received Jan-2025 to July-2026

Total Claims Volume Received

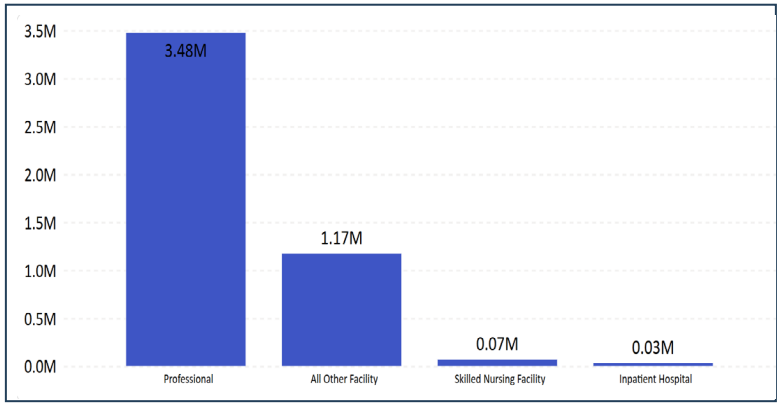
Total volume of all claim's statuses (Final, Denied, Rejected, etc.)



Trend Analysis:

Total Claims Volume by Type

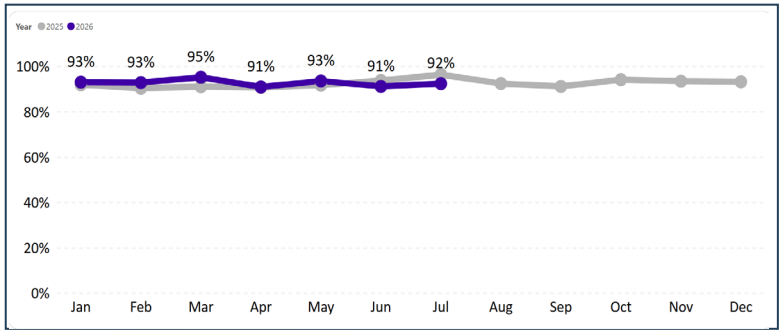
Count of all distinct claims (past 12 months, with a 3-month lag)



Trend Analysis:

% of Claims Submitted Electronically

All claim sources non-Paper or unknown



Trend Analysis:

Charts based on Receipt Date

Chart Legend: 2025 2026

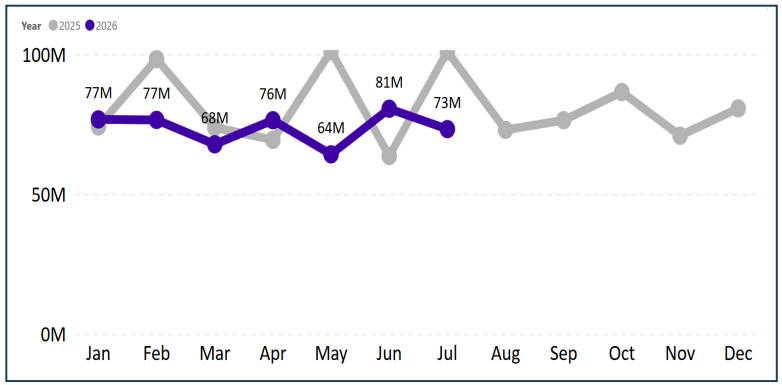
Return to Agenda

Claims Payment and Processing – Medi-Cal

Payment Processing Jan-2025 to July-2026

Total Paid ($)

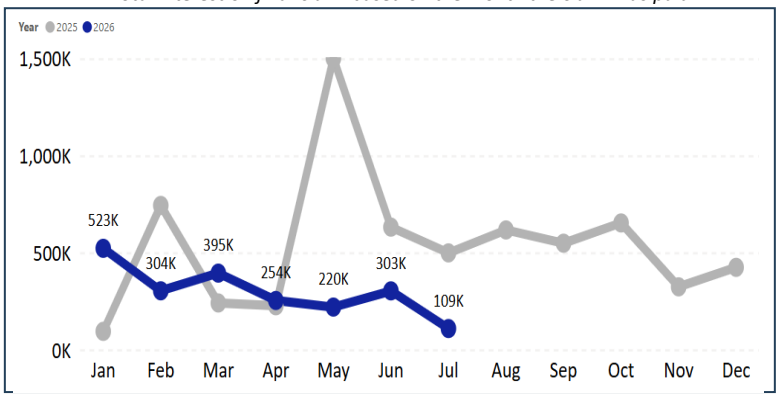
Total paid on final claim based on the month claim was paid



Trend Analysis: We resumed our average monthly payments in July.

Total Interest Paid ($)

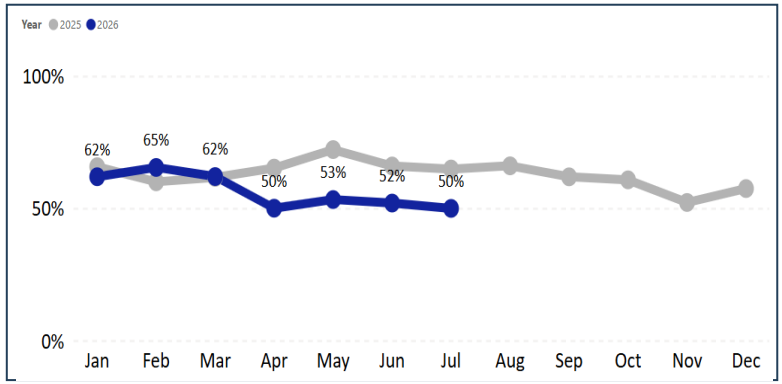
Total interest on final claim based on the month the claim was paid



Trend Analysis: We reduced interest payments in the month of July by 200% as a result of improved processes.

% of First-Pass Claims Auto-Adjudicated

Distinct final claims where first pass auto-adjudicated based on receipt date



Trend Analysis: The drop in AA rates starting in April were due to turning on the prior authorization claim matching in our core claim system.

Charts based on Paid Date

Chart Legend: 2025 2026

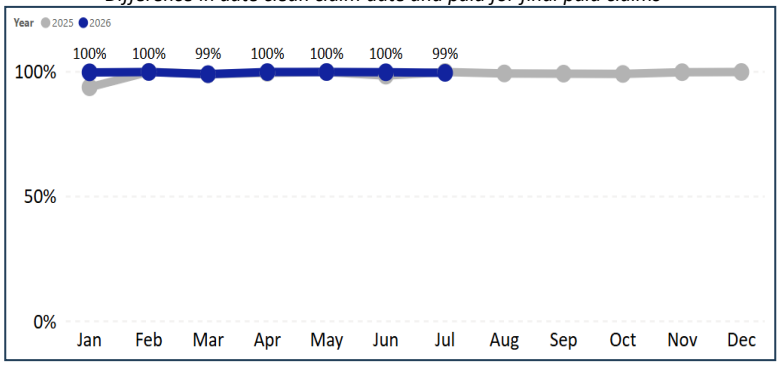
Return to Agenda

Claims Payment Timeline – By Process Date

Claims Payment Timeline – By Process Date Jan-2025 to July-2026

% Paid within 30 Calendar Days

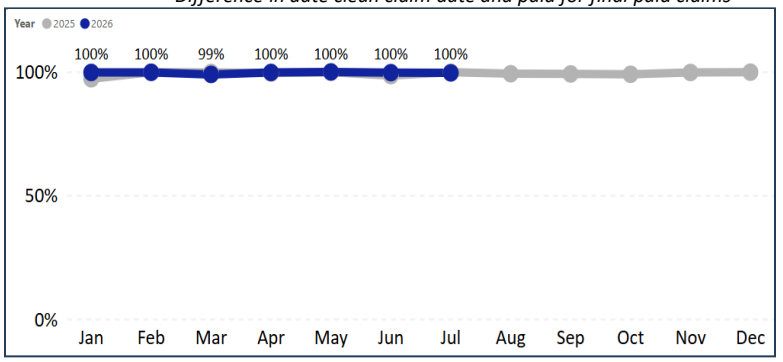
Difference in date clean claim date and paid for final paid claims



Trend Analysis: The graph reflects 100% compliance for claims paid within 30 calendar days of receipt.

% Paid within 45 Calendar Days

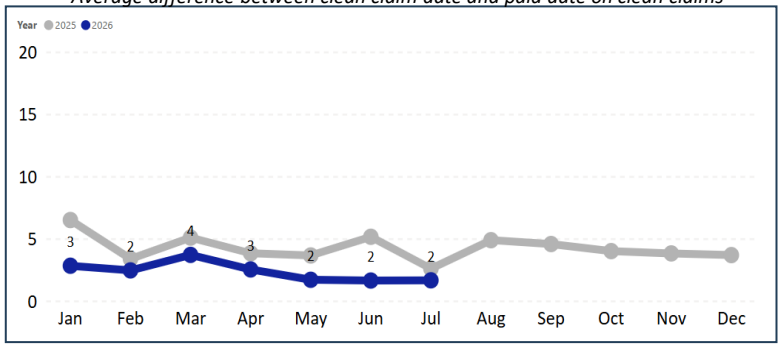
Difference in date clean claim date and paid for final paid claims



Trend Analysis: The graph reflects 100% compliance for claims paid within 45 calendar days of receipt.

Average Days to Paid

Average difference between clean claim date and paid date on clean claims



Trend Analysis: The graph reflects an average of 2 days to pay the claim.

Charts based on Paid Date

Legend: 2025 2026

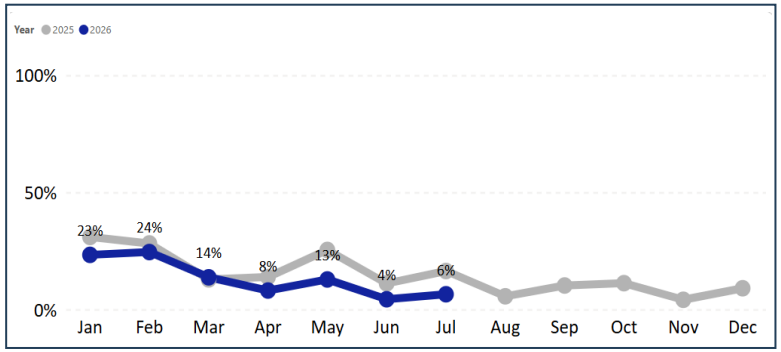
Return to Agenda

Denials, Adjustments & Rejected – Medi-Cal

Claims Denials & Adjustments Jan-2025 to July 2026

% of Total Claims Processed that are Adjustments

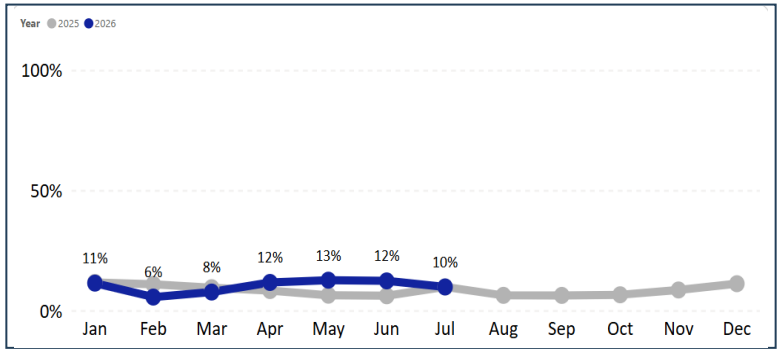
Regardless of final status with any adjustment based on receipt date



Trend Analysis: The % of claims processed that are adjustments have dropped from 13% in May to 6% in July due to validating contract configuration in HRP to ensure the claim is processed correctly the first time.

% Denials

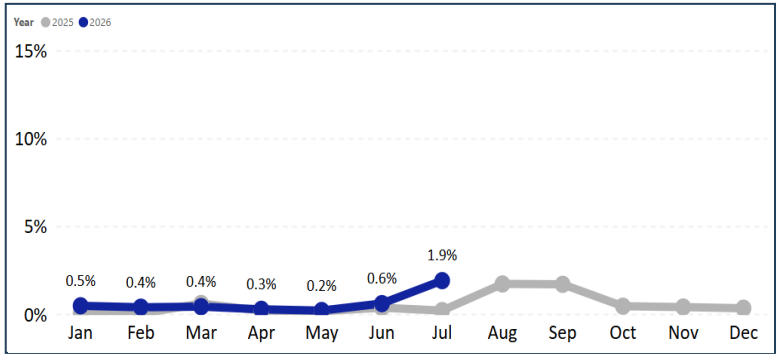
Percentage of claims volume with most recent process status = denied



Trend Analysis: The % of denied claims are trending upward starting in March due to the implementation of authorization to claim matching. We begin to see a decrease in July as we work on auth to claim matching specifically related to prior authorizations.

% Rejected

Percentage of claims which have a final status of Rejected



Trend Analysis: The % of rejected claims increased in July due to membership billing errors by two large providers.

Charts based on Paid Date

Chart Legend: 2025 2026

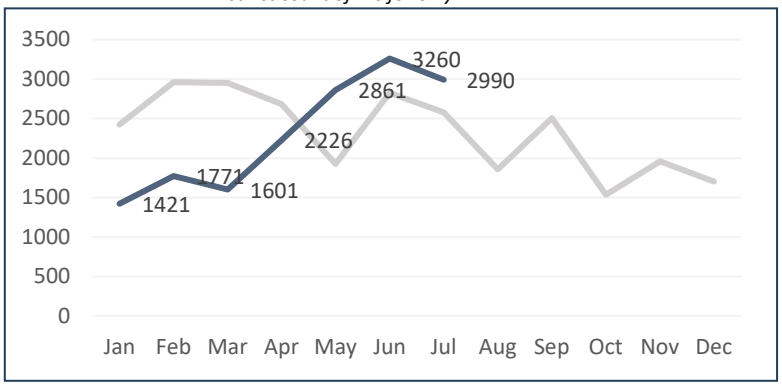
Return to Agenda

Provider Dispute Resolution Processing- all LOBs

Provider Dispute Resolution Processing Jan-2025 to July-2026

PDR Volume Received

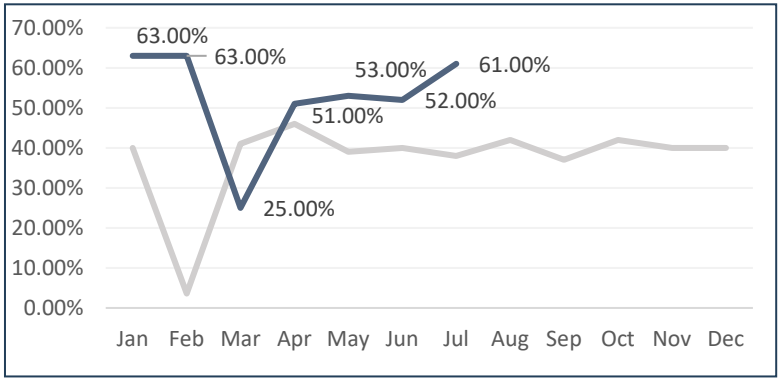
Distinct count of IDs for only PDR



Trend Analysis: PDR volume is increasing as cases automatically closed in Q1 are being resubmitted as new PDRs.

% of Closed PDR Cases that are Upheld

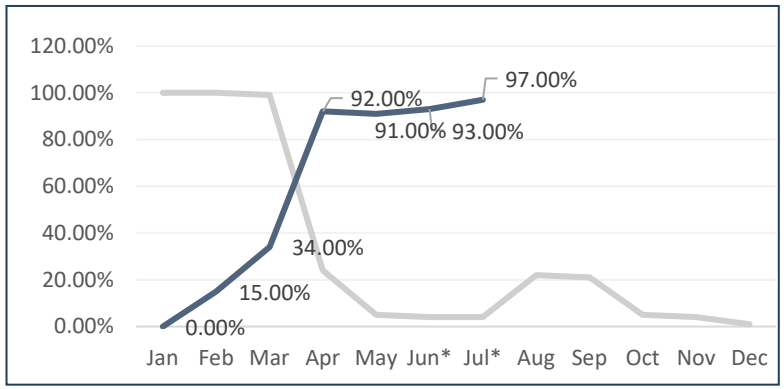
Closed cases with an outcome of Previous Decision Upheld



Trend Analysis: The PDR upheld rate remains stable at above 50%, reflecting consistent and appropriate claim determinations

% Closed within 45 Business Days

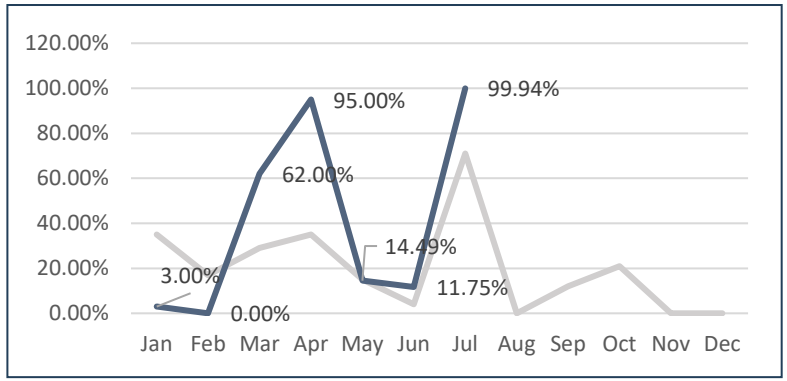
Comparison of AAG Received and Resolution dates



Trend Analysis: PDR operations remain compliant with regulatory timeliness requirements and continue to perform well

% PDRs Acknowledged within 15 Business Days

Comparison of AAG Received and Acknowledged dates



Trend Analysis: Automated PDR acknowledgment letters are now live, supporting timely compliance.

PDR Volume based on Receipt Date
Other charts based on Resolution and Acknowledgement Date

Chart Legend: 2025 2026

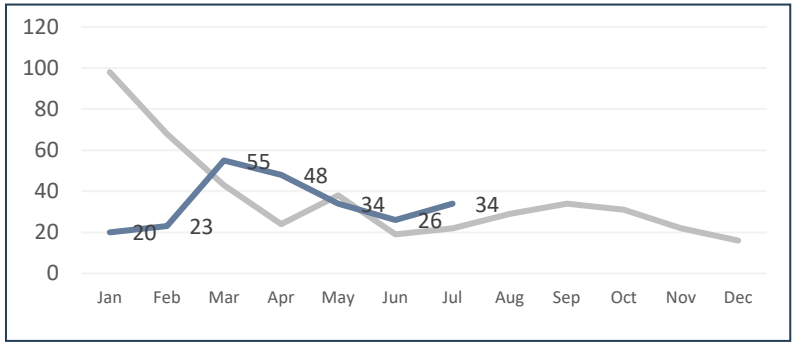
Return to Agenda

Call Center – all LOBs

Call Center – By Process Date Jan-2025 to July-2026

Member Average Speed to Answer (ASA)

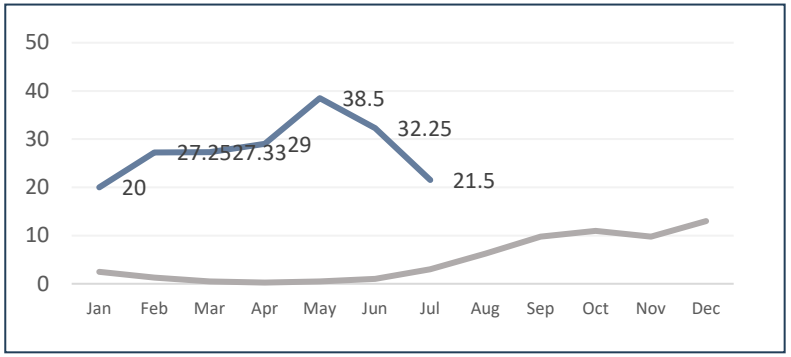
Avg time (seconds) member calls answered in



Trend Analysis: 2026 ASA remains generally stable, with the Mar/Apr increase followed by steady improvement through July.

Provider Average Speed to Answer (ASA)

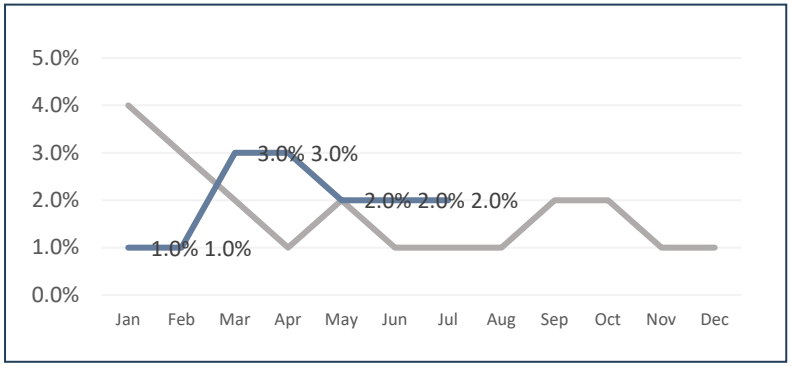
Avg time (minutes) provider calls were answered in



Trend Analysis: ASA increased through May, then improved significantly in June and July.

Member Call Abandon %

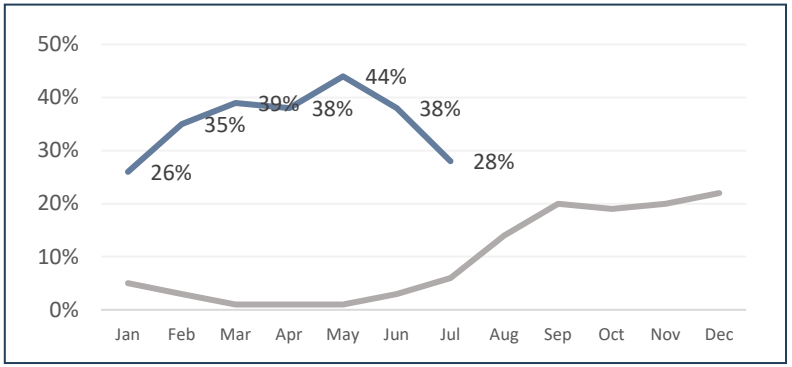
Member calls placed that were abandoned (<5% Target)



Trend Analysis: 2026 abandon rates remain consistently below the 5% target, stabilizing near 2% since May.

Provider Call Abandon %

Provider calls placed that were abandoned



Trend Analysis: 2026 abandon rates remain elevated, peaking at 44% in June before improving to 28% in July.

Charts based on Call Date
Call Center Data is for all LOBs

Chart Legend: 2025 2026

Return to Agenda

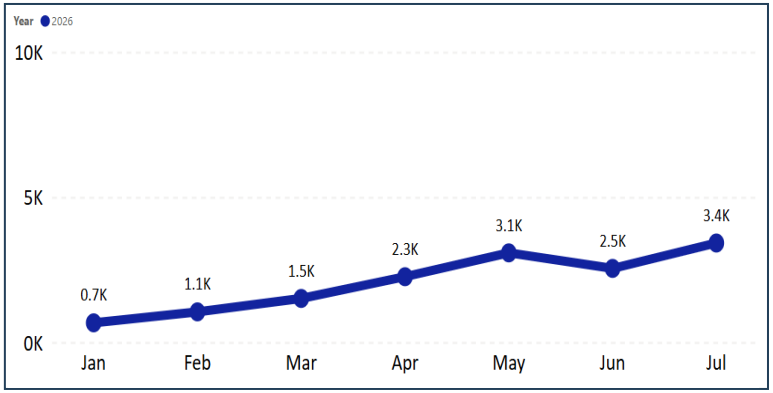
Operations KPI DSNP

Claims Received – DSNP

Claims Received Jan-2025 to July-2026

Total Claims Volume Received

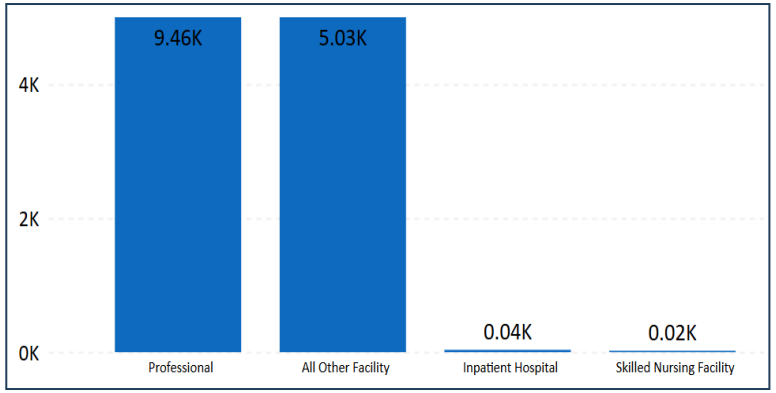
Total volume of all claim's statuses (Final, Denied, Rejected, etc.)



Trend Analysis: The graph reflects July being the highest volume of claims received since DSNP go-live. The numbers increase monthly as members begin to see their providers.

Total Claims Volume by Type

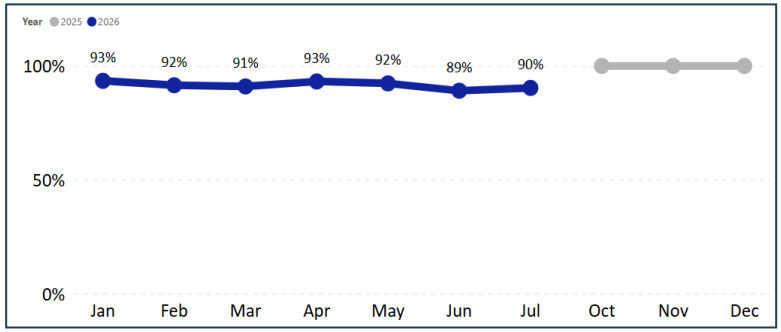
Count of all distinct claims (past 12 months, with a 3-month lag)



Trend Analysis:

% of Claims Submitted Electronically

All claim sources non-Paper or unknown



Trend Analysis:

Charts based on Receipt Date

Chart Legend: 2026

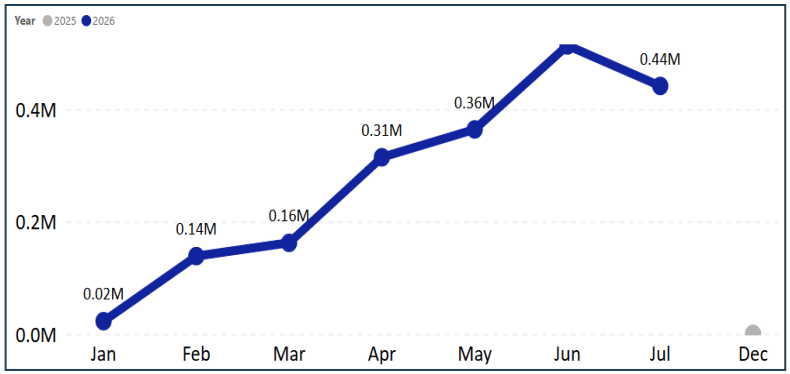
Return to Agenda

Claims Payment and Processing – DSNP

Claims Payment Timeline – By Process Date Jan-2025 to July-2026

Total Paid ($)

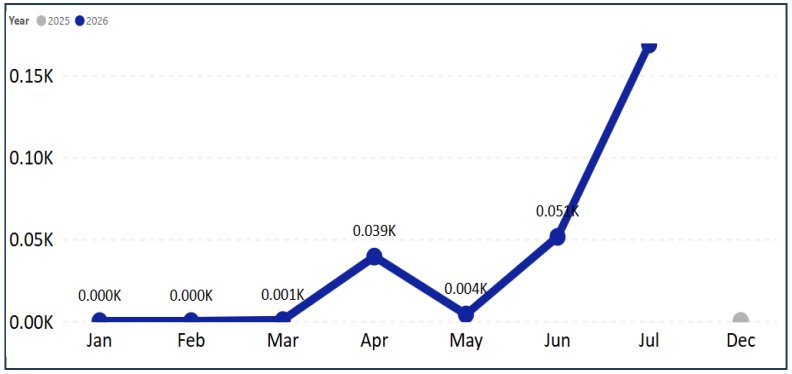
Total paid on final claim based on the month claim was paid



Trend Analysis: The data shows a decrease in the dollars paid in July due to lower dollar claims received by the plan compared to June where we saw a high dollar inpatient claim paid.

Total Interest Paid ($)

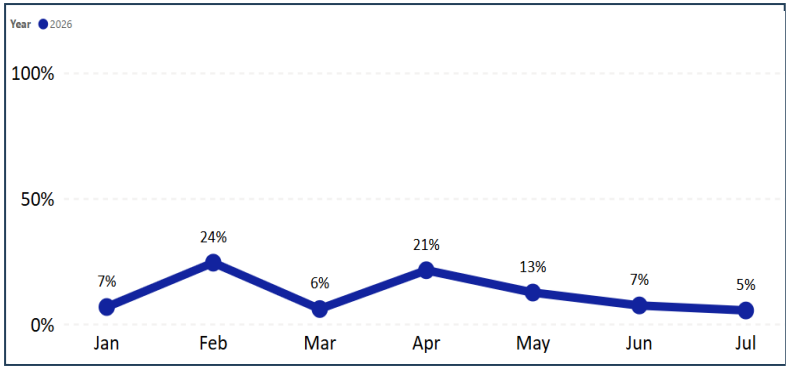
Total interest on final claim based on the month the claim was paid



Trend Analysis: The interest increased during the month of July due to two DSNP claims that were held up in the mailroom. The claims were received in May and not loaded into our claims system until July causing the interest payments.

% of First-Pass Claims Auto-Adjudicated

Distinct final claims where first pass auto-adjudicated based on receipt date



Trend Analysis: The data remains consistent for % of auto adjudicated claims.

Charts based on Paid Date

Chart Legend: 2026

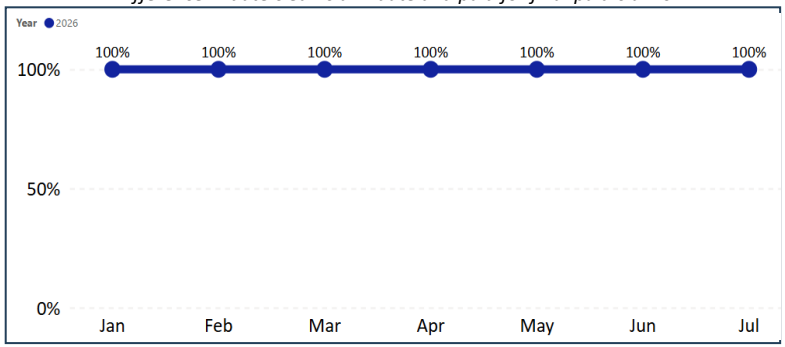
Return to Agenda

Claims Payment Timeline – By Process Date

Claims Payment Timeline – By Process Date Jan-2025 to July-2026

% Paid within 30 Calendar Days

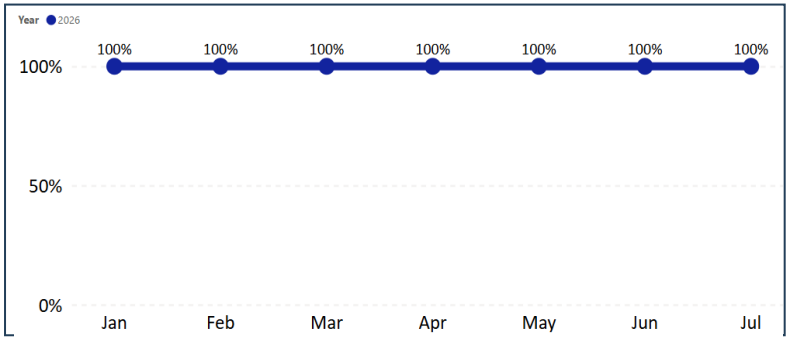
Difference in date clean claim date and paid for final paid claims



Trend Analysis: The data reflects that we have paid all claims within 30 calendar days at 100%.

% Paid within 45 Calendar Days

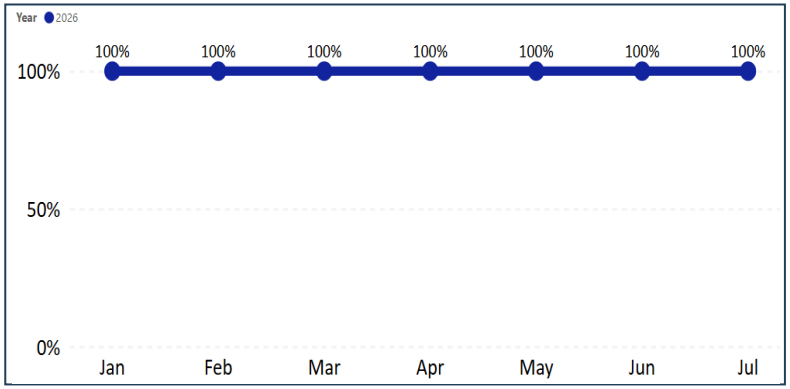
Difference in date clean claim date and paid for final paid claims



Trend Analysis: The data reflects that we have paid all claims within 45 calendar days at 100%.

% Paid within 90 Calendar Days

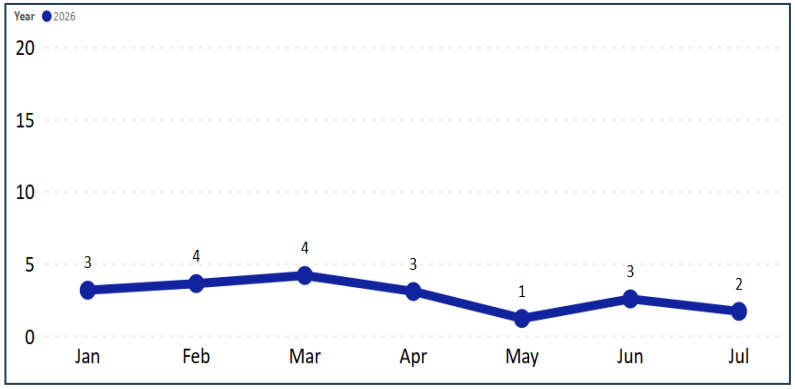
Difference in date clean claim date and paid for final paid claims



Trend Analysis: The data reflects that we have paid all claims within 90 calendar days at 100%.

Average Days to Paid

Average difference between clean claim date and paid date on clean claims



Trend Analysis: The graph shows a consistent fluctuation of average days to paid.

Charts based on Paid Date

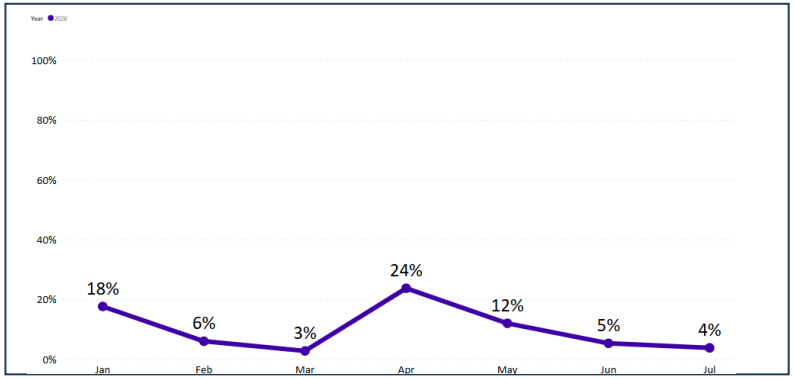
Chart Legend:

Denials, Adjustments & Rejected – DSNP

Claims Denials & Adjustments Jan-2025 to July-2026

% of Total Claims Processed that are Adjustments

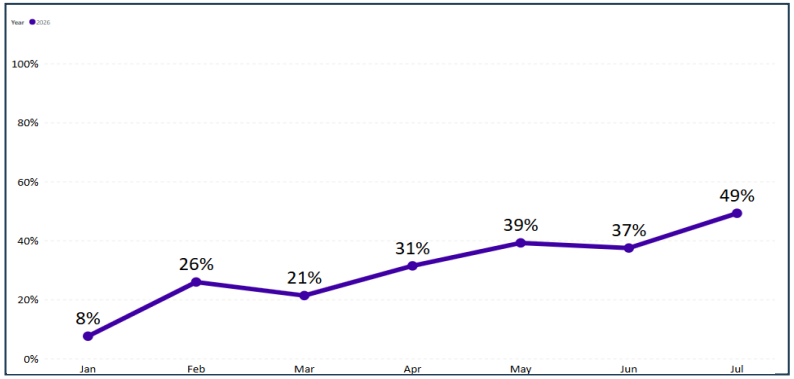
Regardless of final status with any adjustment based on receipt date



Trend Analysis:

% Denials

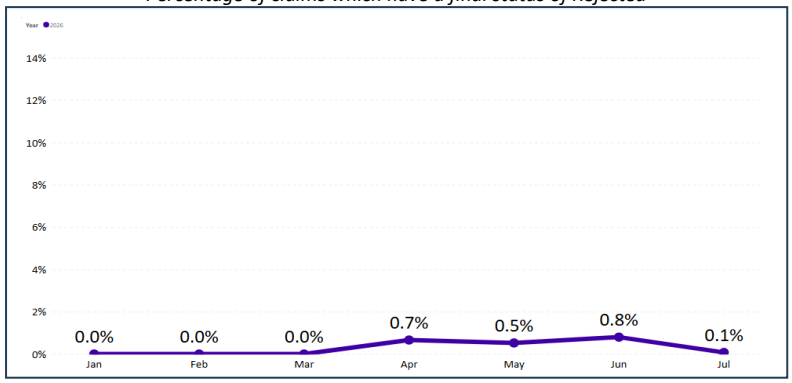
Percentage of claims volume with most recent process status = denied



Trend Analysis: Denials increased in July due to higher clinical and outpatient grouper edits, as well as an increase in duplicate claim submissions.

% Rejected

Percentage of claims which have a final status of Rejected



Trend Analysis: The graph shows a positive downward trend in rejected claims due to providers correcting their billing errors and provider education.

Charts based on Paid Date

Chart Legend: 2026

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AGENDA ITEM NO. 13

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: August 24, 2026

SUBJECT: Chief Medical Officer (CMO) Report

CMO COMMISSION REPORT – August 2026

Gold Coast Health Plan's Chief Medical Officer is delighted to share August's Chief Medical Officer update to the Commission. In August, Gold Coast Health Plan (GCHP) Quality Improvement (QI), Pharmacy, and Health Services teams continued to provide outstanding customer service and cost effective, high quality, member focused care to our GCHP Medi-Cal and Dual Eligible Special Needs Plan (D-SNP) members.

At today's Commission meeting, Quality Improvement Executive Director, Ms. Kimberly Timmerman will share a focused report on the outstanding quality measurement performance and gains for the Medi-Cal Managed Care Accountability Set (MCAS) measures, and D-SNP Star Measures. Most importantly, all measurement year 2025 MCAS measures are at or above the Department of Health Care Services (DHCS) Minimum Performance Level. This is a first for Gold Coast Health Plan. Additionally, 17 of 18 Measurement Year 2025 MCAS measures improved compared to Measurement Year 2024, and 13 of 18 MCAS measures are at or above the 75th percentile. This is a significant improvement compared to Measurement Year 2024.

Health Equity

The Health Disparity Workgroup led by Health Equity Executive Director Ms. Pshyra Jones, has finalized the prioritization of the Healthcare Effectiveness Data and Information Set (HEDIS) measures with documented disparities – including Glycemic Status Assessment for Patients with Diabetes (GSD), Colorectal Cancer Screening (COL), Well-Child Visits (WCV), Childhood Immunizations Status (CIS), ad Flu Vaccination (FLU). These measures are being integrated into existing and future improvement workplans, with targeted strategies focused on populations experiencing the greatest gaps. GCHP's Chief Health Equity Officer (CHEO) is supporting teams across the organization in applying these equity-driven approaches.

Health Equity is also actively engaged participating in discussions with DHCS, providing feedback on upcoming health equity requirements, which will replace the current National Committee for Quality Assurance (NCQA) Health Outcome Accreditation expectations for health plans. This work includes participation in the DHCS panning discussions, early review of proposed requirements, and coordination with internal teams to ensure readiness for new

reporting, stratification, and performance monitoring. This work will align DHCS's emerging framework with GCHP's existing equity infrastructure to support a smooth transition once formal guidance is released.

Health Services (UM and CM)

Health Services led by Executive Director, Ms. Nicole Kanter had made tremendous strides improving Prior Authorization Turn Around Time (TAT). During Q1 and Q2 of 2026, the Utilization Management (UM) team struggled to meet regulatory TAT and UM TAT performance was below required benchmarks. Meeting regulatory TAT for standard authorizations was due to two key factors:

a. The loss of key seasoned UM RNs due to retirement.
b. Although GCHP experienced a 6% drop in Medi-Cal membership, overall UM authorization volume increased by over 33% (more than 7,500 authorizations) driven by the revision of the Clinicas del Camino Real Delegation Agreement which returned UM authorizations back to Gold Coast Health Plan.

Bold creative, solutioning, hiring of temporary UM RNs, and strong commitment from the UM RN team has meaningfully reduced the authorization backlog from nearly 4 weeks down to 2 days. Ms. Kanter's team are on track to be fully compliant with UM authorization TAT within the next 2-3 weeks.

Pharmacy

Gold Coast Health Plan Pharmacy has been extremely busy ensuring our provider partners and network physicians are fully informed and understand new D-SNP and Medi-Cal pharmacy policy updates and policy changes.

For your consideration, Health Services and Pharmacy have provided their slide deck power point presentations in the appendix.

ATTACHMENT:
Chief Medical Officer Update PPT

Gold Coast Health Plan℠
A Public Entity

Chief Medical Officer Update

August 24, 2026

James Cruz, MD
Chief Medical Officer

Integrity
Accountability
Collaboration
Trust
Respect

Gold Coast Health Plan℠
A Public Entity

Health Equity Department Update

August 24, 2026

Pshyra Jones
Executive Director, Health Equity

Integrity
Accountability
Collaboration
Trust
Respect

Health Equity Mandate Continues Beyond NCQA Health Equity Outcomes Requirements

- The Health Disparity Workgroup has finalized the prioritization of HEDIS measures with documented disparities – including **Glycemic Status Assessment for Patients with Diabetes (GSD), Colorectal Cancer Screening (COL), Well-Child Visits (WCV), Childhood Immunizations Status (CIS), ad Flu Vaccination (FLU)**. These measures are being integrated into existing and future improvement workplans, with targeted strategies focused on populations experiencing the greatest gaps. GCHP's Chief Health Equity Officer (CHEO) is supporting teams across the organization in applying these equity-driven approaches.
- GCHP Chief Health Equity Officer is also actively engaged in DHCS's upcoming health equity requirements, which will replace the current NCQA Health Outcome Accreditation expectations for health plans. This work includes participation in the DHCS panning discussions, early review of proposed requirements, and coordination with internal teams to ensure readiness for new reporting, stratification, and performance monitoring. The CHEO is aligning DHCS's emerging framework with the plan's existing equity infrastructure to support a smooth transition once formal guidance is released.

Gold Coast Health Plan℠
A Public Entity

HEALTH SERVICES

August 24, 2026

Nicole Kanter
Executive Director, Health Services

Integrity
Accountability
Collaboration
Trust
Respect

ISSUE

Authorization intensity surged, pushing turnaround performance below required benchmarks in Q1–Q2 2026.

–6%

Membership

Overall membership declined

+41%

Authorizations per 1,000

Q1 2025 to Q1 2026

+33.3%

Total authorizations

+7,635 year over year (Q1 2025 to Q1 2026)

PRIMARY DRIVER

The revised Clinicas Del Camino Real delegation agreement materially changed UM volume dynamics.

Utilization Management implication Elevated workload created immediate operational and regulatory exposure requiring corrective action.

Corrective actions are restoring operational control

ACTIONS IN PLACE

4 temporary UM RNs approved to support prior authorization and SNF/LTC reviews.

Temporary auto-approval implemented for selected Medi-Cal-covered services for members 21+ through contracted providers and facilities.

BACKLOG RECOVERY

≈3 weeks

↓

2 days

Meaningful progress toward operational stabilization

COMPLIANCE OUTLOOK

On track to meet DHCS turnaround-time requirements by mid-Q3 2026.

UTILIZATION MANAGEMENT OVERSIGHT

- Confirm sustained turnaround compliance
- Monitor clinical controls during auto-approval
- Assess staffing needs after stabilization

Gold Coast Health Plan℠
A Public Entity

Pharmacy Services Report

August 24, 2026

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

Integrity
Accountability
Collaboration
Trust
Respect

Medi-Cal Rx Reminders

- **Requirement for Provider Enrollment in Medi-Cal:** Effective at a future date **TBD**, Prescribers must be enrolled in Medi-Cal using their Type 1 NPI for pharmacy claims to be processed and paid at the pharmacy. DHCS/Medi-Cal Rx has started to provide more **information** to various stakeholders on the "Provider Enrollment Requirement" section on the **Education & Outreach** page. **Link** to FAQs.
- **ICD-10-CM Diagnosis Codes on Pharmacy Claims**: Effective **Fall 2026**, ICD-10-CM diagnosis code(s) will be required for all pharmacy claims including refills. More detailed information including the implementation plan and resources will be published on the "ICD-10-CM Code Requirement" section on the **Education & Outreach** page.

https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news/

New Medi-Cal Rx Updates

- Medi-Cal Rx has updated their list of drugs that may require a new prior authorization (PA) due to changes in their PA policy. For more details, review **Now Active: Prior Authorization Policy Updates, Effective August 3, 2026 (Effective Aug 3, 2026)**
- Medi-Cal Rx will implement early refill override limits for members 21 years of age and older. For more details, review **30-Day Countdown: Updates to the Early Refill Policy (Effective Aug 21, 2026)**
- Additional changes to their PA policy with another list of drugs that may require a new PA. For more details, review **30-Day Countdown: Prior Authorization Policy Updates, (Effective Sep 1, 2026)**
- Medi-Cal Rx is delaying the removal of Basaglar (insulin) until Nov. For more details, review **Update: Basaglar® (Insulin Glargine) Removal from the Medi-Cal Rx Contract Drugs List Postponed Until Nov 1, 2026**

https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news/

Pharmacy Services - Updates

- The Pharmacy team continues to meet weekly with our Pharmacy Benefit Manager (PBM), Prime Therapeutics, and monthly with DHCS/Medi-Cal Rx to discuss upcoming changes to policies/procedures, ask questions and receive updates on regulatory requirements.
- The Pharmacy team continues to provide direct outreach to both pharmacies and provider's offices to resolve any rejected claims that need prior authorization and/or help address other issues to help the member get their medications.
- The Pharmacy team continues to provide education about the Medi-Cal Rx/TCA pharmacy benefits to pharmacies, provider's offices, GCHP staff via the GCHP website, pharmacy newsletter, Provider Operations Bulletins, and various committee meetings.
- The Pharmacy team also successfully completed the FFY 2025 Medicare Managed Care Drug Utilization Review (DUR) Annual Survey in June 2026.
- The Director of Pharmacy is also working closely with our Sr. Director, DSNP, Medicare Compliance Manager, and other GCHP departments to coordinate care for members and ensure compliance with regulatory requirements.

Pharmacy Services - D-SNP Updates

- The Pharmacy team remains on track with completing tasks in our Annual Readiness project plan with Prime Therapeutics (PBM) to prepare for CY2027.
- The Director of Pharmacy has been actively supporting and completing key CY2027 D-SNP bid and formulary development activities in collaboration with Prime Therapeutics and GCHP leadership and staff.
- The Pharmacy team has completed and received approval from the Policy Review Committee for 5 new policies and procedures for D-SNP to help prepare us for a CMS program audit.
- The Pharmacy team continues to perform oversight of the PBM's delegated functions by completing monthly internal audits to ensure the PBM is compliant with CMS requirements.
- The Pharmacy team continues to work closely with the Compliance department to ensure that the PBM, Prime Therapeutics, is meeting their contractual obligations and key performance indicators by performing PBM monitoring and oversight.