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

Regular Meeting
Monday, February 23, 2026 2:00 p.m.
Meeting Location: Community Room
711 E. Daily Drive #110
Camarillo, CA 93010

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

Conference Call Number: 1-805-324-7279
Conference ID Number: 933 230 148#

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

121 N. Fir Street #C
Ventura, CA 93003

233 Corte Linda
Santa Paula, CA 93060

80 Hillcrest Drive #200
Thousand Oaks, CA

143 N. Brent St
Ventura, CA 93003

215 W Janss Rd
Thousand Oaks, CA 91360

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 January 26, 2026.**

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

   RECOMMENDATION: Approve the minutes as presented.

2. **Written Summary of Quality Improvement & Health Equity Activities – Q4 2025**

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

   RECOMMENDATION: Staff recommend that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 4, 2025 Quality Improvement and Health Equity Committee summary.

UPDATES

3. Total Care Advantage Update

Staff: Eve Gelb, Chief Innovation Officer
Sara Dersch, Chief Financial Officer

RECOMMENDATION: Receive and file the update.

PRESENTATION

4. Advancing Children's Health

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

RECOMMENDATION: Receive and file the presentation.

FORMAL ACTION

5. Project Approvals for 2026 Budget: Santa Rosa Office and Operations Stabilization

Staff: Sara Dersch, Chief Financial Officer
Suma Simcoe, Chief Operations Officer
Paul Aguilar, Chief of Human Resources & Organization Performance Officer

RECOMMENDATION: Approve the 4880 Santa Rosa Road and Operations Stabilization Projects and respective budgets and provide authority to the CEO to enter into contracts implementing the Projects in the budgeted amounts

6. Quality Improvement and Health Equity Committee 2026 First Quarter Report

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

RECOMMENDATION: Approve the 2026 QIHET Program Description, 2026 QIHET Work Plan, and 2026 Quality Improvement Duals-Special Needs Plan (D-SNP) Work Plan as presented. Receive and file the complete report as presented.

REPORTS

7. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report

8. Chief Operations Officer (COO) Report

Staff: Suma Simcoe, Chief Operations Officer
Holly Krull, Sr. Director of Strategy & Operations

RECOMMENDATION: Receive and file the report

CLOSED SESSION

9. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

Initiation of Litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.

10. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Chief Executive Officer.

ADJOURNMENT

The next meeting will be held on April 27, 2026, at 2:00 p.m., in the Community Room located at GCHP 711 E. Daily Dr. Suite 110, Camarillo, CA 93010

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

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

AGENDA ITEM NO.1

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: February 23, 2026

SUBJECT: Regular Meeting Minutes of January 26, 2026.

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Commission meeting minutes of January 26, 2026.

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

January 26, 2026

CALL TO ORDER

Committee Chair Laura Espinosa called the meeting to order at 2:05 p.m. in the Community Room located at 711 E. Daily Drive, Suite 110, Camarillo, CA 93010

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

OATH OF OFFICE Robert Bravo Deputy Executive Officer/Board of Supervisors Representative.
Roger Robinson, HSA Director – HSA Representative

Commissioner Chair Laura Espinosa stated that she was glad to see that our Commission seats were being filled. She stated that for the record, we are only lacking a Consumer representative seat to be filled. General Counsel has advocated that the Board of Supervisors recruit and appoint for this seat to complete our Commission board.

ROLL CALL

Present: Commissioners Allison Blaze, M.D., Robert Bravo, James Corwin, Jamie Duncan, Laura Espinosa, Supervisor Vianey Lopez, Timothy Myers, Dee Pupa, Roger Robinson, and Sara Sanchez

Absent: Commissioners Anna Monroy, and Scott Underwood, D.O.

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

Also in attendance were the following GCHP Staff: Lupe Gonzalez, Susana Enriquez-Euyoque, Vicki Wrighster, Michelle Espinoza, TJ Piwowarski Lucy Marrero, Pshyra Jones, Alison Jewell, Kim Timmerman, Joanna Hioureas, Nicole Kanter, David Tovar, Ellen Rudy, Bianca Naron, Mayra Hernandez, Holly Krull, Lily Yip, Chris Dulan, Jeff Register, Jerry Wang, Nathan Norbryn, Victoria Warner, Zed Haydar, David Kirkpatrick, Kris Schmidt, Patrick Warfield, Shannon Robledo, Veronica Estrada, Erin Slack, Josephine Gallella, Stacy Luney, Adriana Sandoval, Lupe Harrion, Sandi Walker, and Karina Ramirez

County of Ventura Guests: John Fankhauser, M.D., Demitric Franklin, William Evo

PUBLIC COMMENT

None.

Commissioner Underwood joined the meeting at 2:11 p.m.

The clerk announced that after the Commission agenda was posted, Commissioner Myers notified the clerk that he could not attend the meeting in person due to contagious illness. She requested a motion be made under Government code 54953.8.3C2, that would allow Commissioner Myers to attend remotely, count toward the quorum, and be able to vote.

Commissioner Corwin motioned to allow Commissioner Myers to participate remotely Commissioner Sanchez seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Allison Blaze, M.D., Robert Bravo, James Corwin, Jaime Duncan, Laura Espinosa, Supervisor Vianey Lopez, Dee Pupa, Roger Robinson, Sara Sanchez, and Scott Underwood, D.O.

NOES: None.

ABSTAIN: Commissioner Timothy Myers

ABSENT: Commissioner Anna Monroy.

Motion carried.

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes November 17, 2025.

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

RECOMMENDATION: Approve the minutes as presented.

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

Roll Call Vote as follows:

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

NOES: None.

ABSTAIN: Commissioners Robert Bravo, and Roger Robinson

ABSENT: Commissioner Anna Monroy.

Motion carried.

PRESENTATIONS

2. 2026 Strategic Plan

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

RECOMMENDATION: Receive and file the presentation.

Marlen Torres, Chief Member Experience & External Affairs Officer, stated that on October 30, 2025, the commission and Executive Team met to go through major themes around enhancing the member experience, optimizing provider relationships, and advancing the quality of care for 2026-year goals. She noted that this marks the last year of our five-year strategic plan. Our focus remains anchored on our members, compassionate care, and accessible healthcare for our community.

Josephine Gallella, Director of Project Management stated that outcomes and discussion points from the Retreat were used as input and guidance in the goal setting process. Our strategic goals are aligned with our strategic anchors. Our first strategic anchor is enhancing our member experience. The goal is to retain our Medi-Cal membership. We want to keep our members enrolled and engaged in their healthcare so that we can enhance their experience. The second goal is improving our CAHPS score survey results. Goal three is specific to our new line of business – Total Care Advantage.

The second strategic anchor is optimizing our provider relationships and partnerships. The first goal in this anchor is stabilizing and optimizing our operations. This goal is to improve claims accuracy timeliness on our claim's payments. This will include optimizing our relationships with our providers for our Total Care Advantage product.

The third strategic anchor is advancing quality of care. The goal is to achieve MCAS target for measure year 2026. This goal is to make sure we connect our members to care, so that we can advance the quality of care that they will receive. The second goal is to achieve the Total Care Advantage specific quality targets. As we formulated these goals, we also have foundational goals. These goals are fundamental to us as a plan. They are what will keep our lights on. These goals are meeting our financial targets for

both Medi-Cal and Total Care Advantage as well as meeting our compliance targets for both. The last goal we have is for us as a plan to continue to transform our culture which is the way we deliver our key results. Delivering on these key results was part of our SMART goals and measuring our performance against key results and the goals.

The organization is showing growth and improvement, getting better at this practice. Our goals are more focused and are directly aligned to what is important to us as an organization. They are measurable. We are better at identifying key results and targets, and able to regularly check our performance against those key results so that we can act and make decisions in a timely manner.

Ms. Torres stated there are several benefit and eligibility changes in 2026 due to the proposed state budget and HR1 implementation. We want to retain membership and once retained, we need to serve their needs. This all ties into how we are working with providers.

This year we are focused on membership retention and preparing for the changes around HR1 and 2027. If our goals are approved, we would go to a project planning meeting where all the cross-functional departments will come together and start adding details to the proposed work plan. We will present quarterly updates to the commission.

First, it would be to prepare an outline of the proposed work plan. Second, our continued collaboration with the Human Services Agency understands that based on the assumptions that we have, the eligibility, the work requirements, verifications, would be the agency administering a similar process to what we engage with in the renewals. They are conducting the verification; we are supporting education and retention efforts. Discussions have begun with the Human services Agency and the Healthcare Agency, which is key based on our membership and where they seek care. We have our Member Care Ambassadors who will support at the provider's office, supporting them by completing the documents, and sharing information. We are also committed to working with CDCR and Community Memorial Health System – they are our major providers, and this makes sure that we are all working together. This process will help us to retain as many members as possible. We want to maintain the 233,000 members or more if possible. This number is a projection within the budget counts and membership assumptions. The second piece is that once we retain them and we will work through the work plan. Once the teams come together, we begin the work with our major health systems, and other key providers, as well as community-based organizations. The next piece is how we serve them, what their experience is. We would then begin the work around our CAHP survey. As an organization, we have not conducted mock CAHPS. We will begin work with Press Gainey and issue the mock survey through them, gathering information. We then gather the information, create a work plan, and reissue the survey as another metric. The actual CAHP survey that is sent out to the members is part of our quality scores when it comes to star measures for our D-SNP line of business. CAHP scores are important in ensuring that members are receiving the preventative screenings that they need to obtain.

Commissioner Pupa stated she appreciated the mock surveys that will be used as a baseline. It is a step forward to point out opportunities.

Commissioner Corwin asked about the five percentage points. He asked if that is an aggressive target. CIO Eve Gelb stated that because we have never done a mock survey, we do not know what the jump should be. In looking at the actual CAAHP survey we have scored well compared to others in the state, but when we look at other Medicaid plans, we score extremely low. We do not reach the 50th percentile. We are looking to see how we can get to the 50th.

Commissioner Blaze asked about language. She asked if GCHP is getting sufficient return of CAHP surveys for patients who speak Spanish, or regionally such as East County versus West County. Ms. Torres responded that there are not many members that are taking the survey – it is a low sample size. With that component, there is need to educate the members on the survey. The mock surveys are going to be broken down into member level data. We will know who answered the survey, and all demographics. We will then in turn have better knowledge of how to outreach and how to strategize to increase the survey.

Commissioner Robinson stated that we will have to strategize how we ensure people are going to meet the work requirement of eighty hours per month. He noted that it will have a significant impact on the homeless population because if they are not working, they cannot meet the requirements and will no longer receive services. The homeless apply for waivers and we want to make sure they get them. He noted that executive orders are released every week and if that order states that you cannot get the waivers, we will then need to see how to get services to this population – it will make a significant impact on our community. We must be intentional about addressing this issue to make sure that we keep the numbers up. Ms. Torres stated the key is to retain members and then keep them enrolled throughout the year as they start getting preventive screenings which counts into our MCAS measures and percentages. It all ties together.

Commissioner Espinosa stated there is a homeless count that is done at the end of January. She asked if this might be an opportunity to give this population information on what will be implemented regarding work requirements. She also asked if for monolingual population we are utilizing GCHP staff to do the survey or is GCHP partnering with community-based organizations. Ms. Torres stated that we start off working with Press Gainey, who would be the vendor to administer. It is a random sample size from within our own population. There is a possibility for us to collaborate with community-based organizations, such as our current grantees.

Commissioner Sanchez asked if the surveys are mailed. She stated she was concerned about the population who cannot read or access mail, such as the homeless who do not have an address. Ms. Torres stated the sample survey is issued from the state, it is mailed. We will do a mix with our mock survey. It will be mailed, texted, and emailed. CIO Gelb stated we are trying to mimic how the state and federal government administer the survey. This is not our only touch point with our members, this is a key influence on

how we get our quality scores because if members are having valuable experience in the doctor's office, then they are likely to go for their follow-up. We are trying to mimic the methodology that the actual CAHP survey works – and that is a mailed survey. Under Medicare, there is also a phone option, and it is a similar survey. CIO Gelb stated that she did not know if the state allows a telephonic option for the state CAHP survey. We are going to mimic whatever it is on our mock survey. We are also trying to align with the way our regulators receive information so that we can see what drives changes.

Suma Simcoe, Chief Operations Officer, stated these are goals and we will go with the findings and how we may need to modify some of them. The goal is to pay claims correctly the first time and every time. Timeliness and claims statement accuracy are the two focuses for this year. We need to build up claims operation since we went with the new system, and we have faced challenges. The other is retro eligibility transaction processing resolution; there are challenges with the process resolution.

One of the goals for this year is to maintain regulatory requirements for average speed of answer and hold times in the call centers. We want to minimize that so that when the call is answered, we provide a complete answer without putting anyone on hold. We will also be working on the provider dispute resolution. As we improve quality, timeliness, and accuracy of claims payments disputes should automatically go down. She noted that more would be discussed in closed session.

James Cruz, M.D., Chief Medical Officer, introduced Kim Timmerman, Executive Director of Quality, who will present our Gold Coast Health Plan 2026 Quality Improvement strategic direction. Ms. Timmerman stated that for the coming year of 2026 we have twenty measures that are held to the minimum performance level compared to eighteen measures in 2025. There are four new measures that will be held to cancer screening, depression screening for adolescents and adults, prenatal depression screening, and postpartum depression screening. There were two measures that were removed from the measure set and will not be seen in MY26. The first is chlamydia screening in women, and the second is asthma medication ratio that was retired as an NCQ measure. We also have one report only measure in MY26. Report only means we report the data to DHCS, but we are not held to that minimum performance. The new measure is followed up after acute and urgent care visits for asthma. It is not held to MPL because there are no benchmarks yet, it is a brand-new measure.

We continue to focus on improvement, sustaining the achievements that we have made in the last several years and monitor new measures. Our goals are set intentionally to keep moving us to higher targets, to keep serving our members and achieve higher member outcomes. We are striving to achieve HPL (Higher Performance Level) which is the 90th percentile target. As we move forward in our strategy, we need to start thinking more about our health plan ranking for an NCQA accredited plan. We are now going to look at not only MCAS measures but also for all the measures that roll into NCQA accreditation and Medicare stars. Ms. Timmerman noted that we have new measures, and those new measures start out as a SPL target. Commissioner Pupa stated that we

owe a big thank you not only to GCHP but also to our providers that have helped us with our achievements.

CIO Gelb moved onto Total Care Advantage goals, there are pillars, there are strategic pillars, member impact, our provider relationships and advancing quality as we have in our Medi-Cal line of business, we also have Medicare line of business goals for Total Care Advantage. We are focused on our membership target. We had originally anticipated 24500 members by the end of the year. We are at a point where we think we are tracking more to 1200 members. This is not a bad thing to have less members in this product because we want enough members to measure and make sure all our processes are working. We want to support the plan and our providers in this year of development and capability building. We want to keep our membership between 1200 to 2500 members. If we go over 2500 members our concern is that we will overwhelm our system and our providers. CIO Gelb noted that if we reach that we cannot say we are not enrolling more members. We are required to enroll anybody who wants to join the plan, but we think we will be ok in this corridor of membership to reach what we have set as a leading indicator. She stated that we have no idea what our disenrollment will be because we are new, but this is a benchmark from other plans of solid performance on disenrollment. We have discussed losing Medi-Cal eligibility and this would impact TCA numbers because if people lose their Medi-Cal eligibility they will no longer be eligible to be in the plan, and they must be dual members. We have a goal of 65% of our members to complete an annual wellness visit (a Medicare benefit). We will be focusing on members that have not had a Wellness visit in a while, but our target is across our population to get as many of our members into that comprehensive annual Wellness visit as possible.

CIO Gelb stated that many of the quality metrics that are part of our MCAS are also part of the CMS Five Star which is the set of measures that we use to evaluate quality for a Medicare Advantage D-SNP. We are setting our target to have individual specific measure target, and our goal is to hit 80% of them.

We have two foundational metrics; one is to lose less than $11 million in our first year, which is the number we presented to the Commission. Our goal is not to lose more than what we promised, we will work hard to make sure that we lose less than $11 million. We do not want to lose more money than we anticipated. Second is that CMS is a different regulator than DHCS. There are high consequences associated with Department of Justice if we do not get things right. We want to reach our compliance targets for metrics. Our goal is to hit 90% of compliance targets and that is how we will measure that we are achieving and doing what we need to do from a CMS standpoint. CIO Gelb stated that we are also now beginning to build our 2027 plan for submission. Key is to build our plan.

Paul Aguilar, Chief of Human Resources and Organization Performance Officer, stated we want to ensure that we have alignment. We are going to kick off our performance management process. The first part of the process is for all of us to identify individual goals and ensure that we have goals that are aligned to the strategic anchors. The first

step in the process is goals and creating goals. We have training for managers and employees on how to create SMART goals so that they are specific, measurable, and attainable so that we can measure success throughout the year. Every year we are building more rigor on the success of our goals at the individual level which determines the merits that we all see at the end of the year. It is important to have a reward system tied to that to ensure that we identify high performers in the organization.

Ms. Torres stated that if there were no further questions or comments staff respectfully request approval and we will begin to move forward in developing work plans, collaborating with the teams, and going through the process Mr. Aguilar shared. We will incorporate quarterly updates on the work that we are doing. We will give our next update in April.

Commissioner Blaze asked if providers will be incentivizing providers with the Wellness exam because it is a lot of work. CIO Gelb responded yes; part of our SNP Quip is to support providers in two ways. The first way is to have a series of milestones in terms of collaborating with them to implement an annual Wellness visit into their workflow and their electronic health record. Second is an incentive for getting members in for the annual Wellness visits with an emphasis on getting members in within six months of their enrollment. We are incentivizing our members and providers.

Commissioner Corwin motioned to approve agenda item 2. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anna Monroy.

Motion carried.

Commission Chair Laura Espinosa stated she wanted to acknowledge guest Dr. Frank Fankhauser from the County of Ventura and his staff. Dr. Fankhauser introduced Chief Deputy Director Demetric Franklin.

UPDATES

3. Update on the Creation of the Ventura County HealthCare Coalition

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

RECOMMENDATION: Receive and file the update.

Marlen Torres, Chief Member Experience & External Affairs Officer stated that in August of 2025 she shared GCHP advocacy and principles for the year after the implementation of HR1, as well as the efforts that had been done prior to the passage of HR1. She noted that after, there were subsequent meetings that occurred with many healthcare leaders due to HR1 impact and the effect it will have on our community. It became clear that it was important to start a coalition. We have created the Ventura County Healthcare coalition. The goal is to meet at the beginning of February to continue advocacy. We will continue education and outreach on member eligibility and changes to our membership. We will also funnel feedback up to our trade associations and they will continue to advocate as well as share feedback from other health plans, especially as we go into draft with the CMS for final guidance around HR1. We will also take this information and leverage our state lobbyist and any public relations activity that we conduct we will work with our PR firms to support those efforts.

Ms. Torres stated that many of those present will be receiving an invitation to attend the coalition meeting. CEO Nunez stated the priority this year is to retain enrollment for our members, it is going to be key. The goal of the coalition is to look across the board at all healthcare coverage. It is looking at the landscape of coverage and access to care and developing key priority work that we are going to do as an organization and across the county. Barriers to access is going to hit hard in 2027, and it is going to be a challenging year, so we need to start doing the work now. We need to develop strategies so that we are ready to take on what is coming in 2027.

Commissioner Robinson stated this is a great initiative-taking approach in preparation for 2027, and all systems need to come together.

Commissioner Espinosa motioned to approve agenda item 3. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anna Monroy.

Motion carried.

Commission Chair Laura Espinosa requested a break before Formal Action items are presented. The commission took a short break at 3:22 p.m.

The commission was reconvened at 3:33 p.m.

FORMAL ACTION

4. November 2025 Financials

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Staff requests the Commission receive and file the November 2025 financials.

Sara Dersch, Chief Financial Officer stated we are in a shortened fiscal year, we are doing a six-month fiscal year as we convert to a calendar year. Fiscal year to date is July 1, 2025, through December 31, 2025. A continuation of some of themes discussed over the last several months - primarily around positive membership. Our membership has been trending higher than we projected. We do have some challenges with claims operations. She noted there is one new factor for our month-to-date results specifically relating to a risk corridor. Take back for adult expansion UIS population related to 2024, which was the first year we could enroll those members. Due to no experience for those members, the state developed premium revenue rates. They developed a risk corridor to protect the stated should the costs be very high but also to protect if the revenue was too high and protect if costs were too high. When we looked at the experience of this category of aid, we submitted this part of our 2024 medical loss ratio filing at the end of the year and it turns out we received more revenue than we spent on medical costs. As a result, the state has decided that we owe $21.1 million back to them. This was not anticipated, and it was a hit to our bottom line. CFO Dersch noted that COO Simcoe continues to look at claims and we did not have a complete set of claims when we calculated the total cost for that category of aid. We have an opportunity to initiate discussions with the state and refile. We will not get the full $21.1 million back, but we will get something. The Commission will be kept updated on this issue. She also shared that other sister public entities did not have the same experience as we did. They showed a much higher cost than we did, which is an indicator we under reported what our costs for that category of aid were. A similar situation happened with adult expansion in the County because it was new and every single managed Medi-Cal plan received more premium than the actual cost, so there was a take back. It is the state not understanding exactly what that trend will be. What makes this different is the claims issue where we hope to recoup a portion of money.

From a year-to-date perspective we are looking at a $36.8 million deficit, which is unfavorable to our projection. We did project we would have a small surplus at this time. We have the UIS first quarter take back, we have continued claim stabilization and we will review what is going on with our claims reprocessing specifically interest expense.

There has been a challenge with our medically tailored meals program, and we are placing discipline around the employee execution of that and continue to make sure that we are staying within our means and not overspending versus the premium dollars we receive. We will see a reduction in costs going forward. One of the challenges with this program was there were minimal guidelines given to us by the state. She noted that over the last few months we have been able to find a vendor that can provide meals at a cost that is within our premium rates. This will allow us to continue to offer this program to the members that qualify for it. CMO Cruz and his team will make sure that we are getting people in and out of the program appropriately. Also transferring people to grocery boxes from meals, which is a good option for folks to develop.

TNE at the end of November stands at 570% of the DHCS required amount which a healthy amount. Our membership is a t approximately 240,000 members and we are at the same now, and our revenue is favorable. Our medical loss ratio is 93.3% versus a budget of 84.6%. Administrative costs are running spot on; we are at 11.2% and this includes all the buildup work for D-SNP. CFO Dersch then reviewed our categories of service costs. She also reviewed our claims interest expense. We pay interest for claims that are aged over 45 days – we have not paid them timely and at day forty-six they begin to incur an interest expense. The interest does go to our providers although our providers would prefer to be paid timely.

Paul Aguilar, Chief of Human Resources and Organization Performance Officer, reviewed our labor expenses. He stated that we are at a 458 full-time head count and are at 98% capacity with our full-time staff. We have decided to pause hiring except for a few targeted key open positions where we have some talent gaps. He also noted that we have a high number of contingent laborers which are associated with D-SNP. Many of that contingent labor will be exiting in March.

Commissioner Abbas motioned to approve agenda item 4, November Financials. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anna Monroy.

Motion carried.

5. 2026 Proposed Budget

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Staff requests the Commission approve the proposed budget for 2026.

Sara Dersch, Chief Financial Officer stated there are continued themes from what has been discussed today. There is a slight change in the order of information given the extraordinary times that we are in where the landscape changes weekly, if not daily. The overall economics of the organization, due to the changes and who is allowed to be a new enrollee, are starting to contract. This trend could continue depending upon actions the federal government may or may not take with beginning to exclude other categories of aid. This can also be impacted by what our current governor does. We are at the whim of politics at both federal and state level. This could include turning off the Medi-Cal membership for the UIS population. Currently we are projecting $1.2 billion in revenue and $1.1 billion in medical costs. Our medical loss ratio is 86.3%. This does exclude the incentives that we are paying our providers through the QIPP and HQIPP programs. We know that when we get ready to file this MLR report to the regulators that number will be included in the 86.3%. Currently we are targeting just 86.3% as part of actual cost of care for our members. We are projecting a net income of only $2.1million. We heard the recommendations of the commission and are trying to be proactive and share any type of surplus with the providers. With $1 trillion in federal funding cuts for our Medi-Cal population there will be a weakening of that safety net. We must ensure that the Ventura safety net is as strong as possible and continues to keep us afloat. We will also continue to partner with community-based organizations in the county to ensure that we keep the UIS Medi-Cal population to keep their enrollment renewed in a timely manner, so they do not fall off. We cannot enroll new members into that category of aid.

We will continue to develop the Model of Care that is most effective for our members. CFO Dersch stated that we could petition for mid-year rate increases. If we get those, they will be retroactive back to January 1. She noted that we are looking at doing some innovative value-based contracting with some of our providers, which will give them more dollars from us.

We are continuing to have claims clean-up. From an IBNR perspective all those costs are older costs attributed to older claims. We have the ability to lower our reserve because we can prove that those older claims are not part of the new trend. We also look forward to our payment integrity program coming back up over the course of the year. We will roll this out in the third quarter and will be able to start to look at how much we have overpaid, and we will be going back to claw some of those dollars back. She noted that we are required from a state and federal perspective to ensure that we go after those overpayments.

CFO Dersch stated that we are going to invest in our grants program – with new RISE grants. We are going to focus on redetermination and membership. She also stated that the approach to this year's budget is a flexible, fluid budget, and we will review the budget every three months. We expect TNE to be approximately 520% because we are not adding any surplus into our reserves, but also, we need to fund the Medicare deficit. We are taking a conservative approach to the budget. Our expectation is to beat these targets with enrollment. We plan to beat enrollment targets, and we are going to work towards that and beat our MLR and ALR expectations. We will be in perpetual budget mode, and we will provide a revised projection quarterly.

The Medicare budget is much smaller but is still critical for us. We are projecting a $10.8 million deficit that is driven primarily by administrative cost that it takes to run this plan. Our projection is that in the three-to-four-year period we will cross that 9-to-10,000-member mark and we will be profitable.

When you add Medicare and the Medi-Cal together our final projected deficit for the year is $8.7 million. CFO Dersch noted that this is a small deficit for a plan that brings $1.2billion in revenue.

CFO Dersch also stated that for the Commission's review there is a list of vendors and the amount that is in the budget by vendor, as well as the amount of the entire contract.

Commissioner Blaze asked about the two cents that are staying with the plan. CFO Dersch stated the two cents was reduced to 0.2 cents – it is only a sliver of a penny that we are keeping, it is break-even. Commissioner Abbas asked for clarification on the RISE grants. Erik Cho, Chief Policy, and Programs Officer stated that the BME ratio has been flexible and has come down from 2% to .2% and more grants will be given to providers if they perform.

CFO Dersch stated the budget will be presented every quarter for formal approval of any revisions.

Commissioner Abbas motioned to approve agenda item 5, 2026 Proposed Budget. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anna Monroy.

Motion carried.

6. Revision to Tangible Net Equity (TNE) Policy

Staff: Sara Dersch, Chief Financial Officer

RECOMMENDATION: Staff requests that Commission approve the revision of the TNE Policy.

Sara Dersch, Chief Financial Officer, stated our TNE had been set to maintain at 700% which was approved by the Commission in June of 2024. We have found that it is better to maintain a range for TNE since it does ebb and flow regularly depending on the data calculated. We are asking the Commission to approve a range between 500 to 700%. Commissioner Corwin asked if there was a need for a policy with a range or what the goal is for that. CFO Dersch stated she recommended the policy because it gives the commission an opportunity to perform their duties as fiscal oversight of the organization. We are required to submit our TNE policy to TMHC. CFO Dersch stated another reason to put a cap on it is because we want to indicate to all the legislative bodies that we are not going to be holding on to all those reserves and we are going to put the money back out.

Commissioner Corwin motioned to approve agenda item 6. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anna Monroy.

Motion carried.

REPORTS

8. Chief Medical Officer (CMO) Report

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

RECOMMENDATION: Receive and file the report

James Cruz, M.D., Chief Medical Officer, stated that we have redesigned our GCHP concurrent review process. Previously it was a retrospective review which is not

concurrent. Now we are looking at all our members who are currently in a hospital setting and we have assigned specific teams of UM nurses that are linked with care management and our transition of care managers. There is a team dedicated to VCMC, a team dedicated to Community Memorial, etc. The goal of this restructuring is to improve the members' coordination of care and to ensure that both UM Services and care management programs wrap around the members when they are discharged. Second, we want to make sure the discharges are timely and safe, and to the appropriate community setting. Third is that it is important that our UM concurrent review nurses and medical directors are teamed together and thoughtfully managing our resources and ensuring quality of care is aligned with the cost of care. Lastly, UM acute care bed day metrics and benchmarks are being developed to reflect not only more accurately our UM performance but also targets. This innovative progress has been made under the leadership of Nicole Kanter. Ms. Kanter and her team have worked to reorganize the healthcare services so that we have specific units or care managers that are organized to address specific population healthcare needs.

CMO Cruz stated Kim Timmerman and her team orchestrated full plans preparation for healthcare for the NCQA accreditation in both in the health plan and for health equity. Back in 2021 DHCS ranked GCHP near the bottom and since then we have risen rapidly to be one of California's top performing Medi-Cal health plans for measurement year 2025. All our MCAS measures are performing better than at the same time last year. Nine measures have already reached their target, and we are projected to meet the MPL of all measures except for one. Pharmacy has worked tirelessly to prepare for the D-SNP go live January 1, and efforts have paid off. We are also training providers on coding for Total Care Advantage. This helps providers understand coding and the documentation that is necessary to ensure coding is counted.

The Health Equity department under Ms. Pshyra Jones is working collaboratively with both DHCS and other Medi-Cal plans on the Maternal Child Health Equity Collaborative which focuses on capacity building of managed care plans to improve health outcomes and quality of care for young children. This phase is building on prior phases that will emphasize the adaptation and implementation of proven practices at a scale across eighteen counties.

9. Chief Diversity Officer (CDO) Report

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the report

Ted Bagley, Chief Diversity Officer, stated that diversity has been under attack at both the federal and state levels. We are continuing with diversity as we always have here at GCHP. Diversity discussions make some people uncomfortable, but it does not make this team uncomfortable. The DEI Council looks at how we do diversity within GCHP. They look at fairness of pay, fairness of recruiting. He noted that the council is looking for some cultures to join due to some people rotating off. CDO Bagley reviewed some of

the actions and ideas that help the team continue to be successful, to work together, and enjoy each other as a team. CDO Bagley stated that at the end of the quarter he will present a comprehensive report in detail on the DEI Council accomplishments to the commission.

Commissioner Espinosa stated that she appreciated how CDO Bagley helped turn around the culture with the entire team, and she appreciates the work that he does.

7. 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 stated there have been challenges due to political changes. There are barriers that are coming for members in terms of accessing health insurance. Members in our community are losing coverage due to losses of Covered California. Fiscal discipline is going to be important in us being resilient as an organization. We will go forward as a health plan, fulfilling the mission and vision of the organization and improving the health of our members. Our number one job is to represent our stakeholders, and our stakeholders are our members. There is a lot of work to do, but he is confident we will have a successful year. As an organization we will continue to develop and mature.

10. Human Resources (H.R.) Report

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

RECOMMENDATION: Receive and file the report

Paul Aguilar, Chief of Human Resources & Organization Performance Officer stated we are transforming our culture, which is a culture of accountability. We are developing cultural behaviors within the organization in terms of how we show up, how we are aligned to member impact and how we own the work that we do, we want to be resourceful.

We have launched Workday, and we now have new HR and financial systems, and will use a robust system and we are happy with the implementation.

Mr. Aguilar stated that lastly, he wanted to share that as an organization we have achieved 94% of our goals and sub-goals. There is a lot of work going on and it will continue.

Supervisor Lopez motioned to approve agenda items 8, 9, 7, and 10. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner Anna Monroy.

Motion carried.

CLOSED SESSION

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

12. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Initiation of Litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: One case.

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

14. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer.

15. CONFERENCE WITH LABOR NEGOTIATORS
Agency designated representatives: Paul Agular, Chief Human Resources and Organizational Performance Officer
Unrepresented Employee: Chief Executive Officer

General Counsel, Scott Campbell stated the following as reportable action: The commission unanimously agreed to grant CEO Felix L. Nunez, M.D., his whole bonus, which is 20% of his base compensation or $100,000.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 7:18 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: February 23, 2026

SUBJECT: Written Summary of Quality Improvement and Health Equity Activities – Q4 2025

RECOMMENDATION:

Staff recommend that the Ventura County Medi-Cal Managed Care Commission accept and file the Quarter 4, 2025 Quality Improvement and Health Equity Committee summary.

ATTACHMENT:

1) Quality Improvement and Health Equity Committee (QIHEC) Meeting 2025 Quarter 4 Summary Report

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 4 Summary Report

Overview

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

November 18, 2025 QIHEC

Open Action Items from Prior QIHEC Meeting

1. Action Item #66: Member Call Center Data by Race and Ethnicity
   - The Director of the Contact Center confirmed that the Call Center activity reports now include race and ethnicity demographic data and will be presented in the Member Services Committee report.
   - Status: Closed

Approval Items - None

Presentations

1. Measurement Year (MY) 2024 Consumer Assessment of Healthcare Providers and Systems (CAHPS): Trended Rates, Activities, Next steps
   - The Adult and Child CAHPS rates were reviewed. The Adult CAHPS scores showed more improvement compared to the Child CAHPS Scores. For the Adult CAHPS, 13 rates improved, and 7 declined, with 9 rates meeting or exceeding the 50th national Medicaid percentile. For the Child CAHPS, 6 rates improved, but 12 rates declined, and 2 measures were not scored due to low response rate. Only 3 Child CAHPS rates met or exceeded the 50th national Medicaid percentile.
   - Plans to improve CAHPS scores include:
     - Launch more activities to increase member engagement to collect feedback through member surveys, focus groups, and the Member Advisory Committee.
     - Create member and provider education campaigns to educate on CAHPS surveys.
     - Implement targeted interventions from CAHPS survey outcomes.

2. Managed Care Accountability Set (MCAS) MY 2024 – Plan Comparative Performance
   - DHCS released the MY 2025 rate sheets detailing the performance of 22 Managed Care Plans to enable plan-level analysis. GCHP ranked in the top 5 for the following measures: Topical Fluoride Varnish (#1), Breast Cancer Screening (#2), Lead Screening in Children (#3), Cervical Cancer Screening (#5), Postpartum Care (#5), and Hemoglobin A1c Poor Control for Patients with Diabetes (#5). Areas in need of improvement include Childhood

Immunization Status (#13), Controlling Blood Pressure (#15), Chlamydia Screening in Women (#17), and Asthma Medication Ratio (#22).

- For MY 2025, GCHP continues to monitor performance and has implemented interventions to improve the rates of lower performing measures.
- For MY 2026, DHCS has proposed moving the following report-only measures to MPL status: Colorectal Cancer Screening, Prenatal Depression Screening, Postpartum Depression Screening, and Depression Screening and Follow-Up for Adolescents and Children. Interventions for these measures include a Cologuard pilot project, the Perinatal Substance Use Disorder Improvement Project, enhanced data collection and data mapping to increase the capture services through administrative data, and member incentives.

3. 2025 Department of Health Care Services (DHCS) Regulatory Quality Improvement Projects
   - Performance Improvement Projects (PIPs): GCHP is required to participate in two PIPs to improve the quality of care and reduce health disparities for Medi-Cal beneficiaries.
     - Well-Baby Visits for Hispanic/Latinx Clinical PIP 2023-2026
       - Interventions completed include a Facebook Live event with Amigo Baby, two provider lunch and learns, Westminster Clinic health fair, MICOP Doula partnership, WIC text program, member outreach, and development of a parent pamphlet.
       - Since the PIP launched, the rate for the target population increased 3.8% points from 61.19% in 2023 to 64.99% in 2025.
     - Substance Use Disorder (SUD) / Specialty Mental Health (SMH) Non-Clinical PIP 2023-2026
       - Interventions completed include developing new workflows (data sources, staff training, database development, partnerships with clinics) to improve the percentage of provider notifications of members with substance use disorder (SUD) and/or specialty mental health (SMH) diagnoses within 7 days of an emergency department (ED) visit.
       - Since the PIP launched, the rate increased 52.66% points from 31.66% in 2023 to 84.47% in 2025.
   - Institute for Healthcare Improvement (IHI) / DHCS Collaboratives: In 2025, GCHP participated in a child health equity collaborative to implement effective, equitable whole-person pediatric care.
     - Interventions included analyzing well-child outcome rates to identify a target population with health disparity, establishing a clinic partner, completing member and provider interviews, and improving appointment scheduling workflows.
     - The final rate reached 48.12%, exceeding the project goal of 43.22%.
   - Lean Quality Improvement (QI) and Health Equity (HE) Process: DHCS assigns annual improvement project(s) to Managed Care Plans (MCPs) for measures that perform below the minimum performance level (MPL). In 2025 GCHP participated in one QIHE Improvement Project for the Asthma Medication Ratio measure.
     - Interventions included developing an asthma National Drug Code (NDC) mapping, asthma member outreach campaign, development of a member health education flyer, an asthma spacer incentive pilot project, development of asthma medication utilization reports for providers, and provider incentives through the Quality Incentive Pool and Program (QIPP).
     - The AMR rate increased 17.68% points between May 2024 and August 2025.

Standing Items: QIHEC Subcommittee and Department Summaries

1. Compliance/Delegation Oversight
   - Thirteen delegation oversight audits were initiated timely and seven corrective action plans (CAPs) were issued. Audit focus included eight credentialing audits, two claims audits, one call center audit, one transportation audit, and one behavioral health subcontractor audit.

2. Quality Improvement: MCAS Operations Steering Committee
   - The MCAS Operations Steering Committee met monthly in Q3 2025 and reviewed three focus areas.
     - MCAS Measures: MY 2025 preliminary rate review and MY 2026 DHCS proposed MCAS measures
     - Key Initiatives: Community Care, Network Strategy, Population Health, Member Outreach
     - Domains of Care: Children's Health, Chronic Disease Management, Behavioral Health, Reproductive Health, Cancer Prevention
   - Key activities launched and continued in Q3 2025 include: Updates to code mapping to capture more services through administrative data; partnering with clinic systems and Alinea to schedule mobile mammogram events,; member outreach and member incentive programs; finalize updates to new health education material to reduce health disparities; immunization and cervical cancer screening focus groups to identify and address barriers to care; address behavioral health data barriers; and launch the Cologuard pilot program.
   - By Q3 2025, the following twelve MCAS measures had met or exceeded the DHCS MPL: Asthma Medication Ratio, Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening in Women, Developmental Screening in the First Three Years of Lfe, Follow-up After ED Visit for Substance Use, Childhood Immunization Status, Immunizations for Adolescents, Lead Screening in Children, Well-Child Visits in the First 30 Months of Life (0-15 Months and 15-30 Months), and Postpartum Care. The following report-only measures improved in Q3 2025: Colorectal Cancer Screening, Adult Access to Ambulatory / Preventive Care, Pharmacotherapy for Opioid Use Disorder, and Plan All-Cause Readmission.

3. Clinical Quality Improvement: Facility Site Reviews (FSR) and Initial Health Appointments (IHA)
   - Facility Site Reviews
     - Audit results: 6 interim medical record reviews (MRR) were completed and 1 CAP was issued.
     - Clinical QI met with VCMC as requested to collaborate and clarify best practices for medical record review (MRR) documentation.
     - Transition of the FSR database vendor from Healthy Data Systems to KSB is ongoing.
     - Appealed to DHCS to establish more efficient workflow for Focused and Interim MRRs.
   - Initial Health Appointments (IHA) Enhancements
     - DHCS accepted and closed our CAP remediation response
     - Continue to document IHA outreach activities and outcomes
       - Provide reporting capabilities with actionable data for timely intervention
       - Allow providers to document outreach efforts timely

        - Enable Clinical QI to focus specifically on timely provision of IHA within 120 days, and increase oversight of IHA outreach documentation
    - Lead Screening in Children
        - DHCS accepted and closed our CAP remediation response
        - Clinical QI will perform biannual focused child lead screening MRR audits to assess for the timely provision and documentation of lead testing and lead anticipatory guidance at age-appropriate intervals

4. Population Health Management (PHM) Department
    - Population Needs Assessment (PNA): Revised to comply with NCQA PHM standards.
    - Wellth Program:
        - 81% of program participants engaged in 80% of daily check-ins.
        - Members enrolled in the QI program will be transitioned to the Utilization program.
        - Exploring blood pressure notification process for members who report an elevated blood pressure.
    - Health Risk Assessment (HRA):
        - Completed 1,174 health risk assessments in Q3 2025.
    - Colorectal Cancer Screening: Launched the Cologuard pilot program with Exact Sciences targeting 5,396 members enrolled at Clinicas del Camino Real.

5. Behavioral Health (BH) Quality Committee
    - Behavioral health data sharing updates
        - Manifest Medex escalated to DHCS issues about delays with the integration of Admission, Discharge, Transfer (ADT) data feeds from Dignity Health (Bamboo) Health Information Exchange (HIE).
    - Collaboration with Carelon on improving behavioral health measures
        - Follow-up After Discharge Assessments (FUADA) completed by Carelon increased slightly in Q3 2025 to 22.18% to help increase rates for Follow-Up After Emergency Department Visit for Substance Use (FUA) and Follow-Up After Emergency Department Visit for Mental Illness (FUM) measures.
        - Evaluating opportunities for Carelon to provide FUADA services onsite at Ventura County Medical center.
    - DHCS IHI FUA/FUM Collaborative
        - Intervention to improve FUM includes enhancing care coordination through enhanced care management (ECM).
    - Behavioral Health Lunch and Learn sessions were held in October that focused on the following:
        - Carelon services and referrals
        - Dyadic services and health steps
        - Substance use, treatment, and referrals

6. Utilization Management
    - The Utilization Management Committee (UMC) reviewed and approved the following:
        - Clinicas del Camino Real: 2024 UM Work Plan Evaluation and 2025 UM Program Description
        - Carelon: 2024 UM Work Plan Evaluation and 2025 UM Program Description

- Utilization Management policies (9) and Care Management policies (3)
- In Q3 2025, the UM turn-around-times (TAT) continued to exceed benchmarks for expedited, standard prior authorization, and post service requests.

- Care Management (CM)
  - Complex Case Management year-round training has been provided to ensure staff remain current with best practices, regulatory requirements and organizational goals.
  - GCHP partnered with the Childhood Lead Poisoning Prevention Program (CLPPP) to create and implement the GCHP Lead Effort to improve lead screenings.
  - The Nurse Advice Line received 419 calls including 237 triage calls and 7 program referrals.
  - Care management services were provided to 14,532 members and enhanced care management to 3,944 members. The primary age group was 55-64 years of age: primary language was English (65.3%) followed by Spanish (33%). ECM services were provided to members in-person (39%) and via telehealth (62%).

7. Member Services Committee
   - Call Center benchmarks
     - In Q3 2025, the Member Contact Center benchmarks for the average speed of answer and abandonment rates were met.
     - Results for Q3 2025 Quality trended upward at 93.37% for the second consecutive quarter from the previous quarter (92.9%) but below the benchmark of 95%. The Contact Center will continue to partner with the Quality Assurance team to drive performance, introduce new process improvements, and align with business requirements.
   - Membership
     - Month-to-month trend in Q3 2025 shows a slight decrease in membership by 0.96% (2,336 Members) from Q2 2025.
     - Dashboard review included membership counts by language, race, ethnicity, and age group.

8. Member Advisory Committee (MAC)
   - The Chief Member Experience and External Affairs Officer provided an overview of the new Member Advisory Committee which serves as a direct channel for GCHP members to share their experiences and guide improvements to the health plan to strengthen the member experience, advance quality initiatives, and reinforce GCHP's commitment to equitable care. The committee, which meets quarterly, was launched in 2025 and will report updates to the QIHEC.

9. Provider Network Operations (PNO)
   - All Q3 2025 benchmarks were met for (1) for primary care providers (PCPs) and Specialists, (2) time and distance standards, and (3) provider-to-member ratios. Monitoring and recruitment efforts continue to ensure network adequacy across Ventura County.
   - The annual Provider Access and After-Hours survey results revealed some deficiencies in urgent care access and appointment availability.
   - PNO completed 311 of 316 welcome letters to providers timely; the 5 delays were due to retroactive effective dates applied to the contracts.

- 99% of required new provider orientations were completed within the standard timeframe. Two providers completed their orientations outside the standard timeframe due to retroactive effective dates applied to their contract effective date.
- Remediation plans were initiated for providers with non-compliance and repeated non-compliance for urgent care access and appointment availability. Targeted site visits and Joint Operations Meetings are underway.
- Work plan activities include provider education, bulletin updates, outreach to improve accessibility, and updates to claims processing system to improve provider satisfaction.

10. National Committee for Quality Assurance (NCQA) Accreditation Updates
    - Health Plan Accreditation (HPA)
        - On November 7, 2025, GCHP completed the HPA survey submission and is preparing for the virtual file review with NCQA scheduled on November 24, 2025.

11. Health Education and Cultural Linguistics (HE/CL) Committee
    - Cultural and Linguistic Services
        - In Q3 2025, there was a decrease in language assistance services (-15%), telephonic interpreting for staff and medical providers (-29%), and Carelon Behavioral Health (-2%), but in-person interpreting for Mixteco population increased (+4%). Translation services increased significantly by 51% due to increase in translation requests for the new Dual Special Needs (D-SNP) program.
        - Current projects include updating the Transgender, Gender Diverse, and Intersex (TGI) and Diversity, Equity and Inclusion (DEI) training for staff and providers.
    - Health Education Services
        - Majority of referrals are from special projects including HRAs, MCAS, and health fairs.
        - Current activities to improve MCAS measures and reduce health disparities include well-child, childhood obesity and immunization focus groups, and the asthma outreach campaign.

12. Grievance and Appeal (G&A) Committee
    - In Q3 2025, the turn-around-time (TAT) benchmarks of 98% were not met for acknowledgment and resolution of member appeals and acknowledgement of member grievances. Benchmarks were not met due to the high volume of provider grievances and provider disputes received. The G&A department is actively working to reduce the growing inventory through focused and sustained efforts.
    - In Q3 2025, G&A identified 87 complaints related to Quality of Care.

13. Pharmacy and Therapeutics (P & T) Committee
    - Drug Utilization Review (DUR) of opioid prescription utilization.
        - In process of developing a report that identifies concurrent prescribing of opioids + benzodiazepines or antipsychotics by different prescribers to send provider notification letters.
        - Met performance metric of less than 5% increase in utilization except for the following:
            - Members with 3+ Pharmacies increased from 28 in Q2 2025 to 41 in Q3 2025
            - Concurrent users of Opioids + Antipsychotics increased from 304 in Q2 2025 to 328 in Q3 2025.

- Medi-Cal Rx updates: Reviewed policy change for physician administered drug (PAD) eligible for coverage via Medi-Cal Rx which are posted on the Medi-Cal Rx Approved NDC List and the Medi-Cal Rx Contracts Drugs List (CDL).
- Pharmacy & Therapeutics Committee: The P & T Committee reviewed 55 drugs for Medicare Part B Drugs List for the Dual Special Needs Plan (D-SNP) that will launch in 2026.

14. Credentials/ Peer Review Committee (C/PRC)
    - Open session
        - C/PRC Annual Statements
        - Review and approval of clinical quality and credentialing policies
        - Review and approval of utilization management policies for medically tailored meals
        - Review and approval of UM and clinical practice guidelines for D-SNP
    - Closed session
        - Medical Board of California actions
        - Nondiscrimination Grievance Reports
        - Potential Quality Issues
        - Practitioner Credentialing

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AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Eve Gelb, Chief Innovation Officer
Sara Dersch, Chief Financial Officer

DATE: February 23, 2026

SUBJECT: Total Care Advantage Update

PowerPoint with Verbal Presentation

ATTACHMENTS:

Total Care Advantage

Gold Coast Health Plan℠
A Public Entity

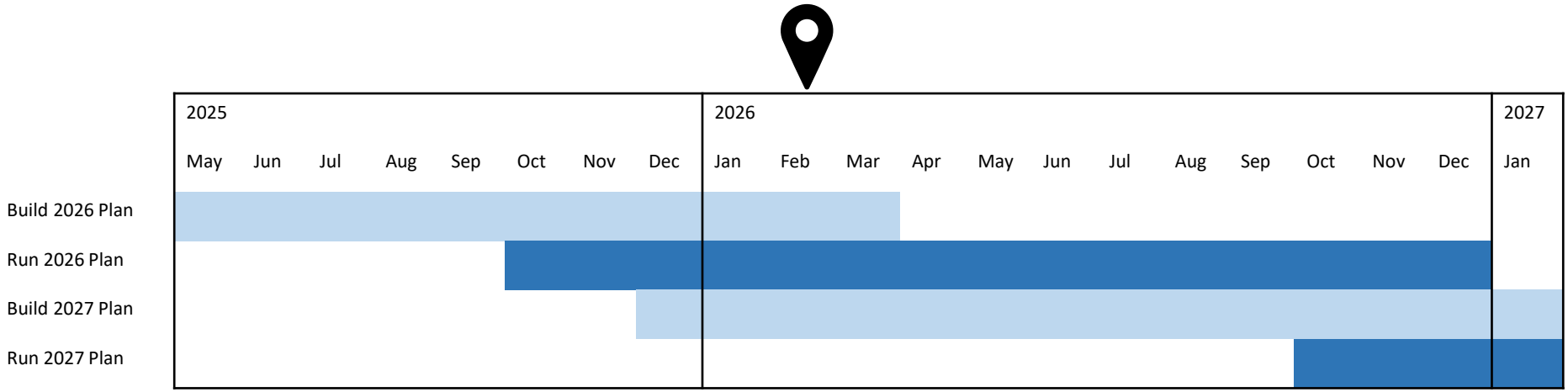
Total Care Advantage Duals Special Needs Plan (D-SNP) Update

February 23, 2026

Eve Gelb, Chief Innovation Officer
Sara Dersch, Chief Finance Officer

Integrity
Accountability
Collaboration
Trust
Respect

Program Status



- All 2026 core functions are live, but we continue to validate and address defects.
- All build related consultants roll off on 3/31/2026
- Heavy workload in Quarter 1 or 2026 as we complete 2026 Build, begin running 2026 plan and start 2027 build.

Enrollments Status (as of 2/12/2026)

Members by Age Group

Age Group	Members	% Members
00-64	72	15.8%
65-69	172	37.7%
70-74	92	20.2%
75-79	64	14.0%
80-84	33	7.2%
85-89	13	2.9%
90-94	6	1.3%
95-99	3	0.7%
100+	1	0.2%
Total	**456**	**100.0%**

Members by Language

Language	Members	% Members
Spanish	247	54.2%
English	197	43.2%
Tagalog	4	0.9%
	2	0.4%
No Valid Data Reported	2	0.4%
American Sign Language	1	0.2%
Mandarin (China)	1	0.2%
Other	1	0.2%
Russian	1	0.2%
Total	**456**	**100.0%**

Members by City

City	Members	% Members
OXNARD	179	39.3%
VENTURA	53	11.6%
SIMI VALLEY	42	9.2%
SANTA PAULA	37	8.1%
CAMARILLO	29	6.4%
OJAI	24	5.3%
FILLMORE	23	5.0%
THOUSAND OAKS	23	5.0%
PORT HUENEME	14	3.1%
MOORPARK	10	2.2%
NEWBURY PARK	9	2.0%
OAK VIEW	7	1.5%
OAK PARK	2	0.4%
PIRU	2	0.4%
SAN BUENAVENTURA	1	0.2%
SOMIS	1	0.2%
Total	**456**	**100.0%**

Members by Category of Aid

Category of Aid	Members	% Members
SPD	409	89.7%
Adult Expansion	38	8.3%
Adult/Family/OTL IC	6	1.3%
	3	0.7%
Total	**456**	**100.0%**

Members by PCP System

PCP System	Members	% Members
CLINICAS	283	62.1%
VCMC	173	37.9%
Total	**456**	**100.0%**

Members by Sex

Sex	Members	% Members
F	259	56.8%
M	197	43.2%
Total	**456**	**100.0%**

Members by Ethnicity

Ethnicity	Members	% Members
Hispanic or Latino	274	60.1%
Not Hispanic or Latino	84	18.4%
Decline to Answer	71	15.6%
Asian	18	3.9%
Unknown	6	1.3%
	3	0.7%
Total	**456**	**100.0%**

Members by Case Type

Case Type	Members	% Members
General	346	75.9%
No Case	74	16.2%
CICM	36	7.9%
Total	**456**	**100.0%**

Member Enrollment Status Category	Count
In Deeming	5
In Inter County Transfer Process	8
Disenrolled	14
Application Cancelled/Denied	41

Return to Agenda

Key Performance Indicators (KPI)

Domain	KPI	Current Performance
Membership	Achieve membership of 1200 to 2500 by 12/31/2026 Disenrollment of less than 3% per month	456 enrolled to date. 110 enrollments for 2/1/2026 effectives, beating target of 80 enrollments for the month. 3% disenrollment (14 members)
Provider Engagement	65% of members have completed Annual Wellness Visit in 2026	Metric reporting will begin in April 2026
Quality/5 Star	80% of star measures meeting performance targets for 2026 Measurement Year	Metric reporting will begin in April 2026
Financial Performance	Less than $11M loss for 2026	Metric reporting will begin in April 2026
Compliance	85% of prioritized Member Impact compliance metrics meeting compliance targets for 2026	All compliance measures will begin reporting in April 2026. Some measures are reporting now. See results for select measures on next slide.

Deeper Dive on Compliance KPIs

Workstream	Number of Metrics	Workstream	Number of Metrics
Sales/Enrollment	1	Network	2
Eligibility	1	Claims	1
Member Contact Center	3	Grievance and Appeals	4
Care Management	1	Finance	1
Utilization Management	2	D-SNP Program	1
Pharmacy	9	Compliance Program	1

Compliance Measure	Target (Trigger for Corrective Action)	Current Performance
Application Processing Time	100% within 7 days	Met for January 2026
Coverage Determination Turn Around Time- Expedited Part C	90% within 72 hours	Met for January 2026
Coverage Determination Turn Around Time- Standard Part C	90% within 7 calendar days (up to 14 calendar days - extension)	Met for January 2026
Health Risk Assessment	80% within 90 days of effective date and 365 days of prior HRA	On track to meet for Q1
Claims Timeliness	95% paid within 30 days, 99% paid withing 45 days, 100% paid within 90 days	Met for January 2026
Staff Model of Care Training	100% staff trained on Model of Care annually	34% complete as of 2/12/2026

Proforma Revision Process

Updated the first 2 years of the 5-year proforma with the limited actual information available.

Membership

- Initial membership for January and February is ~350. Adjusted assumptions to 1300 by end of 2026 and 3000 by end of 2027
- No change to membership for 2028 to 2030.

Administrative Costs

- Assumed costs for 2026 and 2027 are fixed and consistent with initial assumptions but spread over fewer members.
- No change for 2028 to 2030.

Risk Score

- Assumed lower risk score consistent with initial membership for 2026.
- Altered the risk score ramp up to get to original risk score assumptions for 2028 to 2030.

Results in additional $2.4M loss over the 5 years, with the majority of the additional loss occurring in 2027.

Revised Proforma

Original Presented to Commission April 2025

Result	2026	2027	2028	2029	2030
Avg. NENH Members	2,030	4,410	6,290	8,140	9,730
Risk Score	1.207	1.235	1.270	1.298	1.325
Star Rating	New Plan	New Plan	New Plan	4.0	4.0
Revenue PMPM	$2,037.29	$2,181.05	$2,346.09	$2,539.72	$2,714.65
Claims PMPM	2,046.58	2,108.14	2,191.74	2,300.49	2,414.67
Admin PMPM	447.93	396.49	355.51	309.14	260.53
Margin PMPM	-457.23	-323.58	-201.17	-69.91	39.45
Admin %	23%	19%	16%	12%	10%
Margin %	-22%	-15%	-9%	-3%	1%
Margin in $ millions	($11.1)	($17.1)	($15.2)	($6.8)	$4.6

Revised Scenario with Lower Membership and Risk Score

Result	2026	2027	2028	2029	2030
Avg. NENH Members	787	2,150	6,290	8,140	9,730
Risk Score	**1.068**	**1.169**	1.270	1.298	1.322
Star Rating	New Plan	New Plan	New Plan	4.0	4.0
Revenue PMPM	**$1,722.32**	**$2,019.83**	$2,346.09	$2,539.72	$2,714.65
Claims PMPM	**1,742.01**	**1,958.58**	2,191.74	2,300.49	2,414.67
Admin PMPM	1,154.92	818.78	355.51	309.14	260.53
Margin PMPM	**-1,174.61**	**-$757.53**	-$201.17	-$69.91	$39.45
Admin %	**66%**	**42%**	16%	12%	10%
Margin %	**-68%**	**-38%**	-9%	-3%	1%
Margin in $ millions	**($11.1)**	**($19.5)**	($15.2)	($6.8)	$4.6

AGENDA ITEM NO. 4

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: February 23, 2026

SUBJECT: Advancing Children's Health

PowerPoint with Verbal Presentation

ATTACHMENTS:

Advancing Children's Health

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Advancing Children's Health

February 23, 2026

James Cruz, MD, Chief Medical Officer
Marlen Torres, MBA
Chief Member Experience & External Affairs Officer

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Quality Improvement Update

February 23, 2026

Kim Timmerman, MHA, CPHQ
Executive Director, Quality Improvement

Well Child Measure Performance MY 2021-2025

Well Child Measure	MY2021 Rate	MY2022 Rate	MY2023 Rate	MY2024 Rate	MY2025 Preliminary Rate
Child and Adolescent Well-Care Visits (WCV)	33.94	42.33	49.79	55.44	57.83
Childhood Immunization Status (CIS)	42.82	40.88	32.85	29.93	32.23
Immunizations for Adolescents (IMA)	41.36	35.77	41.61	45.11	51.31
Lead Screening in Children (LSC)	64.48	65.69	69.87	78.14	79.38
Topical Fluoride for Children (TFL)	N/A	0.64	28.10	32.99	25.30
Developmental Screening in the First Three Years of Life (DEV)	39.58	38.95	47.85	55.93	65.67
Well Child Visits in the First 15 Months - Six or more visits (W30-6+)	21.12	47.38	60.70	68.35	68.31
Well Child Visits in 15 to 30 Months - 2 or more visits (W30-2)	60.40	68.14	72.94	77.72	79.78

Legend:	10th	25th	50th	75th	90th

Return to Agenda

Well Child Measure Performance Analysis MY 2021-2025

Overall performance on well child measures has shown marked improvement since MY 2021:

- **Child and Adolescent Well Care Visits** achieved MPL in MY 2023 after performing at the 10th percentile in MY 2021 and MY 2022.
  - The preliminary MY 2025 rate of 57.8% is 23.9%% higher than MY 2021 rate.
- **Immunizations for Adolescents** increased 9.7% from MY 2021 to preliminary MY 2025 rate and moved from 75th to 90th percentile.
- **Lead Screening in Children** has progressively improved year-over-year. The preliminary MY 2025 rate of 79.3% is 13.7% higher than the MY 2022 rate.
- **Topical Fluoride in Children** – GCHP ranked as the highest performing Medi-Cal Plan by DHCS two consecutive years – MY 2023 and MY 2024.
- **Developmental Screening in the First Three Years** has also progressively improved year-over-year. The preliminary MY 2025 rate of 65.6% is 17.8% higher than MY 2023 rate.
- **Well Child Visits in the First 15 Months** exhibited the most significant gains, first achieving MPL in MY 2023 after performing at the 10th percentile in MY 2021 and MY 2022.
  - The preliminary MY 2025 rate of 68.3% is 47.2% higher than MY 2021 rate.
- **Well Child Visits 15 to 30 Months** has shown impressive incremental improvement, sustaining the 75th percentile since MY 2023 and improving 19.3% from MY 2021 rate preliminary MY 2025 rate.

Well Child Measures Improvement Activities/Interventions

Provider Quality Improvement Pool and Program (QIPP):

- Aligns providers with MCAS requirements and DHCS Bold Goals
- Strengthened provider partnerships and collaboration on joint activities (e.g. health fairs, incentives)
- Incentivizes investment in well-child measure achievement
- Improved data capture through EMR data feeds and deep dive analysis on data discrepancies

Member Incentives :

- Lead Screening – age 0-2
- Flu Vaccine – age 6 months-2 years
  - -Focus on flu vaccination as this antigen directly impacts lower CIS rates
- Well-Child Visits for Children/Adolescents age 3-21
- HPV Vaccine – age 9-13 (second dose)

Collaboration with QI Entities & Community-Based Organizations:

- Performance improvement projects developed in collaboration with IHI, WIC, MICOP to target disparate populations
- Health education workshops with First 5 to promote well-care visits and immunizations
- Focus groups to identify barriers to completing well-child visits and immunizations

Internal Data Improvements:

- Focus on complete data capture for services rendered (e.g. well-baby visits, fluoride varnish)
- Data mapping to ensure codes denoted as an eligible service are identified through HEDIS certified software vendor

Well Child Measure Challenges – Childhood Immunizations

Measure Performance

- Childhood Immunization Status measure performance steadily declined after MY 2021, falling 12.9% between MY 2021 and MY 2024.
- Preliminary MY 2025 rate shows a slight improvement of 3% and increase from MPL to 75th percentile, however, this is due to lowered NCQA benchmarks indicative of decreased immunization rates nationwide.
- NCQA MPL benchmarks decreased: 3.4% MY 2022, 3.9% MY 2023, 3.4% MY 2024, 3.6% MY 2025
- Only ~32% of GCHP children age 0-2 are fully vaccinated for the 10 antigens in this measure.

Risks

- Childhood vaccination decline caused by:
  - Vaccination hesitancy, distrust, and misinformation partially a result of the pandemic
  - Barriers to preventive care

Recommendation

- Continue strong vaccine recommendation guidelines in accordance with CDPH, West Coast Healthcare Alliance, AAP, and ACS
- Provide clear messaging and align with providers regarding vaccine schedule recommendations and payment coverage despite CDC guidance
- Increase and enhance member education via multiple modalities
- Continue to incentivize flu shot, and consider expansion to other vaccines

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Population Health Department Updates

February 23, 2026

Erin Slack, MPH
Senior Manager of Population Health

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Ventura County Community Health Improvement Collaborative (VCCHIC)

- GCHP actively collaborates through VCCHIC, a countywide partnership of contracted provider organizations, health systems, government entities, and community agencies, which conducts Ventura County's Community Health Needs Assessment (CHNA) every three years to guide shared health improvement strategies across the lifespan.
- The 2025 CHNA reflects extensive community engagement, including local health data, 6,500+ resident surveys, and 11 focus groups, capturing emerging post-COVID health challenges.
- GCHP contributed throughout the CHNA process, distributing the survey to GCHP members, reviewing and shaping the report, and supporting coordination and facilitation of community focus groups.
- VCCHIC partners identified three shared priority areas, Behavioral Health, Women's Health, and Older Adult Health, with access to care, navigation support, and health equity woven across all goals.
- With the CHNA complete, GCHP employees are actively engaged in every CHIS implementation workgroup, convening bi-monthly to translate identified priority health needs into aligned, actionable strategies that improve health outcomes across Ventura County.

Community Collaboration

Birth Equity Stakeholder Meeting

- GCHP convenes a quarterly Birth Equity Stakeholder meeting to support cross-sector collaboration between organizations serving pregnant and parenting women.
    - The next meeting is scheduled for Thursday, February 19th
- Meetings facilitate information sharing, partner coordination, and community input on perinatal and early childhood initiatives.
- Feedback is incorporated into program planning and implementation to support equitable outcomes.

Doula Pilot Program with the Mixteco Indigenous Community Organizing Project (MICOP)

- The program is approaching its one-year anniversary since the pilot launched in March 2025.
- Since launch, MICOP has served 20 women across Mixteco, Zapateco, and Spanish-speaking populations.
- MICOP currently has 2 active doulas.
    - The second cohort includes 4 doulas who are currently in training.
    - A third cohort of 4 doulas is expected to begin training in May.
- Doulas consistently share their admiration for the VCMC staff and the beauty of the delivery process, noting how meaningful it is to support mothers during such a pivotal moment.
- Member testimonies demonstrate strong appreciation for doula support, noting that doulas helped make the birth experience more positive by explaining each step of the process, advocating on the member's behalf, and providing consistent emotional support. This support increased members' confidence and comfort throughout their care.

Ventura County Community Information Exchange (VCCIE)

- All MTM/MSF provider agreements are in place, except for one. The GA Food agreement is pending.
- The system is configured to automatically generate Return Transmission Files (RTF).
- Go-live is expected by the end of February.
    - At that time, all MTM/MSF referrals will be entered through the VCCIE.

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Health Education
Advancing Children's Health

February 23, 2026

Guadalupe González, PhD., MPH
Sr. Director, Health Education, Cultural and Linguistic Services

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Health Education Child Health and Wellness Initiatives

Partnerships to Advance Children's Health

GCHP's Health Education Department is working to advance children's health by working with members, providers and community-based organizations to promote preventive services, childhood vaccines, and health education resources.

Health Education: Promoting Childhood Immunizations

- **Partnership and Strategic Outreach Initiatives:** Promote preventive services and immunizations.
- **Community Collaboratives:** Partnering with WIC, First 5, Schools, Public Health and other community organizations to promote child health initiatives among a shared population.
- **Provider Engagement:** Coordinating with providers, GCHP Quality Improvement (QI) and Community Relations Departments to increase health screening, immunizations, and access to care.
- **Community Education:** Conducting health education classes in the community to promote the importance of vaccines including flu shot.

Focus Groups

- Focus on understanding the barriers and success to seeking preventive services including childhood vaccinations and well-care visits.
    - **Well-Care Focus Groups** - GCHP conducted focus groups to understand barriers and successes on well-care visit, vaccine hesitancy, and relationship with their PCP. Three cohorts, conducted in English and Spanish, in-person and telephonic interviews; participants received a $50 gift card.

Recommendations and Next Steps

Recommendations

- Ensure all interventions and outreach activities are culturally and linguistically appropriate.
- Leverage current campaigns to promote vaccine and flu shot champaigns.
- Combine childhood obesity prevention programs with immunization promotion to address specific health disparities identified in the **NCQA Health Equity Report 2025**.

Next Steps

- **Trusted Messenger Campaigns:** Launch targeted outreach through established community partners, community health workers, and incorporate focus group findings.
- **Expanded Collaboration:** Extend internal workgroups to include external providers and community leaders.
- **Partner** with MICOP to develop Mixteco-language audio and video messaging to promote various health screenings and immunizations.

Community Collaboration – Health Education Department
Working to Advance Child Health Preventive Services

Health Educators and Navigators Are Here to Help You

Gold Coast Health Plan's (GCHP) Health Education Department helps you stay on top of your health. Our Health Education team will share resources and materials with you to help with your specific needs.

Health Educators:

- Share information on health topics such as healthy eating, exercise, managing stress, and more.
- Offer health education workshops and classes to help you take control of your health.
- Help you to set goals and coach you on how to take better care of yourself or a family member.

Health Navigators:

- Connect you to services like transportation, language assistance, and community resources.
- Explain your GCHP benefits, find doctors, and schedule appointments.
- Offer support for health issues like diabetes, asthma, high blood pressure, and more.

Get Started Now! No referral is needed, and there is no cost to you.

Call GCHP's Health Education Department at **1-805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use TTY, call **711**.

Explore GCHP's Health Education webpage:
www.goldcoasthealthplan.org/health-resources/health-education/
Find a wide range of health education resources, support groups, and workshops to support you in your health journey.

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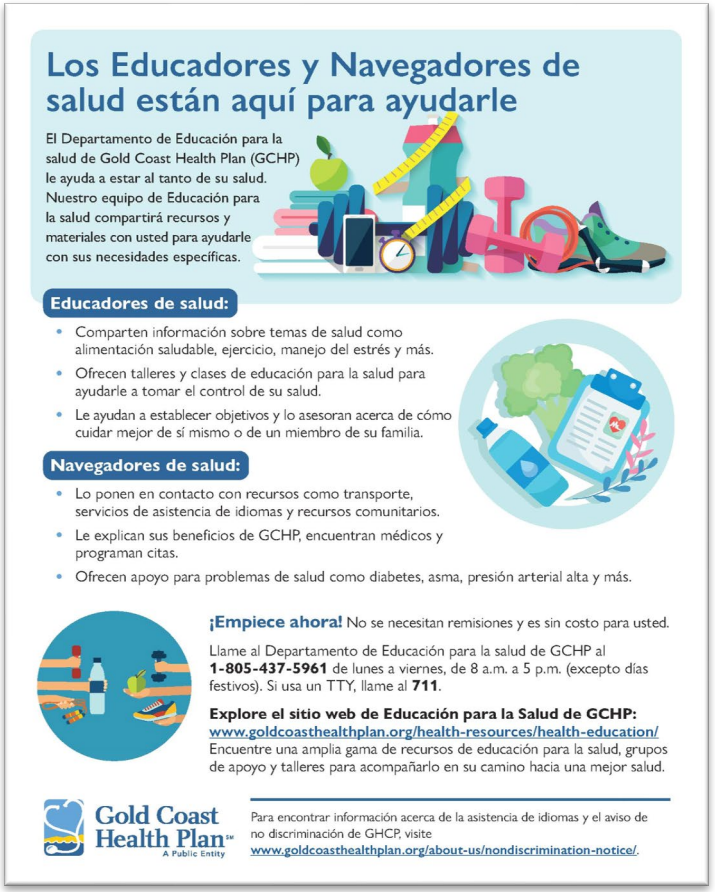
For information about language assistance services and GCHP's nondiscrimination notice, visit www.goldcoasthealthplan.org/about-us/nondiscrimination-notice/.

- **First 5 of Ventura County** – Five (5) presentations conducted at Neighborhood for Learning (NFL) Centers including locations at: El Rio, Oxnard, Camarillo, Santa Paula, and Moorpark.
- **Center for Employment Training (CET)** – Oxnard. Every presentation is an opportunity to promote vaccines and healthy lifestyle.
- **MICOP** – Conducted presentation with Community Outreach Workers and Doulas to promote health education resources and flyers including childhood immunizations and member incentives.
- **Food Share** – Conducted presentation on health education resources and programs.
- **VCOE** – Health Services Collaborative meeting. Participate in monthly meetings and announce GCHP services and programs to school nurses and teachers.
- **WIC** – Presentation to staff on health education resources, member incentives, immunization, well-care visits, and other programs.

Health Promotion Flyers



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Health Equity Department Updates

February 23, 2026

Pshyra Jones
Executive Director, Health Equity

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Health Disparities in Childhood Immunization Status
Lowest Immunization Rates by Category

Residence

- Camarillo, Somis, Santa Rosa (21.38%), TO, Moorpark, Newbury Park, Simi, Westlake (23.61%), Filmore, Piru, Santa Paula (24.14%), Ventura (27.84%)

Clinic System

- Dignity (10.74%), No PCP (16.67%), CMHS (24.44%), Independent (27.27%), CDCR (29,52%), VCMC (32.98%)

Gender

- Male (28.56%), Female (31.07%)

Language

- English (25.07%), Declined (30.77%)

Race

- American Indian/Alaskan Native (0%), African American (13.33%), White (19.51%), Other Race (20.17%), Unknown (27.83%), 2+ Races (31,39%)

Ethnicity

- Other (20.17%), Non-Hispanic (20.69%), Unknown (27.83%), Hispanic (31.42%)

Barrier analysis findings provided by the Quality Improvement Team

Health Disparities in Childhood Immunization Status
Recommendations Based on Findings

Targeted Outreach in Lowest –Performing Geographic Areas

- Use neighborhood-specific messaging informed by local barriers.
- Deploy mobile clinics, weekend vaccine events, and partnerships with local schools and community-based organizations.

Strengthen Engagement with Clinic Systems

- Provide technical assistance on reminder/recall systems and missed-opportunity reduction.

Address Racial and Ethnic Disparities Through Culturally Responsive Strategies

- Focus on groups with the lowest rates.
- Collaborate with trusted community leaders, cultural organizations, and faith-based groups.
- Ensure materials are culturally relevant and available in multiple languages.

Expand Reminder/Recall and Follow-up Systems

- Implement automated reminders (text, email, phone).
- Use “missed opportunity” alerts in EMRs to vaccinate during any visit.
- Offer flexible hours (evening/weekend) to reduce access barriers.

Build Trust Through Community Partnerships

- Engage schools, childcare centers, WIC offices, and community health workers.
- Host vaccine education sessions and Q&A events with community-based organizations.
- Use parent ambassadors to share positive experiences.

DHCS and IHI Child Health Equity Collaborative Overview

Timeframe: Now until September 2026

About the Collaborative

The DHCS Medi-Cal Child Health Equity Sprint Collaborative focuses on building capacity of MCPs to improve health outcomes and quality of care for young children. Building on the previous Child Health Equity Collaborative, this current phase emphasizes adapting and implementing proven practices at scale across 18 counties, building on many bright spots and lessons learned. It focuses on improving two key measures:

- **Well-Child Visits in the First 0-15 Months (W30-6+)**
- **Well-Child Visits in the First 15-30 Months (W30-2+)**

Each MCP team will develop their own aims around improving W30-6+ and W30-2+ rates in a selected county, with an emphasis on advancing equity and addressing disparities in care. Provider clinics are an essential partner in this work.

Why This Matters

Well-child visits are essential for early childhood health and development. In California, many children miss these visits, especially in communities facing health inequities. Together, we can change that.

What Participation Means for Clinic Systems

- ✓ Partner with your local Managed Care Plan (MCP) to adapt and implement proven strategies.
- ✓ Remove barriers for families most impacted by gaps in care.
- ✓ Have your insights and successes elevated to peers statewide.
- ✓ Align your improvement efforts with broader statewide initiatives, including Cal-AIM and other DHCS efforts to strengthen early childhood health and reduce inequities across California.

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AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Sara Dersch, Chief Finance Officer
Paul Aguilar, Chief Human Resources and Organization Performance Officer
Suma Simcoe, Chief Operations Officers

DATE: February 23, 2026

SUBJECT: Project Approvals for 2026 Budget: Santa Rosa Office and Operations Stabilization

SUMMARY:

The Commission's Delineation of Authority policy provides that non-provider contracts less than $100,000 are delegated to the Chief Executive Officer for Approval. While many such contracts come to the Commission for approval, the Commission adopted a policy what provides that transactions associated with projects and contract renewals listed in the approved budget are delegated to the CEO. When the budget was adopted, a list of contract renewals was included and approved. The purpose of the policy was to allow the Commission to focus on approval of the overall budget and strategies, the oversight of the Plan and approval of projects while not having to approve the specific contract implementing the budget, strategies and projects.

This item asks that the Commission approve two projects funding for which was included in the approved budget but which were not ready for Commission approval concurrently with the budget. They now are ready for formal approval so that the CEO can begin implementing the projects.

The first Project is the move to the new offices at 4880 Santa Rosa Road, the Santa Rosa Office Project. The Commission approved the lease for this space and the plan for moving this year in 2025. Approval is now sought for all contracts and costs associated with this move, which will total $7,200,000. These funds have already been approved as part of the budget adopted last month, approval of the Project is requested so that CEO can enter into the contracts implementing the Project, and facilitate the move to the new location. A power point is attached to the report.

The second Project is the Operations Stabilization Project. The cost of this Project is $1,400,000. Given that confidential nature of some of the work for this Project, the details will be discussed in closed session. Approval is sought so the CEO can enter into contracts implementing this Project and efforts for Operations Stabilization can continue.

Other projects for approval may be brought to the Commission for approval in April when approval of the budget reforecast is sought.

RECOMMENDATION:

Approve the 4880 Santa Rosa Road and Operations Stabilization Projects and respective budgets and provide authority to the CEO to enter into contracts implementing the Projects in the budgeted amounts.

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Project Nexus:
Creating a central hub for interaction and collaboration

February 23, 2026

- Sara Dersch, Chief Finance Officer
- Paul Aguilar, Chief Human Resources and Organization Performance Officer

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Project Nexus:

Creating a central hub for interaction and collaboration

Literal meaning: **Nexus** = connection point / central link / place where things come together

Project Nexus Objectives

1. Create a collaborative work environment that promotes teamwork and innovation
   - Bring teams together in one space
   - Create a central hub of collaboration
   - Connect departments, people, and ideas
   - Move from silos → integrated working
   - Establish a “center of activity” for the organization
2. Integrated Community space and employee work environment
3. Lower cost over the terms of the agreement
4. Employee Office Move is the first step in creating the “Hub and Spoke” model in the county by connecting GCHP with members via Community Resource Centers (CRC)

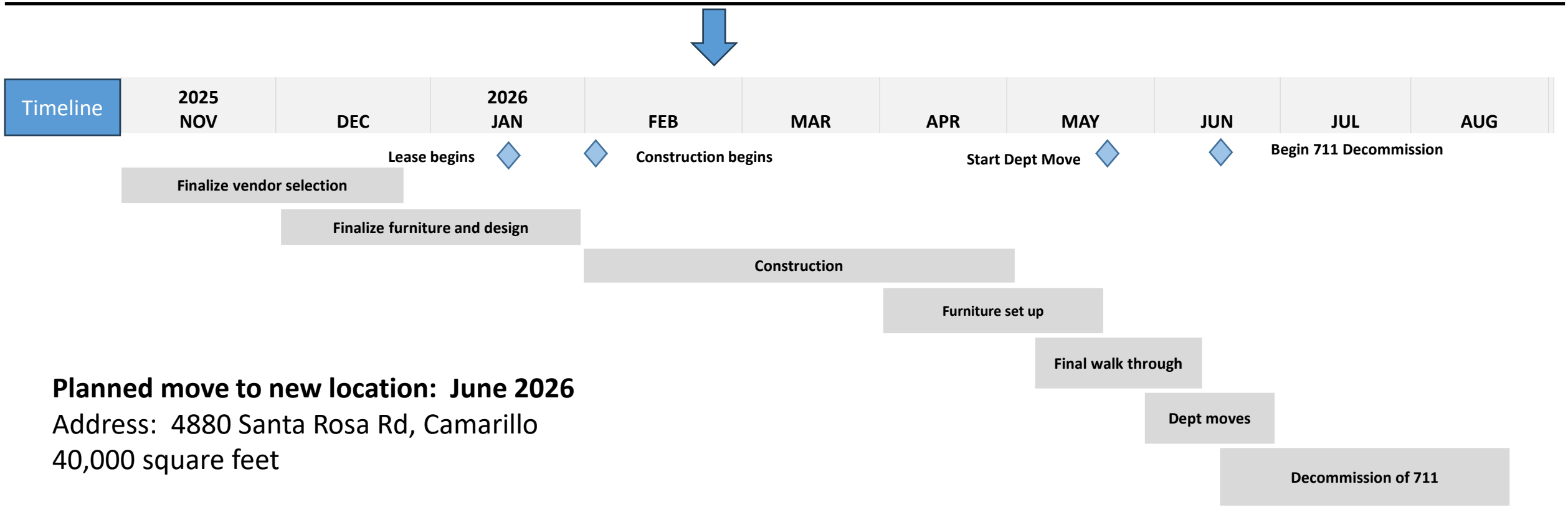
On-Track: Building Relocation Timeline

Key Dates

- 1/15 – Access to new building
- 2/1 – Construction begins
- 5/22 – Earliest move in date (first phase)
- 6/8 – Decommission of 711 building begins
- 7/31 – Hand keys back to 711 owners

Dependencies

- Construction time – Move in date may be pushed back due to construction time
- Department move schedule – schedule of department moves depends on readiness of each



Planned move to new location: June 2026

Address: 4880 Santa Rosa Rd, Camarillo

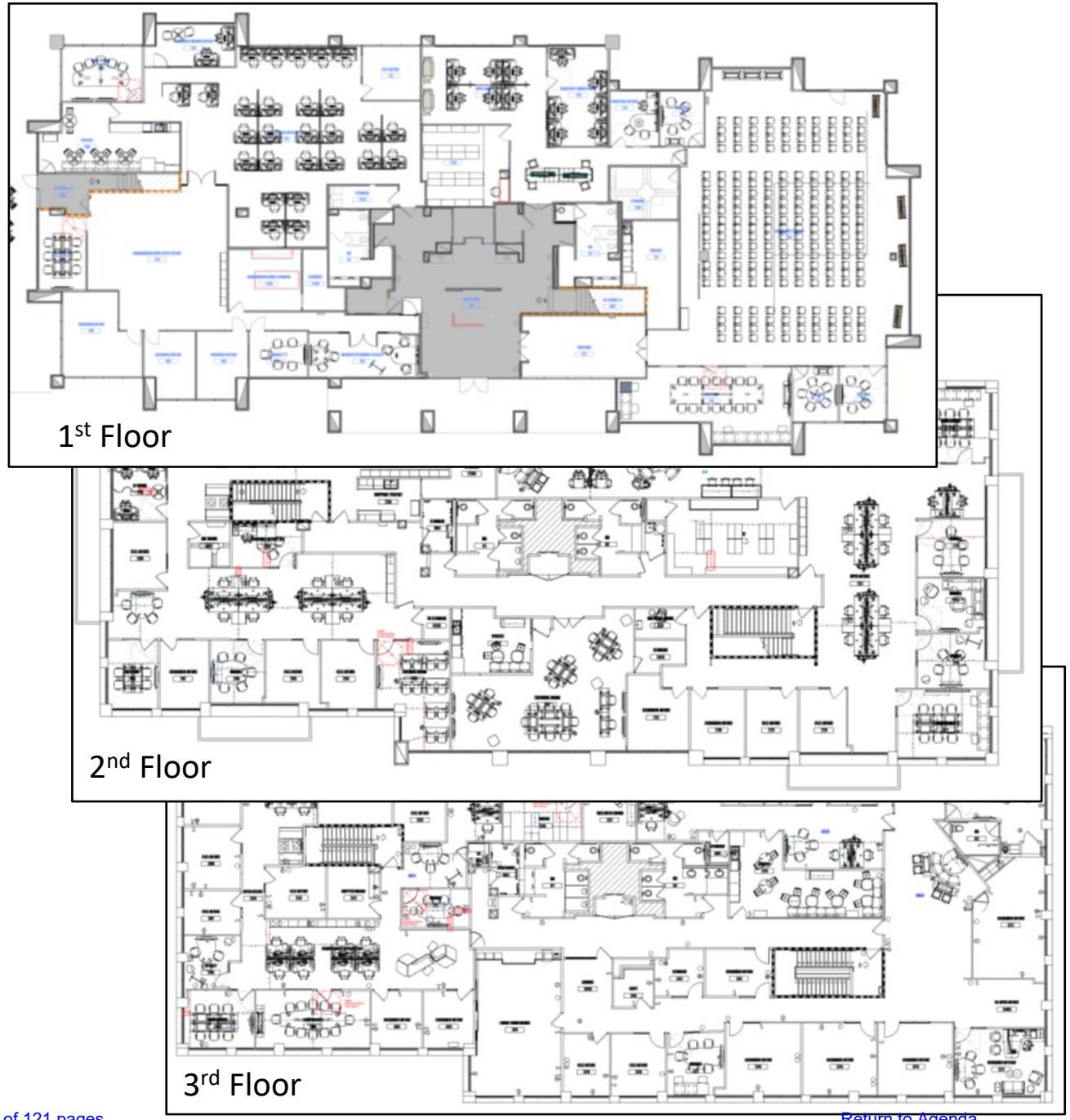
40,000 square feet

Return to Agenda

Work Environment

- Large multi-purpose Community Room for community-based events and GCHP leadership team & project team meetings
- Open space, collaboration work areas that “co-locate” functions / teams
- Hoteling work areas, workstations & offices, are available for hybrid employees and guest

Work space	Total
Office - Dedicated	22
Office - Hotel	27
Hub Rooms	17
Conference Rooms	11
Workstations	93
Training Rooms	2



Return to Agenda

Move preparation / Document Management

- Complete document management activities caused by change of business address (member materials, etc)
- Inform Regulatory agencies of change of business address
- Inform Providers and Vendors of change of business address

Address change tasks	Dept
Employee Business Cards	Communications
Notification to members	Communications / Member Outreach
Website changes (both notification and website update)	Communications
Letters in Trucare	HS / UM / CM
Provider Portal	PNO / Communications
DHCS notification	Compliance / Legal
Mailing address change	Ops / Mailroom / Facilities
Banking Documents	Finance
Vendor notification	Finance / relevant departments
Templates	Communication
Provider Contracts	PNO / Contracting

Project Nexus: 4880 Santa Rosa Road Move Budget

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CBRE

DATE: 3/6/2025
UPDATED: 2/17/2026

PROJECT COST MONITOR
GOLD COAST HEALTH PLAN
4880 SANTA ROSA ROAD
CAMARILLO, CA 93012

RSF: 41,546
TI Allowance: $ 2,555,079

CATEGORY / ITEM		BUDGET	COSTS / RSF	COMMITTED	PENDING COSTS	TOTAL ANTICIPATED	$/RSF	INVOICED	PERCENT COMPLETE	BALANCE REMAINING
1.0	TENANT COSTS									
1.1	SOFT COSTS	SOFT COSTS		SOFT COSTS				SOFT COSTS		
1.1.1	Architect Consultant (SCALA)	$ 340,000	$ 8.18	$ 331,650		$ 331,650	$ 7.98	$ 198,480	60%	$ 133,170
1.1.2	MEP Engineer Consultant (L&K Engineering)	$ 42,000	$ 1.01	$ 33,000		$ 33,000	$ 0.79	$ 28,954	88%	$ 4,046
1.1.3	PjM Fees (CBRE)	$ 169,881	$ 4.09	$ 169,881		$ 169,881	$ 4.09	$ 60,408	36%	$ 109,473
1.1.4	PjM Fees (Landlord)		$ -	$ -		$ -	$ -	$ -	0%	$ -
1.1.5	BTMM Move Management (T&T)	$ 41,050	$ 0.99	$ 41,050		$ 41,050	$ 0.99	$ -	0%	$ 41,050
1.1.10	Other Consultants (VENDOR NAME)	$ -	$ -	$ -		$ -	$ -	$ -	0%	$ -
1.1.P	Plan Check Costs (Est @ .75% Hard Costs)	$ 25,057	$ 0.60	$ 12,487		$ 12,487	$ 0.30	$ 12,487	100%	$ -
1.1.R	Reimbursables (5%)	$ 19,100	$ 0.46	$ 3,000		$ 3,000	$ 0.07	$ 68	2%	$ 2,932
1.1.C	Contingency (10%)	$ 63,709	$ 1.53	$ 28,716		$ 28,716	$ 0.69	$ 16,525	58%	$ 12,191
	TOTAL SOFT COSTS	$ 700,797	$ 16.87	$ 619,784	$ -	$ 619,784	$ 14.92	$ 316,922	51%	$ 302,862
1.2	HARD COSTS	HARD COSTS		FF&E COSTS				FF&E COSTS		
1.2.1	General Contractor (Artner West)	$ 2,913,185	$ 70.12	$ 3,987,113		$ 3,987,113	$ 95.97	$ 388,666	10%	$ 3,598,447
1.2.2	(2) Single Stall Restrooms	$ 46,787	$ 1.13	Included						
1.2.3	Mothers Room	$ 14,356	$ 0.35	Included						
1.2.4	Fencing at Courtyard Area Allowance	$ 18,500	$ 0.45	Included						
1.2.P	Permit Fees (1.5% of Hard Costs)	$ 44,400	$ 1.07	$ -	$ 44,400	$ 44,400	$ 1.07	$ -	0%	$ 44,400
1.2.C	Contingency (10%)	$ 303,723	$ 7.31	$ -	$ 303,723	$ 303,723	$ 7.31	$ -	0%	$ 303,723
	TOTAL HARD COSTS	$ 3,340,951	$ 80.42	$ 3,987,113	$ 348,123	$ 4,335,236	$ 104.35	$ 388,666	9%	$ 3,946,570
	TOTAL TENANT IMPROVEMENTS	$4,041,748	$97.28	$4,606,897	$348,123	$4,955,020	$119	$705,588	$1	$4,249,432
1.3	FF&E COSTS	FF&E COSTS		HARD COSTS				HARD COSTS		
1.3.1	System Furniture (CBI) - *Not covered by TI*	$ 1,400,000	$ 33.70	$ 1,377,226		$ 1,377,226	$ 33.15	$ -	0%	$ 1,377,226
1.3.2	Artwork (VENDOR NAME)		$ -	$ -		$ -	$ -	$ -	0%	$ -
1.3.3	Interior Signage (VENDOR NAME)		$ -	$ -		$ -	$ -	$ -	0%	$ -
1.3.P	Permit Fees (.75% of Costs Above)		$ -	$ -		$ -	$ -	$ -	0%	$ -
1.3.C	Contingency (10%)		$ -	$ -		$ -	$ -	$ -	0%	$ -
	TOTAL FF&E COSTS	$ 1,400,000	$ 33.70	$ 1,377,226	$ -	$ 1,377,226	$ 33.15	$ -	0%	$ 1,377,226
1.4	IT/AV	IT/AV		PROJECT MANAGEMENT				PROJECT MANAGEMENT		
1.4.1	Low Voltage Cabling (DN Communications)	$ 454,306	$ 10.94	$ 206,265		$ 206,265	$ 4.96	$ -	0%	$ 206,265
1.4.2	Security Equipment (Bay Alarm)	$ 125,000	$ 3.01	$ 86,918		$ 86,918	$ 2.09	$ -	0%	$ 86,918
1.4.3	Audio Visual (Central Coast AV)	$ 355,515	$ 8.56	$ 355,515		$ 355,515	$ 8.56	$ -	0%	$ 355,515
1.4.P	Permit Fees (.75% of Costs Above)		$ -	$ -		$ -	$ -	$ -	0%	$ -
1.4.C	Contingency (10%)	$ 103,829	$ 2.50	$ -		$ -	$ -	$ -	0%	$ -
	TOTAL IT/AV	$ 1,038,650	$ 25.00	$ 648,698	$ -	$ 648,698	$ 15.61	$ -	0%	$ 648,698
1.5	MOVE	MOVE		PROJECT MANAGEMENT				PROJECT MANAGEMENT		
1.5.1	Move - *Not covered by TI*	$ 83,092	$ 2.00	$ -	$ 83,092	$ 83,092	$ 2.00	$ -	0%	$ 83,092
	TOTAL MOVE	$ 83,092	$ 2.00	$ -	$ 83,092	$ 83,092	$ 2.00	$ -	0%	$ 83,092
1.6	DECOMMISSIONING	DECOMMISSIONING		PROJECT MANAGEMENT				PROJECT MANAGEMENT		
1.6.1	Decommissioning	$ 41,546	$ 1.00	$ -	$ 41,546	$ 41,546	$ 1.00	$ -	0%	$ 41,546
	TOTAL DECOMMISSIONING	$ 41,546	$ 1.00	$ -	$ 41,546	$ 41,546	$ 1.00	$ -	0%	$ 41,546
	TOTAL TENANT COSTS	$ 6,605,036	$ 158.98	$ 6,632,821	$ 472,761	$ 7,105,582	$ 171.03	$ 705,588	10%	$ 6,399,994
	GRAND TOTAL PROJECT COSTS	$6,605,036	$158.98	$6,632,821	$472,761	$7,105,582	$ 171.03	$705,588	10%	$6,399,993.90

$7,105,582	GRAND TOTAL PROJECT COSTS
$2,555,079	LESS TENANT IMPROVEMENT ALLOWANCE
$4,550,503	TENANT OUT OF POCKET (ACTUAL)

Expense Category	2026 Total
Depreciation & Amortization	405,382
Architectural Services	99,450
Temporary Storage	21,600
Total	526,432

Next Steps

- Complete site construction and renovations
- Install office furniture (Repurposed Salem Office Furniture and new furniture / workstations)
- Complete document management activities due to change of business address
- Develop phased move plan to ensure business continuity
- Manage decommission of current Building 711

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

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

DATE: February 23, 2026

SUBJECT: Quality Improvement and Health Equity Committee 2026 First Quarter Report

SUMMARY:

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

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

APPROVAL ITEMS:

- 2026 Quality Improvement and Health Equity Transformation Program Description
- 2026 Quality Improvement and Health Equity Transformation Work Plan
- 2026 Quality Improvement Duals-Special Needs Plan (D-SNP) Work Plan

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommend that the Ventura County Medi-Cal Managed Care Commission approve the 2026 Quality Improvement and Health Equity Transformation Program Description and Work Plan, and 2026 Quality Improvement D-SNP Work Plan as presented and receive and file the complete report as presented.

ATTACHMENTS:

1) Timmerman, K., (2026). Quality Improvement, Ventura County Medi-Cal Managed Care Commission, Quality Improvement and Health Equity Transformation Program Description and Work Plan and D-SNP Work Plan, Presentation Slides.

Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

Quality Improvement and Health Equity Committee 2026 First Quarter Report

February 23, 2026

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

Quality Improvement and Health Equity Transformation: Approval Items

2026 Quality Improvement and Health Equity Transformation Program Description

- Defines processes for continuous quality improvement of clinical and non-clinical care and services, patient safety, health equity, and member experience.
- Ensures continued alignment with DHCS Quality Strategy, CMS National Quality Strategy, and NCQA Health Plan and Health Outcomes (formerly Health Equity) Accreditation standards.

2026 Quality Improvement and Health Equity Transformation Medi-Cal Work Plan and Medicare D-SNP Quality Improvement Work Plan

- Roadmap to outline measurable, multidisciplinary objectives, activities and goals focused on improving key performance indicators for the Medi-Cal and Medicare D-SNP populations.

QIHET Program Description Key Updates

Dual Special Needs Plan (D-SNP)

Health Equity

Content to address improving health literacy that meets both DHCS and CMS standards for the Medi-Cal and D-SNP populations

Alignment with 2026 NCQA Health Outcomes standards

Program Organization, Oversight Resources and Evaluation

Committee and QI reporting structures

QIHETP/D-SNP program resources

Quality Committees and Subcommittees

10 subcommittees report to the Quality Improvement and Health Equity Committee (QIHEC)

MCAS Operations Steering Committee changed to Quality Measures Operations Steering Committee

Added D-SNP Steering Team

Key Functional Areas

Department program descriptions updated for Population Health, Care Management, Utilization Management, Behavioral Health, Pharmacy, and Culturally and Linguistically Appropriate Services

QIHET Program Update: Duals-Special Needs Plan (D-SNP)

Added the following:

- ✓ D-SNP Model of Care (MOC) and Enhanced Care Management (ECM) integration to align with CMS regulations, NCQA standards and DHCS requirements
- ✓ Included Annual Quality Improvement D-SNP Work Plan Evaluation
- ✓ Added D-SNP Steering Team as QIHEC subcommittee: operates cross-functional workgroups and project teams responsible for the implementation, evaluation, and continuous improvement of the D-SNP Model of Care
- ✓ Key functional areas updated to include D-SNP across the QI framework

2026 QI Work Plan Updates

Medi-Cal QIHETP Work Plan

- 50 focus areas reviewed
  - Updated goals and activities for 5 objectives
  - Focus includes MCAS/HEDIS measures, CLAS, Care Management, Pharmacy, Behavioral Health, Access/Availability, Provider Satisfaction, Patient Safety, Service Metrics, CAHPS, Delegation Oversight

Medicare D-SNP QI Work Plan

- Goals and activities based on CMS Model of Care and CMS Star Ratings Measures

2026 QIHET Medi-Cal Work Plan Objectives

Objective 1: Improve Quality & Safety of Clinic Care Services

- **Focus areas:** Quality & Health Equity, Population Health, Care Management, Utilization Management, Advance Prevention, Pharmacy, MCAS Measures (Behavioral Health, Cancer Prevention, Chronic Disease, Women's Health, Children's Health), DHCS Improvement Projects
- **Activities:** 37
  - 32 continued from 2025
  - 2 MCAS measures removed (CHL, AMR) and 4 measures added (DSF-E, PND-E, PDS-E, AAF-E)
  - 1 Tobacco Cessation removed but still assessed under HRAs and FSR/MRRs
  - 3 improvement projects completed and 2 added

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

- **Focus areas:** Culturally and Linguistically Appropriate Services (CLAS), Network Adequacy (Access, After Hours Availability, Provider Satisfaction), Facility Site Reviews, Credentialing/Re-Credentialing
- **Activities**: 8 continued from 2025

Objective 3: Improve Quality of Services

- **Focus areas:** Grievances & Appeals, Call Center Monitoring
- **Activities:** 2 continued from 2025

Objective 4: Assess and Improve Member Experience

- **Focus areas:** Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- **Activities:** 2 continued from 2025

Objective 5: Ensure Organizational Oversight of Delegated Activities

- **Focus areas:** Delegation oversight audits and corrective action plans as needed
- **Activities:** All audit focus areas continued from 2025 with the addition of Network Management in 2026

2026 D-SNP Quality Improvement Work Plan Objectives

Objective 1: Improve Quality & Safety of Clinic Care Services

- **Focus areas:** D-SNP Quality Improvement Work Plan, 2026 CMS Star Rating Measures.
- **Activities:** 3

Objective 2: Improve Coordination of Care

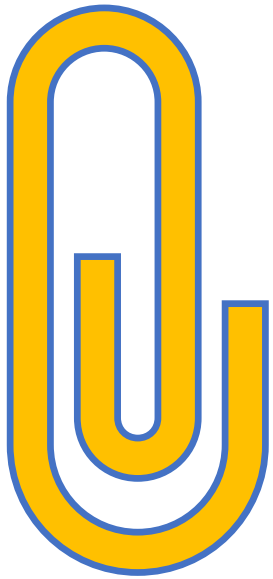
- **Focus areas:** Improve Coordination of Care and Appropriate and Equitable Delivery of services through early identification and proactive engagement of members into care coordination.
- **Activities**: 6

Objective 3: Enhance Care Transitions

- **Focus areas:** Enhance Care Transitions across all health care settings and providers.
- **Activities:** 3

Objective 4: Improve Access and Affordability of Health Care

- **Focus areas:** Improve access and affordability of the health care for the SNP population using preventive strategies to improve chronic disease management and member engagement with treatment plans.
- **Activities:** 8



Appendix: 2026 QI Work Plan Metrics

2026 Quality Improvement and Health Equity Transformation Medi-Cal Work Plan

Objective 1: Improve Quality & Safety of Clinical Care Services

	Measures / Activities	Goal	Department
1	2026 Quality Improvement & Health Equity Transformation (QIHET) Program Description	Update the 2026 QIHET Program Description	Quality Improvement
2	2026 QI Medi-Cal Work Plan	Update the 2026 QI Medi-Cal Work Plan	Quality Improvement
3	2025 QIHET Program and Work Plan Evaluations	Complete the 2025 QIHET Program and Work Plan Evaluations	Quality Improvement
4	2026 HEDIS® Compliance Audit™	Successfully complete and pass the annual HEDIS® Compliance Audit™ for the 2025 measurement year and receive "reportable" status for all measures	Quality Improvement
5	2026 Culturally and Linguistically Appropriate Services (CLAS) Work Plan and Program Description	Update the 2026 CLAS Program Description and Work Plan	Health Education / Cultural Linguistics
6	2025 CLAS Program and Work Plan Evaluation	Complete the 2025 CLAS Program and Work Plan Evaluation	Health Education / Cultural Linguistics
7	Population Needs Assessment (PNA)	Maintain NCQA compliant PNA as part of the Population Health Strategy Report submitted to DHCS	Population Health
8	Wellth Program	Maintain stable enrollment in the Utilization Management Program with a strategic focus on reducing inpatient utilization and closing care gaps	Population Health
9	Health Risk Assessment	Maintain NCQA compliance by further developing and expanding the use of the HRA ensuring timely identification of member needs and continuing to refine the referral process to address needs	Population Health
10	Utilization Management: Clinical Practice Guidelines	Complete annual review and adoption of evidence-based Preventive Health Guidelines (PHG), including Diabetes and Asthma Clinical Practice Guideline (CPG)	Utilization Management

Objective 1: Improve Quality & Safety of Clinical Care Services

	Measures	Goal	Department
11	Complex Case Management	Maintain and monitor a standardized Turn Around Time (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements	Care Management
12	Care Gap Closure	Implement strategies to close care gaps for MCAS measures	Care Management
13	Initial Health Appointment (IHA)	Increase rates of Initial Health Appointment (IHA) completion by providers	Clinical Quality Improvement
14	Opioid Utilization Monitoring	Monitor member opioid utilization via pharmacy claims from Medi-Cal Rx and monitor for any trends where utilization exceeds more than a 5% increase from prior quarter	Pharmacy
15	Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM-30)	Increase the FUM-30 rate to exceed the DHCS MPL (50th percentile)	Behavioral Health
16	Behavioral Health: Follow-Up After Emergency Department Visit for Substance Use – 30 Days (FUA-30)	Increase the FUA-30 rate to exceed DHCS MPL (50th percentile)	Behavioral Health
17 ***New***	Depression Screening for Adolescents and Adults (DSF-E)	Increase the DSF-E rate to meet or exceed the DHCS MPL (50th percentile)	Behavioral Health
18 ***New***	Prenatal Depression Screening and Follow-Up (PND-E)	Increase the PND-E rate to meet or exceed the DHCS MPL (50th percentile)	Behavioral Health
19 ***New***	Postpartum Depression Screening and Follow-Up (PDS-E)	Increase the PDS-E rate to meet or exceed the DHCS MPL (50th percentile)	Behavioral Health

Objective 1: Improve Quality & Safety of Clinical Care Services

	Measures	Goal	Department
20	2023-2026 PIP Non-Clinical Topic: Percentage of Provider Notifications for Members with SUD/SMH Diagnoses within 7 Days of an ED Visit	Improve the percentage of provider notifications for members with substance use disorder (SUD) and / or specialty mental health (SMH) diagnoses following or within 7 days of emergency department (ED) visit	Quality Improvement
21 ***New***	2025-2025 DHCS/IHI Behavioral Health Collaborative	By the end of 2026, through enhanced care coordination processes and streamlined data exchange, GCHP and Ventura County Behavioral Health (VCBH) will increase Ventura County FUA and FUM rates to be on track to meet or exceed the MPL	Behavioral Health
22	Breast Cancer Screening (BCS-E)	Increase the percentage of members 50-74 years of age who had a mammogram to screen for breast cancer to meet or exceed the DHCS HPL (90th percentile)	Quality Improvement
23	Cervical Cancer Screening (CCS-E)	Increase percentage of members 21-64 years of age who were screened for cervical cancer to meet or exceed the DHCS HPL (90th percentile)	Quality Improvement
24	Colorectal Cancer Screening (COL-E)	Increase the percentage of members 45 to 75 years of age who had an appropriate screening for colorectal cancer to meet or exceed the DHCS MPL (50th percentile)	Quality Improvement
25 ***New***	Follow-Up after Acute Care Visit for Asthma (AAF-E)	Report first year rate for Follow-Up after Acute Care Visit for Asthma	Quality Improvement
26	Health Equity Controlling Blood Pressure (CBP)	Increase the percentage of members with hypertension who are 21-44 years of age and have a blood pressure rate of <140/90 to exceed the DHCS 75th percentile	Quality Improvement/ Population Health
27	Glycemic Status Assessment for Patients with Diabetes >9.0% (GSD-Poor Control)	Decrease the percentage of members with diabetes who are 18-75 years of age and have GSD > 9.0% to meet the DHCS HPL (90th percentile)	Quality Improvement

Objective 1: Improve Quality & Safety of Clinical Care Services

	Measures	Goal	Department
28	Prenatal and Postpartum Care (PPC)	Increase the percentage of members with live birth deliveries who completed timely prenatal and postpartum exams to meet or exceed the DHCS HPL (90th percentile)	Quality Improvement
29	Childhood Immunization Status – Combo 10 (CIS-E-10)	Increase the percentage of members who completed all Combo-10 immunizations by their 2nd birthday to exceed the 75th national Medicaid percentile established by NCQA	Quality Improvement
30	Immunization Status for Adolescents – Combo 2 (IMA-E-2)	Increase the percentage of members who completed all IMA-2 immunizations by their 13th birthday to exceed the 90th national Medicaid percentile established by NCQA	Quality Improvement
31	Developmental Screening in the First Three Years of Life (DEV)	Increase the percentage of members screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding, or on, their first, second or third birthday, by 3% compared to the prior measurement year.	Quality Improvement
32	Lead Screening in Children (LSC)	Increase the percentage of children who had one or more capillary or venous blood lead tests for lead poisoning by their 2nd birthday to meet or exceed the DHCS HPL (90th percentile) Increase the percentage of children who had blood lead tests and periodic assessments as prescribed in the DHCS APL 20-016 Lead Screening in Young Children by 5%	Quality Improvement/ Clinical Quality Improvement
33	Topical Fluoride Varnish (TFL)	Increase the percentage of members, ages 1 through 20, who received at least two topical fluoride applications during the measurement year to exceed the DHCS MPL (50th)	Quality Improvement

Objective 1: Improve Quality & Safety of Clinical Care Services

	Measures	Goal	Department
34	Well-Child Visits in the First 30 Months of Life (W30)	Well-child visits in the first 15 months of life: Increase the percentage of children with six or more well-care exams within the first 15 months of life to meet or exceed the 75th national Medicaid percentile established by NCQA Well-child visits between 15 and 30 months of age: Increase the percentage of 30-month-old children who had two or more well-child exams between 15 and 30 months of age to meet or exceed the DHCS HPL (90th percentile)	Quality Improvement
35	Child and Adolescent Well-Care Visits (WCV)	Increase the percentage of members, 3-21 years of age, who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year to exceed the DHCS MPL (50th percentile)	Quality Improvement
36	2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members	Improve the performance rate for Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) among the Hispanic/Latinx population	Quality Improvement
37 ***New***	2025-2026 DHCS Child Health Equity Focused Collaboration on Well-Care Exams	DHCS Child Health Equity Focused Collaboration on Well-Care Exams	Quality Improvement

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

	Measures	Goal	Department
38	Cultural and Linguistic Needs & Preferences	By July 31, 2026, expand current training modules to include Diversity, Equity, and Inclusion (DEI) training program as per DHCS (APL 23-025) that encompasses sensitivity, diversity, cultural competence and cultural humility, and health equity trainings By July 31, 2026, conduct three Cultural and Linguistic (C&L)/DEI trainings with Network Provider offices per quarter By December 31, 2026, report on the number of C&L fulfilment and benchmarks quarterly	Health Education / Cultural Linguistics
39	Primary and Specialty Care Access	Ensure primary and specialty care access standards are met for minimum of 70% of providers	Provider Network Operations
40	Network Adequacy	Assess and improve network adequacy as demonstrated by availability of practitioners	Provider Network Operations
41	After Hours Availability	Conducts surveys to ensure members are able to reach a provider after hours	Provider Network Operations
42	Provider Satisfaction	Field provider survey and develop action plan(s) to improve areas of low performance.	Provider Network Operations

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

	Measures	Goal	Department
43	Facility Site Review	Maintain 100% compliance with Facility Site Review (FSR) requirements	Clinical Quality Improvement
44	Physical Accessibility Review Surveys (PARS)	Complete Physical Accessibility Reviews (PARs) 100% on time	Clinical Quality Improvement
45	Credentialing/Recredentialing	Maintain a well-defined credentialing and recredentialing process for evaluating practitioners/ providers to provide care to members	Provider Network Operations

Objective 3: Improve Quality of Services

	Measures	Goal	Department
46	Grievances and Appeals	Monitor all member grievances and appeals to identify trending issues. Communicate these trends to relevant departments to develop actionable plans aimed at addressing highly reported concerns and improving the overall member experience	Grievances and Appeals
47	Call Center Monitoring	Meet call center benchmarks to ensure members have timely access to call center staff and implement interventions on any deficient benchmarks. (1) ASA: 30 seconds or less (2) Abandonment Rate: 5% or less (3) Phone Quality Results: ≥ 95%	Member Services

Objective 4: Assess and Improve Member Experience

	Measures	Goal	Department
48	Consumer Assessment of Healthcare Providers and Systems (CAHPS): Surveys	Coordinate with DHCS and HSAG to complete the CAHPS surveys and to monitor and improve CAHPS scores	Quality Improvement
49	CAHPS: Improve CAHPS Scores	Improve CAHPS scores based on MY 2025 CAHPS outcomes, including Getting Care Quickly and Getting Needed Care.	Operations Member Experience/ External Affairs Quality Improvement

Objective 5: Delegation Oversight

	Measures	Goal	Department
50	Delegation Oversight • Credentialing • Quality Improvement • Utilization Management • Member Experience • Claims • Call Center • Cultural and Linguistics • Transportation (NEMT/NMT) • Population Health Management • Network Management	100% of all audits completed at least annually with corrective action plans (CAPs) closed timely	Compliance

2026 Medicare D-SNP Quality Improvement Work Plan

Objective 1: Improve Quality & Safety of Clinical Care Services

	Measures	Goal	Department
1	2026 Quality Improvement & Health Equity Transformation (QIHET) Program Description	Update the 2026 QIHET Program Description	Quality Improvement
2	2026 Quality Improvement D-SNP Work Plan	Update the 2026 Quality Improvement D-SNP Work Plan	Quality Improvement
3	2026 CMS Star Rating Measures	Monitor, evaluate, and improve performance on 2026 CMS Star measures to ensure 80% of Star measures meet performance targets	Quality Improvement

Return to Agenda

Objective 2: Improve Coordination of Care

	Measures	Goal	Department
4	HRA Completion	Increase percent of members completing an initial HRA within the first 90 days of enrollment to 100% (CMS required target)	Care Management
5	Individualized Care Plan Completion (ICP)	Achieve 100% ICP Completion rate within 90 days of enrollment	Care Management
6	Interdisciplinary Care Team (ICT) Review	100% of all members will have an ICT review completed on time (CMS required target)	Care Management
7	Face to Face Encounters	100% of all members will have a face-to-face encounter completed annually (CMS required target)	Care Management
8	ICP Goal Attainment on Housing, Food Security and Transportation	85% of all member ICP goals related to housing, food security or transportation will be fully met on time	Care Management Health Education, Cultural and Linguistic Services
9	ICP Goal Attainment on Improved Health Communication	85% of all member ICP goals related to improving health communication (e.g., communicating effectively with healthcare provider, obtaining interpreter services) will be fully met within the goal timeframe	Care Management

Objective 3: Enhance Care Transitions

	Measures / Activities	Goal	Department
10	Transitions of Care - Follow Up after Hospital Stay	65% of members will receive follow-up care after a hospital stay. Follow-up care includes getting information about their health problem and what to do next, having a visit or call with a doctor, and having a doctor or pharmacist make sure the plan member's medication records are up to date	Quality Improvement Care Management
11	Plan All-Cause Readmissions (PCR) Readmission to a Hospital within 30 Days of Being Discharged	Of plan members aged 21 and older who are discharged from a hospital stay, only up to 10% will be readmitted to a hospital within 30 days (either for the same condition as their recent hospital stay or for a different reason)	Quality Improvement Care Management
12	Identification of Health Care Proxy during care transitions	For members in the Care Transitions program, 65% of members will have an identified health care proxy by the end of the care transition	Care Management

Objective 4: Improve Access and Affordability of Health Care

	Measures / Activities	Goal	Department
13	Diabetes Care—Blood Sugar Controlled	The percentage of diabetic members aged 21-75 whose most recent HbA1c level is greater than 9%, or who were not tested during the measurement year. (This measure is reverse scored so higher scores are better.) Target: 80%	Quality Improvement Care Management Health Education /Cultural Linguistics
14	Care for Older Adults – Pain Assessment (COA – Pain)	90% of members will have a pain screening at least once during the year.	Quality Improvement D-SNP HCS Manager
15	Controlling High Blood Pressure (CBP)	80% of members 21–85 years of age who have a diagnosis of hypertension (HTN) will demonstrate adequately controlled BP	Quality Improvement Care Management Health Education /Cultural Linguistics
16	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	64% of patients who had a mental illness-related visit in the Emergency Department (ED) will receive a follow-up appointment with a mental health professional within 30 days of discharge	Quality Improvement Behavioral Health
17	MTM Completion Rate for Comprehensive Medication Review	The percentage of Medication Therapy Management (MTM) program enrollees who received a Comprehensive Medication Review (CMR) during the reporting period. Goal target: 89%	Pharmacy
18	Breast Cancer Screening (BSC)	75% of women MA enrollees 50 to 74 years of age will have a mammogram to screen for breast cancer in the past two years	Quality Improvement Care Management Health Education /Cultural Linguistics
19	Colorectal Cancer Screening (COL)	75% of members aged 50 to 75 will have appropriate screenings for colorectal cancer	Quality Improvement Population Health
20	CAHPS Rating of Health Care Quality	CAHPS score for members' view of the quality of care received will be at least 87%	Member Experience/External Affairs Quality Improvement Member Services

Questions?

Recommendation:

Approval:
2026 Quality Improvement and Health Equity Transformation Program Description
2026 Quality Improvement and Health Equity Transformation Medi-Cal Work Plan
2026 Medicare D-SNP Quality Improvement Work Plan

Thank you

AGENDA ITEM NO. 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Felix L. Nunez, MD, Chief Executive Officer

DATE: February 23, 2026

SUBJECT: Chief Executive Officer (CEO) Report

Chief Executive Officer (CEO) Update

In January and February, Gold Coast Health Plan (GCHP) experienced a net loss of about 8,000 members. While enrollment fluctuations are not uncommon in the Medi-Cal program, this significant decline is happening well ahead of the implementation of the programmatic changes that are mandated by H.R. 1 and at a rate that was not seen in the 2025 stub period.

Our Department of Enterprise Analytics is conducting an analysis to determine who disenrolled stratified by various factors to identify trends among groups so we can develop strategies to stabilize and protect enrollment. It is important that we act quickly to help members maintain their health care coverage and ensure that they are not losing access to care unnecessarily.

As mentioned in prior reports, from a financial perspective, a decrease in membership means that our revenue will begin to decrease as well. We will need to closely assess these enrollment changes against our budget – along with any assumptions related to medical costs – given the impact to revenue. Our administrative costs must align with enrollment levels, while continuing to protect core functions that support day-to-day operations, member care and access, and regulatory compliance. As an Executive Team, we will bring forward revised budget forecasts that reflect ongoing enrollment changes and savings from measures intended to control administrative and medical costs. The decline in enrollment also has a direct impact on our provider network, and we are working on understanding how these disenrollments were distributed among our network. We are mindful that maintaining stability in our enrollment supports the broader health care infrastructure that our community relies on.

To that end, we held the first meeting of the Ventura County Health Care Coalition on Feb. 10, 2026, with broad representation from core members of Ventura County's health care infrastructure including facilities, ambulatory health care providers, public health, community-based organizations, and local, state, and federal elected leaders. Members of the coalition aligned around the urgency of the moment and recognize the need to work in a highly organized and collaborative way – contributing our unique experiences, perspectives, and ideas – to chart the course for our community and mitigate the impacts of H.R. 1 by focusing on education,

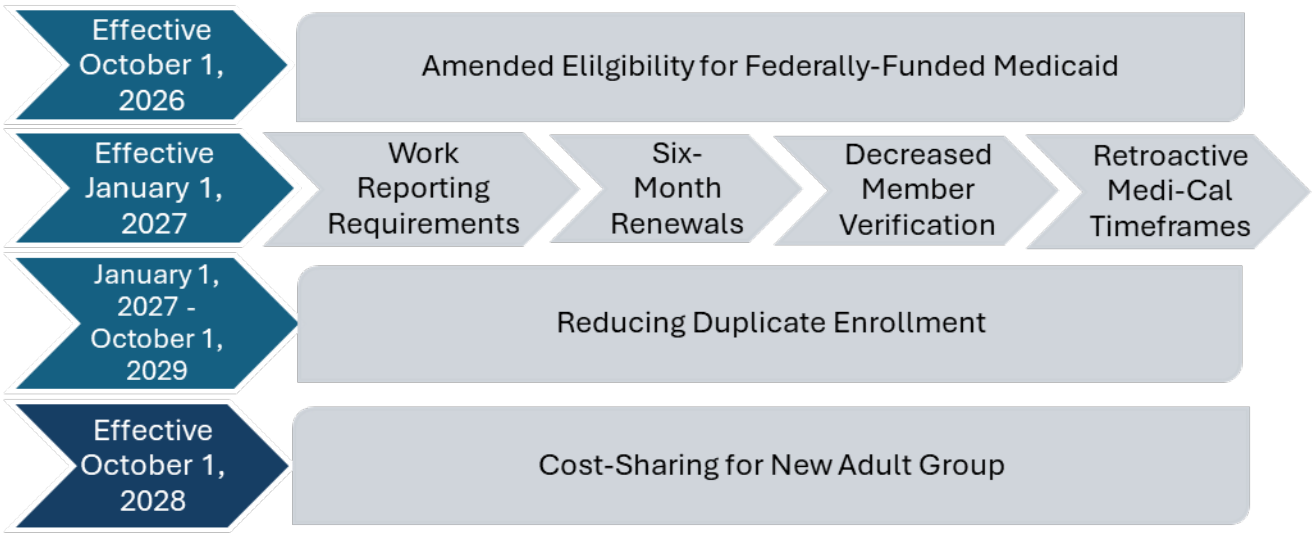
advocacy, and direct engagement. Our next meeting is scheduled for April 9, 2026, at which time we will discuss creating workgroups to explore various avenues.

As we work to maintain enrollment, we must also remain focused on keeping members connected with primary, specialty, and behavioral care. Amid unprecedented levels of confusion and doubt regarding the importance of applying sound public health and scientific principles to addressing health care needs, GCHP will ensure that our clinical guidelines align with the California Department of Public Health and that we follow the scientifically based recommendations from the American Academy of Pediatrics (AAP) for childhood vaccines. Following these standards is essential to improving health outcomes and protecting public health. With the resurgence of diseases – like measles – that were previously eradicated in the U.S., this work takes on a new sense of urgency.

I. External Affairs

A. House Resolution (HR) 1 Implementation

The State Department of Health Care Services hosted a webinar on Feb. 9, 2026, to outline the H.R. 1 implementation plan for new federal eligibility and enrollment changes. The Implementation Plan identifies several internal milestones that will occur prior to the federal effective dates, including system updates, county readiness assessments, and phased communication rollouts beginning in early 2026. DHCS will issue updated guidance to counties and managed care plans (MCPs) throughout 2026 to support operational alignment ahead of the Jan. 2027 implementation requirements.



1. **DHCS H.R. 1 Implementation Guiding Principles**
    a. DHCS is modeling its H.R 1 implementation around best practices and lessons learned during the COVID-19 Public Health Emergency unwinding and redetermination. They include:
        i. Communication with clarity and connection.
        ii. Educating and training those who serve Medi-Cal members.

iii. Providing timely and transparent communication with members.

b. DHCS will use data to automate information processing steps and reduce manual reporting, which is a significant barrier to coverage retention for many Medi-Cal members.
c. The Implementation Plan further emphasizes a "no wrong door" approach to maintaining coverage, prioritizing automation, ex-parte processing, and data-driven decision-making.
    i. The Implementation Plan outlines a phased readiness strategy, including system updates, county training, standardizing notices, and reducing administrative burden on members by maximizing data matching and minimizing documentation requests to support a smooth transition ahead of the Jan. 2027 effective dates.
    ii. DHCS stresses the importance of coordinated messaging across counties, MCPs, providers, and community-based organizations to ensure members receive consistent, accurate information.

2. Work and Community Engagement Requirements

d. Individuals must complete one or more qualifying activities:
    i. Income at least 80 times the federal hourly minimum wage ($580) or have employment of 80 hours / month.
    ii. Community service of 80 hours / month.
    iii. Enrolled at least half-time in an educational program.
    iv. Participation in a work program of 80 hours / month.
e. Estimated Impact on Medi-Cal members:
    i. Up to 233,000 Medi-Cal members will lose coverage by June 2027, 1 million by Jan. 2028, and 1.4 million by June 2028.
    ii. Expected to have a heavy impact on hospitals and clinics due to the number of people who will lose coverage.
f. Both mandatory and temporary exemptions exist for high-need groups, including pregnancy (or 12 months postpartum), foster youth, children under 19, D-SNP-eligible members, veterans with a disability rate of total, meeting Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) work requirements, and medically frail individuals.
    i. "Medically frail" includes individuals with one or more of the following:
        1. Substance use disorder (SUD)
        2. With a disabling mental disorder
        3. With a physical, intellectual, or developmental disability that significantly impairs ability to perform one or more activities of daily living.
        4. Blind or disabled
    ii. The medically frail framework is new to DHCS. The medically frail exemption will require new coding, data matching, and provider attestation processes, which are currently under development.
g. DHCS plans to streamline the renewal, reporting, and exemption process to remove burden on Medi-Cal members.
    i. This includes using the ex-parte process where possible.

3. DHCS Stakeholder Engagement Activities for Work Reporting Requirements

h. DHCS is implementing a multi-phase approach to work with DHCS stakeholders to inform Medi-Cal members.
i. The Implementation Plan outlines a phased rollout of work reporting requirements, beginning with member education in 2026, followed by system readiness checks and county training.
j. Like the Public Health Emergency unwinding, DHCS has created a robust member communication / outreach strategy, including:
    i. Toolkits for providers, MCPs, and advocates to help with consistent and widespread messaging.
    ii. Text messages informing Medi-Cal members about the changes in Jan. 2026.
    iii. Using DHCS coverage ambassadors and navigators.
    iv. DHCS will develop standardized notices, exemption workflows, and verification processes to reduce county-by-county variation.
k. DHCS plans to engage providers, Community Health Workers and navigators, and MCPs to inform members about upcoming changes and the impacts of H.R 1.
    i. Messaging guides, fliers, posters, and Frequently Asked Questions (FAQs) in all 19 of the Medi-Cal threshold languages will be available to stakeholders and on the DHCS website.

4. Six-Month Renewals

l. Beginning Jan. 1, 2027, states must conduct eligibility redeterminations for the Modified Adjusted Gross Income (MAGI) new adult group once every six months.
    i. Exceptions include tribal members, pregnant / postpartum mothers, foster care youth under the age of 26, disabled or aged members, and children.
m. This requirement is estimated to cause 289,000 Medi-Cal members to lose coverage by June 2026, increasing up to 400,000 Medi-Cal members by 2029-30.
    i. The burden of care on local clinics, federally qualified health care centers (FCHCs), and hospitals, is expected to rise due to newly uninsured individuals.
    ii. These potential impacts highlight the importance of DHCS messaging and outreach efforts to inform Medi-Cal members about the impacts of H.R 1.
n. DHCS anticipates significant administrative burden associated with six-month renewals and plans to rely heavily on ex-parte processing to minimize member disruption.
    i. Counties will require system modifications, staffing adjustments, and updated renewal workflows. DHCS will issue standardized renewal notices and reminders, including text messaging, to reduce avoidable loss of coverage.

5. H.R.1 Trailer Bill – State Implementation Framework

The H.R. 1 Trailer Bill provides the statutory authority for California to implement the federal requirements outlined in H.R. 1. The bill aligns state law with federal mandates related to work reporting requirements, six-month renewals, amended eligibility categories, and cost-sharing for the New Adult Group.

a. Key elements include:

i. Codifying federal requirements for work and community engagement, including exemptions and verification processes.
ii. Authorizing DHCS to issue guidance, develop system changes, and coordinate with counties and MCPs.
iii. Establishing state-level timelines that mirror federal effective dates while allowing DHCS to phase in operational readiness activities.
iv. Aligning state eligibility rules with the amended federal definition of qualified immigrants for federally funded Medicaid.
v. Clarifying DHCS authority to use data-matching, automation, and ex-parte processes to reduce administrative burden.

In anticipation of guidance, the GCHP implementation team has begun developing the workplan and a member education and awareness campaign in March. The plan will be closely aligned with DCHS plan. The first step informing members from DCHS will be via text messaging. The GCHP implementation team also met with the Ventura Health Care Agency and the Ventura County Human Services Agency on strategies to mitigate impact. Additionally, the GCHP Executive Team hosted the first meeting of the Ventura County Health Care Coalition, where robust discussion occurred on ways to support members in informing them of eligibility changes. The Coalition will meet every other month, and smaller work groups will be created to advance the work.

C. State Legislative Update

The California Legislature reconvened in early January, and the first month of the 2026 session has been dominated by budget hearings, federal implementation planning, and early positioning on long-term fiscal challenges. Bill activity remains limited at this stage of the session. However, the broader policy environment is highly active, driven by Gov. Gavin Newsom's January Proposed Budget, federal H.R. 1 implementation requirements, and two major trailer bills with significant implications for Medi-Cal, counties, and managed care plans.

Governor's 2026-27 Budget Overview
The governor's January budget is balanced for FY 2026-27; however, both the Department of Finance (DOF) and the Legislative Analyst's Office (LAO) emphasized that the state faces persistent, multi-year structural deficits beginning in FY 2027-28. Revenue growth is heavily concentrated in capital gains and stock market driven income tax receipts, creating instability that legislators repeatedly described as "precarious."

The Administration characterized the proposal as a "workload budget," maintaining core programs while avoiding major new investments. Key drivers shaping the health and human services landscape include:

- Federal H.R. 1 implementation, which increases state and county costs for Medi-Cal, CalFresh, and In-Home Supportive Services (IHSS).
- Managed Care Organization (MCO) tax uncertainty, with federal approval still pending for out-year assumptions.
- Hospital financial instability, particularly in high-Medi-Cal regions.
- Ongoing homelessness and behavioral health pressures, with limited new state funding.

Legislative Concerns

Across both houses, legislators raised consistent concerns that the budget relies on optimistic assumptions without sufficient contingency planning. Key issues highlighted during hearings included:

H.R. 1 Impacts

- Expected enrollment declines due to new federal eligibility rules, work reporting requirements, and six-month renewals.
- Increased administrative workload for counties, with no new resources identified.
- Risk of coverage churn, higher uncompensated care, and downstream pressure on hospitals and clinics.
- Hospitals continue to face closures, emergency room (ER) crowding, and workforce shortages.

Structural Deficit and Revenue Volatility

- LAO warned that the budget is "precariously balanced," even under optimistic revenue assumptions.
- Legislators requested parallel budget scenarios to reflect downside risk.

Homelessness and Housing

- Concerns about reduced or absent ongoing homelessness funding, despite continued local need.
- Cities and counties emphasized that unpredictable funding undermines planning and service continuity.

These themes reflect a Legislature seeking earlier engagement, clearer fiscal strategies, and more transparent risk assessment from the administration.

Key Trailer Bills Affecting Medi-Cal and Behavioral Health

H.R. 1 Trailer Bill – State Implementation Framework

The H.R. 1 Trailer Bill aligns California law with federal requirements and authorizes DHCS to implement major eligibility and administrative changes. The bill is expected to increase churn, administrative workload, and demand for coordinated messaging across counties, MCPs, and community partners.

Key elements include:

- Work and community engagement requirements, including exemptions and verification processes.
- Six-month renewals for the modified adjusted gross income (MAGI) adult population (income-based Medi-Cal eligibility group) beginning Jan. 2027.
- New medically frail exemption framework, requiring new coding, data matching, and provider attestations.
- Expanded use of automation, ex-parte processing, and standardized notices to reduce administrative burden.

- County readiness assessments, system updates, and phased communication rollouts throughout 2026.

Trailer Bill 1343 – Behavioral Health Services Act (BHSA) Revenue and Stability

Trailer Bill 1343 implements the post-Proposition 1 BHSA funding structure, establishing mandatory county allocations and new oversight requirements. Major provisions include:

- Mandatory spending percentages:
  - 30% Housing interventions (with chronic homelessness requirements)
  - 35% Full-service partnerships
  - 35% Behavioral Health services and supports (with youth-focused thresholds)
- 14% fund-shifting flexibility, with DHCS approval.
- Prudent reserve caps and required spend-down of excess reserves.
- Reversion timelines for unspent funds.
- State set-asides for workforce, prevention, and innovation.

Federal MCO Tax Update *

The Centers for Medicare & Medicaid Services (CMS) finalized a rule on Feb. 2, 2026, modifying federal requirements for health-care-related taxes used to finance Medicaid programs. The rule preserves California's current MCO Tax through its authorized term (Dec. 31, 2026) but confirms that the existing tax structure will not be federally approvable beyond that date.

CMS stated that the rule is intended to "preserve Medicaid funding for vulnerable populations" by closing loopholes in health-care-related tax arrangements. DHCS has indicated it will work with stakeholders on next steps, including redesigning the tax and related payment methodologies to comply with the new federal requirements. This development adds to the uncertainty already highlighted in budget hearings regarding the state's out-year fiscal assumptions tied to the MCO Tax.

Implications for GCHP

While bill activity remains limited, the broader policy environment has significant operational implications for GCHP. H.R. 1 is expected to increase eligibility churn and member enrollment, while Trailer Bill 1343 will intensify county focus on youth, homelessness, and justice-involved populations. These shifts may increase collaboration requests, data reporting expectations, and demand for care coordination. Network adequacy, utilization management, and claims workflows may also require updates as new statutory requirements take effect.

Bill	Summary	Status	Last Action	GCHP Impact
AB 1126	Aligns MCP administrative requirements with Medi-Cal fee-for-service (FFS) for members with other health coverage; limits Letters of Agreement (LOAs); requires DHCS clarification on noncontracted billing.	Advanced	Advanced Jan. 29 - now in Senate.	May require updates to other health coverage (OHC) coordination, LOA processes, and claims workflows.
SB 250	Requires DHCS to publish and maintain an updated skilled nursing facility (SNF) directory by managed care plan.	Chaptered	Signed into law Oct. 13, 2025	Minimal operational impact; may require periodic SNF network validation.
SB 306	Exempts services from prior authorization (PA) if 90%+ are approved; requires public posting of exempt services.	Chaptered	Signed into law	May require prior authorization (PA) workflow adjustments and public posting compliance.
SB 530	Strengthens DHCS oversight of time-and-distance standards; extends enforcement authority to 2029.	Chaptered	Signed into law	Continued monitoring of network adequacy compliance.
SB 707	Modernizes Brown Act requirements, including audio visual (AV) access and language equity provisions.	Chaptered	Signed into law Oct. 3, 2025	Impacts Commission meeting procedures and public access requirements.
AB 543	Allows MCPs to offer services via street medicine providers.	Chaptered	Signed into law	May require updates to provider contracting and Enhanced Care Management (ECM) workflows.
AB 2466	Strengthens network adequacy and timely access requirements.	Signed	Effective Jan. 1, 2026	May require network monitoring and reporting adjustments.

Bill	Summary	Status	Last Action	GCHP Impact
AB 815	Protects vehicles used for social services from certain insurance classifications.	Signed	Effective Jan. 1, 2026	Minimal impact; may affect contracted transportation providers.
SB 1120	Requires transparency and evidence-based criteria for artificial intelligence (AI) used in utilization review.	Signed	Effective Jan. 1, 2026	May require updates to Utilization Management (UM) policies and vendor oversight.
AB 2860	Expands the Mexico Physician / Dentist Program pilot.	Signed	Effective Jan. 1, 2026	Minimal direct impact; may affect provider availability in certain regions.
AB 3275	Requires clean claims to be reimbursed within 30 workdays; requires notice within 30 days if contested.	Chaptered	Effective Jan. 1, 2026	Significant programming changes needed; impacts claims timelines and FWA prepayment review.
AB 2703	Adds psychological associates as reimbursable providers under federally qualified health centers / rural health centers (FQHC/RHC).	Signed	Effective Jan. 1, 2026	May expand behavioral health provider types in network.
SB 516	Establishes infrastructure financing district for Sacramento.	Signed	Effective Jan. 1, 2026	No direct impact on GCHP operations.

D. All-Plan Letters (APL) Listing

APL #	APL Release Date	Title
26-002	Feb. 2, 2026	Medi-Cal Managed Care Plan Responsibilities for Non-Specialty Mental Health Services

E. Community Relations: Sponsorships

Through its sponsorship program, Gold Coast Health Plan (GCHP) continues to support the efforts of community-based organizations in Ventura County to help Medi-Cal members and other vulnerable populations. The following organizations received awards in Jan. 2026:

Organization	Description	Amount
Planned Parenthood	Planned Parenthood Ventura County will host its annual fundraising event, Power and Progress, to support three local health centers in Thousand Oaks, Oxnard, and Ventura, which together provide essential care to more than 13,000 patients each year. Funds raised will directly support vital services, including reproductive health care, education, and access for those who need it most.	$2,000
Ventura County Medical Resource Foundation	Ventura County Medical Resource Foundation provides free dental, vision, and mental health services to low-income children and seniors. Funds raised directly support and sustain these essential services, allowing for continued access to critical care for the county's most vulnerable populations.	$2,000
Hospital Association of Southern California (HASC)	HASC's annual conference brings together hundreds of Southern California hospital executives to learn, collaborate, and advance health care. Attendees connect through engaging sessions, dinner, and sponsored exhibits showcasing innovative services and products.	$1,000
First 5 of Ventura County	First 5 of Ventura County's Home Visit Summit brings together community partners to share tools, strategies, and resources that strengthen collaboration and improve outcomes for families from prenatal to age five. Funds help with support training, cross-agency coordination, and capacity building to better serve young children and their caregivers across Ventura County.	$500
Ventura County 40th Annual Rev. Dr. Martin Luther King, Jr. Day	The MLK Committee of Ventura County hosted its 40th Annual Rev. Dr. Martin Luther King, Jr. Day Observance in Oxnard, centered on the theme of "Living Legacy, Cultivating Compassion, and Justice in Ventura County. Funds raised will support event programming, community outreach, youth engagement, and educational initiatives that honor Dr. King's legacy.	$1,000

Organization	Description	Amount
Mariachi Ocho Estrellas de Oxnard Union High School District (OUHSD)	Mariachi Ocho Estrellas from the OUHSD is attending the University of San Diego (USD) Mariachi Conference, a two-day celebration / training bringing together musicians of all ages to share their passion for mariachi and learn new techniques. Funds will be used for transportation, conference operations, and educational resources to enhance student experience.	$1,000
Mixteco / Indigena Community Organizing Project (MICOP)	MICOP is hosting its annual Tequio Rising, a youth scholarship program rooted in the Indigenous concept of Tequio, an ancestral tradition centered on collective responsibility and community collaboration to address shared needs. Established in 2012, the Tequio Scholarship Fund supports Indigenous Mexican students by promoting academic success through higher education. Funds raised will directly support scholarships for high school seniors entering college and university students throughout Ventura County and Santa Barbara County.	$1,000
TOTAL		**$8,500**

F. Community Relations: Community Meetings and Events

In Jan. 2026, the Community Relations Team attended several community events supporting families with resources and assistance to connect them to GCHP services. The team participated in a collaborative meeting and food distribution events.

Strengthening Families Collaborative Meeting	
Community representatives share resources, announcements, and upcoming community events.	
Partnership for Safe Families and Communities	Feb. 4, 2026
Community Events	
Rio Vista School District Event	Jan. 22, 2026
Swap Meet Justice	Jan. 25, 2026
Winter Walk Community Event	Jan. 27, 2026
Compas @ UCLA Oxnard Community Health Fair	Jan. 24, 2026

Food Distribution Events	
San Salvador Mission Food Distribution (Piru)	Jan. 21, 2026
Poder Popular Food Distribution (Santa Paula)	Jan. 22, 2026
Adelante Comunidad Free Marketplace (Thousand Oaks)	Jan. 24, 2026
Salvation Army of Oxnard (Oxnard)	Jan. 27, 2026
Rio Plaza Food Distribution (Oxnard)	Feb. 3, 2026
Cristo Rey Church Food Pantry (Oxnard)	Feb. 5, 2026

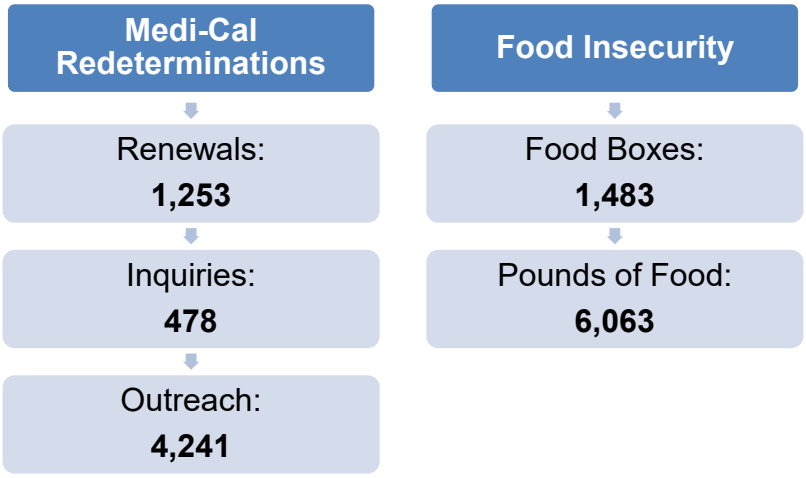
G. Community Relations: Speakers Bureau

In Jan. 2026, GCHP staff conducted presentations in the Hueneme School District. Staff presented an overview about GCHP benefits and services to parents at the district's English Learner Advisory Committee (ELAC), a school-level committee comprised of parents, staff, and community members designated to advise school officials on English learner programs and services.

Speakers Bureau	
Fred Williams Elementary School – Cafecito con la Directora	Jan. 7, 2026
Hueneme Elementary School – Coffee with the School Counselor	Jan. 9, 2026
Julien Hathaway Elementary School – Café con Leche	Jan. 30, 2026

H. Community Relations: Pathways to Wellness (PTW) Community Grants

In Oct. 2025, GCHP awarded grants to seven organizations to support Medi-Cal redetermination efforts, food insecurity, and member journey mapping. From Nov. to Jan. 2025, our grantees conducted the following:



II. PLAN OPERATIONS

A. Membership

	VCMC	CLINICAS	CMH	PCP-OTHER	ADMIN MEMBERS	NOT ASSIGNED
Jan-26	92,097	54,624	34,841	1,022	42,742	3,285
Dec-25	93,403	55,096	34,951	1,033	44,865	3,536
Nov-25	93,673	55,063	34,536	1,032	45,323	3,923

NOTE:

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

Administrative Member Details

Category	Jan 2026
Total Administrative Members	42,742
Share of Cost (SOC)	645
Long-Term Care (LTC)	734
Breast and Cervical Cancer Treatment Program (BCCTP)	20
Hospice (REST-SVS)	21
Out of Area (Not in Ventura County)	403

Category	Jan 2026
DUALS (A, AB, ABD, AD, B, BD)	17,599
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	17,668

NOTE:

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

METHODOLOGY

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

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

B. Provider Network Operations (PNO)

SalesForce Analytics

PNO recently implemented SalesForce, a reporting and tracking tool to identify network provider issues. SalesForce will be used as the initial input / point-of-origin system for PNO and the Provider Call Center to track and report on network provider issues, which allows for appropriate remediation and closure. SalesForce reporting can identify trends by provider, issue, specialty type, etc. This capability will allow PNO and Operations to identify and remediate issues that may be larger / systemic in nature. The goal is to have a tool that will allow for greater predictability regarding potential future issues and/or contract or system enhancements.

With the launch of SalesForce, PNO will work with Operations to prepare the tracking tools in support of the departmental service level agreements for network provider engagement and outcomes. As the new processes take shape, PNO will share statistics that reflect status and progress, with the goal of positively impacting overall provider satisfaction. This ties to Gold

Coast Health Plan's (GCHP) strategic anchor of "Optimizing Provider Relationships / Partnerships" by achieving the key result of a provider satisfaction survey score of 66%.

Regulatory / Audit Updates

GCHP will participate in the Centers for Medicare & Medicaid Services (CMS) Triennial Network Adequacy Review. This mandatory, three-year evaluation by CMS will confirm that the network for Gold Coast Health Plan Total Care Advantage (HMO D-SNP) is adequate. The review will also ensure accurate provider directories. The formal audit will be conducted in June 2026. In preparation for this audit, PNO participated in a voluntary network submission trial review, undergoing the process and identifying issues prior to the formal submission in June. Taking part in this exercise confirmed our files were compliant in format and structure and identified network adequacy and/or identified gaps to close prior to the June submission. GCHP does not anticipate any deficiencies for the June submission.

Other notable regulatory deliverables:

- The state Department of Health Care Services (DHCS) approved the 2025 Subcontractor Network Certification (SNC) Landscape Analysis Template.
- Completed the Provider portion of the 2025 Healthcare Effectiveness Data and Information Set (HEDIS) Roadmap
- Completed the Community-Based Adult Center (CBAS) Contracting Template, which demonstrates GCHP's contracting compliance of DHCS regulations

Gold Coast Health Plan Total Care Advantage (HMO D-SNP)

PNO continues to support Total Care Advantage through key regulatory and operational deliverables. PNO is monitoring the network to ensure we maintain adequacy. In addition, PNO is identifying additional network needs and working with internal stakeholders to identify continuity of care (CoC) needs, including CoC services for Enhanced Care Management (ECM), Community Supports (CS), and Community-Based Adult Services (CBAS).

Provider Network Developments: Jan. 1- 31, 2025

Network Developments for New Contracts	
Provider Additions Fulfilling Network Gaps	**Count**
Congregate Living Health Facility	**1**

GCHP Provider Changes	
Provider Additions and Terminations	**Count**
Additions	51
Terminations	12
Midwife	0

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

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	**Network Additions**		**Total Counts**
	Nov-25	**Dec-25**	
Hospitals	**0**	**0**	**25**
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
Providers	**68**	**117**	**9,189**
Primary Care Providers (PCPs) and Mid-levels	3	7	480
Specialists	49	110	7,789
Hospitalists	16	0	920
Ancillary	**3**	**1**	**692**
Ambulatory Surgery Center (ASC)	0	0	10
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	1	0	105
Home Health	0	0	35
Hospice	0	0	25
Laboratory	0	0	41
Optometry	1	0	111
Occupational Therapy (OT) / Physical Therapy	0	0	195
Radiology / Imaging	0	0	67
Skilled Nursing Facility (SNF) / Long-Term Care	1	1	89
Behavioral Health	**5**	**0**	**1128**
California Advancing and Innovating Medi-Cal (CalAIM) and Non-Traditional Providers	**Nov-25**	**Dec-25**	**Total**
Enhanced Care Management (ECM)	4	0	11
Community Supports (CS)	0	0	33
Community Health Worker (CHW)	1	0	5
Doulas	2	0	11

Note: This chart is based on data from Dec. 2025.

C. Delegation Oversight

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

- Monitoring / reviewing routine submissions from subcontractors
- Conducting onsite audits
- Issuing a corrective action plan (CAP) when deficiencies are identified

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

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

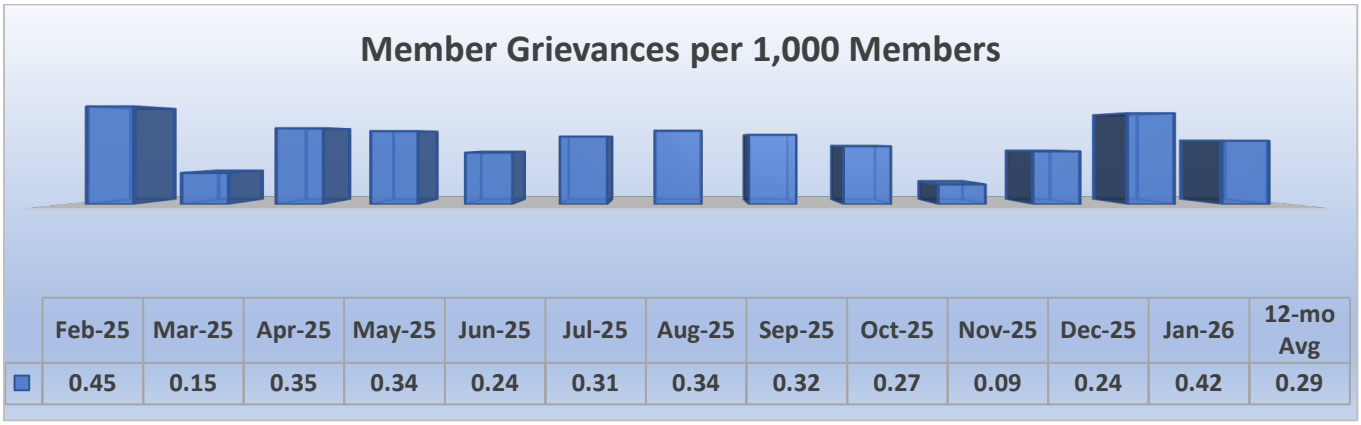
The following table includes audits and CAPs that are open and closed. Closed audits are removed after they are reported to the Commission. The table reflects changes in activity through Jan. 31, 2026.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2025 Annual Claims Audit	Closed	3/26/2025	11/4/2025	N/A
Carelon	2025 Annual Credentialing Audit	Closed	9/25/2025	1/7/2026	N/A
Carelon	2025 Annual Audit Utilization Management (UM) Quality Improvement (QI), Network Management (NET), Cultural & Linguistics (C&L), Member Experience (ME)	Open	10/6/2025	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carenet	2025 Focused Call Center Nurse Advice Line	Open	1/28/2026	Under CAP	N/A
Clinicas del Camino Real (CDCR)	2025 Q2 Focused Claim Audit	Closed	9/15/2025	11/7/2025	N/A
Vision Service Plan (VSP)	2025 Annual Claims Audit	Open	1/06/2026	Under CAP	N/A
Ventura Transit System (VTS)	2025 Downstream Subcontractor Audit	Open	9/11/2025	Under CAP	N/A
VTS	2025 Annual Driver Credentialing Audit	Open	7/23/2025	Under CAP	N/A
VTS	2025 Annual Non-Medical Transporation (NMT) and Non-Emergency Medical Transporation (NEMT) Vehicle Audit	Open	1/8/2026	Under CAP	N/A
University of California, Los Angeles (UCLA)	2025 Focused Credentialing Audit	Closed	9/24/2025	12/5/2025	N/A
University Southern California (USC) Medical Group	2025 Policy Review Credentialing Audit	Open	9/24/2025	Under CAP	N/A

Privacy & Security CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
N/A	N/A	N/A	N/A	N/A	N/A
Operational CAPs					
Delegate	**CAP Type**	**Status**	**Date CAP Issued**	**Date CAP Closed**	**Notes**
CDCR	Claims Timeliness	Open	4/22/2025	Open	Metrics of 90% in 30 days not met. 45 days not met for Q2, Q3, or Q4.

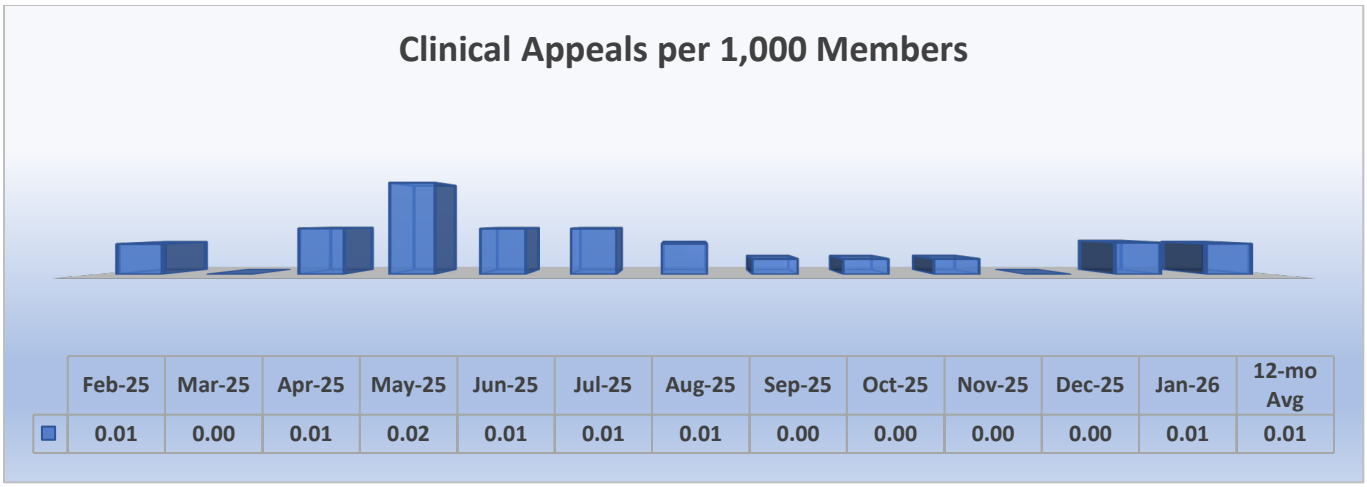
D. Grievance and Appeals



Member Grievances per 1,000 Members

GCHP experienced an increase in grievance volume in Jan. 2026. During the month, members submitted 98 grievances, including two grievances related to enrollment in Gold Coast Health Plan Total Care Advantage (HMO D-SNP). Overall, grievance volume remains low relative to total membership. Over the past 12 months, GCHP averaged 240,269 enrolled members, with an annual grievance rate of 0.29 grievances per 1,000 members.

In Jan. 2026, the top reason reported was “Quality of Care,” which is related to member concerns about the care they received from their providers.



	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	12-mo Avg
	0.01	0.00	0.01	0.02	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.01

Clinical Appeals per 1,000 Members

The comparison of appeal volume is based on the 12-month average of 0.01 appeals per 1,000 members. In Jan. 2026, GCHP received two clinical appeals; one was overturned, and the other remains in progress.

Q4 2025 Member Grievance Log

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

RECOMMENDATION:

Receive and file.

Grievance ID#	Received Date	Type	Acknowledgement Date	Resolution Date	Grievance Outcome	Provider Name	Provider NPI	Provider Address	City	State	Zip Code	Grievance Benefit Type	Grievance Type
AG0000039448	10/1/2025	Grievance	10/1/2025	10/16/2025	Resolved In Favor of Member	Jeremy Schweitzer, MD	NULL	NULL	NULL	NULL	NULL	Inpatient Physical Health	Quality of Care
AG0000039456	10/1/2025	Grievance	10/1/2025	10/28/2025	Resolved In Favor of Member	Channel Islands Prosthetics - Orthotics	1891902524	4517 Market St Ste 4	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000039568	10/2/2025	Grievance	10/3/2025	10/20/2025	Resolved In Favor of Member	Clinicas Del Camino Real Inc Simi Valley East	1609291996	4370 Eve Rd	Simi Valley	CA	93063	Outpatient Physical Health	Quality of Care
AG0000039588	10/2/2025	Grievance	10/3/2025	10/21/2025	Resolved In Favor of Member	Los Robles Hospital and Medical Center	1306890389	215 W Janss Rd	Thousand Oaks	CA	91360	Inpatient Physical Health	Quality of Care
AG0000039660	10/2/2025	Grievance	10/6/2025	10/17/2025	Resolved In Favor of Member	Community Memorial Hospital	1841556404	730 Paseo Camarillo	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000039593	10/3/2025	Grievance	10/3/2025	10/15/2025	Resolved In Favor of Member	Clinicas del Camino Real Inc Paseo Camarillo	1215903018	147 N Brent St	Ventura	CA	93003	Outpatient Physical Health	Provider / Staff Attitude
AG0000039726	10/6/2025	Grievance	10/6/2025	10/17/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Scheduling
AG0000039769	10/6/2025	Grievance	10/7/2025	10/7/2025	Resolved In Favor of Plan	Greenfield Care Center of Fillmore LLC	1275972481	118 B St	Fillmore	CA	93015	Skilled Nursing Facility	Quality of Care
AG0000039991	10/7/2025	Grievance	10/8/2025	10/22/2025	Resolved In Favor of Member	Community Memorial Health Center (Vineyard)	1821271727	168 N Brent St Ste 401	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing
AG0000039954	10/8/2025	Grievance	10/8/2025	10/9/2025	Resolved In Favor of Member	California Managed Imaging Medical Group	1497060297	2361 E Vineyard Ave	Oxnard	CA	93036	Outpatient Physical Health	Referral
AG0000040001	10/8/2025	Grievance	10/8/2025	10/30/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Quality of Care
AG0000040007	10/8/2025	Grievance	10/8/2025	10/27/2025	Resolved In Favor of Plan	Adventist Health Simi Valley	1063495190	2975 Sycamore Dr	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000040008	10/8/2025	Grievance	10/8/2025	10/31/2025	Resolved In Favor of Member	Las Islas Family Medical Group North (VCMC)	1952542896	2400 S C St	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000040053	10/8/2025	Grievance	10/9/2025	11/3/2025	Resolved In Favor of Member	Two Trees Physical Therapy and Wellness Inc	1770830325	2895 Loma Vista Rd Ste A	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000040064	10/8/2025	Grievance	10/9/2025	11/3/2025	Resolved In Favor of Plan	Gold Coast Health Plan	NULL	NULL	NULL	NULL	NULL	Durable Medical Equipment	Quality of Care
AG0000040079	10/9/2025	Grievance	10/9/2025	10/28/2025	Resolved In Favor of Member	Gold Coast Health Plan	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000040222	10/10/2025	Grievance	10/10/2025	10/21/2025	Resolved In Favor of Member	St Johns Regional Med Ctr	1073665360	1600 N Rose Ave	Oxnard	CA	93030	Outpatient Physical Health	Quality of Care
AG0000040548	10/10/2025	Grievance	10/16/2025	11/4/2025	Resolved In Favor of Member	Ventura Transit System	1588362966	300 E Esplanade Dr Ste 1670	Oxnard	CA	93036	Community Supports - Personal Care & Homemaker Services	Quality of Care
AG0000040327	10/13/2025	Grievance	10/13/2025	10/30/2025	Resolved In Favor of Member	Clinicas del Camino Real - Moorpark	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000040330	10/13/2025	Grievance	10/13/2025	10/29/2025	Resolved In Favor of Member	Community Memorial Health Center (Vineyard)	1841556404	4279 Tierra Rejada Rd	Moorpark	CA	93021	Outpatient Physical Health	PHI / Confidentiality / HIPAA
AG0000040332	10/13/2025	Grievance	10/13/2025	10/31/2025	Resolved In Favor of Member	Clinicas del Camino Real - Simi Valley	1497060297	2361 E Vineyard Ave	Oxnard	CA	93036	Outpatient Physical Health	Referral
AG0000040335	10/13/2025	Grievance	10/13/2025	11/7/2025	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Referral
AG0000040352	10/13/2025	Grievance	10/14/2025	10/23/2025	Resolved In Favor of Member	Ventura Transit System	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000040355	10/13/2025	Grievance	10/14/2025	10/29/2025	Resolved In Favor of Member	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000040363	10/13/2025	Grievance	10/14/2025	11/6/2025	Resolved In Favor of Plan	General Surgery Medical Group of Ventura County	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000040438	10/14/2025	Grievance	10/14/2025	11/6/2025	Resolved In Favor of Member	Arroyo Oaks Medical Group	1275511644	168 N Brent St Ste 506	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000040469	10/14/2025	Grievance	10/15/2025	11/13/2025	Resolved In Favor of Member	Gold Coast Health Plan	1770536468	215 W Janss Rd	Thousand Oaks	CA	91360	Outpatient Physical Health	Provider / Staff Attitude
AG0000040480	10/15/2025	Grievance	10/15/2025	10/29/2025	Resolved In Favor of Member	Clinicas Del Camino Real Inc - Karen R Burnham Health Center	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider / Staff Attitude
AG0000040494	10/15/2025	Grievance	10/15/2025	10/29/2025	Resolved In Favor of Member	Conejo Valley Family Medical Group (VCMC)	1093933194	1100 W Gonzales Rd	Oxnard	CA	93036	Outpatient Physical Health	Timely Access
AG0000040519	10/15/2025	Grievance	10/15/2025	10/23/2025	Resolved In Favor of Member	Clinicas Del Camino Real Inc - Karen R Burnham Health Center	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Referral
AG0000040531	10/15/2025	Discrimination Grievance	10/15/2025	11/9/2025	Resolved In Favor of Member	Divine Agape Health Care Agency	1093933194	1100 W Gonzales Rd	Oxnard	CA	93036	Outpatient Physical Health	Discrimination
AG0000040594	10/15/2025	Grievance	10/16/2025	10/29/2025	Resolved In Favor of Plan	Clinicas del Camino Real - Ojai Valley Community Health Cent	1316163736	1200 Maricopa Hwy	Ojai	CA	93023	Outpatient Physical Health	Quality of Care
AG0000040834	10/16/2025	Grievance	10/21/2025	11/17/2025	Resolved In Favor of Member	Clinicas del Camino Real-Oxnard	1316516636	465 W Channel Islands Blvd	Port Hueneme	CA	93041	Outpatient Physical Health	Provider Direct Member Billing
AG0000040756	10/20/2025	Grievance	10/20/2025	10/29/2025	Resolved In Favor of Member	Ventura Transit System	1396961884	650 Meta St	Oxnard	CA	93030	Outpatient Physical Health	Provider Availability
AG0000040796	10/20/2025	Grievance	10/20/2025	11/17/2025	Resolved In Favor of Member	SILVER STRAND OPTOMETRY CORP	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Assault / Harassment
AG0000040946	10/21/2025	Grievance	10/22/2025	11/17/2025	Resolved In Favor of Member	Conejo Valley Family Medical Group (VCMC)	1821271727	168 N Brent St Ste 401	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing

AG0000040942	10/22/2025	Grievance	10/22/2025	11/12/2025	Resolved In Favor of Plan	California Managed Imaging Medical Group	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000040957	10/22/2025	Grievance	10/22/2025	11/12/2025	Resolved In Favor of Member	Las Posas Family Medical Group (VCMC)	1982846366	3801 Las Posas Rd Ste 214	Camarillo	CA	93010	Outpatient Physical Health	Member Informing Materials
AG0000040971	10/22/2025	Grievance	10/22/2025	11/17/2025	Resolved In Favor of Plan	Magnolia Family Medical Center (VCMC)	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Pharmacy	Continuity Of Care (Providers)
AG0000041001	10/22/2025	Grievance	10/23/2025	11/18/2025	Resolved In Favor of Plan	Moorpark Family Medical Clinic (VCMC)	1174764021	612 Spring Rd Bldg A	Moorpark	CA	93021	Outpatient Physical Health	Quality of Care
AG0000041108	10/23/2025	Grievance	10/24/2025	11/11/2025	Resolved In Favor of Member	International Elder Care Solutions	1710504196	950 County Square Dr	Ventura	CA	93003	Community Supports - Nursing Facility Transition/Diversion	Quality of Care
AG0000041749	10/23/2025	Grievance	11/3/2025	11/18/2025	Resolved In Favor of Member	UCLA Dept Of Med Prof Grp	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Quality of Care
AG0000041183	10/24/2025	Grievance	10/24/2025	11/18/2025	Resolved In Favor of Plan	Ventura Transit System	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000041195	10/24/2025	Grievance	10/24/2025	11/10/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Provider / Staff Attitude
AG0000041196	10/24/2025	Grievance	10/24/2025	11/17/2025	Resolved In Favor of Member	Gold Coast Health Plan	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Provider / Staff Attitude
AG0000041332	10/24/2025	Grievance	10/28/2025	11/18/2025	Resolved In Favor of Member	Sierra Vista Family Medical Clinic (VCMC)	1134369366	2600 E Vineyard Ave	Oxnard	CA	93036	Outpatient Physical Health	Scheduling
AG0000041303	10/25/2025	Grievance	10/27/2025	11/4/2025	Resolved In Favor of Plan	Clinicas del Camino Real\, Inc. (El Rio)	NULL	NULL	NULL	NULL	NULL	Not Benefit Related	Technology / Telephone
AG0000041331	10/27/2025	Grievance	10/28/2025	NULL	NULL	Pediatric Diagnostic Center (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000041333	10/27/2025	Grievance	10/28/2025	11/19/2025	Resolved In Favor of Member	Community Memorial Health Center (Main St)	1619118569	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Scheduling
AG0000041334	10/27/2025	Grievance	10/28/2025	10/31/2025	Resolved In Favor of Member	Clinicas del Camino Real - Ocean View	1295773224	138 W Main St Ste E	Ventura	CA	93001	Outpatient Physical Health	Provider Availability
AG0000041336	10/27/2025	Grievance	10/28/2025	11/13/2025	Resolved In Favor of Member	California Managed Imaging Medical Group	1427276278	4400 Olds Rd	Oxnard	CA	93033	Outpatient Physical Health	Provider Availability
AG0000041343	10/27/2025	Grievance	10/28/2025	11/19/2025	Resolved In Favor of Member	Two Trees Physical Therapy and Wellness Inc	1821271727	168 N Brent St Ste 401	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing
AG0000041405	10/28/2025	Grievance	10/29/2025	11/17/2025	Resolved In Favor of Member	California Hand and Physical Therapy	1770830325	2260 Tapo St	Simi Valley	CA	93063	Outpatient Physical Health	Referral
AG0000041412	10/28/2025	Grievance	10/29/2025	NULL	NULL	Clinicas del Camino Real - Simi Valley	1518121516	2001 Solar Dr Ste 150	Oxnard	CA	93036	Outpatient Physical Health	Quality of Care
AG0000041434	10/29/2025	Grievance	10/29/2025	NULL	NULL	Gold Coast Health Plan	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000041469	10/29/2025	Grievance	10/29/2025	11/19/2025	Resolved In Favor of Plan	CARELON BEHAVIORAL CARE	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000041474	10/29/2025	Grievance	10/29/2025	11/4/2025	Resolved In Favor of Plan	Magnolia Family Medical Center (VCMC)	1053894790	200 State St Ste 302	Boston	MA	02109	Outpatient Mental Health and Substance Use Disorder	Scheduling
AG0000041476	10/29/2025	Grievance	10/29/2025	11/21/2025	Resolved In Favor of Plan	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1669738159	2220 E Gonzales Rd Ste 120A-B	Oxnard	CA	93036	Outpatient Physical Health	Provider Availability
AG0000041493	10/29/2025	Grievance	10/30/2025	NULL	NULL	Community Memorial Health Center (Camarillo)	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000041512	10/30/2025	Grievance	10/30/2025	NULL	NULL	Community Vision	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Authorization
AG0000041536	10/30/2025	Grievance	10/30/2025	11/19/2025	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000041578	10/30/2025	Grievance	10/31/2025	NULL	NULL	Clinicas del Camino Real - Moorpark	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000041683	10/31/2025	Grievance	11/3/2025	NULL	NULL	Conejo Valley Family Medical Group (VCMC)	1841556404	4279 Tierra Rejada Rd	Moorpark	CA	93021	Outpatient Physical Health	Referral
AG0000041806	10/31/2025	Grievance	11/4/2025	11/19/2025	Resolved In Favor of Member	Gold Coast Health Plan	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Balance Billing
AG0000041713	11/3/2025	Grievance	11/3/2025	12/1/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000041841	11/3/2025	Grievance	12/3/2025	11/24/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Not Benefit Related	Plan Customer Service
AG0000041821	11/4/2025	Grievance	11/4/2025	11/6/2025	Resolved In Favor of Member	Clinicas del Camino Real - Moorpark	1841556404	4279 Tierra Rejada Rd	Moorpark	CA	93021	Outpatient Physical Health	Referral
AG0000041850	11/4/2025	Grievance	11/5/2025	12/4/2025	Resolved In Favor of Member	Community Memorial Urology	1730498411	2705 Loma Vista Rd Ste 206	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000041851	11/4/2025	Grievance	11/5/2025	12/2/2025	Resolved In Favor of Member	Anacapa Surgical Associates (VCMC)	1629167457	300 Hillmont Ave Bldg 340 Ste 401	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000041852	11/4/2025	Grievance	11/5/2025	11/21/2025	Resolved In Favor of Plan	Ventura County Medical Center	1629167457	300 HILLMONT AVE BLDG 340 #401	Ventura	CA	93003	Inpatient Physical Health	Quality of Care
AG0000041853	11/4/2025	Grievance	11/5/2025	12/3/2025	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Non-Emergency Medical Transportation	Plan Customer Service
AG0000041854	11/4/2025	Grievance	11/5/2025	12/2/2025	Resolved In Favor of Member	Clinicas Del Camino Real Inc Simi Valley East	1609291996	4370 Eve Rd	Simi Valley	CA	93063	Outpatient Physical Health	Provider Availability
AG0000041882	11/5/2025	Grievance	11/5/2025	11/19/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Not Applicable	Provider / Staff Attitude
AG0000041896	11/5/2025	Grievance	11/5/2025	11/19/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider / Staff Attitude

AG0000041924	11/5/2025	Grievance	11/6/2025	11/21/2025	Resolved In Favor of Member	Clinicas del Camino Real Ventura	1679631907	200 S Wells Rd	Ventura	CA	93004	Outpatient Physical Health	Quality of Care
AG0000042013	11/6/2025	Grievance	11/7/2025	12/5/2025	Resolved In Favor of Member	Clinicas Del Camino Real Inc - Karen R Burnham Health Center	1093933194	1100 W Gonzales Rd	Oxnard	CA	93036	Outpatient Physical Health	Provider / Staff Attitude
AG0000042014	11/6/2025	Grievance	11/7/2025	12/3/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Vehicle
AG0000042167	11/7/2025	Grievance	11/10/2025	12/5/2025	Resolved In Favor of Member	Community Memorial Health Center (MMG Main)	1083001010	2721 E Main St	Ventura	CA	93003	Outpatient Physical Health	Referral
AG0000042265	11/7/2025	Grievance	11/12/2025	12/3/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Direct Member Billing
AG0000042238	11/10/2025	Grievance	NULL	12/3/2025	Resolved In Favor of Plan	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Referral
AG0000042239	11/10/2025	Grievance	11/10/2025	12/9/2025	Resolved In Favor of Member	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Provider Availability
AG0000042283	11/10/2025	Discrimination Grievance	11/12/2025	12/5/2025	Resolved In Favor of Plan	Conejo Valley Family Medical Group (VCMC)	1316188253	125 W Thousand Oaks Blvd Ste 300	Thousand Oaks	CA	91360	Outpatient Physical Health	Discrimination
AG0000042240	11/11/2025	Grievance	11/12/2025	12/8/2025	Resolved In Favor of Plan	Michael Benjamin MD Inc	1649319310	3605 Alamo St Ste 103	Simi Valley	CA	93063	Outpatient Physical Health	Quality of Care
AG0000042268	11/11/2025	Grievance	11/12/2025	12/10/2025	Resolved In Favor of Member	Clinicas del Camino Real\, Inc. (El Rio)	1134369366	2600 E Vineyard Ave	Oxnard	CA	93036	Outpatient Physical Health	Quality of Care
AG0000042295	11/11/2025	Grievance	11/12/2025	12/3/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000042301	11/12/2025	Grievance	11/12/2025	11/26/2025	Resolved In Favor of Member	Clinicas Del Camino Real Inc Simi Valley East	1609291996	4370 Eve Rd	Simi Valley	CA	93063	Outpatient Physical Health	Provider Availability
AG0000042320	11/12/2025	Grievance	11/12/2025	11/21/2025	Request Withdrawn	Clinicas del Camino Real Inc Paseo Camarillo	1841556404	730 Paseo Camarillo	Camarillo	CA	93010	Pharmacy	Inappropriate Care
AG0000042324	11/12/2025	Grievance	11/13/2025	12/8/2025	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Referral
AG0000042345	11/13/2025	Grievance	11/13/2025	11/14/2025	Resolved In Favor of Member	Clinicas del Camino Real - Simi Valley	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000042374	11/13/2025	Grievance	11/13/2025	NULL	NULL	Clinicas Del Camino Real Inc Simi Valley East	1609291996	4370 Eve Rd	Simi Valley	CA	93063	Outpatient Physical Health	Quality of Care
AG0000042380	11/13/2025	Grievance	11/13/2025	12/2/2025	Resolved In Favor of Member	Clinicas Del Camino Real Inc Simi Valley East	1609291996	4370 Eve Rd	Simi Valley	CA	93063	Outpatient Physical Health	Provider Availability
AG0000042422	11/13/2025	Grievance	11/14/2025	12/2/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider / Staff Attitude
AG0000042436	11/13/2025	Grievance	11/14/2025	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Not Benefit Related	Plan Customer Service
AG0000042612	11/17/2025	Grievance	11/17/2025	NULL	NULL	Santa Paula Medical Clinic (VCMC)	1932340890	1334 E Main St	Santa Paula	CA	93060	Outpatient Physical Health	Quality of Care
AG0000042619	11/17/2025	Grievance	11/17/2025	NULL	NULL	Clinicas del Camino Real - Simi Valley	1720362056	1424 Madera Rd	Simi Valley	CA	93065	Outpatient Physical Health	Referral
AG0000042666	11/17/2025	Grievance	11/18/2025	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000042706	11/18/2025	Grievance	11/18/2025	NULL	NULL	Community Memorial Health Center (Saviers)	1740228345	2921 Saviers Rd	Oxnard	CA	93033	Outpatient Physical Health	Quality of Care
AG0000042720	11/18/2025	Grievance	11/18/2025	NULL	NULL	Intend\,Inc.D.B.A Tangelo	1649937236	1701 N Delilah St	Corona	CA	92879	Community Supports - Medically Tailored Meals	Quality of Care
AG0000042734	11/18/2025	Grievance	11/18/2025	NULL	NULL	Fillmore Family Medical Center (VCMC)	1134360076	828 W Ventura St Ste 100	Fillmore	CA	93015	Outpatient Physical Health	Quality of Care
AG0000042738	11/18/2025	Grievance	11/18/2025	NULL	NULL	Community Memorial Health Center (MMG Ojai 1320)	1588446892	1320 Maricopa Hwy	OJAI	CA	93023	Outpatient Physical Health	Authorization
AG0000042787	11/19/2025	Grievance	11/19/2025	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Balance Billing
AG0000042810	11/19/2025	Grievance	11/19/2025	NULL	NULL	Moorpark Family Medical Clinic (VCMC)	1174764021	612 Spring Rd Bldg A	Moorpark	CA	93021	Outpatient Physical Health	Provider Availability
AG0000042876	11/20/2025	Grievance	11/20/2025	NULL	NULL	Academic Family Medicine Center (VCMC)	1629167457	300 Hillmont Ave Bldg 340	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000042879	11/20/2025	Grievance	11/20/2025	NULL	NULL	Ventura County Medical Center	1629167457	300 HILLMONT AVE BLDG 340 #401	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000042902	11/20/2025	Grievance	11/20/2025	NULL	NULL	Community Memorial Health Center (Ashwood)	1114111309	120 N Ashwood Ave	Ventura	CA	93003	Outpatient Physical Health	Authorization
AG0000042926	11/20/2025	Grievance	11/21/2025	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Not Applicable	Quality of Care
AG0000042928	11/20/2025	Grievance	11/21/2025	NULL	NULL	Adventist Health Simi Valley	1063495190	2975 Sycamore Dr	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000042935	11/20/2025	Grievance	11/21/2025	NULL	NULL	Community Memorial Hospital	1215903018	2721 E Main St	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000042941	11/20/2025	Grievance	11/21/2025	NULL	NULL	Southern California Hospital at Culver City	1487905725	3828 Delmas Ter	Culver City	CA	90232	Outpatient Physical Health	Quality of Care
AG0000042976	11/21/2025	Grievance	11/21/2025	NULL	NULL	Medical Kitchen\, LP dba The Medical Kitchen	1235995085	840 Tourmaline Dr	Thousand Oaks	CA	91320	Community Supports - Medically Tailored Meals	Quality of Care
AG0000043003	11/21/2025	Grievance	11/21/2025	12/3/2025	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Not Applicable	Out-of-Network
AG0000043089	11/21/2025	Grievance	11/24/2025	12/3/2025	Resolved In Favor of Member	Golden State Imaging Associates Inc	1144872052	300 Hillmont Ave	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing
AG0000043106	11/24/2025	Grievance	11/24/2025	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000043170	11/24/2025	Grievance	11/25/2025	12/3/2025	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Plan Customer Service

AG0000043208	11/24/2025	Grievance	11/25/2025	12/5/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000043242	11/25/2025	Grievance	11/25/2025	12/3/2025	Resolved In Favor of Plan	Ventura Orthopedics Medical Group	1871547315	147 N Brent St	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing
AG0000043279	11/25/2025	Grievance	11/26/2025	NULL	NULL	Moorpark Family Medical Clinic (VCMC)	1174764021	612 Spring Rd Bldg A	Moorpark	CA	93021	Outpatient Physical Health	Quality of Care
AG0000043338	11/28/2025	Grievance	12/1/2025	NULL	NULL	Moorpark Family Medical Clinic (VCMC)	1174764021	612 Spring Rd Bldg A	Moorpark	CA	93021	Outpatient Physical Health	Quality of Care
AG0000043363	12/1/2025	Grievance	12/1/2025	12/24/2025	Resolved In Favor of Member	International Elder Care Solutions	1710504196	950 County Square Dr	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000043384	12/1/2025	Grievance	12/1/2025	12/24/2025	Request Withdrawn	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000043519	12/1/2025	Grievance	NULL	12/26/2025	Resolved In Favor of Plan	Sierra Vista Family Medical Clinic (VCMC)	1386886117	1227 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000043520	12/2/2025	Grievance	12/3/2025	12/26/2025	Resolved In Favor of Member	Coastal Vascular Center	1821031675	3901 Las Posas Rd Ste 16	Camarillo	CA	93010	Outpatient Physical Health	Provider Balance Billing
AG0000043551	12/2/2025	Grievance	12/3/2025	12/17/2025	Resolved In Favor of Plan	California Managed Imaging Medical Group	1821271727	168 N Brent St Ste 401	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing
AG0000043577	12/3/2025	Grievance	12/3/2025	12/17/2025	Resolved In Favor of Member	Golden State Imaging Associates Inc	1144872052	3291 Loma Vista Rd	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing
AG0000043609	12/3/2025	Grievance	12/3/2025	12/17/2025	Resolved In Favor of Plan	Clinicas del Camino Real-Oxnard	1396961884	650 Meta St	Oxnard	CA	93030	Outpatient Physical Health	Quality of Care
AG0000043685	12/4/2025	Grievance	12/4/2025	12/17/2025	Resolved In Favor of Plan	California Managed Imaging Medical Group	1821271727	168 N Brent St Ste 401	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing
AG0000043688	12/4/2025	Grievance	12/4/2025	12/5/2025	Resolved In Favor of Plan	Santa Paula West (VCMC)	1841431707	254 W Harvard Blvd Ste B	Santa Paula	CA	93060	Outpatient Physical Health	Quality of Care
AG0000043699	12/4/2025	Grievance	12/4/2025	12/26/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Pharmacy	Quality of Care
AG0000043797	12/5/2025	Grievance	12/5/2025	12/26/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000043808	12/5/2025	Grievance	12/5/2025	12/26/2025	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Community Supports - Environmental Accessibility Adaptions	Case Management / Care Coordination
AG0000043811	12/5/2025	Grievance	12/5/2025	12/17/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Provider Availability
AG0000043849	12/5/2025	Grievance	12/6/2025	12/30/2025	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Availability
AG0000043912	12/5/2025	Grievance	12/8/2025	12/26/2025	Resolved In Favor of Plan	The Periscope Group	1578006094	548 Market St # 75842	San Francisco	CA	94104	Community Supports - Environmental Accessibility Adaptions	Not Applicable
AG0000044011	12/5/2025	Grievance	12/9/2025	12/23/2025	Resolved In Favor of Member	California Managed Imaging Medical Group	1821271727	1600 N Rose Ave	Oxnard	CA	93030	Not Benefit Related	Provider Balance Billing
AG0000044060	12/7/2025	Grievance	12/9/2025	12/30/2025	Resolved In Favor of Member	Community Memorial Hospital	1215903018	147 N Brent St	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000044066	12/7/2025	Grievance	12/10/2025	1/2/2026	Resolved In Favor of Member	OMAC Pharmacy	1083703631	901 W 7th St	Oxnard	CA	93030	Durable Medical Equipment	Scheduling
AG0000044067	12/7/2025	Grievance	12/10/2025	1/2/2026	Resolved In Favor of Member	Community Memorial Health Center (MMG Brent)	1700303633	168 N Brent St Ste 302	Ventura	CA	93003	Durable Medical Equipment	Quality of Care
AG0000043969	12/8/2025	Grievance	12/8/2025	1/5/2026	Resolved In Favor of Plan	St Johns Regional Med Ctr	1073665360	5800 Santa Rosa Rd Ste 105	Camarillo	CA	93012	Outpatient Physical Health	Quality of Care
AG0000043976	12/8/2025	Grievance	NULL	12/17/2025	Request Withdrawn	Clinicas del Camino Real Ventura	1679631907	200 S Wells Rd	Ventura	CA	93004	Outpatient Physical Health	Quality of Care
AG0000043979	12/8/2025	Grievance	12/8/2025	1/2/2026	Resolved In Favor of Member	Island View Gastroenterology Associates	1386701787	147 N Brent St	Ventura	CA	93003	Outpatient Physical Health	Referral
AG0000043982	12/8/2025	Grievance	12/8/2025	12/17/2025	Resolved In Favor of Member	Community Memorial Health Center (Camarillo)	1104865518	422 Arneill Rd Ste B	Camarillo	CA	93010	Outpatient Physical Health	Provider / Staff Attitude
AG0000043991	12/8/2025	Grievance	12/9/2025	12/19/2025	Dismissed	Childrens Hospital Los Angeles Medical Group Inc dba CHLA	1265530653	4650 W Sunset Blvd Stop 102	Los Angeles	CA	90027	Inpatient Physical Health	Quality of Care
AG0000043994	12/8/2025	Grievance	12/9/2025	1/6/2026	Resolved In Favor of Member	Clinicas del Camino Real-Oxnard	1396961884	650 Meta St	Oxnard	CA	93030	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000044000	12/8/2025	Grievance	12/9/2025	12/17/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Balance Billing
AG0000044019	12/8/2025	Grievance	12/9/2025	1/2/2026	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000044039	12/8/2025	Grievance	12/9/2025	1/2/2026	Resolved In Favor of Member	Community Memorial Health Center (Ashwood)	1114111309	120 N Ashwood Ave	Ventura	CA	93003	Outpatient Physical Health	Quality of Care
AG0000044136	12/9/2025	Grievance	12/10/2025	12/31/2025	Resolved In Favor of Member	Clinicas del Camino Real-Oxnard	1396961884	650 Meta St	Oxnard	CA	93030	Outpatient Physical Health	Referral
AG0000044111	12/10/2025	Grievance	12/10/2025	12/17/2025	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Balance Billing
AG0000044150	12/10/2025	Grievance	12/11/2025	1/6/2026	Resolved In Favor of Plan	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Vehicle
AG0000044152	12/10/2025	Grievance	12/11/2025	12/19/2025	Request Withdrawn	Amadpour, Moe	1508965476	1920 E Los Angeles Ave	Simi Valley	CA	93065	Outpatient Physical Health	Quality of Care
AG0000044153	12/10/2025	Grievance	12/11/2025	1/8/2026	Resolved In Favor of Plan	California Managed Imaging Medical Group	1821271727	168 N Brent St Ste 401	Ventura	CA	93003	Outpatient Physical Health	Provider Balance Billing
AG0000044154	12/11/2025	Grievance	12/11/2025	1/8/2026	Resolved In Favor of Member	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000044155	12/11/2025	Grievance	12/11/2025	1/6/2026	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Not Applicable	Plan Customer Service
AG0000044156	12/11/2025	Grievance	12/12/2025	1/6/2026	Resolved In Favor of Member	Island View Gastroenterology Associates	1386701787	147 N Brent St	Ventura	CA	93003	Outpatient Physical Health	Authorization
AG0000044541	12/11/2025	Discrimination Grievance	12/11/2025	NULL	NULL	Clinicas del Camino Real Inc. Roberto S Juarez Health Center	1235866138	2100 Statham Blvd	Oxnard	CA	93033	Outpatient Physical Health	Not Applicable

AG0000044159	12/12/2025	Grievance	12/12/2025	1/5/2026	Resolved In Favor of Plan	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Vehicle
AG0000044160	12/12/2025	Grievance	12/12/2025	1/8/2026	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Continuity Of Care (Providers)
AG0000044236	12/16/2025	Grievance	12/16/2025	12/24/2025	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Vehicle
AG0000044254	12/17/2025	Grievance	12/17/2025	1/12/2026	Resolved In Favor of Plan	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Direct Member Billing
AG0000044255	12/17/2025	Grievance	12/17/2025	1/2/2026	Resolved In Favor of Member	Clinicas del Camino Real - Ojai Valley Community Health Cent	1316163736	1200 Maricopa Hwy	Ojai	CA	93023	Outpatient Physical Health	Quality of Care
AG0000044260	12/17/2025	Grievance	12/19/2025	1/8/2026	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Provider Direct Member Billing
AG0000044261	12/17/2025	Grievance	12/19/2025	NULL	NULL	Community Memorial Health Center (Main St)	1295773224	138 W Main St Ste E	Ventura	CA	93001	Outpatient Physical Health	Discrimination
AG0000044263	12/17/2025	Grievance	12/19/2025	12/19/2025	Request Withdrawn	Shahrzad Shareghi MD	1912322728	215 W Janss Rd	Thousand Oaks	CA	91360	Outpatient Physical Health	Scheduling
AG0000044264	12/17/2025	Discrimination Grievance	12/19/2025	NULL	NULL	Community Memorial Health Center (Main St)	1295773224	138 W Main St Ste E	Ventura	CA	93001	Outpatient Physical Health	Discrimination
AG0000044262	12/18/2025	Grievance	12/19/2025	1/13/2026	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Injury
AG0000044265	12/19/2025	Grievance	12/19/2025	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000044266	12/19/2025	Grievance	12/19/2025	NULL	NULL	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Medical Transportation	Driver Punctuality
AG0000044267	12/19/2025	Grievance	12/20/2025	1/9/2026	Resolved In Favor of Member	Ventura Transit System	1689963654	295 Willis Ave Ste H3	Camarillo	CA	93010	Non-Emergency Medical Transportation	Driver Punctuality
AG0000044326	12/23/2025	Grievance	12/23/2025	1/6/2026	Resolved In Favor of Member	Las Posas Family Medical Group (VCMC)	1982846366	3801 Las Posas Rd Ste 214	Camarillo	CA	93010	Outpatient Physical Health	Quality of Care
AG0000044338	12/23/2025	Grievance	12/24/2025	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Community Supports - Environmental Accessibility Adaptions	Provider Availability
AG0000044418	12/26/2025	Grievance	12/27/2025	1/8/2026	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Not Applicable	Provider Balance Billing
AG0000044419	12/26/2025	Grievance	12/27/2025	1/12/2026	Resolved In Favor of Plan	Southern California Hospital at Culver City	1487905725	3828 Delmas Ter	Culver City	CA	90232	Not Applicable	Provider / Staff Attitude
AG0000044420	12/29/2025	Grievance	12/29/2025	1/14/2026	Resolved In Favor of Member	NULL	NULL	NULL	NULL	NULL	NULL	Outpatient Physical Health	Quality of Care
AG0000044421	12/30/2025	Grievance	12/30/2025	NULL	NULL	GENESIS HEALTHCARE PARTNERS	1548567498	1200 W Gonzales Rd Ste 100	Oxnard	CA	93036	Outpatient Physical Health	Quality of Care

AGENDA ITEM NO. 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Suma Simcoe, Chief Operations Officer
Holly Krull, Sr. Director of Strategy & Operations

DATE: February 23, 2026

SUBJECT: Chief Operations Officer (COO) Report

PowerPoint with Verbal Presentation

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan

Integrity
Accountability
Collaboration
Trust
Respect

February 23, 2026

Suma Simcoe, Chief Operating Officer
Holly Krull, Sr. Director, Strategy & Operations

Provider Partnership Goals

- Improve claims payment accuracy
  - Authorization Claim Linkage
  - PAR Provider Data Management – Data Cleanup
  - Initiate Quality Tower Program
- Retro eligibility transaction processing resolution
  - Sweep HRP System for Retro-Eligibility Coverage Changes
- Meet regulatory requirement for Provider Dispute Resolutions (PDR)
  - PDR Compliance Stabilization