

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

Special Meeting – REMOTE ONLY

Wednesday, March 18, 2026 2:00 p.m.

**Meeting Location: Public Location Option 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: 637 149 769#

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

1911 Williams Drive #200
Oxnard, CA 93036

2220 E. Gonzales Road, Suite
210B
Oxnard, CA 93036

1040 Flynn Rd
Camarillo CA 93012

855 Partridge Drive
Ventura, CA 93003

800 S. Victoria Avenue L#1860
Ventura, CA 93009

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 (VCMCC) and Committee doing business as Gold Coast Health Plan (GCHP) on the agenda.

Persons wishing to address VCMCC 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.

FORMAL ACTION

1. Preliminary Financial Results for Sub Period and January 2026 Financials

Staff: Sara Dersch, Chief Financial Officer
Felix L. Nunez, M.D., Chief Executive Officer

RECOMMENDATION: Receive and file.

REPORTS

2. Chief Executive Officer (CEO) Report

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

RECOMMENDATION: Receive and file the report.

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: Sara Dersch, Chief Financial Officer
Felix L. Nunez, Chief Executive Officer

DATE: March 18, 2026

SUBJECT: Preliminary Financial Results for Sub Period and January 2026 Financials

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Preliminary December Results & Initial 2026 YTD Results

Preliminary December Results & Initial 2026 YTD Results

Ventura County Medi-Cal Managed Care Commission
March 18, 2026

Dr. Felix Nunez, Chief Executive Officer
Sara Dersch, Chief Financial Officer

Integrity

Accountability

Collaboration

Trust

Respect

Executive Summary

- The Stub Period (July – Dec. 2025) presented both unanticipated challenges as well as opportunities for improvement.
- Preliminary results reflect a deficit of (\$53.5) versus a projected surplus of \$0.9M, of which \$34.3M is related to one-time, non-recurring actions from prior fiscal periods
 - \$21.1M 2024 UIS Risk Corridor revenue take-back by the state Department of Health Care Services
 - \$13.2M accrual related to pending provider settlements
- Medically-Supportive Foods was (\$12.9M) unfavorable to budget
- On a positive note:
 - Membership loss was less than projected
 - Administrative expenses remained within budget, even with claims interest expense unfavorability
 - Implementation of new technologies and process efficiencies will bend future cost curves down
 - Introduction of chronic disease management capabilities through Arine (new vendor)
 - Utilization Management workflow re-engineering
 - Successful implementation of Workday Enterprise Resource Planning (Finance, Human Resources, and Procurement)
- Early 2026 results indicate claims stabilization efforts are working
- Management continues to focus on administrative efficiencies through a hiring pause and minimization of travel / conference attendance

December 2025 Preliminary Financial Results

Item	Actual	Budget
Membership	237,848	224,014
Revenue	\$573.7M	\$534.7M
<i>Revenue pmpm</i>	<i>\$398.40</i>	<i>\$392.82</i>
Medical Cost	\$547.0M	\$454.2M
<i>Medical Costs pmpm</i>	<i>\$379.85</i>	<i>\$333.65</i>
Medical Loss Ratio	95.3%	84.9%
Administrative Cost	\$61.7M	\$60.1M
<i>Admin Cost PMPM</i>	<i>\$42.85</i>	<i>\$44.17</i>
Administrative Loss Ratio	10.8%	11.2%
Operating Results	(\$35.0M)	\$20.4M
Investment Income	\$6.8M	\$9.0M
Quality Strategy (Grants/Incentives)	\$25.3M	\$28.6M
Non Operating Results	(\$18.5M)	(\$19.6M)
Net Income/(Loss)	(\$53.5M)	\$0.9M
TNE	\$241.3M	\$315.9M

Stub Period (Jul – Dec) financial results reflect significant adverse effects in the following four areas:

	(\$Ms)
Revenue Take-Back	\$ 21.1
Medically-Supportive Foods	\$ 12.9
Claims Interest Expense	\$ 3.1
	\$ 37.1
Settlement Reserve	\$ 13.2
	\$ 50.3

Highlights

- Maintained Administrative Loss Ratio despite high interest expense
- Introduced chronic disease management capabilities through Arine (new vendor)
- Introduced improvements in Utilization Management processes, taking advantage of new technologies and more-efficient processes

Drivers Explained

Driver	Amount	Description	Mitigation Path
2024 UIS Risk Corridor Revenue Take-back	\$21.1M	Medical expenses for the new-to-Medi-Cal Adult Expansion UIS cohort completed at rates significantly less than received premiums. Part of the explanation for the lower cost is that not all claims had been processed in time for this calculation.	The Risk Corridor is being recalculated to reflect paid claims through February. This should result in a reduction in revenue take-back. The amount will be known within two weeks.
Settlement Reserve	\$13.2M	Delays in processing Provider Dispute Resolutions (PDRs) and incorrect claims payments have resulted in an unexpected increase in litigation.	Continued claims processing improvements, including accurate and timely payments, will result in a reduction in PDRs and litigation.

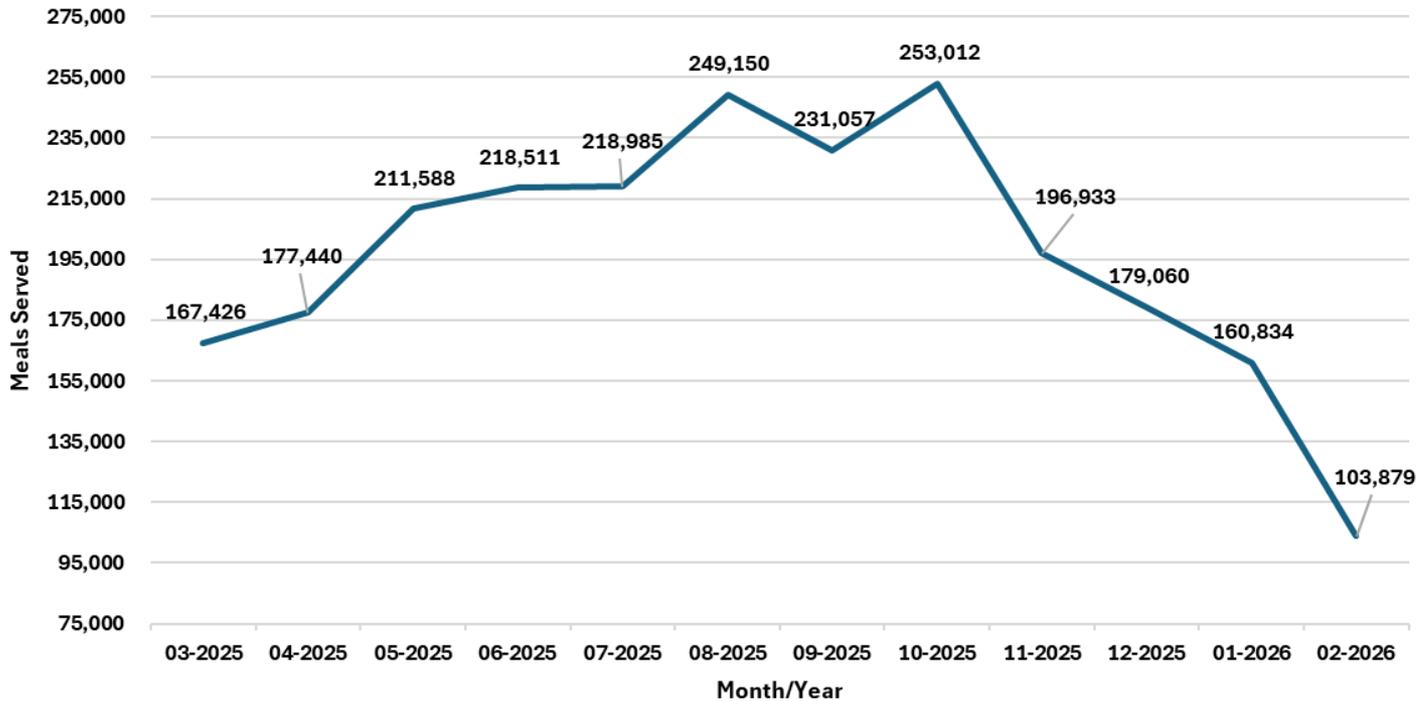
Note: The financial results presented are unaudited, preliminary, and subject to restatement. [8 of 16 pages](#) [Return to Agenda](#)

Drivers Explained (continued)

Driver	Amount	Description	Mitigation Path
Medically Supportive Food	\$12.9M	High rates coupled with month-over-month increased utilization resulted in GCHP spending more than the revenue allotted by DHCS for this program.	Updated program guidelines; contract with a new meal vendor; currently renegotiating contracts with local vendors
Claims Interest Expense	\$3.1M	Delays in accurate and timely payment of claims have resulted in GCHP incurring a monthly average over \$400K in interest penalties paid to Providers.	Continued claims processing improvements, including accurate and timely payments, will result in a reduction in claims interest expense.

Medically Supportive Food Utilization

Meals Served (CPT: S5170)



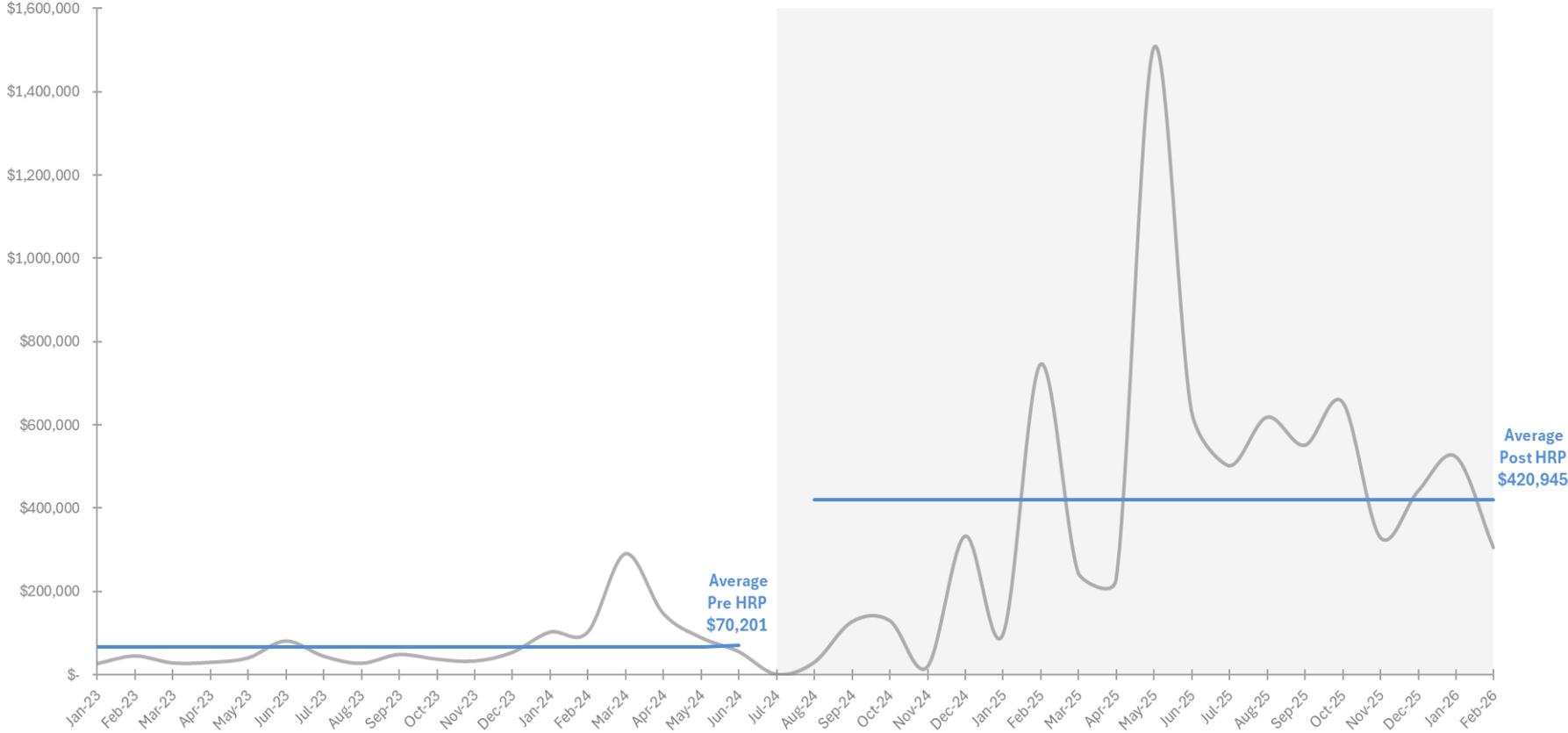
Reduction in utilization attributed to renewed program management and following state guidelines.

Goal is to maximize utilization and value without exceeding state premium payments.

Note: February utilization not yet fully reported.

Claims Interest Expense: 3-Year Comparison

Interest paid on Claims by Paid Month



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

Mitigation and Remediation Summary

Management has taken multiple steps to counter the impact of the deficit drivers. We remain vigilant in our efforts to ensure fiscal discipline operationally as we navigate the turbulent Federal and State landscapes.

- \$21.1M state takeback due to UIS risk corridor: Steps are already under way to recalculate and re-file with the State
- Hired a highly knowledgeable and experienced chief operating officer (COO) to optimize our operations
- Decreasing interest liability through optimization of operations
- Tightening up Community Supports utilization requirements and restructuring our Medically Supportive Food vendors to bring greater value
- Pause on new hires and backfills in place effective Jan. 1, 2026
- Strengthen payment integrity process; RFP process to start in April to identify a vendor
- Health services working to improve utilization controls through realignment of workflows
- Enhancing chronic disease management capabilities by bringing in a new vendor to help reduce potential overutilization
- Marshalling efforts both within GCHP and externally to help members maintain Medical coverage

January 2026 Preliminary Results / February Highlights

		Actual	Budget
Premium Revenue	Medi-Cal	\$ 106,278,563	\$ 103,996,171
	Medicare	\$ 472,457	\$ 654,841
		\$ 106,751,020	\$ 104,651,012
Medical Costs	Medi-Cal	\$ 92,405,466	\$ 93,596,554
	Medicare	\$ 531,484	\$ 717,750
		\$ 92,936,950	\$ 94,314,304
Administrative Costs	BOTH	\$ 12,382,627	\$ 13,110,723
Incentive Provider Plan	BOTH	\$ 4,241,493	\$ 3,583,333
Interest Income	BOTH	\$ 935,980	\$ 1,000,000
Net Income/(Deficit)	BOTH	\$ (1,874,070)	\$ (5,357,348)
Medi-Cal	MLR	86.9%	90.0%
	ALR*	11.7%	12.6%

*Includes Medicare costs

Looking forward to February highlights...

- Membership attrition rate at 1% from January to February, which is a lower rate than in prior months
- IBNR currently remains flat

January notes

- Containment efforts, especially with Community Supports & Services, contribute to improved medical expense results
- Administrative expense favorability driven by hiring pause and other cost containment efforts

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

Membership Volumes and Rates

COA	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Rates
Adult Expansion - SIS	66,041	66,073	65,651	65,204	64,398	64,123	\$ 464.43
Adult - SIS	21,618	21,641	21,492	21,111	20,824	20,750	\$ 411.21
Child - SIS	80,158	80,130	79,743	79,407	78,748	78,273	\$ 151.35
SPD - SIS	9,156	9,115	9,093	9,030	8,974	8,934	\$1,474.57
SPD Dual - SIS	26,457	26,420	26,353	24,385	24,042	23,866	\$ 661.69
Long Term Care - SIS	32	33	32	31	31	34	\$1,474.57
Long Term Care - Dual - SIS	716	719	725	687	692	688	\$ 661.69
Adult Expansion - UIS	14,717	14,685	14,625	14,236	13,792	13,568	\$ 679.05
Adult - UIS	15,432	15,323	15,081	14,831	14,393	14,115	\$ 350.38
Child- UIS	4,524	4,385	4,310	4,213	4,080	4,026	\$ 135.34
SPD - UIS	1,822	1,822	1,818	1,807	1,789	1,739	\$1,560.75
SPD Dual - UIS	351	353	352	338	298	321	\$ 827.64
Long Term Care - UIS	14	14	14	15	17	17	\$1,560.75
Long Term Care - Dual - UIS	8	8	8	8	7	8	\$ 827.64
Total	241,046	240,721	239,297	235,303	232,085	230,462	

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



AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Felix L. Nunez, M.D., Chief Executive Officer
DATE: March 18, 2026
SUBJECT: Chief Executive Officer (CEO) Report

Chief Executive Officer (CEO) Update

In March, Gold Coast Health Plan (GCHP) continued to see a decline in enrollment. GCHP gained 2,932 members, which partially offset membership losses. This resulted in a net loss of about 1,700 members, which represents a smaller decrease compared to January and February. GCHP now has about 230,000 members, down from nearly 244,000 members during the same period last year. While the decline remains concerning, the lower disenrollment coupled with the membership increase is an encouraging development.

Our preliminary analysis by our Department of Enterprise Analytics indicates that the return of asset limits as of Jan. 1, 2026, may have driven disenrollments among some aid categories. We are also seeing losses in membership among those who have state-only Medi-Cal. We are working with the Ventura County Human Services Agency to glean additional information they may have about these disenrollments. This will help inform retention strategies and outreach efforts to ensure that those who are eligible stay connected with health care services.

Maintaining enrollment is critical to the stability of the health plan and that of our local health care infrastructure, as it drives the revenue that supports our work. The Executive Team has taken actions to help address budget pressures in our medical and administrative costs for the current fiscal year:

1. Medical Cost Management: Medically Tailored Meals Contract Renegotiations

We continue to work on increasing value related to the medically tailored meals Community Support. We are in the process of renegotiating with the three Ventura County-based companies that were providing the meals to reduce their per-meal costs so that they align with, or fall below, the funding we receive to support this service. Ensuring that these services remain financially sustainable is important so that we can continue offering them as part of our commitment to addressing the Social Drivers of Health.

The negotiations are ongoing, but we believe that local meal providers can remain in the network with more favorable financial terms for GCHP.

2. Administrative Cost Management: Hiring Pause

As previously communicated, we have paused hiring while we assess the financial implications of the recent membership losses and forecast the impacts of H.R. 1. We currently have 23 roles on hold, resulting in year-to-date savings of about \$522,000 in salaries and benefits.

We continue to assess our financial position, and staffing needs to ensure that the health plan's core functions are not adversely impacted by delays in hiring. We will revisit the hiring pause as enrollment and financial projections evolve.

The Executive Team will continue to identify opportunities for efficiencies while ensuring that we meet the needs of all our stakeholders. Our focus must remain on maintaining stability – for the health plan, for our members, for our providers, and for our community at large.

Marlen Torres, Chief Member Experience and External Affairs Officer, and I were invited to present at the Ventura County Healthcare System Oversight Committee meeting on Feb. 25, 2026. The presentation was a review of Medi-Cal enrollment trends, H.R. 1 impacts, and plans for addressing new barriers to access presented by the bill. In addition to the presentation, we addressed questions concerning increased partnership with the Ventura County Health Care Agency and opportunities to further align to protect access to care for county residents.

RECOMMENDATION:

Receive and file.

ATTACHMENTS: