

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

**Regular Meeting**

**Monday, September 22, 2025 2:00 p.m.**

**Meeting Location: Community Room**

**711 E. Daily Drive #110**

**Camarillo, CA 93010**

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

**Conference Call Number: 1-805-324-7279**

**Conference ID Number: : 726 785 176 #**

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

L2400 South C St, Oxnard  
CA 93033

Community Memorial Hospital  
147 N. Brent Street  
Ventura, CA 93003

121 N. Fir Street #C  
Ventura, CA93003

**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](mailto:ask@goldchp.org). If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

## **CONSENT**

### **1. Approval of Ventura County Medi-Cal Managed Care Regular Commission meeting minutes of August 25, 2025.**

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

**RECOMMENDATION:** Approve the minutes as presented.

## **PRESENTATIONS**

### **2. D-SNP Ready to Sell and Ready to Enroll**

Staff: Eve Gelb, Chief Innovation Officer  
Jeff Acomb, Executive Director of IT  
Susana Enriquez-Euyoque, Director of Communications  
Brenda Gomez-Garcia, Medicare Compliance Manager  
Kim Marquez-Johnson, Director of Dual Special Needs Plan  
Jeyson Florez, Senior Manager, Deloitte

**RECOMMENDATION:** Receive and file the presentation

### **FORMAL ACTION**

**3. Adoption of Resolution 2025-002 Authorizing the Investment of Monies in the Ventura County Treasury Investment Pool**

Staff: Sara Dersch, Chief Financial Officer  
Jeff Register, Controller

**RECOMMENDATION:** Staff recommends the Commission adopt Resolution 2025-002 authorizing the investment of funds into the Ventura County Treasury Investment Pool

### **REPORTS**

**4. Chief Executive Officer (CEO) Report**

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

**RECOMMENDATION:** Receive and file the report

**5. Chief Diversity Officer (CDO) Report**

Staff: Ted Bagley, Chief Diversity Officer

**RECOMMENDATION:** Receive and file the report

### **CLOSED SESSION**

**6. PUBLIC EMPLOYEE APPOINTMENT**

Title: Chief Operating Officer

**7. 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

**8. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

Significant Exposure to Litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9 One case

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

## **9. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

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

## **ADJOURNMENT**

The next meeting will be the Annual Strategic Planning Retreat which will be on held on October 30, 2025. Time and location will be determined.

---

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

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



September 18, 2025

**VIA EMAIL and CERTIFIED MAIL**

Gold Coast Health Plan  
711 E. Daily Drive, Suite 106  
Camarillo, CA 93010  
Attn: Mr. Felix Nunez, Chief Executive Officer

**Re: Dignity Health v. Gold Coast Health Plan: *FINAL DEMAND***

Dear Mr. Nunez:

Dignity Health, including St. John's Regional Medical Center and St. John's Hospital Camarillo ("Dignity") has retained the Law Offices of Stephenson, Acquisto & Colman to resolve a long-standing dispute. **All communications regarding this dispute must be sent to our firm for further handling; any communication forwarded to our client will not be considered proper notice regarding this dispute.** Our client and this firm are business associates, and all HIPAA requirements have been satisfied. **Please also note, this communication is protected by California Evidence Code section 1152.**

**Please accept this correspondence as Dignity's final attempt to resolve this dispute prior to filing litigation against Gold Coast Health Plan.**

During all relevant times, the patients identified by account number in Exhibit A to this letter, were members of Gold Coast Health Plan ("Gold Coast"). Dignity provided medically necessary services to all identified patients and submitted timely requests for reimbursement in accordance with the contractual agreement in place between the parties at the time that all services were rendered. Gold Coast has failed to reimburse Dignity as required by the terms of the contract and is in breach of that contract.

*Southern California Office*

500 North Brand Blvd. Suite 1450 • Glendale, CA 91203 • *p* 818.559.4477 • *f* 818.559.5484

*Northern California Office*

5700 Stoneridge Mall Rd. Suite 350 • Pleasanton, CA 94588 • *p* 925.734.6100 • *f* 925.463.1805

*San Diego Office*

5958 Priestly Drive. Suite 100 • Carlsbad, CA 92008 • *p* 760.201.4344 • *f* 760.444.4852

*Chicago Office*

20 N. Clark Street, Suite 3300 • Chicago, IL 60602 • *p* 312.626.1870 • *f* 818.559.5484

[reception@sacfirm.com](mailto:reception@sacfirm.com) • [www.sacfirm.com](http://www.sacfirm.com)

Dignity has completed all obligations under the contract and is entitled to full payment on the claims plus interest.

Dignity has endeavored in good faith over the last year to work with Gold Coast to resolve this dispute. Gold Coast has admitted that the primary issue for non-payment is a breakdown in Gold Coast's own claims processing system. Gold Coast has made many overtures with the promise of resolving the ongoing dispute, but to date has failed to take the necessary remedial action.

To date, Dignity has suffered more than \$29M in damages through unpaid revenue. There has never been an allegation by Gold Coast that Dignity has not performed all of its duties under contract. Instead, Gold Coast has repeatedly delayed substantive action to resolve this dispute, forcing Dignity into a position requiring it to initiate formal legal action against Gold Coast.

Despite Dignity's previous appeals and multiple meet and confer attempts, and as a result of Gold Coast's lack of good faith, this dispute remains unresolved. **Dignity, therefore, demands payment of no less than \$29M, plus interest on or before June 30, 2025.** If we do not receive full payment by that date, we will commence a civil action to recover the full amount owed plus interest.

Time is of the essence in regarding to the time limitation set forth in this demand. It is strongly recommended that Gold Coast undertake all efforts to resolve this action and not force Dignity to incur the cost and delay of civil litigation.

Sincerely,



---

**RICHARD A. LOVICH, ESQ.**

Managing Partner

Law Offices of Stephenson, Acquisto & Colman, Inc.

cc: Exhibit A – Spreadsheet of Patient Claims

*Southern California Office*

500 North Brand Blvd. Suite 1450 • Glendale, CA 91203 • p 818.559.4477 • f 818.559.5484

*Northern California Office*

5700 Stoneridge Mall Rd. Suite 350 • Pleasanton, CA 94588 • p 925.734.6100 • f 925.463.1805

*San Diego Office*

5958 Priestly Drive. Suite 100 • Carlsbad, CA 92008 • p 760.201.4344 • f 760.444.4852

[reception@sacfirm.com](mailto:reception@sacfirm.com) • [www.sacfirm.com](http://www.sacfirm.com)

## **AGENDA ITEM NO.1**

TO: Ventura County Medi-Cal Managed Care Commission  
FROM: Maddie Gutierrez, MMC, Sr. Clerk for the Commission  
DATE: September 22, 2025  
SUBJECT: Regular Meeting Minutes of August 25, 2025,

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENT:**

Copy of Commission meeting minutes of August 25, 2025.

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

**August 25, 2025**

**CALL TO ORDER**

Committee Vice Chair Dee Pupa called the meeting to order at 5:05 p.m. in the Roberto S. Juarez Conference Room located at the Clinicas del Camino Real RSJ Health Center 2100 Statham Blvd. in Oxnard, CA.

**INTERPRETER ANNOUNCEMENT**

The interpreter made her announcement.

**ROLL CALL**

Present: Commissioners Anwar Abbas, James Corwin, Jamie Duncan, Anna Monroy, Timothy Myers, Sara Sanchez, and Dee Pupa,  
Absent: Commissioners Allison Blaze, M.D., Laura Espinosa, Supervisor Vianey Lopez, 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, Anna Sproule, Exec. Director of Operations, Scott Campbell, General Counsel, and Leeann Habte of BBK Law..

Also in attendance were the following GCHP Staff: Lupe Gonzalez, TJ Piwowarski, Susana Enriquez-Euyoque, Erin Slack, Pauline Preciado, Vicki Wrighster, Michelle Espinoza, Rachel Ponce, Josephine Gallella, Jeff Register, Lucy Marrero, Pshyra Jones, Paul Verhaar, Adriana Sandoval, Alison Jewell, Alex Fernandez, Sergio Cuevas, Kim Timmerman, Joanna Hioureas, Nicole Kanter, Shannon Robledo, Xochitl Boehm, Oscar Carrillo, Sandi Walker, and Karina Ramirez

**CLOSED SESSION**

Commissioner Allison Blaze, M.D. arrived at the meeting at 5:07 p.m.  
Supervisor Vianey Lopez arrived at the meeting at 5:09 p.m.

**1. 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





**2. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

Significant Exposure to Litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9 One case

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

**3. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION**

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

Closed Session ended at 5:58 p.m. There was no reportable action.

**Open Session was called to order at 6:05 p.m.**

**PUBLIC COMMENT**

None.

**CONSENT**

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

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

**RECOMMENDATION:** Approve the minutes as presented.

Commissioner Abbas motioned to approve Consent item 4. Commissioner Sanchez seconded the motion.

Roll Call Vote as follows:

**AYES:** Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Jaime Duncan, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Sara Sanchez, and Dee Pupa,

**NOES:** None.

**ABSENT:** Commissioners Laura Espinosa, and Scott Underwood, D.O.

Motion carried.



**5. Written Summary of Quality Improvement and Health Equity Committee Activities – Q2 2025**

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

**RECOMMENDATION:** Staff recommends that the Ventura County Medi-Cal Managed Care Commission receive and file the Quarter 2, 2025 Quality Improvement and Health Equity Committee summary.

CMO James Cruz, M.D. and Kim Timmerman, Executive Director of Quality Improvement presented agenda item 5. Ms. Timmerman stated that she was presenting the quarterly summary on the activities of the Quality Improvement & Health Equity Committee. The information is detailed in the report.

Commissioner Blaze motioned to approve Consent item 5. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

**AYES:** Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Jaime Duncan, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Sara Sanchez, and Dee Pupa,

**NOES:** None.

**ABSENT:** Commissioners Laura Espinosa, and Scott Underwood, D.O.

Motion carried.

**PRESENTATIONS**

**6. Community Needs Assessment**

Staff: Erik Cho, Chief Policy & Programs Officer  
Pauline Preciado, Executive Director of Population Health  
Erin Slack, Senior Manager, Population Health

**RECOMMENDATION:** Receive and file the presentation

Before moving onto the presentation, CPPO Cho introduced CEO Felix L. Nunez, M.D. CEO Nunez will introduce the next three presentations together.

CEO Nunez stated that he wanted to thank Clinica del Camino Real for allowing GCHP to use their facility for the evening Commission meeting. CEO Nunez stated that GCHP had a theme for this meeting. The next three presentations were the body/base of this



meeting. We want to look at and understand who our community is, who our members are, and the impact that Gold Coast Health Plan can make. The theme for the evening is going to be about the community and about talking about our impact on that community, not just the members, and how we are impacting access to quality care.

CPPO Cho introduced Erin Slack, Senior Manager of Population Health, will start off the presentations with a review of the Community Needs Assessment. Ms. Slack will discuss.

The process of the Ventura County Community Health Improvement Collaborative which was established in 2016. The Collaborative fosters partnerships among organizations with statutory requirements for community health needs assessment. The Collaborative has successfully completed three cycles of the health assessment process and is also implementing planning with the most recent assessment just published in July 2025. GCHP serves as a steering committee member. The 2025 Community Health Needs Assessment is available in English and Spanish on [healthmattersinbc.org](http://healthmattersinbc.org). Currently, the Collaborative is in the process of developing the next Community Health implementation strategy. There will be a new three-year plan because of the priority areas from the current health assessment process.

Ms. Slack then highlighted why this assessment process is so important within our community. The process allows us to uncover health disparities at the community level and provide a shared framework for collaboration across organizations with major healthcare systems and community-based organizations. They work together and unite around common priorities, focused on equity and access. Conditions are created that are meaningful and collective impact that benefits our members and the communities we serve.

Ms. Slack then reviewed the approach used to collect both primary and secondary data to inform the health assessment process. Primary data that was collected included the Community Health Assessment Survey as well as focus groups with community members and listening sessions with stakeholders. This time was the first time GCHP members were surveyed as part of the assessment process. She noted that it took quite a bit of time to get approval from DHCS, but the surveys were distributed. Via email to over 20,000 members. We were able to contribute data. Secondary data that was included had 328 different indicators. Those indicators were assessed based on Ventura County at the community level and compared to the California counties, the US and trends from recent health assessments in order to have health topic scores that are considered in the health assessment process, also the secondary data through life expectancy analysis and leading causes of death as well. Over several months the data was collected. In April, the steering committee came together to review findings and were able to home in on final priority areas. The priority areas selected were behavioral health, older adult health, and women's health with a strong emphasis on insurance. Both access and equity serve as guiding principles within each of these areas. As part of the secondary data analysis there were different indicators that were analyzed at the county level and compared to other counties, national benchmarks, and our trend data over time. The analysis allowed us to generate an overall topic score which helps identify



areas of concern for the health assessment process. The scores guided the selection of the priority health issues.

With our involvement in the Collaborative Community Health Assessment GCHP also conducts its own population health needs assessment. This is part of the accreditation process in seeking NCQA requirements. Upon review of the data, it is noted that it aligns with the overall community health assessment. Ms. Slack also noted disparities in both emergency room and hospital utilization related to alcohol and substance use in Ventura County. Indicators show elevated utilization rates among young adults, males and individuals that identify as white within the County. Rates within Ventura, Oakview, and Santa Paula show a geographic concentration of substance used related health needs. This is important as we start to develop our intervention strategies. We can also target populations within a geographic area to address needs.

A Secondary priority was older adults health. Due to prevalent rates of chronic conditions among Medicare beneficiaries. Although this trend is anticipated, it underscores the importance of addressing needs as we move forward with implementing our D-SNP. Key areas affecting the older adult population included social isolation, transportation barriers, and limited access to mental health practitioners.

Ms. Slack stated that prevalence of disabilities among adults aged sixty-five and over show a high concentration in Port Hueneme, Fillmore, Oxnard, and Santa Paula. These adults may benefit from targeted interventions such as enhanced access to medical transportation services to promote equitable healthcare access and support aging in place.

Women's health was identified as the third priority in the community health needs assessment process. Key concerns focused on breast cancer, and cervical cancer screenings. This highlights the need for both access to preventative care and improved access within certain counties and geographic areas within our county. An analysis of racial and ethnic disparities reveals that breast cancer incidence is highest among white women in Ventura County. If we look at mammography screenings it shows that it is lower for Hispanic women, and American Indian, Alaskan Native population. This shows that there are critical gaps in preventative care and a need for culturally responsive outreach.

Ms. Slack stated that she has given a brief overview of some of the information from the Community Health Needs Assessment process. We are currently in phase two; work groups have been established for each of priority health issues and several staff are participating in each one of these groups. We want alignment both with partner organizations as well as internally with our departments which will guide our community reinvestment activities what are required by DHCS. Beyond compliance it is about trust. Culturally responsive care builds stronger relationships between us and our members, and providers. This drives engagement and improves health behaviors. Most important, equity saves lives when care is timely, fair, and accessible. We can prevent avoidable illnesses and premature death.



DHCS has set goals known as fifty by 2025. This is a statewide commitment to cut key health disparities in half by 2025. These goals are designed to drive measurable progress and equity, as well as hold health plans accountable for results. There are two measures that focus on improving maternal health outcomes, which also aligns with the community health needs assessment. Women's health is a top priority and our focus on reducing maternity care disparities, depression screening and follow up has direct alignment with DHCS goals.

## **7. Gold Coast's Health Equity Strategy for 2025-2026**

Staff: Pshyra Jones, Executive Director of Health Equity

**RECOMMENDATION:** Receive and file the presentation

Chief Medical Officer, James Cruz, M.D. introduced Pshyra Jones, Executive Director of Health Equity. He stated that GCHP outlined how it would develop and deliver a health equity program as well as interventions. He noted that there have been changes nationally and in the state with regards to how it looks at health equity and issues related to diversity, equity, and inequality. GCHP health equity strategy is needed to ensure that the plan not only eliminates but also prevents backsliding of healthcare inequities in our communities.

Ms. Jones stated she will share our strategy for advancing health equity and how we will continue to make it a priority. We are turning that commitment into action through data programs and partnerships that address disparities and improve outcomes across Ventura County. Health equity is essential to our mission because it closes critical gaps in access, ensuring that no one is left behind. While our efforts help those most at risk, the benefit entire communities. It is also a requirement – we must meet state quality mandates, NCQA standards and DHCS goals. Our health equity framework is centered around five pillars. First, we collect and stratify data to identify where disparities exist and track our progress. Second, we engage directly with our community and listen to member voices so that solutions reflect real needs. Third, we build capacity through training and development, ensuring our workforce is quipped to deliver equitable care. Forth, we focus on improving care delivery and access, breaking down barriers such as language, transportation, and technology. Finally, we make targeted program and investments and initiatives that have proven impact and can be sustained over time. Together these elements create a comprehensive approach to advancing equity for our members.

Ms. Jones stated that an equity dashboard has been created to track disparities across key dimensions, race, ethnicity, language, geography, disability status, and social needs. The dashboard stratifies data to reveal patterns in who is not accessing care. it identifies priority groups for targeted outreach and intervention. This dashboard can be used with other data sources through HEDIS, or the community needs assessment to provide insights and ensure that we are all working from the same evidence base for improving member experience, clinical outcomes, and quality. We are in our Phase One effort, and it is currently being piloted within a few departments.



The best solutions are built with our members and not just for them. Through our Member Advisory Committee, Community Advisory Committee, and the Ventura County Community Health Improvement Collaborative we bring together member voices, community partners and stakeholders to co-design programs. We have used surveys and focus groups to hear directly from those we serve and understand concerns or barriers with access to care or to promote preventative services. We will expand our focus to hear from our members about upcoming changes with benefits and what it means for family members with undocumented status trying to access care. We are building capacity across Ventura County by partnering with trusted community health worker programs such as MICOP, Conejo Health, and our member care ambassadors to connect members with culturally responsive care. We have invested \$1.5 million to diversify behavioral health settings through the RISE Grants program and we are training staff and providers in diversity, equity, and inclusion, and offering specialized culturally competency training. Through the RISE program we are investing \$21.9 million with three years to open more doors to care across Ventura County.

Tracking and reporting progress helps us keep our work focused and measurable. It keeps us accountable. We will provide quarterly updates to internal stakeholders and the Commission on the progress of our Health Equity strategy.

## **8. Quality Improvement & Health Equity Committee 2025 Second Quarter Report**

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

**RECOMMENDATION:** Receive and file the update.

Chief Medical Officer, James Cruz, M.D. stated Kim Timmerman, Executive Director of Quality Improvement will share updates regarding NCQA Health Equity and Health Plan accreditation. There were forty-one total measures for MY24 defined by DHCS. There were eighteen measures held to Minimum Performance Level (MPL). For the eighteen measures we are required to at least achieve the 50<sup>th</sup> percentile or MPL. For Measurement year 2024, there were five measures that we collected in the hybrid methodology – for those measures we can look at claims, encounters, supplemental data, and medical records. There were thirteen administrative measures again held to MPL. There were also twenty-three MCAS measures that were reported to DHCS and those all followed the administrative or CDS Data collection methodology.

Ms. Timmerman shared our performance highlights were at 94% of the measure were at the MPL, approximately fifteen out of eighteen measures improved compared to the prior year.

Eleven measures achieved the 75<sup>th</sup> percentile or above and we had seven measures that increased in percentile level, and three measures met the high-performance level or HPL. HPL is the 90<sup>th</sup> percentile as established by NCQA, it signifies high achievement





or high performance. This means that GCHP scored better than 90% of peer Medi-Cal plans.

Our super six measures are measures that met the HPL are impactful to our members. It is intended to really stretch us and be more innovative so that we can achieve higher member impact. She noted that we met the 90<sup>th</sup> percentile for post-partum care, 90<sup>th</sup> percentile for breast cancer screening, 90<sup>th</sup> percentile for cervical cancer screening, 90<sup>th</sup> percentile for glycemic index for patients with diabetes. We achieved 75<sup>th</sup> for lead screening in children, 75<sup>th</sup> percentile prenatal care. We made our goal for half, and we have some opportunities for the other half.

Ms. Timmerman then shared data showing the eighteen-measure held to MPL and scoring that showed improvements on several of the measures. There are two areas in red which are childhood immunization status where we performed lower in prenatal care timeliness which was slightly lower. Our rate may have increased but we make have impacted fewer members due to denominator changes in the measure. Almost eight thousand care gaps were closed in measurement year 24 compared to measurement year 23.

Ms. Timmerman moved on to present an update on NCQQA Health Equity accreditation. She noted that we achieved the NCQA Health Equity accreditation. We had our submission on June 10<sup>th</sup> and on July 28<sup>th</sup> we had our closing conference with our NCQA surveyor. The surveyor noted that we had the best prepared submission she had ever seen. It was noted that we had a dedicated and knowledgeable staff, documentation was well prepared and presented. We had detailed policies and procedures, and our reports demonstrated good quantitative and qualitative analysis. We will get our NCQA seal by September 1<sup>st</sup>. Ms. Timmerman stated that between now and October submission we are working to remediate anything that is not being assessed as fully met. We continue to conduct mock file reviews and are working closely and collaboratively with our consultant. On October 7 we will do our final submission to NCQA with all evidence tagged, bookmarked, and reviewed by our consultant. In October we will get our initial issues report – this is where NCQA could ask questions and give feedback.

Ms. Timmerman noted that there is an appendix that contains information on measurement year 2024 interventions, outcomes in collaboration with our provider network, as well as graphs on member impact.

Commissioner Abbas motioned to approve agenda items 6, 7, 8. Commissioner Monroy seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Jaime Duncan, Supervisor Vianey Lopez, Anna Monroy, Sara Sanchez, and Dee Pupa,



NOES: None.

ABSENT: Commissioners Laura Espinosa, Tim Myers, and Scott Underwood, D.O.

Motion carried.

## **FORMAL ACTION**

### **9. Federal and State Policy / Advocacy Update**

Staff: Felix L. Nunez, M.D., Chief Executive Officer  
Marlen Torres, Chief Member Experience & External Affairs Officer

**RECOMMENDATION:** Approve GCHP's Legislative Platform for the remainder of 2025 to allow GCHP to strategically prioritize and drive its advocacy efforts. Necessary revisions will be made by the CMMEA at the beginning of the new calendar year and annually thereafter and presented to the Commission.

CEO Felix L. Nunez, M.D. stated that our advocacy and strategy efforts represent a key element of our work at GCHP to advance our mission, our vision to improve access and the quality of health to our members and by extension improve the health of the entire community. CEO Nunez noted there have been changes over the last few months in the landscape of Medi-Cal and Medicare, and healthcare in general. In Ventura County, California and nationally we had the passage and signing of is HR1 or OBBB which was signed into law on July 4th. This represents one of the greatest threats we face to both Medi-Cal and Medicare programs and is a threat to access to quality healthcare services for the most vulnerable populations in our nation. The impact to this community is difficult to estimate. We have national data that is telling us that there is a devastating impact coming over the next ten years as this law comes into full effect. We are looking at a cut to federal spending in healthcare of over nine hundred billion dollars over the next ten years.

Due to these legislations and a loss of federal funding of over \$30 billion to California. This loss does not consider the effects on our community partners, Covered California has announced that their rates will be going up astronomically and will result in many individuals losing coverage. We believe that every healthcare provider and system in Ventura County will be affected. With these changes along with fear of enhanced immigration enforcement actions we face daunting challenges at GCHP and the County of Ventura in fulfilling our mission and vision, and we are already seeing effects. We are seeing decrease visits in the primary care setting, budgetary decisions by our provider networks which must consider the possibility of decreased revenues. We have seen a decline in enrollment.

Marlen Torres, Chief Member Experience & External Affairs will outline how we move forward and how we align in our efforts. Ms. Torres stated that we are advocating through





legislature and regulatory guidance and will continue to increase advocacy efforts. We have met with our elected officials, kept them up to date on a regular basis and we will continue to grow and expand our advocacy efforts. We are collaborating with provider partners, community-based organizations, community leaders, and cross-functionally internally. We have formed a coalition and our provider partners, and we sent a letter of opposition to Senator Padilla's office. The platform is high-level right now and there will be an expanded focus as we go through our Strategic Planning Retreat in October – this will provide us with greater guidance as the legislative cycle begins. We are asking for approval of the principals now knowing that we will take them into account and staying on track with the every-changing healthcare landscape.

Supervisor Lopez motioned to approve agenda item 9. Commissioner Sanchez seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Jaime Duncan, Supervisor Vianey Lopez, Anna Monroy, Sara Sanchez, and Dee Pupa,

NOES: None.

ABSENT: Commissioners Laura Espinosa, Tim Myers, and Scott Underwood, D.O.

Motion carried.

Commissioners Blaze, Pupa and Sanchez recused themselves from agenda item 10. Commissioner Myers rejoined the meeting for item 10 discussion.

## **10. Amendment to Advance Payment Agreement with Ventura County**

Staff: Felix L. Nunez, M.D., Chief Executive Officer  
Erik Cho, Chief Policy & Programs Officer

**RECOMMENDATION:** Staff recommends that the Commission authorize the CEO to execute Amendment 1 to the advance payment agreement with Ventura County.

CEO Nunez stated that last year we entered into an advance payment agreement with the Ventura County Health Care Agency. The advance was in the amount of \$36 million. The advance was intended to bridge operational funding for the Ventura County Healthcare Agency while they awaited state funds which were to be received in 2025. The timing of those funds received created a revenue gap for this provider. We received approval from the Commission last year for the advance. We structure the recoupment of these funds to be done through an offset of claims in this calendar year. It became clear that it was not a workable solution for either party and we discussed a different solution with leadership at the VC Healthcare Agency and agreed to a different electronic



payment format of funds which did not impact month-to-month operational revenue flow. While working through the timing and format of this revised repayment solution we entered discussions regarding unresolved payment issues which required additional research and discussion. These were payment issues which we had unresolved debts to the Ventura County Healthcare Agency. We understand that we need to allow as much flexibility as possible to avoid any impact on care needs, especially during these times when there is so much uncertainty. We are seeking approval from the Commission to restructure the repayment agreement which will allow us to complete our resolution of unresolved payment issues and give flexibility to make sure the healthcare agency is not negatively impacted by the repayment structure.

Leeann Habte of BBK Law stated the amendment to the Advance Payment Agreement involves three changes. It extends the deadline for payment to September 30, 2025. Second, it changes the method of payment from recoupment of claims as originally contemplated to payment by check or wire transfer so that payment can be made in a single and clear method. Third, it revises the agreement to provide GCHP with the flexibility to offset amounts owed to the County against the balance of the advance payment agreement.

Commissioner Corwin stated the date is coming up soon and asked if all were in agreement. CPPO Erik Cho stated that all had worked through the issues, and we are all aligned with the timeline.

Commissioner Corwin motioned to approve agenda item 10. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Jaime Duncan, Supervisor Vianey Lopez, Anna Monroy, and Tim Myers

NOES: None.

ABSTAIN: Commissioners Allison Blaze, M.D., Dee Pupa, and Sara Sanchez

ABSENT: Commissioners Laura Espinosa, and Scott Underwood, D.O.

Motion carried.

## **REPORTS**

### **11. Chief Executive Officer (CEO) Report**

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



RECOMMENDATION: Receive and file the report

**12. Chief Medical Officer (CMO) Report**

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

RECOMMENDATION: Receive and file the report

**13. Human Resources (H.R.) Report**

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

RECOMMENDATION: Receive and file the report

Commissioner Corwin motioned to approve reports 11, 12, and 13. Commissioner Abbas seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., James Corwin, Jaime Duncan, Supervisor Vianey Lopez, Anna Monroy, Tim Myers, Sara Sanchez, and Dee Pupa,

NOES: None.

ABSENT: Commissioners Laura Espinosa, and Scott Underwood, D.O.

Motion carried.

**ADJOURNMENT**

With no other business to conduct, the meeting was adjourned at 6:21 p.m.

Approved:

---

Maddie Gutierrez, MMC  
Clerk to the Commission



**AGENDA ITEM NO. 2**

**TO:** Ventura County Medi-Cal Managed Care Commission

**FROM:** Eve Gelb, Chief Innovation Officer  
Jeff Acomb, Executive Director of IT  
Susana Enriquez-Euyoque, Director of Communications  
Brenda Gomez-Garcia, Medicare Compliance Manager  
Kim Marquez-Johnson, Director of Dual Special Needs Plan  
Jeyson Florez, Senior Manager, Deloitte

**DATE:** September 22, 2025

**SUBJECT:** D-SNP Ready to Sell and Ready to Enroll

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*Dual Special Needs Plan (D-SNP) Ready to Sell and Ready to Enroll*

# Dual-Eligible Special Needs Plan (D-SNP): Ready to Sell & Ready to Enroll

September 22, 2025

Jeff Acomb, Executive Director of IT

Susana Enriquez-Euyoque, Director of Communications

Kim Marquez-Johnson, Director of Dual Special Needs Plan

Brenda Gomez-Garcia, Medicare Compliance Manager

Jeyson Florez, Senior Manager, Deloitte

Integrity

Accountability

Collaboration

Trust

Respect

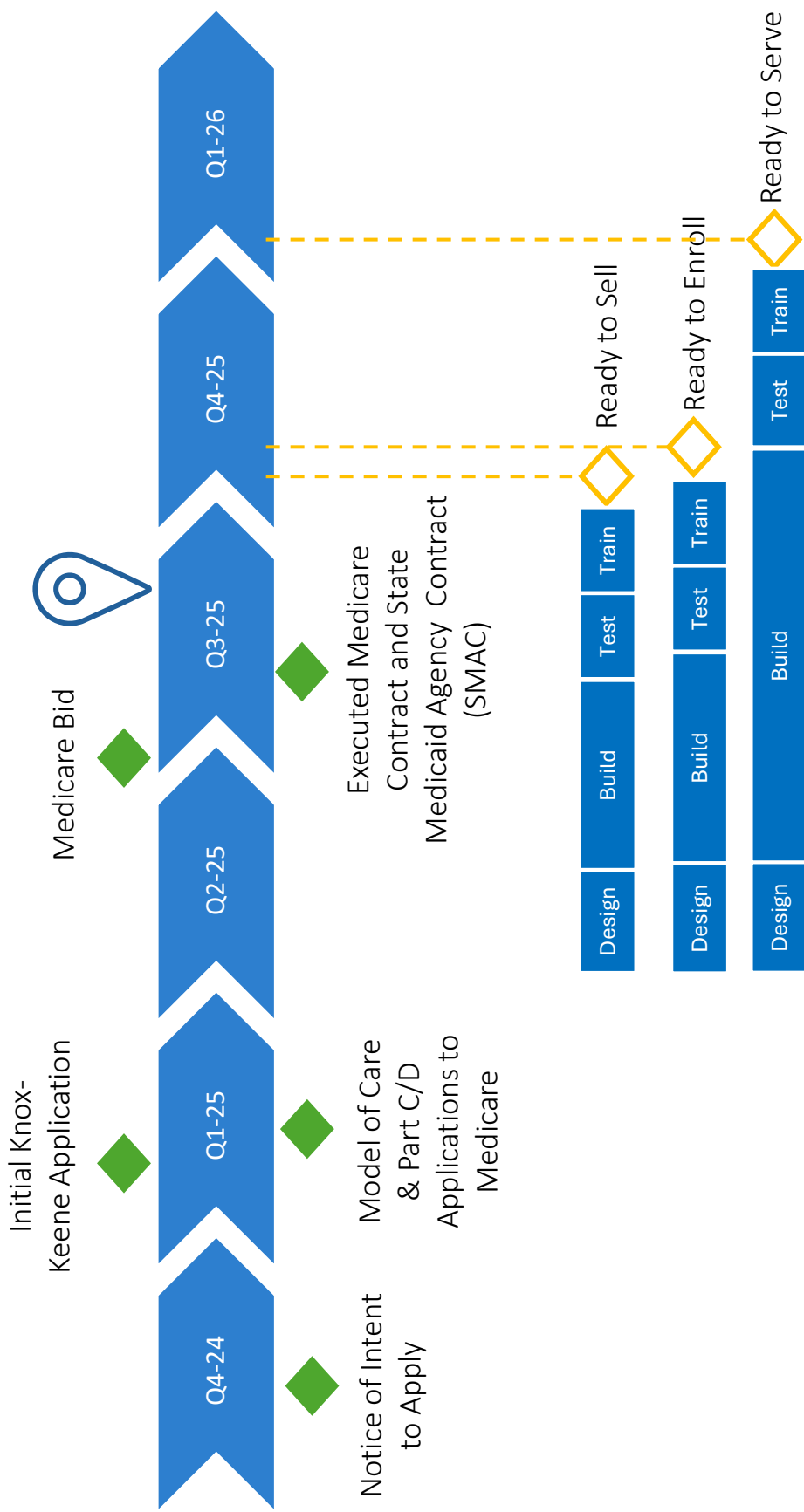




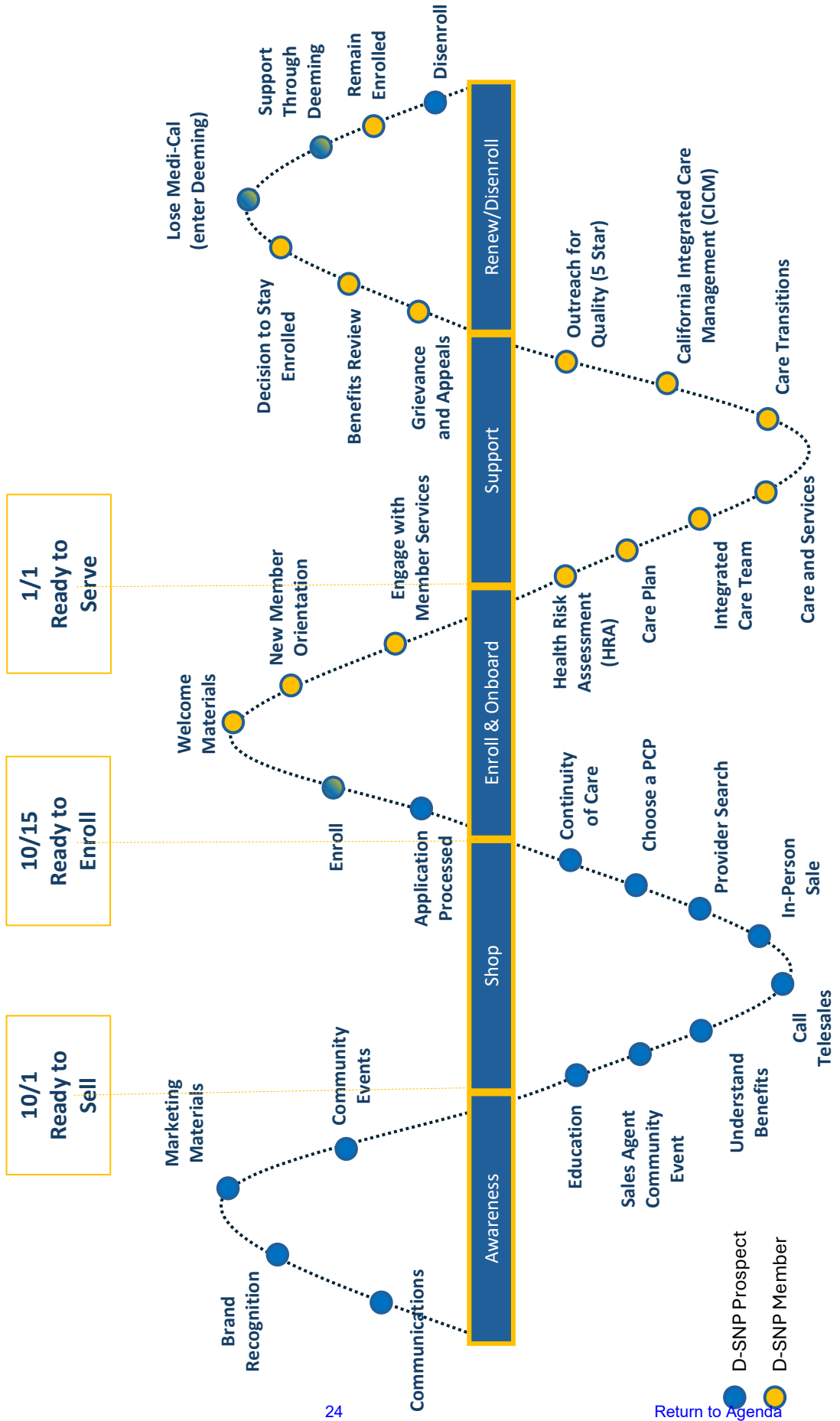
# D-SNP Program Update

Kim Marquez-Johnson, Director D-SNP Operations

# Program Journey



# Member Journey












# Systems Update





Jeff Acomb, Executive Director of IT  
Jeyson Florez, Senior Manager, Deloitte

# Systems Go-Live: Ready to Sell & Ready to Enroll

## Ready to Sell: Oct. 1

Status	System/Workstream	Mitigation (if needed)
	<b>Application Enrollment:</b> <ul style="list-style-type: none"> <li>Wipro eEnroll+ Sales System</li> </ul>	
	<b>Print Vendor (KP):</b> <ul style="list-style-type: none"> <li>Prospect materials – Sales Kit</li> </ul>	Manually print and mail materials
	<b>Contact Center:</b> <ul style="list-style-type: none"> <li>Genesys</li> <li>Salesforce</li> </ul>	
	<b>Data &amp; Reporting:</b> <ul style="list-style-type: none"> <li>Pharmacy Eligibility Extract for Pharmacy Vendor</li> <li>Member IDs for Wipro system</li> <li>PCP and Sales Agent data for Wipro</li> </ul>	
	<b>Health Rules Payer (HRP):</b> <ul style="list-style-type: none"> <li>Configuration for Enrollment and Eligibility (member, benefit plan, member materials, prospect materials)</li> <li>Data setup for PCP assignment in Wipro</li> </ul>	Prioritizing PCP updates in HRP for 10/1

## Ready to Enroll: Oct. 15

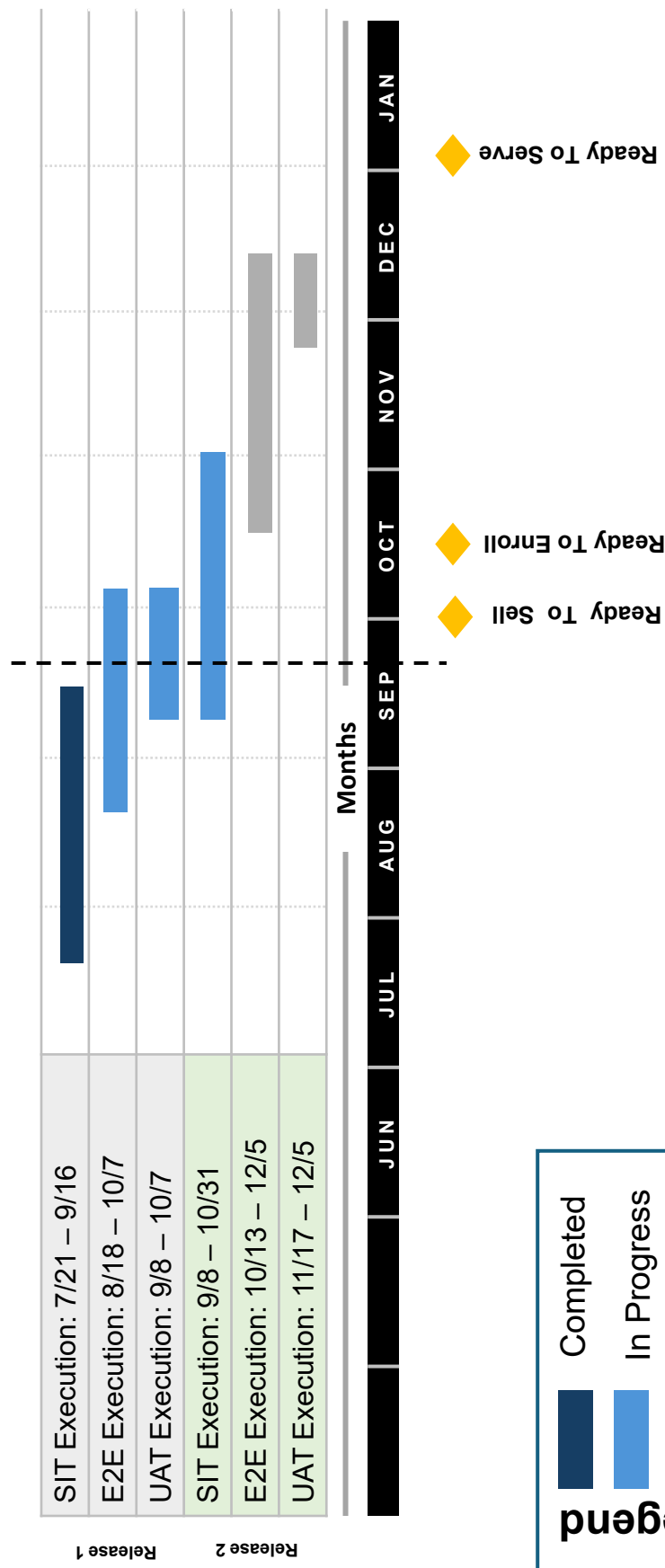
Status	System/Workstream	Mitigation (if needed)
	<b>Application Enrollment:</b> <ul style="list-style-type: none"> <li>Wipro Member360 system</li> <li>Contingency Plan for Eligibility and Enrollment Data</li> </ul>	
	<b>Data &amp; Reporting:</b> <ul style="list-style-type: none"> <li>Provider Directory - Print &amp; Online (GCHP to KP)</li> <li>PCP updates from HRP to Wipro</li> <li>Member data for Authenticated Member Access Page</li> </ul>	
	<b>KP:</b> <ul style="list-style-type: none"> <li>Member materials and letters</li> </ul>	Manually print and mail materials
	<b>Portals:</b> <ul style="list-style-type: none"> <li>Authenticated Member Access Page (Salesforce)</li> <li>Member and Provider Websites-Coffey</li> </ul>	

# Systems Go-Live: Ready to Serve

Ready to Serve: Jan. 1, 2026		
Status	System/Workstream	Mitigation (if needed)
<div><div>Y</div></div>	<b>Application Enrollment:</b> <ul style="list-style-type: none"><li>Wirpro M360 system and HRP 834 Integration</li></ul>	Continue manual processing of enrollments
<div><div>G</div></div>	<b>Clinical:</b> <ul style="list-style-type: none"><li>TruCare</li></ul>	
<div><div>G</div></div>	<b>Pharmacy</b> <ul style="list-style-type: none"><li>Prime Therapeutics</li></ul>	
<div><div>G</div></div>	<b>Integration with Supplemental Benefit Vendors:</b> <ul style="list-style-type: none"><li>Behavioral Health</li><li>Vision</li><li>Hearing</li><li>Transportation</li></ul>	<ul style="list-style-type: none"><li>Fitness</li><li>Emergency Response</li><li>Acupuncture</li></ul>
<div><div>G</div></div>	<b>KP:</b> <ul style="list-style-type: none"><li>HRP triggered outputs</li></ul>	
<div><div>G</div></div>	<b>Data &amp; Reporting:</b> <ul style="list-style-type: none"><li>Salesforce Release 2</li><li>NTT Provider Portal</li><li>TruCare</li><li>Arine</li><li>All regulatory reporting</li></ul>	<ul style="list-style-type: none"><li>Carelon</li><li>Accumulators</li><li>Remaining Pharmacy</li><li>New Eligibility Files</li><li>Provider Remittance</li><li>Edifecs</li></ul>
<div><div>Y</div></div>	<b>HRP:</b> <ul style="list-style-type: none"><li>Provider Contracts</li><li>Benefit Service Categories</li><li>Claims</li></ul>	Manual workarounds may need to be developed. <ul style="list-style-type: none"><li>Accumulators</li><li>Payment Cycles</li><li>1/1 Correspondence</li></ul>

# Testing View for All Releases

- Release 1 includes both 'Ready to Sell' and 'Ready to Enroll'
- As the system integrator, Deloitte oversees System Integration Testing (SIT) and End to End (E2E) testing for all releases:
- For Release 1 SIT is complete and E2E is targeting completion by 10/7
- User Acceptance Testing (UAT) is conducted by the GCHP business teams





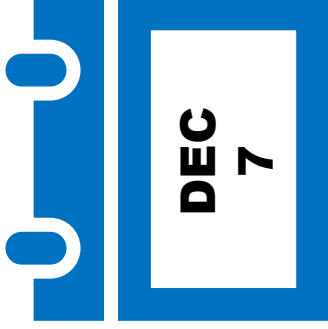
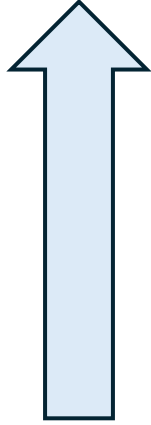
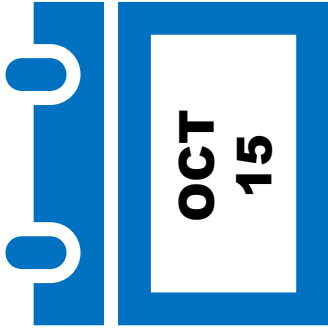


# Sales & Enrollment / Communications & Marketing Update

Susana Enriquez-Euyoque, Director of Communications

# Annual Enrollment Period

**Ready to Enroll:**



# Enrollment Strategy



GCHP has 27,000 members who have both Medi-Cal & Medicare



GCHP will be targeting about 10% of those members for 2026.



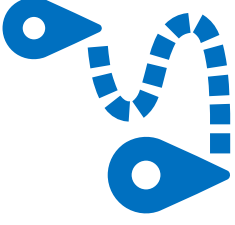
Existing GCHP Members  
Members Aging Into Medicare  
New GCHP Members

# Sales & Enrollment Approach



## Alignment within the Community

New partnership  
to bring  
awareness



## Our Path Forward

Presence at community  
events; targeted sales  
presentations



# Communications vs. Marketing



## Communications

Intended to:

- Provide information to current and prospective enrollees.



## Marketing

Intended to:

- Draw a beneficiary's attention to a plan or plans.
- Influence a beneficiary's decision:
  - When making a plan selection.
  - To stay enrolled in a plan.

# Prohibited Marketing Strategies

GCHP will not engage in marketing or sales efforts that include:

- Door-to-door marketing
- Unsolicited outbound:
  - Telephone or cold calls
  - Text messages
  - E-mails

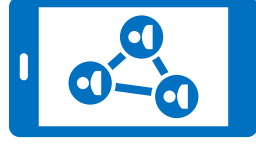


# Communications & Marketing Approach

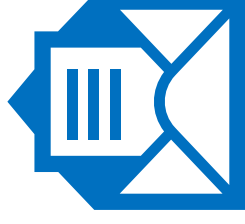
GCHP's communications and marketing efforts include:



Launch press release; media interviews



Light, targeted advertising on social media.



Direct mailings to different segments of GCHP membership.



# Regulatory Update

Brenda Gomez-Garcia, Medicare Compliance Manager

# Regulatory Updates



**Centers for Medicare and Medicaid Services  
(CMS) Account Management**

Meetings initiated



**Department of Managed Health Care  
(DMHC)**

Established relationship



**California Department of Health Care  
Services (DHCS) Office of Medicare  
Innovation and Integration (OMII)**

Engaged with new Deputy Director



**Integrated Member Materials**

Final materials approval



**Marketing / Enrollment Materials**

Final member enrollment and marketing  
materials approval



**Website**

Accepted

# Next Regulator Steps

MARx Transactions  
(Readiness for  
exchange of enrollment  
transactions)

Deadline to submit  
Integrated Materials to  
enrollees. Timeline:  
Oct. 15 and 10 days for  
Identification Card

Encounter Submission  
(Readiness for  
electronic data  
interface)

Internal Policies &  
Procedures



# Ready to Go!



**Internal Launch Party: Sept. 25, 2025**





# Questions?

### **AGENDA ITEM 3**

**TO:** Ventura County Medi-Cal Managed Care Commission

**FROM:** Jeff Register, Controller

**DATE:** September 22, 2025

**SUBJECT:** Adoption of Resolution 2025-002 Authorizing the Investment of Monies in the Ventura County Treasury Investment Pool

#### **SUMMARY**

Gold Coast Health Plan (GCHP or Plan) currently has unallocated excess funds invested in various interest bearing accounts as allowed per the organization's Investment Policy. The Ventura County Treasury Investment Pool ("Investment Pool") is one such investment. Due to staff turnover, an update of authorized signers is needed. The Investment Pool requires a formal resolution to effect these changes.

#### **BACKGROUND / DISCUSSION**

The Ventura County Treasury Investment Pool ("Investment Pool") is a voluntary program the authorized by statute, which creates an investment option for local government agencies and special districts. The program operates a large portfolio of over 250 government agencies, and is managed by the County of Ventura's ("County") Treasurer's Office. Investments with the Investment Pool are specifically authorized by the Plan's Investment Policy.

Authorized personnel initiate Investment Pool deposits or withdrawals using only pre-designated GCHP bank accounts as transferring institutions, and may execute and deliver all documents necessary for the management of the account. Staff turnover in key positions has affected the list of authorized signers on GCHP's Investment Pool account. The Plan is updating the list to reflect these changes. Pursuant to the Resolution, CEO Felix L. Nunez, MD and CFO Sara E. Dersch and their successors in these roles will have authority. The Investment Pool requires that any changes to the list of designated authorized personnel must be accompanied by a formal board resolution.

#### **FISCAL IMPACT**

None. The Resolution simply authorizes the proper GCHP personnel to initiate transactions with the Investment Pool and execute documents.

**RECOMMENDATION**

Staff recommends the Commission adopt Resolution 2025-002 authorizing the investment of funds into the Ventura County Treasury Investment Pool.

**ATTACHEMENTS**

Resolution 2025-002 Authorizing the Investment of Monies in the Ventura County Treasury Investment Pool.

## RESOLUTION NO. 2025-002

### **A RESOLUTION OF THE VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION, DBA GOLD COAST HEALTH PLAN AUTHORIZING THE INVESTMENT OF MONIES IN THE VENTURA COUNTY TREASURY INVESTMENT POOL**

Resolution of: Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast

Agency Address: Gold Coast Health Plan  
711 East Daily Drive, Suite 106  
Camarillo, CA 93010-6082

Agency Phone (805) 437-5500

WHEREAS, the Ventura County Treasury Investment Pool ("Investment Pool") is a voluntary program the created by Government Code section 53684. for the deposit of money of a local agency for purposes of investment by the Ventura County Treasurer's Office; and

WHEREAS, the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan. hereby find that the deposit and withdrawal of money in the Investment Pool in accordance with Government Code section 53684 for the purpose of investment as provided therein, is in the best interests of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan.

NOW THEREFORE, BE IT RESOLVED, that the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan hereby authorizes the deposit and withdrawal of Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan, monies in the Ventura County Treasury Investment Pool in the County Treasury in accordance with Government Code section 53684, for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan, officers holding the title(s) specified herein below or their successors in office are each hereby authorized to order the deposit or withdrawal of monies in the Ventura County Treasury Investment Pool and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Felix L. Nunez, MD

Chief Executive Officer

Sara E. Dersch

Chief Financial Officer

Section 2. This resolution shall remain in full force and effect until rescinded by the Commissioners of the Ventura County Medi-Cal Managed Care Commission, doing business as Gold Coast Health Plan by resolution and a copy of the resolution rescinding this resolution is filed with the Ventura County's Treasurer's Office.

**PASSED, APPROVED AND ADOPTED** by the Ventura County Medi-Cal Managed Care Commission dba the Gold Coast Health Plan at a regular meeting on the 22nd day of September, 2025, by the following vote:

AYE:

NAY:

ABSTAIN:

ABSENT:

---

Laura Espinosa, Commission Chair

I, Magdalen Gutierrez, MMC – Sr. Clerk of the Board of the Ventura County Medi-Cal Managed Care Commission, dba Gold Coast Health Plan, hereby certify that Resolution No. 2025-002 was adopted at the September 22, 2025, Commission Meeting and that is a true and correct copy of said document on file in my office.

---

Magdalen Gutierrez, MMC  
Clerk of the Board  
Ventura County Medi-Cal Managed Care Commission  
dba Gold Coast Health Plan



## **AGENDA ITEM 4**

TO: Ventura County Medi-Cal Managed Care

FROM: Commission Felix Nunez, MD, Chief Executive

DATE: Officer September 22, 2025

SUBJECT: Chief Executive Officer (CEO) Report

### **Chief Executive Officer (CEO) Update**

Gold Coast Health Plan (GCHP) continues to navigate challenges related to public health uncertainty, enrollment fluctuations, and policy changes, all while remaining focused on ensuring that our members have access to high-quality, evidence-based care and that our communities remain protected during this critical time.

As we enter flu season, vaccine guidance has become an area of concern, as the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) have narrowed their recommendations for COVID-19 vaccinations, creating inconsistency with prior scientific guidelines and creating a gross misalignment with the medical community, vaccine advocacy organizations, and expert guidance.

In contrast with federal guidelines, several leading medical organization expert panels have announced their recommendations for widespread vaccinations. The American Academy of Family Physicians (AAFP) recommends that adults 18 and older, children, and pregnant people receive the COVID-19 vaccine. The American Academy of Pediatrics (AAP) recommends vaccination for children as young as 6 months and for older children in risk groups, while the American College of Obstetrics and Gynecology (ACOG) recommends vaccination for pregnant people. These recommendations are significantly broader than those provided by the CDC and FDA and indicate a significant disagreement on the science of vaccine development, safety, and efficacy.

Given the unprecedented incongruity between federal health care agencies and national medical organizations and regional public health authorities, GCHP has decided to follow the guidance of the state, AAFP, AAP, ACOG, and the California Department of Public Health. We believe this is the best way to safeguard the health of our members and the broader community.

As noted in prior updates, GCHP remains very concerned about the effects of H.R. 1 on access to care for our members. While the full effect of H.R. 1 will not be immediate, we do anticipate that the confusion resulting from the debate will result in disenrollment from our plan over the coming months.

In recent months, our enrollment has shown some volatility with a consistent decline in new members and modest decreases in other enrolled categories of aid (COA). From June to July,

and again from July to August, we saw decreases in membership which did raise concern. In September this trend continued, with our membership dropping to 240,533 members, down from a prior low of 242,105 in August. While there are seasonal factors that may be influencing this, there also appears to be disenrollment trend across the board in both the Unsatisfactory Immigration Status (UIS) and Satisfactory Immigration Status (SIS) categories. However, it is important to note that we need to do additional analysis to better understand the root cause of these trends.

Thus, while the overall decline has been relatively small, the pace of new enrollment continues to raise concern. We anticipate further impacts from upcoming federal and state policy changes, including continued disenrollment pressures as members face increased barriers to coverage across all COA. We will continue to monitor these trends closely.

We are awaiting regulatory guidance on the implementation of H.R. 1. Its provisions on work requirements and shortened re-enrollment cycles will directly affect member coverage and plan revenues. We will be working closely with the Ventura County Human Services Agency to help members navigate these requirements. As we prepare for these shifts, we remain engaged with local, state, and federal officials to underscore the impact of coverage loss on our members and communities. Advocacy will remain a priority as we navigate H.R. 1 and related policy changes.

To that end, on August 27, 2025, I attended a meeting convened by our trade association, Local Health Plans of California (LHPC), with the chief executive officers of our sister plans. The agenda focused on the renewal of the California Advancing and Innovating Medi-Cal (CalAIM) waiver, particularly around community supports. We discussed the supports that have been most effective, the challenges of implementing some of them, and the overall return on investment. We also developed recommendations for the state Department of Health Care Services (DHCS) on improving program efficiency and reducing costs. These conversations will help shape both our advocacy and our operational strategies moving forward.

On Oct. 1, 2025, we will be marking a significant milestone for GCHP: The launch of our Dual Special Needs Plan (D-SNP). This is the first new line of business since our founding and will integrate Medicare and Medi-Cal benefits for eligible members under one plan. D-SNP expands the services we can provide to our members and at the same time, strengthens the health plan's resilience by diversifying our portfolio. We are working diligently to have our systems and workflows in place and anticipate that it will be a successful launch.



## **I. External Affairs**

### **A. Federal Updates**

#### **Gold Coast Health Plan (GCHP) Trade Association Engages Center for Medicaid and CHIP Services (CMCS) on Implementation of House Resolution 1 (H.R. 1)**

Gold Coast Health Plan's (GCHP's) national trade association, Medicaid Health Plans of America (MHPA), resumed quarterly meetings with the Center for Medicaid and CHIP Services (CMCS) after a pause at the beginning of the year to allow CMCS to adjust to administration changes. These quarterly meetings provide an opportunity for CMCS to share its priorities and planned activities and for health plans to educate CMCS policymakers on areas of focus and concern for Medicaid health plans.

During the call, MHPA shared priorities for implementation considerations of House Resolution 1 (H.R. 1), including recommendations and clarifications for the implementation of work requirements, increased eligibility verification, and cost-sharing. Specifically, MHPA identified the following considerations for CMCS as they draft implementing regulations:

- **Work Requirements**
  - Clarify definitions (medically fragile and other exemptions) to ensure states do not interpret definitions differently, leading to inconsistent implementation.
  - When implementing exemptions for work requirements, documentation of substance use disorder (SUD) as a component of the exemption raises significant concerns around the sharing of this sensitive data; it will be critical to ensure patient protections.
  - Managed care plans need flexibilities to educate and outreach to members, and MHPA recommends that regulations ensure modern communication approaches, such as text messages, are allowed.
  - Consider options to allow attestations of work status; this is not prohibited in H.R. 1 and will reduce administrative burdens and assist states in implementing the requirements.
- **Eligibility Verification**
  - MHPA cautions that if there is a 20-30% drop in enrollment, there is a high likelihood that those who remain eligible will be of higher acuity; states and policymakers need to understand that this dynamic will have a significant impact on rates.
- **Cost-sharing**
  - There are a lot of questions about how to operationalize this requirement given the varying state program designs, such as states with bifurcated benefits. Implementing rules need to address payment collection, tracking, and reporting in a manner that addresses the varying state program designs.
  - The Centers for Medicare and Medicaid Services (CMS) Guidance is needed well in advance of implementation to allow enough time to address operational questions and build a system to support the collection of cost-sharing funds.

During the meeting, CMCS also shared their current focus that includes:

- Getting back to normal operations, including addressing backlogs of approvals.

- H.R. 1 is top of mind and CMCS is looking at State Directed Payment (SDP) provisions to align with its focus to ensure payment designs are closely tied to quality as well as ensure there is a clear way to evaluate them.
- Fraud, Waste, and Abuse is a primary focus of the agency. CMCS is doing a lot of agency education on how managed care plans function as they undertake audit activities.
- CMCS is working on a summary of activities of the past year (including updated reporting templates, moving network adequacy reporting to an online portal, etc.) and plan to release this fall.

GCHP's Government Relations Team will continue to participate in the quarterly meetings and advocate for flexibility and administratively efficient implementation regulations for H.R. 1, as well as keep the business updated on the release of related regulations.

## **B. State Updates**

### **California Voters to Decide on Redistricting After Legislature Passes the Election Rigging Response Act**

The California legislature voted, mostly on party lines, to pass the Election Rigging Response Act (ERRA), legislation that gives California voters the choice to keep the existing district maps or to use new maps with districts that favor Democrats. The effort is in response to Texas' recent approval of new district maps that favor Republicans after President Donald Trump called on the governor to draw new maps [saying](#) Republicans were "entitled to five more seats."

Specifically, the ERRA is a series of bills that:

- Allows Californians the ability to adopt a new, temporary Congressional map.
- Establishes timelines and procedures to conduct a statewide special election for Proposition 50, and provides the funding for the special election, which is set to take place on Nov. 4, 2025.
- Establishes temporary Congressional District Maps that will take effect if voters pass Proposition 50.

State Congressional districts are generally drawn by states once every 10 years after the census. Despite Democrats' numerous efforts to pass federal legislation banning gerrymandering and establishing independent redistricting commissions, efforts have failed with Republicans voting in opposition. Absent federal action, several Democratic-led states, including California, have passed state legislation creating independent redistricting commissions while Republican states have opposed any such efforts, leaving Democratic-led states with fewer options to do mid-cycle redistricting while Republican-led states can more easily enact new maps. Given California's independent redistricting commission, voters would need to pass Proposition 50 to enact new maps off-cycle.

The new, proposed maps are temporary and would be in place for elections through 2026 and 2030. The proposed maps will not impact Ventura County's Supervisorial Districts, but Simi Valley could see a potential change in congressional representation.

GCHP's Government Relations Team will continue to report on updates related to the redistricting efforts.

## C. State Legislative Update

### California Legislature Wraps Up Session; Sends Passed Bills to Governor

The California legislature wrapped up the first of a two-year session on Sep. 12, 2025. During the session, GCHP tracked and advocated on several bills, including efforts to restrict the use of prior authorization, revise time and distance standards, and changes to provider directory standards. GCHP and its trade association, Local Health Plans of California (LHPC), were successful in proposing amendments to several bills to exempt Medi-Cal from bills that would have resulted in costly and/or problematic requirements for managed care plans. Given the state budget deficit, bills that have a cost to the state are likely to be vetoed by the governor.

The governor has until Oct. 12, 2025, to sign or veto bills passed by the legislature. The GCHP Government Relations Team will provide a final report on all Medi-Cal related bills signed into law after the Oct. 12 deadline.

### Appendix:

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

APL #	APL Release Date	Title	DCHS Due Date
25-012	8/19/2025	Targeted Provider Rate Increases (supersedes APL 24-007)	11/17/2025
APL #	APL Release Date	Title	DCHS Due Date
23-029	8/11/2025	Memorandum of Understanding (MOU) Requirements for Managed Care Plans (MCPs)	11/7/2025
25-011	8/1/2025	Federal Payments to Prohibited Entities (revised 8/1/25)	N/A
25-010	6/3/2025	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	9/1/2025

#### D. Community Relations: Sponsorships

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

Organization	Description	Amount
Alzheimer's Association California Central Coast Chapter	The Alzheimer's Association leads the way to end Alzheimer's and all other dementia by accelerating global research. The Walk to End Alzheimer's is the world's largest event to raise awareness and funds for Alzheimer's care, support, and research. Funding will go toward supporting families and their caretakers and research to find a cure for Alzheimer's.	\$1,000
Harbor House	Harbor House focuses on helping people find hope, gainful employment, affordable housing, and a sense of personal wellbeing. Harbor House's Annual Conejo Concert raises funds for neighborhoods in need. Proceeds from the event will be used to continue addressing poverty in Ventura County.	\$1,000
Santa Paula Art Museum	The Santa Paula Art Museum hosts a monthly Free Family Day. Each event invites families to explore diverse traditions, stories, and artistic expressions through hands-on activities for all ages. Funding will be used to continue to offer these free events to families.	\$1,000
Housing Trust of Ventura County	Housing Trust Fund Ventura County is the local trusted leader in helping to increase affordable housing options throughout Ventura County. Their fundraising event, Compassion Campaign: Raise the Roof, Together We Invest, will help offset housing budget cuts and continue to support families with housing needs in Ventura County.	\$1,000
Cancer Support Community Valley / Ventura / Santa Barbara	Cancer Support Community Valley / Ventura / Santa Barbara's mission is to uplift and strengthen people impacted by cancer by providing support, fostering compassionate communities, and breaking down barriers to care. Its annual event, Celebration of Hope Garden Party, will honor oncology supportive care staff. Proceeds support groups, wellness classes, workshops, and social events.	\$1,000
<b>TOTAL</b>		<b>\$5,000</b>

## E. Community Relations: Community Meetings and Events

In August and September, the Community relations attended various community events supporting families with resources and assistance to connect them to GCHP services. Additionally, the team participate in a collaborative meeting and attended a back-to-school events.

Collaborative Meeting	
Community representatives share resources, announcements, and upcoming community events.	
Partnership for Safe Families and Communities	Sept. 3, 2025
Community Events	
Westminster Free Clinic Back to School Event	Aug. 13, 2025
Diversity Collective Ventura Dreamin'	Aug. 16, 2025
Oxnard School District 3 <sup>rd</sup> Annual Family Resource Fair	Aug. 28, 2025
Community Events	
Rio Real Back to School Night	
Rio del Sol Elementary and Middle School Back to School Night	Sept. 3, 2025
Rio del Valle Back to School Night	Sept. 4, 2025
Rio Rosales Elementary Back to School Night	
Tri-Counties Rainbow Connections 3 <sup>rd</sup> Annual Syndrome Awareness Walk	Sept. 6, 2025
Ventura County Medical Center Walk for Kids Ronald McDonald Family	Sept. 7, 2025
Food Distribution Events	
El Rio School District Food Giveaway	Aug. 26, 2025

## II. PLAN OPERATIONS

### A. Membership

	VCMC	CLINICAS	CMH	PCP- OTHER	ADMIN MEMBERS	NOT ASSIGNED
Jul-25	96,590	55,533	34,970	4,306	47,416	2,561
Jun-25	96,872	55,239	34,849	4,313	45,752	3,670
May-25	96,848	54,989	34,669	5,887	45,615	3,292

#### 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	July 2025
Total Administrative Members	47,416
Share of Cost (SOC)	647
Long-Term Care (LTC)	768
Breast and Cervical Cancer Treatment Program (BCCTP)	21
Hospice (REST-SVS)	19
Out of Area (Not in Ventura County)	392
DUALS (A, AB, ABD, AD, B, BD)	28,389
Commercial Other Health Insurance (OHI) (Removing Medicare, Medicare Retro Billing, and Null)	18,413

#### NOTE:

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

## METHODOLOGY

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

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

## B. Provider Network Operations (PNO)

### Regulatory / Audit Updates

In collaboration with Compliance, IT and Member Services, PNO completed the Network Adequacy Validation (NAV) audit. NAV is a federal audit focusing on provider network adequacy. It is required by the state Department of Health Care Services (DHCS). GCHP submitted supporting documentation in July and participated in the virtual interview on Aug. 21, 2025.

The audit was conducted by the Health Services Advisory Group (HSAG) on behalf of DHCS. Upon completion of the audit, HSAG advised there were no preliminary findings. Final audit findings will be reported upon release from HSAG.

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

PNO continues to support GCHP's D-SNP implementation through key regulatory and operational deliverables. Most recently, the Centers for Medicare and Medicaid Services (CMS) approved the D-SNP provider directory template as part of the broader marketing materials submission. PNO monitors network adequacy monthly in alignment with post-Health Service Delivery (HSD) CMS requirements, ensuring timely identification of provider gaps.

PNO is also developing provider education materials aligned with CMS guidance and updating internal policies as part of the D-SNP readiness checklist. Current policy revisions focus on network adequacy, contracting standards, and provider training protocols. These efforts directly support GCHP's strategic goals for member experience, compliance readiness, and successful D-SNP launch. PNO collaborates closely with Communications, Operations, IT and Project Management to ensure cross-functional alignment.



PNO has now converted all Letters of Intent (LOI) to formal provider agreements. PNO is now finalizing the agreements for the supplemental benefits offered by GCHP for the EAE D-SNP line of business.

### Provider Network Developments: July 1-31, 2025

GCHP Provider Changes	
Provider Additions and Terminations	Count
Additions	100
Terminations	76
Midwife	0

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

GCHP Provider Network Additions and Total Counts by Provider Type			
Provider Type	Network Additions		Total Counts
	June-25	July-25	
<b>Hospitals</b>	<b>0</b>	<b>0</b>	<b>25</b>
Acute Care	0	0	19
Long-Term Acute Care (LTAC)	0	0	1
Tertiary	0	0	5
<b>Providers</b>	<b>110</b>	<b>128</b>	<b>8,747</b>
Primary Care Providers (PCPs) & Mid-levels	0	3	488
Specialists	95	115	7,383
Hospitalists	15	10	876
<b>Ancillary</b>	<b>6</b>	<b>1</b>	<b>715</b>

Ambulatory Surgery Center (ASC)	0	0	9
Community-Based Adult Services (CBAS)	0	0	14
Durable Medical Equipment (DME)	0	1	100
Home Health	0	0	34
Hospice	0	0	23
Laboratory	0	0	41
Optometry	2	0	112
Occupational Therapy (OT) / Physical Therapy (PT) / Speech Therapy (ST)	3	0	235
Radiology / Imaging	1	0	63
Skilled Nursing Facility (SNF) / Long-Term Care (LTC) / Congregate Living Facility (CLF) / Intermediate Care Facility (ICF)	0	0	84
<b>Behavioral Health</b>	<b>1</b>	<b>22</b>	<b>1117</b>

<b>California Advancing and Innovating Medi-Cal (CalAIM) and Non-Traditional Providers</b>	<b>June-25</b>	<b>July-25</b>	<b>Total</b>
<b>Enhanced Care Management (ECM)</b>	0	0	7
<b>Community Supports (CS)</b>	0	0	43
<b>Community Health Worker (CHW)</b>	0	0	4
<b>Douglas</b>	0	0	9

### 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.*

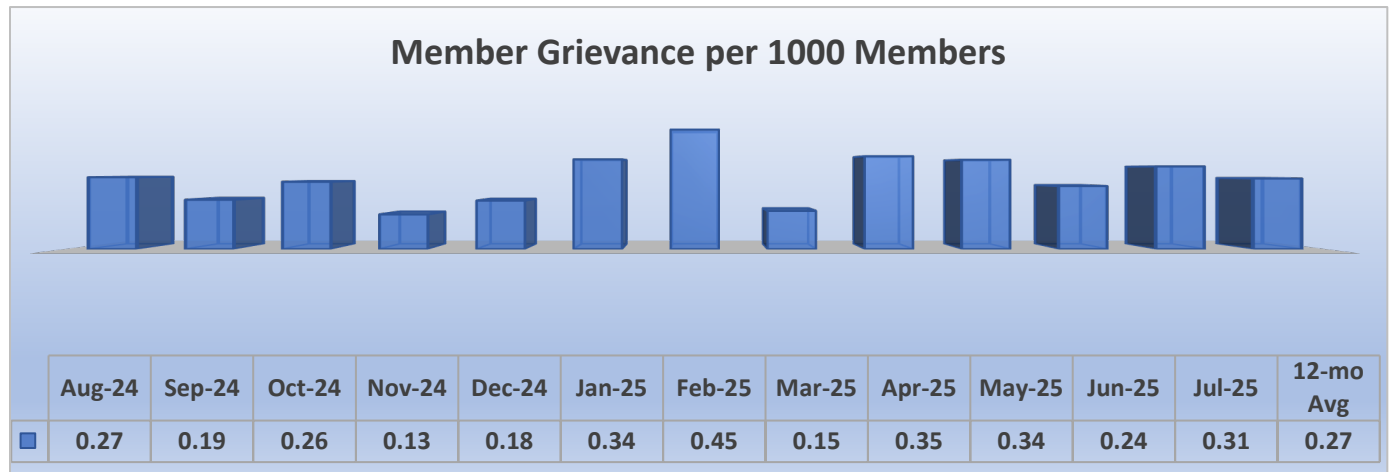
Compliance will continue to monitor all CAPs. GCHP's goal is to ensure compliance is achieved and sustained by its delegates. It is a state Department of Health Care Services (DHCS) requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP are evaluated during 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 Aug. 31, 2025.

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Carelon	2025 Q1 Utilization Management File Review Audit	Closed	5/27/2025	8/12/2025	N/A
Carelon	2025 Annual Claims Audit	Open	3/26/2025	Under CAP	N/A
Carenet	2025 Annual Call Center Nurse Advice Line	Open	7/15/2025	Under CAP	N/A
Clinicas del Camino Real (CDCR)	2024 Annual Claims Audit	Open	1/30/2025	Under CAP	N/A
CDCR	2025 Q1 Focused Claim Audit	Open	4/22/2025	Under CAP	N/A

Delegate	Audit Year / Type	Audit Status	Date CAP Issued	Date CAP Closed	Notes
Ventura Transit System (VTS)	2024 Downstream Subcontractor Audit	Open	8/30/2024	Under CAP	N/A
VTS	2025 Annual Driver Credentialing Audit	Open	7/23/2025	Under CAP	N/A
Wellth	2025 Annual Call Center Audit	Closed	3/27/2025	7/19/2025	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 and 95% in 45 days not met for Q1.

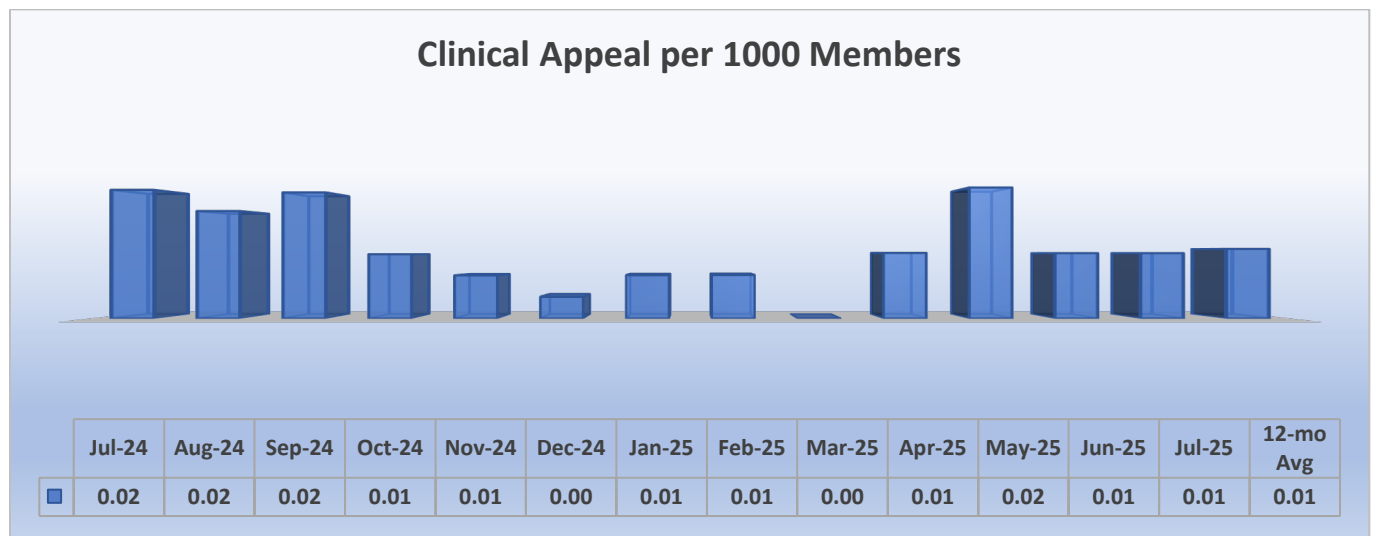
## D. Grievance and Appeals



### Member Grievances per 1,000 Members

The data show GCHP's volume of grievances increased in July 2025. In July 2025, GCHP received 76 member grievances. Overall, the volume is still relatively low, compared to the number of enrolled members. The 12-month average of enrolled members is 243,436, with an average annual grievance rate of .27 grievances per 1,000 members.

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



### Clinical Appeals per 1,000 Members

The data comparison volume is based on the 12-month average of .01 appeals per 1,000 members. In July 2025, GCHP received three clinical appeals, and they were all overturned.

## **Q2 Member Grievance Log**

This month, we included a Member Grievance Log that is intended to provide some 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:**

Accept and file.

## AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Chief Diversity Officer

DATE: September 22, 2025

SUBJECT: Chief Diversity Officer (CDO) Report

### Actions:

**Future of Diversity Equity and Inclusion** – Met with several organizations to discuss direction and diversity philosophy. In light of the pressures coming from the current administration. Lot of questions coming from the internal staff concerning the direction of Diversity, Equity, and Inclusion. To this point, we are not changing anything. Our Diversity environment is healthy, so we do not plan any major changes unless directed by the Commission.



### Our Focus:

- Retention of our talent
- Decreased turnover in light of the current environment.
- Promote a positive working environment (Policies/practices)
- Productive workplace



- Team development
- Lunch N Learn (Educational)
- Support community activities.
- Stay abreast of what other organizations are doing in the DEI space.

### **Development of Diversity Strategic Plan (completed in 2024)**

Plan included mission, vision, council development, Charter for the council, membership roles and responsibilities and meeting schedule. GCHP has added one ERG (employee resource group) under the LGBTQA category. We also have completed (Per requirements of NCQA and DHCS) the Transgender Training of the majority of the employees (439 eligible).

### **TRAINING PLAN**

In partnering with HR and Legal, develop a training plan for everyone supporting our members.

- Proper documentation
- Having difficult discussions (In process)
- Effective appraisal delivery
- Transgender training roll-out to our providers per state requirements as appropriate.

### **Case Investigations**

Accumulated data related to active cases within GCHP in preparation for effective response to requesting employees. All cases were addressed internally with no external agencies contacted to-date during 2025. Case investigations are a bit more difficult because of the remote status but employees and managers have been more than willing to communicate and participate.

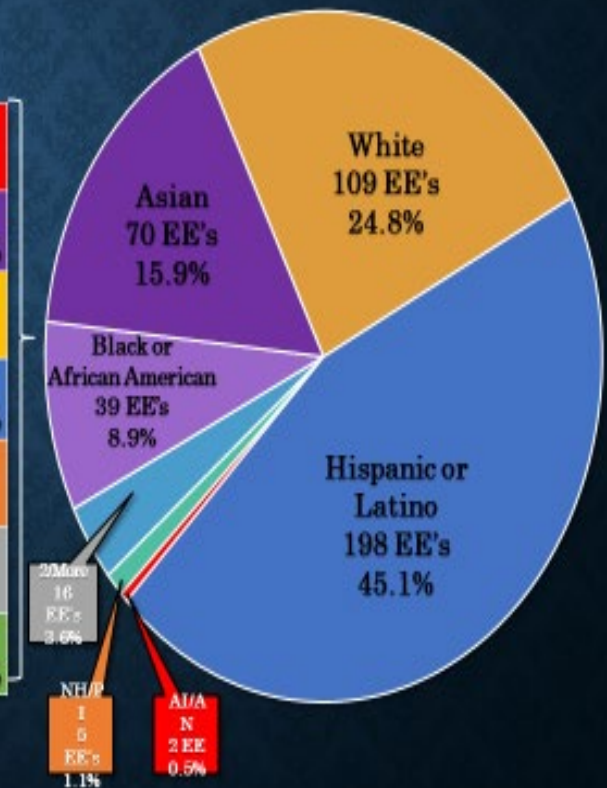
The solution to solving internal issues depend on the following rule of thumb:

1. Treat the complaint with the attention and respect it deserves. Log the complaint.
2. Involve only those who have firsthand knowledge of the situation.
3. Find out early in the process what the concern employee expects from the investigation.
4. Investigate thoroughly both the opinion of those making the complaint as well as the subject-matter of the complaint and those having firsthand knowledge.
5. Respond to the complaint within 48 hours with an update as the investigation moves forward.
6. Once investigation is complete, respond to both parties with the results.
7. Never leave a complaint open-ended. That is the formula for external intervention.
8. When in doubt on state or local regulations, consult with legal resource.

## GCHP DIVERSITY BREAKDOWN AS OF 8/6/25

• 439 Employees

Race/Ethnicity	Female	Male	Total	
American Indian or Alaska Native	2	0	2	0.5%
Asian	46	24	70	15.9%
Black or African American	26	13	39	8.9%
Hispanic or Latino	157	41	198	45.1%
Native Hawaiian or Other Pacific Islander	3	2	5	1.1%
Two or more races (Not Hispanic or Latino)	12	4	16	3.6%
White	64	45	109	24.8%
<b>Grand Total</b>	<b>310</b>	<b>129</b>	<b>439</b>	

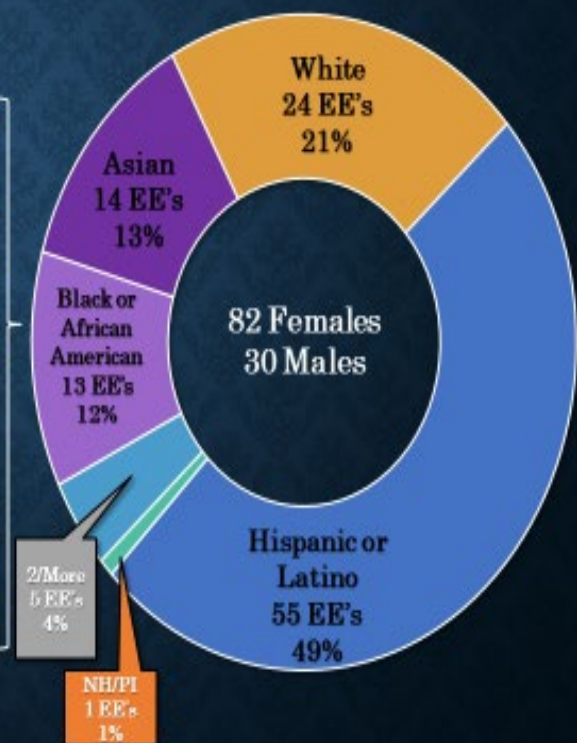


\* Chief Diversity Officer included in FTE counts

## 24/25 NEW HIRES DIVERSITY BREAKDOWN

- 112 Full-Time Employees Hired

Race/Ethnicity	Female	Male	Total
American Indian or Alaska Native	0	0	0
Asian	10	4	14
Black or African American	9	4	13
Hispanic or Latino	43	12	55
Native Hawaiian or Other Pacific Islander	0	1	1
Two or more races (Not Hispanic or Latino)	3	2	5
White	17	7	24
<b>Grand Total</b>	<b>82</b>	<b>30</b>	<b>112</b>



## Terminations Since 2024

	Early Retirement	End of Contract	Involuntary	Misconduct	Normal Retirement	Voluntary Resignation	Grand Total
<b>Asian (4)</b>							
Female						3	3
Male				1			1
<b>Black or African American (5)</b>							
Female			1			3	4
Male						1	1
<b>Hispanic or Latino (13)</b>							
Female			3			8	11
Male			1			1	2
<b>Two or more races (5)</b>							
Female			1		1	2	4
Male			1				1
<b>White (22)</b>							
Female	1				2	15	18
Male		1				3	4
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>36</b>	<b>49</b>