

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

Compliance Oversight Committee

Regular Meeting

Monday, May 20, 2024, 1:00 P.M.

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: 712 734 309#

Community Memorial Hosp
147 N. Brent St
Ventura, CA 93003

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the Compliance Oversight Committee (COC) on the agenda.

Persons wishing to address the COC are limited to three (3) minutes. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

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

CONSENT

- 1. Approval of Compliance Oversight Committee meeting minutes of December 7, 2023.**

Staff: Maddie Guterrez, MMC Clerk to the Commission

PRESENTATIONS

- 2. Appointment of Supervisor Vianey Lopez to the Compliance Oversight Committee**

Staff: Nick Liguori, Chief Executive Officer

- 3. Compliance Oversight Committee Updates**

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the presentation

- 4. 2024 Compliance Oversight Committee Meeting Schedule**

Staff: Maddie Guterrez, MMC Clerk to the Commission

COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS

CLOSED SESSION

- 5. 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 received a letter from the Office of the Inspector General on April 1, 2024 asking for additional information. The letter will be made available upon request.

ADJOURNMENT

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 Secretary of the Committee.

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 GCHP to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Compliance Oversight Committee
FROM: Maddie Gutierrez, MMC, Clerk for the Commission
DATE: May 20, 2024
SUBJECT: Regular Meeting Minutes of December 7, 2023

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Compliance Oversight Committee meeting minutes of December 7, 2023.

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

**Compliance Oversight Committee
Meeting Minutes
December 7, 2023**

CALL TO ORDER

The Commission Chair, Dee Pupa called the meeting to order at 4:16 p.m.

ROLL CALL

Present: Commissioners Laura Espinosa, Dee Pupa, and Jennifer Swenson

Absent: Commissioner James Corwin.

Attending the meeting for GCHP: CCO Robert Franco, CFO Sara Dersch, CIO Eve Gelb, General Counsel Scott Campbell, and Leeann Habte of BBK.

PUBLIC COMMENT

None.

UPDATES

1. Review of Annual Report to the Office of the Inspector General and Update on Medical Loss Ratio Audit

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the update as presented.

Chief Compliance Officer, Robert Franco stated the first annual report regarding the Medical Loss Ratio Audit was submitted. It was part of the element that was being reviewed as part of the Corporate Integrity Agreement (CIA). CCO Franco stated there were not many surprises in the report. He noted that one of the reoccurring items seen was the top performance on our claims and contracting. This was reflected in our Annual Medical audit and was therefore in alignment. Chief Executive Officer, Nick

Liguori wanted to make sure that we provided a response to the Commission, and CFO, Sara Dersch also provided a response which will go to the Office of Inspector General (OIG). The report is due Friday, December 8, 2023.

CCO Franco asked the committee if they had any questions. The Committee did not have any questions. CCO Franco stated it was a lot of work. He noted great partnership with BBK Law (Leeann Habte and Katherine Ullrich) keeping things on track, and also working with AMI, who is our independent review organization.

Commissioner Pupa motioned to approve the update. Commissioner Swenson seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Laura Espinosa, Dee Pupa, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioner James Corwin.

The clerk declared the motion carried.

FORMAL ACTION

2. Adoption of Committee resolution of Gold Coast Health Plan's Compliance with the Corporate Integrity Agreement

"The Board has made a reasonable inquiry into the operations of Gold Coast's compliance program, including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Board has concluded that, to the best of its knowledge, Gold Coast has implemented an effective compliance program to meet Federal health care program requirements and the requirements of Gold Coast's Corporate Integrity Agreement with the Office of Inspector General of the Department of Health and Human Services."

Leeann Habte, Esq, of BBK Law reviewed the Resolution with the Compliance Oversight Committee. She noted that this is the resolution that the OIG through the Corporate Integrity Agreement (CIA) requires. Each year either the Commission formally adopt this resolution, or the alternative is to chose not to adopt, and identify what needs to be changed in order to adopt such resolution in the future.

The resolution was provided to the Compliance Oversight Committee for review. Ms. Habte stated that formal action and a roll call vote was required in order to adopt the resolution as presented. The Committee had no questions.

Commissioner Espinosa motioned to approve the Resolution as presented. Commissioner Swenson seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Laura Espinosa, Dee Pupa, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioner James Corwin.

The clerk declared the motion carried.

GCHP STAFF COMMENTS

None.

COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS

None.

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 4:22 p.m.

Approved:

Maddie Gutierrez, MMC

Maddie Gutierrez, MMC
Clerk to the Commission



AGENDA ITEM NO. 2

TO: Compliance Oversight Committee

FROM: Nick Liguori, Chief Executive Officer

DATE: May 20, 2024

SUBJECT: Appointment of Supervisor Vianey Lopez to the Compliance Oversight Committee

VERBAL PRESENTATION



AGENDA ITEM NO. 3

TO: Compliance Oversight Committee
FROM: Robert Franco, Chief Compliance Officer
DATE: May 20, 2024
SUBJECT: Compliance Oversight Committee Updates

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Compliance Oversight Committee Updates

Gold Coast Health Plan

Compliance Oversight Committee

Robert Franco, Chief Compliance Officer

Agenda

- Welcome Supervisor Lopez
- CIA Medical Loss Ratio Audit for Second Reporting Period
- DHCS Compliance Updates
- Compliance Oversight Schedule
- Closed Session

Welcome Supervisor Vianey Lopez

Thank you for your continued support

Chair Laura Espinosa

Vice-Chair Dee Pupa

Commissioner James Corwin

Welcome

Medical Loss Ratio Audit for Second Year Reporting Period

Appendix B to the Corporate Integrity Agreement provides at A.2. “At least 90 days prior to the end of each Reporting Period, the OIG shall select the MLR Numerator Element to be reviewed by the IRO and notify Gold Coast of its selection (Selected Element).”

- Gold Coast Health Plan has requested from the OIG the Selected Element to provide to our Independent Review Organization (IRO), Affiliated Monitors, Inc. (AMI).
- GCHP has responded to the preliminary document request for Second Year Audit.
- GCHP & AMI have regularly scheduled bi-weekly meeting to ensure alignment.

DHCS Compliance Updates

DHCS Contract
Amendments

GCHP Mandates
Integration
Updates

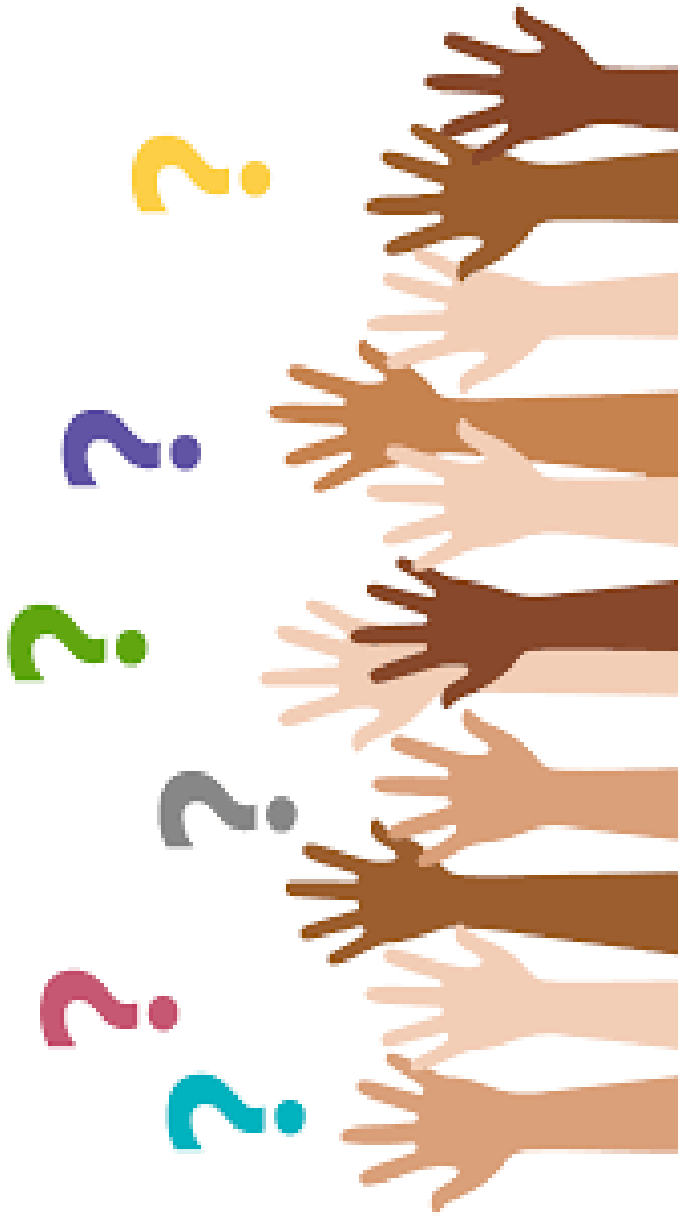
GCHP Compliance
Committee
Updates

CMS Final Rule
Updates

Compliance Oversight Committee Schedule

- May 20, 2024 – 2:00 PM
- September 23, 2024 – 1:00 PM
- November 25, 2024 – 1:00 PM

Questions or Recommendations



Appendix

- **May 2024 – Compliance Committee Meeting**

Compliance Committee Meeting

May 16, 2024

Robert Franco, Chief Compliance Officer

Integrity

Accountability

Collaboration

Trust

Respect

Compliance Committee Agenda

- Corporate Integrity Agreement Updates – (Robert)
- Policies and Procedures – PRC Update – (Marlen / Alison) – Separate Presentation
- APLs (All Plan Letters) – Mandates Updates – (Marlen / Alison) – Separate Presentation
- Compliance Program Updates (Bianca)
- Internal Audit Updates (Patricia)
- Privacy Incident Report (Vickie)
- Ethics Training Report (Desiree)
- Fraud, Waste, and Abuse (Joanna)
- Delegation Oversight Updates (Jeff)
- DHCS 2023 Medical Audit CAP Updates (Jeff)
- DO Audit Timeline
- Hot Topics and Q & A

Upcoming Meetings:

- August 13, 2024 – 1:00 PM
- November 14, 2024 – 10:00 AM

Corporate Integrity Agreement Updates

Robert Franco, Chief Compliance Officer

What is the Corporate Integrity Agreement or CIA?

Five-year agreement between GCHP and the Office of the Inspector General (“OIG”) of the United States Department of Health and Human Services (“HHS”).

Executed as a settlement to avoid the risk of potential exclusion from Medi-Cal/Medicare program participation and/or being identified as a High-Risk entity subject to heightened scrutiny by the OIG.

CIA requires compliance with statutes, regulations, and written directives of Medicaid/Medi-Cal and all other Federal health care programs.

Effective August 11, 2022.

CIA Requirements

Under the CIA, GCHP must establish and maintain a compliance program that includes the following elements:

Compliance Officer, Compliance Committee, Board Oversight, Management Certifications

Written Standards (Policies)

Training and Education on CIA and Key Risks

Independent Review Procedures

Risk Assessment and Internal Review Process

Disclosure Program

Routine Screening for Ineligible Persons

Notification to OIG of any Government Investigation or Legal Proceeding

Reporting to OIG of Certain Reportable Events

Transition Plan upon Expiration of the CIA

- *We received feedback from our 1st Annual Report. The response in the in final stages of review and will be submitted on time.*
- *Addition of new Commission Member to Compliance Oversight Committee.*
- *The Compliance Oversight Committee is schedule for Monday, May 20th ahead of the Commission Meeting.*
- *Our Annual CIA training will be scheduled this quarter and recorded for all associates*
- *CIA Policies and Procedures*

Updates

Gold Coast Health Plan Compliance Committee Government Relations Update

May 2024

Alison Armstrong
Manager, Government Relations

PRC and MIC Updates Jan – Mar 2024

Policy Review Committee (PRC) Updates

34 P&Ps Submitted to PRC Q1

34 Annual Review P&Ps Approved

22 Ops Readiness P&Ps Approved

Mandates Implementation Committee (MIC) Updates

11 APLs Released in Q1

2 Draft

9 APL-related P&Ps Submitted to DHCS

P&Ps Approved by PRC Jan – Feb 2024

P&P #	Title	Policy Owner	PRC
HECL-011	Community Health Worker Services		JAN
HS-001	Prior-Authorization Requests		JAN
HS-003	Retrospective Review		JAN
HS-004	Utilization Review Criteria		JAN
HS-029	Major Organ Transplant		JAN
HS-047	NEMT and NMT		JAN
MS-013	Call Center Service Level Agreement Oversight		JAN
QI-003	Primary Care Facility Site Review		JAN
ECM-005	ECM Clinical Oversight		JAN
HS-006	Under and Over Utilization of Health Care Services	Kanter, Nicole	JAN
QI-023	Potential Quality Issue Investigation	Timmerman, Kimberley	JAN
HS-049	Continuity of Care	Gonzalez, Lupe	JAN
HS-044	Intravenous Sedation and General Anesthesia for Dental Services	Kanter, Nicole	JAN
HS-025	Dental Services	Kanter, Nicole	JAN
COM-002	Website Posting Policy	Susana Enriquez-Euyoque	FEB
ECM-004	ECM Outreach and Consent	Lambert, Rachel	FEB
ECM-007	Oversight of ECM and CS Providers	Lambert, Rachel	FEB
HI-038	Notice of Privacy Practices	Warner, Victoria	FEB
BH-004	Behavioral Health Treatment for Members Under the Age of 21	Marrero, Lucy	FEB
ECM-001	Identifying Members Eligible for ECM Services	Lambert, Rachel	FEB
ECM-003	ECM Care Coordination	Lambert, Rachel	FEB
HS-049	Continuity of Care	Gonzalez, Lupe	FEB
HS-044	Intravenous Sedation and General Anesthesia for Dental Services	Kanter, Nicole	FEB
HS-025	Dental Services	Kanter, Nicole	FEB
NO-016	Doula Services	Wrightster, Vicki	FEB

P&Ps Approved by PRC Mar 2024

P&P #	Title	Policy Owner	PRC Month
ECM-007	Oversight of ECM and CS Providers	Lambert, Rachel	MAR
HS-019	Care Coordination for Substance Use Treatment Services	Kanter, Nicole	MAR
HS-021	Developmentally Disabled Members	Lambert, Rachel	MAR
HS-023	Coordination of Care for Members in Foster Care	Lambert, Rachel	MAR
HS-024	Identification of HIV/AIDS Waiver Members	Lambert, Rachel	MAR
HS-033	Inter-Rater Reliability	Kanter, Nicole	MAR
HS-034	Discharge Planning for Seniors and Person with Disabilities	Kanter, Nicole	MAR
HS-039	California Children's Services (CCS) Coordination	Lambert, Rachel	MAR
HS-045	Provision of Medically Necessary Services for SPD Members	Kanter, Nicole	MAR
HS-046	HIF/MET	Lambert, Rachel	MAR
HS-053	Nurse Advice Line	Lambert, Rachel	MAR
QI-027	Communicable Disease Reporting Requirements	Timmerman, Kim	MAR
QI-031	Chlamydia & Gonorrhea Screening	Timmerman, Kim	MAR
QI-034	Initial Health Appointment	Timmerman, Kim	MAR
BH-005	Student Behavioral Health Incentive Program (SBHIP)	Marrero, Lucy	MAR
HR 2-25	Compensatory Time Off	Segovia, Rachel	MAR
CL-012	Claims Processing for Covered Services Rendered to GCHP Members	Sproule, Anna	MAR
NO-016	Doula Services	Wrightster, Vicki	MAR

APLs Released Jan – Mar 2024

* APL Analyses and related materials are available in the [APL Library](#) on Compass

APL #	APL Release Date	Title	DCHS Due Date	Actions	P&Ps # or New
24-001	1/12/2024	Street Medicine Provider: Definitions and Participation in Managed Care	TBD	Analysis sent 1/16/24; review at Jan MIC; To be discussed at Program Implementation Meeting; GR sent QI-003 PPT overview and considerations; P&Ps due if/when a program is implemented	QI-005 QI-025
24-002	2/8/2024	Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members	5/8/2024	APL released; analysis sent; Review at February MIC	TBD
23-026	2/20/2024	Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse (Revised)	5/20/2024	Analysis sent 2/21/24; review at March MIC; no P&P changes needed; informed Compliance that attestation PH-006 may be submitted that no changes are needed 3/20/24	PH-006 PH-008
23-011	3/15/2024	Treatment of Recoveries Made by the Managed Care Health Plan of Overpayments to Providers	6/12/2024	Technical change to APL - adds "waste and abuse"; revise P&P to reflect this change	CL-011
24-003	3/29/2024	Abortion Services	6/27/2024	APL analysis sent 3/29/24; review at April mandates meeting	CL-006 CL-007 MS-018

APLs with Upcoming P&P Submissions

* APL Analyses and related materials are available in the [APL Library](#) on Compass

APL #	APL Release Date	Title	DCHS Due Date	Actions
24-005	4/29/2024	California Housing And Homelessness Incentive (Supersedes APL 22-24-004)	7/29/2024	Analysis sent; review at May PRC
24-004	4/8/2024	Quality Improvement and Health Equity Transformation Requirements	7/8/2024	APL analysis sent 4/9/24; review at April Mandates meeting
24-003	3/29/2024	Abortion Services	6/27/2024	APL analysis sent 3/29/24; review at April mandates meeting
23-011	3/15/2024	Treatment of Recoveries Made by the Managed Care Health Plan of Providers	6/12/2024	Technical change to APL - adds "waste and abuse"; revise P&P to reflect this change
23-026	2/20/2024	Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse (Revised)	5/20/2024	Analysis sent 2/21/24; review at March MIC; no P&P changes needed; informed Compliance that attestation may be submitted that no changes are needed 3/20/24
24-002	2/8/2024	Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members	5/8/2024	APL released; analysis sent; Review at February MIC

P&P Submission Risks

* APL Analyses and related materials are available in the [APL Library on Compass](#)

Averaging about 11 P&Ps submitted per month

~35 P&Ps per month need to be reviewed by PRC by end of year have all P&Ps reviewed and in compliance

DHCS is no longer granting extensions for APL-related P&Ps

DHCS Audit upcoming – may request P&P(s); inquire about policy process

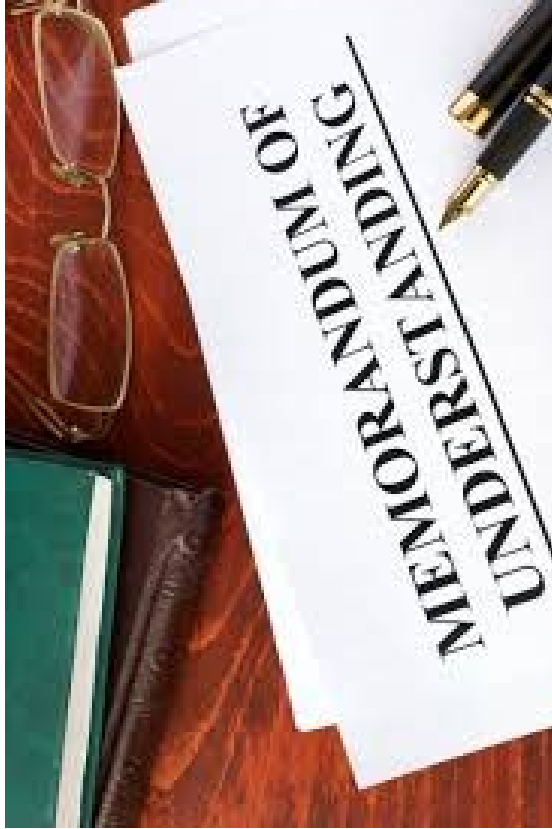
NCOA & CMS both require compliant P&Ps; including annual reviews

Compliance Program Updates

Bianca Naron, Compliance Program Manager

Gold Coast Health Plan Third-Party MOUs APL 23-029

Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities



In October 2023, DHCS published All-Plan Letter 23-029 (APL23-029) clarifying the requirements for MCPs to build partnerships with Third-Party Entities.

Such As:

- County Behavioral Health
- County Social Services
- Regional Centers
- Women, Infant, and Children Program
- Home and Community-Bases Services
- Justice departments

To ensure Members care is coordinated and Members have access to community-based resources to support whole-person care.



DHCS MOU COMPLIANCE OVERSIGHT REQUIREMENTS

The MCP Contract outlines specific processes that MCPs must have in place to maintain collaboration with the Other Party and have appropriate oversight of the MOU requirements.

- Per DHCS APL23-029, as of January 1, 2025, GCHP is required to submit an annual report to its DHCS Managed Care Operations Division (MCO) Contract Manager. This report will include updates from the required quarterly meetings with Third Party Entities and results of the annual MOU review.

GCHP MOU Oversight Program

COMP-005 Compliance Monitoring of MOU Requirements and Third-Party Entities

- The purpose of this document is to communicate the parameters of compliance monitoring necessary to satisfy the Memorandum of Understanding (MOU) and Third-Party Entities contracting requirements, per State of California Department of Health Care Services (DHCS).

GCHP MOU Oversight Plan 2024

- The MOU Oversight Plan is designed to ensure that GCHP's operations and the practices of its Employees, Commissioners, Providers, Subcontractors, and Downstream Subcontractors comply with MOU requirements, ethical standards, and applicable law.

MOU Auditing and Monitoring Work Plan

- The purpose of this work plan is to present the planned audit and monitoring procedures to evaluate and confirm adherence of Gold Coast Health Plan (GCHP) to the Department of Health Care Services (DHCS) requirements related to the Memorandum of Understanding (MOU) requirements for Medi-Cal Managed Care Plans (MCPs) and Third-Party Entities



GCHP MOU Oversight Program

Comp-005 Compliance Monitoring of MOU Requirements

Gold Coast Health Plan must designate one or more responsible persons to oversee the MCP's compliance with the relevant MOU(s) and the relevant provisions (MCP Responsible Person).

The MCP Responsible Person must:

- Conduct regular meetings
- Ensure appropriate levels of Leadership participate
- Report to the Compliance officer quarterly
- Conduct Annual MOU Training for GCHP employees, Network Providers, Subcontractors and Downstream Subcontractors
- Subcontractor Compliance
 - GCHP must communicate these requirements to all Subcontractors, Downstream Subcontractors, and Network Providers.

GCHP MOU Oversight Plan 2024

Key MOU Elements that require oversight

- MOU Template(s)
 - Signatories
- Designation of Responsible Person(s)
 - Local Engagement
- Data Sharing & Confidentiality
- Training & Education
- Subcontractor & Network Provider Compliance
- MCP Website Postings
- Dispute Resolution
- Auditing and Monitoring
- DHCS Reporting

Example Implementation: Auditing and Monitoring Timeline(Year 1)



Example of an audit lifecycle (this is not being implemented but rather just a visual demonstration)

	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
2024 MOUs													
Preliminary review	Blue	Blue											
Follow-up assessment			Green	Green	Green						Green		
Annual review												Yellow	Yellow
2025 MOUs													
Preliminary review				Blue	Blue								
Follow-up assessment										Green	Green		
Annual review												Yellow	Yellow
2025 MOUs													
Preliminary review											Blue	Blue	
Follow-up assessment													
Annual review												Yellow	Yellow

MOU Development – 2024 Go Live

Agency/Entity Type	Program(s)	Status
LGA/County Behavioral Health Departments	Specialty Mental Health Services	Final template expected to be released in October 2023. DHCS anticipates releasing draft for stakeholder feedback in mid fall. Execution date moved to 7/1/24. DHCS will release draft for stakeholder feedback in Q1 of 2024.
LGA/County Behavioral Health Departments	Substance Use Disorder Services	
Local Health Departments	Including, without limitation, California Children's Services (CCS), Maternal, Child and Adolescent Health (MCAH), TB Direct Observed Therapy	
Regional Centers	<i>Not Applicable</i>	
LGA	In-Home Services and Supports (IHSS)	
LGA/County Social Services Department	County Social Services programs and Child Welfare	
Local Health Departments	Women, Infant, & Children (WIC)	
LGA	Targeted Case Management	

MOU Development – 2025 Go Live

Agency/Entity Type
HCBS Waiver Agencies and Programs
LGA/Jails, Juvenile Facilities and Probation Departments
Continuum of Care
First 5 Programs
Area Agencies on Aging
California Caregiver Resource Centers
Local Education Agencies (LEAs)
Indian Health Services/Tribal Entities

Risk Management Updates

Bianca Naron, Compliance Program Manager

GCHP Enterprise Risk Management

In accordance with the **Corporate Integrity agreement** between the Office of Inspector General of the Department of Health and Human Services and Venture County Medi-Cal Managed Care Commission

- Gold Coast shall develop and implement a **centralized annual risk assessment and internal review process** to identify and address risks associated with Gold Coast's participation in the Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicaid program beneficiaries and the Anti-Kickback Statute risks associated with Arrangements.

The **Compliance Committee** shall be responsible for implementation and oversight of the risk assessment and internal review process.

The **risk assessment** and internal review process shall be conducted at least annually and shall require Gold Coast to:

1. Identify and prioritize risks,
2. Develop work plans or audit plans (as appropriate) related to the identified risk areas,
3. Implement the work plans and audit plans,
4. Develop corrective action plans in response to the results of any internal audits performed, and
5. Track the implementation of the work plans and any corrective action plans and assess the effectiveness of such plans.



GCHP Enterprise Risk Management



Compliance will be releasing

NAVEX Integrated Risk Management (IRM) in 2024

Implementation timeline:

- Q1- System design Complete
- Q2- System build Complete
- Q3-Pilot system in Compliance Department
- Q4-Comprehensive IRM presentation
 - COMP-010 Compliance Risk Management
 - Risk Management Program
 - Annual Work Plan
 - Enterprise implementation plan



Compliance Training Results

Bianca Naron, Compliance Program Manager

Introduction:

The GCHP Compliance Education and Training Plan focuses on teaching elements of an effective Compliance Program, **Conduct & Ethics, Fraud, Waste and Abuse (FWA), and Privacy and Information Security** requirements.

- In accordance with Gold Coast Health Plan (GCHP) regulatory and contractual obligations, the required compliance training courses are provided to workforce members (permanent and temporary) and commissioners through the Litmos online learning management system.
- The GCHP compliance department monitors and tracks completion of all the required compliance training courses in the Litmos platform.

New Hires:

- All new and temporary employees need to complete the compliance courses for GCHP Code of Conduct, FWA, and Privacy & Security the within their **first thirty (30) days** of employment.

Annual Training:

- After taking the initial required training courses, workforce members are also required to take **annual refresher training** on GCHP Code of Conduct, FWA, and Privacy & Security. The annual training for workforce members will be assigned in early November with hire dates prior to June 1, 2024.



Compliance Education and Training Status

2023 Annual Compliance Training:

- 96% of workforce completed the trainings timely
- Two (2) workforce members have not completed the 2023 Compliance Trainings.
- One (1) workforce member is on LOA and will be required to complete the training within 30day of their return.

The 2023 Annual Compliance Training average completion rate as of May 8, 2024, is 99.06%

	2023		
	Code of Conduct	FWA	Privacy & Security
Workforce Assigned	284	284	284
Completed on Time	273	265	264
% Completed on Time	96.13%	93.31%	92.96%
Completed as of May 8, 2024	8	16	17
% Completed as of May 8	2.82%	5.63%	5.99%
Workforce Past Due	2	2	2
Workforce LOA	1	1	1
Completion Rate	99.30%	98.94%	98.95%



Compliance Education and Training Status

2023 New Workforce Member Training:

- One (1) new workforce members completed Code of Conduct, FWA and Privacy and Security untimely
- Overall, the completed on-time percentage was at 98% for the Q1, 2024.

2024 New Workforce Member Training:

	1st Quarter 2024 (January - March)			
	Workforce Assigned	Completed on Time	Completed on Time %	Workforce Past Due
Code of Conduct	46	45	97.8%	0
Healthcare FWA	46	45	97.8%	0
Privacy & Security	46	45	97.8%	0
	138	135	98%	0



GCHP Corporate Integrity Agreement

Education and Training Requirements:

Board Training shall address the specific responsibilities for corporate governance and review and oversight of the compliance program; addressing specific responsibilities such as risks, oversight areas, and approaches to conducting effective oversight of health care entity.

- New members of the Board shall receive the training described above within 30 days after becoming a member.

Current Education and Training Status

Existing Board members are compliant with CIA training requirements.

BBK provided, GCHP Leadership, updated CIA training on, April 16, 2024.

- New Board member was appointed 4/22/2024 is required to complete the CIA training on or before **Wednesday, May 22, 2024.**



Internal Audit Update

Patricia Lingasin, Internal Audit Manager

Internal Audit Update

Key Objectives for Year 1

Continue to perform planned audits

- Perform and complete audits planned for FY 2024 to provide value-adding results

Begin partnerships with business units across the health plan

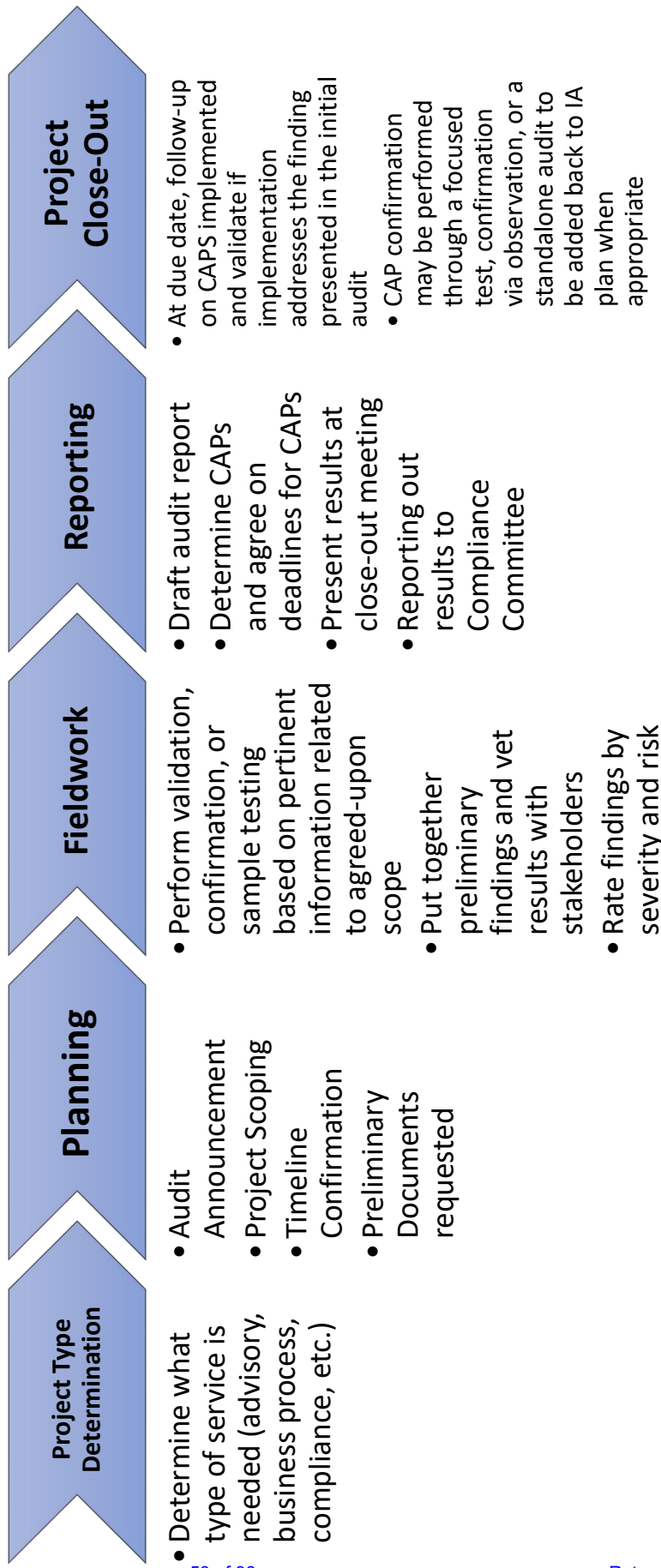
- Build strong relationships with business units to ensure effective compliance to regulatory requirements, a strong control environment, and risk-mitigating processes that helps GCHP deliver quality services to its members

Create a strong Internal Audit Program

- Build out a Compliance Audit workflow
- Strengthen risk-based audit strategies for Business Process Audits
- Offer advisory services to help recognize risks and formulate controls

Internal Audit Update

Project Cycle



Internal Audit Update

A Results-Focused Approach

Overall Audit Ratings

Audit deliverables produced by Internal Audit is rated based on its audit results. These Overall Audit Ratings are ranked based on overall standing of the process in review. Below is an example of a controls-based audit, and its Report Rating criteria.

REPORT RATING	Satisfactory	Requires Moderate Improvement	Requires Significant Improvement	Critical
RATINGS DEFINITION	Key controls are in place and functioning effectively. There are opportunities for business enhancements and process improvements.	Some control deficiencies exist and require improvements to the effectiveness and/or efficiency of the control and/or business environment.	Several control deficiencies exist, preventing business objectives from being adequately achieved.	Significant control deficiencies or material weaknesses exist that have or may have an immediate and/or material impact on financial statements, and/or operations, and/or compliance with regulatory requirements.

Internal Audit Update

A Results-Focused Approach (cont'd)

Observation Risk Rating

Overall Audit Ratings are derived from individual Risk Ratings by observation made during the audit. Below is an example of how an observation may be rated, assuming the risk related to the finding is financial.

Category	Low	Medium	High	Significant
<ul style="list-style-type: none"> Financial Fraud Loss (actual or potential) 	<ul style="list-style-type: none"> Minimal or no potential for fraud or Management misconduct 	<ul style="list-style-type: none"> Potential for fraud or Management misconduct 	<ul style="list-style-type: none"> High potential for fraud or Management misconduct 	<ul style="list-style-type: none"> Occurrence(s) of fraud or Management misconduct

Internal Audit Update

Proposed Internal Audit Plan for CY 2024

Below is the annual Internal Audit Plan for CY 2024.

Legend

Status	Symbol
Not yet started	
In progress	
Completed	
Paused/Cancelled/ On Hold	

Project Name	Business Unit	Project Description	Planned Timing	Status
Internal Audit Department Build-out	Internal Audit/Compliance	This build-out will include the creation of IA templates, updating the IA audit plan, internal training for the team, streamlining workflow, presentation of IA department to organizational leadership, preparation of external deliverables and establishment of departmental expectations, metrics, and objectives.	Year-round	
All Plan Letters – Implementation Follow-up	Various	This project is to confirm and verify effectiveness of implementation of process changes in response to All Plan Letters sent to GCHP.	Year-round	
Memorandum of Understanding Assessment	Various	The purpose of this project is to assess GCHP's MOU procedures to ensure related business units are in compliance with MOU requirements and standards.	Year-round	
CIA Implementation Review	Various	The purpose of this project is to evaluate implemented processes in response to the CIA issued to GCHP.	Q2-Q3	
Access and Availability Assessment	Provider Network Operations	The purpose of this project is to assess current policies and procedures related to PNO processes and make recommendations to ensure these documents reflect the most current and up-to-date information.	Q2	



Internal Audit Update

Proposed Internal Audit Plan for CY 2024

Below is the annual Internal Audit Plan for CY 2024.

Legend

Status	Symbol
Not yet started	○
In progress	●
Completed	●
Paused/Cancelled/ On Hold	●

Project Name	Business Unit	Project Description	Planned Timing	Status
Compliance Program Effectiveness Assessment	Compliance	The purpose of this audit is to evaluate the effectiveness of GCHP's Compliance Program based on OIG Guidelines related to the seven elements of Compliance.	Q2	●
Finance Policy Review	Finance	The purpose of this review is to understand regulatory requirements to Finance and compare them to current processes at GCHP.	Q3	●
Contracting Process Compliance Review ^A	Contracting	The purpose of this review is to confirm that the existing Contracting process at GCHP compliant to its Corporate Integrity Agreement.	Q3	○
Ineligible Persons Audit ^A	Human Resources/ Compliance	The purpose of this review is to evaluate the process in which GCHP does not contract or hire Ineligible Persons.	Q3	○
Prop 56 ^A	Data Support/ Operations/Finance	The purpose of this audit is to evaluate the current processes and procedures at GCHP to ensure compliance to Prop 56 regulations and requirements.	Q3	●
Disclosure Program Review ^A	Compliance	The purpose of this audit is to evaluate the organizational process of detecting, investigating, documenting, and reporting suspected fraud, waste, and abuse of organizational assets.	Q3	○

^A This audit has been included in response to the 2024 Corporate Integrity Agreement between the Office of Inspector General and GCHP.



Internal Audit Update

Proposed Internal Audit Plan for CY 2024

Legend

Status	Symbol
Not yet started	○
In progress	●
Completed	●
Paused/Cancelled/ On Hold	●

Below is the annual Internal Audit Plan for CY 2024.

Project Name	Business Unit	Project Description	Planned Timing	Status
Travel Expense Audit	Finance	The purpose of this audit is to evaluate the existing Expense process at GCHP and recommend opportunities for control enhancements and process improvement.	Q4	○
Internal Audit at GCHP remains agile to the ever-changing needs of the agency. While this plan may be approved, relevant risks may also be prioritized and ad-hoc requests from agency leadership may be added to IA's work plan.				

Privacy Incident Report

Vickie Warner, Privacy Officer

Privacy Incidents

GCHP is required under state and federal laws to notify individuals of any event that compromises the confidentiality of protected health information (“PHI”) and personally identifiable information (“PII”). Any reported privacy incident related to PHI and PII is investigated and determined if any impermissible access, use, or disclosure of confidential information occurred according to the standards under Privacy Program Policy *HI-020 Privacy Incident Reporting, Investigations, and Mitigation* and *HI-025 Breach Determination and Notification*.

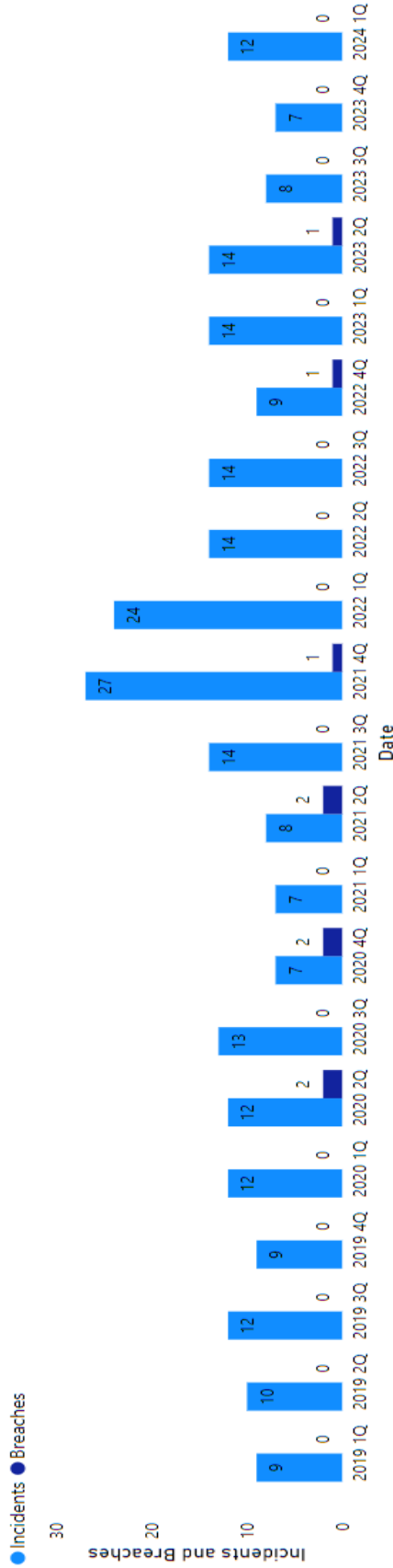
The following is a summary of the reported privacy incidents and the outcomes of the investigations by the GCHP Compliance Department for Quarter 1, 2024 reporting period.

1st Quarter Privacy Incident Findings 2024 (January-March)

- A total of 12 privacy incidents were reported in the 1st Quarter of 2024, which averaged 4 privacy incidents a month during the quarter.
- This was an increase for total of incidents that occurred from the 4th Quarter of 2023.
- No (0) privacy breaches occurred that required notification to affected member(s) during the quarter.
- Change Healthcare had a large cyberattack. We worked with our delegates and determined no GCHP member data was inappropriately accessed.
- Unauthorized Disclosure – Claim Process (75%) was the primary category for confirmed privacy incidents during the 1st Quarter
- Business Associates causing privacy incidents was at 91.67% (11 incidents) and GCHP caused 8.33% (1 incident) during the 1st Quarter

Privacy Incidents – Overall

Privacy Incidents and Breaches 2019-current

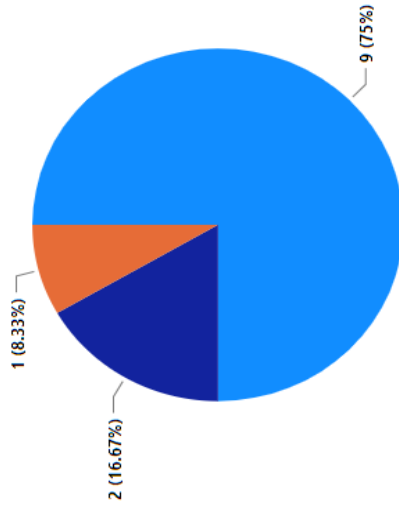


Incident Category

Incident Category	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Total
Unauthorized Access or Disclosure	2	1	2	0	5
Unauthorized Disclosure - Claim Process	0	3	3	9	15
Unauthorized Disclosure - Misdirected Mail/Email/Fax	11	4	2	2	19
Unauthorized Disclosure - Potential Hack	1	0	0	1	2
Unauthorized Disclosure - Records Release	0	0	0	0	0
Total	14	8	7	12	

Privacy cont.

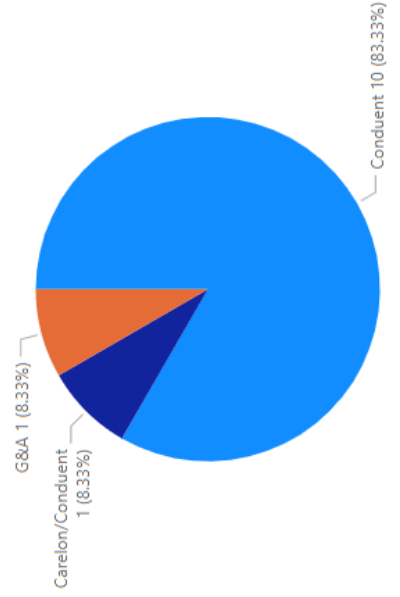
Incident Category Q1 2024



- Unauthorized Disclosure - Claim process
- Unauthorized Disclosure - Misdirected Mail/Email/Fax
- Unauthorized Disclosure - Potential Hack

Department who Caused Incident	Unauthorized Disclosure - Claim process	Unauthorized Disclosure - Misdirected Mail/Email/Fax	Unauthorized Disclosure - Potential Hack	Total
G&A		1		1
Conduent	9	1		10
Carelon/Conduent			1	1
Total	9	2	1	12

Department who Caused Incident



Privacy cont'd

Pharmacy reviews system access to the Medi-Cal Rx Pharmacy Claim System to ensure employees accessing data are authorized

Month	Members Acces	Non-GCHP Members Acce:	Non-GCHP MCP Acce:	Rx Dept Co	CM Dept Co	G&A Dept Co
Jan-24	372	0	0	302	70	0
Feb-24	297	0	0	250	47	0
Mar-24	350	0	0	305	45	0
2024Q1 Totals	1019	0	0	857	162	0

AB 1234 – Ethics Trainings and Legal Request

Desiree Calleros
Legal Compliance Specialist

AB 1234 – Ethics Training

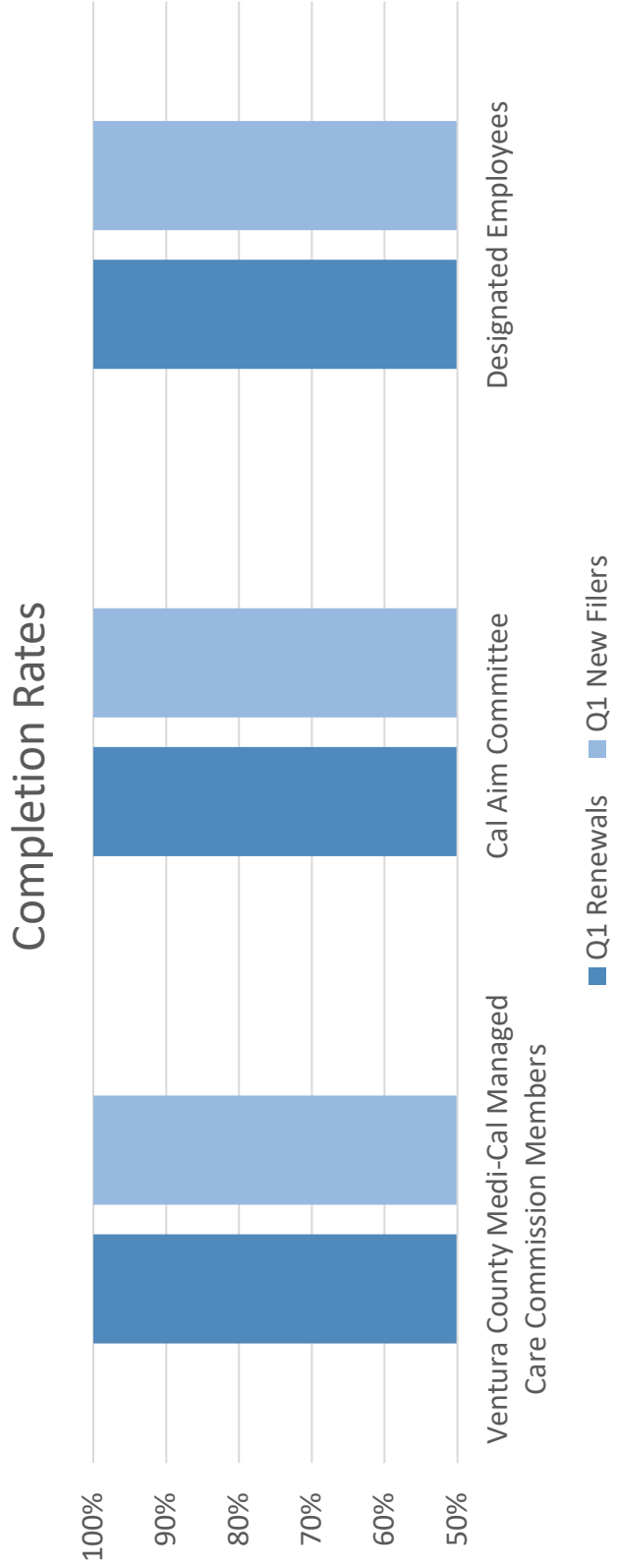
Assembly Bill (AB) 1234 was adopted in 2005 for all local governmental officials, such as Commissioners, Committee Members and Designated employees are required to receive at least two hours of ethics training every two years. The Ventura Medi-Cal Managed Care Commission dba Gold Coast Health Plan (GCHP) the criteria as defined above.

GCHP established a policy to ensure compliance for AB 1234. Under the GCHP policy, all mandated employees must complete their training within three months from their first day of service and every two years thereafter. This policy exceeds compliance with AB 1234 requirements.

GCHP coordinates training for all new hires, committee members and commissioners through the Fair Political Practice Commission's (FPPC) website. The ethics training requirement may also be satisfied if a commissioner, committee members or designated employee provides a copy of their certificate that meets the two-hour requirement and dated within the past two years.

All logs and certificates of completion are stored and monitored by GCHP's Compliance Department

AB 1234 – Ethics Training



Legal Compliance Process and Requirements



Government Claims: Government Claims / Meet and Confer / Demand for Arbitration letters are sent to us via certified mail from the providers legal representatives. GCHP must respond to these request within 45 days of receipt.



Subpoenas: These request are personally served to GCHP, they consist of request for a member's medical records to assist with a legal matter such as a worker's comp case or personal injury. Once received GCHP must respond to the subpoena within 15 days from the day of service.

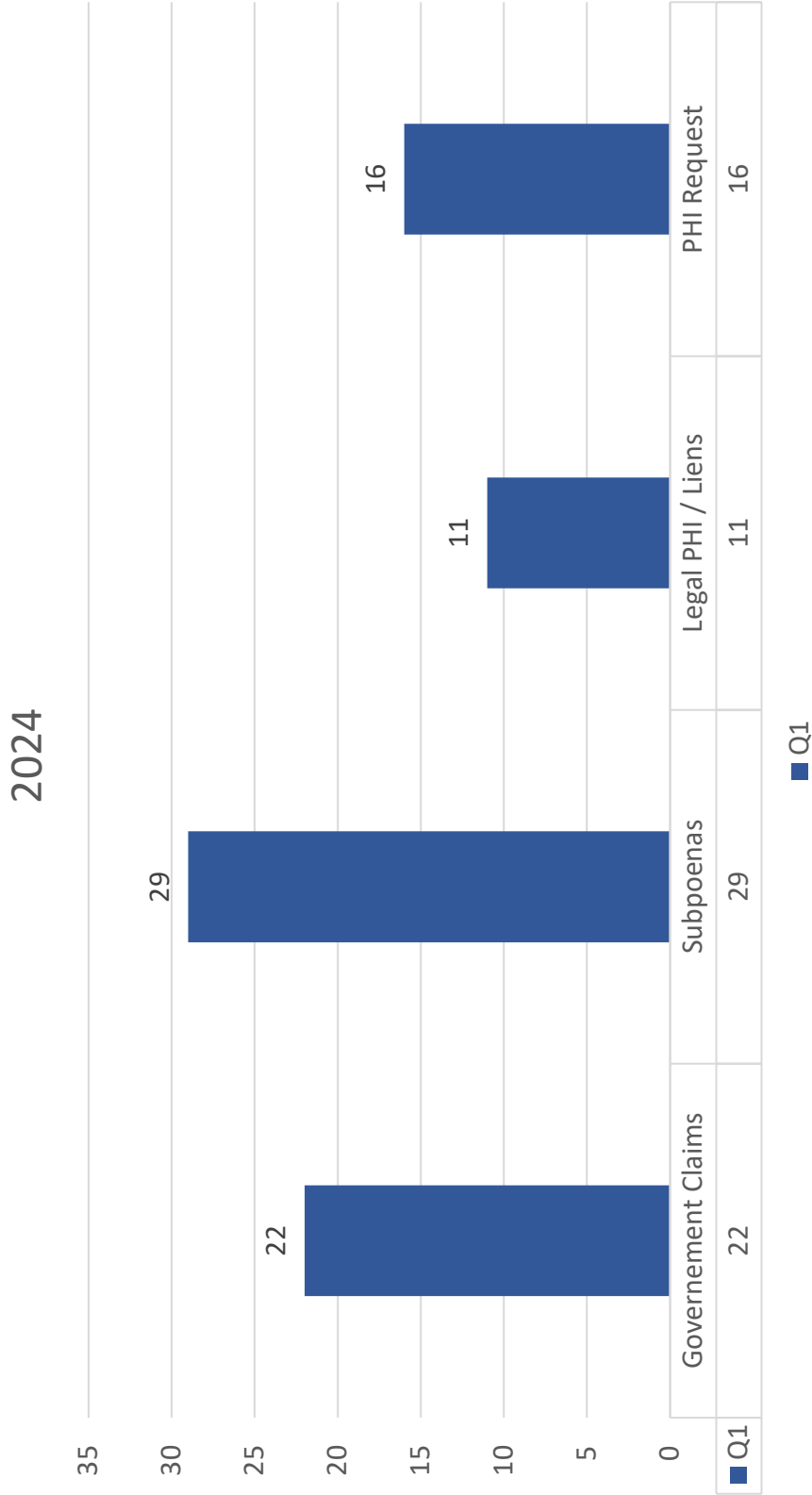


Lien Information / Legal PHI Request: These request are submitted to us from the members attorney if the member has medical coverage through GCHP and used their insurance to get care after an injury. If the injury results in a settlement, DHCS has lien rights for all claims paid by GCHP. GCHP is not a lienholder. However, GCHP is required to notify DHCS of any injuries within 10 days of receiving notice. **Legal PHI Request** are usually included within these request to assist with lien payment to DHCS for claims paid by GCHP.



PHI Request: These request are submitted to our office from the someone who has authorization to access the members Personal Health Information. GCHP is required to release the information to the requestor within 30 days of receiving the request.

Legal Request Quarter 1



Fraud, Waste, and Abuse

Joanna Cruz, Compliance Specialist

Fraud, Waste, and Abuse

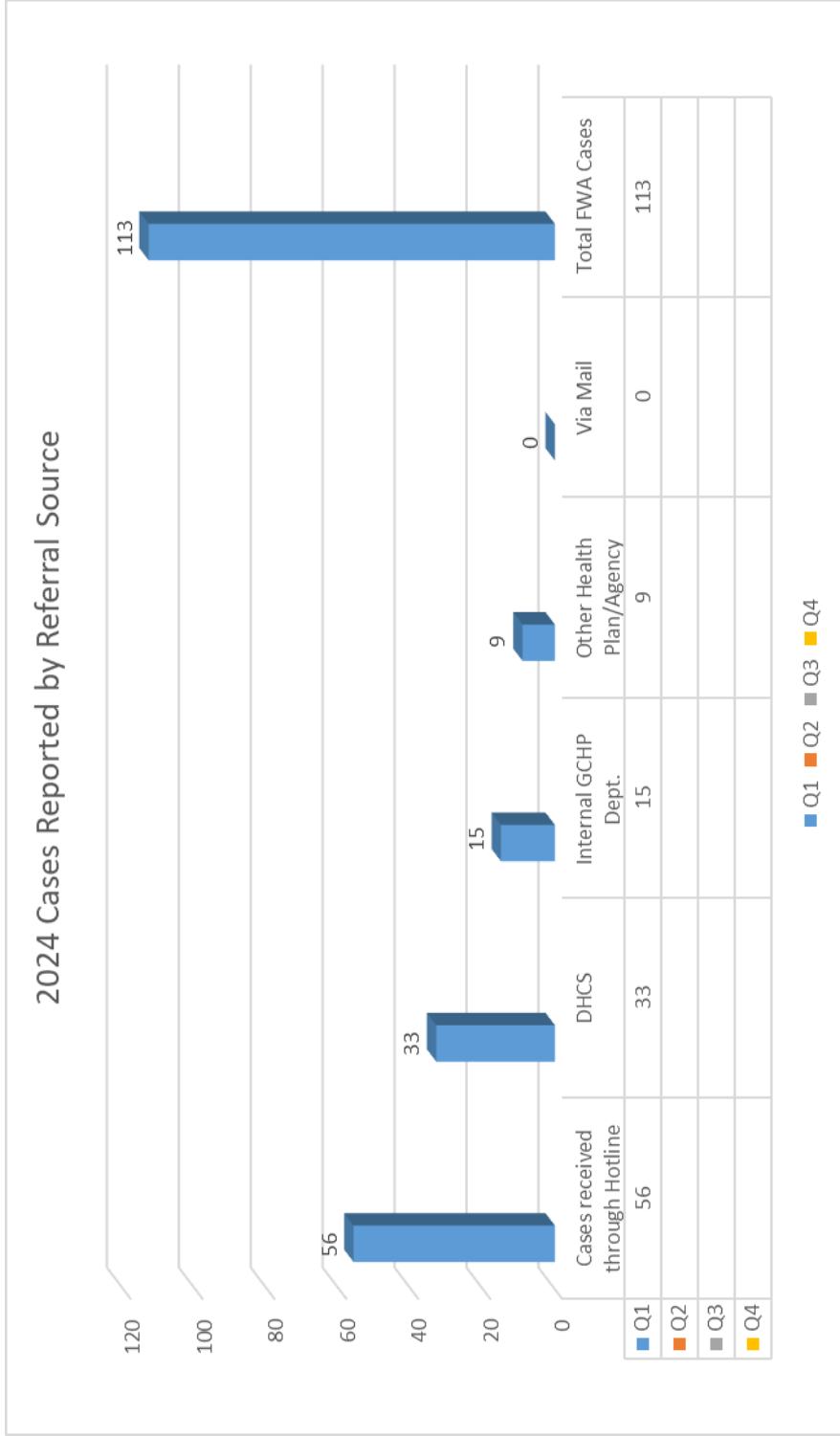
Background:

The compliance department reviews all potential fraud, waste and abuse (FWA) cases received by Gold Coast Health Plan (GCHP). In addition, in the event a **member's GCHP member card is stolen**, the compliance department, in collaboration with the claims department, **monitors the member's claims for six (6) months to ensure the member's information is not utilized to obtain services fraudulently**. **GCHP is contractually required to report all suspected fraud, waste or abuse to the Department of Health Care Services (DHCS) within ten (10) working days.**

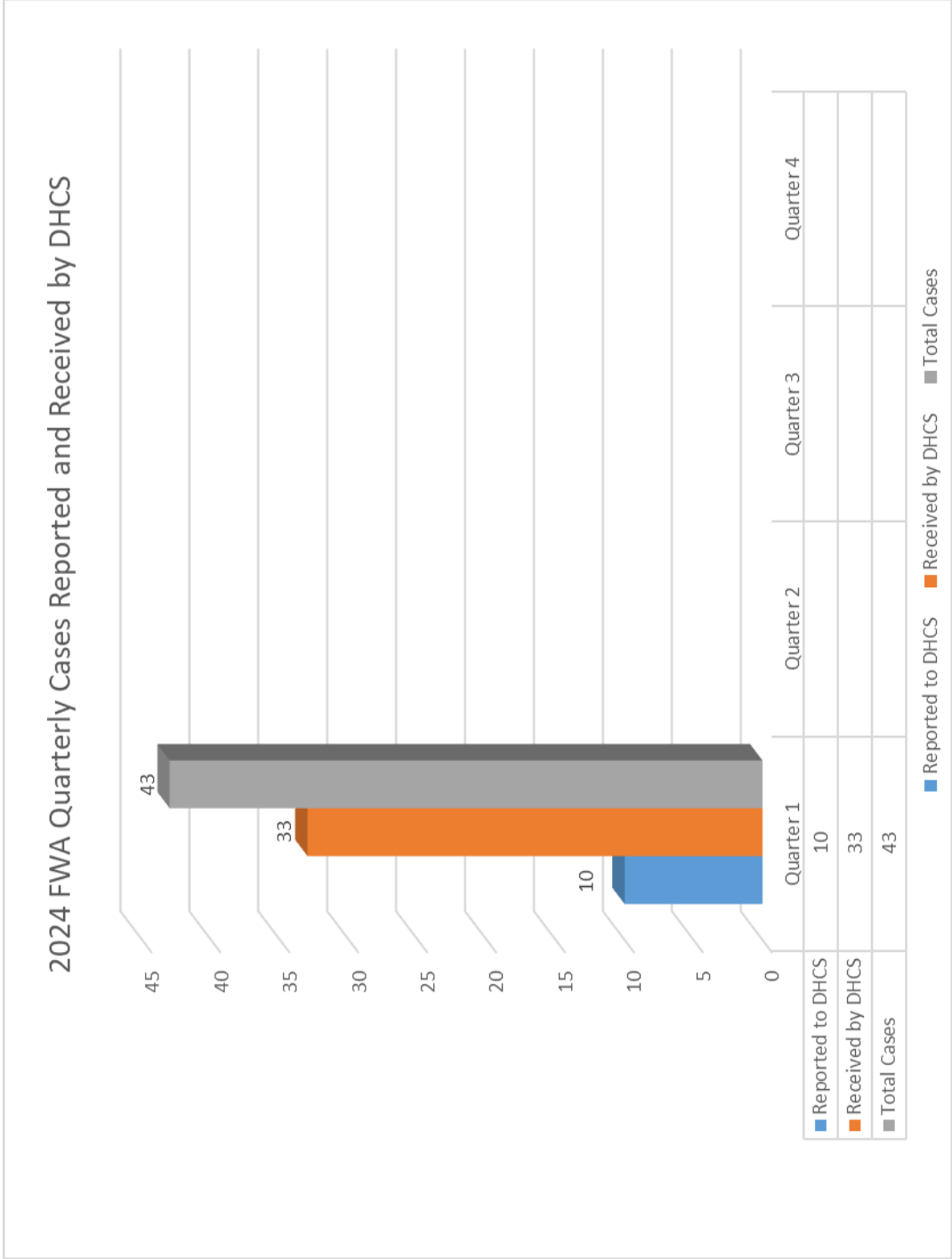
GCHP compliance staff conducts an initial review of the case. If FWA is suspected by compliance staff, the compliance team initiates a preliminary investigation and prepares the DHCS report. If the case is determined not to be fraud, waste or abuse related, it will be triaged to the appropriate department (i.e., grievance and appeals, claims) or an external agency (i.e., Department of Health and Human Services Agency). GCHP compliance staff documents the outcome of all cases regardless of type to ensure the issues are resolved and or reported when applicable.

Fraud, Waste, and Abuse – cont'd

The following information reflects the Referral Source for 2024 FWA Cases.



Fraud, Waste, and Abuse – cont'd



Fraud, Waste, and Abuse – cont'd

Forty-three (43) cases submitted & received by the DHCS PIU Unit as potential FWA.

33 cases received from DHCS

8 provider cases from Kaiser Permanente

1 provider case from Carelon

1 Member case



Fraud, Waste, and Abuse – *cont'd*

What's trending in FWA...

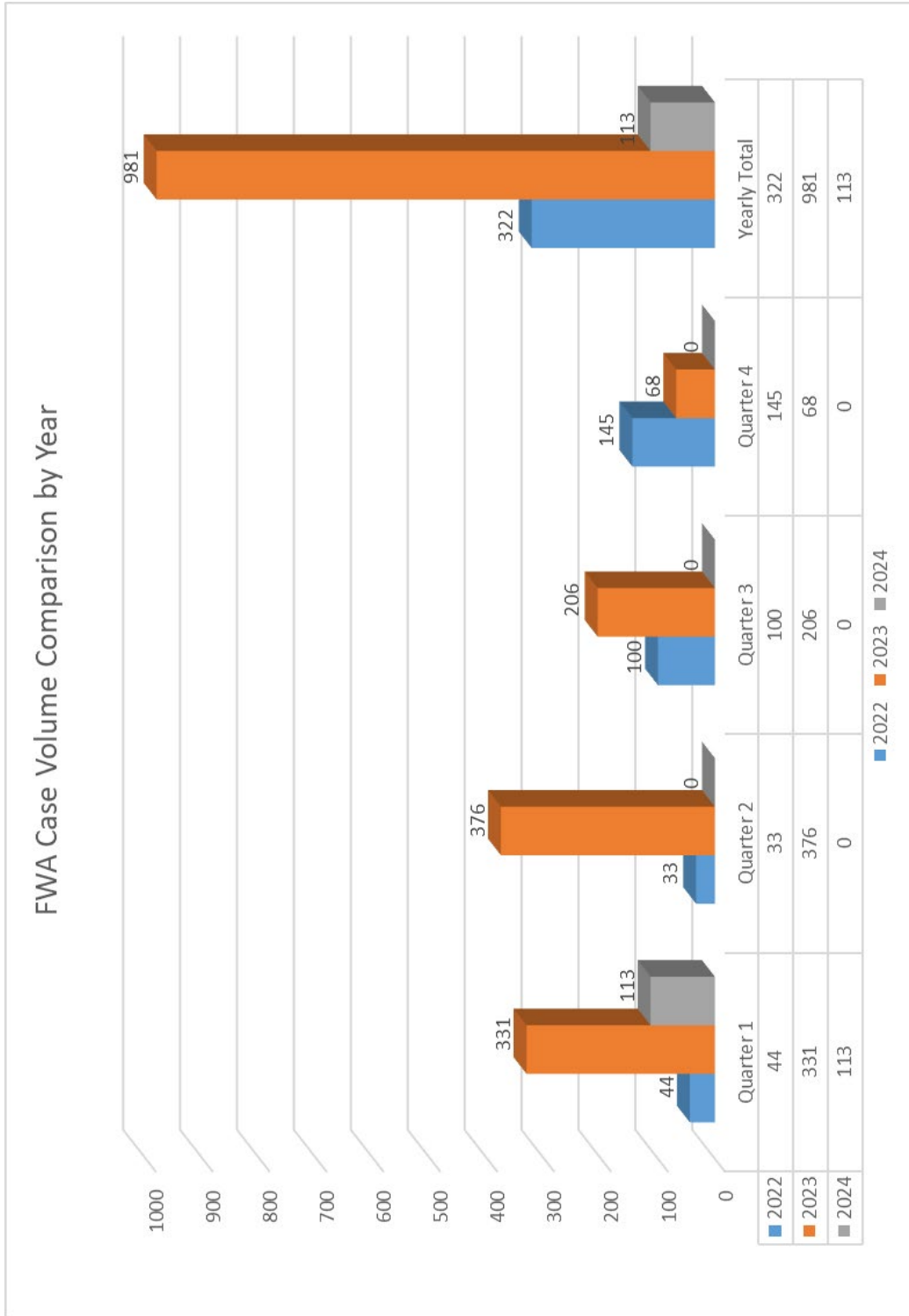
DHCS Provider Alerts

Covid Testing

Cont'd Suspicious Calls



Fraud, Waste, and Abuse – cont'd



Delegation Oversight Q1 Audits Update

Credentialing Audits

Credentialing and Re-Credentialing Annual Audits Q1 - 2024

Delegate	Pre-audit Letter	Audit Date	Audit Methodology	Results	CAP Status
CMHS	12/18/2023	01/17/2024	<p>The audits focus on credentialing and re-credentialing policies, procedures and functions in accordance with current NCQA standards, GCHP credentialing policies, and requirements for HIV and AIDS Specialists found in Title 28, California Code of Regulations Section 1300.74.16.</p> <p>GCHP utilized the "8/30" methodology for the file review. The 8/30 methodology requires the auditing of 8 randomly selected credentialing files; if the first 8 files pass with a score of one 100% then no further review is required. If any of the first 8 files do not pass, then an additional 22 files are selected and reviewed.</p>	CMHS scored one-hundred percent (100%) for the file review. CMHS also achieved 58/58 for the total points possible and passed on all applicable elements of desktop review.	NA
UCLA	02/02/2024	03/18/2024		UCLA scored one-hundred percent (100%) for the file review. UCLA also achieved 58/58 for the total points possible and passed on all applicable elements of desktop review.	NA
USCCMG	02/20/2024	03/27/2024		USC scored one-hundred percent (100%) for the file review. USC also achieved 56/56 for the total points possible and passed on all applicable elements of desktop review.	NA

Call Center Audits

Ventura Transit System Annual Call Center Audit - 2024

Audit Dates

March 6 – April 6, 2024

Audit Methodology

The Delegation Oversight (DO) team reviewed a total of 100 calls for the survey period of January 1, 1023 – December 31, 2023. In addition, the DO team reviewed 20 live calls on-site.

DO used the GCHP Delegation Oversight Audit Tool to conduct the audit. The audit tool is based upon the contractual requirements of the Non-Emergency Transportation Services Agreement between GCHP and VTS, and the California Department of Health Care Services (DHCS).

Audit Results

CAP Issued April 19, 2024

CAP Status

Open

Findings

CSR training - During the onsite audit, it was found that CSRs were not familiar with VTS's updated policies, procedures, and/or job aid manuals. In addition, CSRs disclosed they did they know how to access the information. CSRs expressed the need for written guidance.

- HIPAA Verification: Members – 21 Calls
- HIPAA Verification: Member Representatives (Authorization) – 9 Calls
- HIPAA Verification: Providers – 13 Calls
- Complaints, Grievance and Appeals – 5 Calls
- Customer Service – 15 Calls
- Benefits – 2 Calls
- Hold Times – 5 Calls
- CSR Training – 5 CSRs

Claim Audits

Clinicas del Camino Real 2023 Q4 Quarterly Claims Audit

Audit Dates	December 21, 2023, through January 3, 2024
Audit Methodology	<ul style="list-style-type: none"> GCHP utilized the Health Industry Collaborative Effort (HICE) Operational Review Questionnaire and Claims Audit Tool to review claims which, include paid, denied, contested, and Provider Dispute Resolutions (PDRs) in accordance with AB1455 regulations (28 Cal. Code of Regulations § 1300.71, et seq.). The Delegation Oversight Team reviewed <u>ninety (90) claims</u> from May 1, 2023, through June 30, 2023
Audit Results	CAP Issued March 8, 2024
CAP Status	Open
Findings	<ul style="list-style-type: none"> Processing/Payment accuracy (1) Claims Interest on Late Payment of Claim (13) Claim Data Accuracy (7) Cancel checks, PDR resolution letters, rates, blank RA's submitted to providers Denying, Adjusting or Contesting a Claim and Reimbursement for the Overpayment of Claims (7) Claims

Clinicas del Camino Real 2024 Q1 Quarterly Claims Audit

Audit Dates February 21, 2024, through March 1, 2024

Audit Methodology

- GCHP utilized the Health Industry Collaborative Effort (HICE) Operational Review Questionnaire and Claims Audit Tool to review claims which, include paid, denied, contested, and Provider Dispute Resolutions (PDRs) in accordance with AB1455 regulations (28 Cal. Code of Regulations § 1300.71, et seq.).
- The Delegation Oversight Team reviewed ninety (90) claims from August 1, 2023, through October 1, 2023

Audit Results CAP Issued April 5, 2024

CAP Status Open

Findings

- Processing/Payment accuracy (6) Claims
- Data Accuracy (2) PDR Acknowledgement and resolution letters, and incorrect members files
- Denying, Adjusting or Contesting a Claim and Reimbursement for the Overpayment of Claims (5) Claims

UM Audits

Carelon Behavioral Health 2024 Q1 Quarterly UM Audit

Audit Dates January 22 – January 26, 2024

Audit Methodology GCHP utilized GCHP Delegation Oversight Audit Tools to conduct the audit. The audit tools are based on applicable National Committee for Quality Assurance (NCQA) and California Department of Health Care Services (DHCS) standards.

Audit lookback period: Q3 2023

Files Reviewed: routine, urgent, and retrospective decisions.

- Thirty (30) approval files
- All denial files: Seventeen (17)

Audit Results Closed January 29, 2024

CAP Status N/A

Findings and Delegate Responses No findings

Clinicas del Camino Real 2024 Q1 Quarterly UM Audit

Audit Dates February 5 – February 9, 2024

Audit Methodology GCHP utilized GCHP Delegation Oversight Audit Tools to conduct the audit. The audit tools are based on applicable National Committee for Quality Assurance (NCQA) and California Department of Health Care Services (DHCS) standards.

Audit lookback period: Q3 2023

Files Reviewed: routine, urgent, and retrospective decisions

- Thirty (30) approval files
- Fifty (50) denial files

Audit Results CAP Issued February 12, 2024

CAP Status Closed March 19, 2024

Findings 1. **UM 5: Timeliness of UM Decisions and Notification Timeframes**

- Outside of decision TAT
 - Approvals:
 - 8/30 routine
 - 1/30 urgent
 - Denials:
 - 6/50 routine
 - 1/50 urgent
- Outside of notification timeframe
 - Approvals:
 - 2/30 approvals

Clinicas del Camino Real 2024 Q1 Quarterly UM Audit continued

Audit Dates

February 5 – February 9, 2024

Findings

2. **UM 7: Denial notices: clear documentation and communication of the reasons for each denial to member and provider.**
 - Notice of Action (NOA) and Nondiscrimination Notice (NDN) in the incorrect language
 - Denials:
 - 2/10 routine
 - 1/50 urgent
 - 1/50 retrospective

2023 DO Audit Findings Status Summary

<p><u>Q1 2023</u> VTS – Annual Call Center Audit CAP Issue Date: May 31, 2023 CAP Status: Closed – April 24, 2024</p> <p><u>Q2 2023</u> Carelon - Annual Claims Audit CAP Issue Date: May 11, 2023 CAP Status: Open</p>	<p><u>Q3 2023</u> Conduent – Annual Claims Audit CAP Issue Date: August 1, 2023 CAP Status: Open</p> <p>CDCR – Quarterly Claims Audit CAP Issue Date: September 7, 2023 CAP Status: Open</p>
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2023 DO Audit Findings Status Summary

Q3 2023 - Continued

Conduent – Annual Claims Audit

CAP Issue Date: August 1, 2023

CAP Status: **Open**

CDCR – Quarterly Claims Audit

CAP Issue Date: September 7, 2023

CAP Status: **Open**

Carelon – Annual Call Center Audit

CAP Issue Date: September 14, 2023

CAP Status: **Closed** – February 12, 2024

Q4 2024

VTS – Annual NEMT/NMT Audit

CAP Issue Date: November 20, 2023

CAP Status: **Closed** – March 18, 2024

VTS – Focused Call Center Audit

CAP Issue Date: December 21, 2023

CAP Status: **Closed** – April 14, 2024

Kaiser Annual Claims Audit

CAP Issue Date: December 15, 2023

CAP Status: **Closed** – March 26, 2024

2023 DO Audit Findings Status Summary

Q4 2024 - Continued

Carelon – Quarterly UM Audit

CAP Issue Date: November 15, 2023

CAP Status: **Closed** – January 17, 2024

CDCR – Quarterly UM Audit

CAP Issue Date: December 1, 2023

CAP Status: **Closed** – February 13, 2024

Current and Upcoming DO Audits 2nd Qtr. 2024

Current and Upcoming DO Audits

2nd Quarter 2024

CDCR Annual UM Audit

- April 2024

Carelon Annual Claims Audit

- April 2024

VTS Driver Credentialing Audit

- April 2024

Carelon Quarterly UM Audit

- May 2024

CDCR Quarterly Claims Audit

- May 2024

Conduent Annual Claims Audit

- June 2024

VSP C&L/QI Annual Audit

- June 2024

CHLA, COH & VCMC Annual Credentialing Audits

- June 2024

DHCS 2023 Medical Audit CAP Updates

DHCS 2023 Medical Audit CAP Updates

1. Health Risk Stratification for Seniors and Persons w/ Disabilities (SPD) Beneficiaries
 - CAP Completed - Awaiting DHCS Approval of revised SPD Policy.
2. Health Risk Assessment for SPD Beneficiaries
 - CAP Completed - Awaiting DHCS Approval of revised SPD Policy
3. Corrective Action for Timely Access Deficiencies
 - CAP Completed - Awaiting DHCS Approval of new Corrective Action Policy
4. Prompt Corrective Actions - NEMT/NMT Timely Access Standards
 - CAP Completed - Awaiting DHCS Approval of new Corrective Action Policy

2024 DO Audit Timeline

2024 DO Audit Timeline

Delegates	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Claims												
1)Specialty (CDCR)	Quarterly /Claims				Quarterly			Quarterly			Annual	
2)Vision (VSP)									Annual			
3)Carelon				Annual								
4)Conduent						Annual						
5)Kaiser								Annual				
Call Center												
1)Carelon						Annual						
2)VTS			Annual									
3)Nurse Line (CareNet) - TBD												
C&L												
1)Carelon						Annual						
2)VSP							Annual					
UM												
1)Specialty (CDCR)		Quarterly			Quarterly		Quarterly	Annual		Quarterly		
2)MBHO (Carelon)				Annual						Quarterly		
QI												
1)Vision (VSP)							Annual					
2)MBHO (Carelon)								Annual				
ME												
1)MBHO (Beacon)								Annual				
NMT/NEMT												
1)Vehicle Audit (VTS)										Annual		
2)Driver Credentialing (VTS)				Annual								
3)Subcontracting Audit (VTS)							Annual					
Credentialing												
1)VCMC								Annual				
2)CDCR												Annual
3)CMHS	Annual											
4)COH							Annual					
5)CHLA								Annual				
6)Cedars								Annual				
7)USC			Annual									
8)UCLA (Deemed)		Annual										
9)VSP (Deemed)												
10)Carelon - (Deemed)									Annual		Annual	

Q & A

Thank you!
The Compliance Team

AGENDA ITEM NO. 4

TO: Compliance Oversight Committee
FROM: Maddie Gutierrez, MMC, Clerk to the Commission
DATE: May 20, 2024
SUBJECT: Approval of the 2024 Compliance Oversight Committee Meeting Schedule

SUMMARY:

This item will establish dates for the Compliance Oversight Committee meetings for 2024.

Compliance Oversight Committee Meetings

Time: One hour before the scheduled Commission meeting

Dates: Monday, May 20, 2024 – 1:00 PM
Monday, September 23, 2024 – 1:00 PM
Monday, November 25, 2024 – 1:00 PM

RECOMMENDATION:

Approve the 2024 Compliance Oversight Committee meeting calendar as presented.

ATTACHMENTS:

Copy of the 2024 Compliance Oversight Committee Meeting Calendar.



Compliance Mtg, 1:00 -1:45 P

2024 Compliance Oversight Committee Meetings

January						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				