



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

Executive/Finance Committee Meeting

Regular Meeting

Wednesday, October 20, 2021 – 3:00 p.m.

Community Room at Gold Coast Health Plan

711 E. Daily Drive, Suite 106, Camarillo, CA 93010

Meeting held pursuant to AB 361

Conference Call Number: 805-324-7279

Conference ID Number: 417 470 491#

Due to the declared state of emergency wherein social distancing measures have been imposed or recommended, this meeting is being held pursuant to AB 361.

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCMMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda. Persons wishing to address VCMMCC should complete and submit a Speaker Card.

Persons wishing to address VCMMCC 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.

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 Executive Finance Committee Meeting Minutes for August 19, 2021

Staff: Maddie Gutierrez, MMC, Clerk to the Commission

RECOMMENDATION: Approve the minutes.

UPDATES

2. HSP Medi-Trac Update

Staff: Anna Sproule, Sr. Director of Operations

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

3. Findings to Hold Remote Teleconference/Virtual Committee Meetings Pursuant to Assembly Bill 361

Staff: Scott Campbell, General Counsel

FOLLOW UP ACTION:

Potentially scheduling special meetings every thirty (30) days to extend this authorization.

4. Moss Adams FY 20-21 Audited Financial Statements

Staff: Kashina Bishop, Chief Financial Officer
Moss Adams Representatives: Stelian Damu & Kimberly Sokoloff

RECOMMENDATION: Staff requests that the Executive Finance Committee recommend that the Commission approve the FY 20-21 audited financial statements.

5. September 2021 Fiscal Year to Date Financials

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Executive Finance Committee recommend that the Commission approve the September 2021 financial package.

CLOSED SESSION

6. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

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

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 Clerk of the Board.

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 Tuesday prior to the meeting by 3 p.m. will enable the Clerk of the Board to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Executive Finance Committee
FROM: Maddie Gutierrez, MMC -Clerk of the Board
DATE: October 20, 2021
SUBJECT: Executive Finance Committee Regular Meeting Minutes of August 19, 2021.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the Executive Finance Committee Regular Meeting Minutes for August 19, 2021.

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
Executive/Finance Committee
Regular Meeting via Teleconference**

August 19, 2021

CALL TO ORDER

Committee Chair Dee Pupa called the meeting to order at 3:08 p.m. via phone conference call. The Clerk was in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Camarillo, California.

The following GCHP staff was on the conference call:

- Margaret Tatar, Chief Executive Officer
- Dr. Nancy Wharfield, Chief Medical Officer
- Robert Franco, Chief Compliance Officer
- Kashina Bishop, Chief Financial Officer
- Ted Bagley, Chief Diversity Officer
- Nick Ligouri, Chief Operations Officer
- Marlen Torres, Executive Director of Strategies & External Affairs
- Michael Murguia, Executive Director, Human Resources
- Eileen Moscaritolo, HMA Consultant
- Anna Sproule, Senior Director of Operations
- Helen Miller, Senior Director, IT
- Vicki Wrihster, Director Network Operations
- Thomas Cooper, Claims Transaction Manager
- Susana Enriquez, Public Relations Sr. Manager
- Scott Campbell, General Counsel
- Cathy Salenko, Health Care Counsel

ROLL CALL

Present: Commissioners Dee Pupa, Antonio Alatorre, and Jennifer Swenson.

Absent: Commissioners Shawn Atin and Andrew Lane.

PUBLIC COMMENT

None.

INTRODUCTION

Introduction of new Chief Operations Officer, Mr. Nick Ligouri

Margaret Tatar, Chief Executive Officer introduced GCHP's new Chief Operations Officer, Nick Ligouri. CEO Tatar gave a brief history of Mr. Ligouri's professional background. Mr. Ligouri thanked the Committee for the opportunity to work with Gold Coast Health Plan.

CONSENT

1. Approval of Executive Finance Committee Meeting Minutes of June 24, 2021.

Staff: Maddie Gutierrez, Clerk to the Board

RECOMMENDATION: Approve the minutes.

Commissioner Antonio Alatorre motioned to approve the minutes. Commissioner Pupa seconded.

AYES: Commissioners Antonio Alatorre, Dee Pupa and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Shawn Atin and Andrew Lane.

Committee Chair Pupa declared the motion carried.

Commissioner Shawn Atin joined the meeting at 3:14 p.m.

UPDATES

Prior to the updates, Commissioner Pupa wanted to acknowledge Anna Sproule, Sr. Director of Operations, and her team for navigating through the transition and migration.

2. Conduent Update

Staff: Anna Sproule, Sr. Director of Operations

Guest Speakers: Sheila Curr, President, Commercial Healthcare/Conduent
Mark Forsberg, VP, Portfolio Leader/Conduent

RECOMMENDATION: Approve the update as presented.

The following verbatim minutes are edited for clarity. The verbatim minutes have been transcribed by First Legal Depositions per the direction of General Counsel, Scott Campbell.

Ms. Sproule introduced members of the Conduent team; Sheila Curr, President, Commercial Healthcare/Conduent and Mark Forsberg, VP, Portfolio Leader/Conduent.

MS. CURR: Good afternoon to the Commissioners and Gold Coast Staff. I am Sheila Curr, President of Health Care for Conduent. With me is Mark Forsberg, Conduent V.P., and leader of Gold Coast system transformation. Today we will address those challenges, the remediation roadmap, and the outcomes to that remediation. We will discuss changes we have made to the team and put in place executive oversight, and where we go from here. With that executive oversight, we have also put in place significant FTEs around it, professional services around it, to a significant cost to Conduent.

When we last appeared at the Commission Meeting, we told the Board Conduent was ready to go live. We believed that we were sufficiently ready. All go-live testing, preparation, and delivery were complete and positive. Therefore, testing results made Conduent comfortable that the system was ready to go live. However, unforeseen scenarios related to claim types, historical data mappings and remappings, and developing capabilities surrounding change control process created our current issues that we're dealing with today. In face of the ongoing difficulties, Conduent continues to make Gold Coast its highest-priority project. The senior leadership team – including myself – is engaged in daily oversight to assist and with oversight and inspection of the project. Those team members include Adam Applebee, Global Head of Operations, Mark Prout, Chief Information Officer, twice-a-week leadership oversight calls that are internal, and daily Gold Coast and Conduent calls.

While the project has realized challenges, the Conduent team is actively working and resolving post-conversion issues daily and targeting complete resolution of high-priority issues in the coming weeks, committed to achieving compliance-steady-state for all operational components, inventory reduced from 180,157 to 95,854 since July 1st, 2021. We have conducted an on-site meeting with the Gold Coast Staff to review expectations and outline challenges at a leadership level. Our commitment is full with getting Gold Coast to a compliant state. With that, I am going to turn it over to Mark Forsberg to talk about implementation.

MR. FORSBERG: Thank you, Sheila. Madam Chair, Commissioners, Gold Coast Partners, I appreciate your time this afternoon. Sheila mentioned that we do have challenges obviously in the implementation, so I would like to walk through some of the opportunities and efforts that we have been doing to ensure a continued mode of execution on this project.

Starting with implementation, again, we have been tracking all post-conversion issues and the enhancements and our progress towards those each day. In summary, we have received four-hundred-and-four post-conversion issues, we have closed three-hundred-and-nineteen of those, and that means that we have eighty-five remaining, and I'll call those an aggregate of "in-process," meaning that they are in-development, they are in testing, they are awaiting approvals, or they are awaiting adjudication. So that is where we stand at least on the post-conversion issues. As it mentions here next, obviously we have a dedicated team that is in place for this. We have multiple Project Managers that have been engaged. We have our leads and all our leadership from Information Technology and of course our entire Operations Team. All of those leads and all those leaders are actively engaged in all our workstreams, so implementation, inventory reduction, our Contact Center, and our portal projects, to make sure that the teams have an ability to track progress, escalate issues, get remediation on those issues, and provide those updates to the Gold Coast team daily. "Anther piece of that, again, and as Sheila mentioned a little bit, we have obviously consistent checkpoint meetings and conference calls. Both of those are either on a daily and weekly cadence. All of those are utilized to monitor our progress and to address any issues that may come up on a daily basis.

With that, let's talk about inventory reduction. Obviously, Sheila just mentioned the statistics of where we stand as of today, so from July 1st through today, obviously we have almost a fifty-percent reduction in our inventory to-date. Obviously, we have more work to do, and we are working towards that daily. In that sense, we are introducing various accelerators to help move that along, and we have been doing that since I was brought onboard in July. I'll start with the basics just to run through this. From a people perspective, we have obviously added additional internal staff. With Sheila's assistance, we were able to go through the entire organization and shift resources from various groups. So I.T., Claims Processing, Q.A., Development, anywhere we could that had experience in this to bring them over to this project. We have done that, and we have forty-three individuals that we brought over for that process.

Also, we are actively engaged in building the California landscape in reference to resources. We have an active recruiting effort underway that has been going for a few weeks now for twenty-five additional F.T.E. We have received some very good interest in those roles, and we are actively screening and interviewing candidates at this time. Call-out for that I will say to the Gold Coast Team. They did help us promote that on their networks, as well, so that certainly enabled us to get a lot more positive feedback to that role.

We are also bringing in approximately thirty contract resources that Gold Coast has acquired from a different plan. We will be starting those individuals as of this coming Monday. The first group of ten will be brought in. They will be getting trained, and then activated on the claims inventory, and then we will do groups of ten for the next two weeks following that.

We are also working with another one of our clients who had a recent reduction in force for another forty individuals that cover both claims processing and Q.A. roles, and we're working actively with them to see if we can pick up all or any of those resources that are interested in coming to Conduent. From a people perspective, we have made a significant push to bring individuals into the organization to help.

We also have incentives in place that have been in place since the beginning of July for our associates, both Claims Processing and Call Center Staff, to keep them engaged. They are based on either daily production targets, or attendance in the Call Center, or interactions in the Call Center just to make sure that there is a kind of a driving force behind everything that they do. Overall, we have also added from a processing standpoint five new full-time equivalents and then also nineteen contractor roles, so that could be both claims processing and indexing for their manner in functions.

From a process standpoint, we do update obviously all our desk-level procedures. We do a process review across the board, and we are certainly working with our Gold Coast partners to determine any opportunities to streamline what we do today. One of the examples I can give on that very quickly is our E.I.N.W.9. process. Each day we are digging deeper into the remaining inventory and are working with various individuals at Gold Coast, Gold Coast to ensure that if we find an idea that makes sense, we're bringing up that attention, they're bringing them to us, as well, and we're working through those to get those vetted and executed. Again, we talked about tracking of the inventory metrics, and then of course we have a daily inventory call each day to walk through what we consider our daily report that talks about perfect claim inventory, that talks about our adjustments, and also talks about what is in MediTrac, and then based on that report, we are highlighting specific cohorts or buckets of work that we think are priority for the day or for the week and making sure that those are executed and updated before the next call.

Just one update for the technology piece. We do have a daily war room that is set up with our I.T. partners. It also includes our Operations Teams. It includes our process. Everybody is engaged. It is a full-day bridge call for anybody to jump on, and we have significant activity on that call each day working through those

various buckets of work. So as a new idea or a new issue is identified, the teams jump on that call, work through this throughout the day, and then obviously we bring that, that closed idea over to Gold Coast for approval to move forward for execution.

From a Contact Center perspective, let's talk about what we've done in this space here. We are in continuous additions to staff mentality with our Contact Center. Overall, for the Contact Center, we have added thirty-seven resources. In that space, I would say the, the one call out that I'll say is a positive for the day is that because of those additions to the resourcing and the cross-scaling that we have been doing across the various queues, we have started to achieve our S.L.A. for average speed--to answer in those queues this past week.

With that then, again, I can just tell you some quick statistics for the Call Center. Our average speed-to-answer in the beginning of May was 12.17 minutes. As of month-to-date for August, we are at 1.49 minutes. Our service levels have gone from a 30.54 percent in May to a 72.28 in, again, month-to-date in August, and our Abandoned rate has gone from 25.58 percent in May to 3.32 as of month-to-date August.

We also instituted a fax line to allow providers to fax authorizations, any changes as I mentioned previously in our process or procedures are documented and incorporated into our processing manuals, and then the last piece for the Contact Center is our quality reviews across both the Contact Center and the Processing Groups are in the process of being increased. Specifically, for the Claims Inventory, we have two additional resources that will be coming onboard to handle that. They are actively being interviewed right now, and we are looking to select that candidate in the next week.

Finally, for us today, Provider Portal; We have been finalizing all the various items and enhancements for the Provider Portal. Again, we have a grouping of priority C.C.D.s that are going to be addressed, and then we do have additional functionality outside of that. In total we have twenty-eight C.C.D.s. Fourteen have been closed. Fourteen are considered open at this point. Four of those, of the opens are ready, and ten of those are in-process. Again, that means development, testing, and the same goes for S.D.L.C.

As of right now, there is a plan that was laid out for the delivery of the Provider Portal. It talks about two delivery dates right now, two Go Live dates. One of those would be September 21st, the other right now would be November 11th. As part of that discussion, that second item for November 11th is essentially three

remaining items from the overall Portal Project, and we are actively in discussions with both the Gold Coast Team and our internal I.T. Teams to bring that date forward. I don't have an update on that final date as of today, but I will provide that to the Gold Coast Team by tomorrow when I get the update from the I.T. Team.

With that, I think that is our total updates for today and some of the metrics about our progress. We are at our Q and A time, if there are any questions on any of the material that we covered, we'd be happy to assist. Also, we have some additional resources on the call that can provide additional insight if necessary.

COMMISSIONER PUPA: Doing our due diligence, we have followed this migration very closely, and I do have a, a few questions.

The first is around the claims payment and the backlog. There have been significant delays in payments, and when do you anticipate that getting caught up so that our providers are paid more timely?

MR. FORSBERG: Susan Shirley, if I could ask you to chime in for that response, please?

COMMISSIONER ALATORRE: Can I add to that question if I may? I've been hearing a lot of complaints from our providers about not only claims payment, but also duplicate claims, the rerouting of claims, and end-of-claims. Is that a strategy not to pay on time? You know, what's happening with the claims payment?

SUSAN SHIRLEY: Thank you for the opportunity to speak. We do have an inventory reduction plan in place for the pending claims inventory which to your point has become backlogged and aged. At this point, our plan does show compliance by mid-September, and by "compliance," I mean meeting the service level agreements that we have in place relative to turnaround time and accuracy, as well. We are focused on that every minute of every day, and the staff that Mark talked about us adding have certainly been focused on that, as well. To address your other question, Commissioner, around duplicate payments; that have gone out and both claims that have been denied for duplicate when there was not. We actually had a Tiger Team meeting most of today looking at the duplicate logic, and I know that the I.T. resources have been very focused on that as we did get some examples yesterday from Gold Coast that indicated that we did have some issues within that program. Susan Mickle is the Implementation Director, might want to add any additional details around the efforts that went on today, I can assure you, that we are doing everything within our power to manage to our plan, to ensure

that we have the right resources in place, and we certainly would never, ever do anything to purposefully delay a claims payment to a provider.

MR. FORSBERG: Susan Meikle , if you could provide any updates from today, that would be appreciated.

MS. MEIKLE: Today the team worked diligently through one of the big items that we saw were claims that are ending in bill type seven as a corrected claim, were coming in and, and denying as a duplicate the claim. The team worked through that today, and as of a couple hours ago, I was, I saw an e-mail that it has been corrected, so that will be going out, and we will continue to monitor that daily to ensure that that fix is corrected permanently. We're really hoping that that's going to solve that issue.

COMMISSIONER ALATORRE: And with this backlog, how much is it costing us? How much is it costing Gold Coast? Are we paying any interest? How are we doing with compliance as we're paying these, paying these claims late?

CHIEF FINANCIAL OFFICER KASHINA BISHOP: I know with the claims interest, Conduent is responsible for their, their own error, so we will be deducting interest payments from their invoice. Again, as they've mentioned, they've agreed to pay for the additional thirty staff members that Gold Coast retained, the temporary staff, so we will also be deducting that from the invoice, and they're also currently paying for some internal staff time, about thirty dollars an hour, for some overtime worked in our Claims Department.

COMMISSIONER ALATORRE: All right. So, so Gold Coast will be deducting that from the invoices?

CFO BISHOP: Correct.

COMMISSIONER ALATORRE: Do you know the amount for late payments, the interest that we're paying on these claims?

MS. BISHOP: Anna, was it about fifty thousand in July?

MS. SPROULE: A little more.

MS. SPROULE: It's well beyond that at this point. It's upwards of seventy-five thousand at this juncture.

MS. SPROULE: We can get those specific details.

CEO TATAR: We can follow that up in a Commission memo and have that on Monday for the full Commission. It is well beyond fifty at this point, and we can forecast what it will be for the ensuing months.

COMMISSIONER ALATORRE: Sheila, just to back up, in your presentation today, you mentioned that Conduent was ready to go live when it said it was going to go live. I was one of the big proponents of not going live until we were ready. Now this has created a big mess with our providers, with Gold Coast adding additional resources, additional staff time, and we weren't ready to go live on May 1st or May 3rd, whenever we went live. The Provider Portal that, that the team had presented us a few months ago mentioned that by July, the end of July the Provider Portal was going to be ready. It's not ready. It's not ready today. We were told it was ready, and you mentioned earlier today that when we went live, Conduent was ready. Well, we're having a lot of problems with our providers right now.

MS. CURR: My commentary was based on the testing output that we were going through - and we have Raj on the phone that can answer that - but based on our testing outcome, it appeared from testing that we were ready. There was nothing in the indicators that would have said that there was a problem. Raj can speak to that.

MS. TATAR: Sheila, with respect, I'd just have to add Gold Coast would disagree about your readiness, but I will let Raj go ahead and update.

RAJ: I will echo what Sheila said. The testing, the level of testing that was conducted right from our side and whatever we saw the results, we felt we were, we were ready, and that, that gave us the confidence to go ahead.

COMMISSIONER PUPA: Maybe from learning from this, some of testing should be modified because, quite frankly, some of what we've experienced really should have been identified during the testing, so it's kind of perplexing that it wasn't, or even part of it wasn't identified during testing.

COMMISSIONER ALATORRE: It seems to me like the configuration, especially for claims payment, wasn't ready because that's, what is causing the abrasion with our providers. The Call Center wasn't ready. You didn't have enough staff to handle the call volume that was going to come in because of the claims payment and everything else that caused provider abrasion. I appreciate that you're adding resources today, but that doesn't sound like you were ready on May 1 to go, to go live.

COMMISSIONER PUPA: I've got a question regarding the resources that you're bringing on to help reduce the claims inventory and that you're going to be training them and that Gold Coast located them. Do you see potentially errors increasing with the manual processing of these claims or do you see that the errors will decrease? It just seems like when you've got manual processes and folks that you're onboarding and training it seems like that may bring on some additional claims processing delays and problems.

MS. CURR: I do want to clarify that Gold Coast did not provide all the F.T.E. that we mentioned. They are providing a portion, but they did not provide all of them. Susan, you can go ahead and answer.

MS. SHIRLEY: My response to that is that any time you introduce new people to a process, there's obviously opportunity for error, and towards that end we have also increased our Q.A. Team, increased our Training Team to make sure that, that we're increasing that level of quality review that we're doing on claims as they go through the system, and especially when they are manually touched by someone. It's a point well-received.

COMMISSIONER ALATORRE: Sheila, can you, can you go into more details on the resources that you mentioned that Gold Coast was asked to provide more resources

MS. CURR: Yes. We had provided a large portion of resources taking them off other very large payer business that we have today. It was still not enough we felt, to ensure the outcomes that we had committed to. In large part, these have to be folks that are already trained, that understand the business, that have handled these types of claims. To Mark's point earlier, I authorized moving a whole bunch of people onto the Gold Coast account that Susan Shirley oversees, I went to my peer Adam Appleby who is our Global Operations Leader, and we approved a very large budget on our costs to get that taken care of. Based on the inventory reduction timeline, we started to realize that that would not be enough to finish, to get to the timeline. Gold Coast offered that they had some folks that they could bring in. I believe they were people that are being released from Inland Empire Health who are fully trained and qualified to do the work, and we offered to pay for those, those resources.

MS. CURR: It was a joint effort as far as F.T.E. and Head Count, and I'll add that Mark Forsberg has a full-time job. He leads our Provider Division under me. He was removed from that job to work on this full-time to remediate.

COMMISSIONER PUPA: I have another concern question regarding our provider abrasion; when others' representatives were here at our meetings in April, the message that was sent to our providers is that our providers would be very, very happy with this, and obviously there is a lot of abrasion. Has there been any thought given to some type of customer service survey for our providers so that they can voice their concerns in the appropriate forum?

MS. CURR: We can certainly do that. That is something we do for other customers. We can certainly do that. I'll defer to Susan to understand whether we're tracking that today.

MS. SHIRLEY: From a daily operational survey call center perspective, we track results, both from members and providers, and have received lots of different responses across the board over the last few months as we've implemented and gone through implementation. As far as a provider-wide survey that has been distributed, no, we have not done that yet, but certainly could work with Gold Coast to do that.

COMMISSIONER PUPA: I think we should because we represented to our providers that this would be somewhat of a smooth process of transition, but with the claims inventory and now hearing how much we're paying in late fees, my heart goes out to our providers because there is a lot of money currently owed to them, and I think we owe it to them to provide a survey where they can voice their concerns and their frustrations and maybe that survey could be utilized moving forward with your future clients and your future migrations because I'm sure our providers have a lot to say.

COMMISSIONER ALATORRE: Yes.

MS. CURR: Absolutely. Thank you for that suggestion.

COMMISSIONER PUPA: The claims inventory backlog, I just have to say I oversee a small health plan, and we've had a couple of system implementations and migrations here, and when I saw what the claims inventory was compared to what it was running previously, I was honestly quite taken aback.

COMMISSIONER ALATORRE: It's not just waiting for the payment. It's also all the administrative work that you've added on the provider side: looking up the duplicates, rebuilding ... You've added a lot of administrative expense on the providers.

COMMISSIONER PUPA: And cash delays.

Are there any other questions from Commissioners?

COMMISSIONER ALATORRE: I think we covered most of the main ones. The Call Center, the claims, the Portal. Anna, what else is out there?

3. HSP Medi-Trac Update

Staff: Anna Sproule, Sr. Director of Operations
Robert Franco, Chief Compliance Officer

The following verbatim minutes are edited for clarity. The verbatim minutes have been transcribed by First Legal Depositions per the direction of Legal Counsel, Scott Campbell.

Anna Sproule, Sr. Director of Operations gave an update on the following three topics: Claims Inventory Reduction Plan, Provider Portal Testing and Conduent Oversight.

ANNA SPROULE: The current outstanding claims inventory as Mark (Conduent staff) mentioned has continued to trend downward. As of today, it's at approximately ninety-six-thousand claims. Because of the consistent inventory issues that we've been experiencing, the State is monitoring Gold Coast Health Plan's progress towards the inventory claims reduction daily. Conduent has indicated that they are unable to meet the 8/31 deadline for claims compliance as the State is expecting.

Due to the continued inability of Conduent to independently reduce the inventory to meet the Gold Coast regulatory requirements, Gold, Gold Coast staff has been working overtime to process claims, and we have identified the need to procure thirty temporary staff to support the processing of claims. As Mark (Conduent staff) mentioned, those staff will begin on Monday, and we'll have ten on Monday, ten additional staff each week for the following two weeks.

We are also experiencing an increase in the claims. The claim provider disputed, which is causing rework of many claims processed on our new system since Go Live. In addition, we are getting outreach from our providers about the delays in claims processing and in the errors for things like duplicate claims as Commissioner Alatorre mentioned.

ANNA SPROULE: Next, I'd like to discuss the Provider Portal. The Gold Coast Provider Network Health Services and Operations Teams have continued the testing of the authorization related changes to the Portal. The updates made to the Provider Portal to allow the providers to submit and check status of authorizations on the Portal directly. A functioning Provider Portal was projected to be released to Gold Coast Health Plan providers by September 1st. This has, however, changed to mid-October due to the defects identified in testing, and that date I am now hearing is looking at mid-November, so although Conduent has mentioned that they have the ability to provide a semblance of a Portal update earlier than mid-November, there are several items that are extremely important for our providers to be able to check authorization status, so that mid-November date is, is more our point at this moment.

This does continue to impact our providers who have to fax their authorization requests to the Gold Coast Health Plan's Utilization Management Team and are unable to review the authorization status on the Portal.

Finally, as mentioned, Gold Coast leadership is meeting with Conduent on a daily basis to review the inventory, the Call Center statistics, and adherence to the plans for improvement in both categories. These meetings are going to continue and will continue until such time as the contractual obligations of Conduent are being met and sustainability has been proven.

The claims inventory is continuing to reduce and those calls are helping to reduce that inventory and identify opportunities for improvements, and as mentioned, the Call Center has improved the average speed of answer from well over ten minutes to less than two minutes in the month of August so far, and as of today, this week the average speed of answer has been under thirty seconds, which is back into contractual compliance. This is attributed to the additional resources having been added to the Conduent Call Center for the last several weeks.

With that, I'd like to give an opportunity for Robert to provide an update on the open caps.

ROBERT FRANCO, COMPLIANCE OFFICER: I appreciate the opportunity to give you an update around to the caps being issued. To date, we have thirty-three caps that have been issued, two of which have been closed, and as Anna had mentioned, some of the things that we've had are around service levels, also the Portal. We've had instances around dropped calls, and we are still continuing to monitor, and as Anna mentioned, we're required to report to D.H.C.S. daily on the activities of all these missed metrics. From a relationship perspective, because of some of the

challenges that we've been having, it has required us to engage with our regulators in a way that we're not accustomed to. Myself and my team, have been asked to provide updates, and the State is looking to us to make sure that we are managing our relationship with Conduent. One of the things that we are really working towards is making sure that we are not impacting our members, that we're not impacting our providers, and this is something that as an organization, Gold Coast is managing well, but it is requiring just internally our resources to be engaged on levels that we're not accustomed to.

MS. SPROULE: I would like to add that as mentioned by Commissioner Alatorre, there have been lots of concerns from providers about duplicates and things of that nature, in order to ensure that we've got more accuracy in our payments, we actually did cancel today's pay run because there was just not enough support to get corrections made from Conduent, hopefully we'll get more support between now and Tuesday when we have the next pay run. Do you all have any questions for Robert, myself, or Conduent based upon that update?

COMMISSIONER ALATORRE: Robert, you mentioned the faxing of authorizations. Are we out of compliance? Are we in compliance with the turnaround times for authorizations for approving or where are we with that?

MS. SPROULE: We are often times in compliance. There was a system situation that took place earlier in the week that did cause a brief blip for the urgent authorizations, but we have the Health Services Team who have been really great about turning things around. Dr. Wharfield, do you want to add anything?

DR. WHARFIELD: Commissioners, I think the most important thing to know is the Health Services Team is in on the daily work that's going on and we collaborate closely with Anna's team to make sure that when something comes up and we need to ramp up in a certain area, that we get our turnaround times done, so we are really focused on that and we're able to accommodate.

COMMISSIONER ALATORRE: There are no issues with turnaround times? We're, we're in compliance?

DR. WHARFIELD: We are keeping up with turnaround times. We have to work around the barriers, but we're able to do it.

COMMISSIONER ALATORRE: Are we using a lot more resources, overtime?

DR. WHARFIELD: Yes.

COMMISSIONER ALATORRE: And is Conduent helping with those costs?

DR. WHARFIELD, CHIEF MEDICAL OFFICER: We are not invoking overtime yet. I would say that we are shifting resources to accommodate this, and in the future if we do have to invoke overtime, we would bring that up Conduent being a possible resource for that.

COMMISSIONER PUPA: I do have a comment about the Portal around the authorizations. As I mentioned I oversee a much smaller health plan, but I can't imagine going live with a portal that doesn't accept authorizations. It's quite troubling, actually, that the Portal does not accept authorizations; that's a basic function of a Provider Portal.

COMMISSIONER SWENSON: Obviously, health plan is different than hospital. However, an implementation of a project of this magnitude is not. There's similarities in any project implementation, and from what I'm hearing from this conversation, I have some concerns over our compliance. I have some concerns from what the Department of Health Care Services is going to be scrutinizing, Conduent and our health plan, because we're in this together.

So, I guess I want to hear or have some level of confidence that we really do have a plan to get this corrected ASAP because what I hear from our Compliance Officer is that, you know, we are being looked at significantly. Who can provide me some level of confidence that we can get this corrected as soon as possible?

MS. SPROULE: Sheila or Mark (Conduent Representatives), would you like to respond?

MR. FORSBERG: Yes. We do have an inventory reduction plan in play. That is being executed daily. We do have expectations on that plan around the accelerators I spoke to earlier, in reference to the people, the process, and the technology. Based on that plan and the delivery date for that, we are actually based on the numbers that were provided earlier, the 95,854, per our plan as it was designed back with the assumptions and knowledge in the beginning of July, we were expected to be at 102,927 by today. So obviously still more work to do to get to that steady State compliance ratio, but the goal as it is right now, we're trying to keep ahead. We do understand that there are other areas of claims minus daily inventory that will be coming to us as they get processed through the system, and we also know that obviously keeping everything in track from a daily intake and from a Call Center perspective is critical to keeping those volumes stable and allowing us to continue that rate of return that we're doing right now.

Each day we are continuing to work through that. We have as I mentioned the war room that's in place, and they are going through every individual grouping of claims to find an opportunity. If they can automate that for us, they're certainly doing that. If we have manual claims from that point, obviously those are being directed back to the team with instructions on how to process those. Everyone is focused on completing that work in a timely fashion.

COMMISSIONER Swenson: I am looking at your presentation. It does highlight some of the challenges and the action plans around them, but I don't see any dates. Do you have a template for an implementation with timeframes associated with each one of these items that are outstanding and need to be corrected?

MR. FORSBERG: I think we did talk a little bit about dates in reference to the Provider Portal. Again, we have two dates right now for that delivery. That is being brought back, and that's the update I mentioned earlier. The Contact Center obviously is in flight now with the resources that were updated to make them compliant for the S.L.A. I can get you dates as that recruiting continues to let you know what the timeline's expectations are for those additional resources to come in there and the quality resources.

From an inventory reduction plan, as Susan (Conduent Staff) mentioned previously, the current plan that we are working from was a mid-September date for the steady state ratio, to get us to a point where we are in a compliant level of inventory, and of course, obviously from the overall implementation plan, that essentially stopped at Go Live, but now we're in the correction phase for the defects which are any post-implementation issues, have a schedule of events of when they'll be and I can provide that, as well.

COMMISSIONER Swenson: I think we need to see that. We need to see all the items that are in process of being corrected and what the expectation date is to have those corrected. I think we need to have some transparency around that.

MR. FORSBERG: Okay. Understood. Thank you.

COMMISSIONER Pupa: And I have one quick question for Anna; you mentioned that the current claims inventory is ninety-six thousand. If memory serves, your inventory prior to the migration was around twenty-thousand claims, is that correct?

MS. SPROULE: Twenty to thirty.

COMMISSIONER Pupa: In your timeline, if you can add when we will be back to those normal volumes, if you think you're going to reduce that claims inventory by thirty thousand by the end of September or sixty thousand, if you could provide that in your timeline, that would be helpful, as well, because I think when we started this process the claims inventory was over a hundred-thousand, so I'm not even clear on what improvement has been made if the current claims inventory is ninety-six-thousand.

MR. FORSBERG: Okay, yes, back to the presentation just to address that question, Commissioner, the beginning inventory as of July 1st was 180,157.

COMMISSSIONER PUPA: Okay. We're halfway there.

MR. FORSBERG: Well, if you determine what considered steady state is. It could be thirty thousand, it could be twenty thousand, it could be forty thousand. It's all based obviously on the S.L.A.s by those claim types, correct? Our goal was thirty to forty thousand, it is what we deemed to be steady state based on your current inventory types.

COMMISSIONER PUPA: Are there any other questions regarding our updates? Thank you very much for the presentations. Thank you very much to the Staff for your due diligence and efforts on this.

Commissioner Antonio Alatorre motioned to approve the updates. Commissioner Swenson seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Dee Pupa and Shawn Atin.

NOES: None.

ABSENT: Commissioners Andrew Lane

Committee Chair Pupa declared the motion carried.

FORMAL ACTION

4. July 2021 Fiscal Year to Date Financials

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff requests that the Executive Finance Committee recommend that the Commission approve the July 2021 financial package.

Chief Financial Officer, Kashina Bishop reviewed the July 2021 Financials. The July net gain is \$6.3 million.

Our TNE is currently 293% of the minimum required. Medical Loss Ratio is 87.6% and Administrative Ratio is 4.8%. TNE continues to improve.

There were certain aspects of the Solvency Action Plan that we put on hold because we really needed to focus on the system conversion specifically. We are having significant issues in our internal controls when it comes to claims processing, within that we are still trying to make improvements. Net premium revenue is \$83.3 million, which is over budget by \$881,496.

Our membership trend has stabilized, and we currently have 222,000 members. CFO Bishop reviewed medical expenses and noted FYTD health care costs are \$73.0 million and \$2.7 million under budget. She noted there has been a financial impact due to the system conversion.

CFO Bishop reviewed Inpatient medical expenses are 4% under budget. Medical expenses are based on an estimate that we call the "incurred but not paid medical expense reserve," (IBNR), that is really at this point the basis for the medical expenses that were estimated in the July financial statements because of the continued issues we're having with the data file after the conversion.

CFO Bishop also reviewed long-term care expenses outpatient expenses, Emergency Room expenses and Mental & Behavioral Health. The financial summary was reviewed.

Commissioner Swenson stated she was very happy to see a gain. Commissioner Pupa thanked Kashina and her team for all the hard work. She noted this has been further complicated by the migration in trying to estimate I.B.N.R. as accurately as possible, she appreciated the extra effort that's gone into the last few financials as we navigate this migration.

Commissioner Swenson motioned to approve the July 2021 Financials. Commissioner Alatorre seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Dee Pupa and Jennifer Swenson.

NOES: None.

ABSENT: Commissioners Andrew Lane

Committee Chair Pupa declared the motion carried.

ADJOURNMENT

Commission Chair Dee Pupa adjourned the meeting at 4:17 pm

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission



AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission
FROM: Anna Sproule, Sr. Director of Operations
DATE: October 20, 2021
SUBJECT: HSP / MediTrac Go-Live Update

VERBAL PRESENTATION



AGENDA ITEM NO. 3

TO: Executive Finance Committee

FROM: Scott Campbell, General Counsel

DATE: October 20, 2021

SUBJECT: Findings to Hold Remote Teleconference/Virtual Committee Meetings Pursuant to Assembly Bill 361

SUMMARY/RECOMMENDATION:

That if the Executive Finance Committee (“Committee”) of the Ventura County Medi-Cal Managed Care Commission dba as Gold Coast Health Plan desires to continue to meet virtually, without posting the agenda at each location from where Commissioner attends, that the Committee make findings authorizing remote teleconference/virtual meetings of the Committee pursuant to Assembly Bill 361 based on the ongoing COVID-19 pandemic. Specifically, that the Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Committee in deciding to have teleconference meetings and one of the two following secondary findings be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. It is recommended that both secondary findings be made. Because these finding must be made every thirty (30) days, the Committee would have to schedule additional meetings for the purpose of making the findings going forward if it desires to meet without the requirement of posting the agenda at each location and allowing members of the public to attend from any of the posted locations.

BACKGROUND/DISCUSSION:

The Brown Act generally allows for teleconference or virtual meetings, provided that the physical locations of the legislative body’s members joining by teleconference are posted on the agenda, that those locations are open to the public and that a quorum of the members is located within its jurisdiction. Newly enacted AB 361 provides an exception to these procedures in order to allow for fully virtual meetings during proclaimed emergencies, including the COVID-19 pandemic.

Since March of 2020 and the issuance of Governor Newsom’s Executive Order N-29-20, which suspended portions of the Brown Act relating to teleconferencing, the Committee has

had virtual meetings without having to post the location of the Committee members attending virtually. Most cities and other public agencies have been holding public meeting using virtual platforms since this time. In June of 2021, Governor Newsom issued Executive Order N-08-21, which provided that the exceptions contained in EO N-29-20 would sunset on September 30, 2021.

On September 10, 2021, the Legislature adopted AB 361, which allows public agencies to hold fully virtual meetings under certain circumstances without the posting of the agenda from each location a legislative body member is attending. Governor Newsom signed the bill into law on September 16, 2021. Because it contained an urgency provision, it took immediate effect.

Specific Findings Required under AB 361

Under AB 361, the Committee can hold meetings without a public meeting space and without providing notice of the body's teleconference locations, if the Committee makes the determination that there is a Governor-proclaimed state of emergency which the Committee considers in its determination, and one of two secondary criteria listed below exists:

1. State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or
2. The Committee determines that requiring a meeting in person would present an imminent risk to the health and safety of attendees.

COVID-19 continues to present an imminent threat to the health and safety of Committee members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. The disease can still spread rapidly through person-to-person contact and those in close proximity. Further, more contagious variants of the disease are now present in the State and County, the most predominant of which is the Delta variant. Additionally, many Committee members hold meetings in medical facilities and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated may pose a threat to the health and safety and attendees.

Re-Authorization is Required Every 30 Days

Consistent with the provisions of Government Code Section 54953(e)(3), the findings listed above must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Committee desires to continue to meet remotely without having to post the location of each teleconference location, the Committee must find that the COVID-19

emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

The Committee may extend the authorization for an additional thirty (30) days via another staff report on a consent calendar that makes the above specific findings in support of continuing virtual meetings. Doing this would require the scheduling of monthly meetings for the purpose of extending this authorization.

Lastly, it is important to note that AB 361 is optional. If the Committee wishes, it may choose to meet fully in person and open to the public, or meet remotely with notices of the agenda posted at each location and access to the public at each noticed location. The authorization under AB 361 is intended to provide the option to utilize the AB 361 procedures in lieu of the Brown Act's standard teleconferencing requirements. A consent calendar item will be placed on each agenda to reauthorize remote meetings if that is the Committee's direction. In the event that a regularly scheduled Committee meeting is more than thirty (30) days after an authorization under AB 361 has been made by the Committee, and the Committee desires to continue to hold virtual meetings under AB 361, the Committee may hold a special meeting for the purpose of making the reauthorization.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

As noted above, AB 361 is optional. If the Committee wishes, it may choose to meet fully in person, or meet remotely with notices of the agenda posted at each location and access to the public at each noticed location. However, to continue to hold remote teleconference/virtual Committee meetings, the Committee must make the specific findings required by AB 361 as they are enumerated in this staff report to allow meetings to continue without the requirement of posting the agenda at each location and allowing members of the public to attend from any of the posted locations. .

FOLLOW UP ACTION:

Potentially scheduling special meetings every thirty (30) days to extend this authorization.

ATTACHMENT:

None.