

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

Compliance Oversight Committee (REMOTE)

Regular Meeting

Monday, July 14, 2025 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: 726 733 095#

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

County of Ventura
800 South Victoria Ave
Ventura, CA 93012

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

233 Corte Linda
Santa Paula, CA 93060

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 April 28, 2025.**

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

RECOMMENDATION: Approve the minutes of April 28, 2025

UPDATES

- 2. Corporate Integrity Agreement (CIA) Update**

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the update.

COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS

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, Sr. Clerk for the Commission
DATE: July 14, 2025
SUBJECT: Regular Meeting Minutes of April 28, 2025

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Compliance Oversight Committee meeting minutes of April 28, 2025

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

**Compliance Oversight Committee
Meeting Minutes
April 28, 2025**

CALL TO ORDER

The Commission Vice Chair, Dee Pupa called the meeting to order at 1:16 p.m.

ROLL CALL

Present: Commissioners James Corwin, Supervisor Vianey Lopez, and Dee Pupa

Absent: Laura Espinosa.

Attending the meeting for GCHP: CCO Robert Franco, CPPO Erik Cho, Acting CEO Felix L. Nunez, M.D., CFO Sara Dersch, CIO Eve Gelb, Paul Aguilar Chief of HR, James Cruz, M.D., Acting CMO, Exec. Director of Operations, Anna Sproule, Director of Communications, Susana Enriquez-Euyoque, General Counsel Scott Campbell, and Leeann Habte of BBK.

Also attending were Victoria Warner, Bianca Naron, and Brenda Gomez-Garcia.

PUBLIC COMMENT

None.

CONSENT

- 1. Approval of Compliance Oversight Committee meeting minutes of November 18, 2024.**

Staff: Maddie Guiterrez, MMC Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

Commissioner Pupa motioned to approve the minutes. Supervisor Lopez Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners James Corwin, Supervisor Vianey Lopez, and Dee Pupa.

NOES: None.

ABSENT: Commissioner Laura Espinosa.

The clerk declared the motion carried.

PRESENTATIONS

2. Overview of CIA Annual Report Progress

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the presentation

Chief Compliance Officer, Robert Franco, noted that Commissioner Corwin has requested updates as we go throughout the year to provide quarterly updates on progress of CIA requirements. The CIA became effective August 11, 2022. The reporting period ifs from August 11 through August 10 of each year. We are in our third year of the CIA. We will be submitting our annual report in October. CCO Franco noted there have been some changes that were made to the compliance committee. Two internal staff members have been added to the internal Compliance Committee. There were no changes to the Compliance Advisory committee.

Commissioner Pupa asked if there were significant changes to the committee, CCO Franco stated two staff members were added on December 5th, Bob Bushey, and Michelle Espinoza. They are both Executive Directors.

CCO Franco stated that every year the executives must certify to the accuracy of the reports. He reviewed the list of executives. He also reviewed the new and revised policies and procedures that were implemented for the CIA. Compliance attended the Policy Review Committee on April 9, and all were reminded that policies must be reviewed for accuracy and any updates that need to be done. All business owners are aware of the changes. Compliance will follow up to ensure review and certification.

CCO Franco also noted that the Training given by BBK Law was done and completed in a timely manner, and he thanked this committee for completing the requirement. The BBK Training was also recorded for our employees, temporary workers, and vendors and is almost 95 - 98% complete. CCO Franco also stated that as part of the annual reviews it is a requirement to complete all the trainings. It was difficult to get

everyone to finish in a timely manner, and now it has been incorporated in our annual reviews to make sure we are compliant. Commissioner Pupa asked if it was also part of the performance evaluations. CCO Franco stated yes.

Leeann Habte, of BBK Law stated H.R. policies were updated so that compliance was part of the performance, as originally intended a few years ago.

CCO Franco stated we are starting our risk assessment and internal review process. Internal audit has a work plan for the first half of the year. There are two audits being done relating to the CIA – the anti-kickback statutes and ineligible persons. At our next meeting CCO Franco stated he will share the results with the Oversight Committee. He noted this is a development of the effectiveness of our compliance program to get internal audits in ahead of time as opposed to waiting for the reports. There has been a huge effort with partnership with BBK Law. The anti-kickback statute is a newly designed audit. MS. Habte stated that the two audits are being done under attorney/client privilege.

CCO Franco stated there is a requirement in the CIA to have an independent review organization look at a defined element regarding financials, therefore that is separate. CCO Franco stated that year one a single audit was done under the CIA, in year two, we had external audits, and this year the internal audit has expanded and developed and has also developed additional staffing.

CCO Franco introduced Victoria Warner, Privacy Officer, who oversees our fraud, waste, and abuse program, which is the newly hired SIU lead, is under her and the delegation oversight.

CCO Franco reviewed some of the Q4 findings from October through December. We had one case that was submitted to DHCS. There was a fraudulent claim that we found on an online newspaper article. We took the initiative, pulled reports for review, and submitted to the state. This is still currently open, and as this continues to develop, information will be shared with this committee.

We also had sixteen cases that came from DHCS, and all were removed from the network. When there is a provider removed from their network, there is an alert that goes out to all the sister plans to inform that the provider was removed. It is an opportunity to take any action and report if necessary. Commissioner Corwin asked about a Santa Paula physician that was reported. Ms. Wagner stated the newspaper article was reviewed, and he is now on the exclusion list and has been found guilty. Commissioner Pupa stated it would be good if this was more comprehensive. We have providers that are in similar situations, and there should be a notification that goes out instead of learning about the issue through a newspaper article instead of a comprehensive notification system to notify all providers or entities that there is a

problem with a specific provider. CCO Franco stated we will see if there is a blast that we could do when we identify within our network, or at least within GCHP.

Commissioner Espinosa stated these cases go on for years and years before elevated to publication.

CCO Franco stated that for Q1 of 2024 we have four cases that were submitted to DHCS. Two of those cases continue to be open.

CCO Franco stated there are no changes to management certificates and we are on time with the eligibility screening and removal. We are looking to see if we find a potential vendor that would be able to encompass the look we are doing for the report. We are required to do this monthly, but there are certain areas that are done independently. Our HR Team has a program that they are utilizing to look at all associates monthly and at the time of hire. We are doing our check on the Commissioners and procurement is doing theirs as well. We are looking for a solution that will be able to encompass all of it as opposed to having three independent systems. It will allow for some automation, efficiencies, and an opportunity to streamline something that is a very manual solution and make sure we have the line of sight. There are no ongoing investigations or legal proceedings that need to be reported and there have been no reportable events. CCO Franco also noted there are some policies that need to be updated or approved.

CCO Franco stated there are no deficiencies that would require us to notify the OIG and there are no ongoing investigations.

Commissioner Corwin motioned to approve the CIA Annual Progress Report. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners James Corwin, Laura Espinosa. Supervisor Vianey Lopez, and Dee Pupa.

NOES: None.

The clerk declared the motion carried.

3. D-SNP Progress

Staff: Brenda Garcia-Gomez, Medicare Compliance Manager

RECOMMENDATION: Receive and file the presentation

Ms. Garcia-Gomez presented updates for D-SNP from a compliance perspective as to what has been done and what is still to come. Ms. Gomez0Garcia reviewed the regulatory reporting that has been done. She noted that our Model of Care was scored at 100% for our part C & D and we were able to receive a three-year approval, as well as approval from DMHC and DHCS. Now that we have our Know-Keene license we are to submit financial reports to the department in our first financial report which were done timely, and our next report will be in April for the March report. We also submitted our health risk assessment in February and received approval. We also submitted our plan benefit package number as well as our service area to DHCS.

Next steps for our D-SNP – we continue to meet with our actuary for our CMS bid which will be due in June. We also received the state Medicaid agency contract otherwise known as the SMAC, this is the contract between the state and Gold Coast for a draft of review. The final contract release will be soon, and it will be executed in June. Next will be all the member materials will be released to our beneficiaries, which are goth communication and marketing. This will include evidence of coverage or otherwise known as our member handbook, our ID, our integrated provider directory, and formulary. These materials will be released from the state in late May, which will go through a review and updated process internally for us to get these templates to meet our regulatory requirements. Once we get approval in late August, we should be able to have it executed in September so that we meet our deadline of October 1.

Supervisor Lopez motioned to approve the D-SNP Progress Report. Commissioner Corwin seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners James Corwin, Laura Espinosa. Supervisor Vianey Lopez, and Dee Pupa.

NOES: None.

The clerk declared the motion carried.

COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 1:42 p.m.

Approved:

Maddie Gutierrez, MMC Clerk to the Commission



AGENDA ITEM NO. 2

TO: Compliance Oversight Committee

FROM: Robert Franco, Chief Compliance Officer

DATE: July 14, 2025

SUBJECT: Overview of Corporate Integrity Agreement (CIA) Progress

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Overview of CIA Annual Progress Report



**Gold Coast
Health PlanSM**
A Public Entity

Gold Coast Health Plan Overview of CIA Annual Report Progress

July 14, 2025

Robert Franco, Chief Compliance Officer

Integrity

Accountability

Collaboration

Trust

Respect

CIA Annual Report

- We are in the final month of the third year of the CIA.
 - Annual CIA Reporting Period is **August 11th – August 10th**
- In October of each year of the CIA, GCHP must submit an Annual Report that addresses the requirements set forth in Section V.B - Annual Reports of the CIA.

Compliance Committee Members and Changes to Same

Compliance Committee Members

- Robert Franco, Chief Compliance Officer – Committee Chair
- Felix Nuñez, MD, MPH Chief Executive Officer
- James Cruz, MD Chief Medical Officer
- Alan Torres, Chief Information Officer
- Erik Cho, Chief Policy and Program Officer
- Ted Bagley, Chief Diversity Officer
- Eve Gelb, Chief Innovation Officer
- Paul Aguilar, Chief Human Resources and Organizational Performance Officer
- Marlen Torres, Executive Director, Strategy and External Affairs
- Pauline Preciado, Executive Director, Population Health and Equity
- Anna Sproule, Executive Director, Operations
- Sara Dersch, Chief Financial Officer
- Bob Bushey, Director of Procurement
- Michelle Espinoza, Executive Director of Delivery System Operations & Strategies

Updates to Membership

- July 14, 2025: James Cruz, MD is the Chief Medical Officer (previously Acting Chief Medical Officer).

Compliance Oversight Committee Members and Changes to Same

Compliance Oversight Committee Members

- Commissioner Laura Espinosa (Chair)
- Commissioner Dee Pupa (Vice Chair)
- Commissioner James Corwin
- Commissioner/Supervisor Vianey Lopez

Changes to Membership

- No changes to report.

Certifying Employees and Changes to Same

Certifying Employees

- Felix Nuñez, M.D., MPH – Chief Executive Officer
- Robert Franco – Chief Compliance Officer
- Erik Cho – Chief Policy and Program Officer
- James Cruz, M.D. – Chief Medical Officer
- Alan Torres – Chief Information Officer

Changes to Certifying Employees

- No changes to report.

New and Revised Policies and Procedures

- No new P&Ps at this time. Currently reviewing all P&Ps with CIA implications for annual review. P&Ps will be reviewed/approved at the July 9 Policy Review Committee meeting.
- P&Ps with substantive changes:
 - Health Care Contracting and Arrangements (NO-021): Updated to describe GCHP's current process for entering into health care Arrangements.
 - Signature Authority (NO-022): Updated to reflect current authorities for signing Arrangements.
 - Training Plan (COMP-006): Updated to reflect changes to topics covered and training format.
 - Management Compliance Certification (COMP-007): Updated to better capture process for obtaining Certifying Employees' certifications of compliance with the CIA.

Description of Changes to Training Plan and Summary of Trainings Furnished

Compliance Oversight Committee

- Training was provided on November 18, 2024 and March 5, 2025. No changes to report at this time.

GCHP Employees, Vendors, Temporary Employees

- Training became available on February 20 via Litmos with a completion deadline of April 21.
- 100% completion rate achieved.

Risk Assessment and Internal Review Process

Internal Audit (“IA”) Updates

- As part of the Internal Audit Plan, IA is conducting audits on the following areas related to the CIA:
 - Anti-Kickback Statute
 - Ineligible Persons
- Both audits kicked off in April 2025 and are currently in process. We will provide findings of those audits during our next Compliance Oversight Committee meeting.

Review of Disclosure Log

Fraud, Waste, and Abuse (“FWA”) Cases

- Q2 2025 Totals (April 1 - June 30)
 - 3 submitted to DHCS.
 - 2 received from DHCS.
 - 1 DHCS complaint regarding billing for inpatient services received from VCMC when member was actually at Santa Paula Hospital ER. (Status: Open)
 - 1 DHCS Provider Alert removal from network. (Status: Closed)

MLR Element Review

- MLR Numerator Element selected by the OIG for review is HCQI Expenditures.
- Affiliated Monitors, Inc. (“AMI”), GCHP’s Independent Review Organization (“IRO”), submitted the workplan to the OIG on July 2.
- AMI will determine whether GCHP’s calculation and reporting of the HCQI Expenditures satisfies the requirements of the CIA.

Other Items: Annual Report Deliverables

- Section V.B.5: As discussed, the Management Certification P&P was updated to reflect current processes for Certifying Employees to attest to their department's compliance with the CIA and federal laws.
- Section V.B.14: No changes at this time to the Ineligible Persons screening and removal process.
 - As discussed, Internal Audit is currently auditing the process. The findings may lead to a change in the Ineligible Persons screening and removal process.
- Section V.B.15: No ongoing investigations or legal proceedings that are required to have been reported pursuant to Section III.H.
- Section V.B.16: No Reportable Events that are required to have been reported pursuant to Section III.I.
- Section V.B.18: The scope for the 2024 DHCS Audit is pending release.

Other Items: OIG Request

- On May 15, 2025, the OIG sent GCHP a letter with the following questions:
 - Please provide any updates as to GCHP's response to the IRO's recommendations in connection with calculating and reporting HCQI costs.
 - Did GCHP submit a revised MLR report to California for calendar year 2022 with corrected HCQI costs and a corrected MLR?
 - Did GCHP engage with California on this issue after submitting the IRO report to them in October 2024?

Other Items: GCHP Responses to OIG Request

- Please provide any updates as to GCHP's response to the IRO's recommendations in connection with calculating and reporting HCQI costs.
 - Response: GCHP has developed a revised methodology for capturing HCQI costs eligible for inclusion in the MLR calculation. We have also asked a third-party consulting firm to validate this new methodology.
- Did GCHP submit a revised MLR report to California for calendar year 2022 with corrected HCQI costs and a corrected MLR?
 - Response: Due to the immateriality of the difference in calculated MLR, GCHP did not submit a revised MLR report to California. There was no economic impact associated with submitting the revised report.
- Did GCHP engage with California on this issue after submitting the IRO report to them in October 2024?
 - Response: GCHP submits to DHCS the Annual Report submitted to the OIG, which includes the findings and response to the MLR Element Review Report provided by the IRO.

Other Items: Next Steps

- We will begin drafting the next Annual Report this month. We plan to provide a draft to this Committee for review two (2) weeks prior to the next meeting to ensure there is adequate time to review.
 - Compliance Oversight Committee will be required to provide the Board resolution before the Annual report is submitted to the OIG.
- Once the Internal Audit findings are available for the AKS audit and Ineligible Persons audit, we will work with the appropriate business owners to determine what corrective action must be taken, if any.
- We will begin working on obtaining Management Certifications from the Certifying Employees.

CIA Annual Report

Questions...