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

Compliance Oversight Committee

Regular Meeting
Monday, November 18, 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: 547 545 504#

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 September 23, 2024.

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

RECOMMENDATION: Approve the minutes of September 23, 2024

PRESENTATIONS

2. Status Report for Quarter 1 of Third Annual Report to the Office of the Inspector General for the August 11, 2024 – August 10, 2025 Reporting Period

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the presentation

3. Annual CIA Training for Committee Members

Staff: Leeann Habte, Healthcare Counsel, Best, Best & Krieger

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, Clerk for the Commission

DATE: November 18, 2024

SUBJECT: Regular Meeting Minutes of September 23, 2024 and Special Meeting Minutes of October 3, 2024

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Compliance Oversight Committee meeting minutes. For September 23, 2024 and October 3, 2024.

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

Compliance Oversight Committee
Meeting Minutes
September 23, 2024

CALL TO ORDER

The Commission Chair, Laura Espinosa called the meeting to order at 1:05 p.m.

ROLL CALL

Present: Commissioners James Corwin, Laura Espinosa, and Dee Pupa

Absent: Supervisor Vianey Lopez.

Attending the meeting for GCHP: CCO Robert Franco, Acting CEO Felix L. Nunez, M.D., CFO Sara Dersch, CIO Eve Gelb, CPPO Erik Cho, Marlen Torres, Executive Director of Strategy & External Affairs, Paul Aguilar Chief of HR, James Cruz, M.D., Acting CMO, Ted Bagley, CDO, Lupe Harrion, Bianca Naron, General Counsel Scott Campbell, and Leeann Habte of BBK.

PUBLIC COMMENT

None.

CONSENT

1. Approval of Compliance Oversight Committee meeting minutes of May 20, 2024.

Staff: Maddie Guiterrez, MMC Clerk to the Commission

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

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Supervisor Vianey Lopez

The clerk declared the motion carried.

PRESENTATIONS

2. Review of Second Annual Report to the Office of the Inspector General for the August 11, 2023 – August 10, 2024, Reporting Period

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the presentation

As a point of reference CCO Franco stated that we entered into a Corporate Integrity Agreement with the OIG. Part of that requirement is that we submit an annual report, and we are coming into our second year. The auditing period is August 11th, 2023, through August 10, 2024. The second annual report consists of twenty-three requirements that must be met during each reporting period. CCO Franco reviewed members of the compliance committee, which has remained the same. The Executive Directors and above are the voting members. We have the leadership team that does attend meetings. He also reviewed changes to membership. Sara Dersch, CFO, joined on September 18, 2023.Dr, Nunez is the currently the Acting CEO, Dr Cruz is currently the Acting CMO, and they were added on August 28, 2024. On the 22nd Supervisor Lopez joined the committee when Commissioner Swenson tenured.

CCO Franco stated that there is a board resolution that is required by the CIA that covers the second reporting period, and a copy of the resolution is included. Dates of each of the Oversight meetings were reviewed.

CCO Franco stated that on August 28, 2023, reports of the risk assessment were done. On November 30th the first annual CIA report was provided.

CCO Franco then reviewed the new and revised policies and procedures. In the Compliance program we revised the annual risk assessment, our disclosure program, provider contracting process, and the providers contracting cover sheet, there were all part of the requirements that came from the CIA. He noted there was a new policy and procedure for repayments of substantial overpayments. This will go through some

changes. He also reviewed the changes that took place within the training plan and the summary of the trainings that were furnished.

The CIA requires an overview of key risk areas for the second reporting period. The DOJ represents guidance an evaluation of the corporate Compliance program. Trainings were conducted through Lithmos, which is an automated system where the training is sent in an attestation is done once completed. GCHP trained 100% of its associates by September 6, 2024, so the training will be released Q1 going forward. GCHP has also implemented disciplinary action for those who are assigned to the training but have not completed it.

CFO Sara Dersch noted that we are required to have our Medical Loss Ratio filing to be audited every year. We just completed the second annual review. There are specific guidelines that we and the state follow. The component that was audited was the administrative quality improvement expense. CFO Dersch stated that she agrees with the auditors. There are some opportunities to improve how we track and calculate costs and that is exactly what the auditors found. We have started updating our methodology last Spring and we have reached out to Moss Adams, our auditor to have them come from a business process perspective review our revised approach. They are also reviewing our documentation and our survey methodology – that work is underway.

Commissioner Pupa noted that with the medial administrative, some of the verbiage in context is broad and up for interpretation is it can be easy to misclassify medical administrative from general administrative. CFO Dersch stated that we will be submitting our corrective action plan, and by the end of October we will be able to implement that as part of our calendar year 2023 filing.

Commissioner Corwin asked what period was covered for the MLR period. CFO Dersch stated it is for the entire calendar year. The audit just completed was for the calendar year filing for 2022.

CCO Franco stated that is exciting to see how the organization is going to continue to mature around these disciplines. In January we will develop a risk management tool integrated so that we can begin to manage, identify, and categorize a software that will crease reports.

CCO Franco stated that BDO which is under contract with BBK Law conducted an audit of the excluded person screening of the second reporting period. There is nothing to report. He also reviewed what he will be reporting to He noted that the annual report is due to the OIG on the ninth.

3. Presentation of Resolution to the Office of the Inspector General on Effectiveness of GCHP Compliance Program

Staff: Robert Franco, Chief Compliance Officer

"The Compliance Oversight Committee 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."

RECOMMENDATION: Receive and file the presentation

Leeann Habte of BBK Law reviewed the resolution. She stated that what the OIG asks that the board certify to and if they cannot provide an explanation of why they cannot certify. Today, the annual report is not yet completed, therefore we will not ask for signature on the resolution at this time. We will hold a special meeting to get approval to sign. The resolution should not be passed until you have an annual report that has been certified by the Compliance officer.

We will go into Closed Session regarding a letter we received from the OIG concerning the first annual report.

COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS

None.

General Counsel, Scott Campbell state the committee will go into Closed Session.

CLOSED SESSION

4. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: One case.

GCHP has received a letter from the Office of Inspector General concerning the First Annual Report pursuant to the Corporate Integrity Agreement. A copy of that letter is available upon request.

There was no reportable action at the end of Closed Session.

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 1:52 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Clerk to the Commission

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

Compliance Oversight Committee
Special Meeting Minutes
October 3, 2024

CALL TO ORDER

The Commission Chair, Laura Espinosa called the meeting to order at 2:00 p.m.

ROLL CALL

Present: Commissioners James Corwin, Laura Espinosa, and Dee Pupa

Absent: Supervisor Vianey Lopez

Attending the meeting for GCHP: Acting CEO Felix L. Nunez, M.D., CCO Robert Franco, CFO Sara Dersch, CPPO Erik Cho, CDO Ted Bagley, CIO Alan Torres, CMEEAO Marlen Torres, CHRO Paul Aguilar, Acting CMO James Cruz, M.D., Anna Sproule, Susana Enriquez-Euyoque, Lupe Harrion, General Counsel Scott Campbell, and Leeann Habte of BBK Law.

PUBLIC COMMENT

None.

FORMAL ACTION

1. **Adoption of Committee Resolution to the Office of the Inspector General for the Second Reporting Period**

   Staff: Robert Franco, Chief Compliance Officer

   Leeann Habte, BBK Law

   RECOMMENDATION: Adopt Resolution 2024-004 as presented to the Compliance Oversight Committee.

Chief Compliance Officer Robert Franco thanked the Commissioners for agreeing to meet today. He stated the purpose of the meeting was to secure the adoption of Resolution 2024-004 for the Office of Inspector General (OIG) for the second reporting period of our Corporate Integrity Agreement (CIA).

CCO Franco stated that GCHP has completed their formal response to the medical loss ratio audit that was conducted. He stated that the focus this year was on healthcare quality improvement costs. The response can be found in the packet the was sent out to the committee prior to the meeting date. He stated that the response was prepared by Chief Financial Officer, Sara Dersch. CCO Franco stated he had also signed the management certification. He stated that he asked CFO Dersch to be present to answer any questions the committee may have regarding the response to the medical loss ratio audit and proposed corrective action plan.

Supervisor Vianey Lopez joined the meeting at 2:04 p.m.

Commission Chair Espinosa asked the committee if they had questions. There were none. CCO Franco stated he was requesting the adoption of the resolution as presented. Commission Chair Espinosa requested the Resolution be brought up on the screen for viewing. She asked CCO Franco and/or Ms. Leeann Habte to point out any specific change that was made, so that all committee members were aware.

Ms. Habte noted that the change from the draft version of the resolution had an addition of a phrase at the end of the resolution. The phrase was as described in the CIA annual report. The resolution now states that the committee has made a reasonable inquiry into the operations of the Gold Coast Compliance program. This includes the performance of the Compliance Officer, and the Compliance Committee based on its inquiry and review, the Board has concluded to the best of its knowledge that Gold Coast Health Plan has implemented an effective compliance program to meet federal healthcare program requirements and the requirements of the Gold Coast Health Plan Corporate Integrity Agreement (CIA) with the Office of Inspector General of the Department of Health and Human Services, as described in the CIA annual report.

Commissioner Corwin motioned to approve Resolution 2024-004. Commissioner Pupa seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS

None.

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 2:07 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: November 18, 2024

SUBJECT: Status Report for Quarter 1 of Third Annual Report to the Office of the Inspector General for the August 11, 2024 – August 10, 2025 Reporting Period

PowerPoint with Verbal Presentation

ATTACHMENTS:
Overview of CIA Report Progress

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Gold Coast Health Plan Overview of CIA Annual Report Progress

November 18, 2024

Robert Franco, Chief Compliance Officer

Integrity
Accountability
Collaboration
Trust
Respect

Return to Agenda

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CIA Annual Report

- Annual CIA Reporting Period is **August 11th – August 10th**
  - GCHP is now in the third year of the CIA.
- The CIA Annual Report addresses the requirements set forth in Section V.B of the CIA which are described, in relevant part, in the progress report in the following pages.

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Compliance Committee Members and Changes to Same

Compliance Committee Members

- Robert Franco, Chief Compliance Officer – Committee Chair
- Felix Nuñez, Acting Chief Executive Officer
- James Cruz, MD Acting 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
- Michael Mitchell, Executive Director, IT
- Sara Dersch, Chief Financial Officer

Upcoming Changes to Membership

December 2024: Bob Bushey and Michelle Espinoza will join the Compliance Committee.

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Description of Changes to Training Plan and Summary of Trainings Furnished

Compliance Oversight Committee

- Today's training includes: CIA and its requirements, Commission Compliance Oversight Committee's responsibilities under the CIA, updates on recent OIG managed care guidance, updates on 2024 DHCS Medi-Cal Managed Care Agreement requirements related to the Medical Loss Ratio ("MLR"), and an overview of recent Medicaid Rules related to incentives.

All Other Covered Persons

- No changes at this time.

How Trainings Are Conducted

- No changes at this time. As previously mentioned, CIA trainings for Covered Persons will now be released in Q1 of each calendar year.

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Risk Assessment and Internal Review Process

Internal Audit at GCHP

- Internal Audit ("IA") functions as part of the Compliance Department at GCHP. In fall 2023, Gold Coast expanded its Compliance department to address a shortage of resources to fully implement the centralized risk assessment and internal review process.
    - The IA Department reports to the Privacy Officer, who then reports to the Chief Compliance Officer.
- The objective of IA is to provide assurance and advisory services to GCHP related to GCHP's compliance with regulatory requirements and industry standards, as well as GCHP's control environment to mitigate risks related to its operations and business processes.
- Additionally, IA provides advisory services for various business needs to ensure proper processes and controls are in place to meet organizational objectives.
- Audit Plan will be reviewed by GCHP Compliance Committee in December 2024.

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Risk Assessment and Internal Review Process

Excluded Parties

- As part of the second Annual Report, we utilized a third-party ("BDO") to conduct an audit of GCHP's ineligible persons screening process to ensure excluded parties who cannot participate in Federal health care programs are appropriately identified.
- In sum, BDO found that not all Covered Persons were identified and screened, and that screening processes did not exist for temporary employees, vendors, and Commissioners. GCHP subsequently remediated the screening process and improved recordkeeping.
- Propose that a 90-day check be conducted to ensure the identified gaps are fully remedied.

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Review of Disclosure Log

Fraud, Waste, and Abuse ("FWA") Cases

- The following slides summarize the disclosures related to FWA and provide information on the FWA cases received (by quarter) and the breakdown of cases submitted or received by DHCS as potential FWA.

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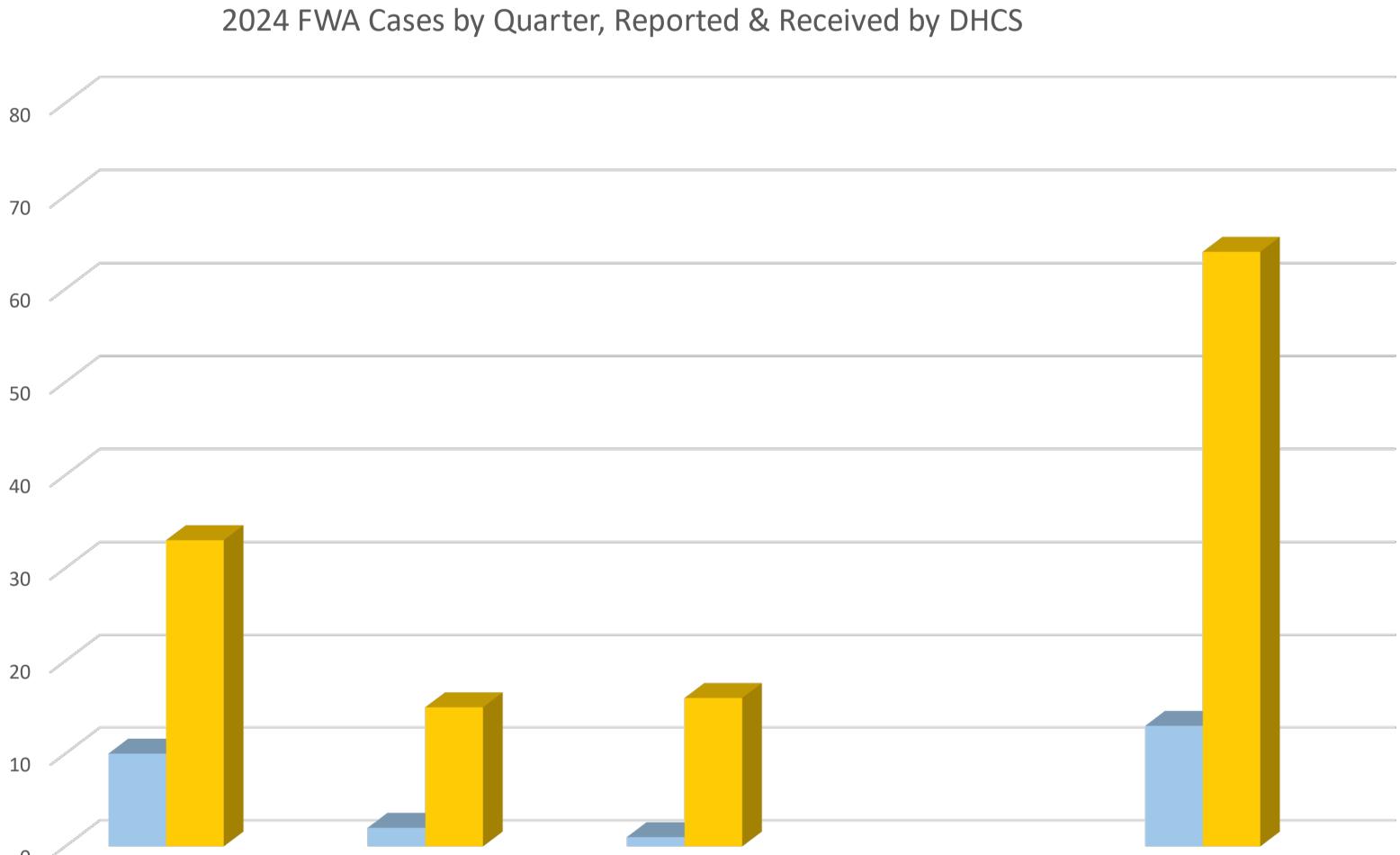
Fraud, Waste, and Abuse



	Q1	Q2	Q3	Q4	Total DHCS Cases
Reported to DHCS	10	2	1		13
Received by DHCS	33	15	16		64
Total DHCS Cases	43	17	17		77

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Fraud, Waste, and Abuse

Seventeen (17) cases in total were either submitted or received by DHCS as potential FWA.

16 cases received from DHCS

- 11 - cases were excluded providers
- 2 - cases Kaiser reported
- 2 - billing cases
- 1 - share of cost issue

1 case reported to DHCS – A provider sent a request to change their EFT. Provider did not make this request. Provider had the same issue months prior with LA Care. Provider's email had been hacked and did not change it. Police report was filed

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Nothing to Report

- No changes to the Certifying Employees or Compliance Oversight Committee.
- No changes to policies and procedures.
- No changes to the Management Certification policy and procedure or the Ineligible Persons screening and removal process.
- No ongoing investigations or legal proceedings that are required to have been reported pursuant to Section III.H.
- No Reportable Events that are required to have been reported pursuant to Section III.I.
- No audits by any state Medicaid program contractor or any government entity or contractor involving a review of Federal health care program claims.

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CIA Annual Report

Questions…

Return to Agenda

AGENDA ITEM NO. 3

TO: Compliance Oversight Committee

FROM: Leeann Habte, BBK Law

DATE: November 18, 2024

SUBJECT: Compliance Training – Corporate Integrity Agreement

PowerPoint with Verbal Presentation

ATTACHMENTS:
Compliance Training - CIA

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Compliance Training - Corporate Integrity Agreement

Gold Coast Health Plan

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Presenters

Leeann Habte

Partner, Best Best & Krieger LLP

leeann.habte@bbklaw.com

(213) 787-2572

Leeann Habte counsels clients on health care regulatory compliance, Medicare and Medicaid reimbursement issues, licensing, and information privacy and security programs. She represents public health plans, IPAs, hospital systems, and other public and private organizations on a broad range of legal issues.

Overview of Training

1. Revisiting the Corporate Integrity Agreement (“CIA”).
2. What is the Commission’s Role in Compliance Oversight?
3. Updates on Recent Office of Inspector General (“OIG”) Managed Care Guidance.
4. Updates on 2024 Department of Health Care Services (“DHCS”) Medi-Cal Managed Care Agreement Requirements (the “2024 DHCS Contract”) related to Medical Loss Ratio (“MLR”).
5. Overview of Recent Medicaid Rules related to Incentives.

Revisiting the CIA

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What is the CIA?

- Five-year agreement between Gold Coast Health Plan (“GCHP”) and the U.S. Department of Health and Human Services Office of Inspector General (“OIG”)
- Requires compliance with statutes, regulations, and written directives of Medicaid/Medi-Cal and all other Federal health care programs
- Effective August 11, 2022

What are the requirements of the CIA?

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

- Compliance Officer, Compliance Committee, Commission 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

30 of 54 pages

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Who is covered by the CIA?

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Covered Persons

- All owners who are natural persons, officers, board members, and employees of GCHP; and
- All contractors who furnish patient care items or services or perform billing, coding, and state Medicaid rate development or reporting functions on behalf of GCHP.

Excludes

- Healthcare providers or suppliers contracted by GCHP for the delivery of Medicaid services as part of GCHP's network subject to the standards at 42 C.F.R. § 438.68 [network adequacy].

What activities must this Commission perform?

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Quarterly	Annually	Optional
• Meet • Review and oversee GCHP's compliance with Federal health care program requirements and requirements of the CIA • Review and oversee the GCHP Compliance Officer and GCHP Compliance Committee	• Adopt a resolution that GCHP has an effective Compliance Program • Submit to the OIG a description of the materials it reviewed and steps taken in its oversight of GCHP's Compliance Program	• Engage an independent third-party resource

What happens if GCHP violates the CIA?

- OIG may assess Stipulated Penalties of up to $2,500 per day for any breach.
- OIG may assess a Stipulated Penalty of $50,000 for each false certification or false statement made to the OIG by or on behalf of GCHP under the CIA.
- GCHP may be excluded from participation in the Federal health care programs for any material breach of the CIA.

Commission's Responsibility for Compliance Oversight

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Refresher: OIG Guidance for Boards on Compliance Oversight

- The OIG has set forth guidance for Boards on compliance oversight.[1]

- Commission is expected to put forth a "meaningful effort" in reviewing the adequacy of existing compliance system and functions.

- Commission is encouraged to develop a formal plan to keep pace with the regulatory landscape and operating environment, which may include periodic updates or review of regulatory resources by informed staff.

[1] "Practical Guidance for Health Care Governing Boards on Compliance Oversight," Office of Inspector General, U.S. Department of Health and Human Services *et al*. (April 20, 2015) (https://oig.hhs.gov/documents/root/162/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight.pdf)

Elements of an Effective Compliance Program

- The OIG believes that compliance programs should include the following seven elements (generally consistent with CIA requirements and Sentencing Guidelines):
  - Standards, Policies, and Procedures
  - Compliance Program Administration
  - Screening and Evaluation of Employees, Physicians, Vendors, and other Agents
  - Communication, Education, and Training on Compliance Issues
  - Monitoring, Auditing, and Internal Reporting Systems
  - Discipline for Non-Compliance
  - Investigations and Remedial Measures

Identifying and Auditing Risk and Evaluating Compliance

- Commission should ensure that:
  - Management and the Commission have strong processes for identifying risk areas.
  - Management consistently reviews and audits risk areas, as well as develops, implements, and monitors corrective action plans.
  - Management monitors and audits to detect criminal conduct.

Roles and Relationships

- Commission should evaluate and discuss how management works together to address risk, including the role of each in:
  - Identifying compliance risks;
  - Investigating compliance risks and avoiding duplication of effort;
  - Identifying and implementing appropriate corrective actions and decision-making; and
  - Communicating between the various functions throughout the process.
- Per OIG guidance, Commission's oversight of Compliance Officer is critical.[2]

[2] U.S. Department of Health and Human Services Office of Inspector General: General Compliance Program Guidance (November 2023)

OIG Guidance for Managed Care

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OIG's Managed Care Life Cycle

There are four components of the OIG's managed care life cycle tool:

1. Plan Establishment and Contracting
2. Enrollment
3. Payment
4. Services to People

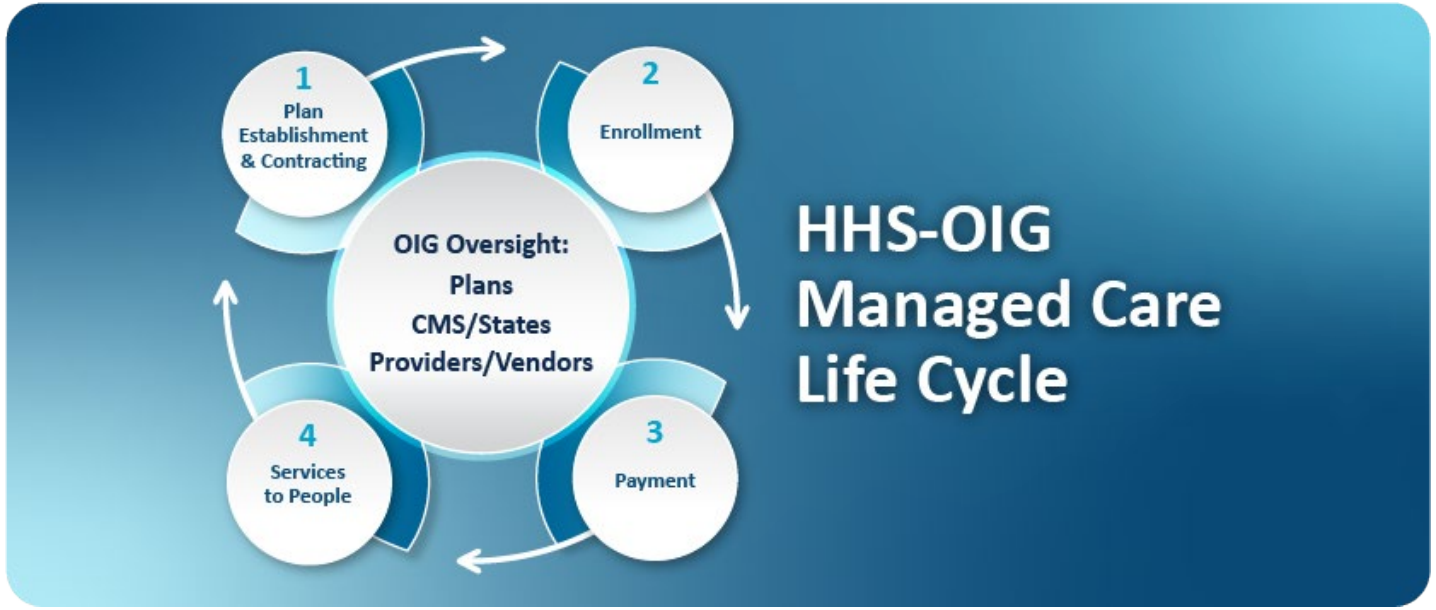

Image 1

Image 1: U.S. Department of Health and Human Services ("HHS"), OIG, Managed Care, Last Updated October 24, 2024 (https://oig.hhs.gov/reports-and-publications/featured-topics/managed-care/)

Focus Areas of the Managed Care Life Cycle

Plan Establishment and Contracting

- Focuses on activities that occur when the plan is first established or when the contract is renewed.
- May include review of contracts with State or CMS, plan benefit design, establishment of plan service area, and accuracy and integrity of plan bids.

Focus Areas of the Managed Care Life Cycle

Enrollment

- Focuses on processes related to enrolling people in plans.
- May include marketing, agent or broker activities, eligibility determinations, and accuracy and use of enrollment data.

Focus Areas of the Managed Care Life Cycle

Payment

- Focuses on payments made by CMS and the States to plans, as well as plan payments to providers.
- May include risk adjustment, payment accuracy, medical loss ratio, and value-based care or other alternative payment mechanisms used by plans, States, and CMS under the managed care programs.

Focus Areas of the Managed Care Life Cycle

Services to People

- Focuses on whether enrollees have adequate access to high-quality services.
- May include network adequacy, ineligible or untrustworthy providers, coverage determinations, whether enrollees are receiving care that meets clinical guidelines, and fraud schemes that cross multiple plans and/or Federal health care programs.

OIG's Managed Care Work

In its Strategic Plan, the OIG includes three underlying goals for its managed care work:

- Promote access to care for people enrolled in managed care;
- Provide comprehensive financial oversight; and
- Promote data accuracy and encourage data-driven decisions.

Goal: Promote Access to Care for People Enrolled in Managed Care

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ATTORNEYS AT LAW

Objectives:

- Ensure that managed care plans provide enrollees with access to health care services, including mental health services
- Ensure that care provided to people enrolled in managed care is safe, effective, and equitable

Examples of OIG's Work in this Area:

- Working on access to behavioral health
- Examined prior authorization requests

Goal: Provide Comprehensive Financial Oversight

Objectives:

- Ensure that payment to Medicare Advantage and Medicaid plans are accurate
- Identify and prevent fraud in managed care plans

Examples of OIG's Work in this Area:

- Conduct audits of health plans to validate risk-adjusted payments made by CMS
- Conduct evaluations focused on oversight and integrity of managed care plans' reported MLRs

Goal: Promote Data Accuracy and Encourage Data-Driven Decisions

Objectives:

- Ensure that data are accurate
- Encourage timely collection of complete data

Examples of OIG's Work in this Area:

- Conduct audits of Medicaid enrollment data
- Identify deficiencies in T-MSIS data

Updated Medicaid Rules for Provider Incentives

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Medicaid Rules: Provider Incentives

- On May 10, 2024, CMS and HHS published a final rule to advance CMS's efforts to improve access to care, quality and health outcomes, and better address health equity issues for Medicaid managed care enrollees.

  - In this final rule, CMS made changes to the MLR Standards for Medicaid, including standards for provider incentives.

  - CMS updated the federal regulations at 42 C.F.R. Sections 438.3(i) and 438.8(e) to incorporate additional requirements on provider incentive arrangements.

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Medicaid Rules: Provider Incentives (42 C.F.R. § 438.3(i))

- Incentive payment contracts between the managed care plan and network providers must meet the following requirements:
  - Have a defined performance period that can be tied to the applicable MLR reporting periods
  - Be signed and dated by all appropriate parties before the commencement of the applicable performance period
  - Include clearly-defined, objectively measurable, and well-documented clinical or quality improvement standards that the provider must meet to receive the incentive payment
  - Specify a dollar amount or a percentage of a verifiable dollar amount that can be clearly linked to successful completion of the metrics defined in the incentive payment contract, including a date of payment.

2024 DHCS Contract: MLR Reporting

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MLR Requirements

Overview

- GCHP must annually report a MLR.
- For Rating Periods during which the State mandates a minimum MLR remittance, GCHP must impose equivalent MLR reporting requirements on Fully and Partially Delegated Subcontractors and Downstream Fully and Partially Delegated Subcontractors.
- As of January 1, 2025: GCHP must impose equivalent remittance requirements on Fully and Partially Delegated Subcontractors and Downstream Fully and Partially Delegated Subcontractors.

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Questions?

Leeann Habte

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