

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

**Compliance Oversight Committee**

**Regular Meeting**

**Monday, September 23, 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: 690 313 113# #**

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

## **CONSENT**

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

Staff: Maddie Guterrez, MMC Clerk to the Commission

**RECOMMENDATION:** Approve the minutes of May 20, 2024

## **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

### **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

## **COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS**

## **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.

## **ADJOURNMENT**

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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 to the Commission  
DATE: September 23, 2024  
SUBJECT: Regular Meeting Minutes of May 20, 2024

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENT:**

Copy of Compliance Oversight Committee meeting minutes of May 20, 2024.

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

**Compliance Oversight Committee  
Meeting Minutes  
May 20, 2024**

**CALL TO ORDER**

The Commission Chair, Laura Espinosa called the meeting to order at 1:08 p.m.

**ROLL CALL**

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

Absent: None.

Attending the meeting for GCHP: CEO Nick Liguori, CCO Robert Franco, CFO Sara Dersch, CIO Eve Gelb, CMO Felix Nunez, M.D., CPPO Erik Cho, Victoria Warner, Susana Enriquez-Euyoque, Lupe Harrion, General Counsel Scott Campbell, and Leeann Habte of BBK.

Guest: Tracy Gallaher, County of Ventura

**PUBLIC COMMENT**

None.

**CONSENT**

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

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: None.

ABSTAIN: Supervisor Vianey Lopez

The clerk declared the motion carried.

## **PRESENTATIONS**

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

Staff: Nick Liguori, Chief Executive Officer

CEI Liguori welcomed Supervisor Vianey Lopez to the Compliance Oversight Committee. He noted that her service was appreciated on this important committee.

### **3. Compliance Oversight Committee Updates**

Staff: Robert Franco, Chief Compliance Officer

**RECOMMENDATION:** Receive and file the presentation

Robert Franco, Chief Compliance Officer also welcomed Supervisor Lopez to the committee. He acknowledged Commissioners Espinosa, Pupa, and Corwin for their continued support. He stated that this committee helps us to be more transparent with what is taking place within the organization, but it also allows up to capture the feedback and what is important from the Commission perspective.

Regarding this year's medical loss ratio audit, the statute requires as part of the CIA, for us to hire an independent review organization to perform an audit on the medical loss ratio. The Office of the Inspector General (OIG) tells us every year which element they want to focus on. We reached out to the OIG to ask if they had selected the focus item. Recently we heard from the OIG, and they informed us that their focus will be to look at this year's expenditures for activities that improve healthcare, and health equity. We have been meeting with the independent review organization AMI. They provided us with a sample questionnaire similar to that was done last year for any updates regarding information, processes, and procedures. They have now received the element and start a work plan. We will also engage finance as a starting point and then see where else the organization is going to need to require a response. CCO Franco stated we received

feedback from the OIG regarding our annual submission and we provided a response to the feedback.

CCO Franco stated we also did our annual CIA training which was done in November with the Commission. He noted that a training was also done with Supervisor Lopez, since she is new this committee. We are also rolling out an all-associates training and it will be computer based. Everything will be recorded, and we will get an attestation so we can track. We have also updated and submitted additional CIA policies and procedures; specifically, the overpayment policy and procedure has been submitted. The anti-fraud, waste and abuse plan have been revised and submitted as part of the Know Keene application. All of these will be in line with our current practices as we roll out some of the additional trainings, our risk assessment P&P, which is required by the CIA and our disclosure program. Moving forward, one of the things we are proposing is to report out our DHCS contract amendments to this committee and to commission. We will update all the All-Plan Letters (APLs) and then codify through some of the contractual changes. Codified amendments will be presented to this committee so that you will have a point of reference.

CCO Franco stated there are also internal quarterly compliance meetings. He noted that in Government Relations there are Mandates Implementation and Policy Review meetings. Regulations that are coming in are assigned to different business units within the organization and they make sure that policies are being implemented. There is a proposal to have business partners present elements at this meeting. There is value in what takes place within the organization that will help demonstrate the effectiveness of our compliance program, which is the goal of this committee – which is to oversight the effectiveness of the Compliance committee meetings.

CCO Franco stated there is a revision to the CMS Medicaid Managed Care final rule. We are in the process of understanding the proposed changes and that information will be presented to this committee. He stated that CMS issues the rules, they go through DHCS, and DHCS operationalizes those rules and either issue a memo or through the APLs how they will be implemented from the plan's perspective. We want to ensure that we are communicating the changes since it is coming from a federal perspective. We want to be sure that presenting the updates will bring value and provide the insight this committee is looking for in order to attest that it is effective for the compliance program.

Commissioner Pupa stated she had a suggestion. A lot of the corporate integrity agreement from the OIG with the systems including VCMC and our system at GCHP, in the future, there could be a recap. There information and supporting documents on submission of reports and accepted by the OIG, or if there were any questions that they had so that we are fully informed because it is an integral piece to the CIA and our compliance here. CCO Franco agreed. He stated that we have hired a person that is helping us with the compliance, Bianca Naron is a Compliance Program Manager who is

helping us administrate the piece of the CIA. She is in the process of updating our work plans to make sure that all deliverables that are expected to be turned into the OIG are done in a timely manner and that we have documentation. CCO Franco stated he will present the information at the next meeting.

Commissioner Espinosa stated CCO Franco mentioned compliance and working with the business partners – she asked what that looks like. CCO Franco stated that within the Compliance Committee meeting there are different reports that we must provide based off the activities that take place. The Compliance team are the first and second contact for the state. All the APLs come to us and then funneled through the business. The APLs go to Compliance, then over to Government Relations, where they do the analysis, compliance does the tracking of any revisions of policies and procedures, and then lastly to Mandates, to see how it is being implemented within the organization. There is a lot of interaction with fraud, waste, and abuse reports. There are three different ways to file a fraud, waste, and abuse report; they can do it online, there is an 800 number where they can report anonymously or contact CCO Franco.

Commissioner Corwin asked for clarification on the process of submitting reports. CCO Franco stated that as part of the Corporate Integrity Agreement (CIA) we are required to file an annual report and within that report they have all the different elements that we are specifically required to respond to. Commissioner Corwin stated he would like status /summary of status, as some reports are complete, and some are in process. CCO Franco stated he can present an update to see where we are at, and any issues in the report. Commissioner Pupa asked if there is a place in the report that show the number of cases that GCHP has identified. CCO Franco stated that in the report is show a total of forty-three for the last quarter, thirty-three cases came from DHCS, eight from Kaiser, one provided from Carelon, and one member case that was substantiated. CEO Liguori clarified that there is a report by referral source. CCO Franco stated that he can have some of his team, who oversee this process, can explain the information about some of the cases. Commissioner Pupa stated that she knew there was a process in place, and it is good to know that fifteen potential items were identified internally, which is exactly what should be done.

#### **4. 2024 Compliance Oversight Committee Meeting Schedule**

Staff: Maddie Guterrez, MMC Clerk to the Commission

CCO Franco reviewed the revised dates for the Compliance Oversight Committee meetings. The meeting dates are as follows:

5/20/24 2:00PM  
9/23/24 1:00PM  
11/24/24 1:00PM



Commissioner Pupa motioned to approve Agenda item 3, Compliance Oversight Committee Update and Agenda item 4 2024 Compliance Oversight Committee meeting schedule. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

#### **COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS**

None.

General Counsel, Scott Campbell state the committee will now go into Closed Session at 1:29 p.m.

#### **CLOSED SESSION**

##### **5. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**

Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9: One case.

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

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

#### **ADJOURNMENT**

With no further business to discuss the meeting was adjourned at 2:02 p.m.

Approved:

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Maddie Gutierrez, MMC  
Clerk to the Commission



**AGENDA ITEM NO. 2**

**TO:** Compliance Oversight Committee

**FROM:** Robert Franco, Chief Compliance Officer  
Leeann Habte, Esq., BBK Law

**DATE:** September 23, 2024

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

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

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

# Gold Coast Health Plan Overview of CIA Annual Report for Second Reporting Period

Monday, September 23, 2024

Robert Franco, Chief Compliance Officer  
Leeann Habte, Partner, Best, Best & Krieger

# CIA Annual Report

- On August 11, 2022 (the “Effective Date”), Ventura County Medi-Cal Managed Care Commission d/b/a Gold Coast Health Plan (“Gold Coast”) entered into a Corporate Integrity Agreement (“CIA”) with the Office of Inspector General (“OIG”) of the United States Department of Health and Human Services (“HHS”) to promote compliance with the statutes, regulations, and written directives of Medicaid and all other Federal health care programs.
- Under Section V.B of the CIA, Gold Coast is required to submit a written report (“Annual Report”) for each of the five Reporting Periods.

# CIA Annual Report

- Annual CIA Reporting Period is **August 11<sup>th</sup> – August 10<sup>th</sup>**
- This second Annual Report addresses the requirements set forth in Section V.B of the CIA.
- Section V.B of the CIA consists of 23 requirements that must be met during each reporting period.

# 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

## Changes to Membership

September 18, 2023: Sara Dersch joined Gold Coast as the Chief Financial Officer.

### **Shortly after the end of the second Reporting Period, the following changes were made to the Compliance Committee:**

On August 26, 2024, the Ventura Medi-Cal Managed Care Commission chose not to renew Chief Executive Officer Nick Liguori's contract with Gold Coast.

Effective August 28, 2024, Dr. Felix Nuñez was named the Acting Chief Executive Officer and Dr. James Cruz was named the Acting Chief Medical Officer.

# Compliance Oversight Committee Members and Changes to Same

## Compliance Oversight Committee

- Dee Pupa, Chair Ventura County Health Care Agency
- Laura Espinosa, Vice Chair Consumer Representative
- James Corwin, Community Memorial Health Systems
- Vianey Lopez, Ventura County Board of Supervisors

## Changes to Membership

- April 22, 2024: Supervisor Vianey Lopez replaced Commissioner Jennifer Swenson on the Compliance Oversight Committee.
  - Gold Coast notified the OIG, in writing, of this change on May 3, 2024.

# Certifying Employees and Changes to Same

## Certifying Employees

- Robert Franco, Chief Compliance Officer
- Felix Nuñez, MD, Chief Medical Officer
- Erik Cho, Chief Program and Policy Officer
- Alan Torres, Chief Information Officer
- Sara Dersch, Chief Financial Officer

## Changes to Membership

- Sara Dersch is a Certifying Employee effective September 18, 2023.
- Mr. Liguori is no longer with Gold Coast, effective August 27, 2024.



# Board Resolution Requirement

- The Board Resolution required by the CIA that covers the second Reporting Period will be considered by the Commission Compliance Oversight Committee.  
A copy of the resolution will be included as an exhibit in the CIA Annual Report.

# Dates of Each Compliance Oversight Committee Meeting

- August 14, 2023
- November 13, 2023
- May 16, 2024

# Compliance Officer Reports

- Dates of Each Report Made by the Compliance Officer to the Commission
  - August 28, 2023 (Commission Compliance Oversight Committee)
  - November 30, 2023 (Commission Compliance Oversight Committee)
  - February 26, 2024 (Ventura County Medi-Cal Managed Care Commission)
  - May 20, 2024 (Commission Compliance Oversight Committee)
- Of note, the Commission Compliance Oversight Committee did not meet in the first quarter of 2024 because it was unable to meet the quorum requirements of the Brown Act.
  - Instead, Compliance Officer reported to the Ventura County Medi-Cal Managed Care Commission as a whole, where two Compliance Oversight Commission members were present:
    - Commissioner Laura Espinosa
    - Commissioner Dee Pupa

# Materials Reviewed and Steps Taken in Oversight of Compliance Program

- **August 28, 2023:** Reported on Mazar's Risk Assessment, Internal Audit Work Plan, Compliance Policies and Procedures, and Training Plan revisions.
- **November 30, 2023:** Reported on the 1<sup>st</sup> Annual CIA Report and provided CIA Board training.
- **February 26, 2024:** Reported on DHCS Medi-Cal Manage Care Agreement.
- **May 20, 2024:** Reported on the updated MLR plan for Y2 Reporting Period, DHCS contract amendments, internal Compliance program updates and CMS Final Rule.
  - Closed session was held to discuss OIG's April 1<sup>st</sup> Request for Additional Information.
  - Nick Liguori, Chief Executive Officer, made a verbal presentation on the appointment of Supervisor Vianey Lopez to the Commission.

# New and Revised Policies and Procedures

## **Compliance Program**

- Annual Compliance Risk Assessment (new)
- Disclosure Program (new)
- Provider Contracting Process (updated)
- Provider Contract Cover Sheet (updated)

## **Identification, Quantification, and Repayment of Overpayments**

- Substantial Overpayments (new)

# Description of Changes to Training Plan and Summary of Trainings Furnished

## Compliance Oversight Committee

- Training includes: CIA and its requirements, Commission Compliance Oversight Committee's responsibilities under the CIA, OIG's guidance for health care boards on compliance oversight and elements of an effective compliance program, and DOJ's recent guidance on the evaluation of corporate compliance programs.

## All Other Covered Persons

- Training includes: Importance of effective compliance program, CIA and its requirements, overview of key risk areas in the 2nd reporting period, DOJ's recent guidance on evaluation of corporate compliance program.

## How Trainings Were Conducted

- Compliance Oversight Committee, Chiefs, and Directors was conducted in-person.
- Training conducted through Litmos for employees, vendors, temporary employees.
- Gold Coast trained 100% of its Covered Persons by September 6, 2024.
  - CIA training will be released in Q1 of each calendar year going forward.
  - Gold Coast will implement disciplinary actions for those individuals who are assigned CIA trainings but do not complete them.

# MLR Element Review Report

- On September 17, 2024, Gold Coast received the MLR Element Report from Affiliated Monitors, Inc. (“AMI”), the Independent Review Organization (IRO) .
- The MLR Element Review Report for the second Reporting Period was Healthcare Quality Improvement Costs.
- Gold Coast’s response to the MLR Element Review Report and evidence of Gold Coast’s submission of the MLR Element Review Report to DHCS are all attached to the Annual Report as Exhibit D.
- Exhibit D also includes summary of actions to address the CAP from the First Reporting Period.



# Risk Assessment and Internal Review Process

- Gold Coast made significant changes to its risk assessment and internal review process to strengthen its centralized risk assessment and internal review process and foster a culture of compliance across the organization.
- 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.
  - Gold Coast created two new positions (Compliance Program Manager and Internal Audits Manager) and began the interviewing and hiring process. These positions were filled in early 2024.
- In early January 2024, Gold Coast engaged Navex IRM (“Navex”) to develop Gold Coast’s IRM tool. to build an Integrated Risk Management (“IRM”) tool to be used to manage risk
- Gold Coast developed an Internal Audit Program which included hiring additional staff, creating program documentation, and developing internal audit plans.
- In July 2024, BDO (under contract with BBK) conducted an audit of Excluded Persons Screening for the Second Reporting Period.



# Nothing to Report

- 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.

# Chief Compliance Officer Certification

Robert Franco, Chief Compliance Officer, must certify the following:

- (a) To the best of his or her knowledge, except as otherwise described in the report, Gold Coast has implemented and is in compliance with all of the requirements of the CIA;
- (b) He or she has reviewed the report and has made reasonable inquiry regarding its content and believes that the information in the report is accurate and truthful; and
- (c) He or she understands that the certification is being provided to and relied upon by the United States.

Because Chief Executive Officer Nick Liguori is no longer with Gold Coast, Gold Coast will not have a certification from the CEO for the second Reporting Period.

# CIA Annual Reporting Timeline

- September 20, 2024: Draft Report Completion
- September 23, 2024: Submit to Commission for Review and Approval
- October 9, 2024: Annual Report Due to OIG

# CIA Annual Report

## Questions...

# Draft Compliance Oversight Committee Resolution

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



**AGENDA ITEM NO. 3**

TO: Compliance Oversight Committee

FROM: Robert Franco, Chief Compliance Officer

DATE: September 23, 2024

SUBJECT: Presentation of Resolution to the Office of the Inspector General on Effectiveness of GCHP Compliance Program

**Verbal Presentation**

**ATTACHMENTS:**  
*Draft Resolution*

**RESOLUTION NO. \_\_\_\_\_**

**Resolution of the Compliance Oversight Committee to the Office  
of the Inspector General for the Second Reporting Period**

“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.”