**Virginia Birth-Related Neurological Injury Compensation Program Board of Directors Meeting Minutes**

**August 12, 2025**

**Attendees:**

David Ratz, Esq., Chair
John Gordon, C.P.A.
M. Cathy Slusher, M.D.
Kevin Logan, Esq.
Ronald Ramus, M.D.
Joel Dillon, Vice Chair

**Virtual:**

Patricia Byrnes-Schmehl

**Also Present:**

Dawn McCoy, Executive Director
Ronda Holloway, Operations Manager
Carla Collins, Chief Program Officer
Razaz Ali, Claims Processing Manager
Alexander Smith, Claims Manager
Hanna Bareford, Human Resources Assistant
Charlotte Spence, Communications & Operations Associate
Sarah Paskins, parent of an admitted claimant
Beth Sanner, support for Paskins
Marissa Goldsmith, parent of an admitted claimant
Luca Powell, Richmond Times Dispatch
Adonica Baine, Esq., Office of the Attorney General
Calvin Brown, Esq., Office of the Attorney General
Stephen Weir, CEO of Trustward
Cathy Liss, parent of admitted claimant
Larry Swetlow, parent of admitted claimant
Penny Gough, MC Innovations
John Paolacci, Chief of Operations, Rising
Austin Willitts, Sklar Technologies

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**Call to Order**

Chairman Ratz called the meeting to order at 8:36 a.m. John Gordon seconds the call to order.

The Chairman welcomed everyone to the meeting.

**Minutes from Previous Meeting**

Board Chair Ratz moved to discuss the July 8, 2025, Board meeting Minutes. The Motion was seconded by Member John Gordon and unanimously approved by vote of the members.

Board Chair Ratz moved to approve the Minutes, and Member John Gordon seconded the Motion.

The Motion was voted upon and passed unanimously.

**Investment**

Board Chair, David Ratz, started the investment meeting by introducing Trustward CEO Stephen Weir. Weir joined the Board at the table and stated he has been handling Chief Financial Officer (CFO) functions for the Program, and his team has been assisting the Program with accounting functions, as well. He proceeded to inform the Board that the investment portfolio has done well in the investment market with the figure of approximately $800 million currently as a mark of the investment value. He was hesitant to give full value, however, as he preferred to wait until the end of the year to disclose the total value to deliver an accurate figure of the Program's balance.

**Financial**

Stephen Weir began discussing the audit currently underway for FY2022, 2023, and 2024. Weir and his Trustward team have been submitting their findings to BDO over time. He shared that BDO requests many different items during the audit, and Weir has separated them into 2 tranches, the first already being completed. He will have the second tranche completed before the end of August, which puts them ahead of schedule on submission to

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BDO. Weir stated that the Budget for 2025 is not ready, but that Trustward's priority is completion of the three years of audits.

Board member John Gordon asked Weir if anything unusual has come up during the audit process. Weir said the Raines matter and the turnover in the Finance Department have been the points with the most questions; but that there have been no other unusual aspects pertaining to the audit. Chairman Ratz said he has the completed BDO surveys from the last meeting and that there will be a meeting within the week with the BDO team to answer the questions they have for the Board members. Gordon asked if there was an issue with payables as they do 3 years of audits at one time. Weir responded that they did a lot of work regarding the finances for January 2025 to see where and how the money flowed. Trustward has found the information and sends it over to BDO and feels like it is a regular audit. The second tranche is related to expenses, and he foresees them asking questions. From Trustward's experiences and perspective, not from the auditors' perspective; but rather, as the party submitted the information, it felt like a normal audit.

**Program Update**

John Paolacci, the Chief of Operations with Rising, and Penny Gough, the CEO of MC Innovations, introduced themselves to the Board. He shared that Rising has been operating for 25-26 years and has adjudicated billions of dollars in claims every year across the USA. He cited that they were awarded a high trust certification, which makes them very HIPAA compliant and ensures their security and they have an NPS Net Promoter Score on average of 9.8.

Penny Gough, CEO of MC Innovations (MCI), introduced herself and mentioned that MCI has been in business for 33 years as of 2026. She pointed out that they are a private business out of Richmond, Virginia and that MCI is a managing and consulting group and helps allocate appropriate vendors to organizations.

John Paolacci stated that Rising has been operating with the Program for 3 months. He mentioned that within the first 30 days of their collaboration with the Program, they have achieved loading history from the previous third-party administrator (TPA), Benefit Plan Administrators (BPA), including their active cases consisting of approximately 54,000 records, established a pharmacy benefit program, and established access to Vision for the families. They also provided training for staff. Paolacci projected that as everything grows and updates are added to Vision; more training will be needed. Since the Vision Platform went live, there have been 857 expense reimbursement requests, of which 646 have been processed. He shared that the remaining are in process. He noted that 107 families have

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enrolled for direct deposit and payment is occurring. He added that if the families do not want direct deposit, they have been receiving paper checks. Paolacci shared that Rising has updated primary insurance cards and is working with the Program on assisting claimant families to obtain primary health insurance. 41 have updated their insurance information in the past 30 days. He also mentioned that Durable Medical Equipment (DME) needs are now being met through Rising in the Vision portal, as well as mileage reimbursements, timesheets, and other benefits.

Board member Cathy Slusher asked if "processed" means "paid." Paolacci said, "yes".

Gough spoke concerning the pharmacy program, stating MCI partners with Alius health to make customized pharmacy cards for families. So far, they have processed 540 total scripts. She shared that the total drug cost to date as of the Board meeting is $137,621.51, with a retail cost of $270,967.60, and $133,346.09 savings over retail costs which calculates to a 49 percent savings to the Program. She noted that there are questions, but overall, things are running smoothly.

Paolacci showed functionalities of the Vision portal by demonstration. He added that mileage reimbursement, caregiver (caretaker) timesheets, and expense forms, are now being processed by Vision all under an encrypted firewall. He cited that the Vision portal has also been updated with key features consisting of: Upload, Drag and Drop in multiple file formats, Line-Level entry control to add, edit, delete records, Direct Links to VBIF caretaker rates and the Participant Handbook, Email Confirmation of submission, Email Notification of payment issue, and Tracking Status of reimbursement and payment in Vision. Streamlined Payment through check or direct deposit without separate client files is possible, as well. Paolacci further added that anything that comes through Vision will be paid through Vision.

Chairman Ratz asked Paolacci how things will change over time with the implementation of Vision. Paolacci responded by stating that instead of families filling out a form through the Program's website, they will now be submitting the requests and documentation through the Vision portal hosted by Rising. Paolacci gave the reasoning that families did not trust the Program's portal because of perceived security issues, but the Vision portal addresses those concerns. Rising will be handling their allotted benefits, and the Program will continue processing a smaller subset of requests. He further added that the Program and Rising both handle those benefit types and will be the one to pay families, and the Program will continue to approve all reimbursements.

Paolacci demonstrated how to use the Vision portal. He shared that there is a tutorial on Vision, with Cheryl Turner from Rising.

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**Public Comment**

Chairman Ratz opened the floor for public comment.

Larry Swetlow and Cathy Liss shared that they have a child enrolled in the Program since the 1990s. They began by thanking the Board for the opportunity to speak to them in-person. Ms. Liss stated the hurdles they have faced undergoing Program changes, but she believes there is a resolution forthcoming soon. They mentioned it has been helpful coming to see the current state of the Program at the Board meeting.

Marissa Goldsmith, parent of a claimant, commented that things are still going wrong, as she believes there is a laundry list of issues still without resolution and sees that there is a long way to go. Ms. Goldsmith expressed disappointment that the agenda showed that the Virtual Policy conversation would occur after the Closed Session since that was the main public comment she wanted to discuss. She believes the current Virtual Policy in place violates the transparency of the Freedom of Information Act (FOIA). Ms. Goldsmith pointed out issues in the previous board meeting minutes saying the families did not believe there was a telephone Policy stating to ignore families' calls; but rather, a verbal order from the top. She also mentioned the minutes stating an attempt to humanize staff to make families feel more comfortable working with the Program; but everything she has received has been "comically robotic". Ms. Goldsmith stated her concern regarding missent emails and an alleged HIPAA violation involved in that action.

Sarah Paskins, parent of an admitted claimant, began her comment by reading a letter from another admitted claimant's mother, Kim Thompson, stating her ongoing issues with receiving reimbursements as she relies heavily on the Fund. Thompson stated in her letter her frustration with the lack of communication at the Program's end to meet her needs. She feels she is not getting the services required, and that when she asks questions, they are either not being answered, or she has received inconsistent information. She believes the current level of staff is lacking and urged the Board to recognize the delay in the staff's reimbursement of families. Ms. Thompson stated she wanted to see changes that will show results.

Sarah Paskins began her comment by stating that Dawn McCoy has been lacking communication with her and other families. Ms. Paskins stated she believes there has been too much hiring in the Program, as there were three new positions posted in the last 48 hours before the Board meeting. Ms. Paskins said there should be a blackout of paid time and that Dawn McCoy should limit her meetings to focus instead on family concerns. She expressed her need for consistent pay. She stated that Program staff would use the

word “bother” to explain Ms. Paskins not being able to reach other staff members that are busy in meetings; yet she believes discussing the status of her reimbursement is a priority, not a “bother”. She stated there should be automatic payment, and that families are receiving multiple stories from staff members regarding their reimbursements. Ms. Paskins stated the insurance coding issues she has faced that have prevented her daughter’s medications being filled. She expressed concern that there's no reliable direct deposit; yet, to track the status of paper checks is not possible. She referred to the previous embezzlement as an example. Ms. Paskins claimed Dawn McCoy is weak in handling the Fund and Ms. McCoy has not been held accountable in this role as Executive Director. Ms. Paskins stated she has reached out to Congress and is asking for a formal investigation of the Program. She wants Ms. McCoy to be out of her position so Ms. Paskins is doing her best to get her fired. Ms. Paskins said if the Board does not do it, she will protest and get the media involved.

Beth Sanner, a family mother of an admitted claimant, said she is curious about the thousands the Program owes in medical bills and asking when they will be paid. She stated every family is begging for their money and that the staff in Finance are not doing their jobs in her opinion.

Ms. Paskins mentioned the Program’s finance staff and inconsistency in issuing caregiver checks. She mentions the struggles of being a mother in the Program and the lack of recognition the Program has for the trauma they have gone through.

**Executive Director Comments**

Executive Director, Dawn McCoy, started by stating her appreciation for the Rising/MCI demonstrations, and Board members exercising the effort to be here. Board member Gordon asked McCoy how she feels concerning where the Program is, and how things are going day to day. Ms. McCoy responded by saying there is progress being made on shifting the tide to step up and help the disabled community, to create a caring culture, build trust, and to build productive collaborations. Director McCoy mentioned that the Program has a fresh team with less than one year tenure and that there were no departments at the Program until recently. The Program plans on adding staff for Communications and Claims to delegate more so reimbursements go out more efficiently. Director McCoy stated she has talked to nearly 200 family members in the last part of last year. Director McCoy continued by saying she believes she wears many hats and is hiring chief positions as requested by the Board. She pointed out that she is fulfilling the board’s endorsement to reinforce Program support with streamlining the team. She stated she has been trying to listen and lead. Ms. McCoy referenced that Claims staff has reached out in the past two

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days to families that are here today to present concerns during the Board meeting to make sure their needs were being met.

Board member Ronald Ramus, M.D., asked about the metrics on response time to families in the Program. Director McCoy responded that the Claims and Case Management team sends a response within a 48-hour acknowledgement time. Ms. McCoy followed by explaining the timeline process of the team-based triage effort that meets multiple times a week from all Departments to discuss processes and how to make responses and payments more efficient and timelier. The team has been developing metrics and detailed specifics to present to the public in dashboard form and has been using vendor help in that effort, as well.

Board member Cathy Slusher, M.D., asked about the outstanding claims and where the Program is in getting that gap closed. DirectorMcCoy said there are residual claims. The Program is trying to uncover that data, as there were a couple of hundred outstanding because documentation wasn't provided to resolve the claims. Ms. McCoy stated that the Program hears the families' concerns and is actively trying to pull the past- due claims of 60 days for clarity on where we stand. Board member Slusher asks what is left to be done. Ms. McCoy responded by mentioning that the streamlined direct deposit through Rising is underway, which will help with timeliness, and that additional check runs have been happening 2 or 3 times a week to get ahead on payments.

Chairman Ratz asked Dawn to speak on the current timeline on claims coming in by benefit type and how that effects the payment cycle. Ms. McCoy responded by saying there are 40 different types of benefits and claims. She pointed out that Trust Homes and home modifications take longer than timesheets, for example. McCoy added that the scheduled paydays have been the 15th to the 30th have been consistent, though catch-up had to be made earlier in the year. She shared that most claims have been able to get out in 2-3 business days. Chairman Ratz asked about the mentioned catch-up payments that have been paid on that schedule in last December and January of this year. McCoy stated, to her knowledge, they are caught up, but that there are staff to provide oversight on that effort. Chairman Ratz asked what the off-scheduled payments are. Ms. McCoy responded, saying that there are payments that have been made outside of that schedule, other than as catch-up payments, like if there was an emergency or something that needed to be corrected.

Board member Patricia Byrnes-Schmehl made a comment expressing her empathy for families going through their difficulties with the Program and in their lives. Board member Byrnes-Schmehl questioned why there are several payments happening outside of the pay schedule and commented on the confusion which the families must feel when they feel

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their pay is delayed. Director McCoy responded with the comparison of data and the exceptions being made. Board member Slusher asked if that number is going down or if it is remaining high while there is catch-up occurring. Ms. McCoy responded by saying she is not sure of the amount that has been paid off schedule and that it could be due to processing delays, lack of documentation, or human error. Ms. McCoy said she will provide data prior to the September meeting.

Board member Slusher asked about the outstanding payments since the May Board meeting, and how much it has decreased. She was also curious concerning how the Program had closed that gap. Ms. McCoy mentioned the Program's special group effort, Triage Team, finding that all have been approved but not paid due to lack of documentation. Board member Slusher asked to see the figures concerning what has been paid, versus what needs to be paid. Ms. McCoy responded that the Program has a 90 percent response rate on all emails, and that she can provide additional data at the September Board meeting.

Board member Ratz asked when the Vision portal would go live since a significant number of claims will be processed through it. Director McCoy said if things stay in good standing, then by next Friday, August 16th. Chairman Ratz asked what happens to the claims that are not in the system. Ms. McCoy said she will identify the claims and reach out to the family with an acknowledgement to review the process as well as reaching out to the families explaining the new claims submission process and how we will continue to process them in-house until claims are updated in Vision.

Paolacci from Rising then explained the Vision portal again and the tracker that is installed, stating nothing will be new from the back-end process. Ratz asked, "if a claimant submits a claim into Vision, when can they see it on the tracker"? Paolacci said, "they can see it immediately on the portal and on the tracker."

Chairman Ratz asked, "if they have an outstanding claim, can they still see it?" Paolacci explained that everything will be visible through Rising. Mr. Ratz asked whether resubmission is necessary if something is outstanding that needs payment because he fears duplication and is asking for options concerning how that is handled. Ms. McCoy explained that communication with people and the updated process flow will avoid duplication. Paolacci and Gough both agreed that there will be a dual review on both ends of Rising and the Program for validation.

Ms. Paskins, an admitted claimant parent, spoke up and mentioned the lack of accurate information in the claimant families' contact list and asked how those things can be paid if

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there are mistakes in that information. Chairman Ratz said that emails have been sent to all families stating that they should please send updated contact information.

Board member Ramus asked for a regular dashboard assessment concerning metrics and how things are going in the new system and asked Rising if they have done this for other vendors, too. Paolacci responded in the affirmative and explained that all things are done out of transparency. He added that these reports would start monthly. Then as things become more established, maybe the reports will be provided quarterly. Everyone on the Board agreed that monthly would be best. Director McCoy said the Program is in a midpoint evaluation with Rising and the Program does receive weekly updates with metrics. Ms. McCoy indicated that the team has access to them and is trying to find the right way to make the metrics public. Board member Ramus said he wants to see the numbers as soon as possible, both Rising data and outstanding BPA metrics. The Board asked to see the metrics quantitatively.

Board member Slusher asked if the claimants can correct their data through Rising and if the Program can place that verbiage in the letter that goes out. Paolacci answered in the affirmative and explained that Rising notifies the Program when an update arrives. Member Slusher stressed the importance of that information being provided to the families. Ratz asked whether the Program's database was corrected while Rising's was. Ms. McCoy explained that the Program has a live spreadsheet that goes directly into the Program database when updates are required. She shared that the teams are developing a Frequently Asked Questions (FAQ) list to be distributed to families. Director McCoy mentioned there has not been a role like this in the Program in the past. She added that the Program has created a place where all these metrics are logged, recorded, and updated frequently. Paolacci offered that he can provide full extracts from their system with case numbers with all the contact information. Mr. Ratz asked whether there is someone or whether there can be someone to make sure the data between Rising and the Program mirrors each other and whether there is a process in place already to make sure that's being achieved. Ms. McCoy said, "yes, that's in progress."

Board member Gordon asked whether there has been a response to the last letter seeking the correct contact information and requesting that families confirm the data to be complete and accurate. Director McCoy stated that families were asked to confirm their contact information. Paolacci mentioned that the updates are on file; but that not everyone has responded and that only 40 families have responded. He stated that during the first training with families, they were shown how to access their own profile, and some have addressed concerns in their contacts. Paolacci said that 100 percent of claimants are in the system and are engaging in discussions with families to make sure they are

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comfortable with the Vision portal and their profiles. Member Gordon mentioned the need for a formal confirmation process to ensure everything is correct going forward. Paolacci said the email address provided to Rising is verified, and that it is confirmed by families receiving a formal email of verification when they use the portal. Member Gordon stressed the need for completeness in the information. Chairman Ratz emphasized the need for families to submit their current and updated contact information to the Program and to Rising to ensure correct contacts. He also mentioned the need to renew this process every year.

**Closed Session**

Chairman Ratz moved to go into Closed Session at approximately 10:32 a.m.

In accordance with the provisions of §2.2-3711 (A)(1); § 2.2-3711 (A)(7); § 2.2-3711 (A)(8); and §2.2-3711 (A)(29) of the Code of Virginia, he moved that the Board of Directors for the Virginia Birth Related Neurological Injury Compensation Program go into closed meeting for the purpose of:

Discussion and consideration of assignment, appointment, promotion, performance, salary, disciplining, or resignation of an employee or employees- the subject of which is a discussion of the recent resignation of the employees and "Former Finance Employee Review";

Consultation with legal counsel and briefings by staff members or consultants pertaining to actual or probable litigation, where such consultation or briefings in open meeting would adversely affect the negotiating or litigating posture of the Board, and consultation with legal counsel employed or retained by the Board regarding specific legal matters requiring the provision of legal advice by such counsel regarding- the subject of which are 1) contracts with the past and current claims servicing companies, 2) discussion of claims and pending cases against the Program related to birth injuries, 3) the pursuit of monetary claims in favor of the Program, and 4) contracts with prospective accounting firms; and

Discussion of the award of a public contract involving the expenditure of public funds, including interviews of bidders or offerors, and discussion of the terms or scope of such contract, where discussion in an open session would adversely affect the bargaining position or negotiating strategy of the public body- the subject of which are contracts with prospective accounting firms.

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Board member John Gordon seconded the Motion. The Motion was voted upon and passed unanimously.

**Certification**

Chair Ratz moved for the adoption of the following Resolution by the members of this Boad of Directors:

**WHEREAS**, the Virginia Birth-Related Neurological Injury Compensation Program's Board has convened in a closed meeting on this date pursuant to an affirmative recorded vote and in accordance with the provisions of The Virginia Freedom of Information Act; and

**WHEREAS**, §2.2-3712 of the Code of Virginia requires a Certification by this Board that such closed meeting was conducted in conformity with Virginia law:

**NOW, THEREFORE, BE IT RESOLVED,** that the Virginia Birth-Related Neurological Injury Compensation Program's Board certifies that, to the best of each member's knowledge (i) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the closed meeting to which this certification resolution applies, and (ii) only such public business matters as were identified in the Motion convening the closed meeting were heard, discussed, or considered in the closed meeting by the Board.

Member Kevin Logan, Esquire, seconded the Motion. The members of the Board were polled individually and each certified the Resolution.

**Open Session**

Chairman Ratz moved the Board to go back into Open Session.

Board member Kevin Logan, Esquire, seconded the Motion.

The Motion was voted upon and passed unanimously.

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**Virtual Policy**

Board Chair Ratz asked how many times a Board member can attend virtually in compliance with the statutory requirements. Currently, the 3 requirements to be virtual are if a member is over 60 miles away from the meeting's location, if family issues arise, or because of personal matters. These points were asked to be addressed and amended as they stood at a maximum of 2 per calendar year. The Board suggested extending the number of times a member can attend virtually. Member Slusher had questions about the packets of documentation that discuss this issue. Attorney General's office legal counsel, Calvin Brown, stated that he and Senior Assistant Attorney General Adonica Baine did not draft that document and that he had not seen it before; therefore, could not comment on it. Chairman Ratz suggested each member has no more than 3 for each of those stated reasons. Slusher said the presence in the room makes an impact for all parties involved. The statutes require that all attendance cannot be virtual, but individuals can attend virtually no more than 3 times, as discussed in the March meeting. If someone maxes out their virtual attendance, it may become increasingly difficult to meet a quorum, which is why Ratz wants to increase the number. Board member Byrnes-Schmehl stated that clearly 100 percent in-person attendance is the best way to do a meeting in 2025, but this conversation is not about 100 percent, it is about representation across the State. She explained that it is a challenge to travel with her temporary medical condition. She mentioned that she may not be able to attend in-person during the next meeting. She shared that this caused her to realize how people with disabilities can utilize the virtual attendance policy to be a part of these meetings. She asked the Board to consider the number to meet quorum and how disability affects attendance. Chairman Ratz agreed that point is very valid, especially for future cases as Board members change. Member Joel Dillion agreed that Member Byrnes-Schmehl's point makes sense as to not tie hands while expressing a preference for in-person meetings; yet being flexible for other situations as necessary. Member Ratz understood the challenge for some of the Board members to travel here for meetings and for changing limitations while leaving others in place. Member Gordon expressed an interest in having no limitations on personal and family matters; but believes 60 miles is not enough to permit virtual attendance. He believes the mileage should be increased if that is the basis for virtual attendance. Mr. Ratz asked, "if hypothetically the Board extends it to 100 miles, and someone lives outside of that, where would that leave them?" Member Byres-Schmehl noted that she is 150 miles away from the meeting site. Calvin Brown, Esquire, stated that this conversation needs to happen

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yearly as Board members faze in and out. Chairman Ratz suggested to strike the language that states personal and family reasons, but needs a week's notice if this happens, and if this arises unexpectedly, to handle it as it occurs, instead. Calvin Brown, Esquire, said the amendment will end this time next year.

**New Business**

Chairman Ratz shared that he spoke with Melissa Jaacks from the Florida Birth Injury Program, NICA, and asked her to come and consult with the Virginia Birth Injury Program team. He proposed that the board approve her visiting Virginia and for the Program to pay for her reasonable costs and expenses to travel from Florida to Virginia. Ratz made a Motion.

Cathy Slusher seconded the Motion.

The Motion was voted upon and passed unanimously.

**Adjournment**

Board member Kevin Logan, Esquire, moved to adjourn the meeting at 2:03 p.m., and it was seconded by Board member Cathy Slusher. The Motion was voted upon and passed unanimously.

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