



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

Compliance Oversight Committee

Regular Meeting

Monday, June 29, 2026, 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: 796 765 474#

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.

FORMAL ACTION

1. CIA Transition Plan Recommendations and Quarterly Report

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Staff recommends that the Commission approve and adopt the CIA Transition Plan as presented. The CIA Transition Plan will serve as the practical resource for employees and stakeholders, reinforcing federal healthcare program standards and compliance obligations.

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: Robert Franco, Chief Compliance Officer
DATE: June 29, 2026
SUBJECT: Approval of Corporate Integrity Agreement Transition Plan

SUMMARY:

In accordance with Section III.J. of the CIA, Gold Coast Health Plan (“GCHP”) created a CIA Transition Plan to address how GCHP’s compliance program will continue to maintain the CIA compliance program requirements following the end of the CIA’s term. The Transition Plan emphasizes alignment with enterprise standards and reinforces continued compliance with applicable laws and regulations.

Key elements of the plan include:

Retain without Change

- **Compliance Officer-** shall report directly to the Chief Executive Officer of GCHP and be authorized to report to VCMCC regarding compliance-related matters.
- **Compliance Committee-** shall include senior leadership, be responsible for oversight of the compliance program, and meet on a quarterly basis.
- **Enterprise Risk Management-** shall maintain an annual risk assessment and internal review process.
- **Disclosure Program-** maintain an appropriately publicized reporting mechanism for anonymous communication concerning fraud, waste, or abuse. Each disclosure shall be reviewed, logged, and investigated. Retaliation is prohibited.

Modified and Maintain

- **Commission Compliance Oversight Committee** - integrate compliance reporting as a standing agenda item within the VCMCC Commission; CCOC will be meet on an ad hoc basis and convene at the request of the compliance officer.
- **Written Standards-** continue all policies developed or modified under the CIA, incorporate standardized footnote delineating provisions that originated out of the CIA.
- **Education and Training-** establish a two-tiered training framework. The first tier is general training for workforce and leaders with a limited exposure to risk. The second tier is an advanced training tailored to key stakeholders responsible for arrangements that

may implicate the Anti-Kickback Statute, False Claims Act, or Civil Monetary Penalties Law.

- **Independent Review Procedures-** engage a consultant to conduct an audit on an as needed basis determined by GCHP's key stakeholders.
- **Ineligible Persons Screening-** retain existing program and incorporate provider screening requirements into a single policy and procedure.

Sunset

- Management Certification of Compliance with CIA
- Notification of Government Investigation or Legal Proceedings to OIG
- Notification of Reportable Events and Changes to OIG

These changes are designed to align with the OIG expectations following the end of the CIA's term and will be included in Gold Coast's Fourth Annual Report (See, CIA, Section III.J.).

RECOMMENDATION:

Staff recommends that the Commission approve and adopt the CIA Transition Plan as presented. The CIA Transition Plan will serve as the practical resource for employees and stakeholders, reinforcing federal healthcare program standards and compliance obligations.

ATTACHMENTS:

CIA TRANSITION PLAN



**Gold Coast
Health Plan**SM
A Public Entity

Gold Coast Health Plan Corporate Integrity Agreement Transition Plan Proposal

June 29, 2026

Robert Franco, Chief Compliance Officer

Integrity

Accountability

Collaboration

Trust

Respect

CIA Program Elements

➤ Compliance Officer	➤ Risk Assessment and Internal Review Process
➤ Internal Compliance Committee and Commission Oversight	➤ Disclosure Program
➤ Management Certification	➤ Routine Screening of Ineligible Persons
➤ Written Standards (Policies)	➤ Notification to OIG of any Government Investigation or Legal Proceedings
➤ Training and Education on CIA and Key Risks	➤ Reporting to OIG of Certain Reportable Events
➤ Independent Review Procedures	

CIA Transition Plan

CIA Requirement

- Prior to the end of the Fourth Reporting Period (August 11, 2026), Gold Coast shall develop a Transition Plan that is reviewed and approved by the Commission.
- The Transition Plan must address how Gold Coast's compliance program will continue to include the CIA compliance program requirements, following the end of the CIA's term.
- The Transition Plan shall be implemented following the end of the CIA's term. A copy of Gold Coast's approved Transition Plan shall be included in Gold Coast's Fourth Annual Report. (See, CIA, Section III.J.).

Transition Plan Proposal

For purposes of the Transition Plan, the CIA Program Elements will be categorized as follows:

Retain Without Change

Modify and Maintain

Sunset

Retain Without Change

- **Compliance Officer-** shall report directly to the Chief Executive Officer of GCHP and be authorized to report to VCMACC regarding compliance-related matters.
- **Compliance Committee-** shall include senior leadership, be responsible for oversight of the compliance program, and meet on a quarterly basis.
- **Enterprise Risk Management-** shall maintain an annual risk assessment and internal review process.
- **Disclosure Program-** maintain an appropriately publicized reporting mechanism for anonymous communication concerning fraud, waste, or abuse. Each disclosure shall be reviewed, logged, and investigated. Retaliation is prohibited.

Modify and Maintain

- **Commission Compliance Oversight Committee** - integrate compliance reporting as a standing agenda item within the VCOMMCC Commission; CCOC will be meet on an ad hoc basis and convene at the request of the compliance officer.
- **Written Standards**- continue all policies developed or modified under the CIA, incorporate standardized footnote delineating provisions that originated out of the CIA.
- **Education and Training**- establish a two-tiered training framework. The first tier is general training for workforce and leaders with a limited exposure to risk. The second tier is an advanced training tailored to key stakeholders responsible for arrangements that may implicate the Anti-Kickback Statute, False Claims Act, or Civil Monetary Penalties Law.
- **Independent Review Procedures**- engage a consultant to conduct an audit on an as needed basis determined by GCHP's key stakeholders.
- **Ineligible Persons Screening**- retain existing program and incorporate provider screening requirements into a single policy and procedure.

Sunset

- Management Certification of Compliance with CIA
- Notification of Government Investigation or Legal Proceedings to OIG
- Notification of Reportable Events and Changes to OIG

These changes are designed to align with the OIG expectations following the end of the CIA's term and will be included in Gold Coast's Fourth Annual Report (See, CIA, Section III.J.).

Recommendation

Staff recommends that the Commission approve and adopt the CIA Transition Plan as presented. The CIA Transition Plan will serve as the practical resource for employees and stakeholders, reinforcing federal healthcare program standards and compliance obligations.

**GOLD COAST HEALTH PLAN
REPORTING PERIOD FOUR
TRANSITION PLAN FOR THE FOURTH ANNUAL REPORT TO THE OFFICE OF THE INSPECTOR GENERAL
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Under Section III.J of the CIA, prior to the end of the Fourth Reporting Period, Gold Coast shall develop and implement a Transition Plan that is reviewed and approved by its Commission. The Transition Plan shall be implemented following the end of the CIA's term and shall be included in Gold Coast's Fourth Annual Report submission to the OIG, which is to occur no later than October 9, 2026. The Transition Plan, as outlined below, addresses the requirements set forth in Section III.J and details how Gold Coast intends to ensure continuity of compliance following the end of the CIA's term.

1. Any Change in Identity, Position Description, or Noncompliance Job Responsibilities of the Chief Compliance Officer (Section V.B.1 of CIA)

Gold Coast has reviewed the Chief Compliance Officer's ("CCO") position description and will make no changes. The CCO will continue to serve as the primary executor and administrator of Gold Coast's code of conduct, compliance program, regulatory obligations, and monitor of day-to-day compliance activities. The CCO's responsibilities include the execution and maintenance of an effective compliance program that is consistent with Federal guidelines and industry best practices, including but not limited to, developing and implementing policies, procedures, and practices to ensure compliance with Federal health care program requirements. Further, the CCO will not have any noncompliance job responsibilities that may interfere or conflict with the ability to perform their duties.

The CCO will continue to report directly to the Chief Executive Officer ("CEO") and will not be subordinate to the General Counsel, CEO, or have any responsibilities that involve acting in any capacity as legal counsel or supervising legal counsel functions for Gold Coast. In addition, the CCO will continue to serve as the Chair of Gold Coast's Internal Compliance Committee and make quarterly reports regarding compliance matters to Gold Coast's Commission. Gold Coast will not continue to report changes to the identity, duties, or job responsibilities of the CCO absent a contractual, legal, or regulatory requirement.

2. Current List of Compliance Committee Members and Changes to Same (Section V.B.1)

Gold Coast will discontinue its CIA-specific identification and obligation of reporting changes to its Compliance Committee members. Although the reporting will cease, Gold Coast will continue to maintain a Compliance Committee that is, at minimum, comprised of members of senior management. The committee will continue to be responsible for: (i) the implementation and oversight of the risk assessment and internal review process; (ii) reviewing training and policies and procedures on an annual basis; and (iii) the implementation of the CIA Transition Plan. The committee will meet on a quarterly basis to discuss compliance-related matters.

3. Current List of Commission Compliance Oversight Committee Members Responsible for Satisfying the Commission Compliance Requirements (Section V.B.1)

Gold Coast will discontinue its CIA-specific identification and reporting obligations concerning changes to its CCOC members absent a contractual, legal, or regulatory mandate. The CCOC will meet on an ad hoc basis and at the discretion of the CCO to address compliance-related matters. In addition to the CCOC meetings, the CCO will continue to provide reports to the Ventura County Medical Managed Care Commission ("Commission") on a quarterly basis.

4. Names and Positions of Current Certifying Employees and Changes to Same (Section V.B.1)

Upon expiration of the CIA, Gold Coast will discontinue obtaining certifications of certifying employees previously implemented to satisfy CIA-specific obligations. Absent a legal, regulatory, or other applicable mandate, Gold Coast will no longer submit the certifications of certifying employees to the OIG.

5. Dates of Each Meeting of the Compliance Committee (Section V.B.2)

Gold Coast's Internal Compliance Committee will continue to meet on a quarterly basis to address compliance-related matters.

6. Dates of Each Report Made by the Compliance Officer to the Commission (Section V.B.3)

The CCO will continue provide reports to the Commission on a quarterly basis.

7. Board Resolution Required by Section III.A.3 of the CIA and a Description of the Materials Reviewed by the Board and Any Additional Steps Taken in its Oversight of the Compliance Program and in Support of Making the Resolution (Section V.B.4)

Gold Coast will no longer obtain a Board Resolution from the Commission as required by Section III.A.3 of the CIA. Although this practice will cease, the Commission will maintain oversight of the Compliance Program and receive quarterly reports on compliance-related matters.

8. Description of Any Changes to the Written Process for Certifying Employees to Follow In Order to Complete the Certification Required by Section III.A.4 of the CIA (Section V.B.5)

Gold Coast will discontinue obtaining certifications of certifying employees previously implemented to satisfy CIA-specific obligations. Absent a legal, regulatory, or other applicable mandate, Gold Coast will no longer submit the certifications of certifying employees to the OIG.

9. Certifications of Certifying Employees Required by Section III.A.4 of the CIA (Section V.B.6)

Upon expiration of the CIA, Gold Coast will discontinue obtaining certifications of certifying employees previously implemented to satisfy CIA-specific obligations. Absent a legal, regulatory, or other applicable mandate, Gold Coast will no longer submit the certifications of certifying employees to the OIG.

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10. List of New or Revised Policies and Procedures Required by Section III.B of the CIA (Section V.B.7)

Gold Coast will continue to implement all policies that pertain to topics related to the CIA or were developed under the CIA, except for the Management Certification policy. In addition, these policies will have a standardized footnote or appendix within the policy to delineate provisions that must be preserved, notwithstanding deletion of references to the CIA. The intent behind this approach is to safeguard critical compliance language during periodic policy reviews and updates, thereby maintaining alignment with legal requirements. Below is a list of the referenced policies and proposed action that Gold Coast intends to take with respect to updates or revisions the Fifth Reporting Year.

Document ID	Document Title	Proposed Action
COMP-001	Compliance Incident & Escalation	Maintain policy.
COMP-003	Anti-Kickback	Revise to remove CIA-specific language and replace with applicable regulatory references.
COMP-006	CIA Training Plan	Update to reflect two-tiered training framework for Covered Persons. Delete references to the CIA.
COMP-007	Management Compliance Certification	Retire policy.
COMP-009	Annual Compliance Risk Assessment	Revise to remove CIA-specific language and replaced with applicable regulatory references.
COMP-16	Ineligible Persons	Revise to incorporate provider screening requirements into a single policy and procedure. Remove CIA-specific language and processes and replace with applicable regulatory references.
FWA-001	Fraud, Waste, and Abuse Identification Reporting and Investigation	Revise to remove CIA-specific language and processes and replace with applicable regulatory references.
FWA-003	Disclosure Program	Maintain policy.
CL-10	Cost Avoidance and Post-Payment Recovery for Other Health Coverage	Maintain policy.
CL-11	Provider Overpayment & Investigation and Determination	Maintain policy.
NO-21	Provider Contracting	Revise to remove CIA-specific language and processes and replace with applicable regulatory references.
NO-22	Provider Contract Signature Authority	Revise to remove CIA-specific language and processes and replace with applicable regulatory references.
N/A	Compliance Program Plan	Maintain plan.

All policies and procedures will be reviewed by each business unit on an annual basis to ensure that the written standards accurately reflect current practices and processes.

11. Description of Changes to Training Plan Required by Section III.C of the CIA and a Summary of All Training Furnished to Covered Persons and Commission Members During the Reporting Period (Section V.B.8)

Gold Coast will modify its current approach to its annual training of Covered Persons and Commission members. Gold Coast will adopt a two-tiered training framework which includes a general and an advanced training curriculum. The first tier is a general

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training focused on the identification of Anti-Kickback Statute (“AKS”), False Claims Act (“FCA”), and Civil Monetary Penalties Law (“CMPL”) risks. This tier is geared towards training Covered Persons with a limited exposure to these risks. The goal of this training is to build a baseline awareness and recognition of these risks among employees and vendors.

The second tier will consist of an advanced training curriculum that provides a comprehensive review of these risks. Gold Coast’s legal team will present the advanced training to the Commission and all key stakeholders that are responsible for arrangements that may implicate the AKS, FCA, or the CMPL. Additionally, the training will include the following: (i) a review of updates to the OIG’s managed care guidance, (ii) an overview of recent Medicaid Rules related to incentives, and (iii) a review of applicable guidance from the Department of Justice and OIG concerning effective compliance programs.

The trainings are mandatory and will be offered on an annual basis to all Commission members, employees, and vendors that have been identified as Covered Persons. Trainings will also be offered on an as needed basis to new Commission members and upon the hiring or contracting of a new employee or vendor. Both trainings will be reviewed and revised, as necessary, on an annual basis. Any CIA-specific description of changes or summary of training will no longer be reported to the OIG absent a contractual, legal, or regulatory mandate.

12. Complete Copy of All Reports Prepared Pursuant to Section III.D and Gold Coast’s Response to the Reports, Along with Corrective Action Plan(s) Related to Any Issues Raised by the Report, and Documentation of Gold Coast’s Refund of the Estimated Overpayment (as Defined in Appendix B to this CIA) (Section V.B.9)

Following the CIA’s term, Gold Coast will engage a consultant to conduct audits of its MLR calculations. Gold Coast will determine the scope and focus of the audit, after considering any recommendations from the Commission. Audits will occur on an as needed basis. Presently, Gold Coast’s agreement with Affiliated Monitors Inc. (“AMI”), an independent review organization (“IRO”), is for a specified term and requires Gold Coast to provide notice of the OIG’s notification of the selected numerator element. Upon expiration of the agreement with AMI, Gold Coast will engage with a consultant of its choosing and execute an agreement reflecting Gold Coast’s new processes.

13. Certification from the IRO Regarding its Professional Independence and Objectivity with Respect to Gold Coast, Including a Summary of All Current and Prior Engagements Between Gold Coast and the IRO (Section V.B.10)

Gold Coast will no longer report the certificate from the IRO regarding its Professional Independence and Objectivity required to have been reported pursuant to Section V.B.10 of the CIA.

14. Description of Any Changes to the Risk Assessment and Internal Review Process Required by Section III.E of the CIA, as well as the Reason(s) for Such Changes (Section V.B.11)

Gold Coast will proceed with its present risk assessment and internal review process to identify and address risks associated with Gold Coast’s participation in Federal health care programs. The risk assessment presently includes the following: (i) interviews, questionnaires, and internal analysis of GCHP’s objectives and risks most relevant to the objectives, (ii) the identification of risks to conduct a preliminary risk inventory, (iii) risk scoring to identify, organize, and prioritize risks according to their relative severity and potential impact, (iv) complete a final risk inventory and evaluate current risk mitigation strategies and key controls, and (v) develop a risk portfolio and response.

Gold Coast’s Internal Audit Department (“IA”) will collect enterprise and process level risks as the Enterprise Risk Management program develops. The scope of each audit will vary based on the operational risks identified. Although the risks may shift as the program matures, the risk assessment framework will remain the same. Absent a contractual, legal, or regulatory mandate, Gold Coast will not report on any additional changes to its risk assessment and internal review process upon expiration of the CIA.

15. Summary of Following Components of the Risk Assessment and Internal Review Process During the Reporting Period: (a) Risk Areas Identified; (b) Work Plans and Internal Audit Plans Developed; (c) Internal Audits Performed; (d) Corrective Action Plans Developed in Response to Internal Audits; and (e) Steps Taken to Track the Implementation of the Work Plans and Corrective Action Plans (Section V.B.12)

Following the expiration of the CIA, Gold Coast will continue to maintain a risk-based auditing and monitoring program designed to identify, assess, and address compliance risks associated with its operations and regulatory obligations as indicated above. Auditing and monitoring priorities will be established based on contemporaneous compliance risk evaluations rather than predetermined audit topics. Compliance risks will be periodically assessed to ensure auditing and monitoring activities remain aligned with operational realities, regulatory changes, and identified areas of potential risk exposure.

IA will continue to utilize its Enterprise Risk Management Program to identify risks. Upon risk identification, IA will conduct targeted Enterprise Risk Assessments with the appropriate stakeholders in order to prioritize risk areas of most concern. IA will issue a report detailing its observations, including any identified risks, deficiencies, or areas of concern. Where appropriate, the report will include recommendations to remediate identified risks and will assign a risk severity rating to each observation. The report is then provided to the appropriate stakeholders for review and response. Upon receipt, the stakeholder may develop a management action plan to address the identified risks or, alternatively, develop a response formally accepting the risk. IA tracks the implementation of management action plans and follows up with the stakeholder as needed.

16. Summary of the Disclosures in the Disclosure Log Required by Section III.F of the CIA that Relate to Federal Health Care Programs, Including at Least the Following Information: (a) Description of the Disclosure; (b) Date the Disclosure Was Received; (c) The Resolution of the Disclosure; (d) Date Disclosure Was Resolved (Section V.B.13)

Gold Coast will retain its current Disclosure Program reporting mechanisms for anonymous communications concerning fraud, waste, or abuse. Currently, the Compliance Department trains all new, contracted and temporary employees on an annual basis. Accordingly, upon termination of the CIA, Gold Coast will no longer submit a summary of the Disclosure Log to the OIG absent a contractual, legal, or regulatory mandate.

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17. Description of Any Changes to the Ineligible Persons Screening and Removal Process Required by Section III.G of the CIA, Including the Reason(s) for Such Changes (Section V.B.14)

As a part of Gold Coast's post-CIA compliance framework, the organization will continue to maintain and implement its existing monthly Ineligible Persons Screening processes for both Medicare and Medi-Cal programs. To enhance operational efficiency, consistency, and oversight, the organization intends to align its existing policies and procedures governing screening and monitoring activities for Ineligible Persons into a single policy. The consolidated policy will continue to require the screening of providers, employees, vendors, contractors, and temporary employees against the HHS/OIG List of Excluded Individuals and Entities and state exclusion lists on a monthly basis.

18. Summary of Any Ongoing Investigation or Legal Proceeding Required to Have Been Reported Pursuant to Section III.H that Includes a Description of the Allegation(s), the Identity of the Investigating or Prosecuting Agency, and the Status of Such Investigation or Legal Proceeding (Section V.B.15)

Gold Coast will no longer provide summaries of any ongoing investigation or legal proceeding required to have been reported pursuant to Section III.G of the CIA. However, Gold Coast will continue to report to governmental agencies, including CMS, DHCS, and DMHC, as required by law and contract.

19. Summary of All Reportable Events Required to Have Been Reported Pursuant to Section III.I During the Reporting Period (Section V.B.16)

Gold Coast will no longer summarize all reportable events required to have been reported pursuant to Section III.I of the CIA. Gold Coast will continue to report, where applicable, to governmental agencies, including CMS, DHCS, and DMHC, as required by law and contract.

20. Summary of Any Audits Conducted During the Applicable Reporting Period by Any State Medicaid Program Contractor or Any Government Entity or Contractor, Involving a Review of Federal Health Care Program Claims, and Gold Coast's Response and Corrective Action Plan (Including Information Regarding Any Federal Health Care Program Refunds) Relating to the Audit Findings (Section V.B.18)

Upon expiration of the CIA, Gold Coast will discontinue providing audit summaries involving the review of Federal health care program claims, Gold Coast's response and corrective action plans related to audit findings absent a statutory, regulatory, or contractual obligation independently requiring such reporting.

21. Description of All Changes to the Most Recently Provided List of Gold Coast's Locations (Including Addresses) as Required by Section V.A.12 (Section V.B.19)

Following the CIA term, Gold Coast will no longer report a description of all changes in locations absent a statutory, regulatory, or contractual obligation independently requiring such reporting.

22. Description of All Changes to Gold Coast's Corporate Structure, Including Any Parent and Sister Companies, Subsidiaries, and their Respective Lines of Business (Section V.B.20)

Following the CIA term, Gold Coast will no longer report a description of all changes in its corporate structure, including any subsidiaries, parent and sister companies, and their respective line of business, to the OIG. However, Gold Coast will continue to report, where applicable, to governmental agencies, including CMS, DHCS, and DMHC, as required by law and contract.

23. Certifications by the Chief Compliance Officer and Chief Executive Officer (Section V.B.21)

Gold Coast will discontinue obtaining certifications of its Chief Compliance Officer and Chief Executive Officer which was previously implemented to satisfy CIA-specific obligations. Absent a legal, regulatory, or other applicable mandate, Gold Coast will no longer submit the certifications of its Chief Compliance Officer and Chief Executive Officer to the OIG.