

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

**Compliance Oversight Committee**

**Special Meeting**

**Wednesday, October 3, 2023, 2:00 P.M.**

**The meeting is being held virtually**

**Members of the public can participate using the Conference Call Number below.**

**Conference Call Number: 1-805-324-7279**

**Conference ID Number: 161 461 703#**

233 Corte Linda  
Santa Paula, CA 93060

147 N. Brent Street  
Ventura, CA 93003

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

800 S. Victoria Ave  
Ventura, CA 93012

**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.

## **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.

## **GCHP STAFF COMMENTS**

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

## **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: Robert Franco, Chief Compliance Officer  
Leeann Habte, BBK Law

DATE: October 3, 2024

SUBJECT: Adoption of Committee Resolution to the Office of the Inspector General for the  
Second Reporting Period

**Verbal Presentation**

**ATTACHMENTS:**  
*Resolution 2024-004*  
*Annual Report to the OIG*



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

**Resolution No. 2024 -004**

“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 (CIA) with the Office of Inspector General of the Department of Health and Human Services, as described in the CIA Annual Report.”

\_\_\_\_\_  
Laura Espinosa, Commission Chair  
Ventura County Medi-Cal Managed Care Commission  
aka Gold Coast Health Plan

\_\_\_\_\_  
Date

\_\_\_\_\_  
Maddie Gutierrez, MMC  
Sr. Clerk to the Commission

\_\_\_\_\_  
Date

**GOLD COAST HEALTH PLAN  
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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 (as defined in 42 U.S.C. § 1320a-7b(f)) (Federal health care program requirements). Contemporaneously with the CIA, Gold Coast entered into a Settlement Agreement with the United States.

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<sup>1</sup>. The first Annual Report was due to the OIG no later than 60 days after the end of the first Reporting Period (i.e., October 9, 2023). Subsequent Annual Reports shall be received by OIG no later than the anniversary date of the due date of the first Annual Report. Of note, in July 2023, Gold Coast received an extension from the OIG granting Gold Coast an additional 60 days past the original due date to submit its first Annual Report for the first Reporting Period. Therefore, its first Annual Report was submitted to the OIG on December 8, 2024. This second Annual Report, however, is submitted in alignment with the anniversary date of the first Annual Report’s original due date of October 9, 2023.

This second Annual Report addresses the requirements set forth in Section V.B of the CIA.

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

- (a) No change in identity of Gold Coast’s Compliance Officer.
- (b) No change in position description of Gold Coast’s Compliance Officer.
- (c) No change in noncompliance job responsibilities of Gold Coast’s Compliance Officer.

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<sup>1</sup> “Reporting Period” is defined as “each one-year period during the term of this CIA, beginning with the one-year period following the Effective Date.” Section II.C.9 of the CIA.

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**2. Current List of Compliance Committee Members and Changes to Same During the Second Reporting Period (Section V.B.1)**

The following list of Gold Coast Compliance Committee members is current as of August 10, 2024:

- (a) Robert Franco, Chief Compliance Officer – Committee Chair
- (b) Nick Liguori, Chief Executive Officer
- (c) Felix Nuñez, MD, MPH, Chief Medical Officer
- (d) Alan Torres, Chief Information Officer
- (e) Erik Cho, Chief Policy and Program Officer
- (f) Ted Bagley, Chief Diversity Officer
- (g) Eve Gelb, Chief Innovation Officer
- (h) Paul Aguilar, Chief Human Resources and Organizational Performance Officer
- (i) Marlen Torres, Executive Director, Strategy and External Affairs
- (j) Pauline Preciado, Executive Director, Population Health and Equity
- (k) Anna Sproule, Executive Director, Operations
- (l) Michael Mitchell, Executive Director, IT
- (m) Sara Dersch, Chief Financial Officer

During the second Reporting Period, the following changes were made to the Compliance Committee:

(a) On September 18, 2023, Sara Dersch joined Gold Coast as the Chief Financial Officer. Ms. Dersch replaced Kashina Bishop, the prior Chief Financial Officer, on the Compliance Committee.

Notably, shortly after the end of the second Reporting Period, the following changes were made to the Compliance Committee:

(a) 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. Mr. Liguori was relieved of his duties on August 27, 2024. Effective August 28, 2024, Dr. Felix Nuñez was named

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the Acting Chief Executive Officer and Dr. James Cruz was named the Acting Chief Medical Officer. As a result of these changes, Dr. Felix Nuñez currently serves on the Compliance Committee in his capacity as Acting Chief Executive Officer, while Dr. James Cruz currently serves in his capacity as Acting Chief Medical Officer. Gold Coast notified the OIG of these changes, in writing, on September 16, 2024.

**3. Current List of Commission Members Responsible for Satisfying the Commission Compliance Requirements and Changes to Same During the Second Reporting Period (Section V.B.1)**

The Commission Members responsible for satisfying Commission Compliance requirements are as follows:

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

On 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. This notification is attached hereto as Exhibit A.

**4. Names and Positions of Current Certifying Employees and Changes to Same During the Second Reporting Period (Section V.B.1)**

The names and positions of the Certifying Employees for the second Reporting Period (i.e., current as of August 10, 2024) are as follows:

- (a) Nick Liguori, Chief Executive Officer
- (b) Robert Franco, Chief Compliance Officer
- (c) Felix Nuñez, MD, Chief Medical Officer
- (d) Erik Cho, Chief Program and Policy Officer
- (e) Alan Torres, Chief Information Officer

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- (f) Sara Dersch, Chief Financial Officer

During the second Reporting Period, the following changes were made to the Certifying Employees:

- (a) As discussed in paragraph 2 above, Sara Dersch joined Gold Coast on September 18, 2023 as Chief Financial Officer. Ms. Dersch is now a Certifying Employee.

Shortly after the end of the second Reporting Period, the following changes were made to the list of Certifying Employees:

- (a) As discussed in paragraph 2 above, Mr. Liguori is no longer with Gold Coast, effective August 27, 2024. Although this change occurred after the end of the Reporting Period, it occurred before Mr. Liguori signed his certification as Chief Executive Officer for the second Reporting Period. Mr. Liguori departed from Gold Coast prior to certifying. Dr. Felix Nuñez was named the Acting Chief Executive Officer on August 28, 2024, but is certifying in his capacity as Chief Medical Officer, which was his role during the entire Reporting Period. Additionally, while Dr. James Cruz has since been named the Acting Chief Medical Officer, he is not included on the above list because he was not a Certifying Employee at any point during the second Reporting Period.

**5. Dates of Each Meeting of the Compliance Committee During the Second Reporting Period (Section V.B.2)**

- (a) August 14, 2023  
(b) November 13, 2023  
(c) February 8, 2024  
(d) May 16, 2024

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

- (a) August 28, 2023 meeting of the Commission Compliance Oversight Committee  
(b) November 30, 2023 meeting of the Commission Compliance Oversight Committee  
(c) May 26, 2024 meeting of the Ventura County Medi-Cal Managed Care Commission  
(d) May 20, 2024 meeting of the Commission Compliance Oversight Committee



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Of note, the Commission Compliance Oversight Committee did not meet in the first quarter of 2024 because it could not obtain a quorum, which is a requirement of the California Brown Act for meetings of public entities. During the first quarter of 2024, Commissioner James Corwin remained on medical leave, and Commissioner Jennifer Swenson was not actively participating in the Commission but had not yet been formally replaced by Supervisor Vianey Lopez. However, as noted in paragraph 6(c) above, the Compliance Officer reported to the Ventura County Medi-Cal Managed Care Commission as a whole at a meeting during which Commissioner Laura Espinosa and Commissioner Dee Pupa, who are members of the Commission Compliance Oversight Committee, were present.

**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)**

The Board Resolution required by the CIA that covers the second Reporting Period was made and is recorded in the minutes of the October 3, 2024 Commission Compliance Oversight Committee meeting. A copy of the meeting minutes is included in Exhibit B.

On August 28, 2023, the Compliance Officer presented to the Commission Compliance Oversight Committee updates related to Gold Coast's implementation of the CIA. Specifically, the Compliance Officer reported on the mitigation of risks identified by the Mazars audit conducted in fall 2022, reported on the internal audit work plan and status for 2023, reviewed updates to policies and procedures for Gold Coast's internal Compliance Committee consideration, reviewed suggested revisions to the Training Plan for the second Reporting Period, and reviewed the requirements of the management certification process. Additionally, the Compliance Officer reviewed the Commission Compliance Oversight Committee's resolution requirements. Last, the Compliance Officer provided updates regarding Compliance Program activities related Department of Health Care Services ("DHCS"), including the 2023 Medical Audit and a DHCS inquiry related to a provider contract termination.

On November 30, 2023, the Compliance Officer reviewed with the Commission Compliance Oversight Committee the first Annual Report to the OIG and provided an update on the Medical Loss Ratio ("MLR") audit. Additionally, the Commission Compliance Oversight Committee received a Board training on the CIA that reviewed the requirements of the CIA and the Commission Compliance Oversight Committee's oversight responsibilities under same. The training further covered the OIG's compliance oversight guidance for health care governing board members, the OIG's guidance on the elements of an effective compliance program, and approaches to conducting effective oversight. Last, the training covered the U.S. Department of Justice's ("DOJ") March 2023 guidance regarding the evaluation of corporate compliance programs, including a review of each of the fundamental questions a prosecutor should ask when evaluating a corporate compliance program.

On February 26, 2024, the Compliance Officer reported to the Ventura County Medi-Cal Managed Care Commission regarding the DHCS 2024 Medi-Cal Managed Care Agreement.

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Specifically, the Compliance Officer reported on the new requirements associated with the agreement, DHCS's approach to ensuring accountability from the managed care plans, and the impact of the agreement on Medi-Cal members' experience.

On May 20, 2024, the Compliance Officer presented a verbal update to the Commission Compliance Oversight Committee on status of CIA activities. Specifically, the Compliance Officer presented on the updated plan for the MLR audit for the second Reporting Period, noting that Gold Coast requested its selected MLR Numerator Element from the OIG and indicated that it responded to the preliminary document request from the Independent Review Organization ("IRO"). Additionally, the Compliance Officer reported on DHCS compliance updates, including contract amendment updates, integration updates, internal Compliance Committee updates, and Centers for Medicare and Medicaid Services ("CMS") final rule updates. The Compliance Oversight Committee held a closed session to review the proposed response to the OIG's April 1, 2024 request for additional information related to the first Annual Report. In its inquiry, the OIG requested additional information and responses regarding timely notification of changes to Gold Coast's internal Compliance Committee, dates in which the new Chief Financial Officer received covered persons training, and Commissioner James Corwin's adoption of the resolution required by the CIA. Additionally, the OIG requested a copy of the Annual Risk Assessment conducted by Mazars, a summary of the disclosures provided in the first Annual Report, a copy of the Anti-Kickback policy and procedure, and copies of all reports made by the Compliance Officer to the Commission Compliance Oversight Committee.

Additionally during the May 20, 2024 Commission Compliance Oversight Committee meeting, Nick Liguori, Gold Coast's Chief Executive Officer, made a verbal presentation on the appointment of Supervisor Vianey Lopez to the Commission Compliance Oversight Committee.

**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)**

There are no changes to the Gold Coast's Management Certification policy and procedure.

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

Certifications completed by Gold Coast's Certifying Employees (as listed in paragraph 4) are attached hereto as Exhibit C.

**10. List of New or Revised Policies and Procedures Required by Section III.B of the CIA Developed During the Second Reporting Period (Section V.B.7)**

The following new or revised Policies and Procedures were implemented to address the operations of Gold Coast's Compliance Program, Gold Coast's compliance with Federal health care program requirements, a written review and approval process for Arrangements, and the

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identification, quantification, and repayment of Overpayments as described in Section III.B of the CIA:

(a) Compliance Program

- (i) Annual Compliance Risk Assessment: This policy was drafted to address the risk assessment and internal audit requirements set forth in Section III.E of the CIA.
- (ii) Disclosure Program: This policy was drafted to document Gold Coast's existing disclosure program operations in a policy that aligns with the disclosure program requirements set forth in Section III.F of the CIA.

(b) Written Review and Approval Process for Arrangements

- (i) Provider Contracting Process: This policy was updated to give the Chief Policy and Program Officer authority to make the following changes to provider contracts: demographic changes, provider additions, deletions, and terminations. All other changes must be approved by the Chief Executive Officer. These changes were made to align with the Provider Contract Cover Sheet, as required by the corrective action plan developed in response to the internal audit findings of the first Reporting Period. Specifically, the internal audit found that the Provider Contract Cover Sheet gives authority to the Chief Policy and Program Officer to make the aforementioned changes to provider contracts. It was therefore recommended that the Provider Contracting Process be updated to conform with the Provider Contract Cover Sheet. This corrective action plan and the internal audit findings are discussed further in paragraph 15 below.
- (ii) Provider Contract Cover Sheet: This checklist document, to be used in conjunction with the Provider Contracting Process policy, was revised to address the internal audit findings of the first Reporting Period, which included technical errors and inconsistencies with the Provider Contracting Process policy procedure. These findings are described further in paragraph 15 below. In addition, the contract cover sheet was streamlined for ease of use.

(c) Identification, Quantification, and Repayment of Overpayments

- (i) Substantial Overpayments: This policy was drafted to describe the Gold Coast's existing process to ensure Gold Coast does not retain any funds received under any Federal health care program to which Gold Coast, after applicable reconciliation, is not entitled. This policy addresses the requirements in Sections II.B and III.I.1 of the CIA.

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**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)**

During the second Reporting Period, Gold Coast made changes to the Training Plan. Gold Coast revised its Training Plan to incorporate updates to the training topics and formats for Covered Persons. Currently, the Training Plan sets forth specific topics and/or formats for the following groups: Compliance Oversight Committee Members; Gold Coast Chiefs and Directors; and all other Covered Persons.

The below summarizes the training furnished to Commission Compliance Oversight Committee Members, Gold Coast Chiefs and Directors, and all other Covered Persons (as described above) during the Reporting Period.

The Commission Compliance Oversight Committee training addressed each of the following topics:

- 1) A review of the CIA and its requirements, including the Commission Compliance Oversight Committee's activities and compliance oversight responsibilities under the CIA.
- 2) A detailed review of the OIG's guidance for health care boards on compliance oversight and the OIG's guidance on the elements of an effective compliance program.
- 3) A detailed review of the DOJ's recent guidance on the evaluation of corporate compliance programs, including discussion of three fundamental questions a prosecutor should ask when evaluating a corporate compliance program.

The Gold Coast training for all other Covered Persons, including Chiefs and Directors, addressed each of the following topics:

- 1) A discussion of the importance of an effective compliance program.
- 2) A review of CIA and its requirements.
- 3) A detailed overview of each of the key risk areas for Gold Coast in the second Reporting Period, including the Anti-Kickback Statute, claims and overpayments/recoveries, and excluded persons. Additionally, the training provided an overview of other federal laws for consideration, including the False Claims Act, Civil Monetary Penalties Law, Exclusion Statute, and Criminal Health Care Fraud Statute.

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- 4) A review of the DOJ's recent guidance on the evaluation of corporate compliance programs and what the DOJ examines when evaluating the comprehensiveness of a compliance program.

In addition, the training for the Chiefs and Directors was conducted in-person with the opportunity for a question and answer session at the end of the training, allowing the attendees to receive additional guidance on any questions or issues raised by the training.

While Gold Coast trained nearly 92% of Covered Persons during the second Reporting Period, approximately 8% of Covered Persons did not complete the updated training by the end of the Reporting Period. During the Reporting Period, Gold Coast switched to a Learning Management System called Litmos to house all trainings, including the CIA training for all Covered Persons other than Commissioners. On this platform, users are assigned organization-required trainings and can complete such within the platform. As part of the transition to Litmos, the CIA training was made available to all Covered Persons other than Commissioners through this platform. Gold Coast ensured all Covered Persons were trained by September 6, 2024. Although there was a slight delay associated with the transition to the Litmos platform, Litmos has provided to be an effective method of delivering the CIA training.

To avoid any future delays, Gold Coast will ensure that the CIA training will be released in Q1 of each calendar year going forward. Gold Coast has also reviewed and will implement disciplinary actions for those individuals who are assigned CIA trainings but do not complete them.

**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)**

Gold Coast engaged Affiliated Monitors, Inc. ("AMI") to serve as the IRO as required under the CIA. On September 17, 2024 Gold Coast received the MLR Element Report from AMI. The MLR Element Review Report for the second Reporting Period, Gold Coast's response to the MLR Element Review Report, the associated CAP], and evidence of Gold Coast's submission of the MLR Element Review Report to DHCS are all attached hereto as Exhibit D.

Additionally, in the first Annual Report, Gold Coast included the corrective action plan associated with the MLR Element Report from the first Reporting Period. Since the submission of the first Annual Report, Gold Coast has since taken steps to address the aforementioned corrective action plan. In Exhibit E, we have included a copy of Gold Coast's response and corrective action plan associated with the MLR Element Report from the first Reporting Period and the status of completion of same.

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**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)**

The certification setting forth AMI's professional objectivity with respect to Gold Coast, including a summary of all current and prior engagements is attached hereto as Exhibit F.

**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)**

During the second Reporting Period, Gold Coast made significant changes to its risk assessment and internal review process to continue to strengthen its centralized risk assessment and internal review process and foster a culture of compliance across the organization as a whole.

In fall 2023, Gold Coast began preparations to engage a vendor to build an Integrated Risk Management ("IRM") tool to be used to manage risk more efficiently across the entire organization. In early January 2024, Gold Coast engaged Navex IRM ("Navex") to develop Gold Coast's IRM tool. In April 2024, Navex and Gold Coast completed the IRM tool build, and subsequently the system went live. By building and utilizing a dedicated IRM tool, Gold Coast aims not only strengthen its centralized risk assessment and internal review process, but also to ensure that an annual risk assessment and internal review process is used to identify, analyze, and reduce risks related to Gold Coast's compliance activities as it relates to Gold Coast's participation in Federal health care programs. Gold Coast's goal is to provide transparency across the organization for risk and ensure that business decisions are made based on defined risks and mitigation strategies. Gold Coast plans to facilitate achieving this goal by adopting and implementing the IRM tool.

Additionally in fall 2023, Gold Coast continued efforts to expand 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 these positions were filled in January 2024 and March 2024, respectively. Shortly thereafter, Gold Coast developed an Internal Audit Program which included hiring additional staff, creating program documentation, and developing internal audit plans.

In summer of 2024, Best, Best, & Krieger (Gold Coast's outside health care counsel) engaged an external organization, BDO Global ("BDO"), to conduct an audit of Gold Coast's Ineligible Persons screening process, which was identified as a risk area. Details of this assessment are described in paragraph 15 below. In addition, Gold Coast's risk assessment process again focused on the performance of delegated entities related to claims processing and utilization management ("UM"). Gold Coast therefore conducted a number of audits related to Delegation Oversight. Note that the Delegation Oversight audits are described in further detail in paragraph 15 below.

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**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)**

**(a) Risk Areas Identified**

Gold Coast identified two risk areas during the second Reporting Period:

- (i) Ineligible Persons screening; and
- (ii) Delegated entities' performance related to claims processing and UM.

**(b) Work Plans and Internal Audit Plans Developed**

As mentioned in paragraph 14 above, Best, Best, & Krieger (Gold Coast's outside health care counsel) engaged BDO to conduct an audit of Gold Coast's Ineligible Persons screening process to determine whether the requirements in Section III.G of the CIA related to the Ineligible Persons screening were fully implemented. Specifically, BDO assessed Gold Coast's internal controls related to screening for excluded parties to identify gaps and improvement opportunities.

Additionally, Gold Coast's Compliance Program developed and implemented audit plans during the Reporting Period related to delegation oversight. Specifically, Gold Coast developed an audit plan to conduct audits of its delegated entities responsible for claims processing and UM functions. Gold Coast conducted seven (7) audits related to claims processing, and eight (8) audits related the delegated entities' ability to perform applicable delegated UM activities.

**(c) Audits Performed**

- (i) BDO performed an internal audit of excluded party screening. To conduct its assessment, BDO interviewed personnel, reviewed Gold Coast documentation, created an excluded party risk and control matrix, and tested a sample of transactions. While the majority of Covered Persons were screened in compliance with the CIA during the Reporting Period, there were some gaps identified regarding the screening of temporary employees, vendors, and Commissioners. As discussed in Section (d) below, these gaps have since been closed and Gold Coast is now conducting monthly screenings of these groups and has taken steps to ensure that the business owners understand their screening obligations.
- (ii) Delegation Oversight audits related to claims processing and UM functions.

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The below chart includes the list of audits performed for delegation oversight related to claims processing and UM:

<b>Delegated Entity</b>	<b>Audit Type</b>	<b>Audit Dates</b>
Carelon Behavioral Health	UM (Annual) - Desktop	July 2023 – August 2023
Clinicas del Camino Real, Inc. (“CDCR”)	UM (Quarterly File Review) - Desktop	July 2023 – August 2023
Vision Service Plan (“VSP”)	Claims (Annual) - Desktop	September 2023
Kaiser Foundation Health Plan	Claims (Annual) - Desktop	September 2023 – October 2023
CDCR	UM (Quarterly File Review) - Desktop	October 2023
Carelon Behavioral Health	UM (Quarterly File Review) - Desktop	November 2023
CDCR	Claims (Quarterly File Review) - Desktop	December 2023 – January 2024
Carelon	UM (Quarterly File Review) - Desktop	January 2024
CDCR	UM (Quarterly File Review) - Desktop	February 2024
CDCR	Claims (Quarterly File Review) - Desktop	February 2024 – March 2024
CDCR	UM (Annual) - Desktop	April 2024
Carelon Behavioral Health	UM (Quarterly File Review) - Desktop	May 2024
Carelon Behavioral Health	Claims (Annual) - Desktop	May 2024



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CDCR	Claims (Quarterly File Review) - Desktop	May 2024
Conduent	Claims (Annual) - Desktop	July 2024

(d) Corrective Action Plans (“CAPs”) Developed in Response to Internal Audits

- (i) In response to its Ineligible Persons screening process assessment, BDO provided Gold Coast with a CAP. In sum, BDO found that not all Covered Persons were identified and screened, and that the screening processes did not exist for temporary employees, vendors, and Board Commissioners. Gold Coast remediated the screening processes for temporary employees and vendors during the second Reporting Period and improved recordkeeping for permanent employees. As of today’s date, the screening process is also in place for Commissioners. Gold Coast is in full compliance.
- (ii) Additionally, as reported in its first Annual Report, Gold Coast conducted an internal audit of the Provider Network Operations (“PNO”) contract review process to determine AKS risk. At the time of that report, the CAP for the PNO contract review process was under development and therefore was not included in the report. On November 13, 2023, the CAP was issued to address the findings in the audit. In response to the CAP, PNO revised its Provider Contracting Process policy and procedure as well as its Contract Cover Sheet. These documents were subsequently reviewed by the Compliance Committee and approved via Gold Coast’s policy review process. PNO provided evidence of remediation and the CAP was closed on August 28, 2024.
- (iii) Delegation Oversight CAPs

The below chart includes the findings and CAPs required for each delegated entity for the audits performed related to claims processing and UM functions.

Delegated Entity	Audit Type and Date	Findings	CAP	Date Issued / CAP Status
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CDCR	Claims (Quarterly) – July 2023	Timeliness standards not met for claims acknowledgment and claims payment; claims not paid accurately; missing documentation; data inaccuracies	Although this audit was conducted during the first Reporting Period, Gold Coast indicated in its first Annual Report that this CAP was issued outside of the Reporting Period and would therefore be included in the subsequent Annual Report (i.e., this Annual Report).  CAP requested and provided to address each deficiency.	September 5, 2023  <i>Open</i>
Carelon Behavioral Health	UM (Annual) – July / August 2023	Grievances not provided in a timely manner; incorrect nondiscrimination notices; notices not sent in the member's preferred language	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	August 31, 2023  <i>Closed</i>
CDCR	UM (Quarterly File Review) – July / August 2023	Timeliness standards not met for approvals and denials; failure to include all relevant clinical information in approvals and denials; notices did not contain correct information	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	August 25, 2023  <i>Closed</i>
VSP	Claims (Annual) – September 2023	None.	N/A	N/A
Kaiser Foundation Health Plan	Claims (Annual) – September / October 2023	Claims not paid or denied accurately; claims not paid timely; failure to pay interest; missing documentation	CAP requested and provided to address each deficiency.	November 17, 2023  <i>Closed</i>

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CDCR	UM (Quarterly File Review) – October 2023	Timeliness standards not met for prior authorization approvals and denials; delay letters not sent; failure to include all relevant clinical information; notices, including Notices of Action, did not contain correct information; notices not sent in the member's preferred language	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	November 1, 2023  <i>Closed</i>
Carelon Behavioral Health	UM (Quarterly File Review) – November 2023	Timeliness standards not met for denials and notices, including Notices of Action; incorrect taglines on notices; notices not sent in the member's preferred language	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	November 15, 2023  <i>Closed</i>
CDCR	Claims (Quarterly File Review) – December 2023 / January 2024	Timeliness standards not met for claims payment; claims not paid accurately; data inaccuracies with claims	CAP requested and provided to address each deficiency. CAP remains open; however, Gold Coast has closed multiple items after it reviewed additional documentation and evidence of remediation provided. Additional documentation has been requested as evidence of remediation of remaining open items.	March 6, 2024  <i>Open</i>
Carelon	UM (Quarterly File Review) – January 2023	None.	N/A	N/A

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CDCR	UM (Quarterly File Review) – February 2024	Timeliness standards not met for prior authorization approvals and denials; delay letters not sent; notices, including nondiscrimination notices and Notices of Action, not sent in the member's preferred language	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	February 12, 2024  <i>Closed</i>
CDCR	Claims (Quarterly File Review) – February / March 2024	Approved prior authorization files outside of turnaround time; notices, including nondiscrimination notices and Notices of Action, not sent in the member's preferred language	CAP requested and provided to address each deficiency.	April 5, 2024  <i>Open</i>
CDCR	UM (Annual) – April 2024	Timeliness standards not met for prior authorization approvals and denials; Denial did not contain a written notification or evidence of a verbal notification to a provider; incorrect decision criteria referenced in Notices of Action; missing required notice documents	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	May 2, 2024  <i>Closed</i>
Carelon	UM (Quarterly File Review) – May 2024	Notices not sent in the member's preferred language; incorrect nondiscrimination notices	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	May 8, 2024  <i>Closed</i>

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Carelon Behavioral Health	Claims (Annual) – May 2024	Incorrect decision codes in the claims system configurations; incorrect denials; data inaccuracies	CAP requested and provided to address each deficiency.	July 12, 2024 <i>Open</i>
CDCR	Claims (Quarterly File Review) – May 2024	Timeliness standards not met for prior authorization approvals and denials; delay letters not sent; clinical information missing; Notices, including nondiscrimination notices and Notices of Action, not sent in the member's preferred language	CAP requested and provided to address each deficiency.	July 3, 2024 <i>Open</i>
Conduent	Claims (Annual) – July 2024	Timeliness standards not met for claims acknowledgment; claims to paid accurately; data inaccuracies	CAP requested to address each deficiency.	July 30, 2024 <i>Open</i>

(e) Steps Taken to Track the Implementation of the Work Plans and CAPs

Gold Coast's Compliance department is responsible for tracking and ensuring Work Plans and CAPs are implemented. Gold Coast tracks the implementation and reports to the Compliance Committee and the Compliance Oversight Committee on the status of CAPs. Additionally, the Gold Coast Compliance department meets individually the persons responsible for implementing the CAPs to ensure such implementation is completed.

In addition to the above, for delegation oversight audits specifically, Gold Coast's Compliance team utilizes the IRM tool discussed in paragraph 14 above to track CAPs. Gold Coast's delegation oversight program manager works directly with delegated entities to ensure the CAPs are appropriately implemented.

**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)**

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Attached as Exhibit G is a detailed summary of disclosures made during the second Reporting Period.

**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)**

There are no changes to Gold Coast's Ineligible Persons screening and removal process.

**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)**

There are no ongoing investigations or legal proceedings that are required to have been reported pursuant to Section III.H.

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

There are no Reportable Events that are required to have been reported pursuant to Section III.I.

**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)**

No audits were conducted during the Reporting Period by any state Medicaid program contractor or any government entity or contractor involving a review of Federal health care program claims.

**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)**

In its Implementation Report submitted to the OIG in December 2022, Gold Coast provided a list of all locations and the corresponding name under which each location is doing business. The locations have not changed since the date of submission of the Implementation Report and all locations are still doing business as "Gold Coast Health Plan."

**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)**

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There are no changes to Gold Coast's corporate structure. Gold Coast does not have any parent or sister companies or subsidiaries.

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

The applicable certification by Robert Franco, Chief Compliance Officer is attached hereto as Exhibit H and certifies 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.

As discussed in paragraph 4, Chief Executive Officer Nick Liguori is no longer with Gold Coast, effective August 27, 2024. While the request for the above certification had been made, Mr. Liguori departed Gold Coast prior to certifying. Therefore, Gold Coast does not have a certification from the Chief Executive Officer for the second Reporting Period.

As stated above, Dr. Felix Nuñez was named the Acting Chief Executive Officer on August 28, 2024. Gold Coast notified the OIG of this change, in writing, on September 16, 2024.

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## **EXHIBIT A**

### **Notification of Change in Compliance Oversight Committee Membership**



May 3, 2024

Administrative and Civil Remedies Branch  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services  
Washington, D.C. 20201  
Email Address: [officeofcounsel@oig.hhs.gov](mailto:officeofcounsel@oig.hhs.gov)

**NOTIFICATION OF CHANGE IN COMPLIANCE OVERSIGHT COMMITTEE  
MEMBERSHIP**

To whom it may concern:

This letter respectfully provides Gold Coast Health Plan's ("Gold Coast") notice to the Office of Inspector General ("OIG") under its Corporate Integrity Agreement ("CIA") with the OIG effective August 11, 2023 of changes to its Board. Under the CIA, the "Board" is defined to mean the Compliance Oversight Committee of the Ventura County Medi-Cal Managed Care Commission.

Under Section III.A.3 of the CIA, Gold Coast must report to the OIG, in writing, any changes to the membership of the Board within 15 business days after such change. On April 22, 2024, Commissioner Jennifer Swenson, who served on Gold Coast's Compliance Oversight Committee, was replaced by Ventura County Supervisor Vianey Lopez.

In accordance with the requirements of the CIA, Gold Coast will keep the OIG apprised of any further changes to its Compliance Oversight Committee. If you have any questions or concerns regarding the contents of this letter, please contact me directly.

Sincerely,



Robert Franco  
Chief Compliance Officer  
Phone: (805) 437-5731  
Email: [rfranco@goldchp.org](mailto:rfranco@goldchp.org)

CC:

Nick Liguori; [NLiguori@goldchp.org](mailto:NLiguori@goldchp.org)  
Chief Executive Officer  
Gold Coast Health Plan

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Richard Egger; [Richard.Egger@bbklaw.com](mailto:Richard.Egger@bbklaw.com)  
Partner  
Best Best & Krieger LLP

Leeann Habte; [Leeann.Habte@bbklaw.com](mailto:Leeann.Habte@bbklaw.com)  
Partner  
Best Best & Krieger LLP

Geeta Taylor; [Geeta.Taylor@OIG.HHS.GOV](mailto:Geeta.Taylor@OIG.HHS.GOV)  
Senior Counsel  
Administrative & Civil Remedies Branch  
Office of Counsel to the Inspector General

**GOLD COAST HEALTH PLAN  
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## **EXHIBIT B**

**Compliance Oversight Commission Resolution  
as Required by Section III.A.3 of the CIA**

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**[TO BE INSERTED]**

## **EXHIBIT C**

### **Management Certifications for Certifying Employees as Required by Section III.A.4 of the CIA**



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

**Management Certification**

I have been trained on and understand the compliance requirements and responsibilities as they relate to Compliance, an area under my supervision. My job responsibilities include ensuring the Compliance department's compliance with all applicable Federal health care program requirements, requirements of the Corporate Integrity Agreement, and Gold Coast's policies and procedures. To the best of my knowledge, the Compliance department is in compliance with all applicable Federal health care program requirements and the requirements of the Corporate Integrity Agreement. I understand that this certification is being provided to and relied upon by the United States.

*Robert Franco*

---

Robert Franco, Chief Compliance Officer

09/26/2024

---

**Date**

**Management Certification**

I have been trained on and understand the compliance requirements and responsibilities as they relate to Health Services, an area under my supervision. My job responsibilities include ensuring the Health Services department's compliance with all applicable Federal health care program requirements, requirements of the Corporate Integrity Agreement, and Gold Coast's policies and procedures. To the best of my knowledge, the Health Services department is in compliance with all applicable Federal health care program requirements and the requirements of the Corporate Integrity Agreement. I understand that this certification is being provided to and relied upon by the United States.



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Dr. Felix Nunez, Chief Medical Officer

09/12/2024

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**Date**



### **Management Certification**

I have been trained on and understand the compliance requirements and responsibilities as they relate to Policy and Program, an area under my supervision. My job responsibilities include ensuring the Policy & Program department's compliance with all applicable Federal health care program requirements, requirements of the Corporate Integrity Agreement, and Gold Coast's policies and procedures. To the best of my knowledge, the Policy and Program department is in compliance with all applicable Federal health care program requirements and the requirements of the Corporate Integrity Agreement. I understand that this certification is being provided to and relied upon by the United States.

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Erik Cho, Chief Policy & Program Officer

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**Date**





### **Management Certification**

I have been trained on and understand the compliance requirements and responsibilities as they relate to Information Technology, an area under my supervision. My job responsibilities include ensuring the Information Technology department's compliance with all applicable Federal health care program requirements, requirements of the Corporate Integrity Agreement, and Gold Coast's policies and procedures. To the best of my knowledge, the Information Technology department is in compliance with all applicable Federal health care program requirements and the requirements of the Corporate Integrity Agreement. I understand that this certification is being provided to and relied upon by the United States.

*Alan Torres*

---

Alan Torres, Chief Information & System  
Modernization Officer

09/13/2024

---

**Date**



### **Management Certification**

I have been trained on and understand the compliance requirements and responsibilities as they relate to Finance, an area under my supervision. My job responsibilities include ensuring the Finance department's compliance with all applicable Federal health care program requirements, requirements of the Corporate Integrity Agreement, and Gold Coast's policies and procedures. To the best of my knowledge, the Finance department is in compliance with all applicable Federal health care program requirements and the requirements of the Corporate Integrity Agreement. I understand that this certification is being provided to and relied upon by the United States.

*Sara Dersch*

---

Sara Dersch, Chief Finance Officer

09/12/2024

---

**Date**

## **EXHIBIT D**

**Copy of MLR Element Review Report Prepared  
Pursuant to Section III.D of the CIA, Copy of  
Gold Coast's Response to MLR Element  
Review Report, Copy of Corrective Action Plan,  
and Evidence of Submission of MLR Element  
Review Report to DHCS**



**VENTURA COUNTY MEDICAL MANAGED CARE  
COMMISSION  
D/B/A  
GOLD COAST HEALTH PLAN**

**SECOND ANNUAL MEDICAL LOSS RATIO ELEMENT  
REVIEW REPORT**

**September 17, 2024**

**PLEASE CONTACT JESSE CAPLAN AT  
[JCAPLAN@AFFILIATEDMONITORS.COM](mailto:JCAPLAN@AFFILIATEDMONITORS.COM)  
OR (617) 901-3422 WITH ANY QUESTIONS**



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**Attachment A – Gold Coast Health Care Quality Improvement (HCQI) Expense Development Process for 2022 MLR Filing**

**Attachment B – IRO’s “OIG Expectations Template” for Gold Coast Overall Preparation of the MLR and Process for Calculating HCQI Costs**

**Attachment C – Gold Coast HCQI Vendors -- IRO Review Analysis**

**Attachment D – IRO’s Audit Summary of Gold Coast “Recalculated Approach” to Internal HCQI Costs for CY2022**

**Attachment E – Certification of Independence and Objectivity**

## **I. BACKGROUND**

On or about August 11, 2022, the U.S. Department of Health and Human Services Office of Inspector General (OIG) entered into a five-year Corporate Integrity Agreement (CIA) with Ventura County Medi-Cal Managed Care Commission d/b/a Gold Coast Health Plan (Gold Coast). The CIA requires Gold Coast to engage an Independent Review Organization (IRO) to perform the annual Medical Loss Ratio (MLR) Element Reviews for each Reporting Period. Affiliated Monitors, Inc. (AMI) was selected as the IRO.

Consistent with the CIA, on or about May 17, 2024, the OIG selected Healthcare Quality Improvement Costs (HCQI Costs) as the MLR Numerator to be reviewed for the second Reporting Period. On July 17, 2024, the IRO submitted to the OIG a workplan outlining the IRO's detailed methodology, including sampling proposals, for determining whether Gold Coast's calculation and reporting of the Selected Element (HCQI) was accurate, supported by underlying documentation, consistent with generally accepted accounting principles, and otherwise complied with the terms of Gold Coast's contract with the California Department of Health Care Services (DHCS) and applicable Medicaid laws, regulations, and guidance. The OIG provided no comments or objections to the workplan.

Pursuant to the CIA, Gold Coast is required to submit its second Annual Report within 60 days of the end of the first Reporting Period, scheduled to be on or about October 10, 2024. The CIA requires that the Annual Report include the IRO's MLR Element Review Report (IRO's MLR Review Report), Gold Coast's response to the MLR Review Report, Gold Coast's corrective action plan(s) related to any issues raised by the IRO's MLR Review Report, and documentation of Gold Coast's refund of any Estimated Overpayment.

This is the IRO's Second Annual MLR Element Review Report, covering HCQI reported in Gold Coast's MLR Report for Calendar Year 2022 (CY2022 MLR Report), which was submitted to the DHCS on December 15, 2023.

## **II. EXECUTIVE SUMMARY OF AUDIT FINDINGS**

As an initial matter, the IRO noted in its First Annual MLR Element Review Report, the departure in early 2023 of two key Gold Coast Financial Leadership positions, Chief Financial Officer and Senior Director of Accounting and Finance. Towards the end of 2023 Gold Coast hired a successor Chief Financial Officer and a new position of Controller.

According to Gold Coast, had the new Finance Leadership team been in place earlier in 2023, different decisions would have been made relative to the methodology and approach to completing the CY2022 MLR Report. In preparing its CY2022 MLR Report, Gold Coast engaged an outside actuarial firm to assist with multiple activities for the health plan, including completion of the process of compiling the data and the filing of the MLR. As Gold Coast explained to the IRO (and as reflected in Attachment A – Gold Coast's Health Care Quality Improvement (HCQI) Expense Development Process), the actuarial firm allocated the HCQI Costs to each of the six quarters in the applicable Rate Development Template (RDT) period proportional to the Fee-For-Service

Total Gross Cost for each quarter, as opposed to allocating actual HCQI Costs for the four quarters corresponding to the MLR Reporting Period.

Gold Coast represented to the IRO that “[h]ad the current Finance management team been in place long enough to have evaluated this methodology before the 2022 MLR filing was due, a determination would have been made to report the actual HCQI Costs across the appropriate MLR line items as incurred for the 12 months covering January, 2022 through December, 2022, instead of allocating the 18 months of HCQI expense utilized in the RDT filing process.”

As a result, Gold Coast represented to the IRO that while its CY2022 MLR Report indicated HCQI Costs totaling \$19.0 million, its actual HCQI Costs for the MLR CY2022 Reporting Period were approximately \$17.8 million.

The IRO finds that the process used by the actuarial firm and Gold Coast to calculate and report HCQI Costs in Gold Coast's CY2022 MLR Report was not consistent with federal and/or state MLR reporting requirements or standards, and significantly overstated HCQI. Nevertheless, the IRO undertook a review of the HCQI calculation and reporting approach that Gold Coast indicated it would have used, as outlined in Attachment A (the “Recalculated Approach”), to determine whether that approach is sound, and as a basis for providing recommendations for future MLR reporting as it relates to HCQI activities and expenses. The IRO finds that Gold Coast's proposed “Recalculated Approach”, while an improvement over the actual approach used for Gold Coast's CY2022 MLR Report, nevertheless has its own deficiencies and would likely have overstated HCQI, and therefore still needs to be improved. The IRO's recommendations on how to improve that approach are detailed below.<sup>1</sup>

### **Recommendations:**

#### **A. General Recommendations for MLR Reporting:**

1. Gold Coast should develop policies and procedures for reconciling with the organization's MLR Reports, its enrollment, Medi-Cal revenue, medical and pharmacy claims, capitation or other payments (*i.e.*, incentive payments), healthcare quality improvement expenses, and reinsurance. Including the following items:
  - A description of Gold Coast's process for calculating and reporting each Selected Element in its Annual MLR Report;
  - Identification, by position description, of the personnel involved in calculating and reporting the MLR; and

---

<sup>1</sup> At the end of the IRO's review activities, Gold Coast provided the IRO with its completed IRO's “OIG Expectations Template” for Gold Coast Overall Preparation of the MLR and Process for Calculating HCQI Costs. This Template describes Gold Coast's planned processes, personnel and controls for identifying and calculating HCQI Costs going forward. This is also an improvement over the actual approach used for Gold Coast's CY2022 MLR Report. The IRO has not critiqued this Template or Gold Coast's planned processes, personnel or controls going forward, and urges Gold Coast to review its planned approach to ensure it addresses the IRO's recommendations.

- A description of controls in place at Gold Coast to ensure that each element is accurately calculated and reported consistent with the terms of Gold Coast's contract with the DHCS and the applicable Medicaid laws, regulations, and guidance.

**B. Specific Recommendations for Costs Identified as HCQI Eligible:**

1. Gold Coast should utilize only 12 months of specific calendar year data which complies with the reporting year requirements.
2. For each decision made in the development of HCQI, take the following actions into account:
  - a. Substantiation: create documentation to substantiate the costs of the HCQI activities;
  - b. Reasonable and Necessary: create documentation to demonstrate the costs for HCQI are reasonable and necessary for improving health care quality; and
  - c. Proportionality: create documentation to demonstrate the costs of the HCQI activities are proportional to the overall costs of health care services.
3. Obtain from each Third-Party Vendor identified as providing HCQI services, the required annual MLR report detailing the value of the Vendor's HCQI activities costs, and the amounts to exclude for administrative expenses and profit.
4. For Internal HCQI Costs, develop specific HCQI policies and procedures for HCQI identification, by cost center, for internal payroll and non-payroll expenses and justify, within the HCQI regulations, the rationale for inclusion and exclusion of specific costs consistent with 42 CFR § 42 CFR 438.8(e)(3) - Activities that improve health care quality.
5. Also, for internal HCQI Costs, based upon Salary & Benefit full-time equivalent costs, review eligible job descriptions for HCQI and non-HCQI activities, develop policies and procedures for identifying and determining the appropriate factors to apply to distinguish HCQI and non-HCQI activities<sup>2</sup>, and using those factors to make the appropriate adjustments as to exclude non-HCQI costs from internal HCQI calculations.

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<sup>2</sup> For example, and as reflected in Attachment D, Gold Coast indicated that in its "Recalculated Approach" it would have allocated to HCQI Costs all of the Salary & Payroll for individuals working in Utilization Management. The IRO understands that such costs should be excluded from HCQI for purposes of MLR Reporting under applicable federal regulations. See 42 CFR § 4438.8(e)(3) "Activities that improve health care quality. Activities that improve health care quality must be in one of the following categories: (i) An MCO, PIHP, or PAHP activity that meets the requirements of 45 CFR 158.150(a) and (b) and is not excluded under 45 CFR 158.150(c)." Activities excluded under 45 CFR 158.150(c) include "(7) All retrospective and concurrent utilization review."



### **III. REVIEW METHODOLOGY**

#### **A. Review Objective**

As indicated above, and as confirmed by Gold Coast, the process Gold Coast used to calculate and report HCQI in its CY2022 MLR Report, was not consistent with federal and/or state MLR reporting requirements or standards, and significantly overstated HCQI. Gold Coast indicated that it would have used its “Recalculated Approach” for determining HCQI, and provided the IRO with a recalculation of HCQI Costs for CY2022 as reflected in Attachment A. Gold Coast’s recalculation indicated that, instead of \$19.0 million, HCQI in the CY2022 MLR Report should have been approximately \$17.8 million<sup>3</sup>, and therefore HCQI in the CY2022 MLR Report was overstated by approximately \$1.2 million.

Under the circumstances, the IRO’s objective in this review was to determine whether, for the CY2022 MLR Reporting Period, and focusing on Gold Coast’s “Recalculated Approach” for determining HCQI: (i) Gold Coast processed and paid HCQI Costs accurately; (ii) Gold Coast made appropriate identification and classifications of HCQI Costs; (iii) Gold Coast’s MLR classifications, calculations, and reporting were consistent with GAAP and/or STAT, its own financial accounting, and federal and state laws, regulations, rules and guidance for MLR reporting; and (iv) Gold Coast’s payments for HCQI Costs could be reconciled to its CY2022 MLR Report.

#### **B. Selected Element**

The OIG identified HCQI as the MLR Numerator Element to be reviewed in connection with Gold Coast’s CY2022 MLR Report.

#### **C. Sources of Data**

Because the Review Objective was revised due to the discrepancy in how HCQI was reported, versus how it should have been reported, in Gold Coast’s CY2022 MLR Report, the IRO requested and reviewed data and information which focused on Gold Coast’s “Recalculated Approach” for determining HCQI, and Gold Coast’s actual revised calculations as reflected in Attachment A.

- To conduct this Review, the IRO requested, and when available received, the following data and information:
  - Gold Coast’s CY2022 MLR Report and underlying working papers;
  - Gold Coast’s most recent Statutory Filings and Audited Financial Reports;

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<sup>3</sup> Gold Coast, in Attachment A, indicated that HCQI Costs using its “Recalculated Approach”, yielded an HCQI expense of \$17,563,217. However, upon further review, the IRO found a calculation error in Gold Coast’s original spreadsheet, and as a result the “Recalculated Approach” actually yielded \$17,810,347 in HCQI Costs.

- Any CMS or State MLR audits of Gold Coast or related entities, and if such audits, any Gold Coast Corrective Action Plans in connection with those audits; and
  - Gold Coast's policies, procedures and controls relating to MLR reporting, including related entity and/or third-party MLR reporting;
- The IRO also submitted both a Minimum MLR Survey Questionnaire and Template for OIG Expectations for Gold Coast to complete, which, among other questions, sought to identify the process used and individuals responsible for Gold Coast's preparation, calculation, and reporting of its MLR for CY2022.
- After the OIG selected HCQI Costs as the MLR element for review, and after the IRO's workplan was approved, the IRO requested, and when available received, the following additional items:
  - A summary of the HCQI expense development process;
  - 2022 trial balance by month;
  - 2022 vendor identification and payment detail tied to the 2022 trial balance by month associated with HCQI Cost identification;
  - IRO's "OIG Expectations Template" on the HCQI process;
  - An updated Questionnaire on GCHP overall financial processes and internal controls;
  - An HCQI "Inquiry for Third Party Vendors which Generate Desired Health Outcomes";
  - An "Inquiry for Third Party Vendors for Preventing Hospital Readmissions";
  - An "Inquiry for Third Party Vendors Patient Safety, Reduce Medical Errors, Lower Infection & Mortality Rates";
  - An "Inquiry for Third Party Vendors to Implement, Promote, and Increase Wellness & Health Activities"; and
  - An "Inquiry for Internally Generated HCQI Costs".
- The IRO interviewed the following Gold Coast personnel:
  - Gold Coast's Chief Financial Officer;
  - Gold Coast's Controller.
- The IRO relied on CMS' Minimum MLR Reporting Standards set forth in 42 CFR 438.8, General and Statutory Accounting Standards, and any directives issued by DHCS.

## **D. Review Protocol**

In conducting the Review, the IRO used the following methodologies, standards, information and data:

### **1. Policies, Procedures and Controls.**

Gold Coast is still in the process of formalizing their formal written policies, procedures and controls for the preparation of its MLR Report. As an interim substitute, the IRO requested Gold Coast complete an OIG Expectations Template which provided information on Gold Coast's overall preparation of the MLR Report, and more specifically a description of the process Gold Coast used for identifying and calculating HCQI Costs reported in Gold Coast's CY2022 MLR Report, as well as a description of processes, personnel and controls that Gold Coast intends to use for identifying and calculating HCQI Costs going forward. See Attachment B. Gold Coast also provided the IRO with its written Health Care Quality Improvement (HCQI) Expense Development Process, Attachment A.

By reviewing the CY2022 MLR Report, available work papers, Gold Coast's responses to the OIG Expectation Templates, Gold Coast's written Health Care Quality Improvement (HCQI) Expense Development Process, and interviewing relevant employees, the IRO was able to garner a reasonable understanding of how Gold Coast's CY2022 MLR Report was prepared, calculated and reported, as well as how Gold Coast plans to report HCQI going forward. Those are described below in the IRO's Review Findings.

### **2. HCQI Costs Review.**

Although Gold Coast reported \$19.0 million in HCQI Costs in its CY 2022 MLR Report, Gold Coast provided the IRO a description of its "Recalculated Approach" to determining HCQI, and a revised calculation indicating that HCQI Costs should actually have been reported at approximately \$17.8 million<sup>4</sup>, as shown below.

Composition of GCHP "Recalculated Approach" Costs	Costs	% To Total
Salary & Benefits (7200-7300-7400-7410-7420-7430-7440-7480)	\$ 13,767,819	77.3%
6335-Translation Services	\$ 245,290	1.4%
6340-Outside Services - Other	\$ 1,308,129	7.3%
7210-Temporary Labor Expense	\$ 247,400	1.4%
8020-Software Subscriptions	\$ 2,131,227	12.0%
8710-Subscriptions and Publications	\$ 15,050	0.1%
All Other Accounts	\$ 194,173	1.1%
Exclusions (conferences, meetings, travel, advertising)	\$ (98,740)	-0.6%
GCHP View of "Recalculated Approach"	\$ 17,810,347	100.0%

<sup>4</sup> As described above, Gold Coast's "Recalculated Approach" of HCQI Costs as reflected in Attachment A yielded an HCQI expense of \$17,563,217. However, upon further review, the IRO found a calculation error in Gold Coast's original spreadsheet, and as a result the "Recalculated Approach" actually yielded \$17,810,347 in HCQI Costs, which is reflected in the above chart.

Based on the IRO's review of Gold Coast's revised calculation using its "Recalculated Approach", and the IRO's audit of HCQI Costs reflected in the revised calculation, in the IRO's opinion, the HCQI Costs that should have been reported are even lower than \$17.8 million, due to certain non-qualifying HCQI Costs that were not removed from the Gold Coast revised estimates. These non-qualifying HCQI Costs are further explained below.

The IRO attempted to validate, in some form, the reasonableness of the Gold Coast "Recalculated Approach" by completing the steps below.

**a. HCQI Vendor Expenses**

Sampling Number and Methodology for Auditing HCQI Vendor Expenses – The IRO reviewed the names and descriptions of services provided by all 29 vendors identified by Gold Coast as providing HCQI activities, reflecting 100% of Gold Coast's HCQI vendor expenses. The IRO, using a judgmental sample designed to identify the vast majority of HCQI vendor expenses, also reviewed the contracts and invoices for six of the vendors who together accounted for 80.4% of Gold Coast's HCQI vendor expenses. This review was meant to determine whether the amounts paid on those expenditures were accurately calculated and reported, were supported by underlying documentation, and were consistent with generally accepted accounting principles, Gold Coast's DHCS contract, and Medicaid laws, regulations and guidance.

Data and Documents Used to Audit HCQI Vendor Expenses – the IRO requested that Gold Coast provide the IRO the following documents and data:

- Gold Coast's MLR Report and related documentation;
- Gold Coast's financial statements; and
- The contracts with each of the six (6) third-party vendors audited, and the invoices from each for the CY2022 period.

Audit Criteria for HCQI Vendor Expenses – The IRO reviewed each vendor expenditure in the judgmental sample to determine whether:

- The incurred/service date is between January 1<sup>st</sup> and December 31<sup>st</sup> of the reporting year;
- The vendor was paid between January 1<sup>st</sup> of the reporting year and September 30<sup>th</sup> of the year following which the expense was reported on the MLR form;
- The payment and vendor contract was reported in the correct program as required by DHCS;

- The paid amounts are for expenses which are properly deemed to be HCQI associated with the program; and
- The amount paid is accurately reflected on the Account Payable remittance and/or the bi-weekly Payroll reports.

Based on the criteria listed above, and the IRO's review, the IRO determined whether each vendor's reported HCQI Costs qualified as HCQI Costs, in full or in part, and any discrepancy in what was reported and what should have been reported.

**b. Internal HCQI Salary & Benefits Expenses**

Sampling Number and Methodology used to Audit Internal HCQI Salary & Benefits –The IRO requested 100% of Gold Coast's payroll data for CY2022 reflecting Gold Coast's revised calculation of the Salary & Benefits portion of its CY2022 HCQI Costs. The IRO reviewed each Gold Coast department designated as engaged in HCQI activities to determine whether each department was appropriately included in the HCQI calculation. Using a judgmental approach, the IRO also reviewed a sampling of actual salary and benefits for staff designated as involved in internal HCQI activities to determine whether those HCQI Costs were consistent with generally accepted accounting principles, its DHCS contract, and Medicaid laws, regulations and guidance.<sup>5</sup>

The Data and Documents Used to Audit Internal HCQI Salary & Benefits Expenses – the IRO requested that Gold Coast provide the IRO the following documents and data:

- Listing of job descriptions and functions within each HCQI identified department;
- Listing of employees associated with each job description/function;
- Listing the Salary & Benefit costs by Business Units for those items in the HCQI data;
- Documentation of time studies or other applicable evidence that the functions qualified as HCQI functions; and
- Documentation of any exclusions of Salary & Benefits which do not qualify as HCQI expenses.

Audit Criteria for Internal HCQI Salary & Benefits Expenses – The IRO reviewed the payroll data to determine whether:

- The payroll data by department and FTE for CY2022 reconciled to the Gold Coast's HCQI costs in its financial reports;
- The payroll data qualified as HCQI and was documented as HCQI eligible;

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<sup>5</sup> The IRO found a variance of approximately 2.5% when comparing the detail of payroll by employee to the HCQI cost detail.

- The job descriptions and functions contained any documentation of other evaluation of HCQI eligibility; and
- Any adjustments were made to the payroll data for exclusion of non-qualifying HCQI costs.

Based on the criteria listed above, and the IRO's review of payroll data, the IRO determined whether the internal HCQI Costs reflected in Gold Coast's revised calculation of CY2022 MLR HCQI Costs were all actually qualified as HCQI Costs, in full or in part, and any discrepancy in what was reported and what should have been reported.

### **3. HCQI Costs View Reconciliation.**

The IRO planned to conduct a MLR View Reconciliation for HCQI Costs, to reconcile Gold Coast's CY2022 MLR reporting of HCQI Costs to the organization's financial statements, statutory filings, General Ledger, and claims records, to determine whether the HCQI Costs portion of its MLR Report for CY2022 was prepared consistent with applicable federal and state laws, regulations, rules and guidance for MLR reporting. However, as described above, Gold Coast confirmed that the process it used to calculate and report HCQI for CY2022 was not consistent with applicable MLR reporting standards and requirements, and did not reflect its actual HCQI Costs for the period. Therefore, the IRO determined that conducting its planned HCQI View Reconciliation would have been irrelevant and futile.

### **4. Technical Adherence to MLR Standards of Selected MLR Element.**

Similarly, Gold Coast confirmed, and the IRO found, that Gold Coast's process used to calculate and report HCQI for CY2022 was not consistent with applicable MLR reporting standards and requirements, and did not reflect its actual HCQI Costs for the period. Nevertheless, the IRO also reviewed Gold Coast's revised approach to calculating HCQI Costs as outlined in Attachment A and described in interviews. The IRO found deficiencies in the revised approach, as described below, and provides recommendations to help Gold Coast ensure that future HCQI expense reporting more closely adheres to appropriate MLR reporting regulations and standards.

## **IV. REVIEW FINDINGS**

### **A. Narrative Results**

#### **1. Gold Coast's Policies, Procedures and Controls.**

Gold Coast is in the process of formalizing written policies, procedures and controls for the preparation of its MLR Report. As an alternative, Gold Coast provided the IRO its written Health Care Quality Improvement (HCQI) Expense Development Process for its CY2022 MLR Report (Attachment A), and its completed IRO's "OIG Expectations Template" (Attachment B). These documents set out the process that Gold Coast used to calculate and report its HCQI Costs in its CY2022 MLR Report, its "Recalculated Approach" to HCQI Costs for CY2022, and the process it plans to use for reporting HCQI Costs in future reports. The following are summaries of both



the process Gold Coast used, and the process it indicates it would have used in identifying and calculation HCQI Costs for CY2022.<sup>6</sup>

Process Used to Calculate and Report HCQI Costs in its CY2022 MLR Report. In preparing its CY2022 MLR Report, Gold Coast engaged an outside actuarial firm to assist with multiple activities for the health plan, including completion of the process of compiling the data and the filing of the MLR. The actuarial firm allocated the HCQI Costs to each of the six quarters in the applicable Rate Development Template (RDT) period proportional to the Fee-For-Service Total Gross Cost for each quarter, as opposed to allocating actual HCQI Costs for the four quarters corresponding to the MLR Reporting Period. That process was not consistent with federal and/or state MLR reporting requirements or standards. Using that flawed process resulted in Gold Coast reporting \$19.0 in HCQI Costs in its CY2022 MLR Report.

Revised Approach to HCQI Expense Reporting. Gold Coast represented that “[h]ad the current Finance management team been in place long enough to have evaluated this methodology before the 2022 MLR filing was due, a determination would have been made to report the actual HCQI Costs across the appropriate MLR line items as incurred for the 12 months covering January, 2022 through December, 2022, instead of allocating the 18 months of HCQI expense utilized in the RDT filing process.\* \* \* Utilizing actual HCQI expense for January, 2022 through December, 2022 with the existing assumptions and calculation methodologies would have yielded an HCQI expense of \$17,563,217.”<sup>7</sup>

In addition, Gold Coast represented that “[t]o ensure accuracy, transparency and compliance with appropriate regulations, GCHP is in the process of contracting with an outside CPA firm, Moss Adams, with extensive experience in health care, to review the current process and assist with redeveloping our HCQI assumptions and methodology. GCHP has also created and hired a new Senior Manager position within the Finance department to implement, oversee and maintain the redeveloped HCQI process. We expect the HCQI evaluation and any updates to the process to be completed and implemented prior to the 2023 MLR filing deadline.”

The IRO finds that Gold Coast’s proposed “Recalculated Approach”, while an improvement over the actual approach used for Gold Coast’s CY2022 MLR Report, nevertheless has its own deficiencies and would likely have overstated HCQI, and therefore still needs to be improved. As a result, the IRO offers both general and specific recommendations, in the Recommendations

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<sup>6</sup> As indicated above, at the end of the IRO’s review activities, Gold Coast provided the IRO with its completed IRO’s “OIG Expectations Template” for Gold Coast Overall Preparation of the MLR and Process for Calculating HCQI Costs (Attachment B). This Template describes Gold Coast’s planned processes, personnel and controls for identifying and calculating HCQI Costs going forward. This is an improvement over the actual approach and “Recalculated Approach” for Gold Coast’s CY2022 HCQI Costs. The IRO has not critiqued this Template or Gold Coast’s planned processes, personnel or controls going forward, and urges Gold Coast to review its planned approach to ensure it addresses the IRO’s recommendations.

<sup>7</sup> As described above, Gold Coast’s “Recalculated Approach” of HCQI Costs as reflected in Attachment A yielded an HCQI expense of \$17,563,217. However, upon further review, the IRO found a calculation error in Gold Coast’s original spreadsheet, and as a result the “Recalculated Approach” actually yielded \$17,810,347 in HCQI Costs, which is reflected in the above chart.

section below, in connection with the policies and procedures that Gold Coast is currently developing.

## **2. HCQI Costs Review**

### **a. HCQI Vendor Expenses**

The results of the IRO's review of HCQI Vendor Expenses is reflected in Attachment C. As reflected in Attachment C, of the 29 vendors identified by Gold Coast, the activities of 15 were deemed by the IRO to reflect eligible HCQI activities in full. The expenses from these 15 vendors represented 76.5% of the total HCQI Vendor Expenses reported by Gold Coast in its revised calculation of HCQI Costs. The IRO deemed the activities and expenses of 10 vendors (representing 17.0 % of recalculated HCQI Costs) as only partially eligible HCQI activities and expenses. And the IRO deemed that activities and expenses of four vendors (representing 6.6% of recalculated HCQI Costs) as not eligible HCQI Costs. In addition, in reviewing the invoices of six of the vendors accounting for 80.4% of Gold Coast's recalculated HCQI Vendor Expenses, the IRO found that Gold Coast did not reduce HCQI Vendor Expenses by the amounts of those expenses that should have been allocated to administrative expenses and profit, which should be excluded from HCQI Costs.<sup>8</sup>

### **b. Internal HCQI Salary & Benefits Expenses**

The results of the IRO's review of Internal HCQI Salary & Benefits Expenses is reflected in Attachment D. As reflected in Attachment D, Gold Coast claimed all of the salary and benefits expenses for certain internal departments as eligible HCQI Costs. However, the IRO found that the salary and benefits of employees in certain of those departments were not eligible HCQI expenses at all, while salary and benefits of employees in certain other departments should only have been partially claimed as HCQI Costs. More specifically, Gold Coast claimed as HCQI-eligible expenses all of its Utilization Management salary and benefits expenses. However, Utilization Management is specifically excluded from eligible HCQI Costs under the applicable regulations.<sup>9</sup> In all, the IRO found that as much as 48.8% of the Internal HCQI Costs that Gold Coast would have reported under its "Recalculated Approach" would not have been eligible HCQI Costs for MLR reporting.

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<sup>8</sup> The IRO did not find that any of these vendors provided Gold Coast with breakdowns of administrative expenses or profit. As indicated in the Recommendations, this is something that Gold Coast should request from HCQI vendors going forward.

<sup>9</sup> See 42 CFR § 4438.8(e)(3) "Activities that improve health care quality. Activities that improve health care quality must be in one of the following categories: (i) An MCO, PIHP, or PAHP activity that meets the requirements of 45 CFR 158.150(a) and (b) and is not excluded under 45 CFR 158.150(c)." Activities excluded under 45 CFR 158.150(c) include "(7) All retrospective and concurrent utilization review."



**B. Quantitative Results**

As described above and reflected in Attachments C and D, the IRO found that the \$19.0 million in HCQI Costs in Gold Coast's CY2022 MLR Report was overstated. Furthermore, the IRO found that Gold Coast's revised calculation of HCQI Costs using its "Recalculated Approach" of \$17.9 million, was also overstated by, potentially, as much as \$9.0 million or 50%.

**C. Recommendations**

**1. General Recommendations for MLR Reporting:**

- a. Gold Coast should develop policies and procedures for reconciling with the organization's MLR Reports, its enrollment, Medi-Cal revenue, medical and pharmacy claims, capitation or other payments (*i.e.*, incentive payments), healthcare quality improvement expenses, and reinsurance, including the following items:
  - A description of Gold Coast's process for calculating and reporting each Selected Element in its Annual MLR Report;
  - Identification, by position description, of the personnel involved in calculating and reporting the MLR; and
  - A description of controls in place at Gold Coast to ensure that each element is accurately calculated and reported consistent with the terms of Gold Coast's contract with the DHCS and the applicable Medicaid laws, regulations, and guidance.

**2. Specific Recommendations for Costs Identified as HCQI Eligible:**

- a. Utilize only 12 months of specific calendar year data which complies with the reporting year requirements.
- b. For each decision made in the development of HCQI, take the following actions into account:
  - Substantiation: create documentation to substantiate the costs of the HCQI activities;
  - Reasonable and Necessary: create documentation to demonstrate the costs for HCQI are reasonable and necessary for improving health care quality; and
  - Proportionality: create documentation to demonstrate the costs of the HCQI activities are proportional to the overall costs of health care services.

- c. Obtain from each Third-Party Vendor identified as providing HCQI services, the required annual MLR report detailing the value of the Vendor's HCQI activities, and the amounts to exclude for administrative expenses and profit.
- d. For internal HCQI Costs, develop specific HCQI policies and procedures for HCQI identification, by cost center, for internal payroll and non-payroll expenses and justify, within the HCQI regulations, the rationale for inclusion and exclusion of specific costs consistent with 42 CFR §438.8(e)(3) - Activities that improve health care quality.
- e. Also, for internal HCQI Costs, based upon Salary & Benefit full-time equivalent costs, review eligible job descriptions for HCQI and non-HCQI activities, develop policies and procedures for identifying and determining the appropriate factors to apply to distinguish HCQI and non-HCQI activities, and using those factors to make the appropriate adjustments as to exclude non-HCQI costs from internal HCQI calculations.

## **V. CREDENTIALS**

### **A. Names and Credentials of the Individuals who Developed the Review Methodology Utilized for the MLR Element Review.**

The individuals who developed the review methodology utilized for the MLR Element Review were: Jesse Caplan and Brian Britt.

Jesse Caplan is AMI's Managing Director of Corporate Oversight. Mr. Caplan is an attorney and the former General Counsel of the Massachusetts Executive Office of Health and Human Services, which oversaw the Massachusetts Medicaid Program (MassHealth), and has experience overseeing legal and regulatory issues imposed by CMS on that program. He also served as Chief Legal Counsel for a Massachusetts Managed Medicaid and Managed Medicare HMO, Fallon Health, and was involved with meeting the MLR requirements imposed on that health plan. At AMI, Mr. Caplan manages monitoring engagements, including monitoring conditions imposed by state Medicaid agencies on Medicaid providers.

Brian Britt is a principal with Bayside Advisor. Mr. Britt is a CPA and a former Chief Financial Officer of Medicare Programs for Aetna and Coventry Health Care. Mr. Britt has significant experience overseeing compliance with CMS regulatory requirements generally, and minimum MLR requirements, specifically, and has managed compliance by health plans with the minimum MLR submissions process to CMS, including proper classification of the minimum MLR Elements and overall compliance with the reporting and classification requirements.

**B. Names and Credentials of the Individuals who Performed the MLR Element Review.**

The audit of HCQI was performed by Brian Britt, CPA (see credentials above).

Respectfully submitted,



Jesse M. Caplan  
Managing Director, Corporate Oversight Affiliated Monitors, Inc.

## Attachment A

### Gold Coast Health Plan 2022 MLR Filing

#### Attachment A Health Care Quality Improvement HCQI Expense Development Process

Gold Coast Health Plan (GCHP) reported \$19,034,217 in Health Care Quality Improvement (HCQI) expenses for the 2022 calendar year MLR report. All of the HCQI expense was reported on Line 301 – Activities to Improve Health Outcomes.

HCQI expenses consisted of vendor expense and internal compensation in the following business units (i.e. cost centers):

- 140 – Quality
- 150 – Health Education
- 170 – Health Service
- 171 – Utilization Management
- 172 – Care Management
- 173 – Population Health

The related General Ledger accounts for these business units were then reviewed. Accounts capturing HCQI allowable activities were included in the HCQI expense totals, while accounts capturing non-allowable activities were excluded. These are the General Ledger accounts that were included in the HCQI expense calculation:

- 6320 – Consulting Services Expense
- 6335 – Translation Services
- 6340 – Outside Services- Other
- 7200 – 7480 – Salary and Benefits and Temporary Labor related accounts
- 8020 – Software Subscriptions
- 8700 – Professional Dues, Fees and Licenses
- 8710 – Subscriptions and Publications

GCHP uses an outside Actuarial firm, Edrington Health Consulting (EHC), to assist with multiple activities, including the annual Rate Development Template (RDT), monthly Revenue analysis, and monthly Medical Expense and Incurred But Not Paid (IBNP) reserve development. To leverage EHC's extensive knowledge and analysis of these key financial data sets, especially related to revenue and claims by service month for the MLR reporting period, GCHP engaged EHC to assist with preparation of the 2022 MLR filing.

As part of the RDT process, which utilizes 18 months of data, GCHP provided EHC with HCQI expenses of \$29,250,109 related to the above business units and General Ledger accounts for the 18 months from January, 2022 through June, 2023. EHC allocated the HCQI expenses to each

of the 6 quarters in the RDT period proportional to the Fee-For-Service Total Gross Cost for each quarter, compared to the total, as follows:

	Fee-For-Service Total Gross Cost	Expense Spread
<b>CY22</b>	<b>\$ 599,057,835</b>	<b>\$ 19,034,217</b>
<b>1H CY23</b>	<b>\$ 321,521,517</b>	<b>\$ 10,215,892</b>
<b>Total</b>	<b>\$ 920,579,352</b>	<b>\$ 29,250,109</b>

	Fee-For-Service Total Gross Cost	Expense Spread
January-March 2022 (1st)	\$ 142,800,289	\$ 4,537,277
April-June 2022 (2nd)	\$ 150,894,533	\$ 4,794,461
July-September 2022 (3rd)	\$ 154,668,843	\$ 4,914,384
October-December 2022 (4th)	\$ 150,694,170	\$ 4,788,094
January-March 2023 (5th)	\$ 159,760,778	\$ 5,076,173
April-June 2023 (6th)	\$ 161,760,739	\$ 5,139,719
<b>Total</b>	<b>\$ 920,579,352</b>	<b>\$ 29,250,109</b>

FFS Expense \$ Distribution
16%
16%
17%
16%
17%
18%
100%

As AMI is aware, there was significant turnover in Finance management during calendar year 2023, with the new team being brought on-board late in the year. Had the current Finance management team been in place long enough to have evaluated this methodology before the 2022 MLR filing was due, a determination would have been made to report the actual HCQI expenses across the appropriate MLR line items as incurred for the 12 months covering January, 2022 through December, 2022, instead of allocating the 18 months of HCQI expense utilized in the RDT filing process.

Even so, whether using the actuals for the MLR filing year or using the allocation methodology described above, both methodologies would have relied upon the same underlying business unit and account information in the General Ledger detail for their respective time periods. Utilizing actual HCQI expense for January, 2022 through December, 2022 with the existing assumptions and calculation methodologies would have yielded an HCQI expense of \$17,563,217.

To ensure accuracy, transparency and compliance with appropriate regulations, GCHP is in the process of contracting with an outside CPA firm, Moss Adams, with extensive experience in health care, to review the current process and assist with redeveloping our HCQI assumptions and methodology. GCHP has also created and hired a new Senior Manager position within the Finance department to implement, oversee and maintain the redeveloped HCQI process. We expect the HCQI evaluation and any updates to the process to be completed and implemented prior to the 2023 MLR filing deadline.

## Gold Coast Health Plan Template for OIG Expectations - HCQI Costs

A description of Gold Coast Health Plan process for calculating and reporting Selected Elements in its Annual MLR Report.

### OVERALL PROCESS of HCQI Identification

Prior to the September 2024, the identification of HCQI costs consisted of :

- identification of jobs whose main responsibilities fell under the CFR-defined HCQI guidelines (these jobs were limited to 5 cost centers)
- calculation/application of wages and benefits associated with those jobs
- identification of GL accounts meeting the CFR-defined guidelines
- application of expenses booked to those accounts

This process did not include other departments who also play a role in performing activities which meet the CFR guidelines. Examples include (and are not limited to) those associates who staff health fairs to educate members and the Community at-large, analysts who perform data pulls for HCQI analyses, and those Provider Relationship associates who partner with providers to develop quality-improvement programs.

During the MLR report completion, the new CFO (start date Sept 2023) identified that improvements needed to be made to how QI costs are identified/assessed. A new process was developed and is now being executed. This process consists of the following:

- identification of 7-15 functions of each cost center (performed by Dept Managers and Finance)
- identification of which of these functions meet the QI guidelines (performed by Finance)
- execution of a time study estimate by position of how much time each position spends in completing each of those functions (performed by Dept Managers)
- calculation of related payroll (performed by Finance)
- note: the salaries will be discounted to account for paid time off prior to the application of the time study percentages; this way, no paid time off is included in the QI element

This time study is considered "blind" as the Department Managers do not know which activities will be included as QI.

The same approach is taken to vendor spend detail. Instead of taking all the spend in a non-payroll account, we will review the actual invoices expensed and make the determination as to which ones qualify for QI inclusion.

**Gold Coast Health Plan**  
**Template for OIG Expectations - HCQI Costs**

Identification, by position description, of the personnel involved in calculating and reporting the MLR.			
Position Title	Name of Employee	Time in Position (as of 3/15/24)	Description of Duties & Role in MLR Process
Actuarial Analyst	Xingyi Qin	2 years	Completion of MLR filing; calculation of MLR; this resource is consultant (is an employee of Edrington Health Consulting)
CFO	Sara Dersch	6 months	Review of both process and filing
Controller	Jeff Register	4 months	Not involved in CY 2022 filing, but will provide oversight and process management of future MLR filings
Actuarial Oversight	Kyle Edrington	10+ years	Review of MLR filing; this resource is consultant (is an employee of Edrington Health Consulting)
Department Managers	various	varies	New to 2024, the department managers will be involved in identifying/cataloging the functions of their department; they will also be responsible for completing the time study survey
FP&A Team	various	varies	FP&A Team will be responsible for partnering with the department managers to ensure the function identification and survey completions are executed accurately

## Gold Coast Health Plan Template for OIG Expectations - HCQI Costs

A description of controls in place at Gold Coast Health Plan to ensure that each Selected Element is accurately calculated and reported consistent with the terms of Gold Coast Health Plan contract with the DHCS and the applicable Medicaid laws, regulations, and guidance.

Internal controls are characteristically summed up as a series of policies and procedures or technical protections that are put in place to prevent problems and protect the assets of a business organization.

Controls	Effective Date of Control	Description of Control
Blind Time Study Survey (Segregation of duties)	9/1/2024	Time Study survey completers will not know which activities will be included in the QI calculation. Because of this, they will not be able to tempted to over-estimate QI costs.
Job Description	9/1/2024	Comparison of job description activities with actual job duties to ensure consistency.
Reconciliation of payroll data	9/1/2024	Validation that payroll data is flowing to GL correctly (accurate calculation, correct cost center).
Vendor spend review	9/1/2024	Review of SOW/contract/PO to ensure that the invoices being expensed meet the CFR guidelines.
Development of P&P	9/1/2024	Development and adoption of official P&P outlining the revised QI survey process. Validation by Internal Audit that the process was followed.
Review of calculation by both the Controller and the CFO	9/1/2024	Separate reviews by both the Controller and the CFO that the payroll and vendor spend are accurate
Attestation	9/1/2024	Signed attestation by the CFO indicating the calculation is accurate and meets the CFR guidelines.



ATTACHMENT C				
Gold Coast HCQI Vendors - IRO Review Analysis				
BEFORE ELIMINATION OF ADMINISTRATIVE EXPENSE & PROFIT				
Vendor Name/Service Provided	Services Provided	Total	Qualify as HCQI?	Reviewed Invoices?
College Health IPA, Inc.	Behavioral health services & assessments	\$ 859,060	Yes	Yes
MHK_MedHOK Inc.	Care management software that consolidates disparate member data feeds to develop a comprehensive view of the member's health, allowing the care management team to develop appropriate care management plans	\$ 826,632	Yes	Yes
Inovalon, Inc.	Software used to model Quality (MCAS) data (identification of care gaps)	\$ 699,384	Yes	Yes
MCG Health, LLC	Clinical guidance for patient-centered care decisions	\$ 394,082	Yes	Yes
Infomedia Group dba Carenet Healthcare Svs	Member & Provider Outreach services related to MCAS gap closures	\$ 111,708	Yes	No
Optum	Technology services use to assimilate member data so that the data can be analyzed for care gaps	\$ 55,966	Yes	No
Milliman	Actuarial modeling services for MCAS data	\$ 34,053	Yes	No
Appleone Employment Agency, Inc.	Temp labor for redetermination efforts	\$ 11,224	Yes	No
CAQH	Data portal used to retrieve electronic health records for care management and gap closures.	\$ 10,672	Yes	No
Healthcare Informatics LLC	Data modeling to assess MCAS quality gaps	\$ 7,500	Yes	No
Ephonamation.com-Ansafone Contact Ctr	Outbound calling software use to manage MCAS gap closure	\$ 4,509	Yes	No
Bull Publishing Company	Health books for members - health education	\$ 2,754	Yes	No
Health Literacy Innovations, LLC	Health literacy software educating members	\$ 1,797	Yes	No
HALO Branded Solutions, Inc.	Marketing Materials used at health fairs	\$ 1,167	Yes	No
Ciox Health LLC	Data exchange for use in care mgmt and closing care gaps	\$ 329	Yes	No
Fully Qualifies as HCQI - Subject To Removal of Administration & Profit; where applicable		\$ 3,020,837	76.5%	
HireProHealth LLC	Staffing agency used to supplement Quality department	\$ 201,058	Partial	Yes
Translation Services	Translation Services	\$ 245,290	Partial	No
Carol Hsu	Reviews appeals and provides authorizations for services	\$ 69,938	Partial	No
Clarence Albert Reeves Jr. M.D.	Reviews appeals and provides authorizations for services	\$ 62,594	Partial	No
Crossroads Staffing Services	Temporary labor services related to (MCAS) analysis	\$ 39,831	Partial	No
Madhavi Gutta	Reviews appeals and provides authorizations for services	\$ 31,188	Partial	No
Advanced Medical Reviews	Physician Medical Reviews	\$ 11,951	Partial	No
Nilesh H. Hingarh, MD, Inc.	Reviews appeals and provides authorizations for services	\$ 9,750	Partial	No
Gary Proffett, MD	reviews appeals and provides authorizations for services	\$ 125	Partial	No
Stanley Frochtzwaig, MD	Reviews appeals and provides authorizations for services	\$ 125	Partial	No
Partially Qualifies as HCQI - Subject To Further Analysis By Gold Coast & Removal of Administration & Profit; where applicable		\$ 671,849	17.0%	
Cotiviti, Inc.	FWA services	\$ 193,662	No	Yes
Gemini Diversified Services, Inc.	Provider credentialing services	\$ 42,707	No	No
American Express	Miscellaneous	\$ 15,150	No	No
ABMS Solutions	Verification of physician board certification	\$ 7,604	No	No
Does Not Qualify as HCQI		\$ 259,123	6.6%	
Subtotal of HCQI Vendor Costs		\$ 3,951,809	100.1%	
Miscellaneous GCHP Adjustment		\$ (4,713)	-0.1%	
Net Amount Of GCHP Identified HCQI Costs		\$ 3,947,096	100.0%	
		\$ -		
Percent of Invoices Reviewed				80.4%

ATTACHMENT D – IRO’s Audit Summary of Gold Coast’s “Recalculated Approach” to HCQI Costs for CY2022			
GCHP Payroll Summary		Qualifiess As HCQI? - Quick Review	
Sum of Total	Column Labels		
Row Labels	No	Yes	Grand Total
140-00 - Quality	\$313,820	\$1,123,519	\$1,437,339
150-00 - Health Education	\$72,475	\$506,689	\$579,164
170-00 - Health Services	\$652,330	\$591,218	\$1,243,548
171-00 - Utilization Management	\$5,579,352		\$5,579,352
172-00 - Care Management	\$275,340	\$3,862,133	\$4,137,473
173-00 - Population Health		\$1,147,220	\$1,147,220
Grand Total	\$6,893,317	\$7,230,780	\$14,124,097
	48.8%	51.2%	100.0%
Variance From Numbers Used In HCQI "Recalculated Approach"; this variance is primarily attributable to timing of year end accruals vs the prior year			\$356,279
Variance Percent			2.5%

## **ATTACHMENT E**


### **CERTIFICATION OF INDEPENDENCE AND OBJECTIVITY**

I, Vincent L. DiCianni, in my capacity as President of Affiliated Monitors, Inc., do hereby certify that:

1. Affiliated Monitors, Inc. is a lawfully chartered business corporation duly incorporated under the laws of the Commonwealth of Massachusetts.
2. Neither Affiliated Monitors, Inc., nor any owner, officer, director, employee or agent of Affiliated Monitors, Inc., holds any ownership or financial interest of any kind in Ventura County Medi-Cal Managed Care Commission d/b/a Gold Coast Health Plan (hereinafter "Gold Coast Health Plan").
3. Neither Affiliated Monitors, Inc., nor any owner, officer, director, employee or agent of Affiliated Monitors, Inc., has any prior or present personal or business relationship with Gold Coast Health Plan, or with any other owner, officer, director, employee or agent of Gold Coast Health Plan, other than that described in the Master Services Agreement between Affiliated Monitors and Gold Coast Health Plan, dated November 1, 2022.
4. Neither Gold Coast Health Plan, nor any owner, officer, director, employee, or agent of Gold Coast Health Plan, holds any ownership or financial interest of any kind in Affiliated Monitors, Inc.
5. Neither Gold Coast Health Plan, nor any owner, officer, director, employee, or agent of Gold Coast Health Plan, has any prior or present personal or business relationship with Affiliated Monitors, Inc. or with any owner, officer, director, employee or agent of Affiliated Monitors, Inc., other than that described in the Master Services Agreement between Affiliated Monitors and Gold Coast Health Plan, dated November 1, 2022.
6. Affiliated Monitors, Inc. has adopted a code of ethical conduct for itself, and for its owners, officers, directors, employees, or agents, which prohibits any conflict of interest which might prevent or compromise the ability of its owners, officers, directors, employees, or agents to perform their duties or responsibilities in a fair, objective, impartial and professional manner. All owners, officers, directors, employees and agents of Affiliated Monitors, Inc. are required to comply with this code of ethical conduct as a condition for continuation of their employment or business relationship with Affiliated Monitors, Inc.
7. Affiliated Monitors has evaluated its professional independence and objectivity with respect to the reviews required under Section III.D of the CIA and has concluded that it is, in fact, independent and objective, in accordance with the requirements specified in Appendix A to this CIA.

8. In view of the foregoing, Affiliated Monitors, Inc. and its owners, officers, directors, employees and agents are able to perform the duties and responsibilities of the designated “Independent Review Organization”, as described in Appendix A to the Corporate Integrity Agreement between Ventura County Medi-Cal Managed Care Commission d/b/a Gold Coast Health Plan and the Office of the Inspector General of the United States Department of Health and Human Services, dated August 11, 2022, in an impartial, independent, objective and professional manner.

Date: September 17, 2024



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Vincent L. DiCianni  
President, Affiliated Monitors, Inc.  
10 Post Office Square  
Suite 800 South  
Boston, MA 02109

September 27, 2024

Ms. Geeta Taylor  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services  
Washington, D.C. 20201  
Email Address: [Geeta.Taylor@oig.hhs.gov](mailto:Geeta.Taylor@oig.hhs.gov)

Dear Ms. Taylor,

This letter respectfully provides Gold Coast Health Plan's ("Gold Coast") response to Affiliated Monitors, Inc.'s<sup>1</sup> ("AMI") Second Annual Medical Loss Ratio ("MLR") Element Review Report (the "MLR Report").

On September 17, 2024, Gold Coast received AMI's MLR Report summarizing audit methodology and subsequent findings. Gold Coast has reviewed the MLR Report and agrees with the majority of AMI's conclusions regarding the Healthcare Quality Improvement ("HCQI") costs. These same conclusions were internally arrived at by new Gold Coast Finance Leadership independent of any consultation with AMI.

The only AMI statement that Gold Coast can neither agree nor disagree with is that Gold Coast's CY2022 MLR "would likely have overstated HCQI." Gold Coast's rationale disagreeing with AMI's statement is the fact that not all business unit expenses were analyzed for HCQI inclusion in the CY2022 filed report, thus potentially excluding eligible HCQI expenses from the MLR calculation. Gold Coast agrees, though, that for the specific business units included, the HCQI expenses included some expenses that were not HCQI-eligible.

Under new Finance Management, Gold Coast is committed to ensuring MLR HCQI capture is compliant in the future. If you have any questions or concerns regarding the contents of this letter, please contact me directly.

Sincerely,



Sara Dersch  
Chief Financial Officer  
Gold Coast Health Plan  
Phone: (805) 914-7961

Email: [sdersch@goldchp.org](mailto:sdersch@goldchp.org)

Gold Coast engaged AMI to serve as the Independent Review Organization under the Corporate Integrity Agreement.



**Gold Coast Health Plan MLR Corrective Action Plan Response**

<b>Audit Type:</b> MLR Review Report covering Healthcare Quality Improvement (“HCQI”) Costs for Calendar Year 2022 (“CY2022”)	<b>CAP Response Issue Date:</b> September 27, 2024
<b>Audit Period:</b> CY2022	<b>Gold Coast Responsible Party:</b> Sara Dersch, Chief Financial Officer
<b>Auditor:</b> Affiliated Monitors, Inc. (“AMI”)	

This CAP addresses recommendations made by AMI, the Independent Review Organization (“IRO”) Gold Coast engaged under its Corporate Integrity Agreement (“CIA”) with the Office of Inspector General (“OIG”).

	<b>IRO’s Recommendations</b>	<b>GCHP Corrective Action Plan Response</b>
1.	<p>The IRO recommends that Gold Coast policies and procedures for reconciling with the organization’s MLR Reports, its enrollment, Medi-Cal revenue, medical and pharmacy claims, capitation or other payments (i.e., incentive payments), healthcare quality improvement expenses, and reinsurance, including the following items:</p> <ul style="list-style-type: none"><li>• A description of Gold Coast’s process for calculating and reporting each Selected Element in its Annual MLR Report.</li><li>• Identification, by position description, of the personnel involved in calculating and reporting the MLR.</li><li>• A description of controls in place at Gold Coast to ensure that each Selected Element is accurately calculated and reported consistent with the terms of Gold Coast’s contract with the DHCS and the applicable Medicaid laws, regulations, and guidance.</li></ul>	<p>As of September 27, 2024, Gold Coast has completed the policies and procedures for reconciling with organization’s MLR reports as described in the IRO’s recommendations.</p>
2.	<p>The IRO also makes specific recommendations for costs identified as HCQI eligible. The following are recommended:</p> <ul style="list-style-type: none"><li>• Utilize only 12 months of specific calendar year data which complies with the reporting year requirements.</li><li>• For each decision made in the development of HCQI, take the following actions into account:</li></ul>	<p>GCHP has engaged Moss Adams to provide technical advice on reporting health care quality activities.</p> <p>GCHP will develop written standard operating procedures and documentation for the development of HCQI, based on 12 months of calendar data, to include:</p> <ul style="list-style-type: none"><li>• Obtaining from each Third-Party Vendor identified as providing HCQI services where legally required, the required annual MLR report detailing the value of the Vendor’s HCQI</li></ul>

	IRO's Recommendations	GCHP Corrective Action Plan Response
	<ul style="list-style-type: none"> <li>○ <u>Substantiation</u>: create documentation to substantiate the costs of the HCQI activities;</li> <li>○ <u>Reasonable and Necessary</u>: create documentation to demonstrate the costs for HCQI are reasonable and necessary for improving health care quality; and</li> <li>○ <u>Proportionality</u>: create documentation to demonstrate the costs of the HCQI activities are proportional to the overall costs of health care services.</li> </ul> <ul style="list-style-type: none"> <li>• Obtain from each Third-Party Vendor identified as providing HCQI services, the required annual MLR report detailing the value of the Vendor's HCQI activities, and the amounts to exclude for administrative expenses and profit.</li> <li>• For internal HCQI Costs, develop specific HCQI policies and procedures for HCQI identification, by cost center, for internal payroll and non-payroll expenses and justify, within the HCQI regulations, the rationale for inclusion and exclusion of specific costs consistent with 42 CFR §438.8(e)(3) - Activities that improve health care quality.</li> <li>• Also, for internal HCQI Costs, based upon Salary &amp; Benefit full-time equivalent costs, review eligible job descriptions for HCQI and non-HCQI activities, develop policies and procedures for identifying and determining the appropriate factors to apply to distinguish HCQI and non-HCQI activities, and using those factors to make the appropriate adjustments as to exclude non-HCQI costs from internal HCQI calculations.</li> </ul>	<p>activities, and the amounts to exclude for administrative expenses and profit.</p> <ul style="list-style-type: none"> <li>• Developing specific HCQI policies and procedures for HCQI identification, by cost center, for internal payroll and non-payroll expenses and justify, within the HCQI regulations, the rationale for inclusion and exclusion of specific costs consistent with 42 CFR §438.8(e)(3) - Activities that improve health care quality.</li> <li>• Reviewing eligible job descriptions for HCQI and non-HCQI activities, develop policies and procedures for identifying and determining the appropriate factors to apply to distinguish HCQI and non-HCQI activities, and using those factors to make the appropriate adjustments as to exclude non-HCQI costs from internal HCQI calculations.</li> </ul>

## **EXHIBIT E**

**Copy of Gold Coast's Response and Corrective  
Action Plan Associated with the MLR Element  
Report from the First Reporting Period**

**Status of Corrective Action Plan Associated  
with the MLR Element Report from the First  
Reporting Period**



December 5, 2023

Ms. Geeta Taylor  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services  
Washington, D.C. 20201  
Email Address: [Geeta.Taylor@oig.hhs.gov](mailto:Geeta.Taylor@oig.hhs.gov)

Dear Ms. Taylor,

This letter respectfully provides Gold Coast Health Plan's ("Gold Coast") response to Affiliated Monitors, Inc.'s<sup>1</sup> ("AMI") First Annual Medical Loss Ratio ("MLR") Element Review Report (the "MLR Report").

AMI submitted a work plan to the Office of the Inspector General ("OIG") for the MLR Review on July 7, 2023. On July 18, 2023, Gold Coast requested from the OIG an extension of 60 days for AMI to complete the MLR Report because at the time of the extension request, the Chief Financial Officer ("CFO") position was vacant, thereby limiting Gold Coast's ability to fully participate in the MLR review. On July 19, 2023, the OIG approved an extension of 60 days for Gold Coast to submit its first Annual Report required by Section V.B of the Corporate Integrity Agreement between Gold Coast and the OIG (the "CIA"), as well as the MLR Report required by Section III.D.2 and as outlined in Appendix B to the CIA. Gold Coast received the MLR Report from AMI on November 29, 2023.

Gold Coast reviewed the MLR Report. In the below chart, Gold Coast has provided comments to various sections of the MLR Report. The chart includes the section reference, page number, and corresponding Gold Coast comment(s). In addition to the comments below, Gold Coast would like to contextualize some of the findings of the MLR Report. First, we wish to emphasize that the CFO position remained unfilled until September of 2023. The departure of the Gold Coast CFO was followed shortly thereafter by the departure of Gold Coast's Senior Director of Finance. Gold Coast's remaining staff lacked the knowledge and expertise to speak to AMI about the MLR reconciliation process.

Gold Coast acknowledges that the departures of key staff made it challenging to both identify the policies, operating procedures, and standard communications between these staff members as well as address some of the auditors' detailed questions. Gold Coast notes that it recently underwent its Fiscal Year 2023 Audit by Moss Adams, and the auditors found no significant unusual transactions, no significant difficulties encountered during the audit of the entity's financial statements, no disagreements with management, no circumstances that affected the form and content of the auditor's report, and no other findings or issues arising from the audit to report. We refer to this audit to establish that Gold Coast's financial practices are of high quality. The prior

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<sup>1</sup> Gold Coast engaged AMI to serve as the Independent Review Organization under the Corporate Integrity Agreement.

CFO who certified the MLR submissions and the Senior Director of Finance who prepared it are both highly qualified, each with more than 15 years in senior positions in finance in health plans with Medicaid lines of business. Gold Coast leadership believes that the high level of accuracy evidenced in its financial practices generally would also be reflected in its MLR Report to the Department of Health Care Services (“DHCS”).

Further, in September 2023, prior to the completion of the MLR Report, Gold Coast contacted Edrington Health Consulting (“Edrington”) for the purposes of contracting for preparation of the MLR submission for CY2022 and development of best practice policies, procedures, and all related documents to fully address the requirements for future MLR audits. Therefore, Gold Coast has already taken steps to ensure that policies, procedures, documentation, and controls are available in writing for all future audits. This is further detailed in the Corrective Action Plan submitted concurrently.

Finally, the MLR audit was the first of its kind conducted by AMI for the OIG. As will be detailed more fully below, a few of the reconciliations that AMI requested do not appear to be fully consistent with similar MLR audits, such as those conducted by the Centers for Medicare and Medicaid Services (“CMS”) and involve requests for documentation that are not routinely created or maintained by health plans such as Gold Coast. Therefore, Gold Coast respectfully disagrees with AMI’s findings and recommendations on certain aspects of the reconciliations.

Section of MLR Report	Page Number	Gold Coast Comment(s)
Background	2	Gold Coast understands that this is the first MLR audit of its type by AMI for the OIG. We note that the details of the reconciliations ultimately required by AMI were at the discretion of AMI and were not fully described in the work plan approved by the OIG. We suggest that OIG implement standardization of the audit procedures and requirements so that audited health plans can be fully aware of the audit expectations in advance.
Section II	3	This paragraph states “ <i>Gold Coast encountered significant challenges in describing, identifying and producing the protocols, policies, procedures and/or controls requested by the IRO and that would have been used by those individuals in developing and completing the CY2021 MLR Report.</i> ” While Gold Coast fully acknowledges that the requested policy and procedural documentation for the CY2021 MLR Report could not be provided for the reasons set forth above, Gold Coast fully cooperated with AMI and successfully provided a significant amount of information to them. Gold Coast’s records show that it submitted 280 individual documents to support AMI’s review

		in addition to the claims sample and supporting payment information.
Section II.A	4	Gold Coast was able to demonstrate a reconciliation between initial claims payments to the General Ledger. The open item was how to demonstrate that subsequent claims re-adjudication payments tied to the General Ledger. Due to the process of how and when claims are re-adjudicated or adjusted over time, AMI's requirement that Gold Coast provide details on any and all adjustments to the check runs for the sampled claims is unreasonable and is not considered to be an industry-standard best practice.
Section II.C	5	This paragraph states, in part, that <i>"the IRO did not receive, and was not able to confirm, what, if any, written policies, procedures or controls were in place in CY2021 that would have been used to develop and complete Gold Coast's CY2021 MLR Report."</i> In fact, Gold Coast did provide a document from its actuarial services provider, Edrington, describing its process for calculating IBNP, a key component to ensure accuracy in the calculation in MLR and the reporting of financial results. In addition, Gold Coast provided approximately 29 work papers for the MLR and demonstrated their reconciliation to the RDT that was calculated by Edrington and submitted to the Department of Health Care Services with the CY2021 MLR Report.
Section II.A	3-4	The summary does not correctly demonstrate the amount of time Gold Coast spent explaining the process to AMI. Beginning in July 2023, subsequent to AMI's submission of its work plan to the OIG for approval, Gold Coast personnel and consultants met with AMI on a weekly basis. Moreover, Gold Coast spent considerable time with AMI reviewing health plan claims documentation during the claims audit process.
Section II.C	5-6	The summary does not accurately reflect the items that were provided to validate the information in the MLR. Although Gold Coast was unable to locate and provide the requested policies and procedures, the process to support the validity of the numbers in the CY2021 MLR Report was described in interviews with Sara Dersch, the current Chief Financial Officer.
Section II.D	6-7	The statement <i>"Gold Coast was not otherwise able to describe or provide other documentation reconciling the Incurred Claims element, or other MLR elements, to the organization's audited GAAP Financial Statements, Statutory Financial Filings, RDT5, or General Ledger"</i> is inaccurate and should be edited for accuracy. To clarify: <ul style="list-style-type: none"> <li>Gold Coast provided a reconciliation between the RDT and the General Ledger.</li> </ul>

		<ul style="list-style-type: none"><li>• Gold Coast is on a GAAP basis, as is its MLR reporting. Reconciliation to Stat is not necessary to determine the accuracy of the MLR calculation/statement.</li><li>• Because Gold Coast is not regulated by the California Department of Insurance, it is not required to file any reporting using the Statutory basis of accounting.</li><li>• Because the scope of this audit was on incurred claims only and not on any other MLR component, the reference to “<i>other MLR elements</i>” should be stricken. Such information was neither requested nor provided.</li></ul>
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If you have any questions or concerns regarding the contents of this letter, please contact me directly.

Sincerely,

*Sara Dersch*

Sara Dersch  
Chief Financial Officer  
Gold Coast Health Plan  
Phone: (805) 914-7961  
Email: [sdersch@goldchp.org](mailto:sdersch@goldchp.org)



**Gold Coast Health Plan MLR Corrective Action Plan Response**

<b>Audit Type:</b> MLR Review Report covering Incurred Claims for Calendar Year 2021 (“CY2021”)	<b>CAP Response Issue Date:</b> December 5, 2023
<b>Audit Period:</b> CY2021	<b>Gold Coast Responsible Party:</b> Sara Dersch, Chief Financial Officer
<b>Auditor:</b> Affiliated Monitors, Inc. (“AMI”)	

This CAP addresses recommendations made by AMI, the Independent Review Organization (“IRO”) Gold Coast engaged under its Corporate Integrity Agreement with the Office of Inspector General (“OIG”).

	<b>IRO’s Recommendations</b>	<b>GCHP Corrective Action Plan Response</b>
1.	The IRO recommends that Gold Coast develop a written standard operating procedure for reconciling claims data to the General Ledger to ensure amounts, with appropriate adjustments.	GCHP has engaged Edrington to create a written standard operating procedure for reconciling claims data to the General Ledger for the CY2022 MLR Report.
2.	<p>The IRO recommends that Gold Coast develop comprehensive written policies, procedures and controls to ensure that its development, preparation and submission of MLR Reports for CY2022 and beyond are done accurately and consistently, in compliance with federal and state requirements and OIG expectations, and in a manner that can be replicated in the event of turnover of important staff in the future. These should include, but not be limited to, the following items:</p> <ul style="list-style-type: none"><li>• A description of Gold Coast’s process for calculating and reporting each Selected Element in its Annual MLR Report.</li><li>• Identification, by position description, of the personnel involved in calculating and reporting the MLR.</li><li>• A description of controls in place at Gold Coast to ensure that each Selected Element is accurately calculated and reported consistent with the terms of Gold Coast’s contract with the DHCS and the applicable Medicaid laws, regulations, and guidance.</li><li>• Policies and procedures for reconciling with the organization’s MLR Reports, its enrollment, Medi-Cal revenue, medical and pharmacy claims (including pharmacy</li></ul>	<p>GCHP has engaged Edrington to prepare Gold Coast’s CY2022 MLR Report, due December 31, 2023.</p> <p>As part of its Scope of Work for this engagement, Edrington is required to develop comprehensive written policies, procedures and controls to ensure that its development, preparation and submission of MLR Reports for CY2022 and beyond are done accurately and consistently, in compliance with federal and state requirements and OIG expectations, and in a manner that can be replicated in the event of turnover of important staff in the future.</p> <p>The policies, procedures, and documentation will include each of the elements in the AMI Recommendations, except for pharmacy claims. DHCS assumed responsibility for all Medicaid Managed Care Plan pharmacy benefit on July 1, 2021. Therefore, unless and until DHCS changes its policy regarding responsibility for these benefits, that part of the recommendation will not apply.</p>

	<b>IRO's Recommendations</b>	<b>GCHP Corrective Action Plan Response</b>
	rebates), capitation or other payments (i.e., incentive payments), healthcare quality improvement expenses, and reinsurance.	
3.	<p>The IRO recommends that Gold Coast develop comprehensive written standard operating procedures and documentation:</p> <ul style="list-style-type: none"> <li>• To ensure that the comparison required by 42 CFR Section 438.8(k)(1)(xi) is included in the organization's MLR Reports and available to the IRO for CY2022 and subsequent reporting periods.</li> <li>• For reconciling its MLR Reporting to the organization's audited GAAP Financial Statements, Statutory Financial Filings, RDT and General Ledger for all future MLR Reports.</li> </ul>	<p>GCHP has engaged Edrington to develop comprehensive written standard operating procedures and documentation for reconciling its MLR Reporting to the organization's applicable audited reports, which include the RDT, GAAP Financial Statements, and General Ledger for all future MLR Reports.</p> <p>Gold Coast is on a GAAP basis, as is its MLR reporting. Reconciliation to Statutory Financial Statements is not necessary to determine the accuracy of the MLR calculation/statement. Further, because Gold Coast is not regulated by the California Department of Insurance, we are not required to file any reporting using the Statutory basis of accounting.</p>

### **First MLR Element Review Report CAP Status**

The below chart applies to the MLR Element Review Report and the associated corrective action plan (“CAP”) related to the first CIA Annual Report, which covered the period of August 11, 2022 to August 10, 2023. For reference, AMI provided Gold Coast with a number of recommendations to which Gold Coast provided a CAP response. As part of the second CIA Annual Report, Gold Coast is reporting on the status of the CAP associated with the MLR Element Review Report for the first CIA Annual Report. In the below chart, the first column includes AMI’s recommendation from its first MLR Element Review Report. The second column includes Gold Coast’s CAP response. Last, the third column indicates the status of the CAP.

<b>AMI Recommendations</b>	<b>Gold Coast CAP Response</b>	<b>Status</b>
The IRO recommends that Gold Coast develop a written standard operating procedure for reconciling claims data to the General Ledger to ensure amounts, with appropriate adjustments.	Gold Coast has engaged Edrington to create a written standard operating procedure for reconciling claims data to the General Ledger for the CY2022 MLR Report.	Gold Coast engaged Edrington on December 31, 2023. Edrington prepared a document entitled “MLR Calculation Process_OIG Submission Sept 2024” that addresses claims reconciliation.
<p>The IRO recommends that Gold Coast develop comprehensive written policies, procedures and controls to ensure that its development, preparation and submission of MLR Reports for CY2022 and beyond are done accurately and consistently, in compliance with federal and state requirements and OIG expectations, and in a manner that can be replicated in the event of turnover of important staff in the future. These should include, but not be limited to, the following items:</p> <ul style="list-style-type: none"><li>• A description of Gold Coast’s process for calculating and reporting each Selected Element in its Annual MLR Report.</li></ul>	<p>Gold Coast has engaged Edrington to prepare Gold Coast’s CY2022 MLR Report, due December 31, 2023.</p> <p>As part of its Scope of Work for this engagement, Edrington is required to develop comprehensive written policies, procedures and controls to ensure that its development, preparation and submission of MLR Reports for CY2022 and beyond are done accurately and consistently, in compliance with federal and state requirements and OIG expectations, and in a manner that can be replicated in the event of turnover of important staff in the future.</p> <p>The policies, procedures, and documentation will include each of the elements in the AMI Recommendations, except for pharmacy</p>	Gold Coast has developed a description of Gold Coast’s process for calculating and reporting each Selected Element in its Annual MLR Report.



AMI Recommendations	Gold Coast CAP Response	Status
<ul style="list-style-type: none"> <li>• Identification, by position description, of the personnel involved in calculating and reporting the MLR.</li> <li>• A description of controls in place at Gold Coast to ensure that each Selected Element is accurately calculated and reported consistent with the terms of Gold Coast's contract with the DHCS and the applicable Medicaid laws, regulations, and guidance.</li> <li>• Policies and procedures for reconciling with the organization's MLR Reports, its enrollment, Medical revenue, medical and pharmacy claims (including pharmacy rebates), capitation or other payments (i.e., incentive payments), healthcare quality improvement expenses, and reinsurance.</li> </ul>	<p>claims. DHCS assumed responsibility for all Medicaid Managed Care Plan pharmacy benefit on July 1, 2021. Therefore, unless and until DHCS changes its policy regarding responsibility for these benefits, that part of the recommendation will not apply.</p>	
<p>The IRO recommends that Gold Coast develop comprehensive written standard operating procedures and documentation:</p> <ul style="list-style-type: none"> <li>• To ensure that the comparison required by 42 CFR Section 438.8(k)(1)(xi) is included in the organization's MLR Reports and available to the IRO for CY2022 and subsequent reporting periods.</li> </ul>	<p>Gold Coast has engaged Edrington to develop comprehensive written standard operating procedures and documentation for reconciling its MLR Reporting to the organization's applicable audited reports, which include the RDT, GAAP Financial Statements, and General Ledger for all future MLR Reports.</p> <p>Gold Coast is on a GAAP basis, as is its MLR reporting. Reconciliation to Statutory Financial Statements is not necessary to</p>	<p>Gold Coast has developed the reconciliation of the MLR report to the applicable audited reports of the organization.</p>



AMI Recommendations	Gold Coast CAP Response	Status
<ul style="list-style-type: none"> <li>For reconciling its MLR Reporting to the organization's audited GAAP Financial Statements, Statutory Financial Filings, RDT and General Ledger for all future MLR Reports.</li> </ul>	<p>determine the accuracy of the MLR calculation/statement. Further, because Gold Coast is not regulated by the California Department of Insurance, we are not required to file any reporting using the Statutory basis of accounting.</p>	

## **EXHIBIT F**

**Certification of Independence for Affiliated  
Monitors, Inc. as Required by Section III.D.3 of  
the CIA**

## **ATTACHMENT E**


### **CERTIFICATION OF INDEPENDENCE AND OBJECTIVITY**

I, Vincent L. DiCianni, in my capacity as President of Affiliated Monitors, Inc., do hereby certify that:

1. Affiliated Monitors, Inc. is a lawfully chartered business corporation duly incorporated under the laws of the Commonwealth of Massachusetts.
2. Neither Affiliated Monitors, Inc., nor any owner, officer, director, employee or agent of Affiliated Monitors, Inc., holds any ownership or financial interest of any kind in Ventura County Medi-Cal Managed Care Commission d/b/a Gold Coast Health Plan (hereinafter "Gold Coast Health Plan").
3. Neither Affiliated Monitors, Inc., nor any owner, officer, director, employee or agent of Affiliated Monitors, Inc., has any prior or present personal or business relationship with Gold Coast Health Plan, or with any other owner, officer, director, employee or agent of Gold Coast Health Plan, other than that described in the Master Services Agreement between Affiliated Monitors and Gold Coast Health Plan, dated November 1, 2022.
4. Neither Gold Coast Health Plan, nor any owner, officer, director, employee, or agent of Gold Coast Health Plan, holds any ownership or financial interest of any kind in Affiliated Monitors, Inc.
5. Neither Gold Coast Health Plan, nor any owner, officer, director, employee, or agent of Gold Coast Health Plan, has any prior or present personal or business relationship with Affiliated Monitors, Inc. or with any owner, officer, director, employee or agent of Affiliated Monitors, Inc., other than that described in the Master Services Agreement between Affiliated Monitors and Gold Coast Health Plan, dated November 1, 2022.
6. Affiliated Monitors, Inc. has adopted a code of ethical conduct for itself, and for its owners, officers, directors, employees, or agents, which prohibits any conflict of interest which might prevent or compromise the ability of its owners, officers, directors, employees, or agents to perform their duties or responsibilities in a fair, objective, impartial and professional manner. All owners, officers, directors, employees and agents of Affiliated Monitors, Inc. are required to comply with this code of ethical conduct as a condition for continuation of their employment or business relationship with Affiliated Monitors, Inc.
7. Affiliated Monitors has evaluated its professional independence and objectivity with respect to the reviews required under Section III.D of the CIA and has concluded that it is, in fact, independent and objective, in accordance with the requirements specified in Appendix A to this CIA.

8. In view of the foregoing, Affiliated Monitors, Inc. and its owners, officers, directors, employees and agents are able to perform the duties and responsibilities of the designated “Independent Review Organization”, as described in Appendix A to the Corporate Integrity Agreement between Ventura County Medi-Cal Managed Care Commission d/b/a Gold Coast Health Plan and the Office of the Inspector General of the United States Department of Health and Human Services, dated August 11, 2022, in an impartial, independent, objective and professional manner.

Date: September 17, 2024



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Vincent L. DiCianni  
President, Affiliated Monitors, Inc.  
10 Post Office Square  
Suite 800 South  
Boston, MA 02109

**GOLD COAST HEALTH PLAN  
REPORTING PERIOD ONE ANNUAL REPORT TO THE OFFICE OF THE  
INSPECTOR GENERAL  
OCTOBER 8, 2024**

**EXHIBIT G**

**Disclosure Log Required by Section III.F of the  
CIA**

Case Number	Date Received	Date Closed	Details	Primary Case Outcome	Resolution of Disclosure
GCHP-2023-8-1198	08/11/2023	09/20/2023	Around July 11, 2023, [REDACTED] was not aware that [REDACTED] accidentally threw away [REDACTED] card in the trash. [REDACTED] did not report this anyone.	Unsubstantiated	No Action Necessary
GCHP-2023-8-1199	08/14/2023		[REDACTED] would like to request a new member card. [REDACTED] case summary: Provider was identified from data analytics tool for billing excessive service code H2019 and H2012.It appears the number of supervision hours exceed the number of direct care hours for several patients. One patient was billed 7 hours of supervision service H2012 for 2.5 hours of direct care service H2019. medical records will be requested and reviewed to determine if the records support claims submitted. Total exposure for GCHP= [REDACTED] for dates of service [REDACTED].	'- Select One -	'- Select One -
GCHP-2023-8-1200	08/15/2023	03/15/2024	The caller would like to report losing [REDACTED] ID card. Due to the abrupt termination of the call prior to the completion of intake, no additional details were gathered and NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	No Action Necessary
GCHP-2023-8-1201	08/16/2023	09/20/2023	Since July 2023, [REDACTED] lost [REDACTED] ID card, and [REDACTED] never received [REDACTED] card back.	Unsubstantiated	No Action Necessary
GCHP-2023-8-1202	08/16/2023	09/20/2023	[REDACTED] requests Gold Coast Health Plan that "nobody" uses [REDACTED] ID card. [REDACTED] filed this report on behalf of [REDACTED], member, who [REDACTED] has legal consent to speak on behalf of.  [REDACTED] requested that [REDACTED] is sent a new Gold Coast Health Plan card, as [REDACTED] previous one was misplaced. [REDACTED] [REDACTED]	Unsubstantiated	No Action Necessary

GCHP-2023-8-1203      08/17/2023

Call Center summaries of three non-GCHP members who received checks:      '- Select One -      '- Select One -

Please review to verify possible fraudulent payments coming from GCHP.  
Representative from Tinker  
Federal Credit union called. Advised that there is a check

[REDACTED]

Verified that J [REDACTED] is not and has not been a GCHP member

Please review for possible fraud. [REDACTED] called to verify check received is legit.

[REDACTED]

came by UPS

Confirmed [REDACTED] is not a member with GCHP - Does not live in California--  
Lives in [REDACTED]

Check has [REDACTED] address for GCHP

Advised that there was information on the check stating it was for car

Please review for possible fraudulent checks coming from GCHP

[REDACTED]

This is 3rd individual to call to inquire about checks coming from GCHP to individuals who are not members with GCHP.

GCHP-2023-8-1204	08/17/2023	03/19/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The member called requesting a new ID card due to [REDACTED] wallet being stolen with all [REDACTED] documents including [REDACTED] BIC card.</p> <p>ACTIONS TAKEN (by Agent): agent verified the address on file, and requested ID card</p> <p>INFORMATION PROVIDED (by Agent): Agent advised member the GCHP ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>Member declined FWA hotline.</p> <p>Agent also advised the member to contact the County Medi-Cal office directly and offered the phone number (888) 472-4463 for the BIC request, offered and transferred the call.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-8-1205	08/17/2023	06/18/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The member called requesting a new ID card b/c got [REDACTED] purse stolen.</p> <p>ACTIONS TAKEN (by Agent): agent verified the address on file, and requested ID card</p> <p>INFORMATION PROVIDED (by Agent): Agent advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>Declined FWA hotline.</p> <p>Agent provided GCHP id number.</p> <p>Agent advised the member to contact the County Medi-Cal office directly and offered the phone number (888) 472-4463 to request BIC card. Declined transfer, already requested.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-8-1206	08/21/2023	03/15/2024	<p>On August 15, 2023, [REDACTED] received a check for \$19,683.99 with check number 517471 from Pacific Premier Bank. [REDACTED] then went to the Wells Fargo website to deposit the check into [REDACTED] checking account. The check was sent to [REDACTED] from Gold Coast Health Plan in reference to inheritance benefit.</p> <p>On August 16, [REDACTED] noticed that [REDACTED] had an overdraft on [REDACTED] account for \$2,000.</p> <p>[REDACTED] requested that Gold Coast Health Plan provide [REDACTED] with another check.</p>	Unsubstantiated	No Action Necessary



GCHP-2023-8-1207	08/21/2023	03/15/2024	<p>On [REDACTED] [REDACTED] received a letter from Gold Coast Health Plan regarding a bill. [REDACTED] was charged for an [REDACTED] on July 20, 2023 - July 21, 2023. However, [REDACTED] never received the [REDACTED]</p> <p>[REDACTED] has requested that this situation is investigated by Gold Coast Health Plan insurance for fraud because [REDACTED] didn't receive this service.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-8-1208	08/21/2023	09/14/2023	<p>On July 31, 2023, [REDACTED] applied for a medical card, and [REDACTED] was informed that [REDACTED] would receive the card within 7-10 business days.</p> <p>On August 21, [REDACTED] did not receive the medical card. [REDACTED] contacted Gold Coast and informed them that [REDACTED] did not receive the medical card. [REDACTED] was informed that another card would be sent to [REDACTED] location, and [REDACTED] was referred to the hotline to report the lost or stolen card.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-8-1209	08/21/2023		<p>On [REDACTED], [REDACTED] got a letter from Gold Coast Health Plan asking [REDACTED] to check if [REDACTED], patient, who is [REDACTED], with ID member number [REDACTED], got a medical service on [REDACTED]. The medical service refers to some diabetes supplies, which totaled \$3,150 and were provided by Advance Diabetes Supplies. [REDACTED], who is [REDACTED] caregiver, is unaware that [REDACTED] received any medical service on such a date. According to the letter, the issue may be a possible fraud, advising [REDACTED] to contact this hotline.</p> <p>[REDACTED] would like to know what kind of medical service is being charged to [REDACTED].</p>	'- Select One -	'- Select One -
GCHP-2023-8-1210	08/22/2023	09/20/2023	<p>On August 19, 2023, the caller lost [REDACTED] member identification card.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-8-1211	08/22/2023	03/15/2024	<p>The caller began to file a report to confirm that [REDACTED] claim was not fraudulent. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-8-1212	08/23/2023	03/15/2024	<p>In either February or March 2023, [REDACTED] called [REDACTED] at [REDACTED] for them to pick up the [REDACTED]. The claim number is [REDACTED]. [REDACTED] did not use the equipment, and [REDACTED] called [REDACTED] and said, "I do not need the [REDACTED] anymore. Please come pick them up." [REDACTED] said, "That was not your decision to make, you need to have your doctor prescribe the machine and send us a letter stating that you do not need it anymore." [REDACTED] said, [REDACTED] was given a prescription to see (first name unknown) [REDACTED], [REDACTED], and [REDACTED], [REDACTED], in the [REDACTED]. [REDACTED] told [REDACTED] "We would take care of it, but we are not the prescribing doctors. We were looking at your records and saw that [REDACTED]." [REDACTED] provided [REDACTED] contact information.</p> <p>On [REDACTED] received a letter in the mail from Gold Coast Health Plan stating, "We are working to identify any potential fraud, waste, or abuse. It was very important that you read the EOB letter. Day of service, [REDACTED], [REDACTED] [REDACTED] and [REDACTED]. The amount charged was [REDACTED], and the amount paid was [REDACTED] [REDACTED] to 866-672-2615." [REDACTED] did not report this issue to anyone in management.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-8-1213	08/23/2023	03/15/2024	<p>Member Services summary:</p> <p>Member Services received an event via Meditrac.</p> <p>The member received an EOB on services rendered on [REDACTED].</p> <p>The member stated these services were from 2 years ago.</p> <p>Member [REDACTED]</p> <p>Member stated that [REDACTED] was told after two years [REDACTED] would be [REDACTED].</p> <p>Member also stated [REDACTED] called the phone number on the EOB letter and was told to call the phone number on the back of card. [REDACTED] did not understand what to do.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-8-1214	08/24/2023	09/20/2023	<p>On August 15, 2023, [REDACTED] noticed that [REDACTED] gold coast health card was missing when [REDACTED] returned from the doctors.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-8-1215	08/24/2023	09/19/2023	<p>REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card saying [REDACTED] whole wallet was lost on the bus.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was lost or stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised &lt;member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-8-1216	08/24/2023	06/18/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES:</p> <p>The member's mother called requesting a new ID card, as their previous card was mailed to an old address and may have been stolen.</p> <p>ACTIONS TAKEN (by Agent):</p> <p>I verified the address on file, current PCP, that the card was lost or stolen, offered the FWA number 866-672-2615, routed event to GCHP Compliance Step for reporting, and then generated an ID card request in Meditrac.</p> <p>INFORMATION PROVIDED (by Agent):</p> <p>I advised the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>I provided member with their ID #.</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2023-8-1217	08/28/2023		<p>Provider: Ventura County Medical Center; Laura Zarate  Provider Address: 300 Hillmont Ave, Ventura CA 93003</p> <p>Nature of Complaint:  Laura Zarate, Director of Case Management, emailed nursing UR staff admitting that the physicians were asked to admit all Gold Coast Health Plan (Medi-Cal) patients to medicine only as Inpatient. The rationale for this, explained by Laura/director to the nursing UR staff, is that GCHP will only pay for inpatient status and not observation. Laura/director directed nursing UR staff to submit all initial reviews that does not meet inpatient for secondary review so that it will be approved by a UR physician for inpatient.</p> <p>In her email, Laura Zarate, Director of Case Management sent the following:  To All,  Going forward, we are making a change with Gold Coast patients admitted to medicine only (not OB and not surgery). We are asking the physicians to admit these patients as Inpatient. If you do your initial review, and the patient does not meet Inpatient, leave your review as not met and send for secondary review. I'm happy to explain the rationale outside of this email if you are interested to know why we are making this change. Questions? Let me know. I ask that you acknowledge receipt of this email.  Thank you,  Laura Zarate, R.N., B.S.N.  Clinical Nurse Manager Case Management Department  300 Hillmont Ave., Ventura, CA 93003  Bus. (805) 652-6074.</p>	'- Select One -	'- Select One -
GCHP-2023-8-1218	08/28/2023	03/15/2024	<p>The caller began to file a report regarding fraud. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-8-1219	08/29/2023	03/15/2024	<p>On August 10, 2023, the caller received a letter from [REDACTED] stating that they had provided the caller with a [REDACTED] on July 28; however, the caller did not receive any [REDACTED] on that date. The caller is unaware of the reason for this letter. A non-employee (name withheld), who is the caller's [REDACTED], was a witness to the situation.</p> <p>The caller would like Gold Coast to be aware of this matter and provide [REDACTED] with an explanation about it.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-8-1220	08/29/2023	06/18/2024	<p>On August 23, 2023, the caller's Gold Coast Health Plan member card was stolen.</p> <p>The caller requests for the Gold Coast Health Plan company to be aware of the issue to prevent any fraudulent activities and prevent any fraudulent activities on [REDACTED] account.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-8-1221	08/29/2023	09/20/2023	<p>On August 29, 2023, [REDACTED] noticed that [REDACTED] Gold Coast member card was missing and contacted Gold Coast. [REDACTED] reported it to an employee (name and job title unknown) who instructed [REDACTED] to report the missing card on the hotline for anti-fraud purposes. [REDACTED] was told that a new card would be sent to [REDACTED].</p>	Unsubstantiated	No Action Necessary
GCHP-2023-9-1222	09/01/2023	03/19/2024	<p>The caller began to file a report regarding a claim. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-9-1223	09/01/2023	03/19/2024	<p>On 7/2/2023, [REDACTED] fraudulently charged [REDACTED] policy [REDACTED] for the oxygen tank and [REDACTED] for the [REDACTED]. [REDACTED] told [REDACTED] to pick the medical equipment up because [REDACTED] did not have a need for it. Claim [REDACTED] is fraudulent and invalid.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-9-1224	09/05/2023	09/20/2023	<p>On September 5, 2023, [REDACTED] contacted Gold Coast Health Plan member service number to apply for a new member ID card. Following this, a female representative (name and job title unknown) informed [REDACTED] that [REDACTED] had to file a report for [REDACTED] missing member ID card. However, [REDACTED] was not certain when [REDACTED] lost [REDACTED] member ID card.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-9-1225	09/05/2023	09/20/2023	<p>[REDACTED] would like to be issued a new member ID card as soon as possible.</p> <p>[REDACTED] lost [REDACTED] Gold Coast Health Plan card a long time ago. This was the first time [REDACTED] lost [REDACTED] card.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-9-1226	09/05/2023	09/20/2023	<p>[REDACTED] is requesting that [REDACTED] Gold Coast Health Plan card be replaced.</p> <p>In August 2023, the caller lost [REDACTED] wallet that had in [REDACTED] Gold Coast card with [REDACTED] information on it. The caller contacted the hotline so Gold Coast Health Plan could be aware of the matter.</p> <p>Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-9-1227	09/11/2023	09/20/2023	<p>On September 9, 2023, [REDACTED] lost [REDACTED] member ID card.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-9-1228	09/13/2023	03/19/2024	The caller began to file a report regarding a request for a product received. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. A location and issue type were selected at random to proceed with the report submission process. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	No Action Necessary
GCHP-2023-9-1229	09/14/2023	03/19/2024	The caller was looking for guidance regarding a letter █████ received from Gold Coast Health plan. Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. A location and issue type were selected at random to proceed with the report submission process. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	No Action Necessary
GCHP-2023-9-1230	09/18/2023	03/19/2024	On September 15, 2023 at about 11:00 a.m., █████ was walking █████ baby in a stroller, and █████ had █████ bag hanging on the stroller. While they were walking, a man with a knife reached over and took █████ bag with all of █████ cards in it, including █████ health insurance card. █████ is the named insured on the health policy, and █████ would like to request replacement cards.	Unsubstantiated	No Action Necessary
GCHP-2023-9-1231	09/18/2023	09/20/2023	For approximately 5 months, █████ has lost █████ Gold Coast medical ID member card. █████ became aware of █████ member ID card being missing when checking in █████ purse for █████ card and realized that █████ had █████ old card. █████ is expected to receive a new card in the mail and is filing the report to have Gold Coast Health Plan aware of the situation.	Unsubstantiated	No Action Necessary
GCHP-2023-9-1232	09/19/2023	09/21/2023	In the end of June 2023, █████ lost █████ insurance card. █████ would like the Gold Coast Health Plan to be made aware of the situation.	Unsubstantiated	No Action Necessary
GCHP-2023-9-1233	09/22/2023	06/18/2024	Since July 2023, █████ has been requesting to the Gold Coast Health Plan representatives (names unknown) to collect the █████ that █████ has. The Gold Coast Health Plan has not informed the company Apria about picking █████ wheelchair and Apria is still charging the cost of the █████. As proof, █████ has the letter from Gold Coast Health Plan notifying █████ about the payment for the █████. This issue was reported in a different report, but █████ still has the █████	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-9-1234	09/22/2023	06/18/2024	█████ requests that the █████ be collected. The caller began to file a report regarding the caller losing █████ gold coast card. Due to the abrupt termination of the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. The caller did not receive access information and will be unable to review or follow up on this report.	Unsubstantiated	Anonymous - Unable to Follow-Up

GCHP-2023-9-1235	09/25/2023	03/19/2024	<p>Nature of Complaint:</p> <p>Managed Care Plan conducted data analysis to identity the top Community Based Adult Services (CBAS) providers billing for services during the same day(s) the member had an inpatient skilled nursing facility or hospital stay. The facility admission and discharge dates were excluded in order to capture the true overlap dates. Salida Del Sol CBAS, LLC (Salida Del Sol) was one of the top providers. The allegation is billing for services not rendered.</p> <p>On September 27, 2022, Plan's Investigator verified the provider was approved for CBAS Temporary Alternative Services (TAS) effective 02/05/2021. Investigator calculated the overpayment from the data provided. A total of 59 unique claims, accounting for 195 claim lines, were identified. These claims were billed/paid during the same dates the member had an inpatient facility stay. The review period was between 03/01/2020 and 09/30/2022. NOTE: This provider started billing in May 2021.</p> <p>Plan's Investigator contacted Salida Del Sol via telephone. Investigator spoke with Assistant Program Director, Edmond Yu (Yu) who was informed of Plan's data analysis findings which revealed Salida Del Sol had billed for services during the same timeframe members had been in an inpatient facility. The admission and discharge dates to the inpatient facilities were excluded to capture true overlap dates. Yu stated that it was difficult to track which patients were in a hospital or skilled nursing facility. Investigator informed Yu that they are responsible for billing claims correctly to Plan, and they need to have a process/policy in place to identity these issues. Yu understood and stated that he will wait keep an eye for the overpayment letter.</p> <p>Plan's Investigator mailed the overpayment letter to Salida Del Sol The overpayment was for nine (9) members and accounting for 59 unique claims and 195 claim lines. The provider billed for services during the same time the member was in an inpatient facility. Provider refunded the Plan and recovery is now complete.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-9-1236	09/27/2023	10/03/2023	<p>On September 27, 2023, [REDACTED] lost [REDACTED] wallet that contained the insurance card for [REDACTED], member. [REDACTED] reached out to customer service who transferred [REDACTED] to the ethics hotline.</p> <p>[REDACTED] is requesting another card be sent.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-9-1237	09/28/2023	03/19/2024	<p>Nature of Complaint: I want to report the actions of a physician, Hung Q. Nguyen, M.D., who is currently working as a Hospitalist in Redlands Community Hospital (350 Terracina Blvd, Redlands, CA 92373). He is trained in Internal Medicine and has been working with the medical group, Team Health from approximately March 2023 to July 2023. The reason I am reporting this physician is because he appears to be deliberately and extensively falsifying medical records and as a result could also be systematically performing Medicare and Medicaid fraud. He works as a Nocturnist for Team Health and physically comes to Redlands Community Hospital for his night shifts. His responsibility is to see patients in the Emergency Department and do admissions overnight. Dr. Nguyen, however, does not see any patients during his shift. He documents that he has talked to patients and performed complete physical exams when he has never even seen the patient. ED Physicians here do not see him come to the ED to see the patients. This behavior has been pervasive and systematic in scope. I suspect he has falsified hundreds of patient encounters for at least the past 3 months from at least May 2023 to July 2023. You can virtually choose any chart from that time, and it will be falsified that he saw the patient and examined them when he did not actually see them. The Emergency Physicians in Redlands Hospital have told me that they almost never see him in the Emergency Department. The Hospital is investigating him for several other complaints. Anyway, I hope this helps and can be investigated as he will be leaving to another job site and am afraid that he will continue his systematic behavior of falsifying records of patient encounters which have not occurred. Thank you for your time. Sincerely, Concerned physician.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-10-1238	10/02/2023	10/03/2023	<p>In about the week of September 25, 2023, [REDACTED] misplaced [REDACTED], [REDACTED], membership card.</p> <p>On October 2, [REDACTED] contacted Gold Coast Health Plan to order a new membership card, but [REDACTED] was referred to the hotline to document the misplacement.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-10-1239	10/03/2023	10/03/2023	<p>During September 2023, [REDACTED] misplaced [REDACTED] ID card. This issue was not reported to management.</p> <p>[REDACTED] requests to receive a replacement for [REDACTED] ID card and that any additional information on the card replacement be sent to Anita Lopez, IOS instructor, affiliated with Gold Coast.</p>	Unsubstantiated	No Action Necessary



GCHP-2023-10-1240	10/03/2023	06/18/2024	During January 2023, Paul and Arbi terminated the caller because they did not need the caller anymore. Since then, Paul and Arbi have been performing medical procedures that are unnecessary, such as injecting patients in their eyes. Paul would inject medication in patients' eyes without examining the patients first. Paul and Arbi gave patients contact lens that contains medication, which causes pain in the patients' eyes. When the caller questioned the unethical procedures, Paul and Arbi terminated the caller. There were no other reasons for termination. The caller has worked with Gold Coast Health Plan for five years. The termination was wrongful because Paul and Arbi were trying to cover up for their actions. The caller did not voice his/her concerns to management. All employees (names and job titles withheld) are witnesses to the unethical practices.	Referred to DHCS	No Fraud Detected or Found
GCHP-2023-10-1241	10/04/2023	03/19/2024	The caller began to file a report regarding receiving a letter. A location and issue type were selected at random to proceed with the report submission process. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	No Action Necessary
GCHP-2023-10-1242	10/04/2023	06/18/2024	On October 1, 2023, [REDACTED] wallet was lost or stole when [REDACTED] was at the store (name and address withheld). [REDACTED] and [REDACTED] daughter's (name withheld) Gold Coast Health Plan cards were in the wallet.  On October 4, [REDACTED] spoke to a Gold Coast Health Plan customer service representative (name unknown) and reported the stolen cards. The customer service representative ordered new cards for [REDACTED] and [REDACTED] daughter and told [REDACTED] to report it to the hotline.	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2023-10-1243	10/04/2023	06/18/2024	The caller began to file a report regarding lost ID card. Due to the caller terminating the call prior to the completion of intake, no additional details were gathered and NAVEX was unable to read back the report. (If applicable) The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2023-10-1244	10/09/2023	10/25/2023	On October 6, 2023, [REDACTED] lost [REDACTED] wallet outside a grocery store in the parking lot containing both [REDACTED] [REDACTED], Gold Coast Cards.  Cards lost were [REDACTED]  [REDACTED] is requesting replacement cards for [REDACTED]	Unsubstantiated	No Action Necessary

GCHP-2023-10-1245	10/09/2023	03/19/2024	<p>Nature of Complaint:</p> <p>The Plan performed a proactive claims data analysis of suspect providers who have been billing for Plan members. These reviews utilized SIU's data analytics platform Healthcare Fraud Shield (HCFS). HCFS reviews and claims data analysis has identified Ali Farahanchi as having a risk score of 906 and multiple alerts. These alerts included: 1) services not rendered, physical therapy, 2) services not rendered/misrepresentation of service, modifier 25, and 3) an inappropriate number of services per patient, and excessive physical/occupational therapy. Based on the high-risk score and the alerts identified above, SIU opened an investigation. Plan's SIU conducted a coding review for dates of service September 1, 2021 through July 1, 2022 that consisted of 10 members, 887 total claim lines, and 183 total claims. The total paid amount is \$13,187.94. 100% of the review, with the findings stated below:</p> <ul style="list-style-type: none"><li>• Unbundling</li><li>• Evaluation &amp; Management Visit (E/M) not supported</li><li>• Modifier 25 not supported</li><li>• Missing Individual treatment plans</li><li>• Documentation does not support service billed</li><li>• Medical records illegible</li><li>• Medical records not provided</li><li>• Missing two-patient identifiers on medical record</li><li>• Documentation missing Constant Attendance</li><li>• Services exceed CA 2x/month.</li></ul> <p>An overpayment was identified due to the above findings.</p>	Unsubstantiated	No Action Necessary
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GCHP-2023-10-1246	10/13/2023		<p>Nature of Complaint:</p> <p>The Director of Ventura County Health Care Agency (HCA) reported potential fraud committed by "Covered Caregiver", a subcontracted vendor for the VC Human Services Agency's Area Agency on Aging (AAA) providing CalAim personal care, homemaker services, and respite care community supports.</p> <p>AAA social workers received complaints from two GCHP members [REDACTED] and [REDACTED] and notified management on 9/19/2023, that this vendor , instead of hiring and training staff to provide personal care, homemaker supports and respite care services as contracted, offered checks to family members to provide the care instead of hiring employees to do the work. The [REDACTED], refused the offer of a check from the vendor for [REDACTED] to provide care for [REDACTED], deeming this to be inappropriate. The [REDACTED] of member [REDACTED] was offered and accepted [REDACTED] for 100 hours of care. This vendor has billed [REDACTED] for this work. Per the terms of our agreement with the vendor, we are withholding payment for these services and claims submitted to GCHP for these services pending further investigation.</p> <p>A call was received on 9/18/2023, from a GCHP Nurse Care Manager regarding a plan member [REDACTED] calling to request more homemaker hours. The plan member told [REDACTED] that the vendor cut [REDACTED] a check to find [REDACTED] own help. On 8/10/2023, GCHP approved 100 CalAim Community Support Homemaker hours which [REDACTED] gave to [REDACTED] In Home Support Services (IHSS) program provider. We have not received a bill for this work yet, but the use of 100 hours in a month is not probable given the plan member also has IHSS.</p> <p>AAA has discontinued referrals to this vendor as of 9/18/2023, and has also referred the matter to the Ventura County District Attorney for further investigation/</p> <p>Please contact [REDACTED] at [REDACTED] or further information.</p>	'- Select One -	'- Select One -
GCHP-2023-10-1247	10/17/2023	06/18/2024	<p>On October 15, 2023, [REDACTED], member, and [REDACTED], member, Gold Coast Health Plan member IDs were stolen out of the caller's purse.</p> <p>[REDACTED] member ID number is [REDACTED]</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2023-10-1248	10/19/2023	07/05/2024	<p>Nature of Complaint:</p> <p>Complaint states - They bill falsified rides for Medi-Cal patients that used to ride with the company. They will go to locations and do fake pick ups and then go back and do fake drop offs. They use the patient information to bill Medi-Cal for travel that's never taken. [REDACTED] is the ringleader of the whole operation. If they know, I said this, I will get fired the driver [REDACTED] said that nobody can actually see what they bill under our insurance so patients don't even know, it's the perfect scam and they have been doing it for years across multiple counties.</p> <p>Their vehicles are dirty and not properly maintained and they use them till they literally break down because they need as many vehicles as possible to falsify miles. The only reason I am saying anything is because they shouldn't take it vantage of the most vulnerable . They brag that nobody even cares to second-guess, because these are low income patients. I have ridden to multiple locations to pretend to pick up and then later go back to the location and pretend to drop off it's the perfect scam and they have billed the state for hundreds of thousands of dollars. if the driver [REDACTED] finds out, I said anything he might try to physically hurt me so please don't let them now who said anything. I hope this helps stop medical patient fraud, and stops the company from profiting off of patient abuse.</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2023-10-1249	10/20/2023	06/18/2024	<p>On October 20, 2023, the caller began to file a report regarding a lost card. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2023-10-1250	10/20/2023	06/18/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was lost or stolen, offered the FWA number 866-672-2615, and routed the event to GCHP</p> <p>Compliance Step for reporting. Yes, member stated that [REDACTED] has already filed police report, member does not have police report number. Informed member that if [REDACTED] sees any suspicious activity on insurance to please call back.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	Unsubstantiated	Unresponsive Reporter/Caller

GCHP-2023-10-1251	10/20/2023	06/18/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised &lt;member the ID card was requested and to allow the 7-10 business days to receive the card. CIN: ██████ Member ID provided.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-10-1252	10/23/2023	03/19/2024	<p>On October 21, 2023, ██████ received a letter from ██████. stating that Gold Coast Health Plan paid for a medical service that ██████ hasn’t received. ██████ claimed that ██████ doesn’t have any idea what the letter is about. ██████ was advised to call the ethics line if the statement was wrong.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-10-1253	10/24/2023	03/19/2024	<p>██████ requests for the issue to be looked at.</p> <p>On ██████ Gold Coast Health Plan sent a letter to ██████. The letter was sent to ask ██████ if ██████ received the ██████ ██████ in the month of ██████ ██████ claimed that ██████ didn’t receive the service; therefore, the bill is a potentially fraudulent bill.</p> <p>██████ requests for the issue to be looked at.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-10-1254	10/24/2023	06/18/2024	<p>In June or July 2023, someone (name unknown) stole ██████ purse and ██████ ██████, member, and ██████, member, Gold Coast member ID cards were in ██████ purse. ██████ filed a police report regarding the situation. ██████ member ID number is ██████ and ██████ ID number is ██████.</p> <p>On October 24, ██████ contacted Gold Coast and ██████ was told to call the hotline.</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2023-10-1255	10/24/2023	06/18/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The member's ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I did not verify the address on file, due to no verbal consent, unable to obtain at this time, and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member's ██████ the ID card was requested and to allow the 7-10 business days to receive the card. Declined FWA hotline, and since police report was not filed, encouraged the caller to file one</p> <p>Advised the caller to call back to verify address if not rec'd in the TAT.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-10-1256	10/30/2023	11/08/2023	<p>In September 2023, ██████ lost ██████ wallet but was unsure where ██████ lost it. ██████ called Gold Coast Health and was recommended to call the hotline.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-10-1257	10/30/2023	11/08/2023	<p>On October 29, 2023, ██████ lost ██████ wallet where ██████ had ██████ Gold Coast Health Plan's card. ██████ reported the issue to Gold Coast Health's office and was informed that ██████ needed to contact the ethics line.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-11-1258	11/02/2023	03/19/2024	<p>Nature of Complaint:</p> <p>Laboratories may be billing for excessive, repetitive, or medically unnecessary definitive urine drug tests.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-11-1259	11/03/2023	03/19/2024	<p>Nature of Complaint:</p> <p>DHCS reviewed an Optum referral, and the decision was made to notify all managed care plans. Provider was suspended from participating in the Medi-Cal program effective 3/21/2023, however continued to render and bill 100% of services under Managed Care Program. Please review and ensure Dr. Bhandari can no longer render and bill services and not part of your Provider network. In addition, MCPs please determine if the services billed were indeed rendered.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-11-1260	11/06/2023	03/19/2024	<p>During the week of November 1, 2023, the caller received a letter in the mail stating that ██████ received a ██████, but ██████ did not. The caller did not report this issue to anyone.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-11-1261	11/07/2023	11/08/2023	<p>In September 2023, ██████, member, lost ██████ membership card and ██████ was unsure where ██████ left it. ██████ membership ID number is ██████</p> <p>On November 7, Gold Coast was informed of the issue, and they instructed the caller to contact the hotline to file a report.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-11-1262	11/07/2023		<p>Nature of Complaint:</p> <p>Carelon Behavioral Health SIU identified provider from data analytics for over utilization, with high volume number of services in a day. 90837 x 20 (Psychotherapy, 60 minutes) and 90791 x 2 (Psychiatric diagnostic evaluation). GCHP one year exposure = \$212,940.48 (9/1/22-10/27/23). Carelon is developing a sample of records to request.</p>	'- Select One -	'- Select One -
GCHP-2023-11-1263	11/13/2023	03/19/2024	<p>Since October 26, 2023, the caller [REDACTED] received numerous phone calls from the phone number 1-833-533-0113. The employees who called identified themselves as Gold Coast Health Plan representatives and they knew the caller's name. The caller googled the phone number 1-833-533-0113, which did not show any affiliation with Gold Coast Health Plan. The employees asked the caller for [REDACTED] personal information such as [REDACTED] date of birth and medical treatment information. The caller told the employees the name of the clinic [REDACTED] attended, but [REDACTED] found the calls to be suspicious.</p> <p>The caller would like this matter to be appropriately addressed as soon as possible.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-11-1264	11/13/2023	03/19/2024	Nature of Complaint:	Unsubstantiated	No Action Necessary
<p>Per HFPP alert: Mount Carmel Health Plan/MediGold received a member complaint regarding Fast Lab Technologies. The member received a denial notice regarding claims from Fast Lab Technologies. [REDACTED] stated [REDACTED] has never had COVID testing and has never been ill with COVID. SIU exposure check showed 38 members with claims for lab tests with CPT codes 87811, 87365, U0003, U0005, and G2023. DX on all claims was contact with and (suspected) exposure to COVID-19. Members were contacted and all reported they had contacted Fast Lab Technologies after viewing a TV ad for free COVID tests, seeing a Facebook ad or doing an internet search for free COVID tests. All members reported receiving PCR test kits or home test kits with no instructions on how to test. There no claims billed with HCPCS code K1034, the correct code to bill for OTC, FDA-approved, authorized, or cleared COVID-19 tests (that are self-administered with a specimen that's self-collected. An envelope to return the tests to Fast Labs at 215 Water Street, Brooklyn, NY 11201 was included with the PCR test kits. Google search did not return any clinical labs at this address. A Google search for the phone number provided for Fast Lab Technologies, 305-812-2535 showed it belongs to Cemhan Photography in Miami, FL . There no claims billed with HCPCS code K1034, the correct code to bill for OTC, FDA-approved, authorized, or cleared COVID-19 tests (that are self-administered with a specimen that's self-collected. Only one member reported returning the kit to Fast Lab Technologies and [REDACTED] reported that [REDACTED] had to call multiple times for results and eventually had to "get nasty" with them in order to receive [REDACTED] results. It appears Fast Lab is billing for COVID testing when they are only sending test kits to members with no tests being done. Members also reported correspondence from Fast Lab included with the test advised the members to return the tests in 7 days or they would be billed for the kit. Members have not received any bills from Fast Lab. Claims have only been submitted to MediGold.</p>					



GCHP-2023-11-1265	11/14/2023	07/16/2024	<p>Nature of Complaint: ADD SOURCE OF ALLEGATION: National Health Care Anti-Fraud Association (NHCAA) Update and Final Notification on [REDACTED]</p> <p>On January 11, 2023, Kaiser Permanente (KP) learned of incorrect billing practices by Tiero, LLC through a NHCAA information sharing call. From March 2022 to December 2022, Tiero is believed to have inappropriately billed code 87426 for Over the counter/at-home COVID-19 tests kits. Code 87426 represents antigen tests using an immunofluorescent or immunochromatographic technique for the detection of biomolecules produced by the SAR-CoV-2 (COVID-19). Tiero was mailing antigen tests for home use, not performing actual COVID-19 testing.</p> <p>Over the counter/at-home COVID-19 tests kits are represented by HCPCS code K1034, which reimburses at much lower rates than code 87426. Due to the inappropriate billing behavior, an overpayment letter was generated and received by Tiero on February 10, 2023.</p> <p>Five hundred sixteen (516) Medi-Cal members were identified to have been potentially impacted by Tiero's billing behavior across the California market. Please refer to the plan breakdown in the email.</p> <p>Estimated overpayment specific to California was ~\$178,191.75, identified to each KP market as:</p> <p>Northern California \$70,782.00 Southern California \$107,409.75</p> <p>Based on the review deficiencies identified, the NSIU attempted to correspond with Tiero's legal counselors, but the NSIU was unsuccessful in reaching amicable resolution, and the review matter was escalated to legal for litigation development. Currently, litigation efforts are being initiated and set to take place/be filed in Central California.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-11-1266	11/15/2023	03/19/2024	<p>Nature of Complaint: The following providers were identified through ongoing monitoring to have a current State/Federal Medicaid Exclusions list.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-11-1267	11/15/2023		<p>REASON FOR CALL/CALLER'S INQUIRY: The member called in Regarding a letter [REDACTED] received explanation of benefits letter stating if [REDACTED] received the services and member stating [REDACTED] did not receive these services</p> <p>Claim [REDACTED] This type of service was [REDACTED] [REDACTED] was going to receive, member stated [REDACTED] did not request these services nor ever got them.</p> <p>ACTIONS TAKEN (by Agent): I verified member's information</p> <p>INFORMATION PROVIDED (by Agent): I advised member the following information I advise member to call the FWA number to report this. I also advised member that I would route this event to Member Services.</p>	'- Select One -	'- Select One -
GCHP-2023-11-1268	11/17/2023	07/01/2024	<p>On November 16, 2023, [REDACTED] member I.D card was stolen.</p> <p>[REDACTED] spoke to an employee (name and job title unknown) at Gold Coast office regarding the stolen card. The employee informed [REDACTED] that a replacement card will be sent in the mail. The employee advised [REDACTED] to file a report the issue to the hotline.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-11-1269	11/20/2023	11/21/2023	<p>This issue has not happened before.</p> <p>On November 15,2023, the caller realized that [REDACTED] had misplaced [REDACTED] medical card. The caller was advised to contact this hotline to report the incident to ensure that the card is not used anywhere else.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-11-1270	11/22/2023	03/19/2024	<p>On November 21, 2023, [REDACTED] Gold Coast Health Plan card was stolen. [REDACTED] reported it to Gold Coast Health and was told to call the hotline to have it replaced.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-11-1271	11/27/2023	07/25/2024	<p>[REDACTED] would like to request assistance. [REDACTED] changed [REDACTED] address, and he stopped receiving medical devices, but he continued to be charged for them. [REDACTED] no longer requires any medical devices. [REDACTED] would like to stop receiving medical devices. [REDACTED] has not made this request before.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-11-1272	11/28/2023		<p>On November 28, 2023, [REDACTED] received Gold Coast Health Plan's explanation of benefits, but he noticed they paid [REDACTED]. The product number for this was A7033, but [REDACTED] never received the [REDACTED].</p> <p>[REDACTED] did not speak to anyone else, and the letter advised [REDACTED] to make this report, so [REDACTED] requested to be contacted about it as soon as possible.</p>	'- Select One -	'- Select One -

GCHP-2023-11-1273	11/28/2023	11/29/2023	Since August 2023, █████ noticed that the ID card of █████, █████, member, went missing. The last time █████ saw the card was when █████ had a medical situation and was hospitalized. █████ has not seen the card ever since, and it is unknown if it might be lost at home or if maybe was lost at the hospital.	Unsubstantiated	No Action Necessary
GCHP-2023-12-1274	12/01/2023	12/01/2023	In November 2023, █████ was looking for █████ card in █████ wallet and realized that it was not there. █████ does not know how the card got lost. The issue was reported to a representative (name and job title unknown) at Gold Coast Health Plan. The representative had told █████ that the card would be issued back to █████ within 7–10 business days and provided █████ with the hotline number to call to report that █████ card was lost. There are no witnesses.	Unsubstantiated	No Action Necessary
GCHP-2023-12-1275	12/01/2023		Nature of Complaint received from GCHP Care Management: Per member █████ (█████ CIN █████ on 11/30/2023, member reports she was inpatient on █████, and was told at the hospital that someone was trying to use █████ ID. Per the hospital, put a red flag on member's account.	'- Select One -	'- Select One -
GCHP-2023-12-1276	12/01/2023	12/01/2023	Per GCHP UM RN, reviewed MHK Authorizations and found no inpatient stay noted for dates member is reporting. On November 30, 2023, █████ lost █████ Gold Coast Health Plan card at a Dollar Tree store.	Unsubstantiated	No Action Necessary
GCHP-2023-12-1277	12/02/2023	07/02/2024	A report was made to a representative (name and job title unknown) at Gold Coast Health Plan about the matter.  █████ would like Gold Coast Health Plan to be aware of █████ concern. Around November 20, 2023, █████ received and opened mail for █████, that came from Gold Coast Health. In the mail it was stated that a home ventilator was delivered to █████ on October 25 and an █████ on October 18. █████ was in the hospital and did not receive any of the equipment the hospital ordered for █████. In the mail it stated that if the equipment was not received to reach out to the hotline to report it as it may be suspected fraud. █████ wondered why █████ did not receive the equipment and is now back in the hospital because █████ needed the equipment.	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-12-1278	12/11/2023	06/21/2024	█████ would like the matter to be investigated and to receive an update soon. On December 11, 2023, the caller called Gold Coast Health Plan about █████ insurance card being stolen and needing a replacement, so █████ wanted it to be documented.	Unsubstantiated	No Action Necessary

GCHP-2023-12-1279	12/12/2023	07/02/2024	<p>In late-November 2023, █████ applied for a medical plan at Gold Coast Health and was advised that █████ coverage would be active by December 1, with █████ card being mailed to █████ within 1-2 weeks. █████ never received the medical card.</p> <p>On December 12, █████ called Gold Coast Health to confirm whether █████ medical card was sent out to █████. █████ was informed that the card had been mailed to an address in █████, which is incorrect. █████ informed Gold Coast Health that █████ address is in █████, and █████ was able to have █████ information updated.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-12-1280	12/12/2023	03/19/2024	<p>The caller began to file a report regarding an employee's (name and job title unknown) personal information. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-12-1281	12/13/2023	03/19/2024	<p>The caller began to file a report regarding a letter from the insurance. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-12-1282	12/13/2023	12/14/2023	<p>█████ states that █████ has lost █████ member ID card. █████ is filing this report to request a replacement card.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-12-1283	12/14/2023	07/02/2024	<p>On December 14, 2023, a Gold Coast representative (name and job title unknown) instructed █████ to call the hotline and report █████ insurance fraud. █████ applied for insurance coverage from Gold Coast but █████ stated that █████ had custody of █████ (names withheld) to gain insurance. █████ lied to Gold Coast because it was █████ who has custody of █████.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-12-1284	12/19/2023	12/20/2023	<p>Since September 2023, █████ lost █████ member ID card. █████ was unaware if the ID card was stolen. █████ does not remember where █████ misplaced █████ ID card.</p> <p>On December 19, █████ reported that █████ card was missing, and █████ information was documented. The employee (name and job title unknown) that █████ was speaking to advise █████ to contact the hotline. The employee told █████ that █████ would receive a new ID card mailed to █████ home.</p> <p>█████ requested to know if anyone used █████ ID card and █████ personal information since September.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-12-1285	12/19/2023	07/25/2024	On December 17, 2023, ██████ received a flier from Gold Coast Health Plan with ██████ January 2024 statement regarding a balance of \$48.80 and a link for more ways to pay. ██████ normally doesn't receive a statement monthly and believes this to be fraud.	Referred to DHCS	No Fraud Detected or Found
GCHP-2023-12-1286	12/20/2023		Complaint summary from Carelon: Carelon Behavioral Health SIU identified provider from data analytics for high utilization. High number of services in a day 90837 X 29 and 90791 x 1 (Patricia Anderson NPI 1477746972). GCHP one year exposure = \$ 358,206.26 (11/01/22-11/01/23). Carelon is developing a sample of records to request.	'- Select One -	'- Select One -

GCHP-2023-12-1287	12/21/2023	07/01/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The MBR [REDACTED] called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised MBR [REDACTED] the ID card was requested and to allow the 7-10 business days to receive the card. I OFFERED FWA NUMBER MBR DECLINED AND I CONFIRMED WITH MBR [REDACTED] THAT POLICE REPORT WAS FILED AND</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: The MBR called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised MBR the ID card was requested and to allow the 7-10 business days to receive the card. I OFFERED FWA NUMBER MBR DECLINED AND I CONFIRMED WITH MBR THAT MBR FILED POLICE REPORT AND</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: The MBR [REDACTED] called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was</p>	Unsubstantiated	No Fraud Detected or Found
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GCHP-2023-12-1288	12/21/2023	07/01/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The MBRcalled requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised MBR the ID card was requested and to allow the 7-10 business days to receive the card. I OFFERED FWA NUMBER MBR DECLINED. I ASKED IF POLICE REPORT WAS FILED MBR SAID NO</p>	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2023-12-1289	12/21/2023	07/01/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The MBR called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.OFFER TO TRANSFER</p> <p>INFORMATION PROVIDED (by Agent): I advised MBR the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>I PROVIDE [REDACTED]</p> <p>Status: Active [REDACTED] PCP: ADMIN-Other Health Coverage [REDACTED]</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-12-1290	12/21/2023	07/01/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2023-12-1291	12/21/2023	07/01/2024	REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2023-12-1292	12/21/2023	07/02/2024	REASON FOR CALL/CALLER'S INQUIRIES: The MBR called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised MBR the ID card was requested and to allow the 7-10 business days to receive the card. I PROVIDED FWA NUMBER 866-672-2615,	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-12-1293	12/21/2023	07/02/2024	REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card. Offered the Fraud, Waste, and Abuse Hotline number (866-672-2615) so the member can report the stolen card.	Unsubstantiated	No Fraud Detected or Found



GCHP-2023-12-1294	12/21/2023	07/02/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The member’s ██████ called requesting a new ID card, purse was stolen, police report has been completed.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number, caller declined, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member’s ██████ the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The member’s ██████ called requesting a new ID card, purse was stolen, police report has been completed.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number, caller declined, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member’s mother the ID card was requested and to allow the 7-10 business days to receive the card. Provided GCHP id number.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The member’s ██████ called requesting a new ID card, purse was stolen, police report has been completed.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I</p>	Unsubstantiated	No Fraud Detected or Found
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GCHP-2023-12-1295	12/21/2023	07/02/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The [REDACTED] states [REDACTED] card was stolen and needs a replacement.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was lost or stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised [REDACTED] card was requested and to allow the 7-10 business days to receive the card. I advised the card number is the same.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The [REDACTED] states [REDACTED] card was stolen and needs a replacement.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was lost or stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised [REDACTED] card was requested and to allow the 7-10 business days to receive the card. I advised the card number is the same.</p>	Unsubstantiated	Unresponsive Reporter/Caller
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GCHP-2023-12-1296	12/21/2023	07/02/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The member ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card, Offer the Fraud, Waste, and Abuse Hotline number (866-672-2615) so the member can report the stolen card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card, Offer the Fraud, Waste, and Abuse Hotline number (866-672-2615) so the member can report the stolen card.</p>	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2023-12-1297	12/22/2023	07/25/2024	<p>Nature of Complaint:</p> <p>Provider performing lab tests their CLIA number does not authorize them to perform. In addition, they were collecting payment from beneficiaries upfront and not billing Medicare.</p>	Received from DHCS	Policy/ Process Review
GCHP-2023-12-1298	12/27/2023	03/19/2024	<p>The caller received a letter from Gold Coast Health that they charged ██████ for a device that ██████ did not receive. The caller was concerned that ██████ bank information was being used without ██████ consent.</p>	Unsubstantiated	No Action Necessary
GCHP-2023-12-1299	12/27/2023	03/19/2024	<p>The caller was contacted by a ██████ representative who promised ██████ per week if the caller took daily photos of the medications, ██████ took and sent them to ██████. The caller was not a member of WellCare and was concerned about how ██████ got ██████ contact information and Gold Coast Health Plan's affiliation with ██████</p> <p>Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. A location was selected at random to proceed with the report submission process. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary

GCHP-2023-12-1300	12/27/2023	07/01/2024	In December 2023, [REDACTED] wallet was stolen. [REDACTED] wallet had [REDACTED] Gold Coast card. [REDACTED] called the Gold Coast Health plan and informed them about the issue. [REDACTED] was informed by someone that they will be sending [REDACTED] a new Gold Coast card and asked [REDACTED] to report the issue to the ethics hotline. There are no witnesses to this situation.	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-12-1301	12/27/2023	03/19/2024	On December 14, 2023, the caller received a letter in the mail from Medicare RX stating that a fee of \$48.80 should be paid by January 1.	Unsubstantiated	No Action Necessary
GCHP-2023-12-1302	12/27/2023	07/02/2024	On December 19, the caller contacted the number provided in the letter. A female (name and job title unknown) answered the phone and asked the caller for [REDACTED] Medicare number. the female then proceeded to ask the caller for the gold coast number, but the caller did not provide this information. REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2023-12-1303	12/27/2023		REASON FOR CALL/CALLER'S INQUIRY: The Member called in stating that [REDACTED] received a Call from GCHP requesting [REDACTED] to provide Payment to renew [REDACTED] Medi-Cal Benefits. Requesting [REDACTED] to pay half of [REDACTED] Premium. ACTIONS TAKEN (by Agent): Fully Authenticated into Members File/account. INFORMATION PROVIDED (by Agent): I advised member the following information Informed member that Medi-Cal will NEVER require Payment in application or renewal Process. Advised member to Freeze [REDACTED] credit card and as well as contact the County of Medi-Cal office directly provided number 888 472-4463.	'- Select One -	'- Select One -

GCHP-2023-12-1304	12/28/2023	07/26/2024	On December 27, 2023, ██████ received a letter in the mail with an address that was not ██████, but ██████ knew the person who the letter was addressed to. ██████ (job title unknown), who had been a domestic abuser towards ██████, was the person the letter was addressed to. ██████ had been told by Gold Coast that they had received a call back in July asking for ██████ information to be changed, but ██████ had not done so, and suspects that ██████ medical information was leaked. ██████ was even told by Gold Coast that it was a clerical mistake.	Unsubstantiated	No Fraud Detected or Found
GCHP-2023-12-1305	12/29/2023	02/14/2024	I was scheduled to have VTS pick me up for an outpatient surgical procedure. The driver was very late and caused high-levels of additional stress for me because I was possibly going to have to drive myself to be on time. I called Customer Service numerous times & kept being told the driver was 5-7 minutes away. The driver informed me that ██████ was late because the pick up before mine, in Oxnard, didn't show and didn't cancel their requested service. The condition of the Van caused great concern for me and my safety. It was very dirty both inside and out; smelled of burning oil; and the brakes were squeaking. This experience left me in great concern of possible violations; code compliance with VTS and it's relationship to GCHP. Certainly as a representation of GCHP. In my experience, this Subcontractor is making a profit by severe mechanical neglect, subpar customer service, and possible insurance billing fraud. Please read their Google reviews, which will further justify my experience. In my experience, this matter is a high severity issue related to risk management; Member safety and Compliance.	Other	'- Select One -
GCHP-2024-1-1306	01/03/2024	07/05/2024	The caller believed that ██████ insurance card was stolen. The caller believed that someone (name unknown) was coming into ██████ apartment. The caller requested a new card.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-1-1307	01/08/2024			'- Select One -	'- Select One -
GCHP-2024-1-1308	01/08/2024		██████ is requesting to receive a Gold Coast Health Plan's benefit identification card.	'- Select One -	'- Select One -
GCHP-2024-1-1309	01/08/2024	07/05/2024	██████ would like to request assistance because she received a card over mail, and it had a letter, which stated that ██████ was eligible to get up to \$380 this year through the Wellth program. ██████ also received a phone call related to that program, and ██████ did not feel comfortable providing ██████ personal information. ██████ would like to know if that information is legitimate, or if it is some kind of fraud. ██████ has not made this request before.	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-1-1310	01/08/2024		<p>Nature of Complaint:</p> <p>Per reporting party, “ I have reason to believe this provider is billing incorrectly to both Medicare and Medicaid. The provider/surgeon is in surgery 3 days a week on Monday, Tuesday and Wednesday at 2 separate hospital locations. He will operate all day on most days. The office of Ventura Advanced Surgical Associates remains open for patients to see a registered nurse for clinical appointments and consultations. For many years, the claims submitted for these visits are billed as the patient is seeing the doctor, when in fact they are seeing a registered nurse. The nurse would see anywhere from 50-70 patients a week this way dating back to the minimum of 5 years. The Medicare patients are also charged an additional fee for services that is referred to as a Program or Infinity Club fee. This is required to be paid prior to performing surgery and a claim is also submitted to Medicare. It cannot be disputed at the pay is "self-pay" . This investigation would result in hundreds of thousands to be reimbursed to Medicare, Medicaid and to patients. I have been fearful to come forward with this information, but it is not right what is and has been done for several years.”</p>	'- Select One -	'- Select One -
GCHP-2024-1-1311	01/09/2024		<p>Nature of Complaint:</p> <p>Anonymous reporter believes that the providers have submitted and received payment for claims sent to Medical Health with fraudulent information, which includes:</p> <p>Misuse/abuse of modifier 24 - diagnosis code in the same as 90 day global diagnosis</p> <p>CPT code 99291 billed without support of documentation</p> <p>All E&amp;M CPT codes billed to the highest code without review of office chart note and/or hospital chart note</p> <p>Unbundling with modifier 59 on surgery.</p> <p>NOTE: These claims will mostly be found around the claim that has a very high dollar amount billed (the surgery) dating back as far as 2018. These are trauma neurosurgeons/interventional radiologists who bill large dollar amounts for surgery and bill hospital visits daily for extended periods of time.</p>	'- Select One -	'- Select One -
GCHP-2024-1-1312	01/10/2024	07/26/2024	<p>***See list of providers in attachments</p> <p>On January 9, 2024, █████ realized that █████ lost part of █████ personal documents, including █████ gold coast card, and █████ medical card. █████ travelled for vacation to █████, and when █████ got back home in █████, the little bag █████ had with █████ passport, ID, gold coast card, and █████ medical card was nowhere to be found. Probably the theft happened back in █████ █████ already reported the issue and █████ card would be sent shortly, but █████ was supposed to make this report.</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-1-1313	01/10/2024	06/24/2024	<p>On November 13, 2023, the caller receives a letter from Gold Coast Health Plan stating that [REDACTED] received a [REDACTED] for [REDACTED] which is inaccurate.</p> <p>The caller is calling to make Gold Coast Health Plan aware that the letter received is fraudulent and that [REDACTED] never received any wheelchair. Any assistance rendered would be greatly appreciated.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-1-1314	01/11/2024	06/24/2024	<p>The caller began to file a report regarding health insurance fraud. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-1-1315	01/12/2024	07/05/2024	<p>Wish to be housed to become a resident of the U.S. More Safe and Privacy meetings if necessary. Have an e-commerce of the day job tittle nationality .</p>	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2024-1-1316	01/16/2024	07/05/2024	<p>On January 12, 2024, [REDACTED] received a parcel stating the company's name. [REDACTED] has not subscribed to it. The parcel has a different address from [REDACTED] residence. [REDACTED] new residence address is [REDACTED].</p> <p>This is the first time [REDACTED] has reported the situation.</p> <p>[REDACTED] would like to change [REDACTED] address.</p>	Unsubstantiated	No Fraud Detected or Found

On October 30, 2023, [REDACTED] had provided [REDACTED] with a quote for crowning [REDACTED] teeth. [REDACTED] insurance provider, had confirmed that they would be able to fund the cost and [REDACTED] would not have to make payments directly to [REDACTED] via a three-way call.

On October 31, since [REDACTED] refused to make unnecessary payments out to [REDACTED] [REDACTED] was referred to [REDACTED].

On November 2, [REDACTED] went to see [REDACTED] at [REDACTED] regarding [REDACTED] medical concerns. [REDACTED] lied and suggested [REDACTED] get an [REDACTED] [REDACTED] after [REDACTED] was already informed [REDACTED] could get a [REDACTED] from two other dentists (names unknown).

On November 17, [REDACTED] went to see [REDACTED], who confirmed that [REDACTED] could let [REDACTED] get the [REDACTED]. [REDACTED] was not able to get the crown at the time because [REDACTED] was being referred back and forth from [REDACTED] about who would get [REDACTED] the [REDACTED]. [REDACTED] added that this was because none of them wanted to provide medical care to [REDACTED] g since [REDACTED] provider confirmed that they would be able to fund the cost and [REDACTED] would not have to make payments directly.

On December 1, [REDACTED] changed [REDACTED] story to [REDACTED] and stated that [REDACTED] could not get [REDACTED] the crown.

In the week of December 4, [REDACTED] found out that [REDACTED] was effectively blacklisted from other Medi-Cal dentists because [REDACTED] was already approved and received authorization to provide medical care and get [REDACTED] the crown. [REDACTED] has refused to provide [REDACTED] with medical care without [REDACTED] cooperating with the balance billing fraud. [REDACTED] has mentioned to clarify that the dental medical care is specifically for [REDACTED] patient.

'- Select One -

'- Select One -



GCHP-2024-1-1318	01/18/2024	07/05/2024	<p>On January 17, 2024, [REDACTED] received a bill from [REDACTED] in the amount of [REDACTED]. The bill stated that it was for [REDACTED]" but it did not state a name.</p> <p>The statement date for the bill was listed as [REDACTED]. In addition, the service date was listed as [REDACTED], with the provider being [REDACTED], pediatrician. The claim number for the bill is [REDACTED] along with patient account number [REDACTED]. [REDACTED] (name withheld), member, was born on [REDACTED] however, [REDACTED] was not born at [REDACTED], nor was [REDACTED] seen by any doctor at [REDACTED]. [REDACTED] suspects that someone may have used [REDACTED] information fraudulently because [REDACTED] lost [REDACTED] wallet around October 2023. There were no witnesses to this incident.</p> <p>On January 18, [REDACTED] called Gold Coast Health Plan to report the issue, where [REDACTED] spoke to a representative (name and job title unknown). The representative transferred [REDACTED] to the Gold Coast Health Plan Compliance and Fraud Hotline to file a report.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-1-1319	01/18/2024	07/05/2024	<p>During December 2023, [REDACTED] tried to schedule an eye appointment for [REDACTED] [REDACTED], member, who has been a member of Gold Coast Health plan for about a year, and it was mentioned that [REDACTED] is no longer a member. [REDACTED] was surprised knowing that it had not been any update on the status of [REDACTED] insurance, no delay payment, so it was strange this situation. [REDACTED] received a package with several documents from Gold Coast Health plan, which is where [REDACTED] got this phone number from.</p> <p>[REDACTED] would like to know what happened with [REDACTED] insurance and an update on [REDACTED] insurance status.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-1-1320	01/18/2024	07/10/2024	<p>Received from DHCS</p> <p>Nature of Complaint: REMOVAL FROM PLAN'S NETWORK</p> <p>The following provider was identified through ongoing monitoring as having a current State/Federal Medicaid Exclusion.</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-1-1321	01/23/2024	07/05/2024	<p>Since June 2023, [REDACTED] has been receiving letters in the mail for claims that were submitted by the Inogen company. However, [REDACTED] never received any services from the Inogen company. [REDACTED] was concerned that the claims submitted to [REDACTED] account were fraudulent.</p> <p>[REDACTED] requests for the situation to be investigated and addressed as appropriate.</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-1-1322	01/23/2024	01/24/2024	On January 23, 2024, [REDACTED] lost [REDACTED], customer, Gold Coast card, so [REDACTED] contacted Gold Coast for a replacement card.	Unsubstantiated	No Action Necessary
GCHP-2024-1-1323	01/23/2024	07/26/2024	On January 23, 2024, [REDACTED] was requesting guidance. [REDACTED] wished to know if anyone could commit fraud by using [REDACTED] member ID, full name, date of birth, and phone number. [REDACTED] would like to be contacted via phone call between 1:00 PM and 7:00 PM, and [REDACTED] can be reached at 805-824-7493.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-1-1324	01/24/2024	06/21/2024	On January 10, 2024, the caller could not locate [REDACTED] medical card, which is critical as it is the time of year that the caller needed to renew [REDACTED] annual plan. The caller expressed [REDACTED] wish for the company to be informed on this matter, as the caller would like to prevent any potentially fraudulent activity that could be connected to the caller's lost card.	Unsubstantiated	No Action Necessary
GCHP-2024-1-1325	01/24/2024	06/24/2024	<p>Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p> <p>The caller began to file a report regarding fraudulent billing. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-1-1326	01/25/2024	01/25/2024	<p>On December 16, 2023, [REDACTED] insurance card.</p> <p>On January 25, 2024, [REDACTED] called Gold Coast Health Plan to report [REDACTED] missing insurance card. For this reason, [REDACTED] was instructed to report this matter through the hotline, so no one could use [REDACTED] insurance cards.</p> <p>[REDACTED] would like to receive a copy of [REDACTED] insurance card. [REDACTED] member ID is, [REDACTED] but [REDACTED] does not recall [REDACTED] insurance ID.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-1-1327	01/25/2024		<p>Nature of Complaint</p> <p>Three claims were paid to Dr. Ezra Navid of California Dermatology Institute by Clinicas del Camino Real. All claim paid to Dr. Ezra from June 1, 2022 to December 1, 2022. It is under the impression that CDCR would be denying all claims from Dr. Ezra due to the alleged fraudulent claims this provider had been filing with GCHP for years.</p>	'- Select One -	'- Select One -

GCHP-2024-1-1328	01/25/2024	<p>Nature of Complaint and Case Update:</p> <p>5/3/21: Carelon SIU received a report from our internal Account Partnerships team that this provider had an unusually high utilization of telehealth ABA services. After claims data was reviewed, addition issues were found that included but were not limited to: Units billed using 02 (telehealth) were billed for more then 4 hours duration (16+ units), when the age of the members varied to as your as 7 years of age. There were also multiple claims billed for POS 03 (school) after the date of closure for schools in Ventura County due to COVID-19 (after March 16, 2020). In addition, there were members with no BCBA supervision services billed, for example H2019 (direct care) services billed from 1/15/2019 to 1/8/2021 without supervision services submitted. Carelon has opened an investigation, and is going to request records from the provider and will conduct a review.</p> <p>UPDATE 1/2024: Results letter issued on 1/24/2024, overpayment \$9,967.50, 98% error rate, overpayment due 2/26/2024. Errors consisted of: assessments / re-assessments did not include the dates services was rendered and the start and stop times (services are time based), supervision session notes did not support instruction given to the technician, no progress towards the goals noted, many of the direct care services were overbilled up to as much as 10 units, parent training notes did not indicate any instruction to the parent/caregivers, some of the parent training notes were duplicative, some of the notes were not signed or the signature was illegible and the patient's diagnosis was not indicated in the session notes.</p>	'- Select One -	'- Select One -
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GCHP-2024-1-1329	01/26/2024		<p>In June 2023, [REDACTED] was discharged from the hospital and was given the information to a home health aid program with Access TLC. A nurse went out to [REDACTED] home, but [REDACTED] opted not to receive services.</p> <p>On January 9, 2024, [REDACTED] received a text message from Mary asking if [REDACTED] remembered [REDACTED] from the company [REDACTED] and that she was a nurse. [REDACTED] had never dealt with Mary in the past. The message had a link to Mary promoting a weight loss supplement.</p> <p>[REDACTED] contacted [REDACTED] to report the message and was placed in contact directly with Mary. Mary apologized to [REDACTED] for the text message and admitted to accessing [REDACTED] PHI and did not believe that it was illegal. Mary retracted this statement and said that [REDACTED] had someone else (name and title unknown) make the list and collected the PHI for [REDACTED] business from the home health aide client list. [REDACTED] requested to speak to someone else. [REDACTED]n did not receive a call from anyone else from [REDACTED] and left a message for Greg (last name unknown), (title unknown).</p> <p>[REDACTED] has reported Mary to CMS and the California State Nursing Board. [REDACTED] looked up Mary's license and it expired in 2022, but it is possible that [REDACTED] may be licensed as an LVN.</p> <p>[REDACTED] would like Gold Coast Health Plan to be made aware of this and to document that [REDACTED] has retained a lawyer.</p>	'- Select One -	'- Select One -
GCHP-2024-1-1330	01/29/2024	06/21/2024	<p>The caller would like for the organization to be aware that [REDACTED] lost [REDACTED] medical card.</p> <p>Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-1-1331	01/30/2024		<p>For the past 8 months, [REDACTED] believed that [REDACTED] Gold Coast Health Plan card had been in the wrong hands and now was being used by homeless people (names unknown) for medical reasons. [REDACTED] did not receive a new card. [REDACTED] believed that [REDACTED] identity was being used fraudulently.</p>	'- Select One -	'- Select One -

GCHP-2024-1-1332	01/29/2024	07/05/2024	<p>Nature of Complaint:</p> <p>Per reporting party, “CCHR would like to bring to your attention matters of potential fraud and abuse by the psychiatrist Thomas Andrews. He accepts Medicaid and while we do not have his specific California Medicaid billing, we thought the following warrants investigation due to our research showing that he has higher-than-average Medicare billings for prescriptions. This is a potential indicator that he might have high Medicaid billings as well.</p> <p>CCHR’s concern is potential Medicare and Medicaid fraud by Dr. Andrews. The cost of claims per patient to Medicare is alarming and warrants investigation for potentially overprescribing drugs not medically necessary (and which could be harmful).</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-1-1333	01/26/2024	07/11/2024	<p>Nature of Complaint:</p> <p>SOURCE: Referral from National Claims Administration an internal Kaiser Permanente (KP) department.</p> <p>On or about May 26, 2023 KP’s National Special Investigations Unit (NSIU) was advised of the following concern/allegation/tip:</p> <p>CONCERN/ALLEGATION/TIP: Kaiser Permanente National Claims Administration Department relayed an allegation to KP’s National Special Investigations Unit (NSIU) of this provider billing for COVID-19 testing without a CLIA certificate and billing for services rendered by an outside lab.</p> <p>Upon searching Kaiser Permanente’s system of record in an attempt to identify claims related to the above, we have identified claims exposure specific to the Medicaid line of business, that may suggest potential exposure and/or impact to the above referenced concern/allegation/tip.</p> <p>POTENTIAL EXPOSURE: ████████ members, of which ████████ were CalOptima and ████████ LA Care.</p> <p>We wanted to alert you of this potential exposure for whatever actions you may deem necessary.</p> <p>Allegation of billing for COVID-19 testing without a CLIA certificate and billing for services rendered by an outside lab was considered substantiated.</p> <p>No further development actions will be deployed by the NSIU, unless additional details are surfaced that would warrant additional development.</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-1-1334	01/26/2024	07/11/2024	<p>Nature of Complaint:</p> <p>ADD SOURCE OF ALLEGATION: Proactive Data Mining</p> <p>Global RPM, a non-contracted, external provider located in Kaiser Permanente's (KP) Southern California market (SCAL), was identified as an outlier through proactive data studies for the following criteria: Unbundling specimen collections from COVID-19 testing by altering dates of service.</p> <p>NSIU reviewed Global RPM's paid claims data, with dates of service between November 10, 2021 – November 30, 2022, against state and industry regulations/guidance and correct coding edits and identified the below concern for further development:</p> <ul style="list-style-type: none"><li>• G2023 submitted for dates of service one day later than other services rendered in the same episode of care.</li></ul> <p>Multiple attempts were made to obtain medical documentation from the provider to no avail.</p> <p>On February 16, 2023, due to Global RPM's non-response and failure to provide medical documentation, an overpayment notice was delivered for unsupported claims.</p> <p>Multiple communications attempts were made to open a settlement dialogue, to no avail.</p> <p>Global RPM discontinued reporting claims for reimbursement to KP which prevented collection efforts from being considered on future claims. Although Global RPM discontinued claim(s) billing, they were placed on the National Claims Administration (NCA) claims denial list, during the month of January 2022, to prevent any future claim(s) payment processing from being initiated.</p> <p>Due to the lack of future claim(s) actions, overpaid claims were submitted to KP internal systems for collection efforts to begin on or about October 2, 2023.</p> <p>██████████ MediCal members were impacted by Global RPM's billing behavior. All were LA Care.</p> <p>No further development actions will be deployed by the NSIU, unless additional</p>	Unsubstantiated	No Fraud Detected or Found
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GCHP-2024-1-1335	01/26/2024	07/11/2024	<p>Nature of Complaint per Kaiser Permanente: SOURCE: Compliance Hotline</p> <p>On or about January 9, 2024 KP's National Special Investigations Unit (NSIU) was advised of the following concern/allegation/tip:</p> <p>CONCERN/ALLEGATION/TIP: Compliance Hotline relayed an allegation to KP's National Special Investigations Unit (NSIU) of this provider requesting the billing be changed to their NPI number and not the provider and charging for the higher insurance pay rate since it was under their NPI number.</p> <p>Upon searching Kaiser Permanente's system of record in an attempt to identify claims related to the above, we have identified claims exposure specific to the Medicaid line of business, that may suggest potential exposure and/or impact to the above referenced concern/allegation/tip.</p> <p>POTENTIAL EXPOSURE: [REDACTED] members, of which were CalOptima.</p> <p>We wanted to alert you of this potential exposure for whatever actions you may deem necessary.</p> <p>Once Kaiser Permanente's NSIU has completed its evaluation/review/investigation on the above concern/allegation/tip, and validated impact to the Medicaid line of business, additional details will be provided via a final MC609 notification.</p> <p>Per Kaiser's report, zero GCHP member's were affected.</p>	Unsubstantiated	External Deferral
GCHP-2024-1-1336	01/29/2024	06/12/2024	<p>Nature of Compliant: ALERT From DHCS from Molina Health Plan. REMOVAL FROM PLAN'S NETWORK</p> <p>The following providers were identified through ongoing monitoring to have a current State/Federal Medicaid Exclusion and is not eligible to contract with or receive payments from Molina.</p> <p>The contracts were terminated, and alerts were added in QNXT to block current and future payments.</p>	Received from DHCS	No Fraud Detected or Found

GCHP-2024-1-1337	01/29/2024	06/12/2024	<p>Nature of Complaint:  ALERT received from DHCS.  REMOVAL FROM PLAN'S NETWORK</p> <p>The following providers were identified through ongoing monitoring to having inactive NPIs and are not eligible to contract with or receive payments from Molina.  The contracts were terminated, and alerts were added in QNXT to block current and future payments.</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-1-1338	01/30/2024		<p>Nature of Complaint:  ALERT - Removal from Network</p> <p>The following provider practitioner/facility was found to have an inactive or not renewed license and is not eligible to contract with or receive payment .</p>	'- Select One -	'- Select One -
GCHP-2024-1-1339	01/30/2024		<p>Nature of Complaint:  ALERT - Removal from Network</p> <p>The following provider practitioner/facility was found to have an inactive or not renewed license and is not eligible to contract with or receive payment .</p>	'- Select One -	'- Select One -
GCHP-2024-1-1340	01/31/2024	06/12/2024	<p>Nature of Complaint:  ALERT - Removal from Network</p> <p>The following provider practitioner/facility was found to have an inactive or not renewed license and is not eligible to contract with or receive payment .</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-1-1341	01/31/2024		<p>Nature of Complaint:  ALERT - Removal from Network</p>	'- Select One -	'- Select One -
GCHP-2024-2-1342	01/31/2024	06/12/2024	<p>Nature of Complaint:  ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1343	01/31/2024	06/12/2024	<p>Nature of Complaint:  ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1344	01/31/2024		<p>Nature of Complaint:  ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1345	01/31/2024	06/25/2024	<p>Nature of Complaint:  ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1346	01/31/2024	06/25/2024	<p>Nature of Complaint:  ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1347	01/31/2024	06/25/2024	<p>Nature of Complaint:  ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1348	01/31/2024	06/25/2024	<p>Nature of Complaint:  ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1349	01/31/2024	06/25/2024	<p>Nature of Complaint:  ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found



GCHP-2024-2-1350	01/31/2024	06/25/2024	Nature of Compliant: ALERT - Removal from Network	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1351	02/01/2024	07/11/2024	Nature of Complaint: Referral Source: Los Angeles County Investigators  Kaiser Permanente's NSIU was informed by Los Angeles County that Heart Ambulance was improperly billing ambulance transport services for unpermitted/operationally unlicensed vehicles.  Kaiser Permanente's NSIU completed an assessment of Heart's ambulance claims billed with dates of service between January 3, 2022 – July 31, 2023, and noted the following:  <ul style="list-style-type: none"> <li>Ambulance transports reported for unpermitted/operationally unlicensed vehicles across various counties.</li> </ul> ████████ Medi-Cal members were identified to have been potentially impacted by Heart Ambulance billing behavior. ████████ of the members are with Medi-Cal Optima, ████████ members are with Medi-Cal LA Care Health Plan. The identified overpayment amount specific to Southern California DHCS case findings is \$2,713.37.  Based on the above findings, LA County's referred allegation was considered substantiated. No further NSIU development actions will be deployed, unless additional details are surfaced that would warrant additional development. Should additional deficiencies surface, a separate CaseTrack entry would be created with cross reference to this matter.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-2-1352	02/01/2024		KP's internal tracking number is CAS-2023-009704. Nature of Compliant: ALERT - Removal from Network The following provider was identified as part of the current State/Federal Medicaid Exclusion list.	'- Select One -	'- Select One -
GCHP-2024-2-1353	02/02/2024	02/02/2024	The caller became aware that the caller lost his/her ID card and would like a replacement card.	Unsubstantiated	No Action Necessary
GCHP-2024-2-1354	02/06/2024	02/06/2024	On February 5, 2024, ████████ realized that ████████ had misplaced ████████ member ID card. ████████ does not know where ████████ ID card is.	Unsubstantiated	No Action Necessary

GCHP-2024-2-1355	02/05/2024	07/11/2024	<p>Nature of Complaint:</p> <p>Referral Source: Internal Southern California market CFO.</p> <p>Kaiser Permanente's NSIU was informed by the Southern California market CFO that One Health TeleMedicine LLC was fragmenting/split billing claims.</p> <p>Kaiser Permanente's NSIU completed an audit that covered the period of January 4, 2020, through November 3, 2022, and the billing code of 99001. A population of claims specific to Southern California, was the audit focus, however reimbursement concerns were identified specific to all One Health Telemedicine services. The audit resulted in the following findings:</p> <ul style="list-style-type: none"><li>• Code 99001 reported for handling and conveyance, which is included/bundled within reported telehealth services (codes 99211 &amp; 99202).</li><li>• Fragmented/Split billing rendered by a single provider (for the same the patient) on the same date of service but reported on more than one claim for reimbursement processing, resulted in inappropriate reimbursement.</li><li>• Altered dates of service on fragmented/split billed claims (code 99001) resulted in inappropriate reimbursement.</li></ul> <p>Four (4) Medi-Cal members were identified to have been potentially impacted. Two (2) of the members are with [REDACTED], one (1) member is with [REDACTED] and one (1) member member is with [REDACTED]</p> <p>Based on the above findings, the referred allegation was considered substantiated. No further NSIU development actions will be deployed, unless additional details are surfaced that would warrant additional development.</p> <p>KP's internal tracking number is [REDACTED].</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-2-1356	02/07/2024	06/25/2024	<p>Nature of Compliant:</p> <p>ALERT - Removal from Network</p> <p>The following provider was identified as being in the current State/Federal Medicaid Exclusion list.</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1357	02/08/2024	07/09/2024	<p>The caller began to file a report regarding an inquiry. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up

GCHP-2024-2-1358	02/09/2024	02/12/2024	In January 2024, █████ lost █████ Gold Coast Health plan member card, within █████ home. █████ requested for a new member card.	Unsubstantiated	No Action Necessary
GCHP-2024-2-1359	02/12/2024	02/12/2024	On February 9, 2024, █████ lost █████ bag. Inside █████ bag were the member ID cards of █████, who are identified under the member ID numbers █████, respectively. This happened because █████ misplaced █████ purse and cannot recall where it is. There were no witnesses to this incident. █████ has not reported this previously. █████ is making this report to avoid having the member ID cards used for fraud.	Unsubstantiated	No Action Necessary
GCHP-2024-2-1360	02/12/2024	06/21/2024	The caller began to file a report regarding the loss of an ID card. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-2-1361	02/13/2024	07/09/2024	On January 1, 2024, █████.  On January 8, █████ received the approval form for the Gold Coast card in █████ previous mailing address because █████ had acc█████ that mailing address.  █████ wants to update █████ address preferences to the new one since she does not have access to the old mailing address anymore, so █████ will not be able to receive any documentation there.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-2-1362	02/13/2024	07/09/2024	█████ would like to request assistance because █████ received a package from Gold Coast Health Plan, and █████ is being asked for medical information to provide █████ a member card. █████ requires assistance because Medical has █████ last name registered as “█████,” but █████ ID has “█████” as █████ last name. █████ would like to correct that information before █████ member card gets sent out because █████ wants it to have the right information. █████ would like any employee, who can help █████, to call █████ back. █████ has not made this request before.	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-2-1363	02/09/2024	07/12/2024	Department of Justice (DOJ) provider investigation: Provider, Lags Spine and Sportscare Medical Centers (NPI 1447244256) for DOS 1/01/2016 – present:  Claim information for CPT codes - see attachment for listed codes. Membership information on patients served. DOS Totals of payments made to the provider and identify how services were paid (Fee for Service, capitation, etc.) Any correspondence and the contract related to the provider.	Other	No Action Necessary
GCHP-2024-2-1364	02/13/2024	06/25/2024	Nature of Compliant: ALERT - Removal from Network	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1365	02/13/2024	06/25/2024	Nature of Compliant: ALERT - Removal from Network	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1366	02/14/2024	06/25/2024	Nature of Compliant: ALERT - Removal from Network	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1367	02/13/2024		Nature of Compliant: ALERT - Removal from Network	'- Select One -	'- Select One -

GCHP-2024-2-1368	02/14/2024	07/11/2024	<p>Nature of complaint: ADD SOURCE OF ALLEGATION:Referral from Southern California market Behavioral Health.</p> <p>On or about February 14, 2024, Kaiser Permanente’s (KP) National Special Investigations Unit (NSIU) was advised of Therapeutic Play Foundation (TPF), a contracted external provider, allegedly performing excessive psychotherapy services, billed under CPT code 90837.</p> <p>KP’s NSIU made multiple requests for medical documentation, to validate claim payments made to TPF for psychotherapy services, which were unanswered. Due to TPF’s non-compliance, an additional expanded (more extensive) records request was issued and notification is being submitted to you for identified potential impact.</p> <p>CONCERN/ALLEGATION/TIP: Excessive billing of code 90837.</p> <p>POTENTIAL EXPOSURE: [REDACTED] of which were LA Care.</p> <p>We wanted to alert you of this potential exposure for whatever actions you may deem necessary.</p> <p>Once Kaiser Permanente’s NSIU has completed its evaluation/review/investigation on the above concern/allegation/tip, and validated impact to the Medicaid line of business, additional details will be provided via a final MC609 notification.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-2-1369	02/16/2024	07/10/2024	<p>On January 10, 2024, [REDACTED] received a letter from Gold Coast Health Plan regarding an oxygen concentrator single delivery port service at Inogen Inc on December 10, 2023, but [REDACTED] didn’t receive the service. The amount charge was \$260.00, the amount allowed was [REDACTED] and the amount paid was [REDACTED]. [REDACTED] hasn’t spoken to anyone at Gold Coast Health Plan regarding the letter.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-2-1370	02/20/2024		<p>On 02/17/2024, [REDACTED] discovered that [REDACTED] son, [REDACTED], had [REDACTED] member ID card stolen. [REDACTED] is requesting a replacement member card with a new member ID number for [REDACTED].</p>	'- Select One -	'- Select One -

GCHP-2024-2-1371	02/16/2024	07/11/2024	<p>Nature of Complaint: Final Kaiser Permanente Update - SOURCE: Kaiser Permanente National Special Investigations Unit (NSIU) proactive analytics.</p> <p>On or about August 7, 2023 KP's National Special Investigations Unit (NSIU) was advised of the following concern/allegation/tip:</p> <p>CONCERN/ALLEGATION/TIP: Kaiser Permanente National National Special Investigations Unit (NSIU) performed proactive analytics that identified a non-contracted external provider, Fast Lab Technologies LLC as an outlier for excessive billing. The NSIU's audit covered the period of 12/18/2021 to 4/24/2023 and the billing codes of U0005 (Add on code for 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) testing codes U0003, U0004 to report when the testing is completed within two calendar days from the date the specimen was collected). The audit resulted in the provider failing to support services as billed.</p> <p>Upon searching Kaiser Permanente's system of record in an attempt to identify claims related to the above, we have identified claims exposure specific to the Medicaid line of business, that may suggest potential exposure and/or impact to the above referenced concern/allegation/tip.</p> <p>Multiple efforts were initiated by the NSIU to make contact with Fast Lab Technologies (for records obtainment/overpayment resolution) which did not result in any success.</p> <div></div>	Unsubstantiated	No Fraud Detected or Found
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GCHP-2024-2-1372	02/19/2024	07/11/2024	<p>Nature of Complaint from Kaiser Permanente:</p> <p>St. John Bosco High School (SJB), a non-contracted, external provider was proactively identified using data analytics, as an outlier with COVID related claims based on a concurrent investigation involving a related high school (Salesian High School) that resulted in improper billing of COVID services. The connection between both investigations was an external billing company, Vivature, who reported claims for each school.</p> <p>NSIU reviewed SJB's paid claims data, with dates of service between January 4, 2021 – April 8, 2022, against state and industry regulations/guidance and correct coding edits and identified the below concerns for further development:</p> <ul style="list-style-type: none"><li>• CPT codes 99072/99211 without corresponding COVID testing claims*.</li></ul> <p>*Note: Without corresponding COVID testing, the reporting of supply code 99072 and provider collection code 99211 is at high risk for improper payment/services not rendered.</p> <p>On February 23, 2023, after multiple requests were submitted to SJB (January 25, 2023 and February 21, 2023), medical documentation was received for NSIU review.</p> <p>NSIU reviewed medical documentation for the aforementioned time period above, and identified the following deficiencies specific to COVID-19 related services:</p> <ul style="list-style-type: none"><li>• Office Visits/COVID Related Testing/Additional Supplies (codes 99211 and 99072) did not have sufficient service documentation to support service(s) as billed.</li><li>• Rendering Medical Providers (codes 99211 and 99072) were not identified in reviewed service documentation.</li><li>• Place of Service (POS) (using POS 11- Office) did not accurately reflect the service location where services were rendered (School- POS 03).</li><li>• Doctor/Patient Related Services (codes 99211 and 99072) did not support a patient relationship, individual care, or plan of care directive to support service(s) as billed.</li></ul> <p>Based on the review deficiencies identified, the NSIU's proactively identified billing concerns were considered substantiated.</p> <p>On February 28, 2023, an overpayment notice was delivered for unsupported claims.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-2-1373	02/21/2024	07/10/2024	<p>On March 14, 2023, communications began with attorney Jose Portela (Portela),</p> <p>On February 21, 2024, the caller received a communication from Gold Coast, informing the caller of a payment made to Shield Cahealth Carecenter INC, for [REDACTED] for a service allegedly provided to [REDACTED], the caller's [REDACTED], on January 15. The caller wishes to inform to Gold Coast that neither the caller nor [REDACTED] have ever been members of Gold Coast, or used the services of any provider affiliated with Gold Coast.</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-2-1374	02/22/2024		█████ is calling on behalf of █████, who is a member of Health Net. Health Net had a fraudulent claim filed by Gold Coast Health Plan that was sent in █████ name. █████ would like to report this fraud.	'- Select One -	'- Select One -
GCHP-2024-2-1375	02/23/2024	07/10/2024	In the week of February 15, 2024, █████ received █████ explanation of benefits letter from Gold Coast Health Plan and █████ noticed that there was a claim from 'Shields' for a service date of January 26, 2024 in the form of a box of disposable liner/shield/guard/ pad/undergarments for incontinence with a reference number T4535 and there was another service claim in the form of two boxes for about sized disposable incontinence products, protective undergarments with a reference number of T4528. █████ had asked for a sample of pads where █████ was supposed to be sent a pack of thirty pads to sample and determine if █████ liked the pads. However, there were more pads to be sent which were never received by █████ if Shields shipped out the pads to be delivered to █████. As a result, this was a fraudulent claim by Shields, so █████ is seeking for Gold Coast Health Plan to take action to correct this wrongful claim.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-2-1376	02/23/2024		In October 2023, █████ lost █████ ID and documents and █████ believes someone might be using █████ Gold Coast card.	'- Select One -	'- Select One -
GCHP-2024-2-1377	02/26/2024	07/12/2024	On January 1, 2024, █████ purse was stolen with █████ Gold Coast Health Plan ID card inside. █████ would like to request a new ID card to be sent to █████ new address at █████.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-2-1378	02/26/2024	02/27/2024	On February 24, 2024, █████ lost █████ ID card from the Gold Coast Health Plan.	Unsubstantiated	No Action Necessary
GCHP-2024-2-1379	02/26/2024		In the week of February 19, 2024, █████ came across a claim in the mail from Gold Coast. The claim stated that \$216.16 was paid for a transportation chair on February 10, but █████ did not order the chair.	'- Select One -	'- Select One -
GCHP-2024-2-1380	02/28/2024		In October 2023, a female individual used █████ social security number to sign up for insurance with Kaizer Permanente. The female individual is actively operating the Kaizer Permanente account, which was opened using █████ personal information. The female individual's fraudulent action is affecting █████. █████ is having trouble with receiving █████ medication. █████ would like it documented that █████ only has insurance with Gold Coast Health Plan.	'- Select One -	'- Select One -



GCHP-2024-2-1381	02/28/2024	03/01/2024	Approximately in September 2023, ██████ misplaced ██████ member ID card, which displays ██████ member number on it.	Substantiated	No Action Necessary
			On February 28, 2024, ██████ reached out to the Gold Coast Health Plan phone line to request a new member ID card to be sent to ██████ mailing address, but the representative (name unknown) who took ██████ call instructed ██████ to call the hotline to report that ██████ member ID had been misplaced.		
			Per the Gold Coast Health Plan representative's instructions, ██████ would like to request to have it documented that ██████ card is misplaced.		
GCHP-2024-2-1382	02/28/2024	06/25/2024	Nature of Compliant: ALERT - Removal from Network	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1383	02/28/2024	06/25/2024	Provider, PAREKH, SOHAIL - Internal Medicine. The provide is deceased. Nature of Compliant: ALERT - Removal from Network	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1384	02/28/2024	06/25/2024	Provider, North Oaks Medical Center LLC - Hospital. The provider is in the current State/Federal Exclusion list. Nature of Compliant: ALERT - Removal from Network	Received from DHCS	No Fraud Detected or Found
GCHP-2024-2-1385	02/29/2024	07/09/2024	Provider, Doctors Hospital 1997 LP - General Acute Care Hospital - Current State/Federal Exclusion list due to fraud/kickbacks/other prohibited activities. The caller began to file a report regarding a package ██████ received and unknowing its origin. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-3-1386	03/04/2024	07/09/2024	The caller reports that ██████ is a Gold Coast member who had changed addresses. The caller already spoke to the Gold Coast member services hotline to make them aware of this matter.	Unsubstantiated	Anonymous - Unable to Follow-Up
			However, the caller is concerned that ██████ personally identifiable information and ID cards were sent to a prior address. Therefore, the caller would like to ensure the safety of ██████ account information. For reference, the caller would like to add case number ██████		

GCHP-2024-3-1387	03/05/2024		<p>On June 28, July 16, and July 28, 2023, a Goal Coast card was sent out to [REDACTED] old PO Box. However, [REDACTED] did not have the [REDACTED]</p> <p>On March 4, 2024, Alondra (last name and job title unknown), informed [REDACTED] of the dates the Goal Coast card was sent out to the PO Box. Alondra was able to get [REDACTED] updated address to send the Goal Coast card.</p> <p>[REDACTED] inquired if the cards were returned to the sender or if there was any activity with the cards sent to the incorrect mailing address.</p>	'- Select One -	'- Select One -
GCHP-2024-3-1388	03/06/2024	06/25/2024	<p>Nature of Compliant: ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-3-1389	03/06/2024		<p>Provider, Radwan Badawi, Dermatologist - Deceased</p> <p>Nature of Compliant: ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-3-1390	03/06/2024	06/25/2024	<p>Providers: Craig A Bailey, Internal Medicine - Suspension Lawrence H Resnick MD PRO CO - Multi Specialty Group - Identified on the State/Federal Exclusion List</p> <p>Nature of Compliant: ALERT - Removal from Network</p> <p>Providers: Dhia Al Sarraf, Internal Medicine - Identified on the State/Federal Exclusion List Gregg Denicola, Family Medicine - Identified on the State/Federal Exclusion List Advanced Medical Equipment Inc, DME - 18 U.S.C. 1347</p>	Received from DHCS	No Fraud Detected or Found

GCHP-2024-3-1391	03/06/2024		Nature of Compliant: ALERT - Removal from Network  Providers: NPI 1922059831, Lloyd Costello, Family Medicine - Fraud Kickbacks/Other prohibited activities NPI 1285828285, Melissa Marrs, Social Worker - Identified on the State/Federal Exclusions List NPI 1821072083, Sanjeev Sharma, Family Medicine - Identified on the State/Federal Exclusions List NPI 1043254709, Bohdan Olesnicky, Emergency Medicine - Identified on the State/Federal Exclusions List NPI 1083804553, Heidi Gilchrist, Dermatologist - Identified on the State/Federal Exclusions List NPI 1528069820, Brenton Wynn, Pain Medicine/Anesthesiology - Identified on the State/Federal Exclusions List NPI 1962743161, Gentle Touch Hospice Care - Home Health Agency - Identified on the State/Federal Exclusions List NPI 1336338458, Michael Friedman, OB/GYN - Identified on the State/Federal Exclusions List NPI 1871664540, Vernal Hansen - General Practice - Identified on the State/Federal Exclusions List	' - Select One -	' - Select One -
GCHP-2024-3-1392	03/08/2024	03/12/2024	On March 1, 2024, █████ lost █████ backpack with █████ purse inside, therefore █████ lost █████ health care card. █████ is willing to get a new card so █████ can continue using the service, and █████ also wants to prevent anyone else from using █████ card.	Unsubstantiated	No Action Necessary
GCHP-2024-3-1393	03/11/2024	03/12/2024	On March 11, 2024, a Gold Coast Health Plan line representative (name unknown) received █████ requests and informed █████ that █████ had to submit a report indicating that █████ was requesting for a new Gold Coast Health Plan card.  █████ would like to confirm that █████ requested a new Gold Coast Health Plan card because █████ lost █████ last one.	Unsubstantiated	No Action Necessary
GCHP-2024-3-1394	03/11/2024	07/12/2024	█████ requests to know why only one of █████ two █████ has medical insurance.	Unsubstantiated	Training/Education
GCHP-2024-3-1395	03/12/2024	03/12/2024	The caller began to file a report regarding a lost card. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	No Action Necessary
GCHP-2024-3-1396	03/14/2024	03/15/2024	█████ lost █████ member ID card, and █████ would like to get a replacement.	Unsubstantiated	No Action Necessary

GCHP-2024-3-1397	03/15/2024	07/26/2024	<p>Nature of Complaint: The member reports that the mental health providers, Dr. Elliot and Erica O'Neal yesterday are potentially committing fraud /double billing.</p> <p>Member name: [REDACTED] CIN: [REDACTED] DOB: [REDACTED] Contact [REDACTED]</p>	Unsubstantiated	External Deferral
GCHP-2024-3-1398	03/19/2024	07/09/2024	<p>On December 30, 2023, the caller received a package from Medicare to the wrong address. There are no witnesses to the situation. The caller needs the package will be sent to [REDACTED]. This is the first time the caller has reported the situation.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-3-1399	03/19/2024	03/20/2024	<p>On March 16, 2024, [REDACTED] customer, misplaced [REDACTED] Gold Coast Health insurance plan card. [REDACTED] is unsure where exactly [REDACTED] misplaced [REDACTED] card, but believes it was inside [REDACTED]. [REDACTED] reached out to Gold Coast and requested a new card. However, [REDACTED] was told to contact the hotline and report that [REDACTED] misplaced [REDACTED] card.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-3-1400	03/20/2024	07/12/2024	<p>On March 20, 2024, the caller received a letter from Gold Coast Health Plan. The letter referred to a service that was supposedly provided to the caller's child (name unknown) on February 3. The letter claimed that an E0470-[REDACTED], Bi-level pressure capability was billed for; however, the caller's child did not receive any respiratory device on February 3 and did not seek medical attention. Despite the caller's child being billed by Gold Coast Health Plan, the caller did not receive a copy of the bill. The caller suspects that Super Care Inc. is the only party that would benefit from the claim.</p> <p>The caller requests that an investigation pertaining to the letter be completed. The caller suspects fraudulent activity, as [REDACTED] child did not receive any [REDACTED] [REDACTED] on February 3.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-3-1401	03/21/2024	07/09/2024	<p>The caller began to file a report regarding someone allegedly using [REDACTED]/[REDACTED] insurance. Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-3-1402	03/21/2024	03/22/2024	<p>In the week of March 11, 2024, [REDACTED] lost [REDACTED] ID card, but [REDACTED] did not report the problem to any manager.</p> <p>[REDACTED] requested a ID card replacement.</p>	Unsubstantiated	No Action Necessary

GCHP-2024-3-1403	03/21/2024	07/12/2024	On March 20, 2024, ██████ got an explanation of benefits letter in the mail for ██████ to review. ██████ saw that there were 4 charges totaling \$889.06 ██████ had only received ██████ for \$179 and ██████ for \$265.53 on February 7, 2024. ██████ saw that the explanation had a double set of the same products causing the total to be double. The provider was General Home Medical Supply. ██████ reported the issue since it is fraudulent products she never received.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-3-1404	03/25/2024	07/09/2024	The caller began to file a report regarding a falsification of the plan. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-3-1405	03/25/2024	07/09/2024	There are concerns regarding Gold Coast Health Plan sending a letter via mail for multiple services on ██████. However, the services included were not services the caller's family member received. The services include orders for protective adult underwear and disposable under padding along with other services.	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-3-1406	03/26/2024	03/29/2024	██████ lost ██████ insurance card, and ██████ would like the concern acknowledged.	Unsubstantiated	No Action Necessary
GCHP-2024-3-1407	03/27/2024	03/29/2024	The caller reported that ██████, customer, lost ██████ member ID card. The member card is already in the process of being replaced. The ID card number is ██████	Unsubstantiated	No Action Necessary
GCHP-2024-3-1408	03/28/2024	07/26/2024	REASON FOR CALL/CALLER'S INQUIRIES: The Member called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised Member the ID card was requested and to allow the 7-10 business days to receive the card.	Unsubstantiated	Termination

GCHP-2024-3-1409	03/28/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The [REDACTED] called requesting a new ID card since stolen.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was lost or stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The [REDACTED] called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was lost or stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised [REDACTED] the ID card was requested and to allow the 7-10 business days to receive the card. I updated temporary mailing address, i advised only for 24hours.</p> <p>INFORMATION PROVIDED (by Agent): I advised [REDACTED] the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was lost or stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting.</p>	'- Select One -	'- Select One -
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GCHP-2024-3-1410	03/28/2024	<div>REASON FOR CALL/CALLER’S INQUIRIES: The MBR called requesting a new ID card.</div> <div>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.OFFER TO TRANSFER TO FWA TO REPORT CARD IS MISSING NO RESPONSE FROM MBR,</div> <div>INFORMATION PROVIDED (by Agent): I advised MBR the ID card was requested and to allow the 7-10 business days to receive the card.</div> <div>I PROVIDE</div> <div>OFFER ID CARD</div> <div>PER MEDITRAC</div> <div>LAST REQUEST DATE</div> <div>02/26/2024</div> <div>Status: Active</div> <div>PCP: ADMIN-Other Health Coverage (</div>	'- Select One -	'- Select One -
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GCHP-2024-3-1411	03/28/2024	05/09/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The Member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The Member’s ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member’s ██████ the ID card was requested and to allow the 7-10 business days to receive the card.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-3-1412	03/28/2024	07/26/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The Member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised Member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	Unsubstantiated	Termination



GCHP-2024-3-1413	03/28/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -
GCHP-2024-3-1414	03/28/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The Member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised Member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -
GCHP-2024-3-1415	03/28/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The Member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised Member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -

GCHP-2024-3-1416	03/28/2024		<p>Member called to report a potential data breach</p> <p>Stated [REDACTED] received a voicemail from a lady stating she was from "Gold Coast Health" to discuss [REDACTED] benefits/eligibility</p> <p>[REDACTED] stated the voicemail contained a callback # stated for GCHP that does not match.</p> <p>Advised Medi-Cal handles all eligibility</p> <p>Member asked if GCHP could issue [REDACTED] a new ID #</p> <p>Stated [REDACTED] wallet was stolen with all [REDACTED] PI &amp; [REDACTED] GCHP ID card</p> <p>Advised [REDACTED] will need to contact the County Medi-Cal office to make the request</p> <p>Advised will report the fraudulent call to member services</p>	'- Select One -	'- Select One -
GCHP-2024-3-1417	03/28/2024	07/12/2024	<p>Nature of Complaint</p> <p>member received document stating services for February for sleeping filter claim number [REDACTED]</p> <p>member is saying [REDACTED] did not receive sleep filter for February. and in fact [REDACTED] only received one in January and only receives these one every 3 months</p> <p>member mentioned [REDACTED] had the need to let us know if this company is billing GCHP for DME [REDACTED] is not receiving.</p> <p>Member called informing GCHP that Provider is charging GCHP for DME for the month of February.</p> <p>Member has not received DEM for that month. [REDACTED] receives services every 3 months. Last service was on [REDACTED].</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-3-1418	03/28/2024	07/12/2024	<p>Nature of Complaint:  REASON FOR CALL/CALLER'S INQUIRY: The member called in about a call from this number 833-366-0124 and left a message to call back to GCHP  ACTIONS TAKEN (by Agent): check if active  INFORMATION PROVIDED (by Agent): I advised member the following information asked if ■ called back and member stated it was a not working number, advise it might be a fraud number since the call was made on 2/19/24 and GCHP was close, but advise i would forward information to member services to let them know and if someone did call to call ■ back.</p> <p>1-833-366-0124 is stating you have reached GCHP, but due to tech difficulty line is down.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-4-1419	04/01/2024	05/09/2024	<p>■ requests to notify that since approximately March 13, 2024, ■ does not know the status nor location of ■ Gold Coast card.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-4-1420	04/01/2024	04/02/2024	<p>In February 2024, ■ had lost ■ ID card. ■ had ■ ID card in ■ wallet. This concern was reported to a representative (name unknown). The representative told ■ to make contact with this hotline number.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-4-1421	04/01/2024		<p>On March 25, 2024, ■ purse was stolen from a bench outside a CBS store. In the purse ■ had ■ Gold Coast Insurance card, wealth rewards program card, medical card, California ID card, Social Security card, multiple credit cards, and approximately \$1400 in cash. ■ wealth rewards program card had approximately \$168.46 on it, and it was brought down to 36 cents.</p>	'- Select One -	'- Select One -
GCHP-2024-4-1422	04/02/2024		<p>On March 22, 2024, a perpetrator broke into the passenger side of ■ vehicle and stole ■ purse.</p>	'- Select One -	'- Select One -
GCHP-2024-4-1423	04/02/2024		<p>In March 2024, ■ purse was stolen which contained ■ insurance card. As a type 1 diabetic, ■ needs ■ insurance card for hospital visits and medication.</p>	'- Select One -	'- Select One -
GCHP-2024-4-1424	04/03/2024	04/03/2024	<p>■ has requested to know if anyone has been using ■ ID card.  In March 2024, ■ ■ member, who is ■ ■ misplaced ■ member card. This occurred because ■ has a disability that affects ■ ■ There were no witnesses to this incident. ■ contacted Gold Coast Health's office and spoke to a representative (name unknown). The representative advised ■ to contact the ethics hotline.</p>	Unsubstantiated	No Action Necessary

GCHP-2024-4-1425	04/04/2024	04/09/2024	On March 20, 2024, the caller lost [REDACTED] membership ID card. The caller does not have the membership ID card number. The caller did not report the issue to Gold Coast Health Plan. The caller is reporting the issue to avoid a fraudulent use of [REDACTED] lost membership ID card.	Unsubstantiated	No Action Necessary
GCHP-2024-4-1426	04/04/2024	04/09/2024	On April 2, 2024, [REDACTED] lost [REDACTED] membership card at a Walmart store. [REDACTED] also lost [REDACTED] [REDACTED] customer, membership card as well at Walmart.	Unsubstantiated	No Action Necessary
GCHP-2024-4-1427	04/04/2024	07/11/2024	The identified providers below are no longer eligible to hold a contract and/or receive payment from a managed care plan. If all listed providers are not enrolled, inactive, and/or already terminated from your plan's network prior to this alert, no response is needed. If a listed provider is active within your plan's network, please follow your internal procedures to remove the provider. After this process has been initiated, please notify DHCS.	Received from DHCS	No Fraud Detected or Found
GCHP-2024-4-1428	04/04/2024	07/12/2024	Provider - NPI 1811177553, Mitcheal Trythall - Audiologist Between [REDACTED], [REDACTED] and [REDACTED] [REDACTED] [REDACTED] who are both Gold Coast Health Plan members, have been receiving calls from a Gold Coast Health Plan representative (name unknown), asking them to provide one of their [REDACTED] dates of birth to see if [REDACTED] and [REDACTED] are following up on their [REDACTED] vaccination table. [REDACTED] and [REDACTED] did not want to provide their [REDACTED] date of birth, since they did not know if they were being victims of a scam. The phone numbers from which [REDACTED] and [REDACTED] received the calls were 1833-533-0113 and 1888-301-1228.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-4-1429	04/05/2024	07/09/2024	[REDACTED] would like to know if Gold Coast Health Plan representatives call their members to ask these types of questions. The caller has had issues when [REDACTED] [REDACTED] was changed to the Gold Coast health plan without [REDACTED] authorization. Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. A location and issue type were selected at random to proceed with the report submission process. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-4-1430	04/05/2024		On March 5, 2024, [REDACTED] lost [REDACTED] member ID card, and this is the first time [REDACTED] is reporting it. [REDACTED] did not file a police report.	Unsubstantiated	No Action Necessary

GCHP-2024-4-1431	04/05/2024		On April 5, 2024, [REDACTED] called Gold Coast to cancel the [REDACTED] insurance for the [REDACTED] prescriptions. The representative on the phone offered to provide [REDACTED] with a voucher for \$100.00. [REDACTED] repeatedly stated that [REDACTED] did not want the voucher. The representative was adamant that [REDACTED] should get the voucher. [REDACTED] eventually provided [REDACTED] credit card number at the request of the representative. When [REDACTED] called back, [REDACTED] was connected with another representative (name and job title unknown) who stated that they do not take credit card numbers. The other representative stated that [REDACTED] did not show up in the system as a previous call. Due to this issue [REDACTED] was directed to the hotline. [REDACTED] believes that this is fraud.	'- Select One -	'- Select One -
GCHP-2024-4-1432	04/08/2024	04/09/2024	On April 8, 2024, [REDACTED] lost [REDACTED] wallet, and he lost [REDACTED] member ID card and also [REDACTED] Gold card. [REDACTED] spoke to a Gold Coast Health Plan representative (name unknown), and she told Robert to call the ethics and compliance line to report the incident. [REDACTED] would like [REDACTED] member ID card replacement to be mailed to [REDACTED]	Unsubstantiated	No Action Necessary

GCHP-2024-4-1433	03/28/2024	07/11/2024	<p>Nature of Complaint from Kaiser Permanente: Update and final notification on [REDACTED] SOURCE OF ALLEGATION: Former employee of provider entity.</p> <p>On April 27, 2023 Kaiser Permanente (KP) learned of alleged fraudulent billing by Kemp Individual &amp; Family Therapy, Inc. (Kemp) through a former employee report to KP's local Ethics &amp; Compliance Hotline and Desktop Investigation team.</p> <p>From April 2022 to April 2023, Kemp is believed to have submitted fraudulent claims for psychotherapy services. Fraudulent claims were in the form of clinicians billing one hour for psychotherapy when the patient session was substantially shorter.</p> <p>&amp;#61607;CPT Code 90837, psychotherapy; 60 minutes with patient was used on the majority of claims submitted by Kemp. Time spent with the patient was not documented in 62% of the records reviewed. This code is a time-based code, requiring the actual session time to be documented in the medical or progress records.</p> <p>&amp;#61607;Records supported service delivery yet without session duration, the overpayment was calculated using the difference between the net paid amount for 90837 and the average net paid rate for code 90832 – Psychotherapy; 30 minutes with patient. The NSIU issued an overpayment notice to Kemp in the amount of \$487,373.25, on October 16, 2023. A corrective action notice was also issued to address deficiencies within Kemp's documenation practices.</p> <p>NSIU and Kemp communicated multiple times regarding review findings and overpayments, yet a resolution offer was never finalized. Kemp has not responded to outreach by the NSIU since the last contact on November 28, 2023. As a risk mitigation strategy, Kemp Individual &amp; Family Therapy's agreement with KP is being terminated, and any billing by owners Stan and Mary Kemp using their personal NPI's will be denied.</p>	Unsubstantiated	External Deferral
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GCHP-2024-4-1434	03/29/2024	<p>Nature of Complaint from Kaiser Permanente: Update and final notification on [REDACTED] SOURCE: I-MEDIC request for information (RFI).</p> <p>From February 2022 - February 2023, Ananda Analytical Laboratories (Ananda) was identified with fragmented billing behavior. COVID-19 related services were split across multiple claims (for the same patient) and submitted under different billing codes which resulted in additional reimbursement.</p> <p>Ananda reported COVID-19 screening and diagnostic testing above their posted cash price. Ananda advertised COVID-19 testing as a single, all-inclusive price, for specimen collection and testing services, yet reported such testing across various CPT codes, resulting in service payments that exceeded their advertised price. The NSIU pursued this finding for overpayment as this was in violation of the FFCRA and the CARES Act.</p> <p>The NSIU issued an overpayment notice to Ananda in the amount of \$987,662.14, on September 28, 2023, along with a Corrective Action Notice (CAN) to address deficiencies within their identified documentation and billing practices.</p> <p>Ananda's legal counsel submitted a dispute to the NSIU's review findings. The NSIU worked with KP legal to develop a response which supported initial review findings, which was forwarded to Ananda counsel on January 23, 2024. The NSIU has not received a response from Ananda or their counsel.</p> <p>POTENTIAL EXPOSURE: Sixty-Seven (67) Medi-Cal members were identified to have been potentially impacted by Ananda's billing behavior, [REDACTED] [REDACTED]. The identified overpayment amount specific to Southern California DHCS case findings was estimated as \$4,561.20.</p> <p>The NSIU investigation outcome will be summarized and referred to KP's legal team.</p>	'- Select One -	'- Select One -
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GCHP-2024-4-1435	04/05/2024	<p>Nature of Complaint from Kaiser Permanente: ADD SOURCE OF ALLEGATION: Proactive data analytics Kaiser Permanente has completed a preliminary investigation to the extent possible, given timely reporting requirements, and has determined the following information to date: 4/2/2024</p> <p>Orange County Labs, Inc (OC Labs) an external, partially contracted provider of laboratory services, was identified as an outlier by the Kaiser Permanente (KP) data analytics team. Referral alleges a large spike in over the counter (OTC) COVID-19 test kits, represented by HCPCS code K1034. During initial triage, multiple member reports were received alleging they either did not request these supplies, or saw the claim on their EOB's but never received them. This provider was linked to other labs previously identified as marketing to KP members via a website using KP trademarked information.</p> <p>Two (2) MediCal members were affected by OC Labs billing practices, of which one [REDACTED]. The identified overpayment specific to Southern California DHCS case findings was estimated at \$194.36.</p> <p>KP's internal tracking number is [REDACTED]. Our investigation into this matter continues and upon completion of the investigation additional details and findings will be provided in the final MC609 submission.</p> <p>Per Kaiser's report zero GCHP member's were affected.</p>	'- Select One -	'- Select One -
GCHP-2024-4-1436	04/08/2024	<p>Nature of Complaint per Meditrac report: REASON FOR CALL/CALLER'S INQUIRY: The MBR called in SAID [REDACTED] CALL 888-301-1228 TODAY 04/05/2024 &amp; SPOKE WITH REPRESENTATIVE &amp; THE AGENT SAID [REDACTED] WILL SEND A \$100.00 VOUCHER TO THE MBR &amp; ASK FOR MBR CREDIT CARD INFORMATION FOR THE SHIPPING OF THE VOUCHER ACTIONS TAKEN (by Agent): PER MEDITRAC I ADVISE MBR THAT THERES NO EVENT FOR ANY CALL TODAY PRIOR TO MY CALL, INFORMATION PROVIDED (by Agent): I advised MBR the following information THAT I WILL ROUTE THIS REQUEST TO COMPLIANCE DEPARTMENT &amp; I PROVIDE MBR FWA number 866-672-2615, TRANSFER FOR FURTHER ASSISTANCE</p>	Unsubstantiated	No Action Necessary



GCHP-2024-4-1437	04/08/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The members ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised mother the ID card was requested and to allow the 7-10 business days to receive the card. Provided member ID ██████, did not transfer they will call later</p>	'- Select One -	'- Select One -
GCHP-2024-4-1438	04/08/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The Member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised Member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -

GCHP-2024-4-1439	04/08/2024		<p>REASON FOR CALL/CALLER’S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card. I provided the member with [REDACTED] ID #.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, and routed the event to GCHP</p>	'- Select One -	'- Select One -
GCHP-2024-4-1440	04/10/2024	06/25/2024	<p>Nature of Compliant # [REDACTED] [REDACTED]:</p> <p>ALERT - Removal from Network</p> <p>Provider, Mark E Cooper, CP - Clinical Psychologist - Suspended/Revoked/Surrendered License in Credentialed State.</p>	Received from DHCS	No Fraud Detected or Found

GCHP-2024-4-1441	04/10/2024	06/25/2024	Nature of Compliant ref #241185097: ALERT - Removal from Network	Received from DHCS	No Fraud Detected or Found
GCHP-2024-4-1442	04/12/2024		Provider, Home of Guiding Hands - Anja - Clinic/Center On April 11th, [REDACTED] member ID card was stolen when [REDACTED] car was stolen.  [REDACTED] reported the theft of [REDACTED] car to [REDACTED], and [REDACTED] was provided with police report number [REDACTED]	'- Select One -	'- Select One -
GCHP-2024-4-1443	04/15/2024	04/16/2024	[REDACTED] needs a new member ID card. On April 13, 2024, at 6:30 AM, [REDACTED] was on a bus. [REDACTED] wore a pair of jeans with a loose belt, and [REDACTED] wallet fell out of [REDACTED] back pocket. [REDACTED] lost everything in that wallet, including [REDACTED] Gold Coast card.	Unsubstantiated	No Action Necessary
GCHP-2024-4-1444	04/16/2024	07/12/2024	[REDACTED] would like for [REDACTED] wallet to be returned, but if it doesn't turn up, then [REDACTED] would like to get a replacement Gold Coast card. In March 2024, [REDACTED] misplaced [REDACTED] Gold Coast Health Plan card. Hence, [REDACTED] requests to receive a new card. [REDACTED] new card can be mailed to [REDACTED] new address, [REDACTED]. The caller refused access codes (report key and password) and will be unable to follow up on the report.	Unsubstantiated	No Action Necessary
GCHP-2024-4-1445	04/16/2024		Nature of Complaint ref [REDACTED]: Per reporting party the facility is faking patients that are not visiting the facility and patients are getting treated by non-certified physicians.	'- Select One -	'- Select One -
GCHP-2024-4-1446	04/18/2024		[REDACTED] had Gold Coast Health Plan for 1 year 6 months but had not received an insurance card. [REDACTED] did not have [REDACTED] member identification number. [REDACTED] date of birth is [REDACTED]. [REDACTED] mailing address is [REDACTED]	'- Select One -	'- Select One -
GCHP-2024-4-1447	04/19/2024		[REDACTED] is requesting [REDACTED] Gold Coast Health Plan insurance card. On April 17, 2024, [REDACTED] Gold Coast Health Plan card was stolen. This issue was reported to Alondra (last name unknown), HR member, who helped [REDACTED] with the request for the new card and redirected [REDACTED] to the ethics line.  [REDACTED] requested that [REDACTED] Gold Coast Health Plan card that was stolen be cancelled to avoid any kind of issues.	'- Select One -	'- Select One -

GCHP-2024-4-1448	04/22/2024	04/23/2024	<p>In March, 2024, the caller lost [REDACTED] ID card. The caller does not remember under which circumstances [REDACTED] lost [REDACTED] card. The caller stated that [REDACTED] already requested a new ID card and wanted to report the loss of [REDACTED] old ID Card.</p> <p>Due to the caller terminating the call prior to the completion of intake, no additional details were gathered and NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-4-1449	04/19/2024	07/26/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised Member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	Unsubstantiated	Termination
GCHP-2024-4-1450	04/19/2024		<p>REASON FOR CALL/CALLER'S INQUIRIES: The called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -

GCHP-2024-4-1451	04/19/2024	07/12/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The member father called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. member's [REDACTED] states its been a couple of years that [REDACTED] wallet was stolen.</p> <p>INFORMATION PROVIDED (by Agent): I advised member [REDACTED] the ID card was requested and to allow the 7-10 business days to receive the card.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-4-1452	04/26/2024	07/09/2024	<p>The caller began to file a report regarding an explanation of benefits. Due to the caller terminating the call prior to the completion of intake, no additional details were gathered and Navex was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up

GCHP-2024-4-1453	04/26/2024		<p>In October 2023, ██████████ delivered a regular wheelchair to ██████████ home that was valued at \$250.00. ██████████, who is ██████████, contacted Gold Coast Health Plan on ██████████ behalf because this was the wrong ██████████. ██████████ expected an ██████████, but the order was mixed up. ██████████ reported this issue to Romie (last name and job title unknown) and Edith Alonzo, manager, and they advised ██████████ that this order would be placed on route to be picked up. However, the ██████████ was not picked up and this was left at ██████████ home.</p>	' - Select One -	' - Select One -
GCHP-2024-4-1454	04/29/2024	07/09/2024	<p>On April 20, 2024, ██████████ received an explanation of benefits, EOB, letter from Gold Coast Health Plan and ██████████ was advised to please contact the hotline if ██████████ needed further assistance with this issue. ██████████ would like to get this issue resolved and for ██████████ to receive ██████████ electric wheelchair.</p> <p>The caller began to file a report regarding employee relations. Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. A location and issue type were selected at random to proceed with the report submission process. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	Anonymous - Unable to Follow-Up
GCHP-2024-4-1455	04/29/2024	04/30/2024	During the third week of April, 2024, ██████████ lost ██████████ wallet. ██████████ was made aware by the organization to report this for compliance.	Unsubstantiated	No Action Necessary
GCHP-2024-4-1456	04/30/2024	05/02/2024	On February 9, 2024, ██████████, member, had a doctor's appointment at the facility. ██████████ lost ██████████ Gold Coast Health Plan ID card. ██████████ is filing this report on behalf of ██████████. ██████████ and ██████████ are requesting for a new ID card.	Unsubstantiated	No Action Necessary
GCHP-2024-5-1457	05/02/2024	06/25/2024	<p>Nature of Compliant: ALERT - Removal from Network</p> <p>Provider, John Humiston - Family Medicine, Identified on the State/Federal Exclusion List.</p>	Received from DHCS	No Fraud Detected or Found

GCHP-2024-5-1458	05/03/2024		<p>On April 18, 2024, █████ car was assaulted, and █████ wallet was stolen. █████ indicated that the passenger side window was broken with glass everywhere, and █████ purse and wallet disappeared with all █████ cards on it. █████ called the local authorities regarding this matter, and Megan (last name unknown), deputy, took █████ statement regarding this situation.</p> <p>On April 19, █████ contacted the county regarding █████ medical card and EBT card. The county has not responded yet. On May 3, █████ contacted Billy (last name unknown), case management, with Gold Coast Health Plan to report the incident that occurred on April 18. Billy advised █████ to contact the hotline to report the situation.</p>	'- Select One -	'- Select One -
GCHP-2024-5-1459	05/02/2024	06/25/2024	<p>Nature of Compliant: ALERT - Removal from Network</p> <p>Nabil Charles Morcos - Internal Medicine, Suspension DAK Healthcare Inc - Pharmacy - Community/Retail, Suspension</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-5-1460	05/02/2024	06/25/2024	<p>Nature of Compliant: ALERT - Removal from Network</p> <p>Provider, Teri Clipps, Psychologist - Default on Hlth Education loan/Scholarship Obligation Provider, Joseph Mollick, Hospitalist - Current State/Federal Exclusion Provider, George Wilson, Family Medicine - Current State/Federal Exclusion</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-5-1461	05/06/2024		<p>In October of 2023, █████ discovered that █████ wallet holding █████ insurance ID card had been stolen from █████ vehicle. The theft occurred outside of █████ place of residence, █████ █████ reported the theft to the police, but a suspect was not found, and █████ wallet was not recovered.</p> <p>On May 6, 2024, █████ contacted █████ insurance provider (name and job title unknown) who recommended that █████ make a report documenting █████ stolen insurance ID card.</p>	'- Select One -	'- Select One -
GCHP-2024-5-1462	05/07/2024	07/26/2024	<p>The caller began to file a report regarding an inquiry. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. A location was selected at random to proceed with the report submission process. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	Unresponsive Reporter/Caller

GCHP-2024-5-1463	05/07/2024	<p>Nature of Complaint from the CM team: The member stated that [REDACTED] got a text saying [REDACTED] medical was expiring and so [REDACTED] called the number on the text and they asked [REDACTED] to pay \$500 to reinstate and they were using GCHP name.</p>	'- Select One -	'- Select One -
GCHP-2024-5-1464	05/08/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: The called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: The called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. member will call back for their [REDACTED] cards [REDACTED] could not give the last four of the ssn ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-</p>	'- Select One -	'- Select One -



GCHP-2024-5-1465	05/08/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -
GCHP-2024-5-1466	05/08/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The Members ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. I obtained verbal consent, and provided the address and phone number to the pcip</p> <p>INFORMATION PROVIDED (by Agent): I advised Member's ██████ the ID card was requested and to allow the 7-10 business days to receive the card. I advised the member has no spend down at this time</p>	'- Select One -	'- Select One -

GCHP-2024-5-1467	05/08/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The Member called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The Member’s [REDACTED] called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised member’s [REDACTED] the ID card was requested and to allow the 7-10 business days to receive the card. provided office address for medi-cal office in [REDACTED]</p>	'- Select One -	'- Select One -
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GCHP-2024-5-1468	05/08/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: The Members ██████ called requesting '- Select One -</p> <p>a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised Members ██████ the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The Members ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised Members ██████ the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER’S INQUIRIES: The Members ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member’s card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was</p>	'- Select One -
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GCHP-2024-5-1469	05/13/2024	07/26/2024	<p>On May 13, 2024, the caller, who was a member of Gold Coast Health Plan, received a call from an alleged Cal dental representative. The Cal dental representative took down the caller's information. After receiving the caller's information, the Cal dental representative disconnected the line on the caller. The caller tried calling the Cal dental line back, but it showed that the line was a spam line. The caller had reason to believed that he/she was a victim of fraud.</p> <p>Due to the abrupt termination of the call prior to the completion of intake, no additional details were gathered and NAVEX was unable to read back the report. The caller did not receive access information and will be unable to review or follow up on this report.</p>	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2024-5-1470	05/15/2024	07/12/2024	<p>On May 10, 2024, [REDACTED] received a form through the mail where Gold Coast Health requested some information from [REDACTED] to assign [REDACTED] a primary doctor.</p> <p>[REDACTED] wants to let Gold Coast Health know that [REDACTED] is being attended to at the [REDACTED].</p> <p>[REDACTED] will provide [REDACTED] Gold Coast Health Plan member ID number later.</p>	Unsubstantiated	Unresponsive Reporter/Caller

GCHP-2024-5-1471	05/01/2024	07/11/2024	<p>Nature of Complaint from Kaiser: Kaiser Permanente has completed a preliminary investigation to the extent possible, given timely reporting requirements, and has determined the following information to date:</p> <p>SOURCE OF ALLEGATION: Former Collaborative Psychology Group employee</p> <p>On or about April 30, 2024, KP's National Special Investigations Unit (NSIU) was advised of the following concern/allegation/tip that this provider entity is treating patients with unlicensed practitioners and billing as if they were seen by fully licensed professionals. Additional allegations include requiring patients to pay a non-refundable fee upfront, prior to scheduling services.</p> <p>Upon searching Kaiser Permanente's system of record in an attempt to identify claims related to the above, we have identified claims exposure specific to the Medicaid line of business, that may suggest potential exposure and/or impact to the above referenced concern/allegation/tip.</p> <p>POTENTIAL EXPOSURE: Fourteen (14) Medi-Cal members were identified to have been potentially impacted by Collaborative Psychology Group's billing behavior across the Southern California market, of which, zero (0) were LA Care, CalOptima or GMC San Diego members.</p> <p>We wanted to alert you of this potential exposure for whatever actions you may deem necessary.</p> <p>The investigation of Collaborative Psychology Group recently commenced (KP's internal tracking number [REDACTED]). Once Kaiser Permanente's NSIU has completed its evaluation/review/investigation on the above concern/allegation/tip, and validated impact to the Medicaid line of business, additional details will be provided via a final MC609 notification.</p>	Unsubstantiated	External Deferral
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GCHP-2024-5-1472	05/15/2024	07/26/2024	<p>Nature of Complaint:  Per DOJ , in 2020, the report from CMS shows that Tamassian billed Medicare for 394 services for 12 patients which would average out to 33 claims per patient, and he averaged \$3,854.46. per patient in payments from Medicare. In 2021, the report from CMS shows that he billed Medicare for 356 services for 11 patients which averages out to 32 claims per patient, and he averaged \$4,146.86 per patient in payments from Medicare. In 2021, Tamassian was a top biller for services to Medicare among his peers both nationally and in California. He ranked 207 out of 13,570 clinical psychologists nationally based on the average paid per beneficiary and 72 in California. On average, he received \$4,146.86 per beneficiary as compared to his peers who averaged \$1,672.79 payment per beneficiary from Medicare. This information was compiled via CMS.</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-5-1473	05/15/2024	07/26/2024	<p>Nature of Complaint:  Per DOJ, in 2020, the report from CMS shows that Wilmes-Reitz billed Medicare for 502 services for 19 patients which would average out to 26 claims per patient, and he averaged \$3,084.35. per patient in payments from Medicare. In 2021, the report from CMS shows that he billed Medicare for 481 services for 15 patients which averages out to 32 claims per patient, and he averaged \$4,026.22 per patient in payments from Medicare. In 2021, Wilmes-Reitz was a top biller for services to Medicare among his peers both nationally and in California. He ranked 239 out of 13,570 clinical psychologists nationally based on the average paid per beneficiary and 86 in California. On average, he received \$4,026.22 per beneficiary as compared to his peers who averaged \$1,672.79 payment per beneficiary from Medicare. This information was compiled via CMS.</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-5-1474	05/16/2024		<p>Nature of Compliant:  ALERT - Removal from Network</p> <p>Providers:  Luminus Diagnostics LLC, - Laboratory, Current State and Federal Exclusion List  Mark Ramus, - Pathology, Current State and Federal Exclusion List</p>	'- Select One -	'- Select One -
GCHP-2024-5-1475	05/17/2024	05/21/2024	In mid-April 2024, [REDACTED] moved into a new house and [REDACTED] ID card got lost during the transfer. [REDACTED] requests Gold Coast's assistance in this matter to resolve it as soon as possible.	Unsubstantiated	No Action Necessary
GCHP-2024-5-1476	05/16/2024	07/11/2024	<p>Nature of Compliant:  ALERT - Removal from Network</p> <p>Provider, Southern CA Medical Center - Federally Qualified Health Center, Current State/Federal Exclusion List</p>	Received from DHCS	No Fraud Detected or Found

GCHP-2024-5-1477	05/16/2024		Nature of Compliant: ALERT - Removal from Network	'- Select One -	'- Select One -
GCHP-2024-5-1478	05/21/2024	07/26/2024	Provider, Billings Clinic Hospital - Hospital, Current State/Federal Exclusion List The caller began to file a report regarding a received package of unknown origin. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2024-5-1479	05/22/2024	05/23/2024	On May 22, 2024, the caller discovered that [REDACTED] had lost [REDACTED] Gold Coast Health Plan member ID card for an unknown amount of time. The caller contacted [REDACTED] insurance provided to request a new card, and they responded saying they will send the caller a new card and [REDACTED] has to report [REDACTED] old one lost via the Gold Coast Health Plan Compliance and Fraud Hotline.	Unsubstantiated	No Action Necessary
GCHP-2024-5-1480	05/22/2024	07/29/2024	On May 20, 2024, [REDACTED] lost [REDACTED] Gold Coast Health Plan card when [REDACTED] came back from [REDACTED] doctors' appointment.	Unsubstantiated	No Action Necessary
GCHP-2024-5-1481	05/22/2024	07/26/2024	[REDACTED] would appreciate it if a representative of Gold Cost Health Plan would replace the card, as soon as possible. On May 21, 2024, [REDACTED] received a letter from Gold Coast. The letter had a claim for the rental of a [REDACTED] from Apria Healthcare Inc. on [REDACTED] [REDACTED] did not rent any [REDACTED] this year and the claim is fraudulent.	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-5-1482	05/22/2024		Since 2023, [REDACTED] has been receiving mail from Gold Coast Health Plan addressed to [REDACTED]. These letters have been sent to [REDACTED] home at [REDACTED]. However, [REDACTED] has never resided at this address. In the past, [REDACTED] has returned the mail to Gold Coast Health Plan to clarify that no one named [REDACTED] resides at [REDACTED] home. [REDACTED] suspects that [REDACTED] may have committed fraud by providing [REDACTED] home address to Gold Coast Health Plan.	'- Select One -	'- Select One -
GCHP-2024-5-1483	05/23/2024		On May 16, 2024, [REDACTED] member ID card were stolen. An unknown person (name unknown) broke into [REDACTED] vehicle and took [REDACTED] personal belongings and the member ID cards that were in [REDACTED] bag. [REDACTED] did not get to report the matter to management.	'- Select One -	'- Select One -

GCHP-2024-5-1484	05/24/2024		<p>Nature of Complaint from Meditrac report: The member called in because [REDACTED] has been receiving messages about wait times for appointments or confirmation dates for appointments and messages for lab results. member believed someone has wrongly input [REDACTED] phone number in a medical system since the hospital that is sending these messages is located in [REDACTED] the member currently lives in [REDACTED]. the member called the hospital to check that someone was not using [REDACTED] identity or insurance card since [REDACTED] has had issues with identity theft in the passed. the hospital told the member that the person in there system that linked back to those messages is a [REDACTED] with the same name, however spelled differently and they claimed the ssi number is different. they could not give [REDACTED] more information due to phi.</p>	'- Select One -	'- Select One -
GCHP-2024-5-1485	05/24/2024		<p>[REDACTED] reported [REDACTED], who lived at [REDACTED]</p> <p>In 2023 or 2024, [REDACTED] broke into [REDACTED] apartment and stole [REDACTED] belongings, including [REDACTED] insurance information from Gold Coast Health Plan. [REDACTED] realized this after [REDACTED] received notifications that [REDACTED] insurance was used, but [REDACTED] could not recall when this happened.</p>	'- Select One -	'- Select One -
GCHP-2024-5-1486	05/24/2024	06/21/2024	<p>On May 24, 2024, [REDACTED] reported [REDACTED] for stealing [REDACTED] identity, and [REDACTED] would like Gold Cost Health Plan to address them properly.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-5-1487	05/28/2024	07/26/2024	<p>The caller would like to report that [REDACTED] membership card is missing.</p> <p>In 2023, [REDACTED] received a wheelchair with the same description. The claim number was [REDACTED]</p>	Unsubstantiated	Unresponsive Reporter/Caller
GCHP-2024-5-1488	05/28/2024	07/10/2024	<p>On May 10, 2024, [REDACTED] received a letter from Gold Coast Health Plan informing him that [REDACTED] should reach out if [REDACTED] was not provided with the [REDACTED] for 2024. The claim number for the purchase was [REDACTED]. [REDACTED] does not know why [REDACTED] was provided with the letter.</p> <p>[REDACTED] began to file a report regarding a lost card. Due to [REDACTED] terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. Kerry did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary



GCHP-2024-5-1489	05/28/2024	<p>Nature of Complaint from Kaiser Permanente: Update and Final Notification- CAS-2023-009641 DHCS Reference [REDACTED] Source: Member Complaint</p> <p>Gentech Laboratories, LLC. (Gentech), an external non-contracted provider, had been reviewed for allegations in reporting inappropriate COVID-19 testing claims to Kaiser Permanente (KP) in both Northern California (NCAL) and Southern California (SCAL) markets.</p> <p>NSIU requested medical documentation, and reviewed what documentation was provided, along with analysis of Gentech's reported services for dates of service between June 2022, - June 2023, and identified the following:</p> <p>Expanded COVID Tests- Provider reported/billed COVID-19 testing, utilizing code 87636 Infectious agent detection by nucleic acid (DNA or RNA), which included influenza testing, determined to be unnecessary.</p> <p>Improper Expedited Testing- Provider reported/billed COVID-19 expedited testing (two day testing turnaround), utilizing code U0005, however the code was reported without accompanying U0003 or U0004 codes, to designate high-throughput technology equipment utilization/turnaround.</p> <p>On October 20, 2023, based on the NSIU's identified deficiencies, an overpayment notice was submitted to the provider. A Corrective Action Notice (CAN) was also issued to address deficiencies within Gentech's documentation practices, that led to unsupported services.</p> <p>On February 29, 2024, after NSIU's exhaustion of multiple communication efforts to resolve the findings administratively, Gentech ceased further communication.</p> <p>Due to the provider's unwillingness to administratively resolve the review findings, legal development was sought to support NSIU recoupment/resolution efforts.</p> <p>Two hundred forty-four (244) Medi-Cal members were identified to have been potentially impacted by Gentech Laboratories billing behavior across the California market, of which, ninety-four (94) were LA Care members, three (3) were CalOptima members, one (1) was GMC San Diego and thirty-eight (38) were GMC Sacramento</p>	'- Select One -	'- Select One -
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GCHP-2024-5-1490	05/24/2024		REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised the ID card was requested and to allow the 7-10 business days to receive the card.	'- Select One -	'- Select One -
GCHP-2024-5-1491	05/24/2024		REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised the ID card was requested and to allow the 7-10 business days to receive the card.	'- Select One -	'- Select One -
GCHP-2024-5-1492	05/24/2024		REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting. INFORMATION PROVIDED (by Agent): I advised the ID card was requested and to allow the 7-10 business days to receive the card.	'- Select One -	'- Select One -
GCHP-2024-5-1493	05/30/2024	07/26/2024	On May 28, 2024, the caller received a letter from Gold Coast Health Plan informing [REDACTED] that they paid for a [REDACTED] that was ordered so they wanted to know if [REDACTED] ordered it. The caller thinks it was fraud because [REDACTED] didn't order the [REDACTED]	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-5-1494	05/31/2024	07/10/2024	[REDACTED] would like to report that [REDACTED] lost [REDACTED] member ID card.	Unsubstantiated	No Action Necessary

GCHP-2024-6-1495	06/03/2024		<p>In May 2024, █████ attempted to buy glasses, but █████ was unable to see clearly and did not buy them. █████ was later informed a charge was taken from Gold Coast for the glasses.</p> <p>Due to the abrupt termination of the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. █████ did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	'- Select One -	'- Select One -
GCHP-2024-6-1496	06/03/2024	07/26/2024	<p>In May 2024, █████ visited Community Vision to retrieve █████ after getting █████ on April 11. The █████ that █████ received did not improve █████ vision, so █████ left them with the employee (name and job title unknown) that gave the █████ to █████. Community Vision still charged █████ insurance Gold Coast for the █████ although █████ did not take them home.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-6-1497	06/03/2024		<p>In April 2024, the caller received mail from Gold Coast Health Plan for █████, with the member ID █████. The mail is addressed to █████ but appears to mistakenly be going to the caller's home address at █████, █████. Despite the caller's numerous attempts to return the letters to the sender, the mail continues to be delivered to █████ address. The caller is concerned that someone may be using █████ address for a health plan. This issue has persisted for over a year. The caller requests that this matter be addressed promptly, otherwise, █████ will be forced to refile a report.</p> <p>Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. The caller refused access information (report key and password) and will be unable to review or follow up on this report.</p>	'- Select One -	'- Select One -
GCHP-2024-6-1498	05/30/2024	07/11/2024	<p>Nature of Compliant: ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-6-1499	05/30/2024	07/11/2024	<p>The San Jose provider has a deactivated NPI. Nature of Compliant: ALERT - Removal from Network</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-6-1500	06/04/2024	06/21/2024	<p>Provider, AJUMOBI AGU - Internal Medicine, Identified on the State/Federal Exclusion List.</p> <p>Since the week of May 19, 2024, █████ Gold Coast Health Plan card has been lost. █████ wants Gold Coast Health Plan to be aware of this situation. █████ wants another card.</p>	Unsubstantiated	No Action Necessary

GCHP-2024-6-1501	06/04/2024		For weeks, [REDACTED] has been asking Devine Agave care giver agency to receive 8 hours of care a day, but [REDACTED] request was not granted.	'- Select One -	'- Select One -
GCHP-2024-6-1502	06/05/2024	06/21/2024	<p>On June 4, 2024, [REDACTED] texted [REDACTED] and told [REDACTED] that [REDACTED] home support hours were in the negative. [REDACTED] believes that [REDACTED] reduced and deleted [REDACTED] entitled home support hours which caused [REDACTED] to end up in the negatives.</p> <p>On May 28, [REDACTED] lost [REDACTED] medical car so [REDACTED] is requesting Gold Coast Health Plan to send [REDACTED] a new card to the address: [REDACTED]</p>	Unsubstantiated	No Action Necessary
GCHP-2024-6-1503	06/05/2024	06/21/2024	<p>In February 2024, [REDACTED] [REDACTED], was born and [REDACTED] was to receive [REDACTED] member ID card two months later. However, four months have now gone by, and [REDACTED] has yet to receive [REDACTED] card.</p> <p>[REDACTED] would like to know if the card was used or if there were any processes made since [REDACTED] will attempt to pick the card up.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-6-1504	06/06/2024	06/21/2024	<p>At the beginning of 2024, [REDACTED] lost [REDACTED] ID card and has not been able to find it. [REDACTED] needs [REDACTED] card urgently to receive treatment, so [REDACTED] requests that [REDACTED] be contacted as soon as possible to resolve this issue.</p>	Unsubstantiated	No Action Necessary
GCHP-2024-6-1505	06/07/2024		<p>On June 6, 2024, at 9:07 AM, [REDACTED] called [REDACTED], via the hotline, from a phone number with a [REDACTED] area code. [REDACTED] asked [REDACTED] to call [REDACTED] back. [REDACTED] called [REDACTED] and asked for [REDACTED] medical number from [REDACTED] state of California medical card. [REDACTED] was unable to locate [REDACTED] medical number, so [REDACTED] asked [REDACTED] for [REDACTED] social security number. [REDACTED] provided [REDACTED] with [REDACTED] social security number but felt uncomfortable. [REDACTED] was unsure of why [REDACTED] asked for [REDACTED] social medical number and security number. There were no witnesses to this issue.</p> <p>[REDACTED] wants to know if [REDACTED] is employed by Medical Prescription Beneficiary.</p>	'- Select One -	'- Select One -
GCHP-2024-6-1506	05/30/2024		<p>Nature of Compliant: ALERT - Removal from Network</p> <p>Provider, Dr. Bassem A Georgy, Diagnostic Radiology - Deceased</p>	'- Select One -	'- Select One -

GCHP-2024-6-1507	06/05/2024	07/27/2024	<p>Nature of Complaint from Kaiser Permanente: Kaiser Permanente has completed a preliminary investigation to the extent possible, given timely reporting requirements and has determined the following information to date: 06/03/2024.</p> <p>CONCERN/ALLEGATION/TIP: Kaiser Permanente National National Special Investigations Unit (NSIU) performed proactive analytics that identified a non-contracted external provider, ProHealth Partners A Medical Group, Inc. as an outlier for excessive billing. The NSIU's review covered the period of January 8, 2023, to October 24, 2023, limited to claims with the rendering provider reported as Joseph Bokum Lee, MD (NPI 1235510694) and the billing codes of 99202, 99203, 99212 and 99213. After multiple requests by the NSIU, in an attempt to obtain medical records, the provider failed to provide supporting documentation within requested timelines.</p> <p>Upon searching Kaiser Permanente's system of record in an attempt to identify claims related to the above, we have identified claims exposure specific to the Medicaid line of business, that may suggest potential exposure and/or impact to the above referenced concern/allegation/tip.</p> <p>POTENTIAL EXPOSURE: One hundred forty-five (145) members, of which one [REDACTED] were LA Care.</p> <p>We wanted to alert you of this potential exposure for whatever actions you may deem necessary.</p> <p>Once Kaiser Permanente's NSIU has completed its evaluation/review/investigation on the above concern/allegation/tip, and validated impact to the Medicaid line of business, additional details will be provided via a final MC609 notification.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-6-1508	06/12/2024	06/21/2024	<p>The caller began to file a report regarding a lost insurance card. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Action Necessary

GCHP-2024-6-1509	06/12/2024		<p>Nature of Complaint from VCHCA:</p> <p>There is a situation in some clinics with the Gold Coast Gift Cards.</p> <p>There were discrepancies with the inventory for a few clinics at the beginning of May that were discovered during our monthly count. Las Posas was able to account for their missing cards but West Ventura could not. They moved to a workflow with fewer hands in the pot.</p> <p>Due to this, we asked all clinics to conduct a full inventory to "start fresh". All gift card were accounted for and new workflows were suggested to the clinics to prevent future issues.</p> <p>During this month's inventory, it was discovered that Mandalay Bay had missing inventory. We placed a sign in the breakroom last week for who ever had information or the cards, to please return them, no questions asked. Cards were found in the envelope on Friday with a note apologizing, but they did not belong to Mandalay Bay. They belonged to Las Posas. Upon completing inventory at Las Posas, we realized more cards were missing.</p> <p>Mandaly Bay Missing Cards</p> <p>\$25</p> <p>6 WalMart and</p> <p>19 Amazon.</p> <p>Las Posas Missing Cards</p> <p>\$25</p> <p>Target- 4</p> <p>Walmart- 2</p> <p>\$50</p> <p>Target- 2</p> <p>Amazon- 7</p> <p>Walmart- 2</p>	'- Select One -	'- Select One -
GCHP-2024-6-1510	06/14/2024	07/26/2024	<p>The caller began to file a report regarding wrong [REDACTED]. Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-6-1511	06/14/2024	07/26/2024	<p>In April 2024, ██████ went to Community Vision Optometric to fit ██████. When ██████ went in to Community Vision Optometric and tried on the ██████, ██████ could not see with them. ██████ left the ██████ with a female employee (name and job title unknown) that was there at the time. ██████ told the female employee that ██████ could not see with them. ██████ insurance was billed for the ██████ even though ██████ does not have the ██████ ██████ would not be able to get ██████ for the next two years.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-6-1512	06/14/2024	07/27/2024	<p>Nature of Compliant form Kaiser Permanente: Update and Final Notification- CAS-2023-011451 DHCS Reference # 231175740 Source: Kaiser Permanente Desktop Investigations Unit</p> <p>Patient Payment Agent (Patient Payment), an external non-contracted provider, had been reviewed for allegations in reporting inappropriate COVID-19 testing claims to Kaiser Permanente (KP) in both Northern California (NCAL) and Southern California (SCAL) markets.</p> <p>NSIU requested medical documentation, and reviewed what documentation was provided, along with analysis of Patient Payment's reported services for dates of service between ████████████████████ and identified the following:</p> <p>Expanded COVID Tests- Provider reported/billed COVID-19 testing, utilizing code 87070 bacterial culture swab: any other source except urine, blood, or stool, aerobic with isolation, determined to be unnecessary.</p> <p>Duplicate and/or unbundling of services, utilizing G2023 COVID-19 specimen collection code with an Evaluation &amp; Management code(s) 99203/99213 or multiple E&amp;M codes for increased reimbursement.</p> <p>On October 20, 2023, based on the NSIU's identified deficiencies, an overpayment notice was submitted to the provider. A Corrective Action Notice (CAN) was also issued to address deficiencies within Patient Payments's documentation practices, that led to unsupported services.</p> <p>On January 23, 2024, after NSIU's exhaustion of multiple communication efforts to resolve the findings administratively, Patient Payment ceased further communication.</p> <p>Due to the provider's unwillingness to administratively resolve the review findings, legal development was sought to support NSIU recoupment/resolution efforts.</p> <p>Fifty-Nine (59) Medi-Cal members were identified to have been potentially impacted by Patient Payment billing behavior across the California market, of which, sixteen</p>	Unsubstantiated	No Fraud Detected or Found

GCHP-2024-6-1513	06/21/2024		<p>On May 29, 2024, it was documented that [REDACTED] received an [REDACTED] [REDACTED] which was false.</p> <p>On June 21, [REDACTED] received a letter stating that [REDACTED] received an [REDACTED] [REDACTED] and [REDACTED] [REDACTED], which was false. [REDACTED] was filing this report to make Gold Coast Health Plan aware the did [REDACTED] did not receive the [REDACTED] [REDACTED].</p>	'- Select One -	'- Select One -
GCHP-2024-6-1514	06/21/2024		<p>On May 21, 2024, [REDACTED] was charged [REDACTED] for medical equipment that [REDACTED] no longer receives. The claim identification number is [REDACTED] [REDACTED] did not report this to management because [REDACTED] was only provided with the hotline number.</p> <p>[REDACTED] requests that this be investigated.</p>	'- Select One -	'- Select One -
GCHP-2024-6-1515	06/25/2024	07/27/2024	<p>[REDACTED] began to file a report regarding receiving a charge for an E061 pneumatic compressor on [REDACTED] explanation of benefits statement, but [REDACTED] did not receive an E061 pneumatic compressor. Due to time constraints, [REDACTED] was unable to complete the reporting process. No additional details were gathered, and NAVEX was unable to read back the report. [REDACTED] did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-6-1516	06/25/2024		<p>The caller began to file a report regarding billing issues. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information and will be unable to review or follow up on this report.</p>	'- Select One -	'- Select One -
GCHP-2024-6-1517	06/25/2024		<p>The caller began to file a report requesting to notify that [REDACTED] had found a doctor already. However, the caller would like the report disregarded. Due to the requested cancellation, NAVEX was unable to read back the report. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	'- Select One -	'- Select One -
GCHP-2024-6-1518	06/26/2024		<p>REASON FOR CALL/CALLER'S INQUIRIES: The member&gt; called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>INFORMATION PROVIDED (by Agent): I advised memberthe ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -



GCHP-2024-6-1519	06/25/2024	07/27/2024	<p>Nature of Complaint from Kaiser Permanente:</p> <p>SOURCE OF ALLEGATION:</p> <p>Department of Labor Request for Information (RFI) led to NSIU proactive claims analysis/outlier detection.</p> <p>Kaiser Permanente completed a preliminary investigation to the extent possible, given timely reporting requirements and has determined the following information to date:</p> <p>CONCERN/ALLEGATION/TIP: Kaiser Permanente National National Special Investigations Unit (NSIU) performed proactive analytics that identified a non-contracted external provider, CareOne Health Partners, Inc. as an outlier for excessive billing. The NSIU's review covered the period of January 3, 2022, to June 7, 2022, and the billing codes of 87811, 99202, 99211, 99212 and G2023. After multiple requests by the NSIU, in an attempt to obtain medical records, the provider failed to provide supporting documentation within requested timelines.</p> <p>Upon searching Kaiser Permanente's system of record in an attempt to identify claims related to the above, we have identified claims exposure specific to the Medicaid line of business, that may suggest potential exposure and/or impact to the above referenced concern/allegation/tip.</p> <p>POTENTIAL EXPOSURE: One thousand, five hundred and seventy-two (1,572) members, of which [REDACTED].</p> <p>We wanted to alert you of this potential exposure for whatever actions you may deem necessary.</p> <p>Once Kaiser Permanente's NSIU has completed its evaluation/review/investigation on the above concern/allegation/tip, and validated impact to the Medicaid line of business, additional details will be provided via a final MC609 notification.</p>	Unsubstantiated	No Fraud Detected or Found
GCHP-2024-6-1520	06/28/2024		<p>The caller began to file a report regarding him/her receiving a letter from Gold Coast Health Plans.</p> <p>Due to the caller terminating the call prior to the completion of intake, no additional details were gathered and NAVEX was unable to read back the report. The caller did not receive access information and will be unable to review or follow up on this report.</p>	'- Select One -	'- Select One -

GCHP-2024-7-1521	07/01/2024	<div>Nature of Compliant: ALERT - Removal from Network - Current State/Federal Exclusion List</div> <div>Providers: Yogesh Patel (1231517876), Cardiovascular Disease - Terminated Barika Butler (1033249255), Child &amp; Adolescent Psychiatry - Summary suspension and termination</div>	'- Select One -	'- Select One -
GCHP-2024-7-1522	07/01/2024	<div>Nature of Compliant: ALERT - Removal from Network</div> <div>Providers: Mohammad H Rasekhi M.D. (1043361546), Family Medicine - Identified on the State/Federal Exclusions List. R &amp; B Medical Group, Inc. dba Universal Diagnostic Lab (1881736650), Clinical Medical Laboratory - Identified on the State/Federal Exclusions List. Southern CA Medical Center, Inc. (1225357114), Community Health Clinic - Identified on the State/Federal Exclusions List. Southern CA Medical Center, Inc. (1821625872), Clinic/Center - Identified on the State/Federal Exclusions List. Southern CA Medical Center, Inc. (1255729661), Clinic/Center - Identified on the State/Federal Exclusions List. Deraksh Fozouni (1699784652), Obstetrics &amp; Gynecology - Identified on the State/Federal Exclusions List.</div>	'- Select One -	'- Select One -

GCHP-2024-7-1523	07/02/2024	07/27/2024	<p>Nature of Complaint from Kaiser Permanente (DHCS Ref [REDACTED]; NSIU Case [REDACTED]):</p> <p>This is an interim update to DHCS Ref [REDACTED]. Kaiser Permanente's (KP) National Special Investigation Unit opened a case in response to the DHCS RFI of October 24, 2023. During the investigation of the initial allegation (which was found to be unsubstantiated), additional findings pertaining to the lack of time documentation were discovered. KP NSIU has issued multiple requests for telehealth platform logs to support undocumented session times in the medical records, to no avail.</p> <p>Upon searching Kaiser Permanente's system of record in an attempt to identify claims related to the above, we have identified claims exposure specific to the Medicaid line of business, that may suggest potential exposure and/or impact to the above referenced concern/allegation/tip.</p> <p>POTENTIAL EXPOSURE: [REDACTED]</p> <p>We wanted to alert you of this potential exposure for whatever actions you may deem necessary.</p> <p>Once Kaiser Permanente's NSIU has completed its evaluation/review/investigation on the above concern/allegation/tip, and validated impact to the Medicaid line of business, additional details will be provided via a final MC609 notification.</p>	Unsubstantiated	No Fraud Detected or Found
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GCHP-2024-7-1524	07/08/2024	07/27/2024	NSIU Cas [REDACTED]	Unsubstantiated	No Fraud Detected or Found
<p>Nature of Complaint from Kaiser Permanente</p> <p>Kaiser Permanente (KP) has completed a preliminary investigation to the extent possible, given timely reporting requirements and has determined the following information to date: 07/03/2024.</p> <p>CONCERN/ALLEGATION/TIP: KP National Special Investigations Unit (NSIU) received a report from KP Payment Integrity, identifying a contracted, external provider, Horizon Valley Home Health Care, Inc. as an outlier for excessive and duplicate billing. The NSIU's review covered the period of April 1, 2022, to May 6, 2023, and the billing of codes S9131 and T1030. Multiple inconsistencies of billing for the incorrect provider level (RN vs. LVN / PT vs. PTA) were validated, along with duplicate claim payments.</p> <p>Upon searching Kaiser Permanente's system of record in an attempt to identify claims related to the above, we have identified claims exposure specific to the Medicaid line of business, that may suggest potential exposure and/or impact to the above referenced concern/allegation/tip.</p> <p>POTENTIAL EXPOSURE: [REDACTED]</p> <p>We wanted to alert you of this potential exposure for whatever actions you may deem necessary.</p> <p>No further development actions will be deployed by the NSIU, unless additional details are surfaced that would warrant additional development.</p>					
GCHP-2024-7-1525	07/10/2024		Nature of Complaint:	'- Select One -	'- Select One -
<p>GCHP received an email request for a EFT change form from an email that has been used by the provider in past.</p> <p>The provider reached out to Provider Relations regarding non-payment since May 28th, 2024. The PNO Team followed up with the provider who advised that he had the same issue with LA Care about 3 years ago, using the same email address. He states he has had this email address for over 20 years and did not change. GCHP had no line of sight to the prior issues with LA Care and all correspondence has been through the email that GCHP has.</p> <p>It was later confirmed that the EFT information was fraudulently changed by an unknown 3rd party.</p>					

GCHP-2024-7-1526	07/11/2024	07/27/2024	<p>Nature of Compliant from DHCS: Provider Alert for removal from network</p> <p>The identified providers below are no longer eligible to hold a contract and/or receive payment from a managed care plan. If all listed providers are not enrolled, inactive, and/or already terminated from your plan's network prior to this alert, no response is needed. If a listed provider is active within your plan's network, please document this alert and follow the applicable procedures your plan has in place. After this process has been initiated, please notify DHCS if action is taken.</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-7-1527	07/11/2024	07/27/2024	<p>NPI: 1831533272 - Provider, Care Unlimited Hospice Services, Inc Nature of Compliant from DHCS: Provider Alert for removal from network</p> <p>The identified providers below are no longer eligible to hold a contract and/or receive payment from a managed care plan. If all listed providers are not enrolled, inactive, and/or already terminated from your plan's network prior to this alert, no response is needed. If a listed provider is active within your plan's network, please document this alert and follow the applicable procedures your plan has in place. After this process has been initiated, please notify DHCS if action is taken.</p>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-7-1528	07/11/2024	07/27/2024	<p>NPI: 1871864504 - Provider, HRHK LLC dba Holistic Care Hospice Nature of Compliant from DHCS: Provider Alert for removal from network</p> <p>The identified providers below are no longer eligible to hold a contract and/or receive payment from a managed care plan. If all listed providers are not enrolled, inactive, and/or already terminated from your plan's network prior to this alert, no response is needed. If a listed provider is active within your plan's network, please document this alert and follow the applicable procedures your plan has in place. After this process has been initiated, please notify DHCS if action is taken.</p> <p>NPI: 1083999205 - Provider, Med Star Hospice Care, Inc.</p>	Received from DHCS	No Fraud Detected or Found

GCHP-2024-7-1529	07/11/2024	07/27/2024	<div>Nature of Compliant from DHCS: Provider Alert for removal from network</div> <div>The identified providers below are no longer eligible to hold a contract and/or receive payment from a managed care plan. If all listed providers are not enrolled, inactive, and/or already terminated from your plan's network prior to this alert, no response is needed. If a listed provider is active within your plan's network, please document this alert and follow the applicable procedures your plan has in place. After this process has been initiated, please notify DHCS if action is taken.</div>	Received from DHCS	No Fraud Detected or Found
GCHP-2024-7-1530	07/11/2024		<div>NPI: 1902017916 - Provider, People's Care Hospice, Inc. Nature of Compliant from DHCS: Provider Alert for removal from network</div> <div>The identified providers below are no longer eligible to hold a contract and/or receive payment from a managed care plan. If all listed providers are not enrolled, inactive, and/or already terminated from your plan's network prior to this alert, no response is needed. If a listed provider is active within your plan's network, please document this alert and follow the applicable procedures your plan has in place. After this process has been initiated, please notify DHCS if action is taken.</div>	'- Select One -	'- Select One -
GCHP-2024-7-1531	07/11/2024	07/27/2024	<div>NPI: 1821625872 - Provider, Southern California Medical Center, Inc. Nature of Compliant from DHCS: Provider Alert for removal from network</div> <div>The identified providers below are no longer eligible to hold a contract and/or receive payment from a managed care plan. If all listed providers are not enrolled, inactive, and/or already terminated from your plan's network prior to this alert, no response is needed. If a listed provider is active within your plan's network, please document this alert and follow the applicable procedures your plan has in place. After this process has been initiated, please notify DHCS if action is taken.</div> <div>NPI: 1801962345 - Provider, Advanced Women's Health Center - Permit cancelled</div>	Received from DHCS	No Fraud Detected or Found

GCHP-2024-7-1532	07/16/2024	<p>Description</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: No</p> <p>INFORMATION PROVIDED (by Agent): I advised ██████ the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -
GCHP-2024-7-1533	07/16/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: ██████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that ██████ card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: Yes</p> <p>INFORMATION PROVIDED (by Agent): I advised ██████ the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -
GCHP-2024-7-1534	07/16/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: the caller claims ██████ was stolen and everything else was returned except cards. ██████ has already made police report ██████ ████████████████████</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: Yes</p> <p>INFORMATION PROVIDED (by Agent): I advised Caller the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -
GCHP-2024-7-1535	07/16/2024	<p>Nature of Complaint:</p> <p>Compliance received a voicemail from ██, who was inquiring about a third party liability issue that he wanted to further discuss.</p> <p>Compliance (legal) reached out to ██████████, who reported that the provider, Aspen Treatment Center or Aurum is billing for services not rendered, which also involves the member, ██.</p> <p>It was also noted by ██████████ that he had notified DOJ regarding the matter.</p>	'- Select One -	'- Select One -

GCHP-2024-7-1536	07/16/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: TheCaller called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: No</p> <p>INFORMATION PROVIDED (by Agent): I advised Caller the ID card was requested and to allow the 7-10 business days to receive the card.</p>	'- Select One -	'- Select One -
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GCHP-2024-7-1537	07/16/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: ██████ called requesting a new ID card. '- Select One -</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: No</p> <p>INFORMATION PROVIDED (by Agent): I advised Caller the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: TheCaller called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: No</p> <p>INFORMATION PROVIDED (by Agent): I advised Caller the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>AND</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: TheCaller called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: No</p> <p>INFORMATION PROVIDED (by Agent): I advised Caller the ID card was requested</p>	'- Select One -
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GCHP-2024-7-1538

07/16/2024

█████ claims █████ purse was stolen in store and all cards were in the purse.. Advsd ' - Select One -  
to file police report.

ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.

WAS POLICE REPORT FILED: No not at this time  
INFORMATION PROVIDED (by Agent): I advised Caller the ID card was requested and to allow the 7-10 business days to receive the card.

AND

██████████ claims █████ was stolen in store with all ID cards inside. has not filed a police report. Advsd 7-10 days for delivery cards.

AND

██████████ called in for new cards. █████ was stolen in store with all ID cards. No police report has been filed. Advsd 7-10 bus days for cards.

ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.

no but is planning to .  
INFORMATION PROVIDED (by Agent): I advised Caller the ID card was requested and to allow the 7-10 business days to receive the card.

' - Select One -

GCHP-2024-7-1539	07/17/2024	<p>Nature of Compliant from Carelon:</p> <p>Carelon Behavioral Health received a internal referral that clinical identified a member having two (2) providers billing for the same service 90837 ( individual therapy 60 minutes). Clinical reached out to the member, the member said he had not seen provider since pre-covid, and has no idea why there would be ongoing and current claims with him.</p> <p>Records were requested for the member. No records were received by the due date of March 26, 2024. A follow up phone call was made on 4/2/2024 to the number on file, the recorded out going message identified the number belonging to Ted Wrablik. A voicemail message was left inquiring about the receipt of the the medical records request and requested a call back to confirm. No response was received. A noncompliance letter was sent via email on 5/10/2024 also mailed certified on 5/14/2024, and no response was received. The request sent certified mail came back as not deliverable. Multiple communications to the provider has gone unanswered.</p> <p>Total exposure for GCHP [REDACTED]</p>	'- Select One -	'- Select One -
GCHP-2024-7-1540	07/12/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: [REDACTED] called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: [ NO]</p> <p>INFORMATION PROVIDED (by Agent): I advised [REDACTED] the ID card was requested and to allow the 7-10 bus receive the card.</p>	'- Select One -	'- Select One -
GCHP-2024-7-1541	07/25/2024		'- Select One -	'- Select One -
GCHP-2024-7-1542	07/29/2024	<p>REASON FOR CALL/CALLER'S INQUIRIES: [THE [REDACTED]] called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: [NO]</p> <p>INFORMATION PROVIDED (by Agent): I advised [REDACTED] the ID card was requested and to allow the 7-10 busin receive the card.</p>	'- Select One -	'- Select One -

GCHP-2024-8-1543	08/02/2024	<p>Name of Caller and Relationship: [REDACTED] (SELF)</p> <p>Contact Number: [REDACTED]</p> <p>Member ID: [REDACTED]</p> <p>Date of Birth: [REDACTED]</p> <p>REASON FOR CALL/CALLER'S INQUIRIES: [REDACTED] called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to Compliance Step for reporting.</p> <p>WAS POLICE REPORT FILED: NO</p> <p>INFORMATION PROVIDED (by Agent): I advised [REDACTED] the ID card was requested and to allow the 7-10 business days to receive the card.</p> <p>Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED]. EVC #: [REDACTED].</p> <p>CNTY CODE: [REDACTED] PRMY AID COD</p> <p>CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: GOLD COAST HEALTH PLAN: MEDICAL CAL 1228.</p> <p>Subscriber Name: [REDACTED]</p> <p>Subscriber ID: [REDACTED]</p> <p>Subscriber Birth Date: [REDACTED]</p> <p>Issue Date: [REDACTED]</p> <p>Primary Aid Code: [REDACTED]</p> <p>First Special Aid Code:</p> <p>Second Special Aid Code:</p> <p>Third Special Aid Code:</p> <p>Responsible County: [REDACTED]</p> <p>Medicare ID:</p> <p>Service Date: [REDACTED]</p> <p>Trace Number/Eligibility Verification Confirmation Number: [REDACTED]</p> <p>8/2/2024: The case was created on 8/2/2024 for further review and follow-up</p>	'- Select One -	'- Select One -
GCHP-2024-8-1544	08/07/2024	<p>The caller began to file a report regarding a stolen identification card. Due to the caller terminating the call prior to the completion of intake, no additional details were gathered, and NAVEX was unable to read back the report. A location and issue type were selected at random to proceed with the report submission process. The caller did not receive access information (report key and password) and will be unable to review or follow up on this report.</p>	'- Select One -	'- Select One -

GCHP-2024-8-1545	08/07/2024	<div data-bbox="870 142 2370 470"><p>REASON FOR CALL/CALLER'SINQUIRIES: ██████ req new ID card...card was stolen</p><p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number866-672-2615, asked caller if a policer report was filed, and routed the event to GCHP Compliance Step for reporting.</p><p>WAS POLICE REPORT FILED: NO - In the middle of filing a report -</p><p>INFORMATION PROVIDED (by Agent): I advised [CALLER] the ID card was requested and to allow the 7-10business days to receive the card.</p><p>The case was created on 8/9/2024 for further review and follow up</p></div> <div data-bbox="870 503 930 535">AND</div> <div data-bbox="870 568 2370 896"><p>REASON FOR CALL/CALLER'SINQUIRIES: ██████ of member req new id card - card was stolen</p><p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p><p>WAS POLICE REPORT FILED: No - in the middle of filing report</p><p>INFORMATION PROVIDED (by Agent): I advised [CALLER] the ID card was requested and to allow the 7-10business days to receive the card. The case was created on 8/9/2024 for further review and follow up.</p></div> <div data-bbox="870 928 930 961">AND</div> <div data-bbox="870 993 2370 1193"><p>REASON FOR CALL/CALLER'SINQUIRIES: ██████ of member called to req new id card. card was stollen</p><p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's card was stolen, offered the FWA number866-672-2615, asked caller if a police report was filed, and routed the event to GCHP Compliance Step for reporting.</p></div>
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GCHP-2024-8-1546	08/08/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: ██████████ called requesting a new ID card.</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file and requested ID card. I identified that the member's stolen,.</p> <p>WAS POLICE REPORT FILED: [YES report ID: ██████████ ]</p> <p>INFORMATION PROVIDED (by Agent): I advised [██████████] the ID card was requested and to allow the 7-10 to receive the card.</p> <p>ID card request was placed, sending to Compliance for monitoring for fraud</p> <p>8/9/2024 - Compliance created the case on 8/9/2024 for further review and follow-up.</p>	'- Select One -	'- Select One -
GCHP-2024-8-1547	08/09/2024	<p>REASON FOR CALL/CALLER’S INQUIRIES: ██████ the member is calling to request a new id card - card was stole</p> <p>ACTIONS TAKEN (by Agent): I verified the address on file - updated address on HRm . I identified that the mem stolen, offered the FWA number 866-672-2615, asked caller if a police report was filed, and routed the event to Compliance Step for reporting.</p> <p>advised address update is temp - call hsa to make permanent - 888-472-4463</p> <p>WAS POLICE REPORT FILED: NO</p> <p>INFORMATION PROVIDED (by Agent): I advised ██████ the ID card was requested and to allow the 7-10 busines receive the card.</p>	'- Select One -	'- Select One -

**GOLD COAST HEALTH PLAN  
REPORTING PERIOD ONE ANNUAL REPORT TO THE OFFICE OF THE  
INSPECTOR GENERAL  
OCTOBER 8, 2024**

**EXHIBIT H**

**Chief Compliance Officer Certification as  
Required by Section V.B.21 of the CIA**

I, Robert Franco, Chief Compliance Officer of Gold Coast, hereby certify under penalty of perjury that to the best of my knowledge, except as otherwise described in the Annual Report, Gold Coast has implemented and is in compliance with all of the requirements of the CIA. I have reviewed the Annual Report and have made reasonably inquiry regarding its content, and I believe the information in the report is accurate and truthful. I understand that the certification herein is being provided to and relied upon by the United States.

Dated: 09/27/2024

Robert Franco  
Signature