

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

**Compliance Oversight Committee**

**Regular Meeting**

**Monday, May 18, 2026, 1:00 P.M.**

**711 E Daily Drive #110, Camarillo, CA 93010**

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

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

**Conference ID Number: 270 419 122#**

2400 South C Street Oxnard Ca, 93033

**AGENDA**

**CALL TO ORDER**

**ROLL CALL**

**PUBLIC COMMENT**

The public has the opportunity to address the Compliance Oversight Committee (COC) on the agenda.

Persons wishing to address the COC are limited to three (3) minutes. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to [ask@goldchp.org](mailto:ask@goldchp.org). If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

**CONSENT**

- 1. Approval of Compliance Oversight Committee meeting minutes of January 26, 2026.**

Staff: Maddie Guterrez, MMC Clerk to the Commission

**RECOMMENDATION:** Approve the minutes of January 26, 2026

## **PRESENTATION**

### **2. Compliance Training for New Members– Corporate Integrity Agreement**

Staff: Leeann Habte, Partner Best, Best & Krieger LLP

**RECOMMENDATION:** Receive and file

## **FORMAL ACTION**

### **3. CIA Transition Plan Recommendations and Quarterly Report**

Staff: Robert Franco, Chief Compliance Officer

**RECOMMENDATION:** Staff requests the Compliance Oversight Committee provide feedback regarding the Corporate Integrity Agreement Transition Plan (Plan), which will be brought to the Committee on June 29, 2026, for formal approval.

## **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:** Maddie Gutierrez, MMC, Sr. Clerk for the Commission  
**DATE:** May 18, 2026  
**SUBJECT:** Regular Meeting Minutes of January 26, 2026

### **RECOMMENDATION:**

Approve the minutes.

### **ATTACHMENT:**

Copy of Compliance Oversight Committee meeting minutes of January 26, 2026

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

**Compliance Oversight Committee  
Meeting Minutes  
January 26, 2025**

**CALL TO ORDER**

The Commission Chair, Laura Espinosa, called the meeting to order at 1:11 p.m.

**ROLL CALL**

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

Absent: None.

Attending the meeting for GCHP: CCO Robert Franco, CEO Felix L. Nunez, M.D., CPPO Erik Cho, CFO Sara Dersch, Paul Aguilar Chief of HR, James Cruz, M.D., CMO, CIO Eve Gelb, General Counsel Scott Campbell, and Leeann Habte of BBK.

Also attending were Victoria Warner, Bianca Naron, and Jeff Yarges.

**PUBLIC COMMENT**

None.

**CONSENT**

- 1. Approval of Compliance Oversight Committee meeting minutes of September 22, 2025.**

Staff: Maddie Guitierrez, MMC Clerk to the Commission

**RECOMMENDATION:** Approve the minutes as presented.

Commissioner Pupa motioned to approve the minutes. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner James Corwin

The clerk declared the motion carried.

## **2. Corporate Integrity Agreement Year 4 Verbal Update**

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and File

Robert Franco, Chief Compliance Officer, stated that as of August 11 we have entered into year four of our Corporate Integrity Agreement. He also stated that we have already engaged in the independent review organization, AMI, for our first meetings. We will not know what the OIG has selected as their area of focus for our Medical Loss Ratio component until May. We use this time to complete an audit questionnaire and update any changes that have happened within the organization. The meetings will be bi-weekly as we get closer to finding out the date, then we will move it to weekly. CFO Sara Dersch stated that the only thing that has not been audited is revenue. If we have an opportunity to suggest, we will suggest they audit revenue, especially now that we have the D-SNP program. All information will be presented at these meetings.

Commissioner Pupa motioned to approve the minutes. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

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

NOES: None.

ABSENT: Commissioner James Corwin

The clerk declared the motion carried.

### 3. Annual Compliance Training – Corporate Integrity Agreement

Staff: Leeann Habte, Partner Best, Best & Krieger LLP

RECOMMENDATION: Receive and File

Leeann Habte, Partner Best, Best & Krieger LLP, stated that today the committee will revisit the CIA, and review the commission's role in compliance oversight and focus on the overview of the regulatory environment with regards to enforcement. She began the annual compliance training.

The CIA ends on August 10, 2027. The agreement is a result of a False Claims Act allegation related to submission of claims for additional service for the MCE population. The allegations were predetermined amounts that did not reflect the reasonable value of the additional services provided and/or the services were duplicative of services already required to be rendered. The people covered by the CIA include the Commission and its members, employees of GCHP, and elect contractors who perform primarily state Medi-Cal rate development on behalf of Gold Coast. The role of this committee is to review and oversee Gold Coast compliance program and its satisfaction of federal program requirements and oversee the Compliance Officer. A resolution was adopted and stated that GCHP has an effective compliance program, submitting to the OIG the annual report along with the description of materials reviewed. A third party is engaged as necessary in terms of the requirements of the CIA, which are similar to the elements of an effective compliance program as established by the Office of the Inspector General. Some key differences are the seven elements of an effective compliance program focusing on early identification of risk, corrective action, and emphasis on auditing. GCHP has implemented these activities over the course of the year, including standards, risk assessment, internal review process, and routine screening of ineligible people.

Ms. Habte stated that one new thing for this year under the CIA is that GCHP needs to develop the transition plan to address how Gold Coast is going to include compliance program requirements under the CIA following the end of the term of the CIA. The transition plan must be developed and approved by the commission prior to the end of this reporting period. It must be written and approved before August 10<sup>th</sup>. There will be a meeting either late Spring or early Summer which will focus mostly on the transition plan. The transition plan will be included in the annual report to the OIG and is subject to approval by the OIG. The OIG does not give any guidelines on what should be in the transition plan. Generally, the focus is on the core compliance program elements and maintenance of those elements, as well as accountability on what it will look like post-CIA. It will involve a strategic re-evaluation of roles, responsibilities, and duties for implementing various aspects of the CIA.

CCO Franco stated an independent review would be relevant. Currently it is done yearly, but as part of the transition plan we would have to submit the frequency and if we are going to continue that process. There is also the separation of this meeting, where we are going to continue this committee or if updates are presented to the full commission.

Commissioner Pupa asked a question regarding the independent reviewer. She asked if it might behoove us to set a cadence for that review to keep us from having another CIA. If we find something, we could self-report.

Supervisor Lopez asked what would trigger another CIA. Ms. Habte stated the OIG has an enforcement focus and enforcement priorities. They look at organizations within their priorities. There is a lot of focus on fraud, waste, and abuse. There are a lot of federal dollars going into that. Ms. Habte gave examples of recent investigations. Whistleblowers can also bring it.

GCHP now has two lines of business and three regulated regulators which create additional risks regarding compliance. Transition activities within GCHP will need to encompass both Medicare and Medi-Cal. There also continues to be a focus on managed care ineligible expenses where Medicaid funds are used for non-medical expenses. A False Claims Act workgroup was developed, and it focuses on identification of fraud, waste, and abuse. This workgroup has indicated that focus will be on Medicare Advantage. They look at inaccurate provider directories, misstatements at CMS submissions, and marketing materials that are inadequate. They will look at failure to meet state and federal standards for wait-time and geographic access.

Ms. Habte gave examples of some of the cases that had been filed or settled this year; Kaiser, Anthem, Aetna Humana, and incentives for favored providers. She reviewed specifics on each case.

CCO Franco stated that with the addition of D-SNP we have had to stand up a whole marketing team and bring in compliance that specializes within that. We have created a process to where it must go through multiple levels of approval. We did decide not to utilize brokers this first time because it allows us to control the pack in which the growth of the D-SNP happens. CIO Gelb stated that having the captive agents gives us much more control over the messaging that is used when soliciting business. We will be sticking with this approach for 2027 as well. Supervisor Lopez asked what a captive agent is. CIO Gelb stated a captive agent is an employee in the organization versus a broker that is an entity, an outside marketing organization. The captive agent is an expert in our plan and have met all the licensure requirements. They must be licensed sales agents in California. The license is from the Department of Insurance. Supervisor Lopez stated there is a vigilance of waste, fraud, and abuse which is

internal within members and providers. She asked if in marketing or reaching patients there is something that can catch the attention that it seems too good to exist. Is there something that allows engaging patients in this to be more vigilant. CCO Franco stated there is an anonymous want he can be contacted, or they can contact our Privacy Officer. There are many ways they can report either on-line or via phone call Supervisor Lopez asked if there was a way to educate members to avoid scams. CIO Gelb stated that we will look for ways to educate our membership to be vigilant. From the D-SNP perspective every member has a care navigator, and that is an opportunity that the care navigator can engage with the member and understand what they have been exposed to. Our member handbook also provides some scenarios, and how to avoid scams. CCO Franco stated our members are exceptionally good at calling in if they see something odd. They will call member services, and we appreciate these calls because they are so helpful.

Ms. Habte stated this concluded the annual training. She stated that we must be very vigilant regarding fraud, waste, and abuse. CCO Franco stated that we are taking our lead from cases that we see closed and some of those accusations as well.

The committee was asked to sign their attestation which provides documentation that they have completed the training.

## **ADJOURNMENT**

With no further business to discuss the meeting was adjourned at 1:27 p.m.

Approved:

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Maddie Gutierrez, MMC  
Sr. Clerk to the Commission



**AGENDA ITEM NO. 2**

TO: Compliance Oversight Committee  
FROM: Leeann Habte, BBK Law  
DATE: May 18, 2026  
SUBJECT: Annual Compliance Training – Corporate Integrity Agreement

**VERBAL PRESENTATION**



**AGENDA ITEM NO. 3**

TO: Compliance Oversight Committee  
FROM: Robert Franco, Chief Compliance Officer  
DATE: May 18, 2026  
SUBJECT: CIA Transition Plan Recommendations and Quarterly Report

**PowerPoint with  
Verbal Presentation**



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

# **Gold Coast Health Plan Corporate Integrity Agreement Transition Plan**

**May 18, 2026**

**Robert Franco, Chief Compliance Officer  
Jeff Register, Acting Chief Financial Officer**

**Integrity**

**Accountability**

**Collaboration**

**Trust**

**Respect**

# CIA Transition Plan

## CIA Requirement

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

# OIG Elements of an Effective Compliance Program

The OIG has identified seven elements of an effective compliance program. These elements include: Written Standards (Policies), Compliance Leadership and Oversight, Training and Education, Effective Lines of Communication between the Compliance Officer and Disclosure Program, Enforcing Standards, Risk Assessment, Auditing, and Monitoring, and Responding to Detected Offenses and Developing Corrective Action Initiatives.

# CIA Program Elements

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

# Transition Plan Proposal

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

Retain Without Change

Modify and Maintain

Sunset

# Retain Without Change

**CIA  
Requirement:  
Compliance  
Officer**

- The Compliance Officer shall report directly to the Chief Executive Officer of Gold Coast and shall not be or be subordinate to the General Counsel or Chief Financial Officer or have any responsibilities that involve acting in any capacity as legal counsel or supervising legal counsel functions for Gold Coast. The Compliance Officer shall be authorized to report to the Governing Board of Gold Coast (Board) regarding compliance matters at any time. (CIA, III.A.1.)

# Retain Without Change

**CIA  
Requirement:  
Internal  
Compliance  
Committee**

- GCHP shall maintain an internal Compliance Committee that is chaired by the Compliance Officer and meets quarterly. The Compliance Committee shall include, at a minimum, include the members of senior management and shall be responsible for review and oversight of the compliance requirements under the CIA. (CIA, III.A.2.)

# Retain Without Change

**CIA**  
**Requirement:**  
Risk Assessment  
and Internal Review  
Process

- Gold Coast shall develop and implement a centralized annual risk assessment and internal review process to identify and address risks associated with Gold Coast's participation in the Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicaid program beneficiaries and the Anti-Kickback Statute risks associated with Arrangements. (CIA, III.E.)

# Retain Without Change

**CIA  
Requirement:  
Disclosure  
Program**

- ✓ Gold Coast shall establish a Disclosure Program. Gold Coast shall appropriately publicize the existence of the Disclosure Program, which shall include a reporting mechanism for anonymous communications for which appropriate confidentiality shall be maintained, shall . prohibit retaliation relating to use of the Disclosure Program, and review, log, and follow up on each disclosure. (CIA, III.F.)

# Modify and Maintain

**CIA  
Requirement:  
Commission  
Compliance  
Oversight**

➤ Gold Coast shall maintain a Commission Compliance Oversight Committee (CCOC) shall be comprised of independent members and shall meet quarterly. It shall be responsible for the review and oversight of Gold Coast's compliance with Federal health care program requirements and the requirements of this CIA. (CIA, III.A.3.)

★ **Recommendation:**

- Recommended Option: Eliminate the CCOC and integrate compliance as a standing agenda item within Commission meetings, with dedicated time allocated for focused discussion.
- Alternative Option: Continue the CCOC meetings to oversee the Compliance Program.

# Modify and Maintain

## **CIA Requirement: Written Standards**

- Gold Coast shall develop and implement written policies and procedures (Policies and Procedures) that address: (1) the operation of Gold Coast's compliance program; (2) Gold Coast's compliance with Federal health care program requirements; (3) a written review and approval process for Arrangements, the purpose of which is to ensure that all Arrangements do not violate the Anti-Kickback Statute; and (4) the identification, quantification, and repayment of Overpayments. Gold Coast shall enforce its Policies and Procedures and make compliance with its Policies and Procedures an element of evaluating the performance of all Covered Persons. (CIA, III.B.)

## **★ Recommendation:**

- Continue all policies developed under the CIA, except Management Certification. Incorporate a standardized footnote or appendix within each relevant policy to delineate provisions that must be preserved, notwithstanding deletion of references to CIA. This approach is intended to safeguard critical compliance language during periodic review and updates, thereby maintaining alignment with legal requirements.

# Modify and Maintain

## **CIA**

### **Requirement:**

Training and Education on CIA and Key Risks

- GCHP must provide training for Covered Persons under the CIA and the CCOC. The CCOC shall receive training regarding their responsibilities for corporate governance and review and oversight of the compliance program. (CIA, III.C.)

### ★ **Recommendation:**

- The proposal is to establish a two-tiered training framework, with the first tier consisting of a general training focused on the identification of AKS, False Claims Act (FCA), and Civil Monetary Penalties Law (CMPL) risks. It will be designed to build a baseline awareness and recognition of such legal risks among employees and vendors.
- The second tier will provide an advanced, in-depth training tailored to the Commission and key stakeholders responsible for arrangements that may implicate AKS, FCA, and/or the CMPL, to be conducted by Legal.

# Modify and Maintain

## **CIA Requirement:** Independent Review Procedures

- Gold Coast shall annually engage an independent review organization that shall annually review a Medical Loss Ratio (MLR) Numerator Element to determine whether Gold Coast's calculation and reporting of the selected element was accurate, supported by underlying documentation, consistent with generally accepted accounting principles, and otherwise complied with the terms of its contract with the California Department of Health Care Services (DHCS) and the applicable Medicaid laws, regulations, and guidance and shall prepare a Review Report. (CIA, III.D.2.)

## ★ **Recommendation:**

- Continue independent review, but on a less frequent basis with Gold Coast determining the focus.

# Modify and Maintain

**CIA  
Requirement:  
Ineligible Persons  
Screening**

- Gold Coast shall screen all prospective Covered Persons against the Exclusion List prior to engaging their services and, as part of the hiring or contracting process and monthly thereafter. Gold Coast shall require such Covered Persons to disclose whether they are Ineligible Persons immediately. (CIA, III.G.)

**★ Recommendation:**

- Gold Coast shall retain existing program and shall incorporate provider screening requirements for Medi-Cal and Medicaid into a single ineligible persons and entities policy.

# Sunset

- ✓ Management Certifications of Compliance with the CIA.
- ✓ Notification of Government Investigation or Legal Proceedings to OIG.
- ✓ Notification of Reportable Events and Changes to OIG.

## ★ *Recommendation:*

- Sunset the above notification requirements, however, Gold Coast will continue to report to governmental agencies, including DHCS, DMHC, and CMS, as required by law and contract.



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

# Quarterly Update on CIA Requirements for the Fourth Reporting Period

**Integrity**

**Accountability**

**Collaboration**

**Trust**

**Respect**



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

# **Gold Coast Health Plan Corporate Integrity Agreement Quarterly Update for the Fourth Reporting Period**

**May 18, 2026**

**Robert Franco, Chief Compliance Officer  
Jeff Register, Acting Chief Financial Officer**

**Integrity**

**Accountability**

**Collaboration**

**Trust**

**Respect**

# CIA Annual Report

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

## ★ Annual CIA Reporting Period is **August 11th – August 10th**

- This Fourth Annual Report will address the requirements set forth in Section V.B of the CIA. Section V.B of the CIA consists of 23 requirements that must be met during each Reporting Period.
- The following slides provide a status update on compliance with the CIA.

# Compliance Committee Members and Changes to Same

## Compliance Committee Members

Robert Franco, Chief Compliance Officer – Committee Chair	Jeff Register, Acting Chief Financial Officer
Felix Nuñez, MD, MPH Chief Executive Officer	Marlen Torres, Chief Member Experience and External Affairs
James Cruz, MD Chief Medical Officer	Pauline Preciado, Executive Director, Population Health and Equity
Alan Torres, Chief Information Officer	Bob Bushey, Director of Procurement
Erik Cho, Chief Policy and Program Officer	Michelle Espinoza, Executive Director, Provider Network Operations & Strategies
Ted Bagley, Chief Diversity Officer	Pshyra Jones, Executive Director, Health Equity
Eve Gelb, Chief Innovation Officer	Nicole Kanter, Executive Director, Health Services
Suma Simcoe, Chief Operations Officer	Jeffrey Acomb, Executive Director, IT
Paul Aguilar, Chief Human Resources and Organizational Performance Officer	Kimberly Timmerman, Executive Director, Quality Improvement

# Compliance Committee Members and Changes to Same

## Updates to Membership

- On **October 15, 2025**, Suma Simcoe became Chief Operations Officer and a member of the Compliance Committee.
- On **November 4, 2025**, Anna Sproule departed from Gold Coast and is no longer a member of the Compliance Committee.
- On **March 19, 2026**, Sara Dersch departed from Gold Coast and is no longer a member of the Compliance Committee. Jeff Register is now serving as the Acting Chief Financial Officer and is a member of the Compliance Committee.

# Compliance Oversight Committee Members and Changes to Same

## Compliance Oversight Committee Members

- Laura Espinosa, Chair Consumer Representative
- Dr. Allison Blaze, MD, Vice Chair Ventura County Health Agency
- Anwar Abbas, Clinicas Del Camino Real
- Dr. Loretta Denering, MD, Ventura County Health Agency
- Vianey Lopez, Ventura County Board of Supervisors

## Changes to Membership

- Effective March 24, 2026, James Corwin resigned and no longer serves on the Compliance Oversight Committee.
- Effective April 27, 2026, Dr. Allison Blaze, MD, Anwar Abbas, and Dr. Loretta Denering, MD, serve as members of the Compliance Oversight Committee

# Certifying Employees and Changes to Same

## Certifying Employees

- Felix Nuñez, MD, MPH – Chief Executive Officer
- Robert Franco – Chief Compliance Officer
- Erik Cho – Chief Policy and Program Officer
- James Cruz, MD – Chief Medical Officer
- Alan Torres – Chief Information Officer
- Jeff Register – Acting Chief Financial Officer

## Changes to Certifying Employees

- Effective March 19, 2026, Jeff Register serves as Acting Chief Financial Officer and will serve as a Certifying Employee. Sara Dersch is no longer with Gold Coast.

# Dates of Each Gold Coast Compliance Committee Meeting

- August 20, 2025
- November 6, 2025
- March 9, 2026
- May 18, 2026
- August 11, 2026

# Dates of Each Compliance Oversight Committee Meeting

- September 22, 2025
- January 26, 2026
- April 27, 2026 (rescheduled to May 18, 2026)
- June 29, 2026

## Dates of Each Report Made by the Compliance Officer to the Commission

- September 22, 2025 (Commission Compliance Oversight Committee)
- January 26, 2026 (Commission Compliance Oversight Committee)

# Materials Reviewed and Steps Taken in Oversight of Compliance Program

- **September 22, 2025:** Reported on changes to the Compliance Committee and Certifying Employees, changes to Risk Assessment and Internal Review, Completion of the AKS and Ineligible Persons Screening Requirements, Adoption of Board Resolution and Submission of the Third Annual Report.
- **January 26, 2026:** Reported on upcoming CIA Transition Plan requirement to be submitted with the Fourth Annual Report. Additionally, reported on Gold Coast's engagement and preparation for the IRO's audit.

# New and Revised Policies and Procedures

## **Compliance Program**

- CIA Training was revised to identify regulators for both lines of business, Transition Plan requirements, and compliance program maintenance beyond the CIA.
- COMP-016 – Ineligible Persons policy was revised to reflect current practices. HR-16 has retired and replaced by COMP-016.

## **Written Review and Approval Process for Arrangements**

- NO-021 – Provider Contracting Process was revised to incorporate operational readiness language. All provider, subcontractor, and subsequent amendments to templates must be submitted to DHCS for approval prior to use.

## **Fraud, Waste, and Abuse Identification Reporting and Investigation**

- FWA-001 – Fraud Waste and Abuse Identification Reporting and Investigation policy was revised to reflect current practices.

## **Annual Compliance Risk Assessment**

- No updates at this time.

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

## Compliance Oversight Committee

- Training includes: CIA and its requirements, Commission Compliance Oversight Committee's responsibilities under the CIA, Transition Plan expectations, regulatory landscape, Medicare and Medi-Cal risk areas, Enforcement trends, and risk mitigation.

## All Other Covered Persons

- Training includes: CIA and its requirements, overview of key federal health care program risk areas, overview of the AKS and other federal laws, and enforcement trends.

## How Trainings Were Conducted

- Compliance Oversight Committee, Chiefs, and Directors' training was conducted on January 26, 2026. An additional training for new members of the Commission Compliance Oversight Committee to occur on **May 18, 2026**.
- The Covered Persons training period for employees, vendors, temporary employees closes on **June 4, 2026**. Training is conducted through Litmos.
- As of **May 6, 2026**, 43% of Covered Persons completed training. There are 17 days remaining in the training period.
- Gold Coast will implement disciplinary actions for those individuals who are assigned CIA trainings but do not complete them.

# Independent Review, Risk Assessment and Internal Audit

- The MLR Selected Element is pending release by the OIG.
- Gold Coast's Risk Assessment and Internal Review Process is in progress.
  - Estimated completion during Summer 2026.
- An internal audit to ensure compliance with the (1) AKS and (2) Ineligible Persons screening requirements is in progress.
- Ineligible Persons Screenings are conducted on a monthly basis by Human Resources. Human Resources utilizes Workday as an automated system to screen new hires and conduct continuous screenings.

# Other Annual Report Deliverables

- **Section V.B.5:** No changes at this time to the Management Certification Policies and Procedures.
- **Section V.B.14:** No changes at this time to the Ineligible Persons screening and removal process.
- **Section V.B.15:** No ongoing investigations or legal proceedings that are required to have been reported pursuant to Section III.H.
- **Section V.B.16:** No Reportable Events that are required to have been reported pursuant to Section III.I.
- **Section V.B.18:** On February 9 – 20, 2026, DHCS conducted an audit and evaluated the following categories of performance: Utilization Management, Population Health Management and Coordination of Care, Network Access to Care, Grievances and Appeals, Member's Rights, Quality Improvement and Health Equity Transformation, Plan Organization and Administration, and State-Supported Services.

# Response to OIG Follow-Up Inquiry

- On **March 11, 2026**, the OIG requested additional information from Gold Coast concerning its engagement with DHCS on the MLR Element Review Report for the Second and Third Annual Report, Gold Coast's response to the IRO's recommendations and submission of the revised MLR report, updates to implementation of a system to track training, and information on the Corrective Action Plan submitted to DHCS and Gold Coast's disclosure hotline.
- On **March 18, 2026** and **April 8, 2026**, Gold Coast submitted its response to the OIG's follow up inquiries.

# CIA Annual Reporting Timeline

- **June 29, 2026:** Transition Plan Completed and Approved by the Board
- **September 4, 2026:** Draft Report Completion
- **September 14, 2026:** Submit to Commission for Review and Approval
- **October 9, 2026:** Annual Report Due to OIG

# CIA Annual Report

**Questions...**