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

Compliance Oversight Committee

Regular Meeting
Monday, September 28, 2026, 1:00 P.M.
4880 Santa Rosa Road, Camarillo, CA 93012
Members of the public can participate using the Conference Call Number below.

Conference Call Number: 1-805-324-7279
Conference ID Number: 669 995 827 #

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

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

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

CONSENT

1. **Approval of Compliance Oversight Committee meeting minutes of May 18, 2026 and June 29, 2026.**

   Staff: Maddie Guiterrez, MMC Clerk to the Commission

   RECOMMENDATION: Approve the minutes of May 18, 2026 and June 29, 2026.

FORMAL ACTION

2. CIA Annual Report for the Fourth Reporting Period

Staff: Robert Franco, Chief Compliance Officer

RECOMMENDATION: Staff recommends that the Compliance Oversight Committee approve the CIA Annual Report for the Fourth Reporting Period as presented. The CIA Annual Report will be transmitted to the Office of the Inspector General, upon Commission approval.

3. Resolution of the Compliance Oversight Committee to the Office of the Inspector General for the Fourth Reporting Period

RECOMMENDATION: Staff recommends that the Compliance Oversight Committee adopt Resolution 2026-004, stating that to the best of its knowledge, Gold Coast has implemented an effective compliance program to meet Federal health care program requirements and the requirements of Gold Coast's Corporate Integrity Agreement with the Office of Inspector General, as described in the CIA Annual Report.

COMMENTS/QUESTIONS FROM COMMITTEE MEMBERS

ADJOURNMENT

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on http://goldcoasthealthplan.org. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Secretary of the Committee.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable GCHP to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Compliance Oversight Committee

FROM: Maddie Gutierrez, MMC, Sr. Clerk for the Commission

DATE: September 28, 2026

SUBJECT: Regular Meeting Minutes of May 18, 2026, and June 29, 2026

RECOMMENDATION:

Approve the minutes.

ATTACHMENT:

Copy of Compliance Oversight Committee meeting minutes of May 18, 2026, and June 29, 2026

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

Compliance Oversight Committee
Meeting Minutes
May 18, 2025

CALL TO ORDER

Commissioner Allison Blaze, M.D, called the meeting to order at 1:08 p.m.

ROLL CALL

Present: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, and Supervisor Vianey Lopez.

Absent: Commissioner Laura Espinosa.

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

Also attending were Victoria Warner, Bianca Naron, Jacqueline Segal, Brenda Gomez-Garcia, and Jeff Yarges.

Commissioner Espinosa missed roll call. She joined the meeting at 1:17 p.m.

PUBLIC COMMENT

None.

CONSENT

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

   Staff: Maddie Guiterrez, MMC Clerk to the Commission

   RECOMMENDATION: Approve the minutes as presented.

General Counsel Scott Campbell said there are not enough committee members present to establish a quorum. There will be no action taken, and the minutes will be unapproved.

PRESENTATION

2. Compliance Training for New Members– Corporate Integrity Agreement

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

RECOMMENDATION: Receive and File

Leeann Habte, Partner Best, Best & Krieger LLP, stated she will review the Compliance training for the Corporate Integrity Agreement (CIA). The Corporate Security Agreement is a five-year agreement that ends on August 11, 2027. We are in the 4th year of the agreement. It is a settlement agreement and was the result of allegations of the Department of Justice related to payments for additional services, allegations of violation of the False Claims Act, and gifts of public funds state statutes. The focus of this Corporate Integrity Agreement is on covered people. Covered people are employees, commission members, and a few vendors who are involved with rate development. Our Corporate Integrity Agreement does not include providers, and we are not responsible for oversight of them under the CIA. There are quarterly responsibilities to meet and review the Gold Coast Health Plan (GCHP) compliance program and its compliance with federal health care program requirements, and to oversee the GCHP Compliance Officer and the Internal Compliance Committee. Annually, you will be asked to adopt a resolution that GCHP has an effective compliance program. We submit an annual report to the Office of the Inspector General (OIG) regarding progress and all the activities under the CIA. You have the option as a committee to engage an independent third-party resource to assist in your evaluation.

Ms. Habte reviewed the elements of the Compliance Program. The first element relates to the compliance function. There is a requirement for a Compliance Officer, an internal Compliance Committee, and a Compliance Oversight Committee. The second element relates to written standards and policies. There are a number of policies that were developed under the CIA. There are requirements for training and education, independent review procedures, internal GCHP risk assessment and internal review process, a disclosure program for individuals to call if they have concerns about compliance violations, and routine screening for ineligible people. There are also several notifications regarding any government investigation or legal proceedings and reporting of certain reportable events as defined under the CIA. Today we will focus on the transition plan upon expiration of the CIA, which must be approved prior to the end of the reporting year. There must be a Compliance Officer. The Compliance Officer must report directly to the CEO and may report to the Commission at any time. The Compliance Officer should not have any responsibilities outside of Compliance and is responsible for the overall development and implementation of policies, procedures and

practices, for Compliance with the CIA, for quarterly reports regarding Compliance to this committee, for monitoring of the Compliance activities at GCHP, and for meeting all reporting requirements of the CIA. Internally, there is a Compliance Committee at GCHP that is chaired by the Compliance Officer. It meets at least quarterly and must include members of senior management. The focus of that committee is to review and update the policies under the CIA, to review the required training, to implement and oversee the full cost risk assessment process, and to review and provide input into the development and implementation of the transition plan. The third level of compliance under the CIA is management certifications. Under the CIA, certified employees must be defined. The certifying employees must certify to the OIG that their respective division or department is in compliance with federal health care program requirements. The current certifying employees include the CEO, the CFO, the Chief Compliance Officer, the Chief Medical Officer, and the Chief Operating Officer.

Training and education must be done annually. There are two types of education. One is to the Commission that focuses on compliance oversight responsibilities, and the other is for employees and vendors that focuses on the key laws and risk areas. The CIA requires GCHP to develop and implement written policies and procedures related to each of the elements shown in the chart. There must be written policies and procedures in place regarding the operation of the Compliance Program, and Gold Coast compliance with federal health care program requirements, including but not limited to compliance with the anti-kickback statute, which is one focus of the CIA. There must be a written review process and approval process for arrangements to ensure that all arrangements with third parties do not violate the anti-kickback statute, and for the identification, quantification, and repayment of overpayments. One of the things to note is that overpayments under this agreement are not overpayments from providers. They are overpayments from the Department of Health Care Services (DHCS) to GCHP, which is what the OIG is concerned with. GCHP contracted with an Independent Review Organization (IRO) at the beginning of the CIA. The IRO performs annual reviews of Medical Loss Ratio (MLR) elements, which are chosen by the OIG. The review includes analysis of the MLR, the way it is calculated, the controls and findings, and the IRO reports directly to the OIG. Typical IRO findings and recommendations include improvements to GCHP's MLR classification, calculation and reporting, and the controls for ensuring that MLR reports are accurately identified, classified, calculated, and reported. The OIG requires organizations implement an annual centralized risk assessment and review process for the organization. With regard to the CIA, the risks that must be covered include those associated with GCHP participation in federal health care programs. GCHP must have an appropriately publicized disclosure program, and there must be a reporting mechanism for individuals to report complaints anonymously. GCHP must have an appropriately publicized Disclosure Program. There must be a reporting mechanism for individuals to report complaints anonymously. In addition to the Disclosure Program, GCHP must screen all prospective covered persons against the exclusion list and remove individuals who are on the exclusion list from employment or contracting. GCHP must notify of any ongoing investigation or legal proceeding. GCHP must develop a Transition Plan prior to the end of the fourth Reporting Period, which is August 11, 2026. Ms. Habte stated that a detailed

transition plan will be shared at the next committee meeting. GCHP must notify the OIG of reportable events. The transition plan or organized to address each element.

Ms. Habte stated that the OIG provides guidance for Boards on compliance oversight. There is a necessity to make a meaningful effort to look at how management and the Compliance Office function. GCHP has new lines of business and additional regulators to whom it is now responsible, including the Department of Managed Health Care and the Centers for Medicare & Medicaid Services (CMS). Effective January 1, 2026, there were changes in the federal Medicaid regulations that tightened come requirements for incentive programs and the Medical Loss Ratio (MLR), so GCHP implemented practices to address those changes.

Ms. Habte shared enforcement trends by the Department of Justice (DOJ). One action focused on the Medi-Cal Expansion (MCE) population relating to funds misspent for the adult expansion population. Allegations against Inland Empire Health Plan (IHP) included sham incentive programs and extra contractual retroactive rate increases. GCHP has a detailed process to ensure that its incentive programs are commercially reasonable, signed in advance of implementation as of January 21, 2026, in accordance with the updated federal Medicaid requirements and are intended to achieve proven outcomes. Another action relates to Medicare Advantage and allegations that Kaiser pressured doctors to alter medical records, add diagnosis, and take other actions which resulted in improving the risk adjustment scores for Kaiser. It was alleged that Kaiser's practices linked facility and physician bonuses to meeting risk adjustment diagnosis goals. Kaiser paid one of the largest settlements to the OIG to resolve the allegations against it.

Commissioner Anwar Abbas asked if there is protection for the whistleblower to the financial appropriation case.

Ms. Habte responded that in this particular CIA, there is the requirement to have the anonymous Disclosure Program and to act on all complaints. The anti-retaliation policy for complainants is a common policy for all Compliance Programs.

Commissioner Laura Espinosa said GCHP has multiple incentive programs. She asked if our attorneys are comfortable that we are fully in compliance and not giving away free money.

Robert Franco, Chief Compliance Officer, responded that we have done a good job of ensuring that it is reviewed by all of the executive body to make sure it is being looked at from different perspectives. The Finance, Contracting, and Compliance departments all review it, and legal gives opinions on potential conflicts of interest.

Ms. Habte said that legal opinions are written on each incentive program we evaluated against the OIG Advisory Committee opinions. We evaluate against other programs and against what the industry is doing and make a recommendation on each program. Ms. Habte stated she is comfortable saying that GCHP does not undertake programs unless they are

considered low risk. Additionally, outside consultants are engaged to review the commercial reasonableness of the program. When a new program is undertaken, national experts are engaged to provide advice on that issue.

Counsel Scott Campbell explained that commercial reasonableness looks at the incentive being given and determines if the incentive is on par with what other providers or plans are giving nationwide. GCHP does not want to be an outlier, which is what gets people in trouble. Ms. Habte uses that opinion and her own legal analysis to write the opinion letter that the incentive agreement is appropriate.

CPPO Erik Cho stated that having legal involvement in the early stages is key to designing the programs and ensuring that everything is contracted before the period starts. He stated that the improvement in the quality scores shows that the incentive programs are a nice representation that the work is impactful and that the incentive programs are doing their jobs.

Ms. Habte said he was asked which incentive programs GCHP currently has.

CPPO Cho responded that the current GCHP incentive programs include the Quality Incentive Pool and Program (QIPP) and the Hospital QIPP. An Access Incentive Opportunity for after-hours and other access will launch soon. The Thrive Program is a new opportunity this year to earn additional funding for Enhanced Care Management (ECM) providers through quality, access, and reporting measures. There is also a quality program for the Dual Special Needs Plan (D-SNP) focused on the quality of D-SNP and getting people to their annual wellness visit.

Supervisor Lopez motioned to receive and file Agenda Item 2. Commissioner Denering seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, and Supervisor Vianey Lopez.

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

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.

CCO Franco stated that as GCHP enters year four, we are required to submit a Transition Plan. The Transition Plan must address all of GCHP's Compliance Programs, which include the CIA Compliance Program requirements following the CIA term. The seven elements of a Compliance Plan were implemented to ensure GCHP aligns with CIA requirements. CCO Franco will review the elements that will be recommended to remain without changes, some to modify or maintain, and some that will be requested to sunset.

CCO Franco said they will retain without changing the CIA requirement to maintain a Compliance Officer who will report directly to the chief executive officer (CEO) and shall not be subordinate to the general counsel or chief financial officer (CFO) but has authority to report to the governing board. The recommendation is to retain the internal Compliance Committee without change. The Risk Assessment and Internal Review Process is being requested to retain without change. The Disclosure Program is being requested to retain without change. Recommendations from the team are requested to either modify or maintain the Commission Compliance Oversight Committee, which has been meeting every quarter and will continue to meet through the remainder of the CIA. Our recommendation is to eliminate this committee and incorporate it into a quarterly update from the Compliance team to the full Commission, instead of having a separate meeting. The other option is to continue the separate meetings. There is benefit to having this pulled out and addressed in a public setting for everybody to hear.

Supervisor Vianey Lopez asked what the benefit of would be having the committee go on if there was an issue that needed to be discussed.

CCO Franco responded that private conversations would be discussed in closed sessions because this is a public meeting that everybody can join. It is duplicative of what we could discuss within the Commission.

Supervisor Lopez stated providing reports to the whole Commission would be fine but if there is a reason for the Compliance Committee to remain active and only call on as needed.

Mr. Campbell responded that an ad hoc committee could be created and only meet on an as-needed basis. Updates would still be given to the Commission.

Ms. Habte summarized that if there is some significant change or something that Mr. Franco would like to introduce to this committee to review or get input prior to bringing it to the full Commission, it could hold an open session. If there is a significant compliance concern, Mr. Franco could call this committee together and, in that case, go into closed session to discuss any issues.

CCO Franco said there are two instances where an ad hoc meeting would be needed. The first would be to gather input and the second would be to discuss a closed session item. Quarterly updates will be shared with the full Commission.

Commissioner Espinosa observed that everyone is nodding their heads, so there seems to be consensus.

Mr. Campbell stated that a formal vote is not needed. The discussion will be noted in the minutes.

CCO Franco reviewed the Written Standards. Multiple policies specific to the CIA have been developed. He stated the recommendation is to continue to maintain those policies, and to incorporate a footnote to identify that the policy was implemented as part of the CIA and should be maintained. This is also part of the transition plan. The training for covered persons was reviewed. CCO Franco explained that the CIA requires training of all new persons in the Oversight Committee within 30 days. The training conducted by Ms. Habte was part of the training. There is also an attestation to be signed. We are proposing to establish a two-tier training framework. The first tier will focus on the Anti-Kickback Statue (AKS) and False Claims Act (FCA), and the second tier will include more advanced training tailored to the Commissioners and key stakeholders.

Commissioner Espinosa asked if there is a vacancy midterm for any of the Commissioners if the new Commissioner would immediately receive training or would they wait until the next regular training.

CCO Franco responded that a special training for the new Commissioner would be conducted. The annual training will still be conducted.

CCO Franco stated the Independent Review Procedure (IRO) reviews the Medical Loss Ratio (MLR). He proposed to continue the practice, but perhaps on a less frequent basis. The IRO is conducted annually. Recommendations could be discussed in the open sessions of the Executive Finance Committee or the Commission meetings to determine focus. Currently, the OIG determines the numerator that we review.

Commissioner Espinosa confirmed that it would happen as needed.

CCO Franco reviewed the Ineligible Persons Screening. He recommended it be maintained but change it to incorporate Medi-Cal and Medicare into a single ineligible persons or entities policy. The CIA requires GCHP to do an annual certification of the executives who have been identified as key stakeholders and who are on the Commission. The recommendation is to sunset the notification requirements. CCO Franco said GCHP will continue to report to governmental agencies any time there is a change within the voting members of the Compliance Committee.

CCO Franco shared an update of the deliverables for next quarter. We are in the process of securing from the OIG the numerator for the MLR audit. That report is due August 10, 2026. Work is being done to finish all items.

Mr. Campbell stated the Committee will confirm that input was given, which will be brought back to this Committee at the next meeting on June 29, 2026.

Ms. Habte stated it will be incorporated in the Transition Plan, which will be brought on June 29, 2026.

Commissioner Denering motioned to approve Agenda Item 3. Supervisor Lopez seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Allison Blaze, M.D., Dr. Loretta Denering, Laura Espinosa, and Supervisor Vianey Lopez.

NOES: None.

ABSENT: None.

The clerk declared the motion carried.

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 1:53 p.m.

Approved:

_____
Deborah Munday, MMC
Associate Clerk of the Board

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

Compliance Oversight Committee
Meeting Minute6
June 29, 2026

CALL TO ORDER

The Commission Chair, Laura Espinosa, called the meeting to order at 1:04 p.m.

ROLL CALL

Present: Commissioners Anwar Abbas, Laura Espinosa, and Loretta Denering

Absent: Allison Blaze, M.D. and Supervisor Vianey Lopez.

Attending the meeting for GCHP: CCO Robert Franco, CEO Felix L. Nunez, M.D., CPPO Erik Cho, Interim CFO Jeff Register, Paul Aguilar Chief of HR, CMO James Cruz, M.D., CIO Eve Gelb, General Counsel Scott Campbell, Leeann Habte of BBK. And Jacqueline Segal of BBK Law.

Also attending were Victoria Warner, Bianca Naron, Brenda Gomez-Garcia, and Susana Enriquez-Euyoque.

PUBLIC COMMENT

None.

FORMAL ACTION

1. CIA Transition Plan Recommendations and Quarterly Report

Staff: Robert Franco, Chief Compliance Officer

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

Chief Compliance Officer, Robert Franco, stated proposed changes for the transition plan were reviewed at the prior Compliance Oversight Committee meeting. This meeting is to codify and finalize that all suggestions/recommendations have been incorporated on how we will be going forward post-CIA. The transition plan was submitted in year four and will end in August.

CCO Franco reviewed some of the program elements that were impacted by the CIA. He also reviewed what remains, not changed, modified and maintained and then sunset. He noted there were no revisions, and what will remain unchanged per CIA requirements are: the compliance committee, the annual enterprise risk assessment, and the disclosure program. He noted that this compliance oversight committee will be integrated into a report that will be presented during commission meetings. This committee will remain on an AdHoc basis if there are issues that the commission wants to address or any issues that might be identified.

CCO Franco stated that written standards will remain unchanged but on all our policies and procedures that have been implemented. This will be part of our education and training, which remains unchanged. There will be two tiers: one will be for the teneral workforce within the company and leaders. The second will be more specific – covering anti-kickback statute, false claims act, and civil monetary penalty laws.

Commissioner Espinosa asked about reminders for training. She also asked if all commissioners were up to date on training requirements. CCO Franco stated there are other outstanding training courses that General Counsel is working on and staff will reach out to engage with commissioners. As part of the CIA, we had an independent organization come in and review our medical loss ratio. This year the OIG made the recommendation, and we are proposing to continue with that, it may not be every year, but it will be presented to the commission to see what other areas we want to focus on in the audit. It will depend on the frequency and if we are going to do an RFP or utilize the same thing that we are currently using now. They have been collegial and helped identify some issues.

CCO Franco noted that there are areas that will be sun-set as part of the CIA. He noted that the meeting packet had the actual transition plan that has been drafted. He stated that the recommendation is to approve the transition by this committee so that we can make our submission.

Leeann Habte, of BBK Law, stated this transition plan needs to be approved prior to the end of this week.

Commissioner Abbas motioned to approve the CIA transition plan and quarterly report. Commissioner Espinosa seconded the motion.

Roll Call Vote as follows:

AYES: Commissioners Anwar Abbas, Laura Espinosa, and Loretta Denering,

NOES: None.

ABSENT: Commissioner Allison Blaze, M.D., and Supervisor Vianey Lopez

The clerk declared the motion carried.

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 1:13 p.m.

Approved:

_____
Maddie Gutierrez, MMC
Sr. Clerk to the Commission

AGENDA ITEM NO. 2

TO: Compliance Oversight Committee

FROM: Robert Franco, Chief Compliance Officer

DATE: September 28, 2026

SUBJECT: CIA Annual Report for the Fourth Reporting Period

Verbal Presentation with PowerPoint

Gold Coast Health Plan℠
A Public Entity

Gold Coast Health Plan Overview of CIA Annual Report for the Fourth Reporting Period

September 28, 2026

Robert Franco, Chief Compliance 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.

CIA Annual Report

- The annual CIA Reporting Period is **August 11, 2025 – August 10, 2026**
- This Fourth Annual Report addresses the requirements set forth in Section V.B of the CIA.
- Section V.B of the CIA consists of 23 requirements that must be met during each Reporting Period, including a Transition Plan that must be submitted during the Fourth Reporting Period.

Compliance Committee Members and Changes to Same

Compliance Committee Members

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

Compliance Committee Members and Changes to Same

Updates to Membership

- On October 15, 2025, **Suma Simcoe** became Gold Coast's **Chief Operating Officer** and a member of the Compliance Committee. Effective November 4, 2025, Anna Sproule is no longer employed at Gold Coast and no longer serves as a member of the Compliance Committee.
- Effective March 19, 2026, Sara Dersch, Chief Financial Officer, is no longer employed with Gold Coast and no longer serves on the Compliance Committee. On March 19, 2026, Gold Coast's Controller, **Jeff Register**, was named as the **Acting Chief Financial Officer** and assumed Sara Dersch's role on the Compliance Committee.
- **Marlen Torres** continues to serve on the Compliance Committee in her capacity as "**Chief Member Experience and External Affairs**."
- **Michelle Espinoza** also continues to serve on the Compliance Committee in her capacity as "**Executive Director, Provider Network Operations & Strategies**."
- The Compliance Committee membership roster was updated to reflect the **senior leadership promotions of Jeffrey Acomb, Pshyra Jones, Nicole Kanter, and Kimberly Timmerman**. These individuals were previously nonvoting members of the Compliance Committee, however, due to senior leadership promotions they are **now recognized as voting members**.

Compliance Oversight Committee Members and Changes to Same

Compliance Oversight Committee Members

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

Changes to Membership

- Effective March 24, 2026, James Corwin resigned and no longer serves on the Commission.
- Effective April 28, 2026, Dee Pupa also resigned and no longer serves on the Commission.

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
- Suma Simcoe – Chief Operating Officer

Changes to Certifying Employees

- Sara Dersch is no longer with Gold Coast, effective March 19, 2026.
- Suma Simcoe is now a certifying employee in her capacity as Chief Operating Officer.

Board Resolution Requirement

The Commission Compliance Oversight Committee will consider the Board Resolution required by the CIA for the Fourth Reporting Period.

A copy of the Board Resolution will be included as **Exhibit A** in the CIA Annual Report.

Dates of Each Compliance Oversight Committee Meeting

- ✓ August 20, 2025
- ✓ November 6, 2025
- ✓ March 9, 2026
- ✓ May 28, 2026

Compliance Officer Reports

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)
- ✓ May 18, 2026 (Commission Compliance Oversight Committee)
- ✓ June 29, 2026 (Commission Compliance Oversight Committee)

Materials Reviewed and Steps Taken in Oversight of Compliance Program

September 22, 2025: Reported on CIA Training, MLR report and CAP, and the expansion of Gold Coast's risk assessment and internal review processes.

January 26, 2026: Reported on Gold Coast's engagement with the Independent Review Organization ("IRO") and proposed IRO meeting agenda.

May 18, 2026: Reported, in detail, on the development of the Transition Plan proposal, changes to the Compliance Committee and Compliance Commission Oversight Committee, and revised policies and procedures.

June 29, 2026: Reported on the final Transition Plan proposal which incorporated the recommendations reported to the Commission on May 18, 2026. The Commission approved and adopted the Transition Plan as presented.

Revised Policies and Procedures

Compliance Program

- Ineligible Persons (COMP-16)(revised)
  - COMP-16 was revised to specify the roles and responsibilities of each business area conducting Ineligible Persons screening and now defines the categories of contractors, individuals, and vendors that fall within the scope of a Covered Person and required self-disclosures.
  - The prior Ineligible Persons policy, HR-16, is now retired.

Written Review and Approval Process for Arrangements

- Provider Contracting Process – Health Care Contracting and Arrangements (NO-21)(revised)
  - Revised to expressly require Network Providers to maintain executed written agreements that satisfy Gold Coast's DHCS contract, Attachment A to APL 26-007, and other applicable authorities.

Revised Policies and Procedures

Fraud, Waste, and Abuse Identification Reporting and Investigation

- (FWA-001)(revised)
  - This policy was revised to incorporate additional DHCS program-integrity requirements, designate the Compliance Officer as Gold Coast's fraud prevention officer, establish new member-eligibility reporting obligations, strengthen confidentiality requirements for governmental FWA information, and require corresponding confidentiality protections in subcontractor and provider agreements.
  - The policy also establishes actions following receipt of a notice of a credible allegation of fraud, monitoring, and reporting requirements.

Revised Policies and Procedures

Cost Avoidance, Post-Payment Recovery, and Provider Overpayment

- Cost Avoidance and Post-Payment Recovery for Other Health Coverage (CL-010)(revised)
  - This policy was expanded to include compliance with Medicare, Medi-Cal, and Dual Eligible Special Needs Plan (“D-SNP”) requirements and consistent claims handling requirements within Health Rules Payor.
- Provider Overpayment Investigation and Determination (CL-011)(revised)
  - This policy was revised to expand from primarily Medi-Cal-focused provider overpayment and FWA to include its Medicare D-SNP line of business.
  - The policy establishes a standardized process for the investigation, determination, reporting, and resolution of provider overpayments in compliance with federal and state regulations, payer contracts, and internal financial controls.

Description of Changes to Training Plan and Summary of Trainings Furnished

Compliance Oversight Committee

- The training includes a detailed review of the CIA and its requirements, Commission Compliance Oversight Committee's responsibilities under the CIA, a review of the Transition Plan requirement that will be implemented upon expiration of the CIA, key risks in the Fourth Reporting Year, enforcement trends, and actions taken by Gold Coast to mitigate risk.

All Other Covered Persons

- The training includes a detailed review of the CIA and its requirements, an overview of key regulators, policies developed to comply with the requirements of the CIA, the importance of maintaining and establishing an effective compliance program, key risks in the Fourth Reporting Year, a review of claims, overpayments, recoveries, Medicaid rules related to physician incentives, and enforcement trends.

How Trainings Were Conducted

- Compliance Oversight Committee, Chiefs, and Directors was conducted on January 26, 2026. No changes to report at this time.
- Training conducted through Litmos for employees, vendors, temporary employees.
- Gold Coast trained 100% of its Covered Persons.

MLR Element Review Report

- On September 15, 2026, Gold Coast received the MLR Element Report from Affiliated Monitors, Inc., the IRO.
- The MLR Selected Element for the Fourth Reporting Period was Non-Claim Costs.
  - This element was selected with input from Gold Coast. The IRO audited 100% of Gold Coast's Non-Claim Costs and found that Gold Coast fully and accurately reported those Non-Claim Costs.
  - The MLR Reported submitted by the IRO to the OIG and Gold Coast's response to the recommendations in that report are attached to the CIA as **Exhibit C**.

Risk Assessment and Internal Review Process

- Gold Coast did not make significant changes to its risk assessment and internal review process during the Fourth Reporting Period.
- However, changes were made with respect to use of the Integrated Risk Management tool, Navex IRM. Although Navex has assisted Gold Coast with managing risks more efficiently across the entire organization, its functionality is limited as it is unable to serve as a central repository of risks and store at the enterprise level.
- Accordingly, for central repository purposes, Gold Coast now utilizes Microsoft SharePoint as a central repository and Navex is used for process level risks.

Risk Assessment and Internal Review Process

- During the Fourth Reporting Period, an Internal Audit was performed to ensure compliance with Ineligible Persons screening requirements.
  - The Ineligible Persons audit evaluated the existence and effectiveness of Gold Coast's policies and procedures relating to the screening requirements for Covered Persons.
  - The Executive Summary of the audit and Gold Coast's response to the recommendations are included in **Exhibit F**.

Annual Report Deliverables

- **Section V.B.5:** No changes were made to the Management Certification Policies and Procedures.
- **Section V.B.14:** Ineligible Persons screening has shifted from manual screening to an automated screening process of Covered Persons which is conducted by a vendor, Endera. Screening of the Commissions are done manually.
- **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:** DHCS conducted an audit from February 9, 2026 through February 20, 2026, evaluating the following categories of performance: (i) Utilization Management Program; (ii) Population Health Management and Coordination of Care; (iii) Network and Access to Care; (iv) Grievances, Appeals, and Member Rights; (v) Quality Improvement and Health Equity Transformation Program; and (vi) Plan Administration and Organization

CIA Transition Plan

- The CIA requires that Gold Coast draft and submit its Transition Plan with the Annual Report during the Fourth Reporting Period.
- Gold Coast's Compliance Department partnered with Legal to create a proposed Transition Plan which was initially presented to the Compliance Commission Oversight Committee on May 18, 2026.
- On June 29, 2026, the Compliance Commission Oversight Committee formally adopted the Transition Plan as presented. The Transition Plan is attached to the CIA as **Exhibit G**.

Chief Compliance Officer and Chief Executive Officer Certification

Robert Franco, Chief Compliance Officer, and Felix Nuñez, MD, MPH, Chief Executive Officer, have certified the following:

(a) 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;

(b) He or She has reviewed the Annual Report and have made reasonable inquiry regarding its content, and I believe the information in the report is accurate and truthful;

(c) He or She understands that the certification herein is being provided to and relied upon by the United States.

CIA Annual Reporting Timeline

- **September 11, 2026:** Draft Report Completion
- **September 29, 2026:** Submit to Commission for Review and Approval
- **October 9, 2026:** Annual Report Due to OIG

Compliance Oversight Committee Resolution

"The Board has made a reasonable inquiry into the operations of Gold Coast's compliance program, including the performance of the Chief 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."

CIA Annual Report

Questions…

GOLD COAST HEALTH PLAN
REPORTING PERIOD FOUR - ANNUAL REPORT TO THE OFFICE OF THE INSPECTOR GENERAL
OCTOBER 9, 2026

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[1]. 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 Fourth 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 Fourth 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 Chief Compliance Officer (Section V.B.1 of CIA)

a) No change in identity of Gold Coast's Chief Compliance Officer.

b) No change in position description of Gold Coast's Chief Compliance Officer.

c) No change in non-compliance job responsibilities of Gold Coast's Chief Compliance Officer.

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

The following list of Gold Coast Compliance Committee members is current as of August 10, 2026 (i.e., the end of the Fourth Reporting Period):

a) Robert Franco, Chief Compliance Officer – Committee Chair

[1] "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.

b) Felix Nuñez, MD, MPH, Chief Executive Officer

c) James Cruz, MD, 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) Suma Simcoe, Chief Operating Officer

i) Paul Aguilar, Chief Human Resources and Organizational Performance Officer

j) Jeff Register, Acting Chief Financial Officer

k) Marlen Torres, Chief Member Experience & External Affairs

l) Pauline Preciado, Executive Director, Population Health and Equity

m) Bob Bushey, Executive Director, Procurement

n) Michelle Espinoza, Executive Director, Provider Network Operations & Strategies

o) Jeffrey Acomb, Executive Director, IT

p) Pshyra Jones, Executive Director, Health Equity

q) Nicole Kanter, Executive Director, Health Services

r) Kimberly Timmerman, Executive Director, Quality Improvement

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

a) On October 15, 2025, Suma Simcoe became Gold Coast's Chief Operating Officer and a member of the Compliance Committee. Effective November 4, 2025, Anna Sproule is no longer employed at Gold Coast and no longer serves as a member of the Compliance Committee. Gold Coast notified the OIG of these changes in membership to the Compliance Committee, in writing, on April 28, 2026.

b) On March 19, 2026, Sara Dersch, Chief Financial Officer, is no longer employed with Gold Coast and no longer serves on the Compliance Committee. On March 19, 2026, Gold Coast's Controller, Jeff Register, was named as the Acting Chief

Financial Officer and assumed Sara Dersch's role on the Compliance Committee. Gold Coast notified the OIG of these changes, in writing, on March 20, 2026.

c) Marlen Torres continues to serve on the Compliance Committee, however, her title has changed from "Executive Director, External Affairs" to "Chief Member Experience and External Affairs." Michelle Espinoza also continues to serve on the Compliance Committee, her title has changed from "Executive Director, Delivery System Operations & Strategies" to "Executive Director, Provider Network Operations & Strategies." Gold Coast notified the OIG of these changes, in writing, on April 28, 2026.

d) Additionally, the Compliance Committee membership roster was updated to reflect the senior leadership promotions of Jeffrey Acomb, Pshyra Jones, Nicole Kanter, and Kimberly Timmerman. These individuals were previously nonvoting members of the Compliance Committee, however, due to senior leadership promotions they are now recognized as voting members. Gold Coast notified the OIG of these changes, in writing, on April 28, 2026.

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

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

a) Laura Espinosa, Chair
Consumer Representative

b) Allison Blaze, MD, Vice Chair
Ventura County Health Care Agency

c) Anwar Abbas
Clinicas del Camino Real, Inc.

d) Vianey Lopez
Ventura County Board of Supervisors

e) Loretta Denering, MD
Ventura County Health Care Agency

As of March 24, 2026, James Corwin resigned and no longer serves on the Commission. Effective April 28, 2026, Dee Pupa also resigned and no longer serves on the Commission. The OIG was notified of these changes, in writing, on April 28, 2026, and May 6, 2026, respectively.

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

The names and positions of the Certifying Employees for the Fourth Reporting Period (i.e., current as of August 10, 2026) are as follows:

a) Felix Nuñez, MD, MPH, Chief Executive Officer

b) Robert Franco, Chief Compliance Officer

c) James Cruz, MD, Chief Medical Officer

d) Erik Cho, Chief Program and Policy Officer

e) Alan Torres, Chief Information Officer

f) Jeff Register, Acting Chief Financial Officer

g) Suma Simcoe, Chief Operating Officer

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

a) As discussed in paragraph 2(b) above, Sara Dersch is no longer with Gold Coast, effective March 19, 2026. Jeff Register was named as Acting Chief Financial Officer during the Fourth Reporting Period, while Gold Coast recruits for the Chief Financial Officer position. Jeff Register will be certifying in his role as Acting Chief Financial Officer for the Fourth Reporting Period.

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

a) August 20, 2025

b) November 6, 2025

c) March 9, 2026

d) May 28, 2026

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

a) September 22, 2025, meeting of the Commission Compliance Oversight Committee

b) January 26, 2026, meeting of the Commission Compliance Oversight Committee

c) May 18, 2026, meeting of the Commission Compliance Oversight Committee

d) June 29, 2026, meeting of the Commission Compliance Oversight Committee

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 of CIA)

The Board Resolution required by the CIA that covers the Fourth Reporting Period was made and is recorded in the minutes of the September 28, 2026, Commission Compliance Oversight Committee meeting. A copy of the Board Resolution and the meeting minutes showing the adoption of same are included in Exhibit A.

September 22, 2025

On September 22, 2025, the Chief Compliance Officer presented an overview of the CIA Annual Report for the Third Reporting period and reported that the annual CIA training had been complete and tracked via Litmos, a computer-based training software. The Chief Compliance Officer also reported on the MLR report for calendar year 2023. Specifically noting that although the auditor found that Gold Coast's process used to calculate and report HCQI expenditures for calendar year 2023 was generally consistent with applicable reporting standards and requirements, the auditor issued recommendations around enhancing Gold Coast's documentation. Based off the findings, a corrective action plan was established to monitor the implementation of the auditor's recommendations. Additionally, the Chief Compliance Officer reported on the expansion of Gold Coast's risk assessment and internal review processes which now includes two internal audits for the Third Reporting period – Ineligible Persons and Anti-Kickback Statute.

January 26, 2026

On January 26, 2026, the Chief Compliance Officer reported on Gold Coast's engagement with the IRO, including a proposal to audit revenue numbers, and the proposed IRO meeting agenda moving forward.

May 18, 2026

On May 18, 2026, the Chief Compliance Officer reported on the development of the Transition Plan proposal that is to be reviewed and approved by the Commission prior to the end of the Fourth Reporting period. The Chief Compliance Officer presented the Transition Plan Proposal which categorized the CIA Program Elements into the following: "Retain Without Change," "Modify and Maintain," and "Sunset." The Chief Compliance Officer proposed that Gold Coast retain the following CIA Elements without change: (1) Compliance Officer

requirements, (2) Internal Compliance Committee, (3) Risk Assessment and Internal Review Process, and (4) Disclosure Program.

With respect to the "Modify and Maintain" category, the Chief Compliance Officer recommended that Gold Coast maintain its Commission Compliance Oversight Committee but change the meeting frequency to meet on an ad hoc basis at the discretion of the Chief Compliance Officer. The Chief Compliance Officer also recommended that Gold Coast continue to implement all policies developed under the CIA, except the Management Certification policy. Additionally, he proposed that the policies be modified to include a standardized appendix or footnote to delineate provisions that must be preserved, notwithstanding deletion of references to the CIA, to safeguard critical compliance language during periodic reviews and updates. The Chief Compliance Officer also proposed to modify the training and education on the CIA and key risks to establish a two-tiered training framework. The first tier consisting of general training focused on the identification of Anti-Kickback Statute ("AKS"), False Claims Act ("FCA"), and Civil Monetary Penalties Law ("CMPL") risks. The second tier consists of an advanced, in-depth training tailored to the Commission and key stakeholders responsible for arrangements that may implicate the AKS, FCA, and/or the CMPL.

The Chief Compliance Officer also recommended that Gold Coast maintain its Independent Review Procedures but modify them to occur on a less frequent basis with Gold Coast to determine the focus. The Chief Compliance Officer also proposed that Gold Coast retain its existing Ineligible Persons screening program but incorporate provider screening requirements for Medi-Cal and Medicaid into a single Ineligible Persons policy. Finally, the Chief Compliance Officer proposed that Gold Coast sunset the Management Certifications of Compliance with the CIA and the notification requirements to the OIG required exclusively by the CIA.

Furthermore, the Chief Compliance Officer also provided a quarterly update to the Commission. First, the Chief Compliance Officer reported the following updates to Compliance Committee membership: (1) on October 15, 2025, Suma Simcoe became Chief Operations Officer and a member of the Compliance Committee, (2) on November 4, 2025, Anna Sproule departed from Gold Coast and resigned from the Compliance Committee, and (3) on March 19, 2026, Sara Dersch also departed from Gold Coast and resigned from the Compliance Committee. Jeff Register has assumed the role of Acting Chief Financial Officer and serves on the Compliance Committee and as a certifying employee. Second, the Chief Compliance Officer reported that effective March 24, 2026, James Corwin resigned and no longer serves on the Compliance Oversight Committee. Effective April 27, 2026, Allison Blaze, MD, Anwar Abbas, and Loretta Denering, MD, serve as members of the Compliance Oversight Committee. Third, the Chief Compliance Officer reported on revisions to the CIA Training which were revised to identify the regulators for Gold Coast's Medi-Cal and Medicare Advantage lines of business, the CIA Transition Plan requirement, and compliance program maintenance beyond the CIA.

The presentation also included an overview of revised policies and procedures. Specifically, the Fraud Waste and Abuse Identification Reporting and Investigation policy (FWA-001) and Ineligible Persons policy (COMP-16) were revised to reflect current practices. The

Ineligible Persons policy (HR-16) was retired and replaced by COMP-16. The Provider Contracting Process (NO-021) was also revised to incorporate operational readiness language and template submission to the Department of Health Care Services ("DHCS") for approval prior to use. The Chief Compliance Officer also reported that DHCS conducted an audit on February 9 – 20, 2026 and the results were pending.

June 29, 2026

On June 29, 2026, the Chief Compliance Officer presented on the final CIA Transition Plan proposal which incorporated the recommendations reported to the Commission on May 18, 2026. The Commission approved and adopted the CIA Transition Plan as presented.

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 of CIA)

During the Fourth Reporting Period, there were no changes made to the written process for Certifying Employees to follow to complete the certification required by Section III.A.4 of the CIA.

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

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

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

The following revised Policies and Procedures were implemented to address the operations of Gold Coast's Compliance Program, written review and approval process for Arrangements, and Cost Avoidance, Post-Payment Recovery, and Provider Overpayment as described in Sections III.A and III.B of the CIA:

a) Compliance Program

(i) Ineligible Persons (COMP-16): This policy was formally owned by the Human Resources Department (HR-16). HR-16 is now retired and under the ownership of Gold Coast's Compliance Program. This policy was revised to specify the roles and responsibilities of each business area conducting Ineligible Persons screening. The policy defines the categories of contractors, individuals, and vendors that fall within the scope of a Covered Person. All Covered Persons must self-disclose whether they are on an exclusion list prior to engaging in contracting, hiring, or services.

Gold Coast will not continue with the hiring or contracting process for any individual that self-discloses that they are currently on an exclusion list. The policy was also updated to specify that the Compliance Officer, or designee, will investigate upon receiving notice that a Covered Person has become an Ineligible Person.

(ii) Fraud, Waste, and Abuse Identification Reporting and Investigation (FWA-001): This policy was revised to incorporate additional DHCS program-integrity requirements. The revisions designate the Compliance Officer as Gold Coast's fraud prevention officer, establish new member-eligibility reporting obligations, strengthen confidentiality requirements for governmental FWA information, and require corresponding confidentiality protections in subcontractor and provider agreements. The policy also establishes actions following notice of a credible allegation of fraud, including provider or payment suspension and enhanced monitoring; adds CBAS payment-reporting requirements; and expands quarterly electronic reporting to DHCS's Program Integrity Unit. Gold Coast must also investigate referrals received from DHCS, other governmental agencies, and other Medi-Cal plans involving its subcontractors, downstream subcontractors, and network providers.

b) Written Review and Approval Process for Arrangements

(i) Provider Contracting Process (NO-21): This policy was revised to expressly require Network Providers to maintain executed written agreements that satisfy Gold Coast's DHCS contract, Attachment A to APL 26-007, and other applicable authorities.

c) Cost Avoidance, Post-Payment Recovery, and Provider Overpayment

(i) Cost Avoidance and Post-Payment Recovery for Other Health Coverage (CL-010): This policy was expanded to include compliance with Medicare, Medi-Cal, and Dual Eligible Special Needs Plan ("D-SNP") requirements and consistent claims handling requirements within Health Rules Payor. Specifically, this policy now outlines the process which the organization must take to determine the legal liability of third parties and seek reimbursement for covered services. This policy also details the responsibilities and workflow for various business units regarding claims and recovery procedures.

(ii) Provider Overpayment Investigation and Determination (CL-011): This policy was revised to expand from primarily Medi-Cal-focused provider overpayment and FWA to include its Medicare D-SNP line of business. The policy establishes a standardized process for the investigation,

determination, and resolution of provider overpayments in compliance with federal and state regulations, payer contracts, and internal financial controls. This policy establishes a process for reviewing claims to identify FWA and detect other recovery opportunities within Gold Coast's programs. One notable change concerns DHCS reporting and the treatment of recoveries. Gold Coast must now report any identified or recovered provider overpayment to its Managed Care Operations Division Contract Manager and DHCS Audits and Investigations Unit within 30 calendar days, regardless of the amount or reason for the overpayment.

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 of CIA)

During the Fourth Reporting Period, Gold Coast made changes to the Training Plan and made changes as to its membership. As noted above, Anna Sproule and Sara Dersch are no longer members of the Compliance Committee. Jeff Register and Suma Simcoe have joined the Compliance Committee. Additionally, Dee Pupa and James Corwin no longer serve as members of the Commission Compliance Oversight Committee. Anwar Abbas, Allison Blaze, MD, and Loretta Denering, MD, are now members of the Commission Compliance Oversight Committee.

Gold Coast revised its Training Plan to incorporate updates to the training topics for the Compliance Oversight Committee. The below summarizes the training furnished to the Commission Oversight Committee Members and Covered Persons during the Reporting Period.

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

1) A detailed review of the CIA and its requirements, the Commission Compliance Oversight Committee's responsibilities under the CIA.

2) A review of the Transition Plan requirement to be implemented upon expiration of the CIA – including key concepts that should be captured in the Transition Plan.

3) An overview of the regulatory landscape, enforcement trends, key risks in the Reporting Year, and actions taken by Gold Coast to mitigate risk.

Additionally, the Covered Persons training included a detailed review of the CIA, an overview of key regulators, policies developed to comply with the requirements of the CIA, the importance of establishing and maintaining an effective compliance program, key federal health care program risks, a review of claims, overpayments, recoveries, Medicaid rules related to physician incentives, and enforcement trends.

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 of CIA)

The MLR Element Review Report for the Fourth Reporting Period, Gold Coast's response to the MLR Element Review Report and evidence of Gold Coast's submission of the MLR Element Review Report to DHCS are all attached hereto as Exhibit C. There were no findings, therefore, no Corrective Action Plan was implemented.

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 of CIA)

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 D.

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 of CIA)

During the Fourth Reporting Period, Gold Coast did not make significant changes to its risk assessment and internal review process. However, changes were made with respect use of the Integrated Risk Management ("IRM") tool, Navex IRM ("Navex"). Although Navex has assisted Gold Coast with managing risks more efficiently across the entire organization, its functionality is limited as it is unable to serve as a central repository of risks and store at the enterprise level. Accordingly, for central repository purposes, Gold Coast now utilizes Microsoft SharePoint as a central repository and Navex is used for process level risks.

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 of CIA)

The Executive Summary of the Internal Audit is attached hereto as Exhibit E.

a) Risk Areas Identified

Gold Coast identified one risk area under the CIA during the Fourth Reporting Period: (i) Ineligible Persons.

b) Work Plans and Internal Audit Plans Developed

Gold Coast's Internal Audit Department has developed and maintained a risk-based Internal Audit Plan identifying each project's responsible business unit, scope, timing, and status. Completed reviews consist of Ineligible Persons and Compliance Program Effectiveness. Presently, other audits such as the Utilization Management Information Integrity audit are in progress, with additional sampling underway to satisfy the required six-month lookback period. Planned work includes reviews of Memorandum of Understanding procedures and monitoring, Enhanced Care Management, vendor and delegated-entity management, DHCS corrective action plan ("CAP") validation, and Special Investigations Unit processes. Gold Coast also continues developing its Internal Audit function through standardized templates, internal training, streamlined workflows, leadership reporting, and the establishment of departmental metrics and objectives. The Internal Audit Plan remains flexible to address any emerging risks and leadership-directed reviews. Additionally, Gold Coast audits the performance of delegated entities' in relation to claims processing and UM. The results of the Delegation Oversight audits is discussed below in subsection (c)(ii).

c) Audits Performed

(i) Ineligible Persons Audit

Purpose: Internal Audit evaluated the existence and effectiveness of Gold Coast's policies and procedures relating to the screening requirements for Covered Persons.

Findings: Internal Audit determined that the existing third-party screening process does not definitively confirm the use of the OIG LEIE and DHCS S&I lists for all Covered Persons. The monthly Ineligible Persons screening reports do not specify the databases reviewed, instead it utilizes the broad term of screening for "Healthcare Sanctions." Internal Audit also found there is currently no integrated oversight or periodic reconciliation process to verify that Gold Coast's Covered Persons screening needs are being captured within the parameters of the vendor contract. For example, the active Endera contract specifies a limit of "up to 340 monthly subjects," yet Human Resources routinely submits up to 450 identities for screening. Further, it is unclear how a "subject" is counted against the 340-subject limit. Monthly reports demonstrate "Healthcare Sanctions" checks for all employees but "Sex Offender" status checks only for a subset, there is no documented clarity on whether an individual receiving multiple distinct checks count as one or multiple subjects.

Additionally, Internal Audit determined that Gold Coast has not established a standardized vendor governance procedure requiring operational owners to periodically reconcile actual vendor utilization against active contractual limits. As a result, screenings appear to have been scaled beyond the original 340-subject limit without triggering a contract review. Finally, Internal Audit reviewed Gold Coast's existing risk mitigation strategy and found that there is no dedicated role-based training designed to operationalize Ineligible Persons procedures. Although Ineligible Persons is a training topic consolidated into general training related to the CIA or FWA, there is no targeted training module on the Learning Management System to ensure that specific personnel executing the manual Ineligible Person screening are recorded as having been formally trained on

these procedures. Internal Audit did note that Human Resources maintains an accurate and detailed Covered Persons Screening Procedure document, however, the present CIA and FWA trainings do not include actionable step-by-step instruction for how Covered Persons can self-disclose their status in the event their status changes.

Corrective Action:

With respect to the recommendation that Gold Coast develop an annual contract review protocol for third-party services whose outputs are relied upon for key regulatory reporting requirements, Gold Coast's Human Resources Department will partner with its internal Procurement Department and each vendor to ensure that all regulatory and scope of work requirements are met. Human Resources will also conduct annual reviews and perform additional evaluations when contractual amendments are needed. Additionally, Human Resources has addressed Internal Audits recommendation to establish a standardized reconciliation process requiring Covered Persons Screening Process owners to periodically review third-party service utilization against active contracts to ensure that the full scope of services relied upon for regulatory reporting are covered by continuing to follow the established reconciliation process with Workday and the vendor by using a shared integration file. If there are screenings excluded from any files, the vendor will provide Workday a report which details the data, errors, and any required corrections. This process is conducted weekly and tracks records as they transfer between systems.

To address Internal Audits recommendation for Gold Coast to create a dedicated training module for employees that are responsible for executing Ineligible Persons checks or who hold sufficient authority to contract contingent labor on Gold Coast's behalf, Gold Coast's Compliance and Human Resources Department will partner to establish desk-level procedures on how to conduct, report, and log the monthly Ineligible Persons check. Finally, to address Internal Audits recommendation to update existing FWA and CIA trainings to clearly and explicitly define the self-disclosure requirements for Covered Persons, Gold Coast's Compliance Department will update the trainings to reflect the self-disclosure requirements. These updates will occur during the next training cycle during the Fifth Reporting Year.

(ii) Delegation Oversight audits related to claims processing and UM functions.

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

Delegated Entity	Audit Type	Audit Dates
Carelon Behavioral Health	UM (Annual)	September 2025 – October 2025
Carelon Behavioral Health	Claims (Quarterly)	February 2026

Carelon Behavioral Health	UM (Quarterly)	February 2026
CDCR	Claims (Focused)	October 2025 – November 2025
CDCR	Claims (Annual)	November 2025 – December 2025
CDCR	UM (Focused)	December 2025
CDCR	UM (Quarterly)	March 2026
CDCR	Claims (Quarterly)	March 2026
KP Corp	UM (Annual)	March 2026
VSP	Claims (Annual)	December 2025 – January 2026
VSP	Claims (Quarterly)	February 2026 – March 2026

Delegation Oversight CAPs

The chart below 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
Carelon Behavioral Health	UM (Annual) September 2025 – October 2025	• Missing Board certifications for MD. • Quarterly timeliness reports and denial logs not submitted. • Denial letters did not meet readability standards.	CAP requested and provided to address the deficiency. CAP closed and merged with prior CAP issued for Q4 2025. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	October 6, 2025 *Closed and merged with Q4 CAP.*

Carelon Behavioral Health	UM (Quarterly) February 2026	• Denial notices were not submitted and contained no indication of revisions or corrections. • Denial letters and NOA did not meet readability standards. • Denial letters did not include information referenced in NOA including the InterQual criteria submitted. • A copy of the Early and Periodic Screening, Diagnostic and Treatment benefit referenced in the NOA was not submitted.	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	February 27, 2026 *Closed*
CDCR	Claims (Focused) October 2025 – November 2025	• Payment inaccuracies. • Missing documentation. • Unreconciled checks.	A CAP was initially requested to address the identified deficiencies. Claims processing was de-delegated from CDCR. Therefore, the CAP was closed.	December 31, 2025 *Closed due to de-delegation.*
CDCR	Claims (Annual) November – December 2025	• Invalid contracts. • Documentation not submitted upon request.	A CAP was initially requested to address the identified deficiencies. Claims processing	December 31, 2025

			was de-delegated from CDCR. Therefore, the CAP was closed.	*Closed due to de-delegation.*
VSP	Claims (Annual) – December 2025 – January 2026	• Fee schedule not submitted within the claim file. • Requested documentation not received. • Denials were issued in error. • Untimely acknowledgement and denial notifications. • Documents not submitted (policies, procedures reports, and testing).	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	May 4, 2026 *Closed*
VSP	Claims (Quarterly) February 2026 – March 2026	• Denial, letter, and payment inaccuracies. • Untimely acknowledgement and denial notifications.	CAP requested and provided to address each deficiency. CAP closed after Gold Coast reviewed additional documentation and evidence of remediation provided.	May 4, 2026 *Closed*

Steps Taken to Track the Implementation of the Work Plans and CAPs

Gold Coast's Compliance Department is responsible for tracking and ensuring that Work Plans and CAPs are implemented. Gold Coast tracks the implementation and reports to the Compliance Committee and the Commission Compliance Oversight Committee concerning the

status of CAPs. Additionally, the Gold Coast Compliance Department meets individually with the individuals responsible for implementing the CAPs to ensure such implementation is completed.

In addition to the above, for delegation oversight audits specifically, the IRM tool, Navex, discussed in paragraph 14 above, is no longer used to track CAPs because its limitations created barriers to information sharing and cross-departmental collaboration. In the interim, CAPs are manually tracked by utilizing Microsoft SharePoint while Gold Coast actively searches for software that allows access to a broader scope of individuals to receive the necessary information. Gold Coast anticipates employing new software to track CAPs during the 2027 calendar year.

Presently, CAPs are socialized at the newly developed Internal Oversight Committee, where status updates on CAPs are presented. This newly developed process has been successful in transferring knowledge to various departments. The Compliance Department will continue to implement the "Plan, Do, Study, and Act" model to ensure that this process supports cross-departmental collaboration.

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 of CIA)

Attached as Exhibit F 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)

To address deficiencies and findings identified in the Internal Audit for Ineligible Persons conducted during the Third Reporting Year, Gold Coast has shifted from manual screening of Ineligible Persons to automated screening. Gold Coast has engaged with a vendor, Endera (Thomson Reuters), to conduct automated screenings of all prospective Covered Persons against the Exclusion Lists prior to engaging their services as a part of the hiring and contracting process. Gold Coast also utilizes Endera to perform monthly screens of all current Covered Persons.

However, the Commissioners are still screened manually. Human Resources also established a "New Hire and Current Employee CIA Screening Process" job aid that provides for additional layers of review for manually obtained search results. Further, Gold Coast now utilizes Workday to house a centralized listing of all Permanent and Temporary employees which is linked to Endera through use of API to ensure that the screenings are done against the most up to date list of Permanent and Temporary employees.

Additionally, as discussed above, there were changes made to Gold Coast's Ineligible Persons Policy (COMP-16) and ownership of the policy has been shifted from Human Resources

to Compliance. Specifically, the policy now specifies the roles and responsibilities of business areas conducting the screening. The policy now clearly identifies categories of individuals, contractors, or vendors that fall within the scope of a Covered Person. Prior to engaging in services, contracts, or hiring, Gold Coast requests that all Covered Persons self-disclose whether they are on an exclusion list. Gold Coast will not continue with the hiring or contracting process for any individual that self-discloses that they are currently on an exclusion list. The policy was also updated to specify that the Compliance Officer, or designee, will investigate upon receiving notice that a Covered Person has become an Ineligible Person.

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 of CIA)

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 of CIA)

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

20. A Copy of the Transition Plan as Required by Section III.J (Section V.B.17 of CIA)

The CIA Transition Plan is attached hereto as Exhibit G.

21. 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)

On February 9, 2026, through February 20, 2026, DHCS conducted a medical audit of Gold Coast. The audit covered a review period spanning from July 1, 2024, through December 31, 2025, and consisted of documentation review, verification studies, and interviews with Gold Coast representatives. The audit evaluated six categories of performance: (i) Utilization Management Program; (ii) Population Health Management and Coordination of Care; (iii) Network and Access to Care; (iv) Grievances, Appeals, and Member Rights; (v) Quality Improvement and Health Equity Transformation Program; and (vi) Plan Administration and Organization.

a) <u>Utilization Management</u>

The findings indicated that Gold Coast did not ensure that its authorization decisions were based on the medical necessity of requested covered services. Of the samples reviewed, DHCS found that Gold Coast approved three prior authorization requests for Durable Medical Equipment ("DME") without reviewing for medical necessity. In one sample, a request for a motorized wheelchair was approved without reviewing the submitted documentation for medical necessity. The wheelchair mobility evaluation was performed by a medical professional employed by the DME supplier instead of an independent healthcare professional in accordance with the Medi-Cal Provider Manual.

In two other instances, Gold Coast approved the purchase of a Continuous Positive Airway Pressure ("CPAP") machine without reviewing for medical necessity or verifying the documentation of an initial three-month trial. The Medi-Cal Provider Manual mandates that authorization for the purchase of a CPAP machine may be granted only after an initial three-month rental period if reauthorization documentation requirements are met. Gold Coast reasoned that authorizations were approved without a medical necessity review due to the adoption of an administrative approval process to facilitate its transition to a new medical management software system, effective July 1, 2024. This approach was designed to support staff training while ensuring continued compliance with regulatory timeliness requirements. However, this administrative approval process was not documented in written policy or procedure. Accordingly, DHCS determined that Gold Coast did not follow its own written policies to utilize clinical criteria to determine the appropriateness of the requested services.

In other instances, DHCS found that Gold Coast denied covered services in three prior authorization requests and in one member appeal without a review for medical necessity. Gold Coast reasoned that its reviewers determined that the requested services were excluded from coverage based on not having an established reimbursement rate in the Medi-Cal Fee-For-Service rates schedule and therefore, it did not review for medical necessity. The auditor determined that Gold Coast's use of the Medi-Cal Fee-For-Service rates schedule as the source for determining coverage status is inappropriate and not described in Gold Coast's policies and procedures. Accordingly, DHCS recommended that Gold Coast implement policies and procedures to ensure that authorization approval and denial decisions are based on the medical necessity of requested covered services.

b) Population Health Management and Coordination of Care

There were no findings noted for this category during the audit period.

c) Network and Access to Care

There were no findings noted for this category during the audit period.

d) Grievances, Appeals, and Member Rights

(i) Submission of Quality-of-Care Grievances to Medical Director

Grievances related to medical quality of care issues were not immediately submitted to Gold Coast's Medical Director for action. DHCS conducted a verification study which revealed that 2 out of 20 grievance samples related to medical quality of care issues were not submitted to the Medical Director for action, instead, they were decided by Registered Nurses ("RN"). In the first instance, the RN determined that the member's issue with prescribed eyeglasses involved a clinical quality component. However, the grievance was not forwarded to the Medical Director for review. In the second instance, the member filed a grievance about their new glasses causing headaches. The RN rendered a decision but did not forward the grievance to the Medical Director, as required.

The audit also included a review of desktop procedures. Specifically, DHCS reviewed the "Grievance and Appeal Vision Service Plan (VSP) Case Workflow," which outlines the process for resolving grievances related to vision care services. Gold Coast's delegate, VSP, is responsible for researching grievances and providing recommendations. Upon receipt of VSP's recommendation, Gold Coast completes the grievance process and sends the member a Grievance Resolution letter. The auditor noted that the procedures do not include a process to refer any grievances that concern clinical quality of care issues to the Medical Director for action. Accordingly, DHCS recommended that Gold Coast implement policies and procedures to address this deficiency and revise its desktop procedure to ensure that grievances involving quality of care issues are submitted to Gold Coast's Medical Director.

(ii) Grievances and Appeals Acknowledgment and Resolution Timeframes

Gold Coast did not ensure that a written acknowledgement and notice of resolution of grievances and appeals were sent to members within the required timeframes. In verification studies of 4 out of 15 appeals, 8 out of 20 quality-of-care grievances, and 10 out of 12 quality-of-service grievances, it was determined that Gold Coast did not send written acknowledgements and/or notices of resolution to members within the required timeframes. Gold Coast reasoned that the delay was attributed to the implementation of a new software system and transferring its member services call center functions in-house. These changes led to misrouted calls within the Grievances and Appeals Department. Additionally, Gold Coast transitioned its handling of paper mail from an outside vendor to an in-house digital mailroom which resulted in delays in the transfer of correspondence between systems. The transition led to delays in grievances and appeals being forwarded from the mailroom to the Grievances and Appeals Department.

Delays were also caused due to providers failing to timely submit their responses as a part of the grievance investigation process. The auditor reviewed Gold Coast's desktop procedure, "Provider Response Process" which outlines the steps for escalation to Provider Relations when providers do not respond to requests. The auditor determined that the procedure does not specify what actions should be taken if a grievance case is approaching the required resolution timeframe. A review of the "Member Grievance Appeals System" policy revealed that the policy does not specify how often the Grievances and Appeals Manager reviews data concerning the timeliness of acknowledgements and resolutions, nor does it address the monitoring of timely and proper routing of grievances and appeals from Gold Coast's call center and mailroom to the Grievances and

Appeals Department. Accordingly, DHCS recommended that Gold Coast implement policies and procedures to ensure that a written acknowledgement and a notice of resolution are distributed to members within the required timeframes.

(iii) Prompt Resolution of Discrimination Grievances

Gold Coast did not ensure the prompt resolution of discrimination grievances. A verification study revealed that 6 of 6 discrimination grievance notices of resolution were not sent to members within the required timeframes. In one instance, one discrimination grievance was resolved 112 days after it was received. It was determined that the staff responsible for monitoring the aging report did not ensure a timely resolution. In a second instance, a discrimination grievance was resolved 36 days after receipt. However, the delay was due to a new system configuration resulting in the grievance being misrouted to the incorrect queue.

The auditor also identified two discrimination cases that were resolved 47 and 78 days after receipt. Here, the delay was attributed to the providers' failure to respond to and submit the requested documentation. DHCS noted that Gold Coast's desktop procedure "Provider Response Process" describes the steps taken when a provider does not respond, but it does not specify what actions should be taken if the grievance case is approaching the resolution timeframe.

(iv) Discrimination Grievances

Gold Coast did not submit information regarding discrimination grievances to DHCS OCR after mailing a Discrimination Grievance Resolution letter to members. In a 6-sample verification study, all samples reviewed did not send detailed information regarding discrimination grievances within 10 calendar days according to Gold Coast's policy. Further review of the policy determined that it lacked procedures on how Gold Coast's Civil Rights Coordinator would meet submission deadlines and monitor for compliance. Gold Coast acknowledged that its grievance system did not include a trigger mechanism to alert staff of DHCS OCR submission deadlines – instead, the deadlines were tracked manually. DHCS recommended that Gold Coast revise its policies and procedures to ensure timely submission of detailed information regarding discrimination grievances to DHCS OCR.

(e) Quality Improvement and Health Equity Transformation Program

There were no findings noted for this category during the audit period.

(f) Plan Administration and Organization

Gold Coast did not ensure that all quarterly FWA reports were submitted to DHCS' PIU during the audit period. During the audit period, Gold Coast submitted 3 out of 6 FWA quarterly status reports. The missing submissions were a result of a change in Privacy Officer during the audit period. DHCS recommended that Gold Coast implement policies and procedures to ensure timely submission of the quarterly FWA status reports.

The audit also determined that Gold Coast did not have a regular method to verify that services delivered were received by members. A review of the service verification log determined that Gold Coast did not verify services were rendered to members in 15 out of the 18 months during the audit period. Gold Coast explained that it contracts with a vendor to conduct sampling of the member population as part of the service verification process. The vendor conducted a sampling spanning from April 2025 through June 2025. However, there is no policy or procedure in place to verify that services delivered were received by members. Accordingly, DHCS recommended that Gold Coast develop policies and procedures to verify that services delivered were received by members.

On September 4, 2026, Gold Coast submitted its initial CAP response to address the identified deficiencies. In summary, the response includes a creation of new policies, the review of current policies and procedures, the implementation of refresher training, and monitoring and tracking various reports and results. The initial CAP submission is pending a response from DHCS.

22. 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 of CIA)

Effective September 1, 2026, Gold Coast will relocate to 4880 Santa Rosa Road, Camarillo, CA 93012 and will no longer operate at 711 East Daily Drive, Suite 106, Camarillo, California 93010 location. Gold Coast will submit a written notice to the OIG advising of such change.

23. 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 of CIA)

Effective January 1, 2026, Gold Coast successfully launched its D-SNP line of business, expanding its Medicare offerings to serve members who are dually eligible for Medicare and Medi-Cal. There are no other changes with respect to Gold Coast's corporate structure.

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

The applicable certification by Felix Nuñez, MD, MPH, Chief Executive Officer, and 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.

EXHIBIT A

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

Compliance Oversight Commission Meeting Minutes (September 28, 2026)

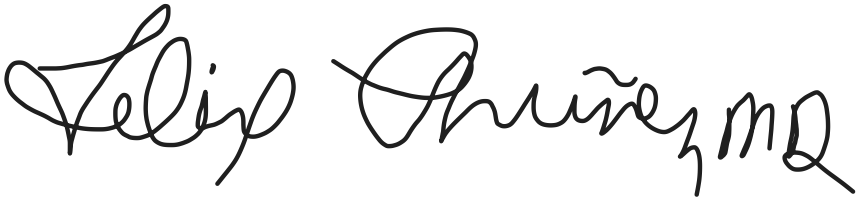
EXHIBIT B

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

Gold Coast Health Plan℠
A Public Entity

Management Certification

I have been trained on and understand the compliance requirements and responsibilities as they relate to Gold Coast Health Plan, an area under my supervision. My job responsibilities include ensuring the Gold Coast Health Plan 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 Gold Coast Health Plan is in compliance with all applicable Federal health care program requirements and the requirements of the Corporate Integrity Agreement, as described in the CIA Annual Report. I understand that this certification is being provided to and relied upon by the United States.



08/26/2026

Felix Nuñez, MD, MPH, Chief Executive Officer — Date

Gold Coast Health Plan℠
A Public Entity

Management Certification

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Robert Franco

Robert Franco, Chief Compliance Officer

08/31/2026

Date

Gold Coast Health Plan℠
A Public Entity

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James Cruz MD

James Cruz, MD, Chief Medical Officer

August 31, 2026

Date

Gold Coast Health Plan℠
A Public Entity

Management Certification

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Erik Cho, Chief of Staff

08/31/2026

Date

Gold Coast Health Plan℠
A Public Entity

Management Certification

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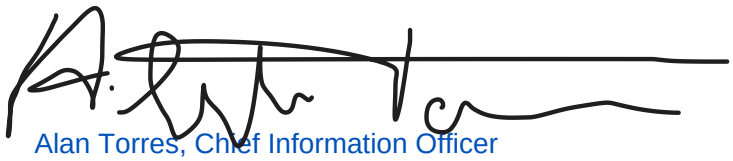

Alan Torres, Chief Information Officer

08/31/2026

Alan Torres, Chief Information Officer

Date

Gold Coast Health Plan℠
A Public Entity

Management Certification

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Jeff Register

Jeff Register, Acting Chief Financial Officer

08/24/2026

Date

Gold Coast Health Plan℠
A Public Entity

Management Certification

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Suma Simcoe

Suma Simcoe, Chief Operations Officer

09/01/2026

Date

EXHIBIT C

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, and Evidence of Submission of MLR Element Review Report to DHCS

VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION
D/B/A
GOLD COAST HEALTH PLAN

INDEPENDENT REVIEW ORGANIZATION'S
MEDICAL LOSS RATIO ELEMENT REVIEW REPORT
FOR THE FOURTH REPORTING PERIOD

September 15, 2026

PLEASE CONTACT DAVID SPIELMAN AT
DSPIELMAN@AffiliatedMonitors.com
OR (207) 205-3142 WITH ANY QUESTIONS

Affiliated Monitors, Inc. PO Box 961791, Boston, MA 02196 tel: 617-275-0620 fax: 617-345-0102

AFFILIATED MONITORS, INC.™
INTEGRITY THROUGH COMPLIANCE

TABLE OF CONTENTS

I. BACKGROUND

The U.S. Department of Health and Human Services through its 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") that became effective on August 11, 2022 (the "Effective Date"). In accordance with the CIA's terms, Gold Coast engaged Affiliated Monitors, Inc. ("AMI") to serve as the Independent Review Organization ("IRO") and perform the required Medical Loss Ratio ("MLR") Element Review for each annual Reporting Period.

For this "Reporting Period," which is the fourth one-year period following the CIA's Effective Date ("Fourth Reporting Period"), the Medical Loss Ratio ("MLR") Report (or, as defined in the CIA, "Annual MLR Report") subject to review for the Reporting Period is Gold Coast's Calendar Year 2024 MLR Report ("CY2024 MLR Report"), which it submitted to the DHCS on December 19, 2025.

The OIG sought Gold Coast's input regarding the selection of the MLR Numerator Element for review for the Reporting Period and Gold Coast recommended Non-Claims Costs. The OIG accepted Gold Coast's recommendation and, on or about May 21, 2026, notified Gold Coast that it selected "Non-Claims Costs" as the "Selected Element" to be reviewed by the IRO. The IRO, in turn, submitted to the OIG on June 15, 2026 a workplan outlining the IRO's detailed methodology, including sampling proposals, for determining 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 Gold Coast's contract with the California Department of Health Care Services ("DHCS") and applicable Medicaid laws, regulations, and guidance. Consistent with the workplan, the IRO performed the required review and issues this Fourth Annual MLR Element Review Report.

Pursuant to the CIA, Gold Coast is required to submit its fourth Annual Report within 60 days of the end of the Fourt Reporting Period or on or about October 9, 2026. The CIA requires Gold Coast to include the following it its Annual Report: (1) the IRO's MLR Element Review Report ("MLR Element Review Report"), (2) Gold Coast's response to the IRO's MLR Element Review Report, (3) Gold Coast's corrective action plan(s) related to any issues raised by the IRO's MLR Review Report, and (4) documentation of Gold Coast's refund of any Estimated Overpayment.

II. EXECUTIVE SUMMARY OF AUDIT FINDINGS

As described in greater detail below, the IRO audited 100% of Gold Coast's Non-Claim Costs as reported in Gold Coast's CY2024 MLR Report and found Gold Coast fully and accurately reported those Non-Claim Costs (i.e., 0.0% error rate). The IRO also conducted a judgmental review of Gold Coast's reported Expenses and did not find any "Unrecognized" Non-Claims Costs that may have been incorrectly allocated to Expenses as noted in the Management Findings section of this report. Hence, the IRO concludes Gold Coast's MLR classifications, calculations, and

reporting of Non-Claims Costs were consistent with GAAP and/or STAT, its internal financial accounting procedures, and federal and state laws, regulations, rules and guidance for MLR reporting, and Gold Coast accurately reported its Non-Claims Costs in its CY2024 MLR Report.

Notwithstanding the foregoing findings and conclusions, the IRO recommends that Gold Coast take the following actions to strengthen its MLR reporting and financial processes:

1. General Recommendations for MLR Reporting

Gold Coast should develop, maintain, and periodically update comprehensive policies and procedures governing all MLR reporting elements, including Medi-Cal revenue, medical expenses, capitation and other payments (e.g., incentive payments), Healthcare Quality Improvement ("HCQI") expenses, reinsurance, and other reportable MLR components.

At a minimum, the policies and procedures should include:

a. A documented methodology for calculating and reporting each element included in the Annual MLR Report;

b. Identification, by position or job function, of personnel responsible for preparing, reviewing, and approving each MLR element;

c. A description of the internal controls designed to ensure each MLR element is calculated, reviewed, and reported accurately and in accordance with Gold Coast's contract with DHCS and applicable federal and state Medicaid laws, regulations, and guidance; and

d. Procedures for periodically reviewing and updating the policies and methodologies to reflect changes in regulatory requirements, reporting guidance, or internal processes.

2. Recommendations for Vendor Costs Classified as Non-Claims Costs

Gold Coast should:

a. Establish and document a standardized methodology for evaluating third-party vendor costs associated with network development, administrative services, claims processing, utilization management, and other non-claims activities to determine the appropriate MLR classification of those costs; and,

b. Perform and document periodic reviews of vendor contracts, statements of work, invoices, and supporting documentation to ensure that reported non-claims costs remain consistent with the documented methodology and applicable DHCS and federal MLR requirements.

3. Recommendations for Non-Claims Cost Methodology

Gold Coast should:

a. Revise and formally document the methodology used to identify and classify Non-Claims Costs to ensure it is aligned with the DHCS Non-Claims Cost methodology;

b. Periodically reassess functions and cost categories included within the Non-Claims Cost methodology to ensure they remain appropriate and consistent with current DHCS guidance, contractual requirements, and applicable regulatory requirements; and,

c. Maintain documentation supporting management's rationale for the classification of significant or judgmental Non-Claims Cost determinations to facilitate future audits and regulatory reviews.

III. REVIEW METHODOLOGY

A. Review Objective

For this "Reporting Period," the OIG requested Gold Coast's input regarding the MLR Element that should be selected for review. Gold Coast recommended the OIG select Non-Claims Costs; and, the OIG accepted Gold Coast's recommendation and chose Non-Claims Costs as the Selected Element for this Fourth Reporting Period.

The IRO's objective in this review of Non-Claims Costs is to determine whether, for the CY2024 MLR Reporting Period, for determining Non-Claims Costs: (i) Gold Coast processed and paid Non-Claims Costs accurately; (ii) Gold Coast made appropriate identification and classifications of Non-Claims 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 (e.g., 42 CFR § 438.8 and DHCS regulations); and (iv) Gold Coast's payments for Non-Claims Cost could be reconciled to its CY2024 MLR Report.

B. Selected Element

The OIG selected Non-Claims Costs as the MLR Numerator Element to be reviewed (i.e., the Selected Element) in connection with Gold Coast's CY2024 MLR Report, which was submitted to the DHCS on December 19, 2025.

C. Sources of Data

Gold Coast's Process, Procedures and Controls for this Reporting Period to audit Gold Coast's process in accordance with the Federal and State of California regulations on Minimum Medical Loss Ratio Reporting.

To conduct this Review, the IRO requested, and when available received, the following data and information:

- Gold Coast's CY2024 MLR Report and underlying work papers related to Non-Claims Costs Expenditures;
- Any CMS or State MLR audits of Gold Coast or related entities and, if any such audit occurred, any Gold Coast Corrective Action Plans in connection with those audits; and
- Gold Coast's policies, procedures and controls relating to Non-Claims Costs Expenditure MLR reporting, including related entity and/or third-party MLR reporting.

The IRO also submitted to, and Gold Coast completed a "Template for OIG Expectations" which, among other things, sought to identify the process used and individuals responsible for Gold Coast's preparation, calculation, and reporting of its MLR for CY2024.

After the OIG selected Non-Claims 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 Non-Claims Costs Expenditure development process;
- 2024 vendor and payment detail tied to the 2024 MLR Report as identified as Non-Claims Costs Expenditures;
- IRO's "Template of OIG Expectations" on the Non-Claims Costs Expenditure process; and,
- A Non-Claims Cost inquiry approach to evaluate other potential vendors for Non-Claims Costs.

In addition, the IRO interviewed the following Gold Coast personnel:

- Jeff Register, Gold Coast's Acting Chief Financial Officer;
- Paul VerHaar, Gold Coast's Senior Manager, Financial Analysis;
- Bianca Naron, Gold Coast's Compliance Program Manager.

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:

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1. Policies, Procedures, and Controls

The IRO requested Gold Coast provide all written policies, procedures, controls, and protocols for the preparation of the CY 2024 MLR Report in general and the Selected Element (i.e., Non-Claims Costs) in particular. In response, Gold Coast provided an OIG Expectations Template which, at a high level, documented its processes for determining expenses or costs that should be included in calculating the Non-Claims Costs reported in its Annual MLR Report.

By reviewing the CY2024 MLR Report, available work papers, Gold Coast's responses to the OIG Expectation Template, and interviewing various employees, the IRO was able to garner a reasonable understanding of Gold Coast's policies, procedures, controls, and processes applicable to the preparation and submission of its CY2024 MLR Report.

Based upon this review and the findings from the other elements of its MLR Element Review, the IRO opines that Gold Coast's policies, procedures, controls, and processes in place for Non-Claims Costs for the Reporting Period were minimally sufficient to foster accurate reporting of the Selected Element in its CY2024 MLR Report.

2. MLR Element Non-Claims Costs Review

Given the size of the Non-Claims Costs expenditures, the IRO reviewed 100% of Gold Coast's Non-Claims Costs for the CY2024 MLR reporting period 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, its DHCS contract, and Medicaid laws, regulations and guidance.

- Sampling Number and Methodology: The IRO identified two (3) components of Gold Coast's reported Non-Claims Costs for review: (i) Non-Medical Component of Non-Global Subcapitation Payment for Administrative Functions Performed on Behalf of Issuer ($9.3 million); and (ii) Pass-Through Payments (from Schedule 1a) ($21.4 million). Due to the limited number of components, the IRO was able to review and validate 100% of Gold Coast's identified Non-Claims Costs, which eliminated the need for a statistical or judgmental sampling approach.

- Data and Documents Used to Review Incurred Claims for Unidentified Non-Claims Costs: To audit the Non-Claims Costs, the IRO required that Gold Coast provide the IRO the following documents and data.

  - Gold Coast's MLR Report and related summary documentation;
  - Each third-party vendor who provided services related to network development, administrative fees, claims processing, and utilization management;
  - Each third-party vendor which provided services related to generation of secondary network savings;

- Verification of amounts paid, including amounts paid to a provider, for professional or administrative services that do not represent compensation or reimbursement for State plan services or services meeting the definition in 42 CFR 438.3(e) and provided to an enrollee; and
- Any amounts paid for fines and penalties assessed by regulatory authorities.

- Audit Criteria: The IRO audited each expenditure to determine whether:
  - The date incurred is between January 1st and December 31st of the reporting year;
  - The vendor was paid between January 1st of the reporting year and September 30th of the year following the year in 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 Non-Claims Costs associated with the program; and
  - The amount paid is accurately reflected in the Account Payable remittance.

- Calculation of Any Overpayments or Underpayments in Non-Claims Costs: Based on the IRO's audit of the Non-Claims Costs universe, as described above, the IRO calculated the difference between the amounts approved by Gold Coast for payment versus the actual amounts that should have been paid, and then attempted to reconcile those payments to the organization's General Ledger, taking into account any appropriate adjustments.
  - Based upon the foregoing calculations, the IRO did not identify any overpayments or underpayments in Gold Coast's calculation and reporting of Non-Claims Costs, meaning Gold Coast's CY2024 MLR Report needs no adjustments.

3. MLR Element Non-Claims Cost Reconciliation

The IRO evaluated Gold Coast's reporting of Non-Claims Costs and calculations to ensure consistency with GAAP and/or STAT, its own financial accounting, and federal and state laws, regulations, rules and guidance for MLR reporting and to ensure expenditures could be reconciled with the payment amounts reflected in Gold Coast's CY2024 MLR Report. In conducting the audit, the IRO evaluated:

- Whether expenditures were made consistent with the vendor contracts.
- The differences, if any, between what was paid to these vendors versus what should have been paid.
- Whether the expenditures made to the vendors could be reconciled to the Non-Claims Cost expenditures reflected in Gold Coast's CY2024 MLR Report.

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 Non-Claims Costs Expenditures for CY2024 was generally consistent with applicable MLR reporting standards and requirements except where noted in the Review Findings.

IV. MLR ELEMENT REVIEW FINDINGS

A. Gold Coast's Policies, Procedures and Controls

Gold Coast is in the process of developing its process of formalizing written policies, procedures, and controls for the preparation of its MLR Report. In addition, Gold Coast provided the IRO with its completed Template of OIG Expectations, this document set out the process that Gold Coast used to calculate and report its Non-Claims Costs in its CY2024 MLR Report and also set out the process it planned to use for reporting Non-Claims Costs in future reports.

For reference, the documents noted above are provided as attachments to this report. See Gold Coast's completed OIG Expectations Template is **Attachment A**.

B. Non-Claims Costs Review

The IRO audited 100% of the expenditures reported as Non-Claims Cost in Gold Coast's CY2024 MLR Report, using the methodology, documentation, data, and audit criteria described above, and determined that 100% of the vendor payments were made consistent with the vendor contracts, and 100% of services provided by those vendors were appropriately allocated to the Non-Claims Costs. Stated differently, the IRO found Gold Coast accurately calculated and reported Non-Claims Costs in its CY2024 MLR Report. See **Attachment B** for the spreadsheet summarizing the Non-Claims Costs that Gold Coast reported.

C. MLR Element - Non-Claims Cost Reconciliation

Based on the information reviewed and the interviews described above, the IRO found that Gold Coast's MLR classifications, calculations, and reporting of Non-Claims Costs were consistent with GAAP and/or STAT, its internal financial accounting processes, and federal and state laws, regulations, rules and guidance for MLR reporting, and that no adjustments were required. A spreadsheet summarizing the IRO's reconciliation is included at **Attachment B**.

D. Technical Adherence to MLR Standards of Selected MLR Element

Since the IRO was able to validate and verify 100% of the Non-Claims Costs reported on the Minimum MLR Filing, the IRO took additional steps to uncover "unrecognized" Non-Claims Costs that may have remained in the Medical Cost section of the CY2024 MLR Report.

This audit step included an inquiry into various vendor types for evaluation, such as:

- Inquiry about Third Party Vendors that generate Network Savings;
- Inquiry about Third Party Vendors that provide Medical and Administrative Services;
- Inquiry about Payments made for State Plan Services; and,
- Inquiry about Fines and penalties assessed by regulatory authorities.

This inquiry determined the following:

Inquiry for Thrid Party Vendors	Company Names	2024 Expense	Line Item Location in Minimum MLR Filing
Network Optimization & Management Companies	[redacted]		
Clinical Data Analytics Firms			
Provider Network Management Companies			
IT and Security Providers			
Claims Administration Companies, claims administration/processing companies			
Claims Administration Companies, claims administration/processing companies			
Disease Management Companies			
Chart Review			
Behavioral Health Companies			
	Total	[redacted]	

Based on the criteria described above and the IRO's review, the IRO evaluated each vendor's reported Non-Claims Costs to determine whether the reported costs qualified as Non-Claims Costs, in whole or in part. Any differences between the amounts reported by Gold Coast and the amounts that should have been reported are described above. Based on this review, the IRO did not identify a need for Gold Coast to make any adjustments to its calculation and reporting of Non-Claims Costs in its CY2024 MLR Report.

E. Quantitative Results

As described above and reflected in Attachments A and B, the IRO found Gold Coast accurately calculated and reported its Non-Claims Costs in its CY2024 MLR Report.

F. Recommendations

Notwithstanding the IRO's findings and conclusions, the IRO recommends that Gold Coast take the following actions to strengthen its MLR reporting and financial processes:

1. General Recommendations for MLR Reporting

Gold Coast should develop, maintain, and periodically update comprehensive policies and procedures governing all MLR reporting elements, including Medi-Cal revenue, medical expenses, capitation and other payments (e.g., incentive payments), Healthcare Quality Improvement ("HCQI") expenses, reinsurance, and other reportable MLR components.

At a minimum, the policies and procedures should include:

a. A documented methodology for calculating and reporting each element included in the Annual MLR Report;

b. Identification, by position or job function, of personnel responsible for preparing, reviewing, and approving each MLR element;

c. A description of the internal controls designed to ensure each MLR element is calculated, reviewed, and reported accurately and in accordance with Gold Coast's contract with DHCS and applicable federal and state Medicaid laws, regulations, and guidance; and,

d. Procedures for periodically reviewing and updating the policies and methodologies to reflect changes in regulatory requirements, reporting guidance, or internal processes.

2. Recommendations for Vendor Costs Classified as Non-Claims Costs

Gold Coast should:

a. establish and document a standardized methodology for evaluating third-party vendor costs associated with network development, administrative services, claims processing, utilization management, and other non-claims activities to determine the appropriate MLR classification of those costs;

b. Perform and document periodic reviews of vendor contracts, statements of work, invoices, and supporting documentation to ensure that reported non-claims costs remain consistent with the documented methodology and applicable DHCS and federal MLR requirements; and,

c. Apply this methodology consistently across all vendors, using the evaluation performed for the Ventura Transit System expenses as a model for determining the appropriate treatment of similar costs.

3. Recommendations for Non-Claims Cost Methodology

Gold Coast should:

a. Revise and formally document the methodology used to identify and classify Non-Claims Costs to ensure it is aligned with the DHCS Non-Claims Cost methodology;

b. Periodically reassess functions and cost categories included within the Non-Claims Cost methodology to ensure they remain appropriate and consistent with current DHCS guidance, contractual requirements, and applicable regulatory requirements; and,

c. Maintain documentation supporting management's rationale for the classification of significant or judgmental Non-Claims Cost determinations to facilitate future audits and regulatory reviews.

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 David J. Spielman, J.D., and Brian Britt.

David J. Spielman is AMI's Managing Director of Healthcare Compliance. Prior to joining AMI, Mr. Spielman served as the Vice-President of Corporate Ethics and Compliance and Associate General Counsel for a regional health care system, an attorney in private practice, and an Assistant Attorney General for the State of Vermont. Mr. Spielman is experienced in fulfilling the duties and responsibilities required of an Independent Review Organization under a CIA and other similar monitoring roles, as well in providing proactive corporate compliance and ethics program assessments and assistance in enhancing program effectiveness.

Brian Britt is a principal with Bayside Advisor. Mr. Britt is a C.P.A. 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 IRO's **Medical Loss Ratio Element Review for the Fourth Reporting Period** was performed by Brian Britt, CPA (see credentials above).

Respectfully submitted,

David J. Spielman, J.D.
Managing Director of Healthcare
Compliance Affiliated Monitors, Inc.

Attachment A

OIG Expectations – Gold Coast Health Plan – 2024 Non-Claims Costs

Gold Coast Health Plan
Template for OIG Expectations - Non Claims Costs

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

OVERALL PROCESS of Non Claims Costs identification

. This process of Non Claims Costs Analysis and Reporting consists of the following:
- The Disallowed Non-Medical Component of Non-Global Subcapitation payments and correspoonding work papers
- The HQAF payments (pass-through expense) from schedule 1a and related work papers
- The estimated disallowed expense from the transportation non medical expense

Identification, by position description, of the personnel involved in calculating and reporting the MLR.

Position Title	Name of Employee	Time in Position (as of 4/27/26)	Description of Duties & Role in MLR Process
Actuarial Analyst	[redacted]		Completion of MLR filing; calculation of MLR; this resource is consultant (is an employee of Wakley Consulting)
CFO (Interim)			Jeff Register has replaced Sara Dersch, the former CFO
Controller			Jeff Register retains the position of Controller as well as Interim CFO
Actuarial Oversight			Review of MLR filing; this resource is consultant (is an employee of Wakely Consulting)
Department Managers, Sr Financial Analyst and Accountants			Gather claims and global subcapitation data , which is then reported in the general ledger and submitted in schedule 1a of the MLR filing

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 Plancontract with the DHCS and the applicable Medicaid laws, regulations, and guidance.

Controls	Effective Date of Control	Description of Control
Evaluate non global subcapitation contracts for disallowed costs.	9/1/2024	If no administrative costs are identified in the contract, then In consultation with Wakely, GCHP applied a disallowment rate to the non-global subcapitation work papers to develop the disallowed costs. The disallowed costs is then reported in schedule 1 line 67 of the MLR .
HQAF - validate sufficency of funding prior to payment.	7/1/2014	HQAF - validate receipt of the current year funds, and validate remaining HQAF liability is sufficent to cover the requested payment, which may include prior period adjustments.
Evaluate transporation contracts for disallowed costs.	6/25/2026	If no administrative costs are identified in the contract, then GCHP applied a disallowment rate to the expense to develop the disallowed costs.

Attachment B

Summary of Non-Claims Costs

MLR Line Number	Description	2024 GCHP Non-Claims Costs as Submitted	Adjustments	2024 GCHP Non-Claims Costs as Adjusted
65	Non-Medical Component of Global Subcapitation Payment	[redacted]		
66	Allowed Component of Subcapitation Payment for Admin Functions Performed on Behalf of Provider - Clinical RBO			
67	Disallowed Non-Medical Component of Non-Global Subcapitation Payment for Admin Functions Performed on Behalf of Issuer			
68	Fines and Penalties			
43	Pass-Through Payments (from Schedule 1a)			
Audit Adjustments	None			
	Totals			
	Ratio of Submitted Versus Adjustments			

ATTACHMENT C

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," whose principal business address is 711 East Daily Drive, Suite 106, Camarillo, California, 93010-6082.

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.

September 15, 2026

Vincent L. DiCianni, President
Affiliated Monitors, Inc.
P.O. Box 961791
Boston, MA 02196

September 21, 2026

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

Dear Ms. Taylor,

We have reviewed the Affiliated Monitors, Inc. Fourth Annual Medical Loss Ratio ("MLR") Element Review Report ("MLR Report").

Gold Coast Health Plan ("GCHP") is pleased to note that there were no audit findings in this year's report. We are in general agreement with the recommendations noted in the MLR Report. GCHP periodically reviews and, where appropriate, revises our MLR related policies and procedures. We will take steps to update these policies and procedures during the next review process. Additionally, GCHP does review Non-Claims Cost elements of our vendor contracts, and work closely with our vendor partners and actuarial consultants to ensure that our Non-Claims Costs are evaluated and reported in accordance with DHCS and federal MLR requirements. We will review the related processes and evaluate opportunities to strengthen their documentation.

Sincerely,

Jeffrey S. Register

Jeffrey S. Register
Controller, Finance

Jacqueline Segal

From: Robert Franco
Sent: Monday, September 21, 2026 3:42 PM
To: Nabayan, Matthew@DHCS
Cc: Jimenez, Breannah@DHCS; Cortez, Nicole@DHCS; Jeffrey Yarges; Victoria Warner; Bianca Naron
Subject: Final Independent Review Organization, Medical Loss Ratio Element Review Report
Attachments: IRO's Fourth Annual MLR Element Review Report Response.pdf; GCHP_CIA Fourth Annual MLR Element Review Report.pdf

Good afternoon Matthew,
The attached MLR Element Review Report for Calendar Year 2025 represents the results of an annual audit of the review of the accuracy of GCHP's Medi-Cal Loss Ratio Report. This review is required under GCHP's Corporate Integrity Agreement ("CIA") with the Office of the Inspector General ("OIG").

Under the terms of the CIA, Appendix B Medical Loss Ratio (MLR) Element Review, Section C Reporting of finding, the OIG requires that GCHP submit this report to DHCS, :

"C. Reporting of Findings. Within 60 days of receipt, Gold Coast shall provide a copy of the MLR Element Review Report to DHCS. The MLR Element Review Report shall also be included in Gold Coast's Annual Report for that Reporting Period, along with documentation to demonstrate that Gold Coast provided a copy of the MLR Element Review Report to DHCS. OIG, in its sole discretion, may refer the findings of the MLR Element Review Report to CMS for appropriate follow up."

GCHP is providing DHCS a copy of the MLR Element Review Report along with the GCHP Management Response and the Corrective Action Plan to the MLR Element Review. Please reach out if you have any questions.

UPCOMING PTO: September 29 & 30, 2026

Thank you,

Robert Franco
Chief Compliance Officer
4880 Santa Rosa Road
Camarillo, CA 93012
Direct Line: (805)437-5731
Mobile: (805)910-6447
Email: rfranco@goldchp.org
www.goldcoasthealthplan.org

Our Mission

To improve the health of our members through the provision of high-quality care and services.

Our Vision
Compassionate care, accessible to all, for a healthy community.

EXHIBIT D

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

ATTACHMENT C

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," whose principal business address is 711 East Daily Drive, Suite 106, Camarillo, California, 93010-6082.

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.

September 15, 2026

Vincent L. DiCianni, President
Affiliated Monitors, Inc.
P.O. Box 961791
Boston, MA 02196

EXHIBIT E

Executive Summary of the Internal Audit

INTERNAL AUDIT MEMORANDUM

FROM: Patricia Lingasin

SUBJECT: FINDING: Internal Audit Observations Relating the Ineligible Persons in response to the Corporate Integrity Agreement

DATE: August 25, 2026

Internal Audit (IA) conducted an audit, under Attorney-Client Privilege, in 2025 to evaluate the Ineligible Persons process at Gold Coast Health Plan (GCHP). As a result of this audit, IA has concluded that processes exist to ensure Ineligible Persons are monitored and tracked appropriately. While the design of these programs are in place, IA noted the following findings and observations related to some deficiencies in each process:

Ineligible Persons

GCHP's Ineligible Persons process sits across three different departments: 1) Human Resources to ensure the health plan is not hiring or contracting ineligible individuals, both permanent and temporary, 2) Procurement to ensure GCHP is not entering agreements with vendors who have been debarred or made ineligible to be a contracted party, and 3) Compliance to ensure our Commission members remain eligible to participate in their roles as Commissioners of GCHP. IA performed a walkthrough with each department, and observed the following:

1) The Absence of a Vendor Reconciliation Process Prevents GCHP from Verifying Accurate Service Execution for a Third-Party Service That Is Relied Upon for Regulatory Reporting
2) Targeted, Role-Based Training Has Not Been Established to Mitigate Ineligible Persons Risk

All these findings were rated Medium, which means there is a potential for non-compliance, resulting in regulatory reporting Organizational restrictions which could disrupt normal operations for an extended period.

In conclusion, IA found that there are processes designed to comply with the requirements prescribed by the CIA. However, there are deficiencies in the effectiveness of these processes that would require immediate action plans to be decided upon by the stakeholders of these audits. These action plans can improve the Ineligible Persons process, to ensure compliance as well as operational effectiveness.

As these results are delivered, IA will require Management Action Plans from the stakeholders in response to recommendations presented, to which IA will validate once implemented. The conclusion of these validations will be leveraged to re-evaluate the risk of non-compliance to Ineligible Persons requirements.

CC: Robert Franco, Chief Compliance Officer

EXHIBIT F

Disclosure Log Required by Section III.F of the CIA

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-8-1795	Lost or Stolen ID Card	Allegation	Closed	08/12/2025	08/12/2025	11/08/2025	On 8/12/2025 the GCHP SIU received a salesforce allegation from member [redacted] alleging [redacted] had [redacted] member ID stolen. The SIU will open a case and contact the member.	Unsubstantiated	On 11/8/2025 the Investigative lead touched based with the member over a three-month period and discussed claims. The member confirmed the claims reviewed were theirs and there was no FWA found. This case is closed with no additional actions needed.	No Fraud Detected or Found
GCHP-2025-8-1796	Lost or Stolen ID Card	Allegation	Closed	08/12/2025	08/12/2025	11/08/2025	On 8/12/2025, the GCHP SIU received a salesforce allegation from member [redacted] alleging [redacted] and [redacted] daughter [redacted] had their member ID stolen. The SIU will open a case and contact the members.	Unsubstantiated	On 11/8/2025 the Investigative lead was unable to speak with the member over a three-month period to discuss claims. This case is closed with no additional actions needed.	No Fraud Detected or Found
GCHP-2025-8-1797	Lost or Stolen ID Card	Allegation	Closed	08/19/2025	08/18/2025	11/06/2025	REASON FOR INQUIRY: Member is requesting a new ID card. ACTIONS TAKEN: I verified mailing address on file and ID card requested. I identified that the member's card was stolen two months ago and routed the event to GCHP Compliance Step for reporting. WAS POLICE REPORT FILED: [NO] INFORMATION PROVIDED : I advised member the ID card was requested and to allow the 7-14 business days to receive the card.	Unsubstantiated	The member reported their GCHP ID card as stolen, however, SIU was not able to successfully contact the member. The case is closed at this time.	Unresponsive Reporter/Caller
GCHP-2025-8-1798	Lost or Stolen ID Card	Allegation	Closed	08/20/2025	08/20/2025	10/10/2025	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. Verified member in salesforce, medical portal. triggered replacement card in health edge WAS POLICE REPORT FILED: Yes [redacted] INFORMATION PROVIDED (by Agent): I advised the member the ID card was requested and to allow the 7-10 business days to receive the card.	Unsubstantiated	The member had reported the GCHP ID card as stolen. However, the member located [redacted] GCHP ID card in [redacted] home. No further action is needed at this time. The case was closed.	No Fraud Detected or Found
GCHP-2025-8-1799	Fraud	Allegation	Closed	08/21/2025	08/21/2025	02/25/2026	On August 20,2025, a [redacted] (name and job title unknown) came and claimed that [redacted] worked with Gold Coast Health Plan. The [redacted] asked [redacted] for [redacted] ID card and license. The [redacted] mentioned that [redacted] would be receiving free food, walking shoes and eye drops from the Gold Coast Health Plan. [redacted] (name withheld) gave the [redacted] the documents [redacted] asked for. The [redacted] had a brochure and was dressed like a nurse. [redacted] went to confirm with the Gold Coast Health Plan camera office, and they said they do not know the [redacted]. The Gold Coast Health Plan camera office advised [redacted] to change [redacted] plan ID. The [redacted] had parked far; [redacted] ID did not match [redacted] face. The [redacted] also asked for [redacted] social security number. [redacted] is requesting his plan ID to be changed as per the instruction from The Gold Coast Health Plan. The camera office number is 1-888-301-1228.	Unsubstantiated	It was reported by a GCHP member that an unidentified GCHP staff member had informed the member that [redacted] would be receiving free food, eye drops and other items from GCHP. The member's ID card, license and social security number was requested to identify the member who had concerns of fraud. During the investigation it was confirmed that it was not a GCHP staff member who informed the member of free items or requested to identify the member. It was a community provider, [redacted], in which the confirmed that they do not bill the insurance regarding services they provide to the community; case closed. Additionally, the member validated the claims in the system. No fraud detected or found; case closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-8-1800	Fraud	Allegation	Closed	08/22/2025	08/21/2025	9/16/2025	On 8/21/2025 The SIU received a salesforce hotline report from member [redacted]. The member called GCHP to request a prior authorization for testing and labs. Received a call from [redacted] saying that [redacted] is requesting [redacted] to have [redacted] and a [redacted] tests done and needs to contact GCHP to get an AUTH code to have the tests done, when I asked for member ID number [redacted] gave me [redacted] when I asked to verify name and date of birth [redacted] gave me [redacted], informed caller that the ID number does not match [redacted] name and date of birth, I asked for [redacted] SSN, [redacted], when I ran the SSN it came up with the info [redacted] provided, I did noticed that the tone in [redacted] voice changed, I then asked to verify [redacted] address caller said that [redacted] did not know the address [redacted] just moved, informed [redacted] that I need to have [redacted] verify in order to continue, caller stated that [redacted] had to contact [redacted] so to get the address, after a few minutes [redacted] was able to verify address of [redacted], I asked who [redacted] is and caller said it is [redacted], caller said that [redacted] has been using that id card ([redacted]) for some time, I asked caller how [redacted] can be using that card when at the doctor's office the staff asks for ID and if it does not match they informed the patient, caller said that [redacted] has been using that ID card, I informed caller to stop using that card and continued to the reason why [redacted] called, I noticed MGR [redacted] and [redacted] advised me to report the situation to FWA. The SIU is opening a case and will follow up with the member to obtain any additional information, The SIU will then determine if the case be sent to DCHS as a notification of potential FWA.	Received from DHCS	The DHCS had no FWA findings on the potential fraud referral sent by GCHP due to lack of information for DHCS to make a determination and pursue the case.	No Fraud Detected or Found
GCHP-2025-8-1801	Lost or Stolen ID Card	Allegation	Closed	08/26/2025	08/26/2025	11/14/2025	Nature of complaint from Salesforce report: REASON FOR CALL/CALLER'S INQUIRIES: [redacted] 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. [redacted] STATES [redacted] WAS ROBBED AT 7-11 AND POLICE REPORT WAS CREATED NOTING ALL CARDS AND DOCUMENTS. WAS POLICE REPORT FILED: YES	Unsubstantiated	The member's [redacted] reported the member's GCHP ID card as stolen. Two out of the three claims were validated by the member's [redacted]. No fraud detected or found. The case is closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1802	Fraud	Allegation	In Process	09/02/2025	09/02/2025		On September 2, [redacted] was notified by the Gold Coast Health insurance department about fraudulent activities done by [redacted]. The reason as to why [redacted], [redacted] were able to get a hold of [redacted] Gold Coast Plan member card, was because they broke into her apartment in 2023, while [redacted] was in the Hospital recovering. [redacted] has attempted to contact the insurance department for assistance but the insurance department has not provided any resolutions. [redacted] believes reasons as to why [redacted] have done this fraudulent is because [redacted] and [redacted] are con-artists and have attempted to practice hacking skills to other customers (names unknown). The recent activity done was in the month August, 2025. [redacted] is the location of [redacted] apartment building. [redacted] isn't sure about [redacted] Gold Coast Plan Health member ID number. [redacted] expected outcome of filing the report is to ensure Gold Plan Health Plan is made aware of [redacted] concern and intervenes. [redacted] requests Gold Coast Plan Health to investigate [redacted] concern.	'- Select One -		'- Select One -
GCHP-2025-9-1803	Fraud	Allegation	Closed	09/03/2025	09/03/2025	03/18/2026	On August 28, 2025, [redacted] customer, attempted to obtain medical attention in Gold Coast, however, the care was denied as [redacted] was using medical services in Los Angeles, California. [redacted] hadn't used [redacted] insurance in Los Angeles. [redacted] membership has been used by anyone else.	Unsubstantiated	The received a letter from Los Angeles (LA) County insurance in August 2025, stating that the member's insurance was going to be terminated at the end of the month. The member's [redacted] clinic, [redacted] had informed the member that [redacted] was inactive. The member was soon reinstated back to Ventura County Medi-Cal. Per the member's [redacted], will be following up with the LA insurance to clarify the letter. The member's [redacted] confirmed that the members full name is [redacted] There is a discrepancy with the name in the system, which shows [redacted] SIU advised to follow-up with the local Medi-Cal to ensure name is accurate. SIU conducted a claims search and confirmed the proper name is in the billing. Additionally, there are no claims after 1/10/2025. The member was able to validate the September claims in the system, however the member was not reached after that the validate the remainder of the claims. Case closed.	No Fraud Detected or Found
GCHP-2025-9-1804	Lost or Stolen ID Card	Allegation	Closed	09/03/2025	09/03/2025	09/04/2025	The caller began to file a report regarding stolen 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 and will be unable to review or follow up on this report.	Insufficient Information	This reporter was anonymous and this case is closed.	Anonymous - Unable to Follow-Up

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1805	Fraud	Allegation	Closed	09/04/2025	09/03/2025	9/15/2025	Hello, Please see the attached Final MC609 referral specific to [redacted]. [redacted] Medi-Cal members were identified to have been potentially impacted by [redacted] billing behavior across the California market. Please refer to the grid below for plan breakdown: RegionGroup IDGroup NameUnique Member Count [redacted] Total: [redacted] Grand Total: [redacted] The Investigative lead with open a case on this provider which is in GCHP HRP system and complete any necessary regulatory reporting .	Unsubstantiated	[redacted] identified potential exposure for three GCHP members. Only one member had claims identified in the system, but zero dollars paid out. This case is closed.	No Fraud Detected or Found
GCHP-2025-9-1806	Lost or Stolen ID Card	Allegation	Closed	09/04/2025	09/03/2025	12/15/2025	Nature of complaint received from Salesforce: 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. WAS POLICE REPORT FILED: [not yet] INFORMATION PROVIDED (by Agent): I advised the ID card was requested and to allow the 7-10 business days to receive the card.	Unsubstantiated	SIU received a salesforce report regarding a member who requested a GCHP ID card due to the card being potentially stolen. SIU did not receive a call back from the member/caller nor located claims during the monitoring period. No fraud detected of found. The case is closed.	Unresponsive Reporter/Caller

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1807	Fraud	Allegation	In Process	09/05/2025	09/04/2025		On 9/5/2025 the SIU received an internal email from member services about possible FWA involving a member ID and several discrepancies. Provider office: [redacted] reached out to report possible FWA regarding member [redacted]. [redacted] was seeing clinic for services under ID [redacted] with DOB [redacted] and no photo ID was previously presented. However, on a recent visit the staff advised member that [redacted] medi-cal was inactive under same ID #, [redacted] then provided a new ID [redacted] with DOB [redacted] and presented a photo ID [redacted] passport with same date of birth that matched with ID [redacted]. It is clear there are a few discrepancies between the two accounts for example the Name, DOB, Address apt #, Phone number. I provided additional information from the state site (DHCS-Medslite). FIRST CIN: [redacted] SECOND CIN: [redacted] The SIU will open a case and review the information	Referred to DHCS		'- Select One -
GCHP-2025-9-1808	Lost or Stolen ID Card	Allegation	Closed	09/05/2025	09/04/2025	12/17/2025	Nature of Complaint received from Salesforce Report: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card for [redacted] and [redacted] 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: YES INFORMATION PROVIDED (by Agent): I advised [redacted] the ID card was requested and to allow the 7-10 business days to receive the card	Unsubstantiated	SIU received a report regarding a member and [redacted]n who had alleged that their GCHP ID cards had been stolen. It was noted in the report that a police report was filed. During the monitoring period several calls were made to reach the member, however a call back was not received. As a result the claims in the system were not validated. The case is closed.	Unresponsive Reporter/Caller

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1809	Fraud	Allegation	Closed	09/08/2025	09/08/2025	03/20/2026	On 9/8/2025 the GCHP SIU received notification via email from Clinical Care Manager about a potential FWA case involving member [redacted] filing a grievance against provider [redacted] Member info: [redacted] Member Safety concern: This member filed a grievance against [redacted] which is in LA. Member resides in a board and care facility in LA, which we found out today is not a credentialed facility. GCHP social worker contacted APS and ombudsman due to irregularities in member's situation. Social worker's note today 9/5/202: [redacted] at Ombudsman LA County office [redacted] regarding referral and address where member is currently located at. Staff reports that address [redacted] is not a licensed facility and last credential was 8/27/21 and non-operative." Member is in the process of being transferred to another facility. Member states that [redacted] bed is in the "kitchen area". Member states [redacted] "does not feel like [redacted] is being harmed or in danger but does not feel comfortable in [redacted] environment and has been there since 8/29/25". GCHP care manager social worker continues to keep in touch and assist this member during [redacted] transition to a new facility. Billing concerns: [redacted] shows claims for medications filed since April 2025 that should not be filed separate from [redacted] claims.	Referred to DHCS	09/08/2025 The original grievance filed by the member [redacted] against [redacted] [redacted] was on 9/2/2025. On 9/8/2025 the GCHP SIU became aware of the grievance and received notification via email from GCHP Clinical Care Manager [redacted]. Member info: [redacted] Member Safety concern: This member filed a grievance against Franklin [redacted] which is in LA. Member resides in a board and care facility in LA, which we found out today is not a credentialed facility. GCHP social worker contacted APS and ombudsman due to irregularities in member's situation. Social worker's note today 9/5/202: "[redacted] at Ombudsman LA County office [redacted] regarding referral and address where member is currently located at. Staff reports that address [redacted] [redacted] is not a licensed facility and last credential was 8/27/21 and non-operative." Member is in the process of being transferred to another facility. Member states that [redacted] bed is in the "kitchen area". Member states [redacted] "does not feel like [redacted] is being harmed or in danger but does not feel comfortable in [redacted] environment and has been there since 8/29/25". GCHP care manager social worker continues to keep in touch and assist this member during [redacted] transition to a new facility. Billing concerns: [redacted] shows claims for medications filed since April 2025 that should not be filed separate from [redacted] claims. [redacted] should be covering medications related to symptom management and member's [redacted]. Member also states that [redacted] was not aware that [redacted] was in [redacted].	No Action Necessary

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
							[redacted] should be covering medications related to symptom management and member's [redacted]. Member also states that [redacted] was not aware that he was in [redacted]. From [redacted]: Also from [redacted], monthly claims with month of service: 5/17/2025 [redacted] 6/2/2025 [redacted] 7/1/2025 [redacted] 8/4/2025 [redacted] 9/2/2025 [redacted] From Medi-Cal Rx: The SIU will open a FWA case and further review the information, reaching out to the member if necessary. The GCHP appeals and grievance Department also was included in the distribution of this email and aware of the allegation.		On 9/22/2025 DHCS notified fraud referral has been received and assigned reference # [redacted]. Per Exhibit A, Attachment III, Section 1.3.2(D)(2) of the Managed Care Boilerplate Contract, if your investigation is ongoing, please continue to submit updates, and the findings to DHCS once your investigation has concluded. If we have additional questions, an analyst may contact you in the future. Thank you. [redacted] Data Analytics & Case Development Investigations Division California Department of Health Care Services 10/31/2025 9:50:19 AM - [redacted] On 10/31/2025 the Investigative lead learned more information about the member status internally from GCHP Care Management team. This member was at a [redacted] in [redacted]. [redacted] It appears they did not want [redacted] as a custodial resident and arranged for [redacted] to go with [redacted] [redacted] The member initially reported that [redacted] didn't know [redacted] was on [redacted] then later said [redacted] signed up with them so they could find [redacted] a place to stay. [redacted] has been placed in a couple of room and boards not licensed board and care facilities. [redacted] was placed in LA county, but wanted to stay in Ventura County. [redacted] [redacted] is in the Valley. Dr [redacted] is the [redacted] MD.	

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
									The R&B provide at least some meals, but member stated not tailored to [redacted] medical needs. We have been providing medically tailored meals. [redacted] apparently has [redacted] and might qualify for [redacted] Reportedly [redacted] [redacted] didn't know [redacted] was on [redacted] though. The member continued to see [redacted] [redacted]. I recall [redacted] said [redacted] was having trouble with [redacted] meds. Yes [redacted] should have covered [redacted] meds especially those related to [redacted] [redacted] diagnosis. I don't know how [redacted] got to Ventura for appointments but at one time, [redacted] did have a car. I received this case on 9/2/25 for care coordination and Care Management needs. Member has been enrolled with [redacted] [redacted] since April 2025 and discharged from [redacted] [redacted] after custodial placement was exhausted. [redacted] was referred to [redacted] by [redacted] and they moved [redacted] out of area. Member is unhoused, has no support system, and no income and was applying for disability in Ventura County. [redacted] [redacted] has been providing housing for this member in Winnetka (LA County) and transferred [redacted] on 8/29/25 to an unlicensed facility and CM referral was processed. I reached out to member who was concerned about [redacted] housing on 9/3/25 and completed APS report. I confirmed with member that [redacted] would remain primary medical care provider, and [redacted] proceeded to inform me that [redacted] was still seeing his [redacted] and wanted to return to Ventura County. Member was made aware of concerns with [redacted] placement in LA County, why [redacted] was still seeing [redacted] provider, and why [redacted] was out of Ventura County. [redacted] was made aware that [redacted] was responsible for [redacted] care and that [redacted] benefits would be affected due to being out of area and under [redacted] care. I expressed my concerns immediately and that's why we were concerned of billing from [redacted] Member should be primarily covered by [redacted] for all medical care, medications, and ongoing care coordination. I explained that we could not assist with changing [redacted] due to his enrollment with [redacted], and [redacted] would need to discuss with [redacted] [redacted] for another referral, if appropriate for [redacted] services.	

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									I spoke to member this week on 10/27/25 and he reports that [redacted] will disenroll from [redacted] and transfer back to Ventura County. [redacted] has been utilizing [redacted] benefit to [redacted] appointments, and I will assist with referral to Community Supports for housing but [redacted] is aware that we are not able or responsible for placement. Member also reports that [redacted] is not receiving meals where [redacted] resides and is requesting MSF due to diet restrictions of [redacted] APS county worker provided member with resources and coached [redacted] to transfer to LA County for housing, but member does not want to leave Ventura County and wants to stay with [redacted]. Member was going to call me once [redacted] disenrollment from Franklin [redacted] is confirmed. Learning this new information next steps are Member stated to [redacted] he was not receiving meals, we need to determine where the member meals have been delivered. We may have an issue here •It seems member knowingly enrolled in [redacted] we need confirmation from [redacted] on date, then we need to work with claims to let them know member was on [redacted] I'd assume they will deny claims. •We should also let Medi-Cal Rx know as well since the allegation was prescribing meds outside of [redacted] care which should have been included and not billed outside of. On 10/31/2025 the Investigative lead contacted [redacted] and spoke to a representative names [redacted]. [redacted] stated the member started care April 29, 2025, still actively in [redacted] with [redacted]. The member had not returned the Investigative leads phone calls and another call was made and another message left. 11/06/2025 The Investigative lead was provided a new phone number for the member after determining a number change the new phone number listed in Sales force is [redacted]. The Investigative attempted to make member contact utilizing the new number and a voicemail with the member identifying [redacted] picked up. A message was left for the member. The Investigative lead notified the claims team via email that the member was billed and we paid for [redacted] claims while the member was in [redacted] The grievance and appeals team was emailed requesting a status of the grievance filed by the member.	

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									The lead sent an email to [redacted] to determine if the member has a current case manager assigned to [redacted]. Member interviews : [redacted] several attempts to contact even attempted to get an alternate # from member services still able to make contact [redacted] no VM set up unable to leave a message, several attempts [redacted] # went back to a business [redacted] member was not there when calls were made [redacted] message always came on the wireless customer is unavailable please try your call later, no message could be left. [redacted] Called 1st # several times, just rang with no VMThe cell has [redacted] on V/M messages left but not retuned. [redacted] Sever calls made and messges left on automated V/M no returned calls On 11/6/2025 [redacted] emailed the lead about the member's care manager. [redacted] advised that the member is residing out of the county and was in a [redacted] for more than 30 days and on [redacted] so [redacted] is no longer enrolled in ECM. [redacted] SW on the GCHP adult team has been working with [redacted] . On 11/7/2025 while the Investigative lead was researching HRP claims, it was determine the last two dates the member had [redacted] meals delivered were on 10/18 and 10/25 2025. There shows no November deliveries to the member. The Investigator lead contacted [redacted] at [redacted] and notified them of Pharmacy billing outside of normal [redacted] Care treatment plan and potential FWA. 11/21/2025 9:46:44 AM - [redacted], [redacted] On 11/21/2025 the Investigator searched HRP for [redacted] providers [redacted] and [redacted] there showed no contract in the system. The Lead sent an email to provider contracting to confirm if any of the providers have a contract of LOA with GCHP. Provider networking emailed back confirming none of the three [redacted] providers are contracted with GCHP. 02/02/2026 8:46:28 AM - [redacted] On 2/2/2026 the Investigative lead placed a call to Phone: [redacted], located in the NPI registry. The lead attempted to confirm the address to Send Med Records request of [redacted], but a message came on stating the number is no reachable. The lead will attempt to locate an alternate number for the [redacted] 02/04/2026 Determine what members diagnosis was, if [redacted] was a medical necessity and warranted eligibility for [redacted] Care. followed up with [redacted], [redacted] and [redacted]. “Patient Eligibility and Certification” Lead Could not reach member to interview after several attempts. Determine if Claims overlap between [redacted] facility and [redacted] or other facilities.	

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
									Determine length of [redacted] Stay from start date [redacted] starting April 29, 2025, and still actively in [redacted] as [redacted] gathering info on the [redacted] providers and suggested a meeting. Discussed [redacted] provider records request form with [redacted] and was later approved. Sent [redacted] an email to request a status on the [redacted] meeting but have not heard back. [redacted] decided not to meet and suggested reaching out to provider for answers to questions The lead looked back at emails about asking [redacted] about diagnosis would qualify for members to receive [redacted]. The email was passed from [redacted] to [redacted] then to [redacted], [redacted] then replied she would gather this and other info and suggested the meeting to discuss. Sent med records request to [redacted] for review and approval to use. The Investigative lead attempted to place a call to the provider number [redacted]- [redacted] and a message came on number not reachable. The lead was looking for alternative phone numbers for the [redacted] none were located. The lead is determining alternatives to confirm the provider location to send the MRR. The Investigator lead while conducting background searches on the provider determined they were on a 2026 CMS Non-Compliant APU list. On 3/20/2026 it was determined during 1:1 meeting with Manager that because this provider has a disconnected phone number and vacant business address that this case could be closed. The SIU communicated with claims to apply a stop payment on this provider, and confirmed this was completed. On 3/20/2026 it was determined during 1:1 meeting with Manager that because this provider has a disconnected phone number and vacant business address that this case could be closed. The SIU communicated with claims to apply a stop payment on this provider and confirmed this was completed. This final MC-609 was submitted to DHCS and this case is closed requiring no additional activities. [redacted] Claims: 5/17/2025 [redacted] 6/2/2025 7/1/2025 8/4/2025 9/2/2025 Medi-Cal Rx: also had claims for meds that should have been included in the [redacted] Plan of care. These claims could not be attached but were uploaded as an attachment and included in the case folder. The SIU will open a FWA case and further review the information, reaching out to the member if necessary. The Investigator lead placed a call to the member phone number [redacted]- [redacted], there was no answer and a V/M message was left. 09/10/2025 11:47:18 AM - [redacted] On 9/10/2025 the Investigative lead completed a google search at the [redacted] [redacted] the facility where the member is supposedly staying. A photo of the area shows it is located in a residential area. A google photo was uploaded here and included in the case file. The Investigative lead also forwarded the member grievance to the GCHP Pharmacy Director because of the pharmacy claims component in the complaint. The Investigative lead attempted to make contact with the member utilizing the phone number [redacted] There was no answer and a message was left.	

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GCHP-2025-9-1810	Fraud	Allegation	In Process	09/09/2025	09/08/2025		Nature of complaint received from Carelon: Initial (9/3/2025): This provider was identified as potentially billing for impossible days and medical records not containing documentation of start and stop times within progress notes. Will request records for codes [redacted] and [redacted]. The Scope is 6/1/2024-6/30/2025. Total exposure for GCHP = [redacted] Carelon Case Number: [redacted]	Received from Delegate		'- Select One -
GCHP-2025-9-1811	Lost or Stolen ID Card	Allegation	Closed	09/10/2025	09/10/2025	10/28/2025	On September 10, 2025, [redacted] lost [redacted] Gold Coast member ID card. [redacted] didn't know where [redacted] lost [redacted] Gold Coast member ID card. [redacted] called the Gold Coast member line. A representative of the Gold Coast member line (name unknown) told [redacted] that should file a report thought the ethics line to get a replacement. [redacted] didn't know if there are witnesses or surveillance cameras that might capture the incident. [redacted] requested the replacement of [redacted] Gold Coast member ID card.	Unsubstantiated	A report was received regarding a lost ID card; however, GCHP no longer monitors or investigates cases related to lost ID cards. The case has been closed.	No Action Necessary
GCHP-2025-9-1812	Lost or Stolen ID Card	Allegation	Closed	09/11/2025	09/11/2025	12/17/2025	Nature of Complaint: 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. WAS POLICE REPORT FILED: [NO] INFORMATION PROVIDED (by Agent): I advised that the ID card was requested and to allow the 7-10 business days to receive the card.	Unsubstantiated	SIU received a report regarding a member who had alleged that their GCHP ID cards had been stolen. It was noted in the report that a police report was not filed. During the claims monitoring period several calls were made to reach the member, however a call back was not received. As a result the claims in the system were not validated. The case is closed.	Unresponsive Reporter/Caller

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1813	Customer Relations	Allegation	Closed	09/12/2025	09/12/2025	09/16/2025	In 2021, on a date [redacted] could not remember, [redacted] paid $[redacted] for a [redacted] at [redacted] surgery. [redacted] was told that the tooth was of high quality, and [redacted] paid $[redacted] out of pocket. Since January 2025, on a date that [redacted] couldn't remember, [redacted] went to [redacted] surgery for [redacted] David told [redacted] to stop treatment with the [redacted] (name unknown). David [redacted] on the [redacted] of [redacted] The [redacted] on the [redacted] of [redacted] were too big. [redacted] complained to [redacted] and made an appointment. [redacted] began to treat [redacted] and ignored the main issue with the [redacted] on the [redacted]. [redacted] had an [redacted] that [redacted]. [redacted] believed that [redacted] charged [redacted] and [redacted] was not certain of the total amount. [redacted] also believed that the [redacted] should have lasted between 10 to 30 years. [redacted] scheduled another appointment after [redacted] subsided caused by the [redacted]. [redacted] told [redacted] that he would personally work on [redacted] and get them fixed. [redacted] trusted [redacted] but found out that he lied and could not work further on the [redacted] surgery did not have the tools to work on [redacted] On September 12, [redacted] called the [redacted] surgery, [redacted] was told that it was [redacted] fault that the [redacted] and the only thing they could do was [redacted] on [redacted] surgery also told [redacted] that the $[redacted] paid for the [redacted] in 2021 was unwarranted for.	Unsubstantiated	This information was provided to the member to handle [redacted] dental claim needs. Dental Beneficiary Customer Service phone line: 800-322-6384 Dental Provider Customer Service phone line: 800-423-0507 General information for Dental - contact at Dental@dhcs.ca.gov Dental Managed Care, contact at DentalManagedCare@dhcs.ca.gov	No Fraud Detected or Found
GCHP-2025-9-1814	Lost or Stolen ID Card	Allegation	Closed	09/16/2025	09/16/2025	12/22/2025	On September 11, 2025, [redacted] was working nightshift at [redacted], and a thief (name unknown) broke [redacted] car window and stole [redacted] purse that had [redacted] Gold Coast membership card in it. [redacted] has already filed a police report regarding [redacted] stolen purse. [redacted] requests for a new Gold Coast membership card to be sent out to [redacted]	Unsubstantiated	The member reported that [redacted] purse was stolen along with her GCHP ID card. The member filed a police report with the Camarillo Police Department - [redacted] The member validated all claims during the claims monitoring process. There was no fraud detected or found. Case closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1816	Fraud	Allegation	Closed	09/17/2025	9/16/2025	9/25/2025	On 9/17/2025 the GCHP SIU was notified via email of a potential FWA occurrence. Operations and Provider support reported alleged that member [redacted] was possibly billed for duplicate claims on 7/1/2025 and 7/30/2025 by [redacted] with the [redacted] group. The SIU will open a case and follow up with the member and review claims in question. Call Reference [redacted] Potential Fraud Claim – Provider billed Claim [redacted] same member same DOS Billed amt [redacted] CPTs [redacted] and [redacted] Caller Name (first & Last name initial): [redacted] Caller Phone : 13235180305 Provider/Facility: [redacted] NPI : [redacted] Member : [redacted] Member ID: [redacted] DOB : [redacted] DOS : [redacted] TC: [redacted] DCN: [redacted] Fax Attn Claim billed for same CPTs [redacted] , and CPT [redacted] for same address location , provider did confirm [redacted] is affiliated with same provider group different TIN, NPI and same address. Provider billed Claim [redacted] same member same DOS Billed amt [redacted]. 2nd claim Potential Fraud Dup Claim *** [redacted] Caller Name (first & Last name initial): [redacted] Caller Phone : [redacted] Provider/Facility: [redacted] NPI : [redacted] Member : [redacted] Member ID: [redacted] DOB : [redacted] DOS : [redacted] TC: [redacted] DCN: [redacted] Fax Reason for call: Claim recvd 8/26/25 Still in process Please allow 45 business days for processing time, anything beyond 45 business days interest will apply. Provider CPT billed [redacted] , [redacted] ***Possible Duplicate / Fraud Refer to Claim [redacted] same billed amt [redacted], same DOS [redacted] ,different Grp name , same location, different NPI CPTs billed [redacted], [redacted]	Unsubstantiated	The Investigation found the double billing allegation unsubstantiated and as a result the case is closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1817	Lost or Stolen ID Card	Allegation	Closed	09/19/2025	09/19/2025	12/17/2025	Nature of complaint: Stolen ID card REASON FOR CALL/CALLER'S INQUIRIES: Parent, [redacted] 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. WAS POLICE REPORT FILED: [YESNO] no	Unsubstantiated	SIU received a report regarding a member's parent who alleged that their [redacted] had their GCHP ID cards stolen. It was noted in the report that a police report was not filed. During the claims monitoring period several calls were made to reach the member, however a call back was not received. In addition, there were no claims located in the system for the member to validated after the reported incident. The case is closed.	Unresponsive Reporter/Caller
GCHP-2025-9-1818	Lost or Stolen ID Card	Allegation	Closed	09/22/2025	09/22/2025	12/17/2025	Nature of Complaint received from Salesforce report: 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. WAS POLICE REPORT FILED: NO	Unsubstantiated	SIU received a report regarding a member who had alleged that their GCHP ID cards had been stolen. It was noted in the report that a police report was not filed. During the claims monitoring period several calls were made to reach the member, however, a call back was not received. As a result the claims in the system were not validated. The case is closed.	Unresponsive Reporter/Caller
GCHP-2025-9-1819	Fraud	Allegation	Closed	09/23/2025	09/22/2025	04/01/2026	On 9/22/2025 the GCHP SIU was notified via email of a complaint against [redacted]. involving member [redacted] Per [redacted] PA-C with [redacted]: According to records, [redacted] was enrolled in [redacted] on January 9, 2024, with authorization for Medicaid to pay [redacted] for services. [redacted] stated that a [redacted] representative told [redacted] this "new program" would not interfere with [redacted] existing healthcare providers. [redacted] has continued to receive care from: •[redacted] •Multiple other [redacted] in Ventura County Concerns Raised [redacted] reported that [redacted] did not knowingly consent to [redacted] care. [redacted] believed [redacted] was enrolling in a supportive program that would not affect [redacted] existing providers. Actions Taken by [redacted] •I contacted [redacted] Enhanced Case Manager through [redacted], [redacted], to report that [redacted] had unknowingly enrolled in [redacted] Ms. [redacted] confirmed [redacted] was unaware of the enrollment and stated [redacted] will reach out to [redacted] [redacted] to have [redacted] disenrolled. •On August 19, 2025, at 7:33 PM EST (4:33 PM PST), I reported the fraud complaint to the U.S. Department of Health and Human Services, Office of Inspector General (OIG) by calling 1-800-447-8477. The complaint was filed with [redacted], Call Center Operator.	Referred to DHCS	On 9/22/2025 the GCHP SIU was notified via email of a complaint against Citadel [redacted] Inc. involving member [redacted] Per [redacted], PA-C with [redacted]: According to records, [redacted] was enrolled in [redacted] on January 9, 2024, with authorization for Medicaid to pay [redacted] for services. [redacted] stated that a [redacted] representative told [redacted] this "new program" would not interfere with [redacted] existing healthcare providers. [redacted] has continued to receive care from: •[redacted] •Multiple other [redacted] in Ventura County Concerns Raised [redacted] reported that [redacted] did not knowingly consent to [redacted] care. [redacted] believed [redacted] was enrolling in a supportive program that would not affect [redacted] existing providers. Actions Taken by [redacted] •I contacted [redacted] Enhanced Case Manager through [redacted], T[redacted], to report that [redacted] had unknowingly enrolled in [redacted] Ms. [redacted] confirmed [redacted] was unaware of the enrollment and stated [redacted] will reach out to [redacted] [redacted] to have [redacted] disenrolled. •On August 19, 2025, at 7:33 PM EST (4:33 PM PST), I reported the fraud complaint to the U.S. Department of Health and Human Services, Office of Inspector General (OIG) by calling 1-800-447-8477. The complaint was filed with [redacted], Call Center Operator. [redacted] made a report that I had supporting documentation, [redacted] admission records, available to support the report. •On August 20, 2025, at 9:08 AM (PST), I submitted the fraud complaint via secure email to [redacted] and [redacted] at CMS, with [redacted]	No Action Necessary

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
							[redacted] made a report that I had supporting documentation, [redacted] admission records, available to support the report. • On August 20, 2025, at 9:08 AM (PST), I submitted the fraud complaint via secure email to [redacted] and [redacted] at CMS, with [redacted] (NPHI) copied. Patient Information • Name: [redacted] • DOB: 1[redacted] • Phone: [redacted] • Address: [redacted] • Insurance: Gold Coast Health Plan, Member ID [redacted] • Enhanced Case Manager (since 5/5/2025): [redacted], Tel: [redacted] Hospice Provider in Question • [redacted]. [redacted] Tel: [redacted] Fax: [redacted] Report Filed By [redacted], PA-C Director of Community Palliative Care Office: [redacted] Direct: [redacted] CPC Fax: [redacted] The SIU will open a FWA case and reach out to the member if determined necessary.		McChesney (NPHI) copied. Patient Information •Name: [redacted] •DOB: [redacted] •Phone: [redacted]) •Address: [redacted] •Insurance: Gold Coast Health Plan, Member ID [redacted] •Enhanced Case Manager (since 5/5/2025): [redacted], Tel: [redacted] Provider in Question •[redacted]. [redacted], [redacted] Tel: [redacted] Fax: [redacted] Report Filed By [redacted], PA-C Director of Community Palliative Care Office: [redacted] Direct: [redacted] CPC Fax: [redacted] The SIU will open a FWA case and reach out to the member if determined necessary. On 10/1/2025 this case was discussed during a case review, and it was determined it needed to be referred to DHCS for suspected FWA to meet the 10-day reporting window. It was also suggested that the Investigative lead submit a claims request to the claims team to see the total claim history for the members. The Investigative lead through due diligence and background searches determined deactivated 8/19/2025 [redacted] NPI in claim CMS deactivated NPI [redacted]. The provider can no longer use this NPI. Our public registry does not display provider information about NPIs that are not in service. On 10/2/2025 the Investigative lead placed a call to the member phone number listed in Sales force. [redacted]. The phone rang several times and then a recording picked up. A [redacted] voice identifying [redacted] as the member [redacted] was on the recording. A message was left requesting the member call the Investigative lead back. On 10/06/2025 the SIU lead attempted another call to contact the member to discuss the allegations. The call resulted in no answer and another voicemail message being left for the member. On 10/09/2025 was contacted by DHCS Your fraud referral has been received and assigned reference #[redacted] On 10/30/2025 the Investigative lead attempted to contact Community Memorial Hospital case manager [redacted] at [redacted] The phone rang and a recording came on and was passed through several prompts, unsuccessful in speaking with anyone or leaving a message for [redacted]. The Investigative Lead also notified executive staff by email of the provider NPI deactivation. The member has failed to return the Investigative leads calls. Another attempt was made to member number [redacted] resulting in another message being left. On 11/3/2025 the Investigative lead spoke to [redacted] stated the member was not ever on [redacted] and should not be. [redacted] stated the last time [redacted] spoke to the member was in August 2025 and does not know how to contact [redacted] [redacted] also shared the new nurse care coordinator was [redacted]. The lead reached out to [redacted] and left a message, but [redacted] had not heard back. On 11/21/2025 the Investigator searched HRP for [redacted] providers [redacted], [redacted], and [redacted] In there showed no contract in the system. The Lead sent an email to provider contracting to confirm if any of the providers have a contract with LOA with GCHP. Provider networking emailed back confirming none of the three [redacted] providers are contracted with GCHP. On 2/2/2026 the Investigative lead placed a call to the [redacted] office [redacted]. [redacted] and spoke to receptionist who said the owner picks up the office mail.	

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
									[redacted] confirmed the address to send the Records request: [redacted] to the attention of the Medical records Department. " Determined this address was that of another [redacted], not the focus of this investigation" 2/4/2026 Determine what members diagnosis was if [redacted] was a medical necessity and warranted eligibility for [redacted] Care. Followed up with [redacted] and [redacted]. “Patient Eligibility and Certification” Could not reach member to interview after several attempts. Determine if Claims overlap between [redacted] facility and SNF or other facilities Determine length of [redacted] Stay from start date 2/1/2025 -7 Ease in [redacted] 7/26/2025-8/1/2025 last claim1/9/2026 [redacted] gathering info on the [redacted] providers and suggested a meeting. Discuss [redacted] provider records request form with [redacted]. Sent [redacted] an email to request a status on the [redacted] meeting but have not heard back. [redacted] said we would not meet, and the provider would have to provide answers to our questions. Lead looked back at emails about asking [redacted] about diagnosis would qualify for members to receive [redacted] The email was passed from [redacted] to [redacted] then to [redacted]. [redacted] then replied [redacted] would gather this and other info and suggested the meeting to discuss. Sent med records request to [redacted] for review and approval to use. [redacted] assisted and sent out the medical records request to the provider The Medical records request was sent on 2/11/2026 Via USPS with tracking #[redacted]. When the tracking was looked up to determine if it had been successfully delivered there was a status stating " Additional actions required" I am unsure what this means and will call the provider's office to determine if they received the MRR. On 2/26/2026 Called receptionists’ and they advised they still not have received the MRR. Lead asked if I could send the request via secure email to her. [redacted] said no! and asked if it could be mailed again USPS. I checked the status of the delivery as of today 12:00AM it was in transit. On 3/18/2026 the investigator realized the MRR was sent to the wrong [redacted] [redacted] location. The correct provider information is NPI: [redacted] The Investigator requested a stop payment be placed on the provider because several times it was verified this member was never in [redacted] care or even qualified for it. The provider’s business phone is also not working. •GCHP clinical staff reported that since it has been repeatedly verified that this member is not receiving [redacted] from any provider. •Clinical determination member do not qualify for [redacted] based on diagnosis. •The business provider phone [redacted] is non-working •The provider failed to meet the statement of information to DHCS/CMS due date of 8/31/2025 •[redacted] registered Agent, [redacted] is the CEO •Business email address [redacted]@gmail.com •A payment hold been placed on the provider internally effective 3/20/2026. •Google Maps show pictures where [redacted] is located the building is for lease. •All healthcare related businesses located at [redacted] NPI: in HRP [redacted] pulls up [redacted] in NPI registry Supplier ID [redacted] 1500 form: 1st claim in HRP shows [redacted] 2nd claim shows [redacted] 3rd claim shows [redacted] All claims final and paid Phone: [redacted] call has been forwarded to VM, the person you are trying to reach is unavailable. Not located in DHCS restricted providers Not on OIG exclusion list Not on CA exclusion list Not on preclusion list [redacted] NPI: not listed in NPI registry matching the 5050 address Not in HRP [redacted] NPI: [redacted] NPI registry matching the [redacted] address Not in HRP Tha [redacted] NPI: [redacted] goes back to a CA. address other than [redacted] Not in HRP	

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
									[redacted] searched in NPI registry, [redacted] pulls up with NPI: [redacted] at the [redacted] address Not in HRP [redacted] Provider NPI: [redacted] and [redacted] NPI registry matching the [redacted] address Not in HRP [redacted] NPI: [redacted] NPI registry matching the [redacted] address Not in HRP [redacted] Care NPI: [redacted] NPI registry matching the [redacted] address Not in HRP [redacted] [redacted] NPI: [redacted] NPI registry matching the [redacted] address Not in HRP [redacted] NPI: [redacted] NPI registry matching the [redacted] address Not in HRP [redacted] e NPI: [redacted] NPI registry matching the [redacted] address In HRP Double check claims in HRP before payment hold. 1 claim needs review 1 denied Phone Number: ([redacted] [redacted] phone rings several times then says leave your message for another number. Based on CMS data in 2025 shows record as non-filed (non-compliant) Not located in DHCS restricted providers Not on OIG exclusion Not on CA exclusion list Not on preclusion list [redacted] NPI: [redacted] NPI registry matching the [redacted] address Not in HRP •The Investigator initiated a payment hold on the provider. On 4/1/2026 The Investigative lead submitted the final MC609 to DHCS and closed this case with no further actions.	
GCHP-2025-9-1820	Fraudulent Insurance Claims	Allegation	In Process	09/25/2025	09/25/2025		In some cases, attendance sheets show signatures that were not signed by the [redacted] themselves but instead by their spouses or family members or staff. Most of the participates are of [redacted] descent, with some of [redacted] descent.	Referred to DHCS		- Select One -
GCHP-2025-9-1821	Lost or Stolen ID Card	Allegation	Closed	09/25/2025	09/25/2025	12/17/2025	Nature of complaint: GCHP's stolen ID card 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. WAS POLICE REPORT FILED: [YES]	Unsubstantiated	SIU received a report regarding a member who had alleged that their GCHP ID cards had been stolen. It was noted in the report that a police report was filed. During the claims monitoring period several calls were made to reach the member, however a call back was not received. As a result the claims in the system were not validated. The case is closed.	Unresponsive Reporter/Caller

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1822	Lost or Stolen ID Card	Allegation	Closed	09/26/2025	09/26/2025	12/22/2025	On 9/26/2025 the GCHP was notified through salesforce that member [redacted] had [redacted] member ID stolen by an old neighbor. A potential FWA case is being opened and the SIU will follow up with the member.	Unsubstantiated	On 9/26/2025 the GCHP was notified through salesforce that member [redacted] had [redacted] member ID stolen by an old neighbor. A potential FWA case is being opened and the SIU will follow up with the member. On 9/29/2025 the Investigative lead placed a call to the member phone number [redacted]. The lead was successful in speaking with the member and discussed the stolen ID procedure and Claim ID [redacted] on 9/27/2025 to [redacted]. The member confirmed this claim was [redacted] On 10/17/2025 the Investigative lead contacted the member and was successful in discussing October claims Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted]Unchecked10/17/2025 5:21:23 AM10/15/2025Final Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State and [redacted]Unchecked10/14/2025 7:01:12 AM10/9/2025Final The member confirmed both of these claims discussed were [redacted]. On 11/17/2025 the Investigative lead contacted the member and was able to [redacted] [redacted]Unchecked[redacted]Unchecked11/7/2025 7:03:21 AM11/4/2025 [redacted]Unchecked[redacted]Unchecked11/11/2025 7:00:49 AM11/7/2025Final The member was able to confirm these two claims were [redacted] and not potentially fraudulent On 12/4/2025 the Investigative lead contacted the member and was successful in speaking with [redacted] and confirmed the most recent claim was [redacted] [redacted]Unchecked[redacted]Unchecked12/4/2025 10:40:33 AM12/3/2025Final On 12/22/2025 Over the course of three months since the member ID was stolen the lead confirmed claims with the member none of which were suspicious or determined to be fraudulent. This case is closed.	[redacted]
GCHP-2025-9-1823	HR/Employee Relations	Allegation	In Process	09/29/2025	09/29/2025		Employee has relocated to Mexico to conduct their work and other employees are not allowed to do this.	'- Select One -		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-9-1824	Conflicts of Interest	Allegation	In Process	09/29/2025	09/29/2025		In 2025, [redacted] contracted with a company they have previously conducted business with to receive services for culture training for Gold Coast Health Plan. These services are available from a large number of organizations and the company contracted with has done previous work with [redacted]. This contract was created without going through a competitive procurement process that is required by policy. The specific unfair business practice that occurred represents a conflict of interest. This was unethical and misleading because; It violated the Gold Coast Health Plan procurement policies. If other competitve vendors become aware of the prior relationship between [redacted] and the current vendor, they may perceive the contract as giving an unfair advantage to the vendor engaged. This unfair business practice can breed resentment and damage morale, undermine trust in [redacted] judgment and the company's integrity.	'- Select One -		'- Select One -
GCHP-2025-9-1825	Fraud	Allegation	Closed	09/30/2025	09/30/2025	12/12/2025	[redacted] began to file a report regarding fraud. 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. [redacted] did not receive access information (report key and password) and will be unable to review or follow up on this report.	Unsubstantiated	The member began to file a report regarding fraud. However, the member terminated the call prior to the completion of intake, no additional details were gathered. In addition, the member has been termed in the system as of 7/1/2025. Per Member Services, the member is showing as straight Medi-Cal. No further action. The case is closed.	No Fraud Detected or Found
GCHP-2025-9-1826	Customer Relations	Allegation	Closed	09/30/2025	09/30/2025	11/26/2025	On September 30, 2025, an employee (name and job title unknown) from [redacted] called [redacted] regarding a [redacted] visit that [redacted] made on August 28. The employee told [redacted] that the records show that [redacted] was [redacted]. [redacted] did not go to any [redacted]. [redacted] believes that someone used his information at the hospital. [redacted] is unsure which hospital it was at. [redacted] did not report to the matter management team. [redacted] is confused about this matter because [redacted] was at work on August 28.	Insufficient Information	The Investigative lead reached out to [redacted] which confirmed they had no information confirming the member was at their facility or received any services. The Investigator attempted to make contact with the member was unsuccessful and the member when searched in HRP yielded no results. As a result this case is being closed with no additional efforts needed.	No Action Necessary

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-10-1827	Fraud	Allegation	Closed	10/02/2025	10/02/2025	01/12/2026	On 10/02/2025 the Compliance/SIU Department was notified internally by the PNO department that GCHP provider relations department of potential FWA by [redacted] by forging an electronic fund transfer (EFT) change. GCHP PNO staff spoke with [redacted] who stated they did not request the change. The SIU department advised PNO to file a police report, which will be included in the case file once it is completed. The Investigative lead to forward the police report to the SIU once it becomes available to be included in the case file.	Referred to DHCS	On 10/02/2025 the Compliance/SIU Department was notified internally by the PNO department that GCHP provider relations department of potential FWA by [redacted] by forging an electronic fund transaction (EFT) change. GCHP PNO staff spoke with [redacted] who stated they did not request the change. The SIU department advised PNO to file a police report, which will be included in the case file once it is completed. On 10/15/025 the GCHP SIU referred this case to DHCS for potential FWA. The MC-609 and Initial FWA will be attached and uploaded to the case folder. On 10/22/2025 GCHP PNO provided the SIU with the police report filed Camarillo Police Department (CPD). The report will be uploaded and also included in the case file. On 10/24/2025 the SIU received an email from DHCS confirming referral has been received and assigned reference #[redacted]. On 10/29/2025 during a 1:1 meeting with the SIU manager the Investigative lead learned that the manager had been working with GCHP attorney to gather all the information on the person calling in to check the status of the EFT. Once the reports are finalized and approved they will be sent out to Ventura county Attorney General and CA DOJ The two reporting links that were suggested to report the EFT issue on this case were" https://www.ic3.gov FBI https://oag.ca.gov/cybercrime OAG In case discussion with Manager it appears as neither link seem to be the correct reporting platform for potential EFT fraud. On 12/5/2025 the SIU investigative lead submitted a potential fraud report through the FBI IC internet/Cyber crimes portal regarding the EFT change request submitted to GCHP. A online potential cyber fraud complaint regarding the EFT change was also submitted online through the CA Attorney General complaints portal. 1/12/2026 The Investigative lead reported the incident to FBI IC and CA Attorney Generals office electronically. There were no case numbers provided electronically or acknowledgement stating successful submission. GCHP received no follow up or correspondence from either agency regarding the matter. GCHP SIU had no additional FWA findings and closed the case.	No Action Necessary

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-10-1828	Lost or Stolen ID Card	Allegation	Closed	10/10/2025	10/09/2025	01/05/2026	On 10/09/2025 GCHP SIU received an allegation through salesforce alleging that member [redacted] had [redacted] member ID stolen. The SIU will open a potential FWA case and reach out to the member.	Unsubstantiated	On 10/09/2025 GCHP SIU received an allegation through salesforce alleging that member [redacted] had [redacted] member ID stolen. The SIU will open a potential FWA case and reach out to the member. On 10/10/2025 the Investigative lead attempted to make contact with the member [redacted] to discuss the process for a stolen ID card. The member failed to answer a voicemail message was left. HRP showed the last claims history for the member was in June 2025. On 11/17/2025 the Investigative lead placed a call to the members phone number and was successful in speaking to the member and confirmed [redacted] most current claim in October was [redacted] [redacted]Unchecked[redacted]Unchecked10/17/2025 4:40:55 AM10/9/2025Final On 12/4/2025 the Investigative lead attempted to contact the member by phone. but was unsuccessful in speaking to [redacted] and a message was left. The most current claims that will need to be discussed with member once contact is made is: [redacted], [redacted], [redacted]Unchecked[redacted]Unchecked11/19/2025 8:52:07 PM11/13/2025Final [redacted], [redacted]Unchecked[redacted]Unchecked11/ 1/5/2025 The Investigative lead during a three month period was unsuccessful in making contact with the member and confirming claims during this time were [redacted] and not fraudulent. This case is closed.	No Fraud Detected or Found
GCHP-2025-10-1829	Fraud	Allegation	Closed	10/14/2025	10/14/2025	02/24/2026	Nature of Complaint received from DHCS: Per Complaint: “Billing For Services Not Rendered/Non-Appropriate Billing. Provider billed [redacted] distinct members over the last year, [redacted] of which (0.28) are on our list of compromised IDs. Schemes in which these IDs were billed are [redacted] - PATIENT PAYMENT (52), [redacted] 2024 (5), [redacted] (32), NONE (321), OON DME MEDICARE (32), [redacted] 2024 (1).”	Received from DHCS	GCHP conducted research and concluded that the provider is contracted with GCHP; however, no claims or encounter data were identified for the complaint dates of service from January 1, 2024, through November 14, 2025.	No Fraud Detected or Found
GCHP-2025-10-1830	Lost or Stolen ID Card	Allegation	Closed	10/15/2025	10/15/2025	12/22/2025	On October 13, 2025, [redacted] wallet was stolen by a homeless person (name unknown). [redacted] identity card, insurance information, and [redacted] were inside [redacted] wallet when it was stolen. [redacted] does not know the person that stole [redacted] wallet. [redacted] would like to receive the information that was stolen.	Unsubstantiated	The member reported [redacted] GCHP ID card as stolen. However, [redacted] was unable to locate the police report number. The member validated all the claims during the claims monitoring process. No fraud was detected or found. Case closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-10-1831	Lost or Stolen ID Card	Allegation	Closed	10/15/2025	10/10/2025	01/12/2026	On 10/10/2025 the GCHP SIU was notified of a potential FWA allegation submitted by member [redacted] alleging his member ID was stolen. A case will be opened and the Investigative lead will follow up with the member.	Unsubstantiated	On 10/10/2025 the GCHP SIU was notified of a potential FWA allegation submitted by member [redacted] alleging [redacted] member ID was stolen. A case will be opened and the Investigative lead will follow up with the member. On 10/21/2025 the Investigative lead placed a call to the member's provided phone number[redacted]. A recording came on after one ring stating push 1 for English or 2 for Spanish. The member failed to answer and a message was left. The only October claim that will need to be reviewed once member contact is made is [redacted], [redacted]Unchecked[redacted]Unchecked10/20/2025 6:49:10 AM10/15/2025Needs Review The next most recently claim is March of 2025. On 11/17/2025 the Investigate lead placed a call to the member's phone number [redacted] The lead was again unsuccessful in speaking with the member and a second voicemail message was left. The member had no new claims since the last October claims already identified. on 12/11/2025 the Investigative lead placed a call to the member's number. The call was unanswered and a voicemail message was left. 1/12/2026 The SIU Investigative lead over a three-month period made several attempts to speak to the member to confirm claims, but was unsuccessful. This case is now closed.	No Fraud Detected or Found
GCHP-2025-10-1832	Fraud	Allegation	In Process	10/16/2025	10/16/2025		Nature of Complaint reported by Health Services Department: During a call with WPC/HCA it was informed that they were losing ECM members to the provider, [redacted] They are reportedly being told by GCHP members that they will get gift cards if they change to [redacted]. It is uncertain if they are confusing gift cards they may be getting at the PCP offices for certain services or if there are other reasons.	Referred to DHCS		'- Select One -
GCHP-2025-10-1833	Lost or Stolen ID Card	Allegation	Closed	10/16/2025	10/16/2025	02/02/2026	On 10/16/2025 the GCHP SIU department received a sales force report alleging member [redacted] lost [redacted] member ID card. The SIU opened a case and will follow up with the member.	Unsubstantiated	On 10/16/2025 the GCHP SIU department received a sales force report alleging member [redacted] member ID card was stolen. The SIU opened a case and will follow up with the member. On 10/21/2025 the Investigative lead placed a call to the member phone number [redacted] in an attempt to review the claim history. There was no answer and a voicemail message was left. The most current member claims in HRP are for March 2025. 12/11/2025 the Investigator placed a call to the provider number, but was unable to speak to the member. A voicemail message was left for the member. An HRP review showed no new claims since March of 2025. 2/2/2026 The Investigative lead attempted one final call to the member number, but it was again successful and a voicemail message was left. Over a three-month period member contact was not made and messages were not returned. The lead was unable to discuss claims information to ensure there were no fraudulent claims on the members account. This case is closed.	Unresponsive Reporter/Caller

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-10-1835	Lost or Stolen ID Card	Allegation	Closed	10/30/2025	10/30/2025	02/03/2026	[redacted] would like Gold Coast Health Plan to know that [redacted] card was stolen in January 2025.	Unsubstantiated	During the monitoring period the member confirmed receipt of the GHCP replacement ID card and validated the claims found in the system for the months of October and November. However, the member was not reached to validate the claim in identified in December. No fraud detected or found. The case is closed.	No Fraud Detected or Found
GCHP-2025-10-1836	Lost or Stolen ID Card	Allegation	Closed	10/30/2025	10/29/2025	02/03/2026	Nature of Complaint: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed	Unsubstantiated	During the monitoring period the member was unable to be reached to validate the claims identified in the system. No fraud detected or found. The case is closed.	No Fraud Detected or Found
GCHP-2025-11-1837	Customer Relations	Allegation	Closed	11/04/2025	11/04/2025	11/05/2025	[redacted] requests to be mailed all Gold Coast Health Plan correspondence pertaining to her membership plan to the address [redacted] is requesting also to be mailed an updated copy of the membership handbook. [redacted] is a [redacted] residing in [redacted]	Other	This complaint was a non FWA issue and was forwarded to the member services department to handle and is closed.	No Fraud Detected or Found
GCHP-2025-11-1838	Lost or Stolen ID Card	Allegation	Closed	11/05/2025	11/05/2025	02/09/2026	On 11/5/2025 the GCHP SIU received and Ethics point report from member [redacted] alleging [redacted] member ID was stolen. The SIU opened a new potential FWA case and will follow up with the member to gain any additional information and to discuss member's claim history.	Unsubstantiated	On 11/5/2025 the GCHP SIU received and Ethics point report from member [redacted] alleging [redacted] member ID was stolen. The SIU opened a new potential FWA case and will follow up with the member to gain any additional information and to discuss member's claim history. On 11/6/2025 the Investigative lead placed a call to the member phone number located in Salesforce (805) 248-8160. The Investigator spoke to the member and [redacted] verified [redacted] most current claim in [redacted] history was [redacted] [redacted], [redacted] Unchecked [redacted] Unchecked10/15/2025 4:47:42 AM7/2/2025Final On 12/11/2025 the Investigative lead placed a call to the provider phone number and after several rings unanswered a voicemail picked up. The lead left a message. The HRP system still showed the most current claims for the member were July 2025. 02/09/2026 The Investigative lead over a three month period was unsuccessful in speaking to the member to discuss claims history to confirm there was no FWA occurring on their account. This case is closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-11-1839	Fraud	Allegation	Closed	11/07/2025	11/07/2025	03/14/2026	On 11/7/2025 the GCHP SIU received a lead from DHCS via email. The complaint stated The Department of Health Care Services (DHCS) received a complaint, reference #[redacted]Our records indicate this subject receives/renders services under your plan. Please investigate and report the findings at the conclusion of your investigation to DHCS at piu.cases@dhcs.ca.gov. Use reference number on all future communications. If you have any questions, please let us know. Reporting Party: [redacted] Subject: [redacted] Identifier: [redacted] Nature of Complaint: Below is information regarding a lead for [redacted], LLC. - NPI [redacted]. The lead was received from CMS as a Fraud Defense Operations Center (FDOC) referral. This lead was received from CMS as a Fraud Defense Operations Center (FDOC) referral. The indicators for flagging include the following: •There was a spike in claim submission on four dates in April 2025, as well as 29 prior spikes on dates of service from 11/18/2024 through 03/31/2025, with a submitted amount of over [redacted] and a no prior relationship average of [redacted]. •There are multiple overpayments, a majority having a 100% denial rate on Medical review of [redacted] •The provider billed over [redacted] and was paid over [redacted] between 04/01/2024 through 03/31/2025, billing for the same codes as were reviewed in the medical reviews.	Received from DHCS	On 11/7/2025 the GCHP SIU received a lead from DHCS via email. The complaint stated The Department of Health Care Services (DHCS) received a complaint, reference #[redacted]Our records indicate this subject receives/renders services under your plan. Please investigate and report the findings at the conclusion of your investigation to DHCS at piu.cases@dhcs.ca.gov. Use reference number on all future communications. If you have any questions, please let us know. Reporting Party: [redacted] Subject: [redacted] Identifier: [redacted] Nature of Complaint: Below is information regarding a lead for [redacted] LLC. - NPI [redacted] The lead was received from CMS as a Fraud Defense Operations Center (FDOC) referral. This lead was received from CMS as a Fraud Defense Operations Center (FDOC) referral. The indicators for flagging include the following: •There was a spike in claim submission on four dates in April 2025, as well as 29 prior spikes on dates of service from 11/18/2024 through 03/31/2025, with a submitted amount of over [redacted] and a no prior relationship average of [redacted]. •There are multiple overpayments, a majority having a 100% denial rate on Medical review of [redacted]. •The provider billed over [redacted] and was paid over [redacted] between 04/01/2024 through 03/31/2025, billing for the same codes as were reviewed in the medical reviews. •The provider has 10 BIU complaints: eight for services not rendered, 1 did not know the provider, and 1 was for suspected identity theft.	Recoupment/Recovery

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
							• The provider has 10 BIU complaints: eight for services not rendered, 1 did not know the provider, and 1 was for suspected identity theft. There are about [redacted] at risk for the [redacted]-codes mentioned above. The diagnoses related to these codes are [redacted] and [redacted]. The dollars at risk broken out by the top two MCOs are relatively low, with the DAR being about [redacted] and [redacted] [redacted] | Analyst Investigations Division, Medi-Cal Fraud Intake California Department of Health Care Services		There are about [redacted] at risk for the [redacted]-codes mentioned above. The diagnoses related to these codes are [redacted], [redacted], and [redacted] The dollars at risk broken out by the top two MCOs are relatively low, with the DAR being about [redacted] and [redacted] [redacted] | Analyst Investigations Division, Medi-Cal Fraud Intake California Department of Health Care Services 11/07/2025 2:35:43 PM - [redacted] The DME HCPS codes in question are [redacted] The HCPCS codes [redacted] and [redacted] are all related to durable medical equipment (DME) for [redacted], specifically for [redacted] and [redacted] and [redacted] or other [redacted]. These codes are used for billing and describe specific types of [redacted] and [redacted] based on their material, form, and size. [redacted] r, dry form, per gram [redacted], per gram [redacted]: [redacted] 11/07/2025 3:01:41 PM - [redacted] On 11/7/2025 the Investigative lead while conducting due diligence on the case and performing background searches on the provider [redacted]. discovered a 2025 bankruptcy. The case name "[redacted] v. United States Department of Health and Human Services" appears in at least two different legal contexts: a 2025 case in the U.S. District Court for the District of Columbia, and a separate bankruptcy case involving [redacted] which mentions a claim filed by the Centers for Medicare & Medicaid Services (CMS), an agency within HHS. The latter is part of the bankruptcy proceedings for [redacted] where it is a debtor. The 2025 case is a new, separate lawsuit.	

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
									Case details 2025 case: This is a new lawsuit filed in the U.S. District Court for the District of Columbia against the Department of Health and Human Services. Bankruptcy case: [redacted]s the debtor in a bankruptcy case (Case No. [redacted]). The U.S. government, through its agency CMS, is listed as a claimant (Class Three) in [redacted]'s bankruptcy plan, according to a filing on PacerMonitor. This bankruptcy case also involves other parties, such as [redacted].. 11/15/2025 7:06:13 AM - [redacted] On 11/15/2025 the GCHP Investigative lead referred the potential fraud case to DHCS pending our Investigation. On 11/24/2024 the Investigator lead scrubbed the data and completing pivot tables to see which HCPCS codes were billed and how much was paid. The lead also researched HRP to determine if this provider is contracted with GCHP. The system showed no contracts, but an email was sent to provider contracting for confirmation. The Provider relations team responded and confirmed that [redacted] is a non-par provider. On 12/8/2025 the Investigative lead created a member interview list and will interview the following members in regards to what services/ supplies were provided to the member: [redacted] On 12/11/2025 the Investigative lead reached out to provider contracting with the provider ID. The contracting team replied back and said the NPI is not contracted with GCHP. The lead is awaiting determination from clinical/OPs if DME wound care supplies should be bundled in the payment to the SNF or are providers allowed to bill us separately? [redacted] info emailed We have received a referral from DHCS on a provider, [redacted]. After review, it looks like this provider is billing us for [redacted] supplies, while the members are in a [redacted]. It looks like we've been denying the claims for "model	
									"model number, invoice or UPIN number are required". If they resubmit the information, I want to make sure it is appropriate to bill. Would wound care supplies be bundled in the payment to the [redacted]? Members: [redacted] Claims Analyst email reply	

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
									GCHP has received 56 claims from supplier [redacted] by Medicare crossover only since we have been in HRP. The services are for [redacted] and Medicare covers these services. GCHP has paid very little after coordinating benefits as Medicare is paying more than GCHP allowed. Some codes require a UPN, and we have denied some codes for missing UPN. It is my understanding that [redacted] is covered separately for LTC/ICF but not for SNF/Subacute. Supplier is billing POS 32 – LTC; however, we do not have configuration in HRP for POS 31 – SNF to deny services that are inclusive to room and board. I can work on creating a CCD for that configuration. 3 members, according to claims history and authorizations reside in an LTC for NF-B services 2 members receiving treatment out of state and it is unknown if they were in an LTC or SNF. There are no authorizations for LTC or claims from an LTC, SNF or inpatient hospital. 1 member residing in [redacted] under FSSA – Subacute which per Medi-Cal we should not be reimbursing separately for wound care. Zero payments were issued, but we did coordinate benefits with Medicare who paid more than we allowed. [redacted] provided two PDF attachments, one for the Policy and the other for rates of coverage. On 2/20/2026 the SIU lead submitted the claims file to the GCHP claims team to begin the Overpayment recovery of $3.93 for would care supplies provided to GCHP while they resided in a SNF. On 3/13/2026 the Investigative lead was notified by the claims team that the Overpayment was processed and would be offset of future claims. The final MC-609 will be drafted and sent to DHCS and this case will be closed. On 3/14/2026 the Investigative lead submitted the final MC-609 to DHCS and this case is closed.	
GCHP-2025-11-1840	Lost or Stolen ID Card	Allegation	Closed	11/10/2025	11/07/2025	02/03/2026	Nature of Complaint: REASON FOR CALL/CALLER'S INQUIRIES: Members Mother was requesting a new ID card.WAS POLICE REPORT FILED: NoACTIONS TAKEN/INFORMATION PROVIDED (by Agent):• Verified Addr. on file and requested ID Card• Verified card was stolen and offered FWA #866-672-2615• Advised caller to allow 7-10 days for processingNotes: HIPAA VERIFIED. WALLET WAS STOLEN 3 WEEKS AGO.	Unsubstantiated	During the monitoring period the member was unable to be reached, however, there were no claims in the system after the reported incident. No fraud detected or found. The case is closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-11-1841	Lost or Stolen ID Card	Allegation	Closed	11/12/2025	11/11/2025	02/09/2026	On 11/11/2025 the GCHP SIU received an email from member [redacted] alleging [redacted] member ID was stolen. A case will be open and the Investigative lead will reach out to the member.	Unsubstantiated	On 11/11/2025 the GCHP SIU received an email from member [redacted] alleging [redacted] member ID was stolen. A case will be open and the Investigative lead will reach out to the member. On 11/17/2025 the Investigative lead placed a call to the provider number (805) 393-5729. The phone was answered by a [redacted] speaking person. The lead was unable to discuss the November claims with the member. The lead will utilize [redacted] speaking services. [redacted], [redacted]Unchecked[redacted]Unchecked11/14/2025 10:29:35 AM11/10/2025 [redacted] (Santa Rosa)[redacted], CESARUnchecked[redacted]Checked11/13/2025 1:54:50 PM11/5/2025Final 02/09/2026 12:26:07 PM - [redacted]	No Fraud Detected or Found
GCHP-2025-11-1842	Lost or Stolen ID Card	Allegation	Closed	11/14/2025	11/12/2025	02/03/2026	Nature of Complaint: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: Yes ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed Notes: Police report [redacted]	Unsubstantiated	2/9/2026 Over a three month period with the assistance of the language line for the [redacted] speaking member the Investigative lead was unsuccessful in making member contact to confirm any claims that may be fraudulent. This case is closed. During the monitoring period the member was unable to be reached, however, there were no claims in the system after the reported incident. No fraud detected or found. The case is closed.	No Fraud Detected or Found
GCHP-2025-11-1843	Lost or Stolen ID Card	Allegation	Closed	11/14/2025	11/12/2025	02/03/2026	Nature of Complaint: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed • Routed the event to GCHP Compliance Step for reporting	Unsubstantiated	During the monitoring period the member was not reached to validate the claims in the system. No fraud detected or found. The case is closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-11-1844	Fraud	Allegation	Closed	11/14/2025	11/13/2025	03/23/2026	Nature of Complaint: The California Department of Justice, Division of Medi-Cal Fraud and Elder Abuse (DMFEA), filed criminal charges against [redacted], President/CEO of [redacted], NPI #[redacted] (dba [redacted], a provider of Medically Tailored Meals, for submitting fraudulent Medi-Cal claims. The provider was formally [redacted] Inc, dba [redacted] (NPI [redacted]. GCHP SIU will further review and investigate the allegation.	Received from DHCS	11/14/2025 SIU received notice from DHCS regarding the provider who is alleged of submitting fraudulent claims. SIU opened a case for further review and investigation. 11/15/2025 On 11/14/2025 the GCHP SIU Investigative lead sent the potential fraud referral to DHCS pending our Investigation. The initial FWA Summary and MC-609 were uploaded to the case folder. 12/23/2025 SIU inquired with the provider contracting team regarding ownership change with the provider, [redacted]. Per Provider Contracting: GCHP does not have a contract with [redacted] (dba [redacted], NPI [redacted]. GCHP has a contract with [redacted]. (dba [redacted] NPI [redacted]) that will term eff. 1/13/2026. 01/30/2026 SIU continue to follow-up. 02/27/2026 SIU will move forward with case closure as there is no evidence or supporting data regarding the complaint. On 3/23/2026 the Investigative lead submitted the final closure email to DHCS responding to the original email to notify them that the GCHP SIU Investigation is completed with no further actions required. This case is now closed.	No Fraud Detected or Found
GCHP-2025-11-1845	Lost or Stolen ID Card	Allegation	Closed	11/14/2025	11/14/2025	02/09/2026	On 11/14/2025 the GCHP [redacted] SIU received a complaint from member [redacted] alleging [redacted] member ID was stolen. The SIU will open a case and reach out to the member.	Unsubstantiated	On 11/14/2025 the GCHP SIU received a complaint from member [redacted] alleging [redacted] member ID was stolen. The SIU will open a case and reach out to the member. On 11/17/2025 the Investigative lead placed a call to the member phone number [redacted]. The member failed to answer and a message was left. The lead was unable to discuss November claims with the member to confirm they were [redacted]. [redacted]LUnchecked[redacted]Unchecked11/15/2025 2:37:31 PM11/7/2025Final [redacted]LUnchecked[redacted]Unchecked11/17/2025 4:39:46 AM11/10/2025Needs ReviewIn Workbasket On 12/11/2025 the Investigative lead attempt to speak to the member was unsuccessful and a voicemail message was left. The current HRP claims that will need confirmation are : [redacted]Unchecked[redacted]Unchecked12/1/2025 6:56:45 AM11/22/2025Final [redacted]Unchecked[redacted]Unchecked11/28/2025 10:48:14 PM11/23/2025Final 2/9/2026 The Investigative lead was unsuccessful over a three month period to make member contact or hear back from member to discuss possible claims that were not theirs and are potential FWA. This case is closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-11-1846	Fraud	Allegation	Closed	11/26/2025	11/26/2025	01/30/2026	Nature of Complaint: The provider was added to the DHCS restricted provider list and would need to be removed from network. Further investigation is needed.	Unsubstantiated	Per provider contracting, the provider has been termed with GCHP effective 11/13/2025.	No Action Necessary
GCHP-2025-11-1847	Lost or Stolen ID Card	Allegation	Closed	11/29/2025	11/29/2025	12/01/2025	On November 28, 2025, [redacted] lost [redacted] insurance card. [redacted] lost [redacted] whole wallet while traveling. [redacted] wanted to report the lost card.	Unsubstantiated	SIU reviewed the report received through the FWA hotline. GCHP no longer monitors lost GCHP ID cards. SIU follow-ed up with a response via the follow-ups and advised the member to call GCHP Member Services for further assistance at 1-888-301-1228.	No Action Necessary
GCHP-2025-12-1848	Fraud	Allegation	In Process	12/01/2025	11/26/2025		Nature of Complaint: Mr. [redacted], an Administrator Manager of numerous non-contracted [redacted] is requesting significantly higher rates each for each LOA and contracting is constantly having to counter back to try and secure an appropriate rate for placement. In addition, it was identified he has pleaded guilty for fraud of federal funds. :[redacted]	'- Select One -		'- Select One -
GCHP-2025-12-1849	Lost or Stolen ID Card	Allegation	Closed	12/04/2025	12/03/2025	02/25/2026	Nature of Complaint: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed • Routed the event to GCHP Compliance Step for reporting	Unsubstantiated	SIU received a salesforce report regarding a stolen GCHP ID card. However, the member was not reached during the monitoring process. Additionally, there were no claims identified after the reported stolen ID card; case closed.	Unresponsive Reporter/Caller
GCHP-2025-12-1850	Lost or Stolen ID Card	Allegation	Closed	12/05/2025	12/05/2025	03/03/2026	On December 4, 2025, [redacted], a member, visited AutoZone in Moorpark, California. [redacted] left [redacted] wallet on the table, went out of the AutoZone shop to put in a light bulb. When [redacted] went back inside, [redacted] wallet was not where [redacted] left it. [redacted] wallet had [redacted] credit card and amongst them, there was [redacted] Gold Coast Health Plan card. [redacted] was uncertain how [redacted] wallet was stolen. AutoZone did not have camera surveillance, which meant nothing was captured. [redacted] called the Gold Coast Health Plan Compliance and Fraud Hotline to make Gold Coast Health Plan aware that Lang's Gold Coast Health Plan card was stolen.	Unsubstantiated	On 12/5/2025 the GCHP SIU received a hotline report from member [redacted] [redacted] [redacted] alleging [redacted] member ID was stolen. The Investigative lead will follow up with the member. On 12/11/2025 the Investigative placed a call to [redacted] and was successful in speaking to the member and confirming November 2025 claims were [redacted] [redacted], [redacted]Unchecked[redacted]Unchecked12/10/2025 10:41:57 AM11/21/2025Needs ReviewIn Workbasket [redacted], [redacted]Unchecked[redacted]Unchecked12/ On 2/27/2026 the Investigative lead contacted the member, but was unsuccessful in speaking to them and a voicemail message was left to return the leads call. On 3/2/2026 the Investigative lead made a final attempt to contact the member, but was unsuccessful. The majority of the last three months the Lead was unsuccessful in speaking with the member. When the lead did speak to the member the reviewed claims were verified to be theirs and no suspicion of FWA. This case monitoring period has concluded and the case will be closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-12-1852	Lost or Stolen ID Card	Allegation	Closed	12/12/2025	12/12/2025	03/03/2026	On 12/12/2025 the SIU received a Saleforce report with member [redacted] alleging his member ID was stolen. A new case is opened and the investigative lead will follow up with the member.	Unsubstantiated	On 12/12/2025 the SIU received a Saleforce report with member [redacted] alleging [redacted] member ID was stolen. A new case is opened and the investigative lead will follow up with the member. On 12/19/2025 the Investigative lead placed a call to the member phone number listed in Salesforce [redacted]. The member failed to answer and a voicemail message was left. The December claims needed to be confirmed with the member are: [redacted], [redacted]Unchecked[redacted]Unchecked12/21/2025 4:05:04 AM12/12/2025Needs ReviewIn Workbasket [redacted], [redacted]Unchecked[redacted]Unchecked12/19/2025 1:14:12 PM12/12/2025Final On 2/27/2025 the Investigative lead had not heard back from the member and placed another call which resulted in another voicemail message being left. 3/3/2026 the Investigator lead over the three month claims monitoring period had not heard back from the member after leaving messages and was unsuccessful in confirming none of the members claims were suspicious or potential FWA. This case being closed with no additional actions needed.	No Fraud Detected or Found
GCHP-2025-12-1853	Lost or Stolen ID Card	Allegation	Closed	12/12/2025	12/12/2025	03/12/2026	On 12/12/2025 the SIU received a Saleforce report with member [redacted] alleging his member ID was stolen. A new case is opened and the investigative lead will follow up with the member.	Unsubstantiated	On 12/12/2025 the SIU received a Saleforce report with member [redacted] alleging his member ID was stolen. A new case is opened and the investigative lead will follow up with the member. On 12/19/2025 the Investigative lead placed a call to the member phone number [redacted] and was successful in speaking to the member and confirming claims [redacted]Unchecked[redacted]Unchecked1/28/2025 10:45:37 AM1/6/2025Final [redacted], [redacted]Unchecked[redacted]Unchecked5/29/2025 10:40:40 AM5/6/2025Final On 2/28/2026 the member contacted the member and was successful in speaking to them and confirmed the most current February claims. The member confirmed none of the claims were suspicious and recalled the services on those DOS discussed. On 3/11/2026 the Investigative lead attempted to contact the member to discuss any late February early March claims, but was unsuccessful in making contact. A voicemail message was left for the member. During the three month review period the lead reviewed some of the claims with the member none of which were suspicious or considered FWA. This case is being closed with no further actions needed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2025-12-1854	Fraud	Allegation	In Process	12/16/2025	12/16/2025		On 12/16/2025 the SIU received a potential fraud email internally from Clinical care with an allegation i linked to [redacted] and [redacted] and involves member [redacted] Eligibility [redacted] Member [redacted] PCP [redacted] I just saw that this member was referred to [redacted], being discharged from [redacted] on [redacted] It appears he has been on service with "[redacted], a [redacted] provider out of Burbank, since August while GCHP is covering medications and medical supplies which should be provided by [redacted] Member has also been going to [redacted] and now [redacted]. The SIU will open a case and reach out to the member to obtain more information.	Referred to DHCS		'- Select One -
GCHP-2025-12-1855	Lost or Stolen ID Card	Allegation	Closed	12/16/2025	12/15/2025	03/16/2026	Nature of Complaint from Salesforce Report: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing	Unsubstantiated	SIU did not receive a call back from the member to validate the claims identified in the system. The monitoring process has concluded as the member was not reached. Case closed.	Unresponsive Reporter/Caller
GCHP-2025-12-1856	Lost or Stolen ID Card	Allegation	Closed	12/16/2025	12/15/2025	02/25/2026	Nature of Complaint from the Salesforce Report: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed • Routed the event to GCHP Compliance Step for reporting Notes: The member said Niece stole her wallet and thinks she might be using the ID card, said niece came to her house with bills that had her name crossed out, asked caller is she filed a police report, member said no and asked if she should, i advised caller to contact FWA and contact the Police.	Unsubstantiated	SIU received a salesforce report regarding a stolen GCHP ID card. However, the member was not reached to validate the claims found in the system. The monitoring process has concluded and no fraud was detected or found; case closed.	Unresponsive Reporter/Caller

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-1-1859	Lost or Stolen ID Card	Allegation	Closed	12/24/2025	12/24/2025	03/22/2026	On 12/24/2025 the GCHP SIU was notified that member [redacted] reported a stolen member ID card. The SIU opened a new case and will reach out to the member.	Unsubstantiated	On 12/26/2025 the GCHP SIU was notified that member [redacted] reported a stolen member ID card. The SIU opened a new case and will reach out to the member. On 1/13/2026 the Investigative lead attempted to contact the member at phone number [redacted] "salesforce" . The lead was successful in speaking to the member and discussed claims: Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] E [redacted], [redacted]Unchecked[redacted]Unchecked12/29/2025 8:13:45 AM12/6/2025Final Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] [redacted], [redacted]Unchecked[redacted]Unchecked12/29/2025 10:24:43 AM12/13/2025Final The member confirmed the claims to be [redacted] and the lead advised he would contact [redacted] again next month and discuss any new claims. On 2/27/2026 the Investigative lead reached out to the member in attempt to discuss February claims. The member failed to answer and a message was left for [redacted] on voicemail 3/22/2026 The Investigative lead over a three month review period was able to make contact with the member to discuss any fraudulent claims which the member confirmed were their claims and not potential FWA. This case is being closed with no additional actions required.	No Fraud Detected or Found
GCHP-2025-12-1857	Lost or Stolen ID Card	Allegation	Closed	12/24/2025	12/23/2025	02/25/2026	Nature of Compliant from Salesforce Report: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed • Routed the event to GCHP Compliance Step for reporting Notes: Member advised that [redacted] wallet was stolen. No police report files. Address updated and ID card triggered. FWA number provided.	Unsubstantiated	SIU received a Salesforce report regarding a stolen GCHP ID card. The member validated all the claims in the system. No fraud detected or found; case closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-1-1858	Lost or Stolen ID Card	Allegation	Closed	12/26/2025	12/26/2025	03/22/2026	On 12/26/2025 the GCHP SIU was notified that member [redacted] reported a stolen member ID card. The SIU opened a new case and will reach out to the member.	Unsubstantiated	On 12/26/2025 the GCHP SIU was notified that member [redacted] reported a stolen member ID card. The SIU opened a new case and will reach out to the member. On 1/17/2026 the Investigative lead reached out to the member, but was unsuccessful in making contact because the phone recording said the caller is unable to take calls at this time. The lead on 2/27/2026 attempted the member phone number again and this time the phone just rang without any recording coming on. On 2/27/2026 the Investigative lead had not have heard back after leaving a message for the lead. Another call was attempted and another V/M message was left. 3/22/2026 The Investigative lead over a three month review period was unable to make contact with the member to discuss any fraudulent claims that may have showed up under their member number. This case is now closed with no further actions required.	No Fraud Detected or Found
GCHP-2026-1-1860	Lost or Stolen ID Card	Allegation	Closed	12/31/2025	12/31/2025	03/22/2026	On 12/31/2025 the GCHP SIU was notified that member [redacted] purse was stolen which contained [redacted] member ID. The SIU will open a case and reach out to the member.	Unsubstantiated	On 12/31/2025 the GCHP SIU was notified that member [redacted] purse was stolen which contained [redacted] member ID. The SIU will open a case and reach out to the member. On 1/13/2026 the Investigative lead attempted to contact the member at phone number [redacted] located in salesforce. The member failed to answer and a voicemail message was left. On 2/26/2026 after not hearing back from the member the lead attempted to call the member to discuss the February claims. The phone was unanswered and another message was left. On 3/22/2026 The Investigative lead over a three month period was unsuccessful in making contact with the member or hearing back from them after leaving messages to discuss any potential fraudulent claims on their account. This case is now closed with no additional efforts required.	No Fraud Detected or Found
GCHP-2026-1-1861	Lost or Stolen ID Card	Allegation	Closed	01/07/2026	01/06/2026	04/06/2026	0n 1/6/2025 the GCHP SIU received a report from member [redacted] alleging [redacted] member ID was stolen. The SIU will open a case and reach out to the member.	Unsubstantiated	0n 1/6/2025 the GCHP SIU received a report from member [redacted] alleging [redacted] member ID was stolen. The SIU will open a case and reach out to the member. On 1/13/2026 the Investigative lead place a call to the member phone number located in salesforce [redacted]. The phone rang several times and no voicemail picked up allowing a message to be left. On 2/27/2026 the Investigative lead tried placing another call to the member and again was unsuccessful in speaking to the member or leaving a message. On 3/20/2026 the Investigative lead made another attempt in speaking with the member to discuss any suspicious or potentially fraudulent claims. Again the lead was unsuccessful in speaking to the member or leaving a message. On 4/6/2026 the Investigative lead made one final attempt to contact the member at [redacted] It was also unsuccessful. Within the three month period the lead was unsuccessful in speaking to the member to discuss possible suspicious claims on their account. This case is now closed with no further action required.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-1-1862	Lost or Stolen ID Card	Allegation	Closed	01/08/2026	01/05/2026	04/06/2026	On 1/5/2026 the GCHP SIU was notified that member [redacted] allegedly had [redacted] member ID stolen. The SIU will open a case and reach out to the member to verify any claims that may be suspicious or potentially FWA.	Unsubstantiated	On 1/5/2026 the GCHP SIU was notified that member [redacted] allegedly had [redacted] member ID stolen. The SIU will open a case and reach out to the member to verify any claims that may be suspicious or potentially FWA. On 1/13/2026 the Investigative lead attempted to contact the member at phone number located in salesforce [redacted]. The phone rand once and a voicemail picked up. A message was left to return the leads call to discuss claims. On 2/27/2026 the Investigative lead had not heard back from the member after leaving the last message. The lead attempted another call and resulted in another voicemail being left. On 3/20/2026 the Investigative lead made another attempt in speaking with the member to discuss any suspicious or potentially fraudulent claims. Again the lead was unsuccessful in speaking to the member and left another voicemail message. On 4/6/2026 the Investigative lead attempted to make contact with the member one final time, which was again unsuccessful. Because the lead was unable to make contact with the member over a three month period, this case is being closed with no further actions required.	No Fraud Detected or Found
GCHP-2026-1-1863	Lost or Stolen ID Card	Allegation	Closed	01/08/2026	01/05/2026	04/06/2026	On 1/5/2026 the GCHP SIU was notified that member [redacted] allegedly had [redacted] member ID stolen. The SIU will open a case and reach out to the member to verify any claims that may be suspicious or potentially FWA.	Unsubstantiated	On 1/5/2026 the GCHP SIU was notified that member [redacted] allegedly had [redacted] member ID stolen. The SIU will open a case and reach out to the member to verify any claims that may be suspicious or potentially FWA. On 1/13/2026 the Investigative lead placed a call to the member number identified in salesforce [redacted]. The number rang several times and the phone was unanswered. A message was left. On 2/27/2026 after not hearing back from the member the Investigative lead left a message for the member. The lead will try to make contact again to discuss any potential suspicious claims that may be FWA. On 3/20/2026 the Investigative lead made another attempt in speaking with the member to discuss any suspicious or potentially fraudulent claims. Again the lead was unsuccessful in speaking to the member and left another voicemail message. On 4/6/2026 the Investigative lead made one final attempt to contact the member, but was unsuccessful, this case is now being closed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-1-1864	Lost or Stolen ID Card	Allegation	Closed	01/08/2026	01/05/2026	04/06/2026	On 1/5/2026 the GCHP SIU was notified that member [redacted] allegedly had [redacted] member ID stolen. The SIU will open a case and reach out to the member to verify any claims that may be suspicious or potentially FWA.	Unsubstantiated	On 1/5/2026 the GCHP SIU was notified that member [redacted] allegedly had [redacted] member ID stolen. The SIU will open a case and reach out to the member to verify any claims that may be suspicious or potentially FWA. On 1/13/2026 the Investigative lead placed a call to the member number identified in salesforce [redacted] The phone rang several times and a recording came on stating the subscribers mailbox was full, so no message could be left. On 1/30/2026 the Investigative lead attempted again to make contact with the member, but was unsuccessful. A voicemail message was left for the member. The HRP claims that will need to be confirmed with the member once contact is made are: Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted]Unchecked[redacted]Unchecked9/22/2025 1:10:55 PM9/15/2025Final Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted]Unchecked[redacted]Unchecked1/21/2026 1:15:10 PM12/22/2025Final 0 On 2/27/2026 the Investigative lead placed a call to the member phone number and a recording came on stating the subscriber mailbox was full so no VM message could be left. On 3/20/2026 the Investigative lead made another attempt in speaking with the member to discuss any suspicious or potentially fraudulent claims. Again the lead was unsuccessful in speaking to the member and voicemail mailbox was full allowing no message to be left. On 4/6/2026 the Investigative lead made a final attempt to contact the member to discuss potentially fraudulent claims on their account. Attempts were again unsuccessful with the mailbox is full recording coming on. Over the three month period attempts to speak to the member were unsuccessful and this case is being closed with no additional efforts needed.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-1-1865	Lost or Stolen ID Card	Allegation	Closed	01/08/2026	01/07/2026	04/06/2026	On 1/7/2026 the GCHP SIU was notified that member [redacted] reported that [redacted] member ID was allegedly stolen along with [redacted] and [redacted] two [redacted] which all reside at the same residence. The SIU will open a case and reach out to the member and [redacted] to verify claims and ensure none are fraudulent or potential FWA.	Unsubstantiated	On 1/7/2026 the GCHP SIU was notified that member [redacted] reported that [redacted] member ID was allegedly stolen along with [redacted] and [redacted] and [redacted] which all reside at the same residence. The SIU will open a case and reach out to the member and [redacted] to verify claims and ensure none are fraudulent or potential FWA. On 1/13/2026 the Investigative lead reached out to the member phone number provided in salesforce [redacted]. There was no answer and the lead left a message for the member stating the call was to discuss [redacted] and [redacted] stolen ID cards and to review any suspicious claims that may appear of their accounts. 1/30/2026 the Investigative lead made another call to the member phone number, but again there was no answer and a voicemail message was left. The two most current claims that will need to be confirmed with the member and [redacted] are: [redacted] Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] Unchecked[redacted]Unchecked4/13/2025 1:43:57 PM4/7/2025Final Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State 2025114002503[redacted],	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
									[redacted] Unchecked [redacted] Unchecked1/21/2026 10:08:45 AM4/7/2025Final [redacted] Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] [redacted] Checked [redacted] Unchecked6/18/2024 10:10:46 AM7/3/2023Final Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] [redacted] Unchecked [redacted] Unchecked10/1/2025 5:48:06 AM10/1/2024Final [redacted] Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] [redacted] Unchecked [redacted] Unchecked12/7/2024 10:34:21 AM10/1/2024Final Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] [redacted] Unchecked [redacted] Unchecked9/15/2025 1:21:46 PM9/9/2025Denied [redacted] Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] CASHUnchecked [redacted] Unchecked11/14/2025 5:31:17 PM10/22/2025Final Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted] CASHUnchecked [redacted] Unchecked10/28/2025 10:15:59 AM10/22/2025Final 02/28/2026 8:13:22 AM - [redacted] On 2/27/2026 after not hearing back from the member the Investigative lead left a message for the member. The lead will try to make contact again to discuss any potential suspicious claims that may be FWA. 03/22/2026 7:47:44 AM - [redacted] On 3/20/2026 the Investigative lead made another attempt in speaking with the member to discuss any suspicious or potentially fraudulent claims. Again the lead was unsuccessful in speaking to the member and left another voicemail message. On 4/6/2026 the lead made a final attempt to make contact with the member or her children, but again was unsuccessful. Over a three month period contact could not be made and the member or [redacted] failed to return the leads call after several messaged were left. This case is being closed with no additional activities needed.	

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-1-1866	Lost or Stolen ID Card	Allegation	Closed	01/12/2026	01/09/2026	03/16/2026	Nature of Complaint: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed	Unsubstantiated	SIU was unable to reach the member. However, there were no claims identified after the reported incident and during the monitoring process. Case closed.	Unresponsive Reporter/Caller
GCHP-2026-1-1867	Fraud	Allegation	In Process	01/13/2026	01/13/2026		On January 12, 2026, [redacted] received a denial letter from [redacted]. The letter stated that [redacted] Gold Coast Health Plan ID was used at [redacted] store for [redacted]. [redacted] was confused, because [redacted] had not seen an [redacted] doctor (name unknown), and [redacted] did not use [redacted] Gold Coast Health plan ID.	'- Select One -		'- Select One -
GCHP-2026-1-1868	Lost or Stolen ID Card	Allegation	Closed	01/20/2026	01/20/2026	04/19/2026	[redacted] suspects that there might be fraudulent activities taking place. The [redacted] store number is [redacted]. On January 16, 2026, [redacted] wallet was stolen and [redacted] Gold Coast card was in the wallet. On January 20, [redacted] called to make Gold Coast aware that [redacted] lost [redacted] card. [redacted] has applied for another Gold Coast card.	Unsubstantiated	On 1/20/2026 the GCHP SIU received a hotline report alleging the members purse got stolen with member [redacted] ID inside. A new case will be opened and the SIU will reach out to the member at HRP phone number listed 805-300-2463. 1/30/2026 the Investigative lead placed a call to the member phone number. The phone rang several times then an automated voicemail message came on. The lead left a message asking to return the call to discuss claims. The current HRP claims that will need to be verified with the member once contact is made are: Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted], [redacted]Unchecked[redacted]Unchecked1/9/2026 11:06:16 PM12/30/2025Final Claim IDProvider NameMember NameConvertedBilledMember IDHCC AmountAllowedCapitated ServiceLast Changed OnStart DateStatusWorkbasket State [redacted], [redacted]Unchecked[redacted]Unchecked1/5/2026 2:43:07 PM12/30/2025Final On 2/27/2026 after not hearing back from the member the Investigative lead left a message for the member. The lead will try to make contact again to discuss any potential suspicious claims that may be FWA.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
									On 3/20/2026 the Investigative lead made another attempt in speaking with the member to discuss any suspicious or potentially fraudulent claims. Again the lead was unsuccessful in speaking to the member and left another voicemail message. The Investigative lead placed call to the member number, which resulted in no contact and V/M message being left for the member to return the leads call to discuss any suspicious claims on their account. The Investigative lead was unable to make contact with the member and the member failed to return the lead's call after messages being left over a three month period. As a result, this case is closed with no additional actions needed.	
GCHP-2026-1-1869	Lost or Stolen ID Card	Allegation	Closed	01/21/2026	01/19/2026	03/16/2026	Nature of Complaint received from Salesforce: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed	Unsubstantiated	SIU was unable to reach the member. However, there were no claims identified after the reported incident and during the monitoring process. Case closed.	Unresponsive Reporter/Caller
GCHP-2026-1-1870	Fraud	Allegation	Closed	01/28/2026	01/28/2026	02/25/2026	In the week of January 19, 2026, [redacted], non-employee, got on the mail a letter from Gold Coast Health. [redacted] is [redacted] The letter [redacted] received had [redacted] and [redacted] last names on it. Nor [redacted] neither [redacted] are customers of Gold Coast Health. The letter came from the PO BOX 9153, from Oxnard CA. [redacted] believes that the letter [redacted] picked from the mail is possible fraud, because it has [redacted] and [redacted] last names and their address.	Unsubstantiated	SIU received a hotline report which reported that the caller received GCHP letter via mail. However, the caller does not have GCHP as an insurance plan and had their last name on the letter, which they believed was fraudulent. The caller stated that he received a letter from GCHP. However, [redacted] and [redacted] do not have GCHP as a health insurance. The letter was under [redacted] which had "[redacted] last name and assumed it was for them. Upon further review. It was confirmed by the caller that their apartment number was not the same on the letter, but instead belonged to [redacted] neighbor and was potentially an error from the mailman, which the caller confirmed it has happened before. No fraud detected or found; case closed.	No Fraud Detected or Found
GCHP-2026-1-1871	Fraud	Allegation	In Process	01/28/2026	01/28/2026		On 1/28/2026 the GCHP SIU received an internal referral from GCHP [redacted]. The complaint identifies GCHP member Member: [redacted] Member ID: [redacted] and alleges the following: •Multiple diagnoses that do not usually overlap *Paying abnormal amounts *Provider issuing DME referrals, but hasn't seen member since 2024 *Eligibility issues *Member listed as with [redacted] in August 2025 with an auth (found in Medi-Cal Connect) *[redacted] claims written by a provider, while we do not have provider claims for the same timeframe The referral however, did not include the provider in questions name or identifying information at this time.	Referred to DHCS		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-2-1872	Lost or Stolen ID Card	Allegation	In Process	02/05/2026	02/05/2026		On 2/5/2026 the GCHP SIU received an allegation of potential FWA. The GCHP member [redacted] had [redacted] member ID stolen. The SIU will reach out to the member to verify claims information and open a case.	'- Select One -		'- Select One -
GCHP-2026-2-1873	Fraud	Allegation	In Process	02/09/2026	02/09/2026		Nature of Complaint received from Carelon: Initial (2/9/2026): Member complaint related to services being billed but not rendered. The member reported to have met with the provider on 04/13/2025, but did not receive anymore services from the provider after GCHP Case Number:_____ Carelon Case Number: [redacted] the initial appointment. There are weekly billing claims since the initial appointment. Will request the member's record to review. The Scope is 4/13/2025-01/02/2026. Total exposure for GCHP for the member = [redacted]	Referred to DHCS		'- Select One -
GCHP-2026-2-1874	Fraud	Allegation	In Process	02/10/2026	02/10/2026		A prior authorization service request was received by UM Registered Nurse(myself) an exaggerated number of CPT codes were requested for a procedure. I contacted the office and inquired about change for the amount of codes and the addition of multiple codes not billable to Medi-Cal. Was advised by [redacted] and [redacted] all these codes are needed, a new process that went into effect 01/2026. Discussed this request with Dr.[redacted] (Medical Director here at GCHP) potential unbundling of codes identified by Medical Director. That is what prompted this report. Attachments not included as confidential health information.	Referred to DHCS		'- Select One -
GCHP-2026-2-1875	Lost or Stolen ID Card	Allegation	In Process	02/20/2026	02/19/2026		Nature of Complaint: REASON FOR CALL/CALLER'S INQUIRIES: Member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed • Routed the event to GCHP Compliance Step for reporting	'- Select One -		'- Select One -
GCHP-2026-2-1876	Lost or Stolen ID Card	Allegation	In Process	02/25/2026	02/24/2026		On 2/24/2026 the GCHP SIU received a salesforce report alleging that member [redacted] and [redacted] had their member ID's stolen. The SIU will open a case and reach out to the member to discuss and review claims.	'- Select One -		'- Select One -
GCHP-2026-2-1877	Lost or Stolen ID Card	Allegation	In Process	02/25/2026	02/24/2026		On 2/24/2026 the GCHP SIU received a salesforce report alleging that member [redacted] had [redacted] member ID stolen. The SIU will open a case and reach out to the member to discuss and review claims.	'- Select One -		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-2-1878	Lost or Stolen ID Card	Allegation	In Process	02/25/2026	02/23/2026		Nature of Complaint from Salesforce Report: REASON FOR CALL/CALLER'S INQUIRIES: The member called requesting a new ID card. WAS POLICE REPORT FILED: Yes ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed • Routed the event to GCHP Compliance Step for reporting	'- Select One -		'- Select One -
GCHP-2026-2-1879	Fraud	Allegation	In Process	02/27/2026	02/27/2026		Nature of Complaint received from Carelon: An internal referral identified the provider has continued to use supervision [redacted] while providing zero direct treatment [redacted]. The provider has been given repeated feedback that [redacted] is not clinically warranted without [redacted] occurring; it appears that they may be using [redacted] incorrectly to bill for a [redacted] or [redacted] providing direct treatment even after clarification that that is an incorrect use of the code and all direct treatment should be under [redacted]. The provider has not made changes based on the repeated feedback. The provider will be placed on pre-payment review. Total Exposure all codes from 01/01/2025 to 01/01/2026 GCHP: [redacted]	Referred to DHCS		'- Select One -
GCHP-2026-3-1880	Lost or Stolen ID Card	Allegation	In Process	03/03/2026	03/03/2026		Nature of Complaint from Salesforce Report: REASON FOR CALL/CALLER'S INQUIRIES: Member called requesting a new ID card. WAS POLICE REPORT FILED: No ACTIONS TAKEN/INFORMATION PROVIDED (by Agent): • Verified Addr. on file and requested ID Card • Verified card was stolen and offered FWA #866-672-2615 • Advised caller to allow 7-10 days for processing • Asked caller if a police report was filed • Routed the event to GCHP Compliance Step for reporting Notes: Doesn't seem interested in calling police. States all that was in wallet was ID and card	'- Select One -		'- Select One -
GCHP-2026-3-1881	Lost or Stolen ID Card	Allegation	In Process	03/16/2026	03/16/2026		On 3/16/2026 the GCHP was notified through Salesforce that member [redacted] alleged [redacted] member ID was stolen. The SIU will open a case and reach out to the member.	'- Select One -		'- Select One -
GCHP-2026-3-1882	Retaliation of Whistleblowers	Allegation	Closed	03/19/2026	03/19/2026	03/20/2026	The caller began to file a report regarding retaliation. 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.	Insufficient Information	The caller terminated the hotline call prior to providing their name or any other identifying information. This case is closed with no further actions required.	No Action Necessary
GCHP-2026-3-1883	Lost or Stolen ID Card	Allegation	In Process	03/23/2026	03/23/2026		[redacted] requests that Gold Coast Health Plan be aware that [redacted] wallet got stolen on August 26, 2025, and that consequently, [redacted] medical card and prescription card were also stolen. [redacted] requests that Gold Coast Health Plan reissue [redacted] medical card and prescription card and send them to his address, which is [redacted], as soon as possible.	'- Select One -		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-3-1884	Lost or Stolen ID Card	Allegation	In Process	03/23/2026	03/23/2026		On 3/23/2026 the GCHP SIU received a sales force report from member [redacted] alleging [redacted] member ID was stolen. The SIU will open a new case and follow up with the member.	'- Select One -		'- Select One -
GCHP-2026-3-1885	Fraud	Allegation	In Process	03/24/2026	03/24/2026		This case is being opened by the SIU as a proactive Investigation as [redacted] Fraud in California has been identified as a large problem. This provider also shows GCHP member [redacted] DOB: [redacted] Member ID: [redacted] in their data. The GCHP clinical team recently advised that the member has never been in any [redacted] and [redacted] diagnosis would not even qualify him for [redacted] Care. The Investigative lead conducted background on this provider and they were no located on the exclusions list, terminated providers list preclusion list or CMS non compliance list. However, a call placed to the provider phone number [redacted] resulted in an immediate voicemail message stating the caller does not have a voicemail box set up and did not allow a message to be left. The registered Agent [redacted] The registered Agent for [redacted] is [redacted] same last name for both.	Referred to DHCS	The initial MC-609 was referred to DHCS on 3/24/2026	'- Select One -
GCHP-2026-4-1886	Fraud	Allegation	In Process	04/01/2026	03/31/2026		On 3/31/2026 the health plan [redacted] submitted a MC-609 to DHCS with possible exposure to GCHP members. The SIU opened a new case on the provider and will review and research the information.	Referred to DHCS		'- Select One -
GCHP-2026-4-1887	Fraud	Allegation	In Process	04/01/2026	04/01/2026		On 4/1/2026 while conducting background research on another SIU Provider under investigation, [redacted] was also listed with practice address [redacted] and would be investigated for Potential “Cluster Fraud.” The SIU opened a new proactive investigation on this provider and will submit and initial MC-609 to DHCS. [redacted] NPI: in HRP [redacted] pulls up [redacted] in NPI registry Supplier ID [redacted] 1500 form: 1st claim in HRP shows [redacted] 2nd claim shows [redacted] 3rd claim shows [redacted] All claims final and paid Phone: [redacted] call has been forwarded to VM, the person you are trying to reach is unavailable. Not located in DHCS restricted providers Not on OIG exclusion list Not on CA exclusion list Not on preclusion list The Investigative lead initiated the payment hold internally with the GCHP claims team .	Referred to DHCS		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-4-1888	Fraud	Allegation	Closed	04/01/2026	04/01/2026	04/16/2026	On 4/1/2026 through researching another subject of an SIU Investigation [redacted] located at [redacted] came across several healthcare providers that should be Investigated for Potential “Cluster Fraud.” a proactive SIU case was opened to further investigate the provider.	Referred to DHCS	On 4/1/2026 through researching another subject of an SIU Investigation [redacted] located at [redacted] came across several healthcare providers that should be Investigated for Potential “Cluster Fraud.” a proactive SIU case was opened to further investigate the provider. On 4/1/2026 when claims initiated the payment hold advised the provider was not in HRP so no hold could be placed. The SIU referred the case to DHCS. This provider was not located in our claims system and as a result there is no potential member exposure. The final MC 609 will be referred to DHCS and this case will be closed.	No Fraud Detected or Found
GCHP-2026-4-1889	Fraud	Allegation	In Process	04/01/2026	04/01/2026		On 4/1/2026 through researching another subject of an SIU Investigation [redacted] located at [redacted] came across several healthcare providers that should be Investigated for Potential “Cluster Fraud.” a proactive SIU case was opened to further investigate the provider.	Referred to DHCS		'- Select One -
GCHP-2026-4-1890	Fraud	Allegation	Closed	04/01/2026	04/01/2026	04/14/2026	On April 1, 2026, the caller was creating a prior authorization for a [redacted] medication that costs [redacted] per month for [redacted]. The caller recognized the address and was able to verify the address listed for [redacted] belonged to a high-income neighborhood, with an equally expensive home. [redacted], who is [redacted], is utilizing the Gold Coast Health Plan, intended for low-income individuals, to pay for the expensive medication. The address listed [redacted], [redacted] and the member ID is [redacted].	Referred to DHCS	04/01/2026 The SIU received this case and will further review. On 4/1/2026 the SIU lead verified that [redacted] is a GCHP member, which they are as well as [redacted] is. [redacted] only showed 1 claim totaling $[redacted] The lead searched [redacted] for authorizations and only showed 1 [redacted] auth for [redacted] of a [redacted] in 2022. 04/08/2026 The SIU lead contacted the members [redacted] The members mother stated on March 30th member went to the Dr. [redacted] NPI: [redacted] who their PA recommended. [redacted] stated the medicine was approved farely quickly and the member has currently been taking the medicine for 3-4 days. The member said [redacted] has a short stature and needs the meds. [redacted] had no knowledge of the calls to the hotline. An HRP search for the provider did pull up under the practitioner NPI. There is one claim for this provider appears to be E&M visit. The doctor works at [redacted] DHCS typically required a prior authorization for [redacted], but it depends on the specific drug, age and clinical criteria. The initial/final MC-609 was sent to DHCS and this case is closed with no further actions.	Anonymous - Unable to Follow-Up
GCHP-2026-4-1892	Fraud	Allegation	Closed	04/03/2026	04/03/2026	04/05/2026	According to property records, [redacted] Other [redacted] purchased the property at [redacted], on October 5, 2020. The property was sold by [redacted] for approximately [redacted] Zillow Zillow +1 Property Address: [redacted] Purchasers: [redacted] (October 2020)		Dup of hotline case 1890 and is being closed.	No Action Necessary

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-4-1893	Lost or Stolen ID Card	Allegation	In Process	04/05/2026	04/03/2026		On 4/3/2026 the GCHP SIU was notified by member [redacted] alleging [redacted] member ID was stolen. The SIU will open a new case and follow up with the member.	'- Select One -		'- Select One -
GCHP-2026-4-1894	Fraud	Allegation	In Process	04/05/2026	04/03/2026		On 4/3/2026 the SIU Manager notified the lead to open a new proactive case on the Provider [redacted]	Referred to DHCS		'- Select One -
GCHP-2026-4-1895	Lost or Stolen ID Card	Allegation	In Process	04/06/2026	04/06/2026		On 4/6/2026 the GCHP SIU received a salesforce report alleging that member [redacted] allegedly had their member ID stolen. A new SIU case will be opened and the lead will reach out to the member.	'- Select One -		'- Select One -
GCHP-2026-4-1896	Lost or Stolen ID Card	Allegation	In Process	04/13/2026	04/13/2026		On 4/13/2026 the GCHP SIU was notified of a report by member [redacted] alleging [redacted] member ID was stolen. A new case is opened and the SIU will reach out to the member over a three month period to endure there are no suspicious claims on the members account.	'- Select One -		'- Select One -
GCHP-2026-4-1897	Fraud	Allegation	In Process	04/15/2026	04/15/2026		On 4/15/2026 the SIU Manager emailed the lead instructing the SIU to open a Proactive Investigation on [redacted] to further review.	Referred to DHCS		'- Select One -
GCHP-2026-4-1898	Lost or Stolen ID Card	Allegation	In Process	04/15/2026	04/15/2026		On 4/15/2026 the GCHP SIU received a report from the member [redacted] alleging [redacted] member ID was stolen. The SIU will open a new case and reach out to the member to discuss their claims history on their GCHP account.	'- Select One -		'- Select One -
GCHP-2026-4-1899	Lost or Stolen ID Card	Allegation	In Process	04/15/2026	04/15/2026		On 4/15/2026 the GCHP SIU received a report from member [redacted] alleging [redacted] member ID had been stolen. The SIU will open a new case and reach out to the member to receive claim history.	'- Select One -		'- Select One -
GCHP-2026-4-1900	Fraud	Allegation	Closed	04/16/2026	04/14/2026	04/30/2026	On 4/14/2026 and then again on the 4/16/2026 the GCHP SIU was notified by the GCHP legal department that the member [redacted] emailed twice with concerns of potential FWA on [redacted] GCHP account. * 1st Complaint Can you please look into my insurance card and confirm if there are any monthly recurring charges on my gold Coast account? I've been getting framed in a lot of things lately. I cannot find my ID card but here's the information for me. [redacted] * 2nd complaint Hello, I would like to know how I can obtain my billing records from gold Coast? From possibly 08/2024 until current. Someone is trying to lay me in the dirt and con several benefits and accounts under my name. I have these neighbors that hack my phone and steal all my info and say I have to go to a mental institution even tho I'm fine. Let me know if you need the benefits if number Thank you! [redacted] Both times the member provided 2 different emails [redacted]. and [redacted] the SIU attempted to send correspondence to the member utilizing both, but never received a response.	Unsubstantiated	On 4/14/2026 and then again on the 4/16/2026 the GCHP SIU was notified by the GCHP legal department that the member [redacted] emailed twice with concerns of potential FWA on [redacted] GCHP account. * 1st Complaint Can you please look into my insurance card and confirm if there are any monthly recurring charges on my gold Coast account? I've been getting framed in a lot of things lately. I cannot find my ID card but here's the information for me. [redacted] * 2nd complaint Hello, I would like to know how I can obtain my billing records from gold Coast? From possibly 08/2024 until current. Someone is trying to lay me in the dirt and con several benefits and accounts under my name. I have these neighbors that hack my phone and steal all my info and say I have to go to a mental institution even tho I'm fine. Let me know if you need the benefits if number Thank you! [redacted] Both times the member provided 2 different emails [redacted]. and [redacted] the SIU attempted to send correspondence to the member utilizing both, but never received a response.	No Action Necessary

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
							The SIU located the same member phone number in HRP and Salesforce of [redacted], which was disconnected or no longer in service. The GCHP legal department provided the member the form to request [redacted] medical records via email to the address [redacted], but has yet to receive any further correspondence from the member.		The SIU located the same member phone number in HRP and Salesforce of [redacted], which was disconnected or no longer in service. The GCHP legal department provided the member the form to request [redacted] medical records via email to the address [redacted] but has yet to receive any further correspondence from the member. To date the SIU and legal department had not heard anything additional from the member, nor received any further correspondence. The lead confirmed with the GCHP legal Department they had not heard from or received any additional correspondence from this member. This case is now closed with no additional actions required.	
GCHP-2026-4-1901	Fraud	Allegation	In Process	04/16/2026	04/16/2026		On 4/16/2026 the GCHP SIU was notified via email of a PIU report received from DHCS on provider [redacted] NPI: NPI [redacted] to further investigate. The Department of Health Care Services (DHCS) received a complaint, reference # [redacted].Our records indicate this subject receives/renders services under your plan. Please investigate and report the findings at the conclusion of your investigation to DHCS at piu.cases@dhcs.ca.gov. Use reference number on all future communications. If you have any questions, please let us know. Reporting Party: [redacted] Subject: [redacted] Identifier: [redacted] Nature of Complaint: The [redacted] received a Medicare referral from CMS on 2/3/2026 to place [redacted]. (NPI [redacted] on Rapid Payment Suspension based on the provider sharing a practice address with other hospice agencies and having a high live discharge rate. The provider was subsequently screened for Medicaid exposure, and review of T-MSIS data identified dollars at risk totaling [redacted] A Medicaid lead was initiated on 02/17/2026. Following CMS' review, the payment suspension was not pursued, as the provider was identified for co-location only and no additional fraud indicators were present. The [redacted] reviewed data and identified only two recipients with lengths of stay of 250 and 255 days, with no recipients exceeding 365 days. Based on this review, the [redacted] did not pursue this lead. However, as the provider was referred under a CMS high-priority initiative we are referring [redacted] to handle as you deem appropriate.	Received from DHCS		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-4-1902	Fraud	Allegation	In Process	04/17/2026	04/16/2026		On 4/16/2026 the GCHP SIU was notified via email that vision vendor [redacted] was referring provider [redacted] that also involved GCHP and it's members. A new case will be opened and Investigated accordingly. The subject (TIN: [redacted]) was identified by data utilization review for billing an aberrantly high volume of claims for Medicaid lenses fabricated at a non-PIA optical laboratory. Medicaid providers are instructed to use Prison Industry Authority (PIA) optical laboratories to fabricate lenses; if a specialized lens or material is prescribed that PIA is unable to fabricate, the ophthalmic lens orders must be fabricated at a non-PIA optical laboratory. As a result, medical and financial records for a statistical sample of patients will be requested for review. Organization NPI's: [redacted]	[redacted]		[redacted]
GCHP-2026-4-1903	Fraud	Allegation	In Process	04/17/2026	04/17/2026		Client Involved: GOLD COAST HEALTH PLAN On March 21, 2026, [redacted] lost [redacted] wallet. [redacted] wallet had [redacted] insurance card, driver's license, and [redacted] state health care card. On March 28, someone (name unknown) attempted to get a pair of glasses on [redacted] insurance. The claim was unsuccessful. [redacted] believes that whoever took [redacted] wallet is the same person attempting to make claims on [redacted] card. [redacted] called the Gold Coast customer service department (names and job titles unknown). The Gold Coast customer service department referred [redacted] to the ethics line. [redacted] did not file legal action regarding this matter. [redacted] requests that this matter be thoroughly investigated and urgently resolved.	'- Select One -		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-4-1904	Fraud	Allegation	Closed	04/21/2026	04/21/2026	04/21/2026	On April 1, 2026, the caller filed a report regarding fraud. On April 21, the caller followed up on the report that [redacted] filed on April 1, and the report was closed. [redacted] and [redacted] had purchased a property worth [redacted] dollars with a mortgage that was approximately over [redacted] dollars a month. [redacted] and [redacted] purchased the property on October 5, 2020. The requirement to qualify for the Gold Coast Health Plan was a salary less than 49 thousand dollars a year for a family of four. [redacted] and [redacted] have been using the Gold Coast Health Plan since 2016 even though they were well off. The address listed under [redacted] and [redacted] [redacted] (names withheld) who were covered under the Gold Coast Health Plan was [redacted] The caller requests [redacted] and [redacted] to be investigated, because the Gold Coast Health Plan was intended for low-income individuals.	'- Select One -		'- Select One -
GCHP-2026-4-1905	Fraud	Allegation	Closed	04/23/2026	04/23/2026	04/30/2026	On January 22, 2025, [redacted] used [redacted] member, who is [redacted], member ID, [redacted] last name, and [redacted] date of birth for [redacted], [redacted] examination. The member ID number that was used is [redacted]. [redacted] and [redacted] are not related, but they share the same last name.	Unsubstantiated	4/23/2026 The GCHP SIU received a complaint through the hotline: On January 22, 2025, [redacted], member, who is [redacted] member ID, [redacted] last name, and [redacted] date of birth for [redacted] examination. The member ID number that was used is [redacted] are not related, but they share the same last name. The alleged violation happened at : [redacted] The Lead is unable to review [redacted] claims in HRP and the case will be forwarded to [redacted] to further investigate. The lead will determine if [redacted] will refer to DHCS or we will. 04/24/2026 8:34:56 AM - [redacted] The Investigative lead attempted to interview member's [redacted] The members Home Phone # [redacted] The lead called the Cell# [redacted] and a message was left The lead called [redacted] back at the [redacted] and interviewed and reviewed the HRP claims while [redacted] was on the phone. [redacted] confirmed all the claims were legitimate. I urged [redacted] to file a police report and to email me. I advised [redacted] I would reach out to [redacted] over a three-month period to review claims since [redacted] does not receive any EOB's from GCHP. [redacted] only became aware of the issue because [redacted] needed vision services, and they told [redacted] [redacted] did not have vision benefits because they were already used for the year. [redacted] replied they followed up with [redacted] that the claim was submitted for the wrong patient in error and it was not intentional and they would not pursue any further. The Lead called the members [redacted] to notify [redacted] and that [redacted] [redacted] is eligible for all [redacted] vision benefits. 04/30/2026 This case was discussed during 1:1 with Director and decided because it was a clerical error on the part of [redacted] for the wrong patient this case did not warrant a referral to DHCS and would be closed.	No Action Necessary

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-4-1906	HR/Employee Relations	Allegation	Unreviewed	04/24/2026	04/24/2026		[redacted] became our Interim Manager at the beginning of March of 2026. Our former Manager's last day was 2/27/26. Prior to our former manager retiring, [redacted] began making changes to our processes within the Department of CalAIM. Never providing us enough time in between processes to adapt before adding another process. Eventually we all got behind on our work as the new processes required additional time. We kept falling behind and kept asking for assistance. [redacted] had mentioned that [redacted] would roll up her sleeves to help out which never happened and instead kept using [redacted] famous phrase, "Help is on the way". Unfortunately, we never received the help that we actually needed. Instead, the above-mentioned happened to me on 4/23/25. Since the beginning, [redacted] had offered so much help and never provided it and was only nitpicking at everything as a department we were doing wrong rather than helping us correct it with the help that we needed. [redacted] down talked and made me personally feel like I am beneath her. I feel I was treated as a peasant. Basically, bullied. [redacted] was aware that I was having medical issues that I needed to take care of as I had spoken to her about it in courtesy just in case, I needed time off, I didn't want to tell [redacted] at the last minute. [redacted] seemed very emphatic about it and appreciated me letting her know because [redacted] knows I didn't have to. Part of the medical issues is the stress and feeling overwhelmed that [redacted] has caused since [redacted] took over the department. This all seems so unfair and thinking about everything that has occurred since [redacted] came in, it seems like this was [redacted] plan on along. I personally feel, I was set up to fail.	'- Select One -		'- Select One -
GCHP-2026-4-1907	HR/Employee Relations	Allegation	Unreviewed	04/24/2026	04/24/2026		I was notified to take a call around 2:35pm with both [redacted] And J[redacted], it was conference call with me introduced us to each other and with a simple hello. Employee, was asked to turn on camera for the meeting that was not recorded, to my understanding or stated the source of the meeting. Employee was told about the reviewing metrics. [redacted] said we have noticed a discrepancy in systems “idle time” . The audit was stated to me that it was being reviewed from January 2026 to current and employee asked what exactly is “idle time”. I have been at GCHP for 3 years and has never been told or shown anything about systems “idle time”. Never once was I advised that a personal audit was happening against me dating back to July 2025 or since it started in the beginning of 2026 as stated by [redacted] A email was sent from [redacted] to me on March 19th, discussing work plan/work flow and Calaim updates. [redacted]s official start date upon [redacted]'s retirement was 3/1/26 and after 3/1/26, our department was constantly being targeted and told we are not doing our jobs correctly and our protocol needs to change. We received additional training from [redacted] regarding how notes should be entered in [redacted] and a new process for referrals need to be entered. Calaim department was never taught or trained on the new [redacted] system or how to correctly do entries because we later found out that the “Subject Matter Expert”of the [redacted] program went on a LOA , so the 2 CMC’s collaborated to support each other and create our own notes since we had no guidance or official training. After reading an email from [redacted] about Calaim updates and procedures, it was noticeable and physically impossible to support [redacted] demands and metrics as stated on the email. Calaim team was very confused and wanted to further discuss the process of what [redacted]s calls “burn down plan”.	'- Select One -		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
							We never discussed this with any one in upper management regarding the “burn down process” process. After a week or 2, we went to a CM lead who stated [redacted] has and idea of what [redacted] is wanting and the CM lead, thinking [redacted] understand the process but still unsure to share with our team but ended up training another CMC the “burn down plan” process. The other CMC created a meeting to notify the additional CMCs and show the process. [redacted] was very unavailable to the CalAim team when requested assistance or guidance with certain protocols. Our team always had to wait , when needed assistance due to [redacted]s all day meetings according to [redacted] and [redacted] made no time to answer questions for our team, including myself. Our team started to do 1:1on April 1st, then an email was sent to us stating that cameras needed to be on, and only on certain employees and on selected meetings when they are being recorded . According to [redacted], all of [redacted] formal audits were to begin from April 1st , 2026 till now. [redacted] has only been our manager since March 1st, 2026 but in [redacted] and [redacted] meeting they let me know they are going back to my previous mangers productivity data “idle time” but the previous manager was well aware on my productivity as I constantly shared my completed task while still helping others and I was never told I was not meeting expectations. Our previous manager would even congratulate and reward me with gold coin bucket list because of my productivity and going above and beyond with assisting providers and internal department. My position is not solely on [redacted] of what they call “Idle time” But now I am on paid administrative leave? There is plenty more to state about the Calaim dept that has been neglected by upper management for a long time and now since [redacted] has come into being the Interim Manager, it has caused chaos, stress, and a hostile work environment. There is everyday fear wondering if will have a job still because of [redacted] micromanaging and questionable actions. Never once was I given a verbal or written warning about my productivity from my previous manager or [redacted]. [redacted] would also praise to me about our productivity and great job on bringing the queues down on numbers. Those “Good Job” comment are still on our department teams chat. We were even given “CALAIM SUPERSTARS” by [redacted] just last week. Please look into this on our Teams chat.We are not lying . [redacted] is retaliating because there was a formal complaint on [redacted] to HR. Now, even if I do still have my job, and with me calling out [redacted] in our meeting for something [redacted] lied about, I don’t feel comfortable with [redacted] still being the manager due to additional retaliation, workplace harassment and discrimination. We as a team were never given our Managers phone number or we never were asked for ours. We never were given documentation after the meeting concluded. I also don’t agree how the HR representative [redacted], asked me to confirm my phone number in front of [redacted] at the end of this meeting. Also upon creating this report, I received an alert from workday on my personal phone , which I have no access on reporting a request of leave of absence - submitted on my behalf and successfully completed. I was never instructed to submit a LOA or got it in writing they were going to submit it on my behalf.			
GCHP-2026-4-1908	Lost or Stolen ID Card	Allegation	In Process	04/29/2026	4/29/2026		On 4/29/2026 the GCHP SIU was notified through Salesforce that member [redacted] is alleging his member ID was stolen. The SIU will open a new case and reach out to the member.	'- Select One -		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-4-1909	Lost or Stolen ID Card	Allegation	In Process	04/29/2026	04/29/2026		On 4/29/2026 the GCHP SIU was notified through Salesforce and reported by members [redacted] that [redacted] and [redacted] has their member ID's stolen. The SIU will open a new case and reach out to the members.	'- Select One -		'- Select One -
GCHP-2026-4-1910	Discrimination	Allegation	Unreviewed	04/30/2026	04/30/2026		During meetings, I often felt uncomfortable due to the tone and interactions, which at times came across as dismissive. Based on my experience, it felt like I was being treated differently, and I had concerns that this may have been related to my background as a minority. It also gave the impression that there was an effort to replace the existing team. I would also recommend reviewing authorizations, as there were instances where authorizations remained unapproved, since the end of February, which may indicate potential compliance concerns. Additionally, it may be helpful to review prior concerns or complaints involving supervision and team management to assess whether there is a broader pattern.	'- Select One -		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-5-1911	Fraud	Allegation	In Process	5/1/2026	5/1/2026		On 4/30/2026 the GCHP SIU was notified via email by [redacted] GCHP Grievance and Appeals Department that member [redacted] is alleging that provider [redacted] NPI [redacted] has billed [redacted] for services. The member stated [redacted] has no knowledge of this provider is and has never received any services from them. This provider is a PAR provider with GCHP effective 12/1/2016 HRP does show several member claims billed by [redacted] on the following dates 8/26/2024, 8/21/2024, 8/11/2024, 7/24/2024, 7/22/2024, 6/14/2024 x2, 6/11/2024 x2 This provider has two different service addresses and two different business phone numbers [redacted] [redacted] [redacted]	'- Select One -		'- Select One -
GCHP-2026-5-1912	Lost or Stolen ID Card	Allegation	In Process	5/4/2026	5/4/2026		On April 24, 2026, [redacted] (last name unknown), representative from [redacted] called [redacted] to inform [redacted] that he found [redacted] Gold Coast medical card. [redacted] believes [redacted] may have lost the card when [redacted] went for an [redacted]. On May 4, [redacted] called Gold Coast Health to apply for a Gold Coast medical card replacement. A representative (name unknown), advised [redacted] to call the hotline to report the lost card. [redacted] would like Gold Coast Health to be aware of this concern. [redacted] would like to know if [redacted] is going to receive a separate card number and if there are other things [redacted] should be concerned with.	'- Select One -		'- Select One -

GCHP-2026-5-1913	Fraud	Allegation	In Process	5/6/2026	5/6/2026	On 5/6/2026 the SIU was notified by GCHP clinical via email of a potential Fraudulent [redacted] Provider of provider [redacted] and involved GCHP member [redacted]. The allegation states: Provider: [redacted] Member: [redacted] Provider Rendering Physician: [redacted] called this provider at [redacted] Valencia; was informed member is not under their care, advised to call other clinic groups this MD is with. Member is under [redacted] at [redacted]. This address is not registered as a [redacted] or any type of facility. Member is [redacted] and is allowed to leave the house/facility during the day. Member claims [redacted] is paying [redacted] Attached Election Form is signed by [redacted] CEO, no MD signature. [redacted]. CEO/Administrator Email. Street Address, [redacted]. Phone, [redacted] is not on the restricted or revoked list, info from PNO/[redacted]. Review of claims and pharmacy, and conversations w/ member, do not support medical condition meeting [redacted] criteria. Member is on the following meds: [redacted]	'- Select One -	'- Select One -
GCHP-2026-5-1914	Lost or Stolen ID Card	Allegation	In Process	5/6/2026	5/6/2026	On 5/6/2026 the GCHP SIU was notified of a potential FWA report through salesforce with member [redacted] alleging [redacted] member ID was stolen. The SIU will open a new case and reach out to the member.	'- Select One -	'- Select One -
GCHP-2026-5-1915	Lost or Stolen ID Card		In Process	5/6/2026	5/6/2026	On 5/6/2026 the GCHP SIU was notified via salesforce report of a potential FWA with member [redacted] alleging [redacted] member ID was stolen. The SIU will open a new case and follow up with the member.	'- Select One -	'- Select One -
GCHP-2026-5-1916	Lost or Stolen ID Card	Allegation	In Process	5/8/2026	5/8/2026	On 5/8/2026 the GCHP SIU was notified of a potential FWA report through Salesforce of member [redacted] alleging [redacted] member ID was stolen. The SIU will open a new case and reach out to the member.	'- Select One -	'- Select One -

GCHP-2026-5-1917	Lost or Stolen ID Card	Allegation	In Process	5/11/2026	5/11/2026		On 5/11/2026 the GCHP SIU received a salesforce potential FWA report from member [redacted]. alleging [redacted] member ID was stolen. The SIU will open a new case and reach out to the member [redacted].	'- Select One -	'- Select One -
GCHP-2026-5-1918	Fraudulent Insurance Claims	Allegation	Closed	5/14/2026	5/14/2026	5/15/2026	On April 16, 2026, during a routine home visit at the patient's, the patient reported that approximately one month prior (March 2026), [redacted] was approached by a social worker from [redacted]. The patient stated that he was told [redacted] would lose his benefits if [redacted] did not enroll in their [redacted] program. [redacted] reported feeling pressured to sign enrollment documents and indicated that [redacted] did not believe [redacted] had a choice in the matter. [redacted] signed the documents. These documents were scanned into our EMR for reference. The patient expressed that [redacted] does not believe [redacted] should be on [redacted] and does not consider [redacted] to be receiving [redacted] level care. From a clinical standpoint, the patient has improved significantly. [redacted] is currently stable, doing very well, and is planning for potential [redacted] within the coming year. Based on [redacted] current condition, [redacted] is not clinically appropriate for [redacted] services. The patient continues to actively follow with multiple healthcare providers, including [redacted]	'- Select One -	'- Select One -

Care, [redacted] primary care provider, and specialists through [redacted]
[redacted]. [redacted] is also engaged in [redacted] services.
This situation raises concern for potential coercion or pressure to enroll in [redacted]
services, misrepresentation of benefits, and possible misuse of Medi-Cal/Medicaid
benefits. Financial loss is unknown at this time; however, there is concern for
potential inappropriate billing for [redacted] services while the patient continues to
receive [redacted] and [redacted] medical care. The patient reported that [redacted] had one nurse
visit in [redacted] home. No further visits have been made or supplies have been delivered.
Please upload any supporting photographs or other related documents.
Additional Contact
How did you hear about the DMFEA?
Supporting documentation includes copies/photos of [redacted] enrollment documents

from [redacted].

As part of prior related concerns, this same patient was previously enrolled in [redacted]
services with [redacted] Inc. on January 9, 2024 without clear understanding or
consent. A fraud report was filed with the U.S. Department of Health and Human
Services Office of Inspector General (OIG) by phone on August 19, 2025, and the
patient was subsequently disenrolled. Additional outreach from [redacted]
encouraging re-enrollment was reported on December 11, 2025, and a second report
was submitted to the OIG online.
Steps taken to date include clinical evaluation, documentation in the medical record,
collection of supporting documentation, prior reporting to OIG (August 2025 and
December 2025), and preparation of this current report.

GCHP-2026-5-1919	Fraud	Allegation	In Process	5/15/2026	5/15/2026	On 5/15/2026 The SIU Investigative lead opened this case as a proactive Investigation because it has shared members with existing case [redacted]. This provider was referred to DHCS as a follow up MC-609 under provider [redacted] Other related [redacted] entities [redacted] and [redacted] were included in this referral because they all have shared members.	'- Select One -	'- Select One -
GCHP-2026-5-1920	Fraud	Allegation	In Process	5/15/2026	5/15/2026	On 5/15/2026 The SIU Investigative lead opened this case as a proactive Investigation because it has shared members with existing case [redacted]. This provider was referred to DHCS as a follow up MC-609 under provider [redacted]. Other related [redacted] entities [redacted] and [redacted] were included in this referral because they all have shared members.	'- Select One -	'- Select One -
GCHP-2026-5-1921	Fraud	Allegation	In Process	5/15/2026	5/15/2026	On 5/15/2026 The SIU Investigative lead opened this case as a proactive Investigation because it has shared members with existing case [redacted] This provider was referred to DHCS as a follow up MC-609 under provider [redacted]. Other related Hospice entities [redacted] and [redacted] were included in this referral because they all have shared members.	'- Select One -	'- Select One -
GCHP-2026-5-1922	Lost or Stolen ID Card	Allegation	In Process	5/19/2026	5/19/2026	On 5/19/2026 the GCHP SIU department received a salesforce report alleging that member [redacted] had [redacted] member ID stolen. The SIU will open a case and reach out to the interview to discuss the members claim history and any potential FWA claims.	'- Select One -	'- Select One -
GCHP-2026-5-1923	Lost or Stolen ID Card	Allegation	In Process	5/21/2026	5/20/2026	On 5/20/2026 the SIU received a salesforce report via email with member [redacted] alleging [redacted] member ID had been stolen. The SIU will open a new case and reach out to the member to discuss claims.	'- Select One -	'- Select One -
GCHP-2026-5-1924	Lost or Stolen ID Card	Allegation	In Process	5/21/2026	5/21/2026	On 5/20/2026 the SIU received a salesforce report via email with member [redacted] alleging [redacted] member ID had been stolen. The SIU will open a new case and reach out to the member to discuss claims.	'- Select One -	'- Select One -
GCHP-2026-5-1925	Lost or Stolen ID Card	Allegation	In Process	5/23/2026	5/22/2026	On 5/22/2026 the GCHP SIU was notified through salesforce via email that member [redacted] is alleging [redacted] had [redacted] member ID stolen. The SIU will open a new case and reach out to the member [redacted]	'- Select One -	'- Select One -

GCHP-2026-5-1926	Lost or Stolen ID Card	Allegation	In Process	5/26/2026	5/26/2026	On November 25, 2025, someone robbed [redacted] of [redacted] bank cards, [redacted] in cash, insurance card, driver's license, ID cards, and everything inside [redacted] purse. [redacted] called the police (names and job titles unknown) to report the incident. The police said they were going to send someone to [redacted] but no one came. On May 26, 2026, [redacted] discovered that [redacted] had [redacted] cards and withdrew [redacted] out of [redacted] bank account. [redacted] was concerned that [redacted] was going to use [redacted] insurance card. [redacted] called Gold Coast Insurance and spoke with an employee (name and job title unknown). The employee gave [redacted] a new insurance card and advised [redacted] to contact the ethics hotline. [redacted] requests guidance from Gold Coast Insurance on whether [redacted] needed a new number. 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. [redacted] did not receive access information (report key and password) and will be unable to review or follow up on this report.	'- Select One -	'- Select One -
GCHP-2026-5-1927	Lost or Stolen ID Card	Allegation	In Process	5/26/2026	5/26/2026	On 5/26/2026 the GCHP received a salesforce report with member [redacted] alleging his member ID was stolen. The SIU will open a case and reach out to the member.	'- Select One -	'- Select One -
GCHP-2026-5-1929	Lost or Stolen ID Card	Allegation	In Process	5/27/2026	5/27/2026	On 5/27/2026 the GCHP SIU was notified of a salesforce report alleging that member [redacted] had [redacted] member ID stolen. The SIU will open a new case and reach out to the member.	'- Select One -	'- Select One -
GCHP-2026-5-1930	Lost or Stolen ID Card	Allegation	In Process	5/27/2026	5/27/2026	On 5/27/2026 the GCHP SIU was notified of a salesforce report alleging that member [redacted] had [redacted] member ID stolen. The SIU will open a new case and reach out to the member.	'- Select One -	'- Select One -

GCHP-2026-5-1931	Lost or Stolen ID Card	Allegation	In Process	5/28/2026	5/28/2026	In 2025, [redacted] member, lost [redacted] wallet that had [redacted] Gold Coast Health Plan medical member card at Costco in Marysville, CA. [redacted] and [redacted] looked for [redacted] wallet in the parking lot but could not find it. [redacted] and [redacted] then drove home and began unpacking their shopping. A police officer (name unknown) drove up to [redacted] and [redacted] residence to drop off [redacted] wallet. The police officer knocked on [redacted] and [redacted] door and then provided [redacted] with [redacted] wallet. [redacted] reviewed the contents of [redacted] wallet and saw that [redacted] Gold Coast Health Plan medical member card and some of the contents of the wallet were missing. [redacted] and [redacted] did not file a police report for the lost Gold Coast Health Plan medical member card and the other miscellaneous items. On May 28, 2026, [redacted] called Gold Coast Health Plan to retrieve [redacted] lost Gold Coast Health Plan medical member card. Gold Coast Health Plan told [redacted] to call the Gold Coast Health Plan Compliance and Fraud Hotline to expedite the retrieval of [redacted] Gold Coast Health Plan medical member card. [redacted] requests that Gold Coast Health Plan contact [redacted] to discuss when [redacted] should expect [redacted] Gold Coast Health Plan medical member card.	'- Select One -	'- Select One -
GCHP-2026-5-1932	Lost or Stolen ID Card	Allegation	In Process	5/28/2026	5/28/2026	On 5/28/2026 the GCHP SIU was notified through salesforce of a report from member [redacted] alleging [redacted] member ID was stolen. The SIU will open a new case and reach out to the member.	'- Select One -	'- Select One -
GCHP-2026-6-1933	Fraud	Allegation	Unreviewed	6/5/2026	5/27/2026	Proactive review of out-of-network [redacted] claims.	'- Select One -	'- Select One -

GCHP-2026-6-1934	Fraud	Allegation	Closed	6/8/2026	6/8/2026	6/9/2026	On June 8, 2026, [redacted] received a text message from the CVS pharmacy saying that [redacted] medicine was ready for pickup, but [redacted] had not been to the doctor (name unknown). [redacted] went to the pharmacy to check what was going on, and the information on the medicine was correct; it was [redacted] information. [redacted] requests Gold Coast Health Plan to investigate the medicine situation as [redacted] believes it could be fraud.	Unsubstantiated	[redacted] selected the wrong patient when sending the prescription to the pharmacy. The pharmacy reversed the charges and cancelled. Human error, no fraud	No Fraud Detected or F

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-6-1938	Lost or Stolen ID Card	Allegation	In Process	06/24/2026	06/17/2026		Member reported stolen ID card	'- Select One -		'- Select One -
GCHP-2026-6-1939	Lost or Stolen ID Card	Allegation	In Process	06/25/2026	06/24/2026		Member reported stolen ID card	'- Select One -		'- Select One -
GCHP-2026-6-1941	Lost or Stolen ID Card	Allegation	In Process	06/25/2026	06/10/2026		Member reported stolen ID card	'- Select One -		'- Select One -
GCHP-2026-6-1945	Fraudulent Insurance Claims	Allegation	Unreviewed	06/28/2026	6/28/2026		I reached out to [redacted] looking for a [redacted] but ultimately did not retain [redacted] as I felt uncomfortable with [redacted]. Little did I know [redacted] was billing my insurance the entire time. I ended up being induced and asked what [redacted] services she offered. [redacted] texted a few times trying to book a session I didn't respond and then [redacted] found my hospital room, called it without my consent to ask why I didn't text her back and if my phone was broken. I told [redacted] to please leave me alone I am having [redacted] and [redacted] the billed me for [redacted]" [redacted] also admitted to billing me for a 90 minute consult that never happened. [redacted] is a horribly untrustworthy person and I feel unsafe knowing [redacted] can fraudulently bill my insurance as she pleases.	'- Select One -		'- Select One -

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-7-1946	Lost or Stolen ID Card	Allegation	In Process	07/14/2026	07/14/2026		On July 10, 2026, [redacted] car was broken into. [redacted] wallet was stolen along with [redacted] medical ID card. [redacted] filed a police report with the Ojai police station. The police report number was [redacted]. [redacted] had 3 member ID numbers. [redacted] member ID numbers were [redacted] and [redacted].	'- Select One -		- Select One -
GCHP-2026-7-1947	Lost or Stolen ID Card	Allegation	In Process	07/20/2026	07/20/2026		In July 2026, a woman stole [redacted] ID card for Gold Coast Health Plan in an unknown location. [redacted] didn't remember which was [redacted] member ID number. [redacted] didn't report [redacted] stolen ID card to anyone at the Gold Coast Health Plan. [redacted] began to file a report regarding a stolen ID 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. [redacted] did not receive access information (report key and password) and will be unable to review or follow up on this report.	'- Select One -		- Select One -
GCHP-2026-7-1948	Customer Relations	Allegation	Closed	07/28/2026	7/28/2026	7/28/2026	In the beginning of July 2026, [redacted] tried to pick up [redacted] and [redacted] from CVS Pharmacy. CVS Pharmacy informed [redacted] that [redacted] Gold Coast Health Plan was not covering [redacted] and [redacted]. [redacted] would like to know if [redacted] Gold Coast Health Plan is still active, and if so, [redacted] would like to be able to pick up [redacted] and [redacted]	Other	SIU provided notification of coverage of the Medicare Part D and asked [redacted] to provide this information to the pharmacy to obtain the requested medications.	No Fraud Detected or Found

Case Number	Primary Issue	Case Type	Case Status	Date Opened	Date Received	Date Closed	Details	Primary Case Outcome	Synopsis notes	Action Taken
GCHP-2026-8-1949	Fraud	Allegation	In Process	08/06/2026	08/06/2026		Member's [redacted] states [redacted] is sending [redacted] letters threatening to send [redacted] to collections if [redacted] does not pay left over amount of [redacted]. Members [redacted] also states [redacted] has requested an itemized bill many times and they refuse to provide one to [redacted]. [redacted] was told by the facility [redacted] is the guarantee, which [redacted] does not recall signing any papers agreeing to that.	'- Select One -		'- Select One -

EXHIBIT G

A Copy of the Transition Plan as Required by Section V.B.17 of the CIA

GOLD COAST HEALTH PLAN
REPORTING PERIOD FOUR
TRANSITION PLAN FOR THE FOURTH ANNUAL REPORT TO THE OFFICE OF THE INSPECTOR GENERAL
JUNE 29, 2026

Under Section III.J of the CIA, prior to the end of the Fourth Reporting Period, Gold Coast shall develop and implement a Transition Plan that is reviewed and approved by its Commission. The Transition Plan shall be implemented following the end of the CIA's term and shall be included in Gold Coast's Fourth Annual Report submission to the OIG, which is to occur no later than October 9, 2026. The Transition Plan, as outlined below, addresses the requirements set forth in Section III.J and details how Gold Coast intends to ensure continuity of compliance following the end of the CIA's term.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXHIBIT H

Chief Compliance Officer and Chief Executive Officer Certifications as Required by Section V.B.21 of the CIA

Gold Coast Health Plan℠
A Public Entity

Certification of the Chief Executive Officer for the Fourth Reporting Period

I, Dr. Felix Nuñez, MD, MPH, Chief Executive 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 reasonable 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.

Felix L. Nuñez, MD, MPH
Chief Executive Officer
Gold Coast Health Plan

09/15/2026
Date

Gold Coast Health Plan℠
A Public Entity

Certification of the Chief Compliance Officer for the Fourth Reporting Period

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 reasonable 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.

/s/ Robert Franco

Robert Franco
Chief Compliance Officer
Gold Coast Health Plan

09/14/2026

Date

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

Resolution No. 2026-004

"The Board has made a reasonable inquiry into the operations of Gold Coast's compliance program, including the performance of the Chief 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 dba Gold Coast Health Plan

Date

Maddie Gutierrez, MMC
Senior Clerk to the Commission
Ventura County Medi-Cal Managed Care
Commission dba Gold Coast Health Plan

Date