

**CORPORATE INTEGRITY AGREEMENT  
BETWEEN THE  
OFFICE OF INSPECTOR GENERAL  
OF THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AND  
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION**

**I. PREAMBLE**

Ventura County Medi-Cal Managed Care Commission d/b/a Gold Coast Health Plan (“Gold Coast”) hereby enters into this 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 this CIA, Gold Coast is entering into a Settlement Agreement with the United States.

**II. EFFECTIVE DATE, TERM, AND DEFINITIONS**

A. Effective Date. The “Effective Date” of this CIA shall be the signature date of the final signatory to this CIA.

B. Term. The term of this CIA shall be five years from the Effective Date, except that Sections VII and X shall continue for 120 days after OIG’s receipt of: (1) Gold Coast’s final Annual Report or (2) any additional documentation relating to the final Annual Report requested by OIG, whichever is later. In addition, if OIG issues a Stipulated Penalties Demand Letter pursuant to Section X.C.1 or a Notice of Material Breach and Intent to Exclude pursuant to Section X.E.2 prior to the expiration of the 120 day period, then Section X shall remain in effect until the Stipulated Penalties Review described in Section X.E.2 or the Exclusion Review described in Section X.E.3 is completed, and Gold Coast complies with the decision.

C. Definitions.

1. “Arrangements” means:

a. every arrangement or transaction that involves, directly or indirectly, the offer, payment, solicitation, or receipt of anything of value and is between Gold Coast and (i) any actual or potential source of health care business or referrals to Gold Coast or (ii) any actual or potential recipient of health care business or referrals from Gold Coast.

i. “Source of health care business or referrals” means any individual or entity that refers, recommends, arranges for,

orders, leases, or purchases any good, facility, item, or service for which payment may be made in whole or in part by a Federal health care program.

- ii. “Recipient of health care business or referrals” means any individual or entity (a) to whom Gold Coast refers an individual for the furnishing or arranging for the furnishing of any item or service, or (b) from whom Gold Coast purchases, leases or orders or arranges for or recommends the purchasing, leasing, or ordering of any good, facility, item, or service, for which payment may be made in whole or in part by a Federal health care program.

2. “Certifying Employees” means the following: Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, and Chief Medical Officer, and Chief Operating Officer.<sup>1</sup>

3. “Covered Persons” means: (a) all owners who are natural persons, officers, board members, and employees of Gold Coast; and (b) all contractors who furnish patient care items or services or perform billing, coding, and state Medicaid rate development or reporting functions on behalf of Gold Coast, but excluding healthcare providers or suppliers contracted by Gold Coast for the delivery of Medicaid services as part of Gold Coast’s network subject to the standards at 42 C.F.R. § 438.68.

4. “Disclosure Program” means a program that enables individuals to disclose to the Compliance Officer or some other person who is not in the disclosing individual’s chain of command any potential violations of criminal, civil, or administrative law related to the Federal health care programs or any issues or questions associated with Gold Coast’s policies, conduct, practices, or procedures.

5. “Exclusion Lists” means the HHS/OIG List of Excluded Individuals/Entities (LEIE) (available at <http://www.oig.hhs.gov>) and state Medicaid program exclusion lists that are publicly available.

6. “Ineligible Person” means an individual or entity who: (a) is currently excluded from participation in any Federal health care program or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) (mandatory exclusion) but has not yet been excluded from participation in any Federal health care program.

7. “Overpayment” means any funds that Gold Coast receives or retains under any Federal health care program to which Gold Coast, after applicable reconciliation, is not entitled under such Federal health care program.

8. “Reportable Event” means: (a) a substantial Overpayment; (b) a matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which criminal penalties or civil monetary penalties under Section 1128A or 1128B of the Social Security Act (the “Act”) or exclusion under Section 1128 of the Act may be authorized; (c) the employment of or contracting with a Covered Person who is an Ineligible Person; or (d) the filing of a bankruptcy petition by Gold Coast.

9. “Reporting Period” means each one-year period during the term of this CIA, beginning with the one-year period following the Effective Date.

10. “Training Plan” means a written plan that outlines the steps Gold Coast will take to ensure that Covered Persons receive training on a periodic basis during the term of the CIA regarding Gold Coast’s CIA requirements and compliance program and the applicable Federal health care program requirements, including the requirements of 42 U.S.C. § 1320a-7b(b) (the Anti-Kickback Statute).

11. “Transition Plan” means a plan to address whether and how Gold Coast’s compliance program will continue to include the compliance program requirements set forth in Section III of the CIA, following the end of the CIA’s term.

### **III. COMPLIANCE PROGRAM REQUIREMENTS**

Gold Coast shall establish and maintain a compliance program that includes the following elements:

#### **A. Compliance Officer, Compliance Committee, Board Oversight, and Management Certifications.**

1. *Compliance Officer.* Within 90 days after the Effective Date, Gold Coast shall appoint a Compliance Officer who is an employee and a member of senior management of Gold Coast. The Compliance Officer shall report directly to the Chief Executive Officer of Gold Coast and shall not be or be subordinate to the General Counsel or Chief Financial Officer or have any responsibilities that involve acting in any capacity as legal counsel or supervising legal counsel functions for Gold Coast. The Compliance Officer shall be authorized to report to the Governing Board of Gold Coast (Board) regarding compliance matters at any time. The Compliance Officer shall be responsible for, without limitation:

- a. developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements set forth in this CIA and with Federal health care program requirements;
- b. making at least quarterly reports regarding compliance matters to the Board;

- c. monitoring the day-to-day compliance activities engaged in by Gold Coast; and
- d. all reporting requirements of this CIA.

The Compliance Officer shall not have any noncompliance job responsibilities that, in OIG's discretion, may interfere or conflict with the Compliance Officer's ability to perform the duties outlined in this CIA.

Gold Coast shall report to OIG, in writing, any changes in the identity, duties, or job responsibilities of the Compliance Officer within five business days after such a change.

2. *Compliance Committee.* Within 90 days after the Effective Date, Gold Coast shall appoint a Compliance Committee that is chaired by the Compliance Officer. The Compliance Committee shall include, at a minimum, the members of senior management necessary to meet the requirements of this CIA. The Compliance Committee shall be responsible for, among other things, reviewing the policies and procedures required by Section III.B below at least annually, reviewing the training required by Section III.C below at least annually, implementation and oversight of the risk assessment and internal review process required by Section III.E below, and the development and implementation of the Transition Plan required by Section III.J below. The Compliance Committee shall meet at least quarterly.

Gold Coast shall report to OIG, in writing, any changes to the membership of the Compliance Committee within 15 business days after such a change.

3. *Board Oversight.* The Board (or the Reimbursement Compliance Committee of the Board ("Board Committee")) shall be responsible for the review and oversight of Gold Coast's compliance with Federal health care program requirements and the requirements of this CIA. The Board must include independent (i.e., non-employee and non-executive) members.

The Board shall, at a minimum, be responsible for the following:

- a. meeting at least quarterly to review and oversee Gold Coast's compliance program, including but not limited to the performance of the Compliance Officer and Compliance Committee;
- b. submitting to OIG a description of the materials it reviewed and any additional steps taken, such as the engagement of an independent advisor or other third-party resources, in its oversight of the compliance program and in support of making the resolution below during each Reporting Period; and
- c. for each Reporting Period of the CIA, adopting a resolution approved by each member of the Board regarding its review and

oversight of Gold Coast's compliance with Federal health care program requirements and the requirements of this CIA.

At minimum, the resolution shall include the following language:

“The Board has made a reasonable inquiry into the operations of Gold Coast's compliance program, including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Board has concluded that, to the best of its knowledge, Gold Coast has implemented an effective compliance program to meet Federal health care program requirements and the requirements of Gold Coast's Corporate Integrity Agreement with the Office of Inspector General of the Department of Health and Human Services.”

If the Board is unable to adopt such a resolution, the Board shall provide a written explanation of the reasons why it is unable to adopt the resolution and the steps the Board is taking to implement an effective compliance program at Gold Coast.

Gold Coast shall report to OIG, in writing, any changes in the membership of the Board, within 15 business days after such a change.

4. *Management Certifications.* The Certifying Employees shall monitor compliance within the divisions or departments for which they are responsible and annually certify that the applicable Gold Coast division or department is in compliance with applicable Federal health care program requirements and the requirements of this CIA. For each Reporting Period, each Certifying Employee shall certify as follows:

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

If any Certifying Employee is unable to provide this certification, the Certifying Employee shall provide a written explanation of the reasons why he or she is unable to provide the certification.

Within 90 days after the Effective Date, Gold Coast shall develop and implement a written process for Certifying Employees to follow for the purpose of completing the certification required by this section (e.g., reports that must be reviewed, assessments that must be completed, sub-certifications that must be obtained, etc. prior to the Certifying Employee making the required certification).

B. Written Standards. Within 90 days after the Effective Date, Gold Coast shall develop and implement written policies and procedures (Policies and Procedures) that address the following: (1) the operation of Gold Coast's compliance program, including the compliance program requirements outlined in this CIA; (2) Gold Coast's compliance with Federal health care program requirements, including but not limited to compliance with the Anti-Kickback Statute, and the regulations and other guidance documents related to these statutes; (3) a written review and approval process for Arrangements, the purpose of which is to ensure that all Arrangements do not violate the Anti-Kickback Statute; and (4) the identification, quantification, and repayment of Overpayments. Gold Coast shall enforce its Policies and Procedures and make compliance with its Policies and Procedures an element of evaluating the performance of all Covered Persons. The Policies and Procedures shall be made available to all Covered Persons.

The Compliance Committee shall review the Policies and Procedures at least annually and update the Policies and Procedures as necessary. Any new or revised Policies and Procedures shall be made available to all Covered Persons. All Policies and Procedures shall be made available to OIG upon request.

C. Training and Education.

1. *Covered Persons Training.* Within 90 days after the Effective Date, Gold Coast shall develop a Training Plan that includes the following information: (a) training topics; (b) categories of Covered Persons required to attend each training session; (c) length of the training session(s); (d) schedule for training; and (e) format of the training. The Compliance Committee shall review the Training Plan at least annually and update the Training Plan as necessary.

2. *Board Training.* Within 90 days after the Effective Date, members of the Board shall receive training regarding their responsibilities for corporate governance and review and oversight of the compliance program. The training shall address the specific responsibilities of health care board members, including the risks, oversight areas, and approaches to conducting effective oversight of a health care entity and shall include a discussion of the OIG's guidance on board member responsibilities. Each member of the Board also shall receive the training described in Section III.C.1.

New members of the Board shall receive the training described in this Section III.C.2 within 30 days after becoming a member or within 90 days after the Effective Date, whichever is later. The Compliance Committee shall review the Board training at least annually and update the Board training as necessary.

3. *Training Records.* Gold Coast shall make available to OIG, upon request, training materials and records verifying that the training described in Sections III.C.1 and III.C.2 has been provided.

D. Review Procedures.

1. *General Description.*

- a. *Engagement of Independent Review Organization.* Within 90 days after the Effective Date, Gold Coast shall engage an entity (the “Independent Review Organization” or “IRO”) that meets the qualifications and requirements outlined in Appendix A to this CIA, which is incorporated by reference, to perform the reviews described in this Section III.D.
- b. *Retention of Records.* The IRO and Gold Coast shall retain and make available to OIG, upon request, all work papers, supporting documentation, correspondence, and draft reports exchanged between the IRO and Gold Coast related to the reviews described in this Section III.D.
- c. *Access to Records and Personnel.* Gold Coast shall ensure that the IRO has access to all records and personnel necessary to complete the reviews listed in this Section III.D and that all records furnished to the IRO are accurate and complete.

2. *Medical Loss Ratio (MLR) Element Review.* The IRO shall review a MLR Numerator Element to determine whether Gold Coast’s calculation and reporting of the selected element was accurate, supported by underlying documentation, consistent with generally accepted accounting principles, and otherwise complied with the terms of its contract with the California Department of Health Care Services (DHCS) and the applicable Medicaid laws, regulations, and guidance and shall prepare a Review Report, as outlined in Appendix B to this CIA, which is incorporated by reference.

3. *Independence and Objectivity Certification.* The IRO shall include in its report(s) to Gold Coast a certification that the IRO has (a) evaluated its professional independence and objectivity with respect to the reviews required under this Section III.D and (b) concluded that it is, in fact, independent and objective, in accordance with the requirements specified in Appendix A to this CIA. The IRO’s certification shall include a summary of all current and prior engagements between Gold Coast and the IRO.

E. Risk Assessment and Internal Review Process. Within 90 days after the Effective Date, Gold Coast shall develop and implement a centralized annual risk assessment and internal review process to identify and address risks associated with Gold Coast’s participation in the Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicaid program beneficiaries and the Anti-Kickback Statute risks associated with Arrangements. The Compliance Committee shall be responsible for implementation and oversight of the risk assessment and internal review process. The risk assessment and internal review process shall be conducted at least annually and shall require Gold Coast to: (1) identify and prioritize risks, (2) develop work plans or audit plans (as

appropriate) related to the identified risk areas, (3) implement the work plans and audit plans, (4) develop corrective action plans in response to the results of any internal audits performed, and (5) track the implementation of the work plans and any corrective action plans and assess the effectiveness of such plans.

F. Disclosure Program. Within 90 days after the Effective Date, Gold Coast shall establish a Disclosure Program. Gold Coast shall appropriately publicize the existence of the Disclosure Program (e.g., via periodic e-mails to employees or by posting the information in prominent common areas). The Disclosure Program shall include a reporting mechanism for anonymous communications for which appropriate confidentiality shall be maintained. The Disclosure Program shall prohibit retaliation against Covered Persons relating to use of the Disclosure Program and Gold Coast shall not retaliate against Covered Persons for use of the Disclosure Program. The Compliance Officer (or designee) shall conduct a review of each disclosure received through the Disclosure Program, including gathering all relevant information from the disclosing individual, and ensure that appropriate follow-up is conducted.

The Compliance Officer (or designee) shall record all disclosures (whether or not related to a potential violation of criminal, civil, or administrative law related to the Federal health care programs) in a written disclosure log within two business days of receipt of the disclosure. The disclosure log shall include the following information: (1) a summary of each disclosure received (whether anonymous or not), (2) the date the disclosure was received, (3) the individual or department responsible for reviewing the disclosure, (4) the status of the review, (5) any corrective action taken in response to the review, and (6) the date the disclosure was resolved.

G. Ineligible Persons.

1. *Screening Requirements*. Gold Coast shall:

- a. screen all prospective Covered Persons against the Exclusion Lists prior to engaging their services and, as part of the hiring or contracting process shall require such Covered Persons to disclose whether they are Ineligible Persons;
- b. screen all current Covered Persons against the Exclusion Lists within 90 days after the Effective Date and on a monthly basis thereafter; and
- c. require all Covered Persons to disclose immediately to the Compliance Officer (or designee) if they become an Ineligible Person.

2. *Removal Requirement*. If Gold Coast has actual notice that a Covered Person has become an Ineligible Person, Gold Coast shall remove such Covered Person from any position for which the Covered Person's compensation or the items or services furnished, ordered, or prescribed by the Covered Person are paid for in whole or part, directly or indirectly, by any Federal health care program(s) from which the Covered Person has been excluded, at

least until such time as the Covered Person is reinstated into participation in such Federal health care program(s). Items or services furnished, ordered, or prescribed by excluded persons are not payable by Federal health care programs and Gold Coast may be liable for overpayments and/or criminal, civil, and administrative sanctions for employing or contracting with an excluded person regardless of whether Gold Coast meets the requirements of Section III.G.

H. Notification of Government Investigation or Legal Proceeding. Gold Coast shall notify OIG, in writing, of any ongoing investigation or legal proceeding by a governmental entity or its agents involving an allegation that Gold Coast has committed a crime or has engaged in fraudulent activities, within 30 days of Gold Coast receiving notice of such investigation or legal proceeding. This notification shall include a description of the allegation(s), the identity of the investigating or prosecuting agency, and the status of such investigation or legal proceeding. Within 30 days after resolution of the matter, Gold Coast shall notify OIG, in writing, of the resolution of the investigation or legal proceeding.

I. Reportable Events. Gold Coast shall notify OIG, in writing, within 30 days after determining that a Reportable Event exists, as follows:

1. *Substantial Overpayment.* The report to OIG shall include:
  - a. a complete description of all details relevant to the Reportable Event, including, at a minimum, the types of claims, transactions, or other conduct giving rise to the Reportable Event; the period during which the conduct occurred; and the names of individuals and entities believed to be implicated, including an explanation of their roles in the Reportable Event;
  - b. the Federal health care programs affected by the Reportable Event;
  - c. a description of the steps taken by Gold Coast to identify and quantify the Overpayment; and
  - d. a description of Gold Coast's actions taken to correct the Reportable Event and prevent it from recurring.

Within 60 days of identification of the substantial Overpayment, Gold Coast shall repay the Overpayment, in accordance with the requirements of 42 U.S.C. § 1320a-7k(d) and any applicable regulations and Centers for Medicare and Medicaid Services (CMS) guidance, and provide OIG with documentation of the repayment.

2. *Probable Violation of Law.* The report to OIG shall include:
  - a. a complete description of all details relevant to the Reportable Event, including, at a minimum, the types of claims, transactions or other conduct giving rise to the Reportable Event; the period during which the conduct occurred; and the names of individuals

and entities believed to be implicated, including an explanation of their roles in the Reportable Event;

- b. a statement of the Federal criminal, civil or administrative laws that are probably violated by the Reportable Event;
- c. the Federal health care programs affected by the Reportable Event;
- d. a description of the steps taken by Gold Coast to identify and quantify any Overpayments; and
- e. a description of Gold Coast's actions taken to correct the Reportable Event and prevent it from recurring.

If the Reportable Event involves an Overpayment, within 60 days of identification of the Overpayment, Gold Coast shall repay the Overpayment, in accordance with the requirements of 42 U.S.C. § 1320a-7k(d) and any applicable regulations and CMS guidance, and provide OIG with documentation of the repayment.

3. *Ineligible Person.* The report to OIG shall include:

- a. the identity of the Ineligible Person and the job duties performed by that individual;
- b. the dates of the Ineligible Person's employment or contractual relationship;
- c. a description of the Exclusion Lists screening that Gold Coast completed before and/or during the Ineligible Person's employment or contract and any flaw or breakdown in the screening process that led to the hiring or contracting with the Ineligible Person;
- d. a description of how the Ineligible Person was identified; and
- e. a description of any corrective action implemented to prevent future employment or contracting with an Ineligible Person.

4. *Bankruptcy.* The report to OIG shall include documentation of the bankruptcy filing and a description of any Federal health care program requirements implicated.

J. Transition Plan. Prior to the end of the fourth Reporting Period, Gold Coast shall develop a Transition Plan that is reviewed and approved by the Board. The Transition Plan shall be implemented following the end of the CIA's term. A copy of Gold Coast's approved Transition Plan shall be included in Gold Coast's fourth Annual Report.

#### **IV. SUCCESSOR LIABILITY**

If, after the Effective Date, Gold Coast proposes to (a) sell any or all of its business, business units, or locations (whether through a sale of assets, sale of stock, or other type of transaction) relating to the furnishing of items or services that may be reimbursed by a Federal health care program; or (b) purchase or establish a new business, business unit, or location relating to the furnishing of items or services that may be reimbursed by a Federal health care program, the CIA shall be binding on the purchaser of any business, business unit, or location and any new business, business unit, or location (and all Covered Persons at each new business, business unit, or location) shall be subject to the requirements of this CIA, unless otherwise determined and agreed to in writing by OIG. Gold Coast shall notify OIG, in writing, of such sale or purchase within 30 days following the closing of the transaction and shall notify OIG, in writing, within 30 days of establishing such new business, business unit, or location.

If Gold Coast wishes to obtain a determination by OIG that a proposed purchaser or proposed acquisition will not be subject to the CIA requirements, Gold Coast must notify OIG in writing at least 30 days in advance of the proposed sale or purchase. This notification shall include a description of the business, business unit, or location to be sold or purchased, a brief description of the terms of the transaction and, in the case of a proposed sale, the name and contact information of the prospective purchaser.

#### **V. IMPLEMENTATION REPORT AND ANNUAL REPORTS**

A. Implementation Report. Within 120 days after the Effective Date, Gold Coast shall submit a written report (Implementation Report) to OIG that includes, at a minimum, the following information:

1. the name, business address, business phone number, and position description of the Compliance Officer required by Section III.A.1, and a detailed description of any noncompliance job responsibilities;
2. the names and positions of the members of the Compliance Committee required by Section III.A.2;
3. the names of the Board members who are responsible for satisfying the Board compliance requirements described in Section III.A.3;
4. the names and positions of the Certifying Employees required by Section III.A.4 and a copy of the written process for Certifying Employees to follow in order to complete the certification required by Section III.A.4;
5. a list of the Policies and Procedures required by Section III.B;

6. the Training Plan required by Section III.C.1 and a description of the Board training required by Section III.C.2 (including a summary of the topics covered, the length of the training, and when the training was provided);

7. the following information regarding the IRO(s): (a) identity, address, and phone number; (b) a copy of the engagement letter; (c) information to demonstrate that the IRO has the qualifications outlined in Appendix A to this CIA; and (d) a certification from the IRO regarding its professional independence and objectivity with respect to Gold Coast that includes a summary of all current and prior engagements between Gold Coast and the IRO;

8. a description of the risk assessment and internal review process required by Section III.E;

9. a description of the Disclosure Program required by Section III.F;

10. a description of the Ineligible Persons screening and removal process required by Section III.G;

11. a description of Gold Coast's corporate structure, including identification of any parent and sister companies, subsidiaries, and their respective lines of business;

12. a list of all of Gold Coast's locations (including mailing addresses), the corresponding name under which each location is doing business; and

13. a certification by the Compliance Officer and Chief Executive Officer that:

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 this 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.

B. Annual Reports. Gold Coast shall submit to OIG a written report (Annual Report) for each of the five Reporting Periods that includes, at a minimum, the following information:

1. any change in the identity, position description, or noncompliance job responsibilities of the Compliance Officer; a current list of the Compliance Committee members, a current list of the Board members who are responsible for satisfying the Board compliance requirements, and a current list of the Certifying Employees, along with the identification of any

changes made during the Reporting Period to the Compliance Committee, Board, or Certifying Employees;

2. the dates of each meeting of the Compliance Committee (copies of the meeting minutes shall be made available to OIG upon request);
3. the dates of each report made by the Compliance Officer to the Board (written documentation of such reports shall be made available to OIG upon request);
4. the Board resolution required by Section III.A.3 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;
5. a 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;
6. the certifications of Certifying Employees required by Section III.A.4;
7. a list of any new or revised Policies and Procedures required by Section III.B. developed during the Reporting Period;
8. a description of any changes to the Training Plan required by Section III.C, and a summary of all training furnished to Covered Persons and Board members during the Reporting Period;
9. a 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);
10. a 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;
11. a description of any changes to the risk assessment and internal review process required by Section III.E, including the reason(s) for such changes;
12. a summary of the 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. Copies of any work plans, internal audit reports, and corrective action plans shall be made available to OIG upon request;
13. a summary of the disclosures in the disclosure log required by Section III.F that relate to Federal health care programs, including at least the following information: (a)

a description of the disclosure, (b) the date the disclosure was received, (c) the resolution of the disclosure, and (d) the date the disclosure was resolved. The complete disclosure log shall be made available to OIG upon request;

14. a description of any changes to the Ineligible Persons screening and removal process required by Section III.G, including the reason(s) for such changes;

15. a 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;

16. a summary of all Reportable Events required to have been reported pursuant to Section III.I during the Reporting Period;

17. (in the fourth Annual Report), a copy of the Transition Plan required by Section III.J;

18. a 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;

19. a description of all changes to the most recently provided list of Gold Coast's locations (including addresses) as required by Section V.A.12;

20. a description of any changes to Gold Coast's corporate structure, including any parent and sister companies, subsidiaries, and their respective lines of business; and

21. a certification by the Compliance Officer and Chief Executive Officer that:

- 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 this 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.

The first Annual Report shall be received by OIG no later than 60 days after the end of the first Reporting Period. Subsequent Annual Reports shall be received by OIG no later than the anniversary date of the due date of the first Annual Report.

C. Designation of Information. Gold Coast shall clearly identify any portions of its submissions that it believes are trade secrets, or information that is commercial or financial and privileged or confidential, and therefore potentially exempt from disclosure under the Freedom of Information Act (FOIA), 5 U.S.C. § 552. Gold Coast shall refrain from identifying any information as exempt from disclosure if that information does not meet the criteria for exemption from disclosure under FOIA.

## **VI. NOTIFICATIONS AND SUBMISSION OF REPORTS**

All notifications and reports required under this CIA shall be submitted using the following contact information:

OIG:

Administrative and Civil Remedies Branch  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services  
Cohen Building, Room 5527  
330 Independence Avenue, S.W.  
Washington, DC 20201  
Telephone: 202.619.2078  
Email Address: [officeofcounsel@oig.hhs.gov](mailto:officeofcounsel@oig.hhs.gov)

Gold Coast:

Richard Egger  
Best Best & Krieger, LLP  
2855 E. Guasti Rd.,  
Suite 400  
Ontario, CA 91761  
(909) 466-4915  
[Richard.egger@bbklaw.com](mailto:Richard.egger@bbklaw.com)

Unless otherwise requested by OIG, all notifications and reports required by this CIA shall be submitted electronically. OIG shall notify Gold Coast in writing of any changes to the OIG contact information listed above. Gold Coast shall notify OIG in writing within two business days of any changes to the Gold Coast contact information listed above.

## **VII. OIG INSPECTION, AUDIT, AND REVIEW RIGHTS**

In addition to any other rights OIG may have by statute, regulation, or contract, OIG or its duly authorized representative(s) may conduct interviews, examine and/or request copies of or copy Gold Coast's books, records, and other documents and supporting materials, and conduct on-site reviews of any of Gold Coast's locations, for the purpose of evaluating: (a) Gold Coast's compliance with the requirements of this CIA and (b) Gold Coast's compliance with the requirements of the Federal health care programs. The documentation described above shall be made available by Gold Coast to OIG or its duly authorized representative(s) at all reasonable times for inspection, audit, and/or reproduction. For purposes of this provision, OIG or its duly authorized representative(s) may interview any of Gold Coast's owners, employees, contractors, and Board members who consent to be interviewed at the individual's place of business during normal business hours or at such other place and time as may be mutually agreed upon between the individual and OIG. Gold Coast shall assist OIG or its duly authorized representative(s) in contacting and arranging interviews with such individuals upon OIG's request. Gold Coast's owners, employees, contractors, and Board members may elect to be interviewed with or without a representative of Gold Coast present.

## **VIII. DOCUMENT AND RECORD RETENTION**

Gold Coast shall maintain for inspection all documents and records relating to reimbursement from the Federal health care programs and to compliance with this CIA for six years (or longer if otherwise required by law) from the Effective Date.

## **IX. DISCLOSURES**

Consistent with HHS's FOIA procedures, set forth in 45 C.F.R. Part 5, OIG shall make a reasonable effort to notify Gold Coast prior to any release by OIG of information submitted by Gold Coast pursuant to this CIA and identified upon submission by Gold Coast as trade secrets, or information that is commercial or financial and privileged or confidential, under the FOIA rules. With respect to such releases, Gold Coast shall have the rights set forth at 45 C.F.R. § 5.42(a).

## **X. BREACH AND DEFAULT PROVISIONS**

### **A. Stipulated Penalties.** OIG may assess:

1. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.A;
2. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.B;
3. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.C;

4. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.D;

5. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.E.;

6. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.F;

7. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.G;

8. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.H;

9. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.I;

10. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section III.J;

11. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section IV;

12. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section V;

13. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section VII;

14. A Stipulated Penalty of up to \$2,500 for each day Gold Coast fails to comply with Section VIII; or

15. A Stipulated Penalty of up to \$50,000 for each false certification or false statement made to OIG by or on behalf of Gold Coast under this CIA.

B. Timely Written Requests for Extensions. Gold Coast may, in advance of the due date, submit a timely written request for an extension of time to perform any act or file any notification or report required by this CIA. If OIG grants the timely written request with respect to an act, notification, or report, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until one day after Gold Coast fails to meet the revised deadline set by OIG. If OIG denies such a timely written request, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until three business days after Gold Coast receives OIG's written denial of such request or the original due date, whichever is later. A "timely written request" is defined as a request in writing received by

OIG at least five business days prior to the date by which any act is due to be performed or any notification or report is due to be filed.

C. Payment of Stipulated Penalties.

1. *Demand Letter.* If OIG determines that a basis for Stipulated Penalties under Section X.A exists, OIG shall notify Gold Coast of: (a) Gold Coast's failure to comply and (b) OIG's demand for payment of Stipulated Penalties. (This notification shall be referred to as the "Demand Letter.")

2. *Response to Demand Letter.* Within 15 business days after the date of of the Demand Letter, Gold Coast shall either: (a) pay the applicable Stipulated Penalties or (b) request a hearing before an HHS administrative law judge (ALJ) to dispute OIG's determination of noncompliance, pursuant to the agreed upon provisions set forth below in Section X.E.

3. *Form of Payment.* Payment of the Stipulated Penalties shall be made by electronic funds transfer to an account specified by OIG in the Demand Letter.

D. Exclusion for Material Breach.

1. *Definition of Material Breach.* A material breach of this CIA means:

- a. failure to comply with any of the requirements of this CIA for which OIG has previously issued a demand for Stipulated Penalties under Section X.C, unless such Stipulated Penalty was overturned by an ALJ on appeal pursuant to the procedures described in Section X.E below;
- b. failure to comply with Section III.A.1;
- c. failure to comply with Section III.D;
- d. failure to comply with Section III.I;
- e. failure to comply with Section V;
- f. failure to respond to a Demand Letter in accordance with Section X.C;
- g. a false statement or false certification made to OIG by or on behalf of Gold Coast under this CIA;
- h. failure to pay Stipulated Penalties within 20 days after an ALJ issues a decision ordering Gold Coast to pay the Stipulated Penalties or within 20 days after the HHS Departmental Appeals

Board (DAB) issues a decision upholding the determination of  
OIG; or

- i. failure to come into compliance with a requirement of this CIA for which  
OIG has demanded Stipulated Penalties, pursuant to the deadlines listed in  
Section X.E.2.

2. *Notice of Material Breach and Intent to Exclude.* The parties agree that a  
material breach of this CIA by Gold Coast constitutes an independent basis for Gold Coast’s  
exclusion from participation in the Federal health care programs. The length of the exclusion  
shall be in the OIG’s discretion, but not more than five years for each material breach. Upon a  
preliminary determination by OIG that Gold Coast has materially breached this CIA, OIG shall  
notify Gold Coast of: (a) Gold Coast’s material breach and (b) OIG’s intent to exclude Gold  
Coast. (This notification shall be referred to as the “Notice of Material Breach and Intent to  
Exclude.”)

3. *Response to Notice.* Gold Coast shall have 30 days from the date of the  
Notice of Material Breach and Intent to Exclude to submit any information and documentation  
for OIG to consider before it makes a final determination regarding exclusion.

4. *Exclusion Letter.* If OIG determines that exclusion is warranted, OIG  
shall notify Gold Coast in writing of its determination to exclude Gold Coast. (This letter shall  
be referred to as the “Exclusion Letter.”) Subject to the Dispute Resolution provisions in Section  
X.E, below, the exclusion shall go into effect 30 days after the date of the Exclusion Letter. The  
effect of the exclusion shall be that no Federal health care program payment may be made for  
any items or services furnished, ordered, or prescribed by Gold Coast, including administrative  
and management services, except as stated in regulations found at 42 C.F.R. §1001.1901(c). The  
exclusion shall have national effect. Reinstatement to program participation is not automatic. At  
the end of the period of exclusion, Gold Coast may apply for reinstatement by submitting a  
written request for reinstatement in accordance with the provisions at 42 C.F.R. §§ 1001.3001-  
.3004.

E. Dispute Resolution.

1. *Review Rights.* Upon OIG’s issuing a Demand Letter or Exclusion Letter  
to Gold Coast, and as an agreed-upon remedy for the resolution of disputes arising under this  
CIA, Gold Coast shall be afforded certain review rights comparable to the ones that are provided  
in 42 U.S.C. § 1320a-7(f) and 42 C.F.R. Part 1005. Specifically, OIG’s determination to demand  
payment of Stipulated Penalties or to seek exclusion shall be subject to review by an HHS ALJ  
and, in the event of an appeal, the DAB, in a manner consistent with the provisions in 42 C.F.R.  
§ 1005.2-1005.21, but only to the extent this CIA does not provide otherwise. Notwithstanding  
the language in 42 C.F.R. § 1005: (a) the request for a hearing involving Stipulated Penalties  
shall be made within 15 business days after the date of the Demand Letter and the request for a  
hearing involving exclusion shall be made within 25 days after the date of the Exclusion Letter  
and (b) no discovery shall be available to the parties. The procedures relating to the filing of a

request for a hearing can be found at

<http://www.hhs.gov/dab/divisions/civil/procedures/divisionprocedures.html>

2. *Stipulated Penalties Review.* Notwithstanding any provision of Title 42 of the United States Code or Title 42 of the Code of Federal Regulations, the only issues in a proceeding for Stipulated Penalties under this CIA shall be: (a) whether Gold Coast was in full and timely compliance with the requirements of this CIA for which OIG demands payment and (b) the period of noncompliance. Gold Coast shall have the burden of proving its full and timely compliance. If the ALJ upholds the OIG's determination that Gold Coast has breached this CIA and orders Gold Coast to pay Stipulated Penalties, Gold Coast must (a) come into compliance with the requirement(s) that resulted in the OIG imposing Stipulated Penalties and (b) pay the Stipulated Penalties within 20 days after the ALJ issues a decision, unless Gold Coast properly and timely requests review of the ALJ decision by the DAB. If the ALJ decision is properly and timely appealed to the DAB and the DAB upholds the determination of OIG, Gold Coast must (a) come into compliance with the requirement(s) that resulted in the OIG imposing Stipulated Penalties and (b) pay the Stipulated Penalties within 20 days after the DAB issues its decision.

3. *Exclusion Review.* Notwithstanding any provision of Title 42 of the United States Code or Title 42 of the Code of Federal Regulations, the only issues in a proceeding for exclusion based on a material breach of this CIA shall be whether Gold Coast was in material breach of this CIA. If the ALJ sustains the OIG's determination of material breach, the exclusion shall take effect 20 days after the ALJ issues the decision. If the DAB finds in favor of OIG after an ALJ decision adverse to OIG, the exclusion shall take effect 20 days after the DAB decision. Gold Coast shall waive its right to any notice of such an exclusion if a decision upholding the exclusion is rendered by the ALJ or DAB. If the DAB finds in favor of Gold Coast, Gold Coast shall be reinstated effective on the date of the original exclusion.

4. *Finality of Decision.* The review by an ALJ or DAB provided for above shall not be considered to be an appeal right arising under any statutes or regulations. The parties to this CIA agree that the DAB's decision (or the ALJ's decision if not appealed) shall be considered final for all purposes under this CIA and Gold Coast agrees not to seek additional review of the DAB's decision (or the ALJ's decision if not appealed) in any judicial forum.

## **XI. EFFECTIVE AND BINDING AGREEMENT**

Gold Coast and OIG agree as follows:

A. This CIA constitutes the complete agreement between the parties and may not be amended except by written consent of the parties to this CIA.

B. All requirements and remedies set forth in this CIA are in addition to and do not affect (1) Gold Coast's responsibility to follow all applicable Federal health care program requirements or (2) the government's right to impose appropriate remedies for failure to follow applicable Federal health care program requirements.

C. The undersigned Gold Coast signatories represent and warrant that they are authorized to execute this CIA. The undersigned OIG signatories represent that they are signing this CIA in their official capacities and that they are authorized to execute this CIA.

D. This CIA may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same CIA. Electronically transmitted copies of signatures shall constitute acceptable, binding signatures for purposes of this CIA.

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

/Nick Liquori/  
NICK LIQUORI  
Chief Executive Officer  
Gold Coast Health Plan

July 29, 2022  
DATE

/Charles J. Stevens/  
CHARLES J. STEVENS  
Gibson, Dunn & Crutcher  
Counsel for Gold Coast Health Plan

August 1, 2022  
DATE

**ON BEHALF OF THE OFFICE OF INSPECTOR GENERAL  
OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

/Lisa M. Re/  
LISA M. RE  
Assistant Inspector General for Legal Affairs  
Office of Inspector General  
U.S. Department of Health and Human Services

8/10/2022  
DATE

/Sarah Kessler/  
SARAH KESSLER  
Senior Counsel  
Office of Inspector General  
U.S. Department of Health and Human Services

8/11/2022  
DATE

## APPENDIX A

### INDEPENDENT REVIEW ORGANIZATION

This Appendix contains the requirements relating to the Independent Review Organization (IRO) required by Section III.D of the CIA.

#### A. IRO Engagement

1. Gold Coast shall engage an IRO that possesses the qualifications set forth in Paragraph B, below, to perform the responsibilities in Paragraph C, below. The IRO shall conduct the review in a professionally independent and objective fashion, as set forth in Paragraph E. Within 30 days after OIG receives the information identified in Section V.A.7 of the CIA or any additional information submitted by Gold Coast in response to a request by OIG, whichever is later, OIG will notify Gold Coast if the IRO is unacceptable. Absent notification from OIG that the IRO is unacceptable, Gold Coast may continue to engage the IRO.

2. If Gold Coast engages a new IRO during the term of the CIA, that IRO must also meet the requirements of this Appendix. If a new IRO is engaged, Gold Coast shall submit the information identified in Section V.A.7 of the CIA to OIG within 30 days of engagement of the IRO. Within 30 days after OIG receives this information or any additional information submitted by Gold Coast at the request of OIG, whichever is later, OIG will notify Gold Coast if the IRO is unacceptable. Absent notification from OIG that the IRO is unacceptable, Gold Coast may continue to engage the IRO.

#### B. IRO Qualifications

The IRO shall:

1. assign individuals to conduct the Medical Loss Ratio (MLR) Element Review who have expertise in the medical loss ratio standards and calculations required by 42 C.F.R. § 438.8 and the applicable medical loss ratio calculation and reporting requirements of the California Department of Health Care Services; and

2. have sufficient staff and resources to conduct the reviews required by the CIA on a timely basis.

#### C. IRO Responsibilities

The IRO shall:

1. perform each MLR Element Review in accordance with the specific requirements of the CIA;

2. follow all applicable Medicaid program requirements as well as the terms of Gold Coast's contract with the California Department of Health Care Services (DHCS) in making assessments in the MLR Element Review;

3. request clarification from the Medicaid program or DHCS if in doubt of the application of a particular program policy or regulation or contractual provision;

4. respond to all OIG inquires in a prompt, objective, and factual manner; and

5. prepare timely, clear, well-written reports that include all the information required by Appendix B to the CIA.

D. Gold Coast Responsibilities

Gold Coast shall ensure that the IRO has access to all records and personnel necessary to complete the reviews listed in III.D of this CIA and that all records furnished to the IRO are accurate and complete.

E. IRO Independence and Objectivity

The IRO must perform the MLR Element Review in a professionally independent and objective fashion, as defined in the most recent Government Auditing Standards issued by the U.S. Government Accountability Office.

F. IRO Removal/Termination

1. *Gold Coast and IRO.* If Gold Coast terminates its IRO or if the IRO withdraws from the engagement during the term of the CIA, Gold Coast must submit a notice explaining (a) its reasons for termination of the IRO or (b) the IRO's reasons for its withdrawal to OIG, no later than 30 days after termination or withdrawal. Gold Coast must engage a new IRO in accordance with Paragraph A of this Appendix and within 60 days of termination or withdrawal of the IRO.

2. *OIG Removal of IRO.* In the event OIG has reason to believe the IRO does not possess the qualifications described in Paragraph B, is not independent and objective as set forth in Paragraph E, or has failed to carry out its responsibilities as described in Paragraph C, OIG shall notify Gold Coast in writing regarding OIG's basis for determining that the IRO has not met the requirements of this Appendix. Gold Coast shall have 30 days from the date of OIG's written notice to provide information regarding the IRO's qualifications, independence or performance of its responsibilities in order to resolve the concerns identified by OIG. If, following OIG's review of any information provided by Gold Coast regarding the IRO, OIG determines that the IRO has not met the requirements of this Appendix, OIG shall notify Gold Coast in writing that Gold Coast shall be required to engage a new IRO in accordance with Paragraph A of this Appendix. Gold Coast must engage a new IRO within 60 days of its receipt of OIG's written notice. The final determination as to whether or not to require Gold Coast to engage a new IRO shall be made at the sole discretion of OIG.

## APPENDIX B

### MEDICAL LOSS RATIO ELEMENT REVIEW

A. Medical Loss Ratio (MLR) Element Review. The IRO shall perform the MLR Element Review for each Reporting Period.

1. *Definitions*.

- a. “Annual MLR Report” means the report described in section 42 C.F.R. § 438.8(k).
- b. “MLR Numerator Element” means any of the following: Incurred Claims, Non-Claims Costs, expenditures for Activities that Improve Health Care Quality, or Fraud Prevention Activities.<sup>1</sup>
- c. “Activities that Improve Health Care Quality” mean the categories of activities identified in 42 C.F.R. § 438.8(e)(3), which include, among others, those primarily designed to:
  - i. improve health outcomes including increasing the likelihood of desired outcomes compared to a baseline and reduce health disparities among specified populations;
  - ii. prevent hospital readmissions through a comprehensive program for hospital discharge;
  - iii. improve patient safety, reduce medical errors, and lower infection and mortality rates; or
  - iv. implement, promote, and increase wellness and health activities.
- d. “Non-Claims Costs” means those expenses for administrative services that are not: Incurred Claims; expenditures on Activities that Improve Health Care Quality; or licensing and regulatory fees, or Federal and State taxes, defined in 42 C.F.R. § 438.8(b).
- e. “Incurred Claims” means any of the following, as defined in 42 C.F.R. § 438.8(e):
  - i. Direct claims that Gold Coast paid to providers (including under capitated contracts with network providers) for services supplies

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<sup>1</sup> Fraud Prevention Activities are a MLR Numerator Element subject to review under this Appendix B to the extent that CMS requires that Fraud Prevention Activities be incorporated into the MLR calculation for the applicable Reporting Period. See 42 C.F.R. § 438.8(e)(4) and 85 Fed. Reg. 72754 at 72792 (Nov. 30, 2020).

covered under the contract and services meeting the requirements of 42 C.F.R. § 438.3(e) provided to enrollees.

- ii. Unpaid claims liabilities for the MLR reporting year, including claims reported that are in the process of being adjusted or claims incurred but not reported.
- iii. Withholds from payments made to network providers.
- iv. Claims that are recoverable for anticipated coordination of benefits.
- v. Claims payments recoveries received as a result of subrogation.
- vi. Incurred but not reported claims based on past experience, and modified to reflect current conditions, such as changes in exposure or claim frequency or severity.
- vii. Changes in other claims-related reserves.
- viii. Reserves for contingent benefits and the medical claim portion of lawsuits.

2. *MLR Element Review.* At least 90 days prior to the end of each Reporting Period, the OIG shall select the MLR Numerator Element to be reviewed by the IRO and notify Gold Coast of its selection (Selected Element). Within 60 days of OIG's notification to Gold Coast, the IRO shall develop and submit to OIG a workplan that outlines the IRO's detailed methodology (including any 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 its contract with the California Department of Health Care Services (DHCS) and the applicable Medicaid laws, regulations, and guidance. The OIG shall have 30 days from its receipt of the IRO's workplan to provide any comments or to raise any objections to the workplan. The IRO shall implement the workplan once all of OIG's comments and objections have been addressed to the OIG's satisfaction.

3. *Supplemental Materials.* The IRO shall request all documentation required for its review of the Selected Element and Gold Coast shall furnish such documentation to the IRO prior to the IRO initiating its review of the Selected Element. If the IRO accepts any supplemental documentation from Gold Coast after the IRO has completed its initial review of the Selected Element (Supplemental Materials), the IRO shall include the following in the MLR Element Review Report: (i) a description of the Supplemental Materials, (ii) the date the Supplemental Materials were accepted, (iii) the IRO's reason(s) for accepting the Supplemental Materials, and (iv) the relative weight the IRO gave to the Supplemental Materials in its review.

B. MLR Element Review Report. The IRO shall prepare a MLR Element Review Report for each MLR Element Review that includes the following information:

1. *Review Methodology.*
  - a. Review Objective. A statement of the objective intended to be achieved by the MLR Element Review.
  - b. Selected Element. A description of the Selected Element subject to the MLR Element Review.
  - c. Source of Data. A description of the documentation reviewed, any personnel interviewed, and other information sources relied on by the IRO when performing the MLR Element Review (e.g., Annual MLR Report, Rate Development Templates, Gold Coast’s historical paid claims or encounter data, Gold Coast’s contract with DHCS, financial statements or Annual MLR Reports for prior years, Gold Coast’s contracts with providers or third party vendors, CMS Informational Bulletins, and other policies, regulations, or directives, etc.).
  - d. Review Protocol. A narrative description of how the MLR Element Review was conducted, the standards used, and what was evaluated.
  - e. Supplemental Materials. The information regarding any Supplemental Materials required by A.3., above.
2. *Review Findings.*
  - a. Narrative Results.
    - i. A description of Gold Coast’s process for calculating and reporting each Selected Element in its Annual MLR Report, including the identification, by position description, of the personnel involved in calculating and reporting the MLR.
    - ii. A description of controls in place at Gold Coast to ensure that each Selected Element is accurately calculated and reported consistent with the terms of Gold Coast’s contract with the DHCS and the applicable Medicaid laws, regulations, and guidance.
    - iii. A narrative explanation of the results of the IRO’s review of the Selected Element, including an explanation of the IRO’s findings and recommendations regarding Gold Coast’s calculation and reporting of the Selected Element in the Annual MLR Report.
  - b. Quantitative Results.
    - i. A spreadsheet that includes the following information for the Selected Element:

1. Name of Medi-Cal MCO
2. MLR Reporting Year
3. Incurred Period
4. Expenses actually paid for the Selected Element
5. Expenses reported on the Annual MLR Report for the Selected Element
6. The dollar difference between the expenses actually paid for the Selected Element and the expenses reported for the Selected Element.

- c. Recommendations. The IRO's MLR Element Review Report shall include any recommendations for improvements to Gold Coast's MLR classification, calculation and reporting or to Gold Coast's controls for ensuring that all Annual MLR Reports by Gold Coast contain revenues, expenditures, and amounts that are appropriately identified, classified, calculated, and reported based on the findings of the MLR Element Review.

3. *Credentials.* The names and credentials of the individuals who: (1) developed the review methodology utilized for the MLR Element Review and (2) performed the MLR Element Review.

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.