CONTRA COSTA HEALTH

595 Center Avenue, Suite 100 | Martinez, CA 94553 | Phone: (925) 313-6000
cchealth.org

Compliance Committee Meeting
February 6, 2026 | 1:00PM – 2:30PM | Microsoft Teams

Attendees / Voting Members

☐ Dr. Irene Lo, Interim Chief Executive Officer
☒ Dr. Sara Levin, Deputy Chief Medical Officer & Chief Health Equity Officer
☒ Dr. Nicolas Barcelo, Deputy Chief Medical Officer
☒ Sunny Cooper, Sr. Director of Compliance
☐ Chanda Gonzales, Deputy Executive Director / Compliance Officer
☒ Beth Hernandez, Quality Director / Health Equity Officer
☐ Bhumil Shah, Chief Information Officer
☒ Brandon Engelbert, Member Services Director
☒ Denise Valder, Claims
☒ Jill Perez, Appeals & Grievances and Utilization Management Director
☒ Dr. Joseph Cardinalli, Pharmacy Director
☒ Leizl Avecilla, Case Management Director
☒ Magda Souza, Clinical Quality Auditing and Behavioral Health Director
☒ Pasia Gadson, CalAIM Programs and Transitional Care Services Director
☐ Patricia Munoz-Zuniga, Advice Nurse Director
☐ Shulin Lin, Finance
☒ Sonia Escobar, Analysis & Reporting Director
☒ Jeanine Yang, Interim Director of Compliance

Guests: Jessica Stillman (Project Management)

Agenda Items	Action/Discussion
I. Roll Call & Agenda Review	S. Cooper
II. Approval Requests a) Meeting Minutes b) Policies & Procedures	• **Meeting Minutes Approval:** Sunny requested committee members to review the December Compliance Committee meeting minutes, with Sara Levin motioning to approve and Leizl seconding; no opposition was noted and the motion carried.

Agenda Items	Action/Discussion

c) Policy Management Committee (PMC) Charter	• **Policy Approval:**
	  ○ **Anti-Fraud Program Policy Revision:** Jeanine explained that the anti-fraud program policy was revised to remove process details, focusing strictly on policy and regulatory reporting requirements, and introduced a new fraud, waste, and abuse plan outlining annual activities and regulatory submissions.
	  ○ **Key Personnel Filing Policy Introduction:** Sunny described the creation of a new key personnel filing policy to clarify definitions from DHCS, DMHC and CMS, aiming to reduce unnecessary filings and streamline compliance with regulatory requirements.
	  ○ **Business Operations Policy for Conference Requests:** Elizabeth detailed a new policy for employees requesting conference or training attendance, specifying that requests will be reviewed by unit directors and executive leadership, with additional budget constraints and county-level travel approvals.
	  ○ **Policy Approval Process:** Sunny called for motions to approve the four policies, with Elizabeth and Brandon providing motions and seconds, and no opposition recorded, resulting in approval.
	• **Policy Management Committee Charter and Workflow:** Sunny and Jeanine presented the new Policy Management Committee (PMC) Charter, outlining its governance role, workflow for policy review and approval, and the responsibilities of committee members, with Sara and Leizl moving for approval.
	  ○ **PMC Charter Purpose and Structure:** Jeanine described the PMC Charter's goal to align organizational policies and procedures, ensure proper review, and establish a streamlined approval process, with clinical policies first reviewed by respective departments before final PMC review.
	  ○ **Policy Review Workflow:** Jeanine explained the workflow for new policies, including drafting, departmental collaboration, compliance checks, state

Agenda Items	Action/Discussion
	submission, and final approval, with automatic routing and publication responsibilities assigned to department directors. ○ **State Regulator Approval Process:** Sunny highlighted the need to formalize the process for state regulator approval, noting DHCS's 60-day turnaround requirements and the challenge of balancing business needs with regulatory timelines. ○ **PMC Membership and Representation:** Sunny emphasized the importance of accurate departmental representation in the PMC, asking members to review committee assignments and ensure correct titles and functional areas. ○ **Charter Approval:** Sunny requested approval of the PMC Charter, with Sara and Leizl providing motions and seconds, and no opposition noted, resulting in approval.
III. Fraud, Waste & Abuse and HIPAA Incidents	• **HIPAA and FWA Incident Review:** Jeanine and Sunny reviewed HIPAA and pharmacy abuse incidents from the past year, discussed audit findings related to timely reporting, and stressed the importance of immediate incident submission to Compliance, offering support for departmental training. ○ **Incident Statistics and Nature:** Jeanine reported approximately 10 incidents per month, mostly manual errors such as incorrect mailings or disclosures, with a one-to-one ratio of affected members and no large-scale breaches. ○ **Delegated Provider Incidents:** Jeanine noted that one incident occurred at a provider site in May 2025, which are monitored to ensure proper reporting to DHCS and awareness of member information impacts. ○ **Audit Findings on Timely Reporting:** Sunny highlighted a 2025 audit finding regarding delayed security incident reporting, explaining that the 24-hour reporting window starts at discovery and urging departments to submit incidents promptly. ○ **Compliance Support for Timely Reporting:** Sunny offered to attend departmental meetings to educate staff on the importance of timely incident

Agenda Items	Action/Discussion
	reporting and clarified the process for submitting and updating reports to regulatory agencies.

IV. Regulatory Audits, Deficiencies & Corrective Action Plan (CAP) Update
a) 2024 DHCS Medical Audit CAP
b) 2025 DHCS Medical Audit Preliminary Deficiencies
c) 2022 DMHC Financial Audit Deficiencies
d) 2026 DMHC Financial Audit Update
e) 2026 DMHC MLR Audit Update
f) 2026 CMS Triennial Network Adequacy Review (TNAR) Update
	• **Audit Findings and Deficiency Corrections:** Sunny led a review of 2024 and 2025 audit deficiencies, discussed ongoing corrective actions, assignment of responsibilities, and the process for responding to DMHC findings, with input from Nicolas and Elizabeth.
	• **2024 DHCS Audit Deficiency Status:** Sunny reported 19 deficiencies from 2024, all corrected except for ECM assessment comprehensiveness, which remains an ongoing process with CM providers and lacks a completion ETA.
	• **2025 DHCS Medical Survey Deficiencies:** Sunny described post-audit findings, noting that most were remediated except a few, and outlined the process for submitting responses to DMVC, including agreement or disagreement forms.
	  ○ **Assignment of Deficiency Categories:** Sunny and Elizabeth clarified responsibility for specific deficiency categories, with Nicolas, Chris [Senior Director of AGD], Jill, Nancy and Compliance teams assigned to address various findings.
	  ○ **Repeat Findings and Remediation:** Sunny identified a repeat finding identified in the report, while other findings were known and addressed, and emphasized the importance of timely response within the 15-day window.
	• **2026 DMHC Financial Audit:** Sunny, Jessica, Elizabeth, and Nicolas discussed the DMHC financial audit process, deliverable deadlines, document review workflows and related audits including medical loss ratio. Jessica presented the status of the preparation work for this upcoming audit and indicated this is currently at risk of meeting DMHC deadline. However, mitigation plan has been put in place.
	  ○ **Audit Deliverables and Deadlines:** Sunny outlined 84 required deliverables for the DMAC financial audit, noting missed internal deadlines due to competing priorities and data issues, with new due dates set and a final DMHC submission deadline of February 23rd.
	  ○ **Document Review and Submission Workflow:** Elizabeth and Jessica described the review process involving internal business units, HMA consultants, and compliance, with leadership reviewing documents and plans for mock audits to prepare for the virtual audit scheduled for April 6th–17th.

Agenda Items	Action/Discussion
	○ **Exclusion of CCRMC Claims:** Sunny confirmed the decision to exclude CCRMC hospital and clinic claims from the audit universe, explaining the historical treatment of these claims as encounter data and the rationale for their exclusion. • **Medical Loss Ratio (MLR) audit by DMHC and Triennial Network Adequacy Review by CMS:** Sunny described ongoing audits for medical loss ratio (MLR) and triennial network adequacy review (TNAR), noting requirements, review processes, known provider and facility gaps, and potential impacts on star ratings and member enrollment.
V. Compliance Performance Improvement Workgroup Update a. Overall Progress b. Policies & Procedures	• **Compliance Performance Improvement Work Group Initiatives**: Sunny and Jessica reviewed the Compliance Performance Improvement Work Group (CPIW) initiatives, detailing project statuses, goals, risks, and mitigation strategies across organizational structure, program implementation, policy management, training, communication, and technology solutions. ○ **Organizational Structure and Staffing:** Jessica reported 50% completion of the project to implement a new compliance organizational structure, with defined roles and onboarding challenges due to potential budget cuts, and mitigation efforts through leadership engagement and alternative staffing. ○ **Compliance Program Implementation:** Jessica described progress on launching comprehensive compliance programs for all lines of business, including Medicare compliance, committee establishment, and governance structure, with most risks mitigated. ○ **Policy Management Program:** Jessica outlined the development of a policy management program, including charter approval, inventory, and workshops, with weekly meetings to ensure timely go-live of the PolyStat system. ○ **Training and Education Initiatives:** Jessica detailed the ongoing project to develop compliance awareness training, aiming for high completion rates and regular reporting, with risks related to staff availability addressed through milestone tracking and bimonthly check-ins. ○ **Communication and Technology Projects:** Jessica described plans for effective communication lines, compliance calendars, and centralized trackers, as well as

Agenda Items	Action/Discussion
	technology solutions like DocuSign and Polystat, noting delays due to pending contracts and ongoing risk mitigation.
VI. Seven Elements of Compliance	These education on the 7 elements of a Successful Compliance Program focusing on Policies and Procedures were not presented. However, the slide deck was shared with the Committee members for review.
VII. Appendix: Regulatory Updates	Fo reference purpose only.
VIII. Meeting Adjourned	Meeting ended early at 2:11PM due to an emergency exercise.

Signed by:
Sunny Cooper
992C0FF36C4B411...

2/12/2026