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Compliance Committee – November 5, 2025

MEETING MINUTES

- **Approval of Meeting Minutes and Policies:** Chanda led the committee through the approval of the July 29, 2025 meeting minutes and a set of updated policies and procedures, with motions and seconds provided by Elizabeth, Brandon, and Nicolas, and brief discussion on the review process for future policy updates.
 - **Meeting Minutes Approval:** Chanda confirmed quorum and initiated the approval of the July 29, 2025 Compliance Committee meeting minutes, with Elizabeth making the motion and Brandon providing the second; the minutes were approved and John was asked to record the approval.
 - **Policy Review Process:** Chanda explained that smaller policy updates would be summarized and reviewed during meetings, while larger or more complex updates would be sent out in advance for committee review, ensuring members have adequate time to assess substantive changes.
 - **Member Services Policy Update:** Brandon clarified the correct policy number and described the main update as additional language to ensure compliance with DHCS/Medical requirements, emphasizing annual review and noting Beth's contribution to the NCQA-driven update.
 - **Anti-Fraud Program Policy Update:** Chanda and John presented a major update to the anti-fraud policy, incorporating current definitions and requirements from DHS contracts, CMS, and DHCS, removing outdated language, and clarifying processes for compliance and departmental interaction.
 - **Administrative Business Operations Policies:** Chanda noted that the remaining policies were administrative in nature, governing business operations and staff functions, and confirmed that most members had already seen these in prior communications; the committee approved the

current set of policies and procedures with motions from Nicolas and Elizabeth.

- **DTS 2024 Medical Audit and ECM CAP Status:** Michael provided a summary of the current status of the Corrective Action Plan (CAP) related to the DTS 2024 medical audit, detailing ongoing provider monitoring, audit findings, and progress on closing identified gaps, with Chanda facilitating the discussion.
 - **CAP Follow-Up Requests:** Michael reported that the team received a third response from DHCS and is down to four remaining follow-up requests, primarily focused on implementing ongoing tracking and monitoring of providers to ensure closure of identified gaps.
 - **Audit Findings Overview:** Michael outlined three main findings: provision of comprehensive care management and coordination, ensuring all members receive all seven ECM core service components, and ensuring members or their support persons receive a copy of the care management plan.
 - **Provider Audit and CAP Progress:** Michael shared that out of 30 ECM providers, 23 are active, with 18 audited; 17 received CAPs of varying sizes, and the team is working with providers to build training, oversight, and monitoring into their processes, with ongoing reporting.
- **Required Staff Training and Compliance:** Chanda, Elizabeth, and Melissa discussed the status of required staff trainings, addressing overdue items, discrepancies in staff lists, and expectations for consultants and interns, with Melissa clarifying CMS requirements and communication issues.
 - **Training Deadlines and Reminders:** Chanda reminded the committee of upcoming and overdue training deadlines, including the DSNP model of care training due on November 10 and other required trainings such as fraud, waste, abuse, and HIPAA, emphasizing the importance of timely completion.
 - **Staff List Discrepancies:** Elizabeth raised concerns about inactive staff and consultants appearing on training lists, suggesting communication with Pam to update cost centers and clarify expectations for consultants and interns regarding training requirements.
 - **CMS Training Requirements:** Melissa explained that CMS requires all staff, including consultants and interns staying longer than 90 days, to complete training within 90 days of hire and annually thereafter, recommending that even temporary or part-time staff complete training on day one.

- **Training Assignment Issues:** Melissa noted that some consultants may not receive training assignments due to system issues, advising that there may be blockages in communication and that not all required staff are being reached through CC Learn.
- **Annual Risk Assessment and Auditing Work Plan:** Melissa presented the new strategy for annual risk assessment and the development of an auditing and monitoring work plan, explaining the methodology, regulatory requirements, and committee responsibilities, with Sunny emphasizing oversight of both internal programs and vendors.
 - **Risk Assessment Purpose and Process:** Melissa described the risk assessment as a CMS-mandated annual review of organizational processes, systems, and controls to identify and prioritize risks, with input required from all functional areas and participation being mandatory.
 - **Methodology and Scoring:** Melissa detailed the rubric for risk assessment, including impact, financial and regulatory consequences, likelihood, controls, and reputational impact, with risks scored and ranked using a pre-programmed Excel tool to guide the work plan.
 - **Auditing vs. Monitoring:** Melissa clarified the distinction between monitoring (ongoing internal reporting of key performance indicators) and auditing (formal reviews by compliance or regulators), with the committee responsible for quarterly review of work plan progress and escalation of serious concerns to the board.
 - **Operational and Vendor Oversight:** Melissa and Sunny emphasized that risk assessment and auditing must cover all functional areas, including first-tier, downstream, and related entities such as vendors and providers, with oversight required for both internal and delegated functions.
 - **Work Plan Implementation and Committee Role:** Melissa explained that the work plan is a living document, subject to updates as new risks emerge, and that functional area leads are responsible for monitoring their departments, with the committee receiving regular progress reports and being accountable for ensuring compliance activities are completed.

Follow-up tasks:

- **Staff Training List Accuracy:** Review and update staff training lists to remove inactive staff, student interns not returning, and clarify consultant training requirements; communicate necessary changes to Pam. (Chanda, Elizabeth)
- **Consultant Training Communication:** Ensure all consultants who require compliance training are properly notified and have access to required training modules. (Chanda, John)
- **Training Assignment System Issues:** Investigate and resolve any issues with CC Learn or other systems that may prevent required training assignments from reaching consultants and part-time staff. (John)


APPROVED BY : CHANDA GONZALES