



**CONTRA COSTA
HEALTH**

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**Compliance Committee Meeting
December 15, 2025 | 1:00PM – 2:00PM | Microsoft Teams**

Attendees / Voting Members

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Dr. Irene Lo, Interim Chief Executive Officer <input checked="" type="checkbox"/> Dr. Sara Levin, Deputy Chief Medical Officer & Chief Health Equity Officer <input checked="" type="checkbox"/> Dr. Nicolas Barcelo, Deputy Chief Medical Officer <input checked="" type="checkbox"/> Sunny Cooper, Sr. Director of Compliance <input checked="" type="checkbox"/> Chanda Gonzales, Deputy Executive Director / Compliance Officer <input checked="" type="checkbox"/> Beth Hernandez, Quality Director / Health Equity Officer <input type="checkbox"/> Bhumil Shah, Chief Information Officer <input type="checkbox"/> Brandon Engelbert, Member Services Director <input checked="" type="checkbox"/> Denise Valder, Claims | <ul style="list-style-type: none"> <input type="checkbox"/> Jill Perez, Appeals & Grievances and Utilization Management Director <input checked="" type="checkbox"/> Dr. Joseph Cardinali, Pharmacy Director <input checked="" type="checkbox"/> Leizl AVECILLA, Case Management Director <input checked="" type="checkbox"/> Magda Souza, Clinical Quality Auditing and Behavioral Health Director <input checked="" type="checkbox"/> Pasia Gadson, CalAIM Programs and Transitional Care Services Director <input type="checkbox"/> Patricia Munoz-Zuniga, Advice Nurse Director <input checked="" type="checkbox"/> Shulin Lin, Finance <input type="checkbox"/> Sonia Escobar, Analysis & Reporting Director <input checked="" type="checkbox"/> Jeanine Yang, Director of Compliance |
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Guests: Melissa Bailey (Compliance) Michael Chavez (Compliance), Lorna Holmes (Compliance), Rita Fryar (Compliance)

Agenda Items	Action/Discussion
I. Roll Call & Agenda Review	S. Cooper
II. Approval Requests	Approval of Meeting Minutes and Policies: Chanda led the committee in approving the previous meeting minutes and a set of submitted policies and procedures, with motions and seconds provided by Sara, Pasia, Nicolas, and Elizabeth; Brandon and Denise provided overviews of their
1. Meeting Minutes	
2. Policies & Procedures	

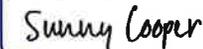
Agenda Items	Action/Discussion
<p>3. Regulatory Escalation Process</p> <p>4. Code of Conduct – November 2025 Release</p>	<p>respective policy updates, and the committee clarified the review process for clinical and non-clinical policies.</p> <ul style="list-style-type: none"> • Meeting Minutes Approval: Chanda requested questions or concerns about the previous meeting minutes, and upon receiving none, Sara motioned and Pasia seconded the approval, finalizing the minutes for record. • Policy Submission Overview: Brandon summarized updates to the Member Services policy, focusing on language clarity and NCQA alignment, while Denise described a claims policy update to comply with SB 729, mandating coverage for infertility diagnosis and treatment for fully insured large group commercial health plans, regardless of sexual orientation, gender, or marital status. • Policy Review Process Clarification: Elizabeth questioned the routing of clinical policies, prompting Chanda and Nicolas to clarify that non-clinical policies are reviewed by the Compliance Committee, while clinical ones go to the Quality Council; Sunny explained the planned establishment of a Policy Review Committee to centralize governance, and the committee agreed to map out the review steps in future work group sessions. • Approval of Submitted Policies: After discussion, Nicolas motioned and Elizabeth and Sara seconded the approval of the submitted policies, with Sunny requesting that names and actions be clearly stated for record-keeping; the policies were approved as listed. <p>Regulatory Escalation Process Approval: Jeanine and Chanda presented the regulatory escalation workflow for handling notices such as APLs, detailing notification and follow-up steps, and the committee approved the process with motions from Leizl and Nicolas and seconds from Sara.</p> <ul style="list-style-type: none"> • Escalation Workflow Presentation: Chanda described the escalation process for regulatory notices, including initial notification to impacted departments within 24 hours, a gap analysis within two days, and progressive follow-ups at five, three, and one day prior to internal due dates, with escalation to leadership as needed. • Approval of Escalation Process: Sunny confirmed the escalation process as an approval item, and the Committee approved it with motions and seconds from Leizl, Nicolas, and Sara, formalizing the workflow for regulatory compliance. <p>Code of Conduct Revision and Approval Process: Jeanine presented the extensively revised code of conduct, highlighting new sections on ethics, conflicts, and public engagement, with Sunny and Elizabeth discussing the need for thorough review; the Committee agreed to review the document via email before final approval and submission to the Joint Conference Committee (JCC).</p>

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	<ul style="list-style-type: none"> • Code of Conduct Updates: Jeanine outlined major changes to the code of conduct, including new sections on ethics, guidance for challenging situations, expanded content on conflicts, gifts, fraud, waste, and abuse, and streamlined privacy and security guidance; outdated sections on contracting and provider agreements were removed. • Approval and Review Process: Sunny explained the urgency of approving the Code of Conduct before the December JCC meeting, proposing an expedited email review; Elizabeth requested the full revised and original documents for due diligence, and Jeanine agreed to distribute them to voting members for feedback before JCC review and approval. • Implementation and Posting: Melissa confirmed that, once approved, the Code of Conduct will be posted on SharePoint and the public website, ensuring accessibility for staff and stakeholders. <p>ACTION ITEMS:</p> <ol style="list-style-type: none"> 1. Policies & Procedures: Draft Policy Review Workflow for Committee members' review (Chanda) 2. Code of Conduct Review: Send the revised Code of Conduct and summary sheet, along with the previous version, to all voting members for review and request email feedback prior to the December 19th JCC meeting. (Jeanine) 3. Website Posting: Update Plan's public website posting upon approval from the JCC. (Jeanine)
<p>III. Fraud, Waste & Abuse and HIPAA Incidents</p>	<p>HIPAA Incidents and Fraud, Waste, and Abuse Updates: Jeanine reported on recent HIPAA incidents and ongoing fraud, waste, and abuse cases, detailing remediation steps and collaboration with claims and external agencies; Nicolas requested future breakdowns of case sources, which Jeanine agreed to provide.</p> <ul style="list-style-type: none"> • HIPAA Incident Reporting: Jeanine described two HIPAA incidents: one involving a sales representative entering incorrect information, resulting in a breach reported to DHCS, and another involving a provider sending an invoice to the wrong email, with risk remediated and staff retrained. • Fraud, Waste, and Abuse Case Management: Over 35 fraud, waste, and abuse cases were identified (calendar year to date), with the compliance team partnering with claims to flag suspicious billing patterns, such as repeated new patient codes and excessive service days; cases are reported to DHCS and DOJ, with efforts to improve timely reporting.

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	<ul style="list-style-type: none"> • Future Case Source Tracking: Nicolas requested that future FWA reports include breakdowns by identification source (e.g., data-driven, staff review), and Jeanine agreed to implement this for future tracking. <p>ACTION ITEMS:</p> <ol style="list-style-type: none"> 1. Provide a breakdown of future fraud, waste, and abuse cases by source (e.g., data-driven, staff submission, clinical review) in future reports. (Jeanine)
<p>IV. Audit Deficiencies & Corrective Action Plan (CAP) Update</p> <ol style="list-style-type: none"> 1. 2024 DHCS Medical Audit CAP 2. 2025 DHCS Medical Audit Preliminary Deficiencies 3. 2022 DMHC Financial Audit Deficiencies 	<p>Internal and External Audit Updates: Chanda, Pasia, Michael, and Shulin provided updates on ongoing medical and financial audits, including ECM provider corrective actions, DHCS medical audit findings, and DMHC financial audit CAPs, with Lorna coordinating follow-ups and the team discussing challenges in addressing repeat findings and staff transitions.</p> <ul style="list-style-type: none"> • Medical Survey and ECM Audit Status: Chanda and Pasia reported that three ECM-related findings remain open, with ongoing quarterly audits of providers and corrective action plans managed by Michael; closure of CAPs depends on successful re-audits and demonstration of compliance. • DHCS Medical Audit Preparation: Chanda described preparations for the 2025 DHCS medical audit, with Lorna reviewing documentation and following up with leadership on open items, including a repeat finding (1.2.8) that the team is working to remediate. • DMHC Financial Audit CAPs: Chanda and Shulin discussed the 2022 DMHC financial audit findings, noting that most CAPs were addressed, but one related to claims reviewer compensation was not fully responsive; Lorna is working with the claims team to ensure full compliance for the upcoming 2026 audit. • Staff Transition Challenges: Shulin and Chanda noted that most current compliance staff were not present during the 2022 audit, highlighting the need for improved documentation and knowledge transfer to address historical findings. <p>ACTION ITEMS:</p> <ol style="list-style-type: none"> 1. Continue to work with business owners to resolve all deficiencies identified. (Chanda)
<p>V. Mandated Compliance Training Status Update</p>	<p>Mandatory Compliance Training Challenges and Solutions: Chanda, Sunny, Lorna, Elizabeth, and Shulin discussed low completion rates for mandatory compliance trainings, technical and tracking issues, and proposed solutions including improved monitoring, HR collaboration, and policy</p>

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	<p>development; the team agreed to distribute updated training lists and establish accountability measures.</p> <ul style="list-style-type: none"> • Training Completion Status: Chanda reported low completion rates for Model of Care and other mandatory trainings, citing technical issues with ccLearn and manual assignment requirements; compliance and admin staff completion rates were shared for reference. • Tracking and Accountability Issues: Lorna and Elizabeth highlighted challenges in tracking training completion, including outdated staff lists, interns, and cost center misalignments; Sunny and Shulin discussed the need for HR involvement and disciplinary measures for non-compliance. • Policy Development and Next Steps: Sunny announced the drafting of a mandatory training policy to address extended leave scenarios and set clear expectations for completion timelines; Jeanine committed to distributing updated training lists to directors, and Pasia requested regular cadence for reporting and accountability. <p>ACTION ITEMS:</p> <ol style="list-style-type: none"> 1. Obtain and distribute the most recent compliance training completion list from ccLearn to all directors for departmental review and follow-up. (Jeanine) 2. Draft and establish a mandatory training policy that addresses requirements for staff on extended leave, including completion timelines upon return. (Chanda) 3. Review departmental compliance training completion rates and identify staff who have not completed required trainings; notify relevant parties to update records for staff no longer employed or incorrectly assigned. (All committee members) 4. Connect with County Personnel staff to discuss implementing disciplinary actions for non-compliance with mandatory training requirements. (Shulin, Beth)
<p>VI. Seven Elements of Compliance</p>	<p>Compliance Governance Structure and Audit Readiness: Sunny presented the proposed compliance governance structure, outlining the roles of subcommittees such as Audit Oversight, Policy Review, Program Integrity, and Privacy Security, and explained the differences between monitoring and auditing, emphasizing the need for continuous improvement and audit readiness.</p> <ul style="list-style-type: none"> • Governance Structure Overview: Sunny described the state and federal regulatory requirements for a Compliance Committee and the planned establishment of subcommittees to oversee audits, policy reviews, program integrity, and privacy/security, with reporting lines to the JCC and quarterly updates.

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	<ul style="list-style-type: none">• Monitoring vs. Auditing: Sunny explained that monitoring is performed by subject matter experts for early detection and prevention, while auditing is conducted annually or ad hoc by Compliance to assess adherence and issue corrective action plans; both are essential for maintaining audit readiness.• Continuous Improvement and Approval Process: Sunny emphasized the ongoing nature of the audit and monitoring cycle, the importance of early detection, and the plan to seek committee approval for finalized governance processes and charters in future meetings.
VII. Appendix: Regulatory Updates	S. Cooper highlighted the APLs, Senate and Assembly Bills that are available to committee members.
VIII. Meeting Adjourned	Meeting adjourned at 2:08PM

Signed by:

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