



CONTRA COSTA
HEALTH

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

Compliance Committee Meeting
May 8, 2026 | 1:00PM – 2:30PM | Microsoft Teams

Attendees and Voting Members

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| <input type="checkbox"/> Dr. Irene Lo, Chief Executive Officer | <input checked="" type="checkbox"/> Jill Perez, Appeals & Grievances Director |
| <input type="checkbox"/> Dr. Sara Levin, Deputy Chief Medical Officer & Chief Health Equity Officer | <input checked="" type="checkbox"/> Dr. Joseph Cardinali, Pharmacy Director |
| <input checked="" type="checkbox"/> Dr. Nicolas Barcelo, Deputy Chief Medical Officer | <input checked="" type="checkbox"/> Leizl Avecilla, Case Management Director |
| <input checked="" type="checkbox"/> Sunny Cooper, Sr. Director of Compliance | <input type="checkbox"/> Magda Souza, Clinical Quality Auditing and Behavioral Health Director |
| <input type="checkbox"/> Chanda Gonzales, Deputy Executive Director / Compliance Officer | <input type="checkbox"/> Pasia Gadson, CaAIM Programs and Transitional Care Services Director |
| <input checked="" type="checkbox"/> Beth Hernandez, Chief Operations Officer | <input checked="" type="checkbox"/> Patricia Munoz-Zuniga, Advice Nurse Director |
| <input type="checkbox"/> Bhumil Shah, Chief Information Officer | <input checked="" type="checkbox"/> Shulin Lin, Deputy Chief Financial Officer |
| <input checked="" type="checkbox"/> Brandon Engelbert, Member Services Director | <input type="checkbox"/> Sonia Escobar, Analysis & Reporting Director |
| <input checked="" type="checkbox"/> Denise Valder, Claims Director | <input type="checkbox"/> Gelmy Ruiz, Interim Director of Audit & Investigation |

| Agenda Items | Action/Discussion |
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| I. Roll Call & Agenda Review | S. Cooper |
| II. Approval Requests a) Meeting Minutes b) Policies & Procedures c) Policy Management Committee (PMC) Charter | <ul style="list-style-type: none"> • Meeting Minutes Approval: The February 2026 Compliance Committee meeting minutes were presented for approval. Motion to approve by Shulin Lin. Second: Nicolas Barcelo. Motion carried with no opposition. • Policy Approval: Sunny Cooper reviewed the submitted new and revised policies and procedures presented to the committee for approval, including updates related to appeals and grievances, behavioral health, utilization management, member services, quality and health equity, and clinical operations. |

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| | <p>Additional policies reviewed included updates related to interdisciplinary care teams, reproductive care, street medicine, interpreter services, cultural and linguistic services, and transgender services.</p> <p>Motion to approve policies: Leizl Avecilla</p> <p>Second: Jill Perez</p> <p>Motion carried with no opposition.</p> |
| <p>III. Fraud, Waste & Abuse and HIPAA Incidents</p> | <p>• HIPAA and FWA Incident Review:</p> <p>Sunny Cooper reviewed HIPAA incident trends and FWA reporting metrics for CY 2025 and CY 2026. Discussion included incident reporting timeliness, member impact data, and current FWA case activity. The committee reviewed ongoing monitoring efforts and reporting obligations to DHCS.</p> <p>Key discussion points included:</p> <ul style="list-style-type: none"> • HIPAA incident counts and member impact comparisons between 2025 and 2026 • Total active FWA cases and referral sources • Timely reporting expectations and compliance obligations |
| <p>IV. Enforcement Matters & Major Regulatory Updates</p> | <p>Sunny Cooper presented updates regarding ongoing regulatory and enforcement matters. Discussion included:</p> <ul style="list-style-type: none"> • DMHC Enforcement Matter 24-143 related to Mental Health and Substance Use Disorder corrective action plans • Regulatory response timelines and supporting documentation submissions • Increased state and federal focus on Fraud, Waste, and Abuse enforcement and provider enrollment validation requirements <p>The committee also reviewed provider enrollment requirements related to Medi-Cal Rx and the responsibilities of managed care plans to support provider compliance efforts.</p> |
| <p>V. Regulatory Audits, Deficiencies & Corrective Action Plan (CAP) Update</p> <ul style="list-style-type: none"> a) 2024 DHCS Medical Audit CAP b) 2025 DHCS Medical Audit Deficiencies c) 2026 DMHC Financial Audit Update d) 2026 CMS Triennial Network Adequacy Review (TNAR) Update e) 2026 DMHC Follow-Up Survey | <ul style="list-style-type: none"> a) 2024 DHCS Medical Audit CAP Sunny Cooper reviewed the remaining open corrective action plan related to ECM assessment comprehensiveness and ongoing remediation efforts with ECM providers. b) 2025 DHCS Medical Audit Deficiencies The committee reviewed current deficiency findings, remediation statuses, and responsible departments. Discussion focused on policy updates, monitoring activities, education efforts, and oversight activities tied to each finding. c) 2026 DMHC Financial Audit Update Sunny Cooper provided updates on the 2026 DMHC Financial Audit process, including: <ul style="list-style-type: none"> • Pre-on-site submissions and supporting documentation • Audit interview completion |

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| | <ul style="list-style-type: none"> • Anticipated preliminary findings and exit conference timelines • Current project status and mitigation planning for competing regulatory priorities <p>d) 2026 DMHC Medical Loss Ratio (MLR) Audit Update The committee reviewed the status of the commercial line of business MLR audit and ongoing documentation review efforts with DMHC auditors.</p> <p>e) 2026 CMS Triennial Network Adequacy Review (TNAR) Update Sunny Cooper reviewed network adequacy progress, including specialty gap closures and ongoing provider contracting efforts.</p> <p>f) 2026 DMHC Follow-Up Survey The committee reviewed key dates, deliverables, and staffing expectations related to the 2026 DMHC Follow-Up Survey and corrective action validation process.</p> |
| <p>VI. Compliance Performance Improvement Workgroup Update</p> <ul style="list-style-type: none"> a) Overall Progress b) Policies & Procedures | <ul style="list-style-type: none"> • Compliance Performance Improvement Work Group Initiatives: Reviewed active PIW initiatives and project updates related to: <ul style="list-style-type: none"> • Organizational structure and staffing • Compliance governance • Policy management implementation • Compliance training and education • Communication and regulatory dashboards • Technology solutions including PolicyStat, Readily, RL6, JIRA, and SharePoint redesign efforts <p>Project statuses, milestones, risks, and mitigation strategies were discussed throughout the presentation.</p> |
| <p>VII. Seven Elements of Compliance</p> | <p>Sunny Cooper presented education and discussion regarding the Seven Elements of an Effective Compliance Program, including:</p> <ul style="list-style-type: none"> • Written Policies and Procedures • Compliance Leadership and Governance • Training and Education • Effective Lines of Communication • Enforcement and Discipline • Auditing and Monitoring • Responses and Development <p>Discussion emphasized audit readiness, root cause analysis, corrective action planning, documentation standards, and establishing consistent compliance workflows across the organization.</p> <p>Additional closing discussion notes included:</p> |

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| | <ul style="list-style-type: none">• Importance of identifying true root causes before implementing corrective actions• Need for clear ownership and accountability during audits and remediation efforts• Establishing repeatable audit readiness processes and frameworks• Ongoing development of structured compliance workflows and documentation standards |
| VIII. Meeting Adjourned | Sunny Cooper thanked committee members for their participation and concluded the meeting. Meeting adjourned: 2:17 PM |

Signed by:
 5/15/2026
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Sunny Cooper