



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

Monthly Operational Compliance Meetings

February 25, 2025 | 02:00PM – 03:00PM | Microsoft Teams

Attendees

- Dr. Irene Lo, Chief Medical Officer
- Alejandro Fuentes, Clinical Quality Auditing
- Belkys Teutle, Member Services
- Beth Hernandez, Quality Director
- Brandon Engelbert, Claims
- David Chen, Compliance
- Dulce Orozco, Clinical Quality Auditing
- Jay Putta, Compliance
- Jersey Neilson, Quality
- Jill Perez, Appeals & Grievances and Utilization Management Director
- John Moral, Administration
- Dr. Joseph Cardinali, Pharmacy Director
- Juliana Mondragon, Utilization Management
- Leizl Avecilla, Case Management Director
- Magda Souza, Clinical Quality Auditing & Behavioral Health Director
- Melissa Bailey, Compliance
- Michael Chavez, Compliance
- Dr. Nicolas Barcelo, Medical Director
- Nikita Hughes, Appeals & Grievances
- Rebecca Lau, Pharmacy
- Dr. Sara Levin, Medical Director
- Shari Jones, Quality
- Sonia Escobar, Analysis & Reporting Director
- Sylvia Taqi-Eddin, Compliance
- Terri Lieder, Provider Relations Director
- Wendy Mascitto, Compliance

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Welcome	1.0 Welcome Melissa Bailey starts the Monthly Operational Compliance Meeting.	Melissa Bailey
2.0 All Plan Letters	2.0 All Plan Letters <ul style="list-style-type: none"> 24-017: Transgender, Gender Diverse or Intersex Cultural Competency Training Program and Provider Directory Requirements – As of 2-24-25, all CCHP staff have completed the Transgender, Gender Diverse & Intersex (TGI) Training, unless they were on leave. Currently waiting for an attestation for the Provider Directory. On 2-28-25, provider directory will be run to confirm requirements are in place. 24-016: Diversity, Equity, & Inclusion Training Program Requirement – The Diversity, Equity, & Inclusion (DEI) training must be one that encompasses sensitivity, diversity, cultural competency and cultural humility, and health equity trainings, for all Managed Care Program staff and Network Providers, regardless of their cultural or professional training and background. Thus, all CCHP staff need to complete this online training by 10-30-25. Staff can access this training via ccLearn on the "To Do List" page of the learning portal. 24-018: Medical Loss Ratio Requirements for Subcontractors and Downstream Subcontractors – No updates. 24-019: Minor Consent to Outpatient Mental Health Treatment or Counseling – No updates; nothing currently due to Compliance Unit. 24-023: Newly Enacted Statutes Impacting Health Plans (2024 Legislative Session) – As of 2-24-25: All CCHP departments have been sent an email from their assigned Compliance staff member, along with the APL, bill information, and requirements. Revised policies and other documents should be uploaded to the appropriate SharePoint folder no later than COB March 14th. If multiple departments are impacted by a specific bill, the Compliance Unit will need a response from 	Sylvia Taqi-Eddin

	<p>each individual department.</p> <ul style="list-style-type: none"> - <u>*25-002: Skilled Nursing Facility Workforce Quality Incentive</u> – issued 1-13-25. Cynthia Choi will be the contact person. Impacted departments are Analysis & Reporting, Claims, Finance, Case Management, Provider Relations, and Information Technology. - <u>*25-003: Establishing Dual Eligible Special Needs Plans by 2026</u> – Important dates: Notice of Intent due 11-11-24 D-SNP App due 2-12-25 Bid + Formulary Submission due 6-2-25 Contract Execution with CMS due 8-31-25 - <u>*25-004: Community Reinvestment Requirements</u> – Issued 2-11-25 – As of 2-24-25, final version pending official posting on DHCS website. This APL will require Managed Care Plans (MCPs) to initiate community reinvestment planning in 2025 with implementation of activities starting in 2026. Thus, nothing currently due to Compliance Unit. However, this APL will eventually fall under Finance & Admin. In the meantime, Sharron will let us know about next steps regarding this APL. Otilia will follow-up with Sharron - <u>*25-005: Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats</u> – Issued 2-12-25. Falls under the units of Member Services, Quality Management, & AGD. Threshold languages get updated every 3 years. According to Federal law, there needs to be a methodology for identifying the prevalent non-English languages spoken by potential members in each Managed Care Plan. For CCHP, we have 3 (English, Spanish, & Chinese). Impacted units will need to work on updating the new Tagline (new name of the document is Notice of Availability) document and Nondiscrimination notice document. Both documents will need to be translated into Spanish, Chinese Simplified and Chinese Traditional. Then each department will need to assess their member mailings and make their updates to include the new attachments. Impacted units will need to update their policies & procedures and submit them to Compliance by the 5-1-25 deadline <p>*New APLS. Cover letters have been sent out to appropriate units</p> <p><u>2.1 Upcoming APLs (currently still drafts)</u> Drafts have been sent out to impacted units, no action required yet.</p> <ul style="list-style-type: none"> - <u>24-XXX: Hospice Services and Medi-Cal Managed Care</u> – supersedes APL 13-014 - <u>25-XXX: Targeted Provider Rate Increases</u> – supersedes APLs 24-007, 10-014, and 10-003. Guidance on eligible provider payment requirements applicable to Medi-Cal Targeted Rate Increases. - <u>25-XXX: Assembly Bill 3275 Guidance (Claim Reimbursement)</u> – released 02.13.25 	<p>Dr. Sara Levin: <i>remove Case Management, add Provider Relations</i></p> <p>Dr. Irene Lo: <i>Add Utilization Management</i></p> <p><i>Sylvia Taqi-Eddin to confirm with Otilia Tiutin that Finance and IT department gets APL notices.</i></p> <p>Sylvia Taqi-Eddin</p> <p><i>Add DMHC/DHCS tags per APL.</i></p>
<p>3.0 Regulatory Deliverables</p>	<p><u>3.0 Regulatory Deliverables – Updates</u> CMS – Application submitted on February 11. There is currently no updates to the application, but there are two “cure” period that CMS allows to submit/correct any changes/errors in our application when we receive them.</p> <p>DMHC – APL 24-023: 2024 Legislation is a large legislative filing that all units are impacted. Compliance should have reached out to the impacted units about their assigned bills.</p> <p>DHCS – Regarding the potential impacts of the recent federal executive orders, DHCS contract managers have confirmed that when new guidance arrives, they will share with the Plan.</p> <p><u>3.1 Regulatory Deliverables Tracker</u> The Plan is currently on track of all DMHC deliverables.</p> <p><u>3.2 Upcoming Submissions for March and April</u> The Compliance Program Managers will be sending out the March and April deliverables list for each units beginning March.</p>	<p>Melissa Bailey</p>

	<p>3.3 Other Updates Policy Stat go-live has been pushed to July, information will be sent out when received.</p>	
<p>4.0 Fraud Waste Abuse (FWA) & HIPAA</p>	<p>4.1 FWA Cases A quick summary for 2025 Fraud Waste & Abuse cases, the Plan has only received one report in the month of February. 2 out of the 3 cases were closed in December, while the last one is under finalization after reviewing claims history from 2021. The new case received in February is in relation to member impersonation.</p> <p>Each quarter, the Plan received a TRAP report from our vendor Cotiviti. They assist us in flagging providers of suspected FWA scenarios. Quarter 4 should be received within March. A new contract is underway with the Plan and Cotiviti to involve more assistance using Cotiviti and their resources to make the investigation smoother and easier.</p> <p>4.2 HIPAA Cases Within the past 7.5 months, there were a total of 42 cases. 35 of the 42 are currently closed, while 7 are still active and under investigation.</p> <p>4.3 Protected Health Information (PHI)/Patient Confidentiality A guide was presented to attendees that when faced with a situation to identify a privacy incident.</p> <ul style="list-style-type: none"> - Who was the victim and the unintended recipient(s)? - What information was shared? - How was the information shared? - Was it deleted, returned, destroyed, or other? <p>A web form is being created to send out to the departments to assist in reporting.</p>	<p>Sylvia Taqi-Eddin</p> <p>Michael Chavez</p>
<p>5.0 Regulatory & Staff Trainings</p>	<p>5.1 Regulatory Trainings – TGI/DEI Two new trainings that are required were reminded to the attendees that all staff need to complete. The Transgender, Gender Diverse and Intersex (TGI) training has been completed for staff who were present at the time. A reminder was stated to ask department heads/staff that those who were on leave to complete as soon as possible. The second new training, Diversity, Equity & Inclusion (DEI), is due on October 31st. Attendees were recommended to complete as early as possible. New hires are also required to have both trainings completed within their first two weeks of hire.</p> <p>5.2 Regulatory Trainings – FWA/HIPAA Fraud Waste & Abuse training were enrolled to everyone on January 14, while the 2025 HIPAA course has not been finalized. Both will have a due date at the end of this year. Attendees were recommended to complete as early as possible. New hires are also required to have both trainings completed within their first two weeks of hire.</p> <p>Due to the delay of the 2025 HIPAA course, 2024 HIPAA will be assigned to new hires for the time being, but when release, the 2025 HIPAA course must also be completed.</p>	<p>John Moral</p>
<p>6.0 Corrective Action Plans</p>	<p>6.1 2024 DHCS Medical Audit The Plan submitted their response to the CAPs on February 13. Pending finalized findings and any more potential CAPs.</p> <p>6.2 ECM Public Health CAP The Plan has submitted the quarter 1 status report to DHCS and is working on quarter 2. The quarter 2 report is due November 15.</p> <p>6.3 2024 DHCS Interoperability Requirements CAP IT project has been completed and are awaiting review and response by DHCS.</p> <p>6.4 2023 DHCS Focus Audit CAP – Behavioral Health The Plan is 85% complete with responses. Cynthia Choi is working closely with Behavioral Health.</p>	<p>Melissa Bailey</p>
<p>7.0 Questions and Conclusion</p>	<p>7.0 Questions and Conclusion “Pending a new Director, in the next Compliance Meeting, can we discuss DHCS audit preparations?”</p> <p>Yes, that can be brought up in consideration. With that, we’re expecting to get a new Compliance Director soon and introduce them in the next meeting.</p>	<p>Dr. Irene Lo</p> <p>Melissa Bailey</p>

Next meeting scheduled on

Tuesday, March 25, 2025 at 02:00PM

APPROVED BY: CHANDRA GONZALES,
COMPLIANCE OFFICER

SIGNED: , 8/25/25