

Posted
Friday
April 14, 2023



**BOARD AUDIT & COMPLIANCE
COMMITTEE MEETING
AGENDA**

Tuesday, April 18, 2023
4:00 p.m.

PLEASE SEE PAGE 2 FOR MEETING LOCATION OPTIONS

		<u>Time</u>	<u>Form A Page</u>	<u>Target</u>
<i>The Board may take action on any of the items listed below, unless the item is specifically labeled "Informational Only"</i>				
CALL TO ORDER				
I.	Establishment of Quorum	1		4:01
II.	Public Comments¹	30		4:31
III.	Follow-up Items: None	0		4:31
IV.	Action Item(s)			
	1. Adopt Board Audit & Compliance Committee Minutes, February 21, 2023 (ADD A - Pp 5-12)	5	2	4:36
	2. Review Government Agencies – <i>Informational Only</i> (ADD B - Pp 13-20)	15	3	4:51
	3. Review Office of Inspector General (OIG) Workplan Update – <i>Informational Only</i> (ADD C - Pp 21-24)	10	4	5:01
V.	Adjourn to Closed Session	1		5:02
	1. Pursuant to California Government Code § 54956.6 — CONFERENCE WITH LEGAL COUNSEL–ANTICIPATED LITIGATION — Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: One (1) potential case	10		5:12
	2. Pursuant to California Government Code § 54956.6 — CONFERENCE WITH LEGAL COUNSEL–ANTICIPATED LITIGATION — Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: One (1) potential cases	10		5:22
VI.	Re-Adjourn to Open Session	1		5:23
VII.	Action Resulting from Closed Session	1		5:24
VIII.	Committee Member Agenda Suggestions	5		5:29
FINAL ADJOURNMENT				

Board Audit & Compliance Committee Members

VOTING MEMBERS	NON-VOTING MEMBERS
Linda Greer, RN, Chair	Diane Hansen, President & CEO
Laurie Edwards-Tate, MS, Director	Kevin DeBruin, Esq., Chief Legal Officer
Michael Pacheco, Director	Helen Waishkey, Corporate Compliance Officer
ALTERNATE VOTING MEMBERS	Lewann Baucknecht, Compliance Program Analyst
Jeff Griffith, EMT-P – 1 st Board Alternate	Lachlan Macleay, MD, Committee Appointed Physician Representative

Note: If you have a disability, please notify us by calling 760.740.6375, 72 hours prior to the event so that we may provide reasonable accommodations

¹ 3 minutes allowed per speaker with a cumulative total of 9 minutes per group. For further details & policy, see Request for Public Comment notices available at [Public Comments and Attendance at Public Board Meetings](#).

Board Audit & Compliance Committee

Location Options

The Linda Greer Conference Room

2125 Citracado Parkway, Suite 300, Escondido, CA 92029

- Elected members of the Board of Directors will attend at this location, unless otherwise noticed below – Members of the public may also attend at this location
- PLEASE TURN OFF CELL PHONES OR SET THEM TO SILENT MODE UPON ENTERING THE MEETING ROOM

<https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>

- or Dial in using your phone at (929) 352-2216; Access Code: 470 854 925#

- Non-Board member attendees and members of the public may attend the meeting virtually utilizing the above link.
- New to Teams? Get the app now and be ready when your first meeting starts @ <https://www.microsoft.com/en-us/microsoft-teams/download-app>

4747 Viewridge Avenue, San Diego, CA. 92123

- Elected member of the Board Laurie Edwards-Tate will be attending the meeting virtually from this location

Policy : Public Comments and Attendance at Public Board Meetings

I. PURPOSE:

A. It is the intention of the Palomar Health Board of Directors to hear public comment about any topic that is under its jurisdiction. This policy is intended to provide guidelines in the interest of conducting orderly, open public meetings while ensuring that the public is afforded ample opportunity to attend and to address the board at any meetings of the whole board or board committees.

II. DEFINITIONS:

A. None defined.

III. TEXT / STANDARDS OF PRACTICE:

- A. There will be one time period allotted for public comment at the start of the public meeting. Should the chair determine that further public comment is required during a public meeting, the chair can call for such additional public comment immediately prior to the adjournment of the public meeting. Members of the public who wish to address the Board are asked to complete a [Request for Public Comment form](#) and submit to the Board Assistant prior to or during the meeting. The information requested shall be limited to name, address, phone number and subject, however, the requesting public member shall submit the requested information voluntarily. It will not be a condition of speaking.
- B. Should Board action be requested, it is encouraged that the public requestor include the request on the *Request for Public Comment* as well. Any member of the public who is speaking is encouraged to submit written copies of the presentation.
- C. The subject matter of any speaker must be germane to Palomar Health's jurisdiction.
- D. Based solely on the number of speaking requests, the Board will set the time allowed for each speaker prior to the public sections of the meeting, but usually will not exceed 3 minutes per speaker, with a cumulative total of thirty minutes.
- E. Questions or comments will be entertained during the "Public Comments" section on the agenda. All public comments will be limited to the designated times, including at all board meetings, committee meetings and board workshops.
- F. All voting and non-voting members of a Board committee will be seated at the table. Name placards will be created as placeholders for those seats for Board members, committee members, staff, and scribes. Any other attendees, staff or public, are welcome to sit at seats that do not have name placards, as well as on any other chairs in the room. For Palomar Health Board meetings, members of the public will sit in a seating area designated for the public.
- G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.
- H. The public shall be afforded those rights listed below (Government Code Section 54953 and 54954).
1. To receive appropriate notice of meetings;
 2. To attend with no pre-conditions to attendance;
 3. To testify within reasonable limits prior to ordering consideration of the subject in question;
 4. To know the result of any ballots cast;
 5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
 6. To review recordings of meetings within thirty days of recording; minutes to be Board approved before release,
 7. To publicly criticize Palomar Health or the Board; and
 8. To review without delay agendas of all public meetings and any other writings distributed at the meeting.
- I. This policy will be reviewed and updated as required or at least every three years.

**Board Audit & Compliance Committee
Minutes – February 21, 2023**

TO: Board Audit & Compliance Committee

MEETING DATE: Tuesday, April 18, 2023

FROM: Carla Albright, Committee Assistant

Background: Minutes from the Tuesday, February 21, 2023, Board Audit & Compliance Committee meeting are respectfully submitted for review and approval.

Budget Impact: N/A

Staff Recommendation: Recommend to approve minutes from the Tuesday, February 21, 2023, Board Audit & Compliance Committee meeting.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:

Board Audit & Compliance Committee - Government Agencies

TO: Board Audit and Compliance Committee

MEETING DATE: Tuesday, April 18, 2023

FROM: Helen Waishkey, Corporate Compliance Officer

Background: A presentation of Government Agencies will be reviewed for informational purposes only.

Budget Impact: N/A

Staff Recommendation: For informational purposes only.

Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

**Board Audit & Compliance Committee -
Office of Inspector General (OIG)
Workplan Update**

TO: Board Audit and Compliance Committee

MEETING DATE: Tuesday, April 18, 2023

FROM: Helen Waishkey, Corporate Compliance Officer

Background: Review the Office of Inspector General (OIG) Workplan update.

Budget Impact: N/A

Staff Recommendation: For informational purposes only.

Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

ADDENDUM A

BOARD GOVERNANCE COMMITTEE ATTENDANCE ROSTER CALENDAR YEAR 2023



P = Present V = Virtual E = Excused A = Absent G = Guest

ATTENDANCE ROSTER							
	MEETING DATES:						
VOTING MEMBERS	2/21/23						
DIRECTOR LINDA GREER, RN – CHAIR	P						
DIRECTOR LAURIE EDWARDS-TATE, MS	V						
DIRECTOR MICHAEL PACHECO	P						
ALTERNATE MEMBERS							
JEFF GRIFFITH, EMT-P, 1ST BOARD ALTERNATE							
NON-VOTING MEMBERS							
DIANE HANSEN, PRESIDENT & CEO	P						
KEVIN DEBRUIN, ESQ., CHIEF LEGAL OFFICER	P						
HELEN WAISHKEY, CORPORATE COMPLIANCE OFFICER	V						
LEWANN BAUCKNECHT, COMPLIANCE PROGRAM ANALYST	V						
LACHLAN MACLEAY, MD COMMITTEE APPOINTED PHYSICIAN REPRESENTATIVE	V						
COMMITTEE SECRETARY							
CARLA ALBRIGHT	P						
INVITED GUESTS	SEE TEXT OF MINUTES FOR NAMES OF INVITED GUESTS						

BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

NOTICE OF MEETING

Notice of Meeting schedule was posted at the Palomar Health Administrative Office, and posted with agenda packet on the Palomar Health website on Thursday, February 17, 2023.

CALL TO ORDER

The meeting, which was held in the Linda Greer Board Room at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, and virtually was called to order at 4:00 p.m. by Committee Chair Linda Greer.

I. ESTABLISHMENT OF QUORUM

- Quorum comprised of Chair Linda Greer, Director Laurie Edwards-Tate, and Director Michael Pacheco
- Absent: None

II. PUBLIC COMMENTS

There were no public comments

III. FOLLOW UP ITEMS

There were no follow up items

IV. ACTION ITEM(S)

1. Adopt Board Audit & Compliance Committee 2023-2024 Calendar
2. Adopt Board Audit & Compliance Committee Charter
3. Adopt Board Audit & Compliance Standing Agenda Items
4. Adopt 2023 Code of Conduct
5. Review Compliance Audit Schedule 2023

- 6. Review Compliance Culture & Knowledge Survey Questions
- 7. Review Compliance Exit Interview Questions
- 8. Review Compliance Hotline Case Report CY 2022
- 9. Highlight Compliance Newsletter February 2023

BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/ RESPONSIBLE PARTY	FINAL?
1. Adopt Board Audit & Compliance Committee 2023-2024 Calendar			

DISCUSSION

NONE

April 2023: Conflict of Interest June 2023: Hotline Report August 2023: Financial Audit Statement October 2023 Review Internal Audits, Review Financial Audits, HHS & OIG Updates December 2023: Close-out Year Internal Audits, Bi-annual	MOTION by Director Edwards-Tate, 2 nd by Director Pacheco Roll call voting was utilized. Director Edwards-Tate - Aye Director Pacheco - Aye Chair Greer - Aye	None	Y
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AGENDA ITEM 2. Adopt Board Audit & Compliance Committee Charter			
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DISCUSSION

NONE			
	MOTION: None required, Information only.	None	

BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

<i>AGENDA ITEM</i>	<i>CONCLUSION/ACTION</i>	<i>FOLLOW UP/ RESPONSIBLE PARTY</i>	<i>FINAL?</i>
3. Adopt Board Audit & Compliance Standing Agenda Items			
<i>DISCUSSION</i>			
NONE			
	MOTION: none was required. This was an informational presentation/discussion.		Y

BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

<i>AGENDA ITEM</i>	<i>CONCLUSION/ACTION</i>	<i>FOLLOW UP/ RESPONSIBLE PARTY</i>	<i>FINAL?</i>
4. Adopt 2023 Code of Conduct			
<i>DISCUSSION</i>			
Helen Waishkey Corporate Compliance Officer discussed a few updates to the Code of Conduct and asked for Board approval. Helen stated that the Code of Conduct has to be Board approved. There was some discussion but the Chair explained to members that this was the employee Code of Conduct and pointed out that the Board has its own Code of Conduct.			
	MOTION: by Chair Greer and 2 nd by Director Edward-Tate Roll call voting was utilized. Director Edwards-Tate - Aye Director Pacheco - Aye Chair Greer - Aye		Y

BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

<i>AGENDA ITEM</i>	<i>CONCLUSION/ACTION</i>	<i>FOLLOW UP/ RESPONSIBLE PARTY</i>	<i>FINAL?</i>
5. Review Compliance Audit Schedule 2023			

DISCUSSION

Helen Waishkey Corporate Compliance Officer reviewed Audit schedule with the Board, Director Edwards-Tate asked what is CPE Audit and what Company is doing the CPE Audit. Helen informed the Board that the CPE is a Compliance Program Effectiveness Audit and that Bruce Hoffman & Associates is in process of conducting the Compliance Program Effectiveness Audit at this time. There was a discussion about the Medical Board of California expansion of professions to be posted to the Consumer Notice. Recommendation to move away from MossAdams in 2024 for 2025, Diane noted we would need to wait until next year since they have already begun that process of data collection.

Helen suggested that a digital solution may be beneficial instead of applying more posters to the hospital walls. The Board thought that was a good idea.

	MOTION: none was required. This was an informational presentation/discussion.		Y
AGENDA ITEM 6. Review Compliance Culture & Knowledge Survey Questions	CONCLUSION/ACTION Helen to work with HR to incorporate.	FOLLOW UP/ RESPONSIBLE PARTY Helen to work with HR	FINAL?

DISCUSSION

Helen Waishkey Corporate Compliance Officer discussed adding Compliance Culture & Knowledge questions to current surveys that employees take, to test Compliance knowledge. The more knowledgeable the employees are the more apt Palomar Health will stay compliant. Director Edwards-Tate asked what is the incentive for employees to take the surveys; Kevin DeBruin stated that the employees are very responsive to the surveys. Diane stated it is good information to have. Diane requested Helen to work with HR to get the Compliance Culture Questions integrated either with other surveys or on its own. Helen explained that the OIG considers this an education for employees and it looks favorable on the organization to seek employee input. Helen noted that she would work with HR to get these released.

	MOTION: none was required. This was an informational presentation/discussion.		Y
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BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

AGENDA ITEM 7. Review Compliance Exit Interview Questions	CONCLUSION/ACTION Exit Compliance questions to be incorporated in the exit interview.	FOLLOW UP/ RESPONSIBLE PARTY Helen to work with HR	FINAL?
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DISCUSSION

Helen Waishkey Corporate Compliance Officer discussed adding Compliance Exit Interview questions to the current HR Exit Interview process that employees go through. Helen stated that employees are more willing to state issues/concerns on their way out than while employed. Director Edwards-Tate asked what is the incentive for employees to take the surveys, Helen explained that currently HR does not include Compliance Exit questions during their Exit interview process. The BACC was ok with the questions that were presented.

Kevin DeBruin noted that the employees are very responsive to the surveys. Diane stated it is good information to have.

	MOTION: none was required. This was an informational presentation/discussion.		Y
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BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/ RESPONSIBLE PARTY	FINAL?
8. Review Compliance Hotline Case Report CY 2022	Over all a good year		

DISCUSSION

Helen Waishkey Corporate Compliance Officer went over the hotline cases, the first half of the year Misconduct or Inappropriate behavior was main issue and in the second half of the year Discrimination or Harassment & Patient Care were the main issue. Over all total complaints received was 53 cases for 2022, Helen noted that all cases are closed. Diane requested a trending report of the EthicsPoint cases, it would be nice to see what is driving these cases down. Kevin noted that he would provide Helen the report Gregory had put together previously if Helen was unable to locate it.

	MOTION: none was required. This was an informational presentation/discussion.		Y
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BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

AGENDA ITEM	CONCLUSION/ACTION	FOLLOW UP/ RESPONSIBLE PARTY	FINAL?
9. Highlight Compliance Newsletter February 2023	Compliance hopes to do Newsletter every other month	Helen	

DISCUSSION

Helen Waishkey Corporate Compliance Officer informed Board of the February Newsletter and noted that Compliance will feature a different department or two with each Newsletter, Compliance hopes to circulate a newsletter every other month for a total of six a year. Chair Greer noted there should be a picture of Compliance Department on Newsletter and Helen stated the last Newsletter sent out in October featured pictures of Compliance staff.

	MOTION: none was required. This was an informational presentation/discussion.		Y
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V. ACTION ITEM(S) Adjourn to Closed Session			
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VI. ACTION ITEM(S) Re-Adjourn to Open Session

BOARD AUDIT & COMPLIANCE COMMITTEE MEETING MINUTES – TUESDAY, FEBRUARY 21, 2023

<i>AGENDA ITEM</i>	<i>CONCLUSION/ACTION</i>	<i>FOLLOW UP/ RESPONSIBLE PARTY</i>	<i>FINAL?</i>
10. Roundtable			

DISCUSSION

Per Kevin a better description of what a “Roundtable” is might be needed.
The Chair suggested that we do away with the Roundtable since there is a Roundtable discussion during the Governance meeting.

MOTION: N/A

FINAL ADJOURNMENT

DISCUSSION: Committee Chair Greer asked if there were any subjects the committee wanted to discuss at the next meeting. Hearing no replies and there being no further business, Committee Chair Greer adjourned the meeting at 5:00 p.m.

SIGNATURES:	COMMITTEE CHAIR	_____	Linda Greer, RN
	COMMITTEE SECRETARY	_____	Carla Albright

ADDENDUM B

Government Agencies

Helen Waishkey, Compliance Officer

April 18, 2023

Overview

- What is a **MAC**?
- What is the **OIG**?
- What is the **OIG Workplan**?
- What is the **GAO**?
- What is the **CMS CWF**?



What is a MAC?

- **Translation:** Medicare Administrative Contractors
- **How many are there?** 12 that process Part A & B claims and 4 that process DME claims. Of the 12; 4 also process HH & Hospice claims
- Each is assigned to specific regions within the US
- Enrollment of providers and suppliers is maintained by these entities
- **What do they do?** They are responsible for administering both Medicare Part A/B claims and DME claims for Medicare FFS beneficiaries
- **Tidbit:** *in CY2022 they collectively processed >1.1 Billion FFS claims (202 M Part A & 957 Part B claims) and paid out ~\$422.5 B in Medicare FFS benefits*

What is the OIG?

- **Translation:** Office of Inspector General
- An independent organization, reporting within the FTC (Federal Trade Commission)
- **Purpose:** Audit and monitor, maintain oversight of multiple other federal and state agencies to ensure the integrity of agency programs and operations
- **From the healthcare perspective:** They fight Fraud, Waste & Abuse and improve the efficiency of Medi-Medi and more than 100 other HHS programs.
 - Identify weaknesses in HHS programs
 - Maintain sanction/exclusion database
 - Issues sanctions
 - Negotiates Corporate Integrity Agreements
 - Assess CMPs
 - Maintain Workplan

What is OIG Workplan?

- The OIG workplan reflects OIG audits, evaluations and inspections that are underway or planned for the future.
- The workplan is updated monthly and/or as frequently as determined by the OIG.
- The workplan spans their department including those items that are projects by CMS, CDC, HHS, National Institute of Health (NIH), etc.

- There were 64 items in 2022 however only 22 applied to Palomar.
- Why don't some apply? The OIG lists ALL projects, for example, "An Afghanistan Reconstruction" or "Residential Facility to protect children" projects wouldn't apply to us.

What is the GAO?

- **Translation:** Government Accountability Office
- **AKA:** “Investigative arm of Congress” or the “Congressional Watchdog”
- An independent organization within the legislative branch
- **What do they do?** Audit and monitor government spending and operations. Through their audits they provide recommendations to other federal agencies.
- They provide objective information to help government save money and work more efficiently
- They monitor how the government uses taxpayer dollars then provide reports to Congress and other federal agencies
- They audit such agencies as CMS. Their recommendations sometimes get implemented over a 4 year period.

What is the CMS CWF?

- **Translation:** Common Working File
- **What does that mean?** It is the Medicare Part A and Part B beneficiary benefits coordination and pre-payment claims validation system
- Every Medicare beneficiary is assigned based on geographic location
- The system maintains a beneficiaries claim history and entitlement information
- Every night a CWF file is created
- Based on information received, the system then determines what actions should be taken on a claim. This information is then sent back to the Medicare Administrative Contractors (MACs) for payment processing or other actions.
- ***In a Nutshell:*** The Common Working File system provides a single data source where the contractors can verify beneficiary eligibility to receive prepayment review and approval of claims.

ADDENDUM C

Office of Inspector General (OIG) Workplan Update Topics of Focus

The below topics remain under scrutiny by federal agencies. There were 22 items on the 2022 workplan that either applied to our organization as “Informational” for what is coming or were updates of what agencies are doing for awareness to areas that may affect us in the future.

Below is a summarization of the topics:

- a. **Opioid Use** – tracking providers use of in individuals with Medi-Medi
- b. **Trauma diagnoses** – reviewing records from Trauma facilities for billing
- c. **Use of Antipsychotic medications in the SNF** (focusing on those with Schizophrenia diagnosis) OIG has now made a nursing homes use of these meds public knowledge
- d. **Review of SNF revenue** to ensure it is being expended to directed patient care
- e. **Review of SNF claims** for the 6 top dx upon hospital admission/readmission
- f. **Hospital Price transparency** – CMS will be randomly reviewing that pricing (a listing of charges) is readily available to patients
- g. **SNF and Reporting Related-Party Medicare Costs Review** - determine whether a SNF's allocation of Medicare funds could impact beneficiary care, such as whether overhead costs might have increased while allocations for patient care decreased, potentially reducing care
- h. **HH Fall Case Review** – CMS publicly reports on the Care Compare website the percentage of patients in home health care who fell and endured major injuries and assess the extent to which those falls were reported in OASIS assessments. (Outcome and Assessment Information Set)
- i. **Inpatient Claims (Post-Acute Transfers)** – In this example the OIG audited CMS’ CWF (Common Working File) is a list of all Medicare beneficiaries enrolled into the program. It tracks every healthcare episode they experience. Providing federal agencies one database to pull random audits from. In this particular audit, the OIG discovered the CMS CWF did not send notifications to MACs (Medicare Administrative Contractors 12 for Part A/B claims and 4 for DME claims)– They are assigned to regions of the US and they receive/process supplier ((DME claims for Medicare Fee for Service beneficiaries) claims and provider/medical claims (Part A and B claims)) (Providers & DME’s enrollment is maintained by MACs) of improperly billed claims or that they did not act to adjust those claims. Therefore, they directed CMS to recover the identified overpayments.

Office of Inspector General Enforcement Actions for 2022 in California

Nationally the OIG had 8,265 Enforcement Actions

OIG 2022 Settlements in California			
The list is just a sample it does not contain all settlements.			
Location	Person/CE	Allegation	Settlement
Garden Grove	Pharmacist	Fraudulently billed Medicare for medications that were never dispensed	\$3,933,993
Sacramento	PhlebXpress Inc.	Individuals conspired and billed over \$7M to Medicare.	Both are awaiting sentencing and fines to be assessed
Valencia	Advanced Bionics LLC	Company misled federal health programs regarding the radio-frequency (RF) emissions generated by some of its cochlear implant processors	\$12M
Multiple cities	Dignity Health	3 health care providers submitted false claims to Medi-Cal	\$22.5M
Beverly Hills	pharmacy	Healthcare fraud and prescription drug diversion scheme	\$723,000
San Francisco	Sutter Health	Fraudulently billing the US for toxicology screening tests performed by outside labs	\$13M
Silicon Valley	Arrayit Corporation	Medical Tech Co President participated in a scheme to mislead investors, commit health care fraud and pay illegal kickbacks in connection with the submission of false and fraudulent claims for COVID-19 and allergy testing.	\$77M
Ventura City	Ventura County's organized health system and 3 providers	Settled to allegations they submitted or caused to be submitted false claims to	\$70.7M

		Medi-Cal related to Medicaid Adult Expansion	
Sacramento	Aziz Kamali, MD., Inc.	Submitting false claims to Medicare and paying kickbacks to sales marketers	\$1,963,953
Santa Monica	Gerald M. Sacks, MD	Accepted kickbacks from Pharmaceutical Companies Purdue Pharma and Depomed. Dr. prescribed in exchange to receive paid speaking and consulting work from manufacturers.	\$271,259.12
Los Angeles	Minas Kochumian, MD	Submitted false claims to Medicare and Medi-Cal for procedures and tests never performed.	\$9.5M
San Jose	Roger Wang, MD	Submitted false claims to Medicare for non-FDA approved drugs and associated services	\$1,033,666.42
San Diego	Prism Behavioral Solutions	Falsely billed Medi-Cal for services to autistic children without actually providing care to the children.	\$650,000
Temecula	Donald Woo Lee, MD	Falsely submitted claims to Medicare, re-packaging single-use catheters for re-use on patients, falsely diagnosed patients and provided unnecessary procedures, upcoded charges.	\$12M