Regular Meeting of the

Santa Clara County Health Authority
Compliance Committee

Wednesday, August 31, 2022, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(408) 638-0968
Meeting ID: 811 5131 9799
Passcode: CC2022!!
https://us06web.zoom.us/j/81151319799

AGENDA

1.	**Roll Call**	Ms. Murphy	2:00	5 min
2.	**Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Compliance Committee reserves the right to limit the duration of the public comment period to 30 minutes.	Ms. Murphy	2:05	5 min
3.	**Meeting Minutes** Review meeting minutes of the May 26, 2022 Compliance Committee. **Possible Action:** Approve May 26, 2022 Compliance Committee minutes.	Ms. Murphy	2:10	5 min
4.	**Compliance Activity Report** Discuss status of regulatory audits, related corrective action plans, and other compliance issues.	Mr. Haskell	2:15	10 min
5.	**Oversight Activity Report** Review the following oversight activities: **a.** Compliance dashboard **b.** Oversight audits **c.** Corrective Action Plans	Mr. Quan	2:25	15 min
6.	**Fraud, Waste, and Abuse Report** Discuss FWA activities and investigations.	Ms. Nguyen	2:40	15 min
7.	**HIPAA Policies** Review the following documents: • HI.01 v2 Privacy Officer Assignment and Responsibilities • HI.02 v2 Privacy Training Requirements • HI.03 v2 Minimum Necessary Standards	Mr. Haskell	2:55	5 min

- HI.06 v3 Request for Access
- HI.07 v3 Amendments to Protected Health Information
- HI.08 v2 Accounting of Disclosures
- HI.10 v3 Uses by and Disclosures to Business Associates and Third Parties
- HI.11 v3 De-Identification of Health Information
- HI.12 v3 Uses and Disclosures of Limited Data Sets
- HI.13 v2 Requests for Restrictions on Uses and Disclosures
- HI.14 v2 Request for Confidential Communications
- HI.16 v2 Reporting and Responding to Privacy Complaints
- HI.18 v2 Safeguards
- HI.19 v3 Notice of Privacy Practices
- HI.20 v3 Personal Representatives
- HI.22 v2 Individual Caller Identification
- HI.24 v2 Communications with Minors
- HI.25 v2 Leaving Message with PHI
- HI.26 v2 Uses and Disclosures of Protected Health Information
- HI.46 v2 Photographing, Video Recording, Audio Recording and Other Imaging
- HI.51 v2 Breach Notification Requirements

Possible Action: Approve Policies HI.01, HI.02, HI.03, HI.06, HI.07, HI.08, HI.10, HI.11, HI.12, HI.13, HI.14, HI.16, HI.18, HI.19, HI.20, HI.22, HI.24, HI.25, HI.26, HI.46, HI.51 3:00

8. Adjournment

Notice to the Public—Meeting Procedures

- Persons wishing to address the Executive/Finance Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Ashley Kerner 48 hours prior to the meeting at (408) 455-1335.
- To obtain a copy of any supporting document that is available, contact Ashley Kerner at (408) 455-1335. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Regular Meeting of the

Santa Clara County Health Authority
Compliance Committee

Thursday, May 26, 2022, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Sue Murphy, Chair
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Chelsea Byom, VP, Marketing, Communications & Outreach
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer

Members Absent
Teresa Chapman, VP, Human Resources
Laurie Nakahira, DO, Chief Medical Officer

Staff Present
Barbara Granieri, Controller
Daniel Quan, Director, Compliance, Compliance
Anna Vuong, Manager, Compliance, Compliance
Mai Phuong Nguyen, Fraud, Waste, and Abuse Program Manager
Sue Won, Compliance Audit Program Manager
Alicia Zhao, Compliance Audit Program Manager
Sonia Lopez, Compliance Coordinator, Compliance
Alejandro Rodriguez, Compliance Analyst, Compliance
Megha Shah, Compliance Analyst, Compliance
Amy O'Brien, Administrative Assistant
Rita Zambrano, Executive Assistant

1. Roll Call

Sue Murphy, Chair, called the meeting to order at 2:00 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Ms. Murphy reviewed the February 24, 2022 Compliance Committee minutes.

It was moved, seconded, and the February 24, 2022 Compliance Committee minutes were **unanimously approved.**

Motion: Mr. Haskell
Second: Ms. Tomcala
Ayes: Ms. Bui-Tong, Mr. Haskell, Mr. Jarecki, Ms. Murphy, Mr. Tamayo, Ms. Tomcala, Ms. Turner, Ms. Watkins
Absent: Ms. Chapman, Dr. Nakahira

4. Compliance Activity Report

Tyler Haskell, Interim Compliance Officer, provided an update on regulatory audits and other related issues. First, he discussed a notification the Plan provided to regulators about a software glitch that temporarily prevented members from receiving letters notifying them of authorization decisions. Mr. Haskell then provided updates on the ongoing Medicare data validation audit, recent Department of Health Care Services annual audit, upcoming

Department of Managed Health Care routine audit, and ongoing Department of Managed Health Care financial audit.

5. Oversight Activity Report

a. Compliance Dashboard

Daniel Quan, Director, Compliance, reviewed the FY 2021-2022 Compliance Dashboard. Mr. Quan shared that the Plan is at 89.9% for recorded metrics, with the fiscal year goal of reaching 95%. He further reviewed areas where metric goals were not met during the preceding quarter.

b. Oversight Audits

Mr. Quan reported on the 2021 VSP oversight audit noting findings and Corrective Action Plan (CAP) for claims payment and compliance requirements.

Mr. Quan reported on the Verifpoint oversight audit noting a correction to a finding with Standard of Conduct distribution.

Mr. Quan shared preliminary findings on the oversight audit of Docustream, noting four findings related to general compliance requirements.

Mr. Quan reported on the 2021 MedImpact oversight audit noting a correction to one finding related to transition letters.

Mr. Quan reported on the 2021 Physician Medical Group of San Jose (PMGSJ) oversight audit and noted 28 findings and one observation.

Mr. Quan shared preliminary results for the 2021 Valley Health Plan (VHP) oversight audit and noted 34 findings and four observations. VHP has the opportunity to provide additional information to rebut the findings.

Mr. Quan shared the preliminary results of the NovaTrans audit, noting it was the first audit done by the Plan of a transportation provider. The preliminary report included 12 findings and two observations. NovaTrans has an opportunity to provide additional information to rebut the findings.

c. Corrective Action Plans

Mr. Quan presented a log of CAPs which noted two CAPs for internal business units have been closed and six delegate or provider CAPs are open or being monitored.

6. Fraud, Waste, and Abuse Report

Mia Phuong Nguyen, Fraud, Waste, and Abuse Program Manager, presented the Fraud, Waste, and Abuse Report activities and investigations. Ms. Nguyen shared there are a total of 21 reported leads for the first quarter of 2022 from CMC, Medi-Cal, and CMC Medi-Cal.

Ms. Nguyen shared the majority of intake come from the G&A and Compliance teams with five intakes each. The majority of allegations are originated by members with 7 reported leads. Ms. Nguyen detailed the largest initial allegation type listed is for services not rendered. Ms. Nguyen stated a total of 11 investigations were opened in the first quarter of 2022.

Ms. Nguyen concluded her presentation by providing an update on SCFHP open investigations.

7. Compliance Policies

Mr. Haskell presented the updated Compliance Policies.

- CP.01 Regulatory Reporting
- CP.02 Fraud Waste and Abuse
- CP.04 Data Mining to Detect, Correct and Prevent FWA
- CP.05 Record Retention

- CP.06 False Claims Act
- CP.07 Corrective Actions
- CP.08 Compliance Reporting Mechanisms
- CP.09 Exclusion Screening
- CP.10 Compliance Training
- CP.11 Effective Communications
- CP.12 Annual Compliance Program Effectiveness Audit
- CP.15 Standards of Conduct
- CP.16 Vendor and FDR Contracting
- CP.17 Risk Assessment and Audit Work Plan
- CP.18 Protection of HIV AIDS Information
- CP.26 Compliance Hotline
- CP.28 Subcontracting Terminations and Block Transfer Filings
- CP.30 Conducting Internal Investigations
- CP.31 Voluntary Self-Disclosures of Significant Non-Compliance and Fraud, Waste & Abuse
- CP.32 Conflict of Interest
- CP.33 Well-Publicized Disciplinary Standards
- CP.35 Key Personnel Filing
- CP.37 DMHC Independent Medical Review (IMR)
- DE.01 Delegation Oversight
- DE.02 Pre-Delegation Audit
- DE.03 Delegation Agreement
- DE.05 Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities
- DE.07 Delegation Corrective Action

It was moved, seconded, and the Compliance Policies CP.01, CP.02, CP.04, CP.05, CP.06, C.07, CP.08, CP.09, CP.10, CP.11, CP.12, CP.15, CP.16, CP.17, CP.18, CP.26, CP.28, CP.30, CP.31, CP.32, CP.33, CP.35, CP.37, DE.01, DE.02, DE.03, DE.05, and DE.07 were **unanimously approved.**

Motion: Mr. Haskell
Second: Mr. Jarecki
Ayes: Ms. Bui-Tong, Mr. Haskell, Mr. Jarecki, Ms. Murphy, Mr. Tamayo, Ms. Tomcala, Ms. Turner, Ms. Watkins
Absent: Ms. Chapman, Dr. Nakahira

8. Adjournment

The meeting was adjourned at 2:56 pm.

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Sue Murphy, Secretary

Santa Clara Family Health Plan™

Compliance Activity Report

Compliance Committee Meeting - August 31, 2022

Compliance Activity Report

August 31, 2022

- **Department of Managed Health Care (DMHC) Routine Audit**
  In May the Plan recently received notice of a routine DMHC survey to be held onsite in October, covering the overall performance of the Plan against State health plan licensing regulations. Compliance has been leading the preparation and document response in advance of the audit.

- **DMHC Financial Audit**
  DMHC recently completed its routine financial audit. This audit, which occurs every three years, examines the financial health and sustainability of the health plan, including cash, investments, liabilities, billing processes, claims processing, and provider disputes. On August 24, DMHC advised that it has concluded its examination with no deficiencies. A final report is expected soon.

- **Department of Health Care Services (DHCS) Audit Update**
  The Plan underwent its annual DHCS audit in March, and has not yet received a written preliminary report.

- **2024 Department of Health Care Services (DHCS) Contract Operational Readiness**
  DHCS recently initiated a process to ensure Medi-Cal managed care plans' operational readiness for the requirements of the new 2024 contract. This is a comprehensive contract revision that will coincide with the implementation of the Medi-Cal managed care reprocurement. Between August 2022 and July 2023, plans will be required to submit documents demonstrating our readiness to implement the revised contract. Compliance has worked with internal business units to prepare our submissions for the first set of deadlines.

- **Medicare Data Validation Audit**
  The Plan recently completed its annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to complete a validation of various reports to CMS for calendar year 2021 operational activities. The audit validates data submitted for the Part D program, specifically for Appeals, Grievances, Coverage Determinations, Medication Therapy Management, and Improving Drug Utilization Review Controls. Advent's team conducted a virtual interview in April to review our reporting process and submitted final results indicating 100% validation to CMS in July.

- **Compliance Program Effectiveness (CPE) Audit**
  CMS requires Medicare plans to have an independent review of the effectiveness of its compliance program each year. In collaboration with Health Plan Alliance, SCFHP has partnered with Health Alliance Plan (HAP) of Michigan to conduct a peer-review audit of our compliance program to meet CMS's CPE requirement for 2022. The audit process is based on Medicare Part C and D Program Audit Protocols which CMS will begin using for 2022 program audits. The audit occurred in August and a preliminary report is expected by August 30.

Santa Clara Family Health Plan™

Compliance Dashboard

Compliance Committee Meeting - August 31, 2022

Santa Clara Family Health Plan

Compliance Summary 2021-2022

FY 2021-2022 PLAN FOCUS - At least 95% of Metrics on Compliance Dashboard in Compliance

Fiscal Year to Month: **Jun-22**

958 out of 1062 measures were compliant = **90.2%**

LOB	Category	2021						2022						FY to Date
		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
CMC (49 measures)	Met	40	43	44	41	33	36	39	35	37	42	40	41	471
	Monthly Count*	43	44	46	45	43	43	43	43	43	43	43	43	522
	% Met	93.0%	97.7%	95.7%	91.1%	76.7%	83.7%	90.7%	81.4%	86.0%	97.7%	93.0%	95.3%	90.2%
Medi-Cal (38 measures)	Met	29	31	32	31	25	29	30	29	30	31	29	28	354
	Monthly Count*	35	35	34	35	34	34	34	33	34	33	33	33	407
	% Met	82.9%	88.6%	94.1%	88.6%	73.5%	85.3%	88.2%	87.9%	88.2%	93.9%	87.9%	84.8%	87.0%
General Compliance (14 measures)	Met	11	11	11	11	11	12	11	11	11	11	11	11	133
	Monthly Count*	11	11	11	11	11	12	11	11	11	11	11	11	133
	% Met	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Combined (101 measures)	Met	80	85	87	83	69	77	80	75	78	84	80	80	958
	Monthly Count*	89	90	91	91	88	89	88	87	88	87	87	87	1,062
	% Met	89.9%	94.4%	95.6%	91.2%	78.4%	86.5%	90.9%	86.2%	88.6%	96.6%	92.0%	92.0%	90.2%

Yellow = at least 98% for measures with a goal of 100%

Santa Clara Family Health Plan.

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
CLAIMS					
Non-Contracted Providers					
Clean Claims from Non-Contracted Providers paid or denied within thirty (30) calendar days	95%	99.4%	98.5%	98.1%	98%
All Other Claims from Non-Contracted Providers or enrollees must be paid or denied within sixty (60) calendar days	100%	100.0%	100%	99.9%	99.8%
Contracted Providers					
Clean Claims from Contracted Practitioners paid or denied within thirty (30) calendar days	90%	100%	99.5%	99.2%	96%
Clean Claims from Contracted Providers paid or denied within ninety (90) calendar days	99%	99.9%	99.5%	98.9%	100%
CUSTOMER SERVICE					
Call Stats					
Member Queue					
Member Average Hold Time in Seconds	≤120 Seconds	40	40	39	49
Incoming calls that are answered within 30 seconds	80% in ≤30 sec	73.2%	79.2%	82.1%	74%
Disconnect Rate from CMS Quarterly Report (part C)	≤5%	0.0%	n/a	0.0%	n/a
ENROLLMENT					
Enrollment Materials					
New member materials mailed within 10 calendar days of receipt of enrollment confirmation on TRR or by last calendar day of the month prior to the effective date, whichever occurs later	100%	99.8%	99.8%	99.8%	99.7%
Out of Area Members					
% of compliance with member outreach process within 10 calendar days of notification of possible OOA for members	100%	100%	100%	100%	99.3%
FINANCE					
Monthly submission of encounter data	100%	100%	100%	100%	100%

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
CLAIMS					
All Claims					
Misdirected Claims forwarded within ten (10) working days	95%	91.4%	98.5%	95.2%	96.7%
Processed Claims that receive acknowledgement timely	95%	100.0%	99.9%	99.6%	99.9%
All Claims paid or denied to ALL providers within forty-five (45) working days	95%	99.8%	99.5%	99.2%	99.7%
Clean Claims					
Clean Claims paid or denied to Practitioner within thirty (30) calendar days	90%	99.8%	98.2%	96.5%	98.7%
Clean Claims paid or denied to All Providers within ninety (90) calendar days	95%	100.0%	100.0%	99.8%	100.0%
Provider Claim Dispute Requests					
Provider Disputes acknowledged within fifteen (15) working days	95%	99.0%	98.9%	99.3%	99.0%
Provider Disputes resolved within forty-five (45) working days/sixty-two (62) calendar days	95%	99.8%	100.0%	99.9%	100.0%
Overturned Cases					
Overturned Cases with check provided within five (5) working days	95%	99.7%	100.0%	98.8%	99.7%
CUSTOMER SERVICE					
Call Stats					
Member Queue					
Member calls that are answered in ≤ 10 minutes	100%	99.2%	99.1%	99.7%	99.0%
ENROLLMENT					
Enrollment Materials					
New member Information mailed within 7 calendar days of the effective date of member's enrollment, or within 7 calendar days of receipt of enrollment, if enrollment is retroactive	100%	100%	100%	100%	100%
New member ID mailed within 7 calendar days of the effective date of member's enrollment, or within 7 calendar days of receipt of enrollment, if enrollment is retroactive	100%	100%	100%	100%	100%

Yellow = at least 98% for measures with a goal of 100%

Santa Clara Family Health Plan.

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - CASE MANAGEMENT					
HRAs and ICPs					
Total ICP Completion	100%	98.0%	96.3%	99.7%	98.9%
Total HRA Completion	100%	100.0%	96.9%	99.7%	99.8%
Members with timely annual HRA completion	100%	89.6%	98.3%	85.2%	99.7%
HEALTH SERVICES - MEDIMPACT/PHARMACY					
Standard Part D Authorization Requests					
Standard Prior Authorization requests (part D) completed within seventy-two (72) hours of request	100%	100.0%	100.0%	100.0%	100.0%
Expedited Part D Authorization Requests					
Expedited Prior Authorization requests (part D) completed within twenty-four (24) hours of request	100%	100.0%	100.0%	100.0%	100.0%
Non Part D Drugs Authorization Requests					
Non Part D Drugs Prior Authorization completed within twenty-four (24) hours of request	100%	96.6%	100.0%	100.0%	100.0%
Call Monitoring					
Provider/Pharmacy Average Hold Time in Seconds	≤120 Seconds	14	7	17	19
Provider/Pharmacy Service Level	80% in ≤30 sec	85.0%	92.0%	87.3%	83.0%
Disconnect Rate	≤5%	0.5%	0.5%	0.0%	0.0%
HEALTH SERVICES - UTILIZATION MANAGEMENT					
Concurrent Organization Determinations					
Concurrent Review of Authorization Requests (part C) completed within five (5) working days of request	100%	99.8%	100.0%	99.6%	99.7%
Pre-Service Organization Determinations					
Standard Part C					
Standard Pre-Service Prior Authorization Requests (part C) completed within five (14) calendar days	100%	99.6%	99.4%	88.3%	98.8%

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - CASE MANAGEMENT					
HRAs and ICPs for SPDs					
Newly enrolled SPD members who were due for risk stratification and were statified timely during the reporting month	100%	100%	100%	100%	100%
Total High Risk SPD HRA Completion	100%	75.0%	100%	100%	100%
Total Low Risk SPD HRA Completion	100%	96.0%	75.0%	74.5%	100%
Total High Risk SPDs with ICP completion	100%	50.0%	100%	100%	100%
HEALTH SERVICES - PHARMACY					
Standard Authorization Request					
Standard Prior Authorization requests (RX) completed within twenty-four (24) hours	100%	99.5%	99.5%	n/a	n/a
Expedited Authorization Request					
Expedited Prior Authorization requests (RX) completed within twenty-four (24) hours of request.	100%	99.3%	99.0%	n/a	n/a
HEALTH SERVICES - QUALITY					
Facility Site Reviews and Initial Health Assessment					
Annual Managed Care Division Facility Site Reviews/Physical-Accessibility Report submitted by Aug 1 each year	100%	100%	n/a	n/a	n/a
IHAs completed within 120 calendar days of enrollment	100%	44.6%	47.5%	45.2%	38.6%
HEALTH SERVICES - UTILIZATION MANAGEMENT					
Medical Authorizations					
Conncurrent Review					
Concurrent Review of Authorization Requests completed within 5 working days of request	100%	99.0%	99.8%	99.1%	99.6%

Yellow = at least 98% for measures with a goal of 100%

Santa Clara Family Health Plan.

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - UTILIZATION MANAGEMENT (cont.)					
Pre-Service Organization Determinations (cont.)					
Expedited Part C					
% of Expedited Pre-Service Prior Authorization Requests (part C) completed within sevety-two (72) hours	100%	99.3%	98.9%	87.6&%	96.0%
Post Service Organization Determinations					
Retrospective Requests (part C) completed within thirty (30) calendar days	100%	99.6%	99.4%	93.6%	99.6%
Part B Drugs Organization Determinations					
Standard Prior Authorization Requests (part B drugs) completed within seventy-two (72) hours of request	100%	100.0%	98.4%	87.2%	100.0%
Expedited Prior Authorization requests (part B drugs) completed within twenty-four (24) hours of request	100%	100.0%	92.0%	89.3%	100.0%

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - UTILIZATION MANAGEMENT (cont.)					
Medical Authorizations (cont.)					
Routine Authorizations					
Routine Prior Authorization Requests completed within five (5) working days of request	100%	99.6%	99.4%	98.9%	99.0%
Expedited Authorizations					
Expedited Prior Authorization Requests completed within seventy-two (72) hours of request	100%	99.8%	99.8%	99.5%	99.7%
Retrospective Review					
Retrospective Requests completed within thirty (30) calendar days of request	100%	100.0%	99.8%	99.5%	99.9%
Member Notification of UM Decision					
Member Notification of UM decision in writing within two (2) working days of the decision.	100%	99.5%	99.3%	99.5%	99.3%
Provider Notification of UM Decision					
Provider Notification of UM decision by phone, fax or electronic mail and then in writing within 24 hours of making the decision	100%	97.9%	98.2%	98.9%	98.4%

GRIEVANCE & APPEALS					
Grievances, Part C	**Goal**				
Standard Grievances Part C					
Standard Grievances (Part C) that provided Acknowledgment Letters within five (5) calendar days	100%	98%	95.5%	99.4%	99.3%
Standard Grievances (Part C) that provided Resolution Letters within thirty day calendar (30) days	100%	99.6%	99.4%	99.5%	100%
Expedited Grievances Part C					
Expedited Grievances (Part C) that provided Verbal or Written Resolution within twenty-four (24) hours	100%	100%	100%	100%	100%
Grievances, Part D					
Standard Grievance Part D					
Standard Grievances (Part D) that provided Acknowledgment Letters within five (5) calendar days	100%	100%	100%	100%	100%
Standard Grievances (Part D) that provided Resolution Letters within thirty (30) calendar days	100%	100%	100%	100%	100%
Expedited Grievance Part D					
Expedited Grievances (Part D) provided Verbal OR Written Resolution within twenty-four (24) hours	100%	100%	100%	100%	100%
Reconsiderations, Part C					
Standard Pre-Service Part C					
Standard Pre-Service Reconsiderations (Part C) that provided Acknowledgment Letters within five (5) calendar days	100%	100%	91.4%	92.6%	96.9%
Standard Pre-Service Reconsiderations (part C) that provided Resolution Letters within thirty (30) calendar days	100%	100%	100%	100%	100%
Standard Post-Service Part C					
Standard Post-Service Reconsiderations resolved within 60 days	100%	100%	92.9%	98.5%	98.3%

GRIEVANCE & APPEALS					
Grievances					
Standard Grievances					
Standard Grievances that provided Acknowledgement Letters within five (5) calendar days	100%	97.9%	95.1%	98.5%	98.4%
Standard Grievances that provided Resolution Letters within thirty (30) calendar days	100%	99.4%	98.9%	100.0%	99.9%
Expedited Grievances					
Expedited Grievances that provided Verbal AND Written Notifications within seventy-two (72) hours	100%	100.0%	100.0%	94.4%	89.3%
Appeals					
Standard Appeals					
Standard Appeals that provided Acknowledgement Letters within five (5) calendar days	100%	97.3%	93.0%	95.0%	95.7%
Standard Appeals that provided Resolution Letters within thirty (30) calendar days	100%	99.5%	94.7%	100.0%	99.1%
Expedited Appeals					
Expedited Appeals that provided Verbal AND Written Notifications within seventy-two (72) hours	100%	100.0%	85.7%	92.9%	100.0%

Yellow = at least 98% for measures with a goal of 100%

Santa Clara Family Health Plan.

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GRIEVANCE & APPEALS (cont.)					
Reconsiderations, Part C (cont.)					
Expedited Pre-Service Part C/Part B Drug					
Expedited Reconsiderations (part C) that provided Verbal AND Written Resolution within seventy-two (72) hours	100%	100%	100%	100%	100%
Expedited Pre-Service Part C/Part B Drug (cont.)					
Expedited Pre-Service Reconsiderations (upheld & untimely) submitted to IRE within 24-hours of decision	100%	100%	100%	100%	100%
Appeals, Part B					
Part B Drug Appeals that provided Verbal OR Written Resolution within seven (7) calendar days	100%	100%	100%	50%	100%
Redeterminations, Part D					
Standard Part D					
% of Standard Redeterminations (part D) that provided Resolution Letters within seven (7) calendar days	100%	100%	95.7%	100%	100%
Expedited Part D					
Expedited Redeterminations (part D) that provided Verbal AND Written Resolution within seventy-two (72) hours	100%	100%	100%	100%	100%
Untimely Expedited Redeterminations (part D) submitted to IRE within twenty-four (24) hours of decision	100%	100%	100%	100%	100%
Direct Member Reimbursement Redeterminations (Part D) resolved within fourteen (14) calendar days	100%	100%	100%	100%	100%
Complaint Tracking Module (CTM) Complaints					
CTM Conplaints Resolved Timely	100%	100%	100%	100%	100%
MARKETING					
Required Materials posted to the Plan's website by the first of each month	100%	100%	100%	100%	100%
Required Member Materials posted to the Plan's website by October 15 each year	100%	n/a	100%	n/a	n/a
Annual member materials distributed or notified by October 15 each year	100%	n/a	100%	n/a	n/a
MEDICARE OUTREACH					
Annual Medicare Communications & Marketing Guidelines training completed by September 30 each year	100%	100%	n/a	n/a	n/a
PROVIDER NETWORK MANAGEMENT					
PROVIDER DATABASE & REPORTING					
Provider Directories updated monthly by the first day of the month	100%	100%	100%	100%	100%
Annual Health Service Delivery Tables submitted by September 30 of each year	100%	100%	n/a	n/a	n/a

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GRIEVANCE & APPEALS					
MARKETING					
Training and certification for Marketing Representatives completed timely	100%	100%	100%	100%	100%
Medi-Cal Provider Directory posted on the Plan's website by the first of the month	100%	100%	100%	100%	100%
INFORMATION TECHNOLOGY					
Encounter Files Successfully Submitted to DHCS by end of month	100%	100%	100%	100%	100%
Monthly Eligibility Files successfully submitted to Delegates Timely	100%	100%	100%	100%	100%
PROVIDER NETWORK MANAGEMENT					
PROVIDER NETWORK RELATIONS					
% of New Providers who received orientation within ten (10) working days after being placed on active status	100%	100%	100%	100%	100%
PROVIDER NETWORK ACCESS & DATABASE					
Annual Network Certification submitted by March 31 of each year	100%	n/a	n/a	n/a	n/a
Timely Access Compliance Report submitted by March 31 of each year	100%	n/a	n/a	0%	n/a

Yellow = at least 98% for measures with a goal of 100%

Santa Clara Family Health Plan.

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GENERAL COMPLIANCE					
Exclusion Screenings					
Individual Exclusion Screening					
New Eligible Individuals screened prior to start date	100%	100%	100%	100%	100%
Eligible Individuals who are screened monthly	100%	100%	100%	100%	100%
FDR Exclusion Screening					
Initial Exclusion Screening Completed for FDRs prior to contracting	100%	100%	100%	100%	100%
Monthly Exclusion Screening Completed for existing FDRs	100%	100%	100%	100%	100%
Provider Monthly Screenings					
Monthly Exclusion Screening completed for the Plan's Contracted Providers	100%	100%	100%	100%	100%
Monthly Exclusion Screening completed for Non-Contracted Providers	100%	100%	100%	100%	100%
Compliance Training					
New Eligible Employees completed trainings within ninety (90) days of initial hiring (SCFHP's operational standard = 5 working days)	100%	100%	100%	100%	100%
Annual Employee Training completed within sixty (60) calendar days of issuance	100%	n/a	100%	n/a	n/a
Annual Board Training completed within sixty (60) calendar days of issuance	100%	n/a	n/a	100%	n/a
Standards Of Conduct And Compliance Policies					
New Eligible Employees receive Standards of Conduct and P&Ps within five (5) working days of initial hiring	100%	100%	100%	100%	100%
Current Employees receive Standards of Conduct and Compliance P&Ps annually	100%	n/a	100%	n/a	n/a

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GENERAL COMPLIANCE					
Personnel Filings					
Key Personnel filings completed within five (5) calendar days of effective date	100%	100%	100%	100%	100%
Department Of Fair Employment & Housing Training					
Employees who complete the CA harassment training course once every two years	100%	n/a	n/a	n/a	n/a
Temporary Employees completed the CA harassment training within 30 calendar days from start date or 100 hours of work	100%	100%	100%	100%	100%

Yellow = at least 98% for measures with a goal of 100%

Santa Clara Family Health Plan™

2022 Audit Work Plan - Updates

Compliance Committee Meeting - August 31, 2022

3-Year Audit Schedule

Santa Clara Family Health Plan

COMBINED 3-YEAR AUDIT SCHEDULE

Year	Internal/ External	Q1		Q2		Q3		Q4	
		Medi-Cal	CMC	Medi-Cal	CMC	Medi-Cal	CMC	Medi-Cal	CMC
2020	Internal	SCFHP Website IT (Security Risk Assessment)*		Claims		Compliance*		Quality Improvement	
			UM				Pharmacy		UM SCFHP Website
	External	Hanna		MedImpact		New Directions			VHP PMGSJ
		Language Line		Cal IPA		Kaiser			
2021	Internal	CM Grievance and Appeals		Enrollment Production Services		Compliance* Human Resources		SCFHP Website Medicare Outreach	
	External	Change Healthcare		MedImpact VSP		Carenet Docustream		VerifPoint Arvato	
		NEMS		CHDP Gateway		Kaiser PCNC		PMGSJ VHP	
2022	Internal			UM		Compliance Grievance and Appeals		SCFHP Website	
	External	NovaTrans		Arvato Carenet VSP		Kaiser PCNC NEMS	MedImpact	PMGSJ VHP	
					~~Silver & Fit~~				

Note: Audit schedule was last reviewed and approved in Feb 2022 Compliance Committee

2022 Audit Work Plan - Status

Internal Audits		
Area/ Delegate/ FDR	**Status**	**Audit Scope**
UM	In Progress	P&P Review and File Review
Compliance	In Progress	P&P Review and Tracer Sample
G&A	Not Started	P&P Review and File Review
External Audits		
NovaTrans	Completed	Transportation P&P and claims file review
Arvato	In Progress	Compliance Requirements; Provider Directory Creation; Mail fulfillment
Carenet	Not Started	Compliance Requirements; Nurse Advice Line; MD Live
VSP	Not Started	Compliance Requirements; Claims; Call Center Metrics; TBD
Silver & Fit	Cancelled	Contract terminate end of 2022
Kaiser	In Progress	Claims; CM; G/A; Transportation; PQI; UM; MOT; Behavioral/Mental Health
PCNC	In Progress	CM; Claims; C&L; IHA; MOT; Credentialing; UM; Compliance; Provider Training; Network and Timely Access
NEMS	In Progress	CM; Claims; C&L; IHA; MOT; Credentialing; UM; Compliance; Provider Training; Network and Timely Access
MedImpact	In Progress	Compliance Requirements; Coverage Determination; Formulary Administration; MTM Program
PMGSJ	Not Started	CM; Claims; C&L; IHA; MOT; Credentialing; UM; Compliance; Provider Training; Network and Timely Access
VHP	Not Started	CM; Claims; C&L; IHA; MOT; Credentialing; UM; Compliance; Provider Training; Network and Timely Access

2021 VHP Annual Audit

- Audit period was from October 1, 2020 through September 30, 2021
- Line of business: Medi-Cal
- Final Report originally issued July 15, 2022 and Revised July 29, 2022

#	Program Area	# of Observations	# of Findings
4.1	Compliance	1	0
4.2	Cultural and Linguistics	0	0
4.3	Information Management	0	0
4.4	Utilization Management	1	4
4.5	Case Management	0	3
4.6	Credentialing/Recredentialing	0	0
4.7	Provider Training	0	2
4.8	Timely Access and Availability	1	1
4.9	Claims and PDR	0	6
	Total	**3**	**16**

Santa Clara Family Health Plan™

Corrective Action Plans

Compliance Committee Meeting - **August 31, 2022**

Date Issued or Logged	Date Closed	Delegate/BU	Deficiency/Finding	Remediation/Correction	Status and next steps
3/29/2022		Green Cab	Green Cab reported 20 and 33 incidents of driver no show in Q3 2021 and Q4 2021.	provided drivers training on Green Cab's sick policy	Q1 2022 reported 100 incidents of driver no show Q2 2022 reported 24 incidents of drive no show 7/21/2022: recommending to continue monitoring for improvement in Q3 2022
3/29/2022		Yellow Cab	Yellow Cab reported 11 and 10 incidents of driver no-shows in Q3 2021 and Q42021.	onboarding new drivers, limit will call rides, explore shared rides	Q1 2022 reported 9 incidents of driver no show Q2 2022 - no data yet. 7/21/2022: recommend closing CAP if Q2 2022 data shows improvement
4/5/2022	7/21/2022	PCNC	PA and Maternity Kick data reports were inaccurate Nov 2021 - Jan 2022	PCNC Implemented a QA checklist	Monitor corrections in upcoming reports due 7/21/2022: recommend closing CAP
4/5/2022	6/3/2022	PMG	PMG does not have a process to fully translate NOAs per APL 21-011 that was suppose to be effective by 3/1/2022.	Implementing vendor for translation.	5/17/2022: PMG provided update they are currently testing their process. SCFHP requesting update from PMG every two weeks. 6/3/2022: PMG provided update P&P and confirmed they've implemented process to translate NOAs.
4/12/2022		PCNC	2021 Audit findings resulted in 20 CAPs	Implementing corrections	5/18/2022: PCNC provided CAP responses, Compliance currently reviewing responses 6/15/2022: 6 findings complete 7/18/2022: Pending update from PCNC ~35% complete 8/15/2022: 40% complete. Pending additional information and documentation
5/17/2022	8/8/2022	VSP	2021 Audit findings with 4 CAPs	responses due 6/16/2022	CAP response from VSP received 7/15/2022 8/4/2022 updated P&P for exclusion screening. CAPs closed

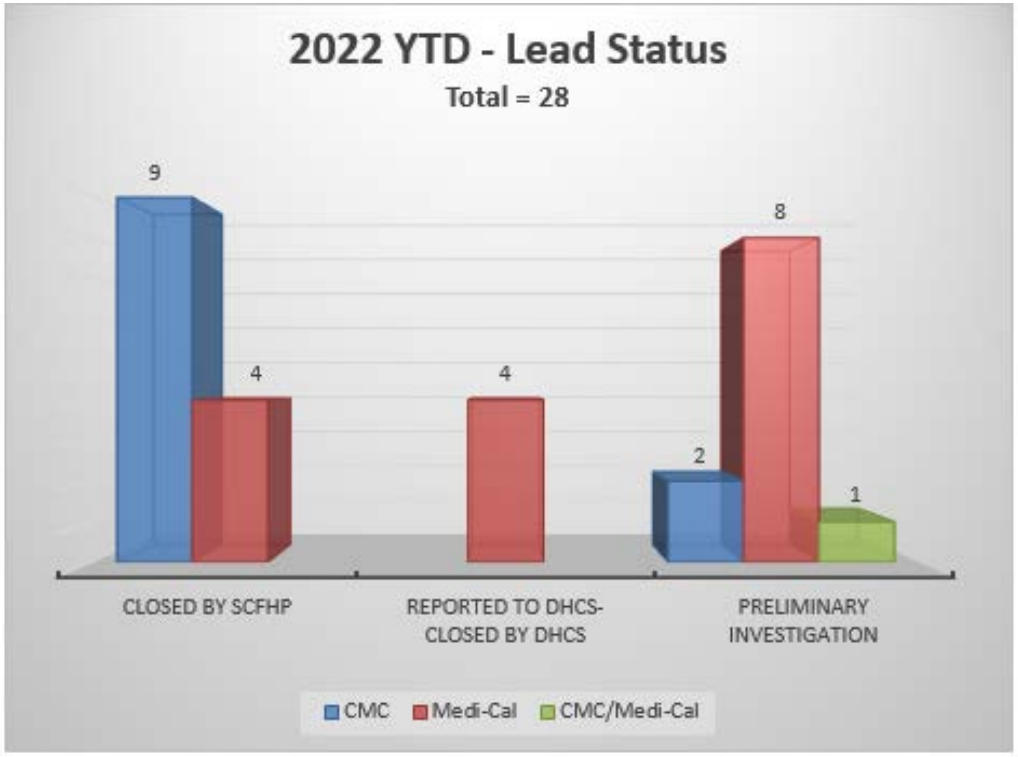
Date Issued or Logged	Date Closed	Delegate/BU	Deficiency/Finding	Remediation/Correction	Status and next steps
6/15/2022		Customer Service	within 30 seconds April = 74.5%; May = 68.8%; June = 79%; July = 75.6%	recruiting for new FTEs and urgently providing trainings to fill in the gaps	7/21/2022: monitoring for improvement
5/27/2022		PMG	2021 Audit findings resulted in 27 CAPs	Original responses due 6/20/2022, extension provided until 7/13/2022.	7/20/2022: still no CAP response from PMG CAP Response provided 8/8/2022
6/6/2022	7/15/2022	Docustream	Audit findings with 4 CAPs	implement compliance training and exclusion screening.	7/15/2022: provided evidence of training and screening. CAPs closed.
7/15/2022		VHP	Audit findings with 17 CAPs	responses due 8/01/2022	8/17/2022: Pending review
7/18/2022		NovaTrans	Audit findings with 6 CAPs	responses provided 7/26/2022	8/17/2022: recommend closing CAP after receiving attestation or signed P&P
7/20/2022		G/A	Medi-Cal Measure: % of Standard Appeals that provided Acknowledgement Letters within five (5) calendar days May= 95% (missed 2 of 40); June = 92.9% (missed 2 of 28); July = 95.0% (missed 1 of 20)	created a new identifier in the Beacon system that our team will use to categorize cases pending an AOR/ARF and better ensure daily monitoring of those cases	8/17/2022: monitoring for improvement

Santa Clara Family Health Plan™

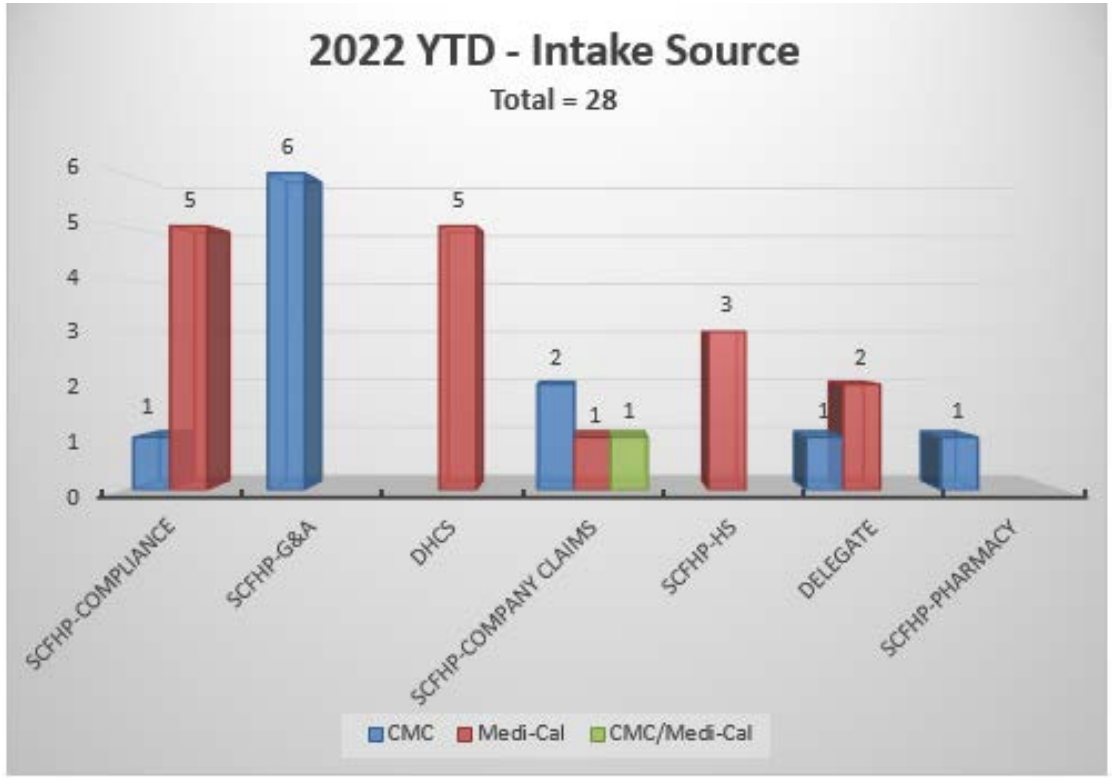
Fraud, Waste, and Abuse Quarterly Report

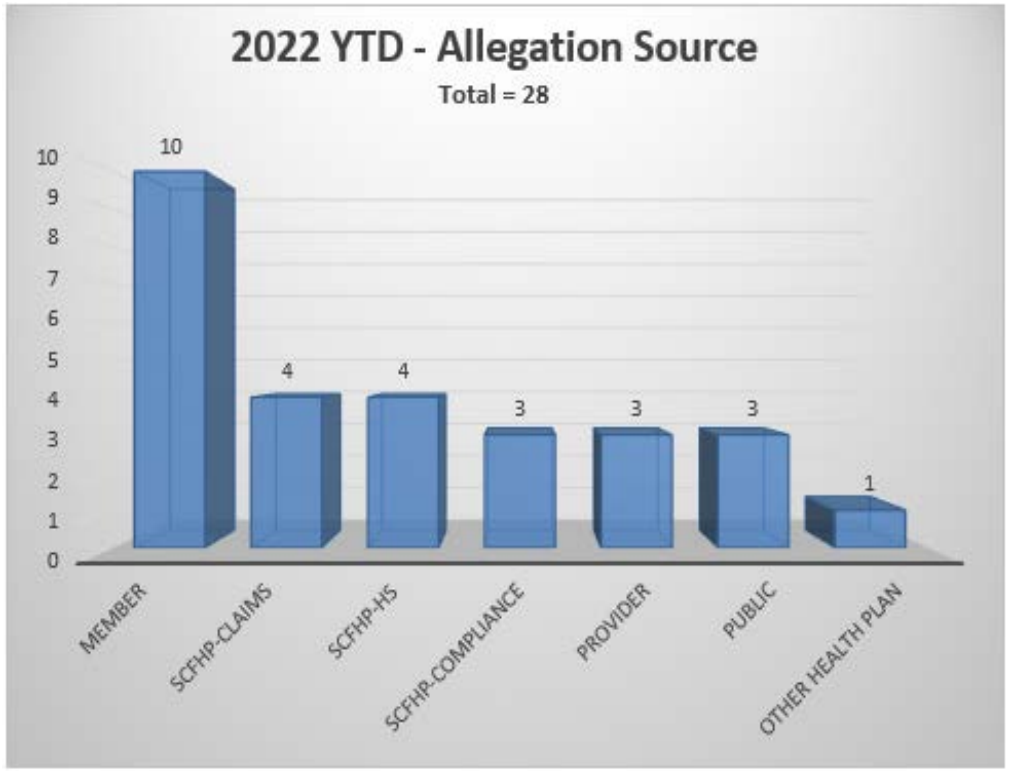
Compliance Committee Meeting - August 31, 2022
Q2 2022

Q2 2022 Report – FWA Leads



Q2 2022 Report – FWA Leads (cont.)



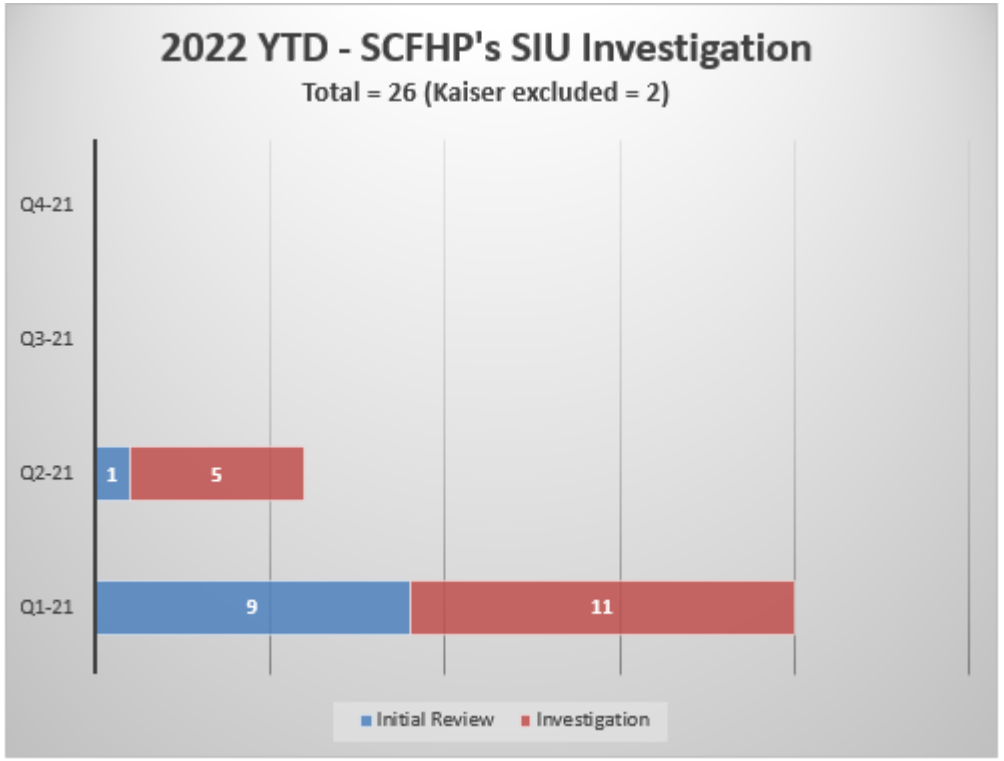


Q2 2022 Report – FWA Leads (cont.)

Santa Clara Family Health Plan

2022 YTD - Allegation Type

Allegation Type	CMC	Medi-Cal	CMC/Medi-Cal	Total
Services not Rendered	9	6		15
Billing Issue	1	4	1	6
Drug Seeking		2		2
Out-of-Area Physician	1			1
Service not Needed		1		1
Overutilization		1		1
Medically Unnecessary Services		1		1
Provider Fraud		1		1
YTD	11	16	1	28



Q2 2022 Report – SIU Cases

Santa Clara Family Health Plan

SIU Case Updates
Update Date: 08/15/2022

Count	ID	Allegation Source	Subject Investigated (CC)	Allegation	Reason to Open	Status	Actions
03	SIU_2021_09_22_1	SCFHP-Compliance	Provider-Pediatrician	Medically Unnecessary Services	Evidence of providing medical unnecessary allergy tests	Monitoring	- Claim audit was conducted. - Recoupment request was issued. - Education materials were sent. - SCFHP is working on a resolution.
1	SIU_2021_12_29_01	SCFHP-Claims	Provider-Cardiology	Billing Issue	SCFHP's Claims reported Provider submitted claims for services provided to a member with hospice status.	Closed by SCFHP	- Hospice status was provided by the State. - State removed hospice status a few months later.
2	SIU_2022_01_03_01	SCFHP-Compliance	Provider-Transportation	Services not Rendered	SIU's data mining shows Provider submitted claims for rides that were supposed to provide after date of death.	Closed by SCFHP	- Provider repaid $1,846.57. - CAP issued and closed.
3	SIU_2022_01_03_02	SCFHP-Compliance	Provider-Transportation	Services not Rendered	SIU's data mining shows Provider submitted claims for rides that were supposed to provide after date of death.	Closed by SCFHP	- Provider repaid $669.07. - CAP issued and closed.
4	SIU_2022_01_03_03	SCFHP-Compliance	Provider-Transportation	Services not Rendered	SIU's data mining shows Provider submitted claims for rides that were supposed to provide after date of death.	Closed by SCFHP	- SCFHP to continue to monitor as Provider did not respond to the Plan's request for implentation of corrective action plan.
5	SIU_2022_01_28_01	Signify Health	Provider-Surgery	Services not Rendered	SCFHP's Contracted Provider reported of service not surrendered by their own contracted physician.	Closed by SCFHP	- Provider repaid the Plan and put their provider on an immediate hold.
6	SIU_2022_02_07_01	Kaiser	Member-Kaiser	Drug Seeking	Kaiser reported to DHCS and SCFHP of a member presenting a suspicious non-KP dental prescription prescribed to a different name with a different KP Medical Record Number.	Closed by DHCS	- Kaiser investiagted and submitted intial and final 609 report to DHCS - Unsubstantiated relating to drug FWA - Pending DHCS's response
7	SIU_2022_02_07_02	DHCS	Provider-Home Health Care	Services not Needed	DHCS's request for review of all data, if appliable, in connection with a hospital and provider in Sacramento.	Closed by DHCS	- No claims submitted by the facility in Sacramento All of our members deceased except for 3.
8	SIU_2022_02_14_01	DHCS	Provider-Psychiatry	Services not Rendered	DHCS's request for investigation of a psychiatrist's non-compliant activities in a hospital in Sacramento.	Closed by DHCS	- Provider's claims were denied as the providers' W9 form has not been submitted.
9	SIU_2022_02_15_01	SCFHP - HS	Provider-Home Health Care	Overutilization	SCFHP's Health Services request for a review of a home health provider as there is not enough evidence to justify the paid skilled nursing visit for this provider.	In Progress with SCHP	- SIU review claims and prepare for medical records request.

Q2 2022 Report – SIU Cases

Santa Clara Family Health Plan

SIU Case Updates
Update Date: 08/15/2022

Count	ID	Allegation Source	Subject Investigated (CC)	Allegation	Reason to Open	Status	Actions
10	SIU_2022_02_17_01	SCFHP-Claims	Provider-Ambulance	Billing Issue	SCFHP's Claims reported Provider used one billing code for Medicare and a different code for Medi-Cal.	In Progress with SCFHP	- Audit report was sent to the provider.
11	SIU_2022_03_17_01	Member	Provider-Podiatry	Services not Rendered	Member filed a complaint with SCFHP not recalling service provided (an office outpatient visit 15 minutes).	In Progress with SCFHP	- No response from provider. - Plan to work with PNO to find other solutions.
12	SIU_2022_03_21_02	SCFHP - HS	Provider-Applied Behavior Analysis	Billing Issue	SCFHP's Behavior Health suspected provider's overbilling due to misunderstanding of the definition of unit vs. that of session.	In Progress with SCFHP	- Provider agrees to provide contracts and approved PAs for comparison. - Records are being reviewed by BH.
13	SIU_2022_04_01_01	Member	Provider	Services not Rendered	Member filed a complaint with SCFHP denying being seen by a non-contracted provider.	In Progress with SCFHP	- Claim data show provider overbilled the Plan by billing for
14	SIU_2022_04_04_01	DHCS	Provider-Hospice	Provider Fraud	DHCS's request for a review of a hospice in Santa Clara County. DHCS is investigating a hospice in Modesto that is in the same network with the one located in Santa Clara County.	In Progress with SCFHP	- Claim records have been reviewed. No evidence of FWA. - SCFHP prepares a report to DHCS.
15	SIU_2022_04_18_01	DHCS	Provider-Applied Behavior Analysis	Billing Issue	DHCS requested SCFHP to conduct a review of an Applied Behavior Analysis (ABA) provider who is being investigated by DHCS.	In Progress with DHCS	- Pending DHCS's decision. - SCFHP reported to DHCS that there is no evidence that SCFHP members received services from this
16	SIU_2022_05_04_01	DHCS	Provider-Hospital	Services not Rendered	DHCS requested SCFHP to conduct a review of a member's complaint denying services billed Santa Clara Valley Medical.	In Progress with DHCS	- Pending DHCS's decision. - SCFHP informed DHCS that the Plan did not receive any claim related to dates of service in questions.
17	SIU_2022_05_12_01	SCFHP-Compliance	Provider-DME	Services not Rendered	Member reported that her provider prescribed 100 diapers with 11 refills but she has yet received them.	In Progress with VHP	- Pending VHP's response.
18	SIU_2022_05_17_01	Delegate	Member-Kaiser	Drug Seeking	Kaiser was notified of an allegation that a member is using one Kaiser ID card for prsecribed narcotic drugs and a different card for non-narcotic drugs.	Closed by DHCS	- DHCS sent an educational letter to the parties involved.

Santa Clara Family Health Plan™

HIPAA Policies

Compliance Committee Meeting – August 31, 2022

Santa Clara Family Health Plan™

Annual Review of HIPAA Policies

August 31, 2022

Policy No.	Policy Title	Changes
HI.01 v2	Privacy Officer Assignment and Responsibilities	Revised
HI.02 v2	Privacy Training Requirements	Revised
HI.03 v2	Minimum Necessary Standards	Revised
HI.06 v3	Request for Access	Revised
HI.07 v3	Amendments to Protected Health Information	Revised
HI.08 v2	Accounting of Disclosures	Revised
HI.10 v3	Uses by and Disclosures to Business Associates and Third Parties	Revised
HI.11 v3	De-Identification of Health Information	Revised
HI.12 v3	Uses and Disclosures of Limited Data Sets	Revised
HI.13 v2	Requests for Restrictions on Uses and Disclosures	Revised
HI.14 v2	Request for Confidential Communications	Revised
HI.16 v2	Reporting and Responding to Privacy Complaints	Revised
HI.18 v2	Safeguards	Revised
HI.19 v3	Notice of Privacy Practices	Revised
HI.20 v3	Personal Representatives	Revised
HI.22 v2	Individual Caller Identification	Revised
HI.24 v2	Communications with Minors	Revised
HI.25 v2	Leaving Message with PHI	Revised
HI.26 v2	Uses and Disclosures of Protected Health Informaiton	Revised
HI.46 v2	Photographing, Video Recording, Audio Recording and Other Imaging	Revised
HI.51 v2	Breach Notification Requirements	Revised

POLICY

Policy Title:	**Privacy Officer Assignment and Responsibilities**	**Policy No.:**	HI.01 ~~v1~~ v2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMC D-SNP~~Medicare	

I. Purpose

To assure the assignment of a Privacy Officer for the purpose of overseeing Santa Clara Family Health Plan's (SCFHP) obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and the HIPAA Regulations.

II. Policy

SCFHP assigns a Privacy Officer responsible for all SCFHP's privacy matters including Privacy and Breach Notification Policies and Procedures and for assuring that all SCFHP's workforce members comply with such requirements.

III. Responsibilities

All SCFHP Employees, Temporary Staff, and Consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530
Omnibus Final Rule

Santa Clara Family Health Plan

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~ Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell Interim ~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v2	Revised ~~2022~~	Compliance Committee		

POLICY

Policy Title:	**Privacy Training Requirements**	**Policy No.:**	HI.02 ~~v1~~v2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define Santa Clara Family Health Plan (SCFHP) privacy training requirements for SCFHP staff, temporary help, consultants, providers/delegates and vendors in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to ensure appropriate privacy training for all SCFHP staff, temporary help, consultants, providers/delegates and vendors to assure that they understand the privacy requirements established under state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(b)
Omnibus Final Rule

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell Interim ~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v2	Revised	Compliance Committee		

POLICY

Policy Title:	**Minimum Necessary Standards**	**Policy No.:**	HI.03 v3
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define the circumstances under which the minimum necessary amount of Protected Health Information (PHI) will be used, disclosed or requested in accordance with state and federal privacy laws and the HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to protect PHI by developing and implementing policies and procedures to reasonably limit used, disclosures and requests of PHI to the minimum necessary to carry out the purpose of the use, disclosure, or request.

III. Responsibilities

All SCFHP employees, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.502(b)
45 C.F.R. §164.514(d)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	~~Jordan Yamashita~~Daniel Quan	~~Robin Larmer~~Tyler Haskell

Santa Clara Family Health Plan™

POLICY

Compliance Manager	Compliance Director ~~& Privacy Officer~~	Interim ~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v3	Revised	Compliance Committee		

POLICY

Policy Title:	**Request for Access**	**Policy No.:**	HI.06 v~~2~~3
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define the circumstances under which an individual is entitled to inspect and obtain copies of their Protected Health Information (PHI) maintained by Santa Clara Family Health Plan (SCFHP) and how SCFHP will respond to requests for access in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to allow individuals to inspect and obtain copies of their PHI in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.524
Omnibus Final Rule

Santa Clara Family Health Plan

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell Interim~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v3	Revised	Compliance Committee		

POLICY

Policy Title:	**Amendments to Protected Health Information**	**Policy No.:**	HI.07 v~~2~~3
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define the circumstances under which an individual is entitled to amend their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will respond to, and implement, amendment requests in accordance with state and federal privacy laws, and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to allow amendments to be made to an individual's PHI in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary staff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.526
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~	~~Robin Larmer~~Tyler Haskell Interim ~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer

POLICY

Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v3	Revised 2022	Compliance Committee		

POLICY

Policy Title:	**Accounting of Disclosures**	**Policy No.:**	HI.08 v~~1~~2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define the circumstances under which an individual may obtain an Accounting of Disclosures of their Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to provide an Accounting of Disclosures of an individual's PHI when requested by the individual in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary staff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.528
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~	~~Robin Larmer~~Tyler Haskell Interim~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer

Santa Clara Family Health Plan™

POLICY

Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v2	Revised ~~2022~~	Compliance Committee		

POLICY

Policy Title:	**Uses by and Disclosures to Business Associates and Third Parties**	**Policy No.:**	HI.10 v~~2~~3
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMC/D SNP~~Medicare	

I. Purpose

To define the relationship and respective commitments, responsibilities and obligations of Santa Clara Family Health Plan (SCFHP) and any Business Associates of SCFHP who use or disclose Protected Health Information (PHI) on behalf of SCFHP in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to require Business Associates and other third parties who use or disclose PHI on behalf of SCFHP to provide satisfactory assurance that they will protect PHI which will be documented through a written Business Associate Agreement or other agreement that meets the requirements of state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary staff, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §160.103
45 C.F.R. §164.500(a) and (c)
45 C.F.R. §164.502(a), (b) and (e)
45 C.F.R. § 164.504(e)
45 C.F.R. §164.532(a), (b) and (d)
Omnibus Final Rule

V. Approval/Revision History

POLICY

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell Interim ~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v3	Revised	Compliance Committee		

POLICY

Policy Title:	**De-Identification of Health Information**	**Policy No.:**	HI.11 v~~2~~3
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMCD SNP~~ Medicare	

I. Purpose

The define the circumstances under which Santa Clara Family Health Plan (SCFHP) may create and use or disclose De-identified Health Information in accordance with state and federal laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to ensure that any De-identified Health Information used or disclosed on its behalf meets the requirements of this policy and is in accordance with state and federal privacy laws and HIPAA Regulations. When reasonably practical, SCFHP will use and disclose de-identified health information, rather than Protected Health Information (PHI).

III. Responsibilities

All SCFHP staff, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.502(d)
45 C.F.R. §164.514
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	~~Jordan Yamashita~~Daniel Quan	~~Robin Larmer~~Tyler Haskell

POLICY

Compliance Manager Date	Compliance Director ~~& Privacy Officer~~ Date	Interim~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v3	Revised	Compliance Committee		

POLICY

Policy Title:	**Uses and Disclosures of Limited Data Sets**	**Policy No.:**	HI.12 v~~2~~3
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define how Santa Clara Family Health Plan (SCFHP) may create and use disclosure Limited Data Sets as set forth in this policy and in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to use and disclose Limited Data Sets for Research, public health, and Health Care Operations in accordance with state and federal privacy laws and HIPAA Regulations.

SCFHP will only use or disclose a Limited Data Set if SCFHP obtains satisfactory assurance in the form of a Data Use Agreement or Business Associate Agreement, that the recipient will only use or disclose the Protected Health Information (PHI) for limited purposes.

III. Responsibilities

All SCFHP staff, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.514(e)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell Interim~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v3	Revised	Compliance Committee		

POLICY

Policy Title:	**Requests for Restrictions on Uses and Disclosures**	**Policy No.:**	HI.13 v~~1~~2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define the circumstances under which an individual has the right to request restrictions on uses or disclosures of their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will consider and implement restriction requests in accordance with state and federal laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to consider requested restrictions on the use or disclosure of an individual's PHI and, if those restrictions are approved, to comply with the individual's request in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.522(a)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	~~Jordan Yamashita~~Daniel Quan	~~Robin Larmer~~Tyler Haskell

POLICY

Compliance Manager Date	Compliance Director ~~& Privacy Officer~~ Date	Interim~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v2	Revised	Compliance Committee		

POLICY

Policy Title:	**Request for Confidential Communications**	**Policy No.:**	HI.14 v~~1~~2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define the circumstances under which an individual has the right to request changes in the method of communications of their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will grant and implement confidential communication requests in accordance with state and federal privacy laws and HIPAA.

II. Policy

A. It is the SCFHP policy to permit individuals to request that communications of protected health information for sensitive services be directed to alternative locations or delivered by alternative means.

B. As a Health Plan, SCFHP must accommodate reasonable requests to receive communications of PHI for sensitive services from the Health Plan by alternative means or at alternative locations~~, if the individual clearly states that the disclosure of all or part of that information could endanger the individual~~.

~~B.~~C. SCFHP shall communicate directly with the individual for communications related to PHI, including sensitive services, by naming and addressing the individual directly.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.522(b)
Omnibus Final Rule
Civil Code sections 56.05, 56.35, and 56.107

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell Interim~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v2	Revised	Compliance Committee		

POLICY

Policy Title:	**Reporting and Responding to Privacy Complaints**	**Policy No.:**	HI.16 v~~1~~2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ ~~CMCD SNP~~Medicare	

I. Purpose

To define the circumstances under which Santa Clara Family Health Plan (SCFHP) accepts and responds to concerns or complaints by individuals regarding SCFP's Privacy Policies or Procedures or privacy practices in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to allow and encourage individuals to express concerns and complaints regarding SCFHP's Privacy Policies or Procedures or privacy practices and to respond to such concerns and complaints in a timely and appropriate manner. SCFHP shall not retaliate against individuals who exercise their privacy rights and shall not require individuals to waive such rights as a condition to receiving treatment, payment, enrollment in a program, or eligibility for covered benefits.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530~~(a) and (d)~~
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong Compliance Manager	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~	~~Robin Larmer~~Tyler Haskell Interim~~Chief~~ Compliance ~~& Regulatory Affairs~~ Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v2	Revised	Compliance Committee		

POLICY

Policy Title:	**Safeguards**	**Policy No.:**	HI.18 v21
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMC~~Medicare	

I. Purpose

To establish workplace controls required of all Santa Clara Family Health Plan's (SCFHP) staff, temporary staff, consultants, providers/delegates and vendors so as to ensure adherence to privacy requirements in keeping with SCFHP's obligations to maintain the privacy or Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to ensure that reasonable safeguards are implemented, that all staff, temporary help, consultants, providers/delegates and vendors are trained on and follow documented policies and procedures to prevent intentional or unintentional, impermissible use or disclosure of PHI in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary staff, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(c)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong ~~Compliance~~ Manager, Medi-Cal Compliance **Date**	~~Jordan Yamashita~~Daniel Quan ~~Compliance Director & Privacy Officer~~Director, Compliance Date	~~Robin Larmer~~Tyler Haskell ~~Chief~~ [Interim] Compliance ~~& Regulatory Affairs~~ & Privacy ~~Officer~~ Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2022	Ratify 03/26/2020
v2	Revised	Compliance Committee		

POLICY

Policy Title:	**Notice of Privacy Practices**	**Policy No.:**	HI.19 v3~~2~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMC~~Medicare	

I. Purpose

To ensure that Santa Clara Family Health Plan (SCFHP) adopts and implements Notices of Privacy Practices that meets the requirements of the HIPAA Privacy Rule.

II. Policy

It is the policy of SCFHP to ensure that appropriate individuals, at appropriate time, are provided with a Notice of Privacy Practices that describes how SCFHP may use and disclose their Protected Health Information (PHI), their rights with respect to PHI and the legal obligations of SCFHP and that meets the requirements of the HIPAA Privacy Rule.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.520
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	~~Jordan Yamashita~~ Daniel Quan Compliance Director ~~& Privacy~~	~~Robin Larmer~~Tyler Haskell ~~Chief~~ [Interim] Compliance & ~~Regulatory~~

POLICY

	~~Officer~~	~~Affairs~~ Privacy Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v3	Revised	Compliance Committee		

POLICY

Policy Title:	**Personal Representatives**	**Policy No.:**	HI.20 v3~~2~~
Replaces Policy Title (if applicable):	~~P&P for Health Information Privacy~~	**Replaces Policy No. (if applicable):**	~~CP.20~~
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMC~~Medicare	

I. Purpose

To define the methods by which Santa Clara Family Health Plan (SCFHP) will receive and handle requests from an individuals to treat persons as Personal Representatives of individuals in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to comply with requests for designation of Personal Representative by an individual and to allow the Personal Representative to exercise privacy rights on behalf of the individual when authorized by the individual or when the individual is not able to do so personally, in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

A. All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	~~Jordan Yamashita~~Daniel Quan	~~Robin Larmer~~Tyler Haskell

POLICY

Compliance Manager Date	Compliance Director ~~& Privacy Officer~~ Date	~~Chief~~ Interim Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V2	Revised	Compliance Committee	Approved 3/2/2020	Ratify 3/26/2020
V3	Reviewed	Compliance Committee		

POLICY

Policy Title:	**Individual Caller Identification**	**Policy No.:**	HI.22 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒~~CMC~~ Medicare	

I. Purpose

To describe a process for verifying the authority and identity of a caller requesting ~~-~~Protected Health Information (PHI) of an individual prior to disclosing it, in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to protect PHI and to verify the authority and identity of callers requesting PHI prior to disclosing it, in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary ~~help~~staff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.514(h)(1) and (2)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	~~Jordan Yamashita~~Daniel Quan ~~Compliance Director &~~	~~Robin Larmer~~Tyler Haskell ~~Chief~~ [Interim] Compliance ~~& Regulatory~~

POLICY

Date	~~Privacy~~Director, Compliance ~~Officer~~ Date	~~Affairs~~and Privacy Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v2	Revised	Compliance Committee		

POLICY

Policy Title:	**Communications with Minors**	**Policy No.:**	HI.24 v21
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ CMCMedicare	

I. Purpose

To describe the process for Santa Clara Family Health Plan's (SCFHP) staff, temporary helpstaff, and consultants to provide services to individuals who are Minors and unable to make health care decisions (as determined by the laws of the state where the individual resides), in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to provide services to individuals who are Minors and unable to make their own health care decisions in accordance with state and federal privacy laws and HIPAA Regulations.

SCFHP shall not require a minor member to obtain parental or authorized representative authorization to receive sensitive services or to submit a claim for sensitive services if the minor legally has the right to consent to care.

SCFHP shall direct, protect, and accommodate confidential communication requests from minors related to their health information on sensitive services that the minor legally has the right to consent to

III. Responsibilities

All SCFHP staff, temporary helpstaff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

Cal. Bus. & Prof. Code § 2397
Cal. Family Code § 6922(a)
Cal. Family Code §§ 6925 – 6928
Cal. Family Code §6929(b)

Cal. Penal Code§ 11171.2
Cal. Family Code § 7050(e)
45 C.F.R. §164.502(g)
Omnibus Final Rule
DHCS Contract (Exhibit A, Attachment 9, Section D)
Civil Code sections 56.05, 56.35, and 56.107

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell ~~Chief~~ [Interim] Compliance & ~~Regulatory Affairs~~Privacy Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
v2	Revised	Compliance Committee		

POLICY

Policy Title:	~~**Permission to**~~ **Leave~~e~~ing Message with PHI**	**Policy No.:**	HI.25 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ ~~CMC/ D-SNP~~Medicare	

I. Purpose

To protect an individual's confidentiality and privacy when ~~Protected Health Information (PHI) is recorded~~ leaving a message on an approved telephone answering machine, voice mail, or is provided to a caregiver designated by the individual in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to protect PHI and individual confidentiality and privacy by not leaving PHI on messaging services, answering machine, voicemails or through another person~~caregivers~~, unless authorized and ~~only as designated, and~~ consented to by the individual and in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.508(a)
45 C.F.R. §164.522(a) and (b)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell ~~Chief~~ Interim Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
~~V~~v2	Revised	Compliance Committee		

POLICY

Policy Title:	**Uses and Disclosures ~~for Treatment Purposes~~of Protected Health Information**	**Policy No.:**	HI.26 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	HI. 05, HI. 09, HI. 21, HI. 23, HI.~~27~~ 27 ~~–~~ HI. 48
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ ~~CMC/D-SNP~~Medicare	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) will use or disclose Protected Health Information (PHI) ~~for Treatment purposes~~ in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI only for Treatment, Payment, and Health Care Operation purposes in accordance with state and federal privacy laws and HIPAA Regulations.

All other use and disclosure of PHI may require authorization from the protected individual in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary ~~help~~staff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include, but not limited to, written warning, suspension, or termination.

IV. References

45 C.F.R. §164.500 - §164.534~~1~~
~~45 C.F.R. §164.502(a)~~
~~45 C.F.R. §164.506~~
~~45 C.F.R. §164.508~~
~~45 C.F.R. §164.522~~
Omnibus Final Rule

V. Approval/Revision History

Santa Clara Family Health Plan

POLICY

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell ~~Chief~~ Interim Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
V2	Revised	Compliance Committee		

POLICY

Policy Title:	**Photographing, Video Recording, Audio Recording and Other Imaging ~~of Individuals, Visitors and Workforce Members~~**	**Policy No.:**	HI.46 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ ~~CMC/D-SNP~~Medicare	

I. Purpose

To establish guidelines for situations when, where, and how individuals, including Santa Clara Family Health Plan (SCFHP) staff, temporary help, and consultants, may or may not ~~be~~ photograph~~ed~~, video or audio record~~,ed~~ or capture other~~wise~~ image~~d~~ in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to take reasonable steps to protect individuals ~~, including SCFHP Staff, temporary help, and consultants~~ from unauthorized photography, video or audio recordings, or other images in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include, but not limited to, written warning, suspension, or termination.

IV. References

45 C.F.R. §160.103
45 C.F.R. §164.502(a)
45 C.F.R. § 164.514(a)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Compliance Manager	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~	~~Robin Larmer~~Tyler Haskell ~~Chief~~Interim Compliance ~~& Regulatory Affairs~~ Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 03/02/2020	Ratify 03/26/2020
V2	Revised	Compliance Committee		

POLICY

Policy Title:	**Breach Notification Requirements**	**Policy No.:**	HI.51 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	HI. 15; HI.50
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ ~~CMC~~Medicare	

I. Purpose

To describe the process for the timely and complete notification requirements following the discovery of a Breach in accordance with state and federal laws governing notifications to individuals, the media, to the Department of Health & Human Services Secretary, to law enforcement and notices made by Business Associates.

II. Policy

All Santa Clara Family Health Plan (SCFHP) staff, temporary help, consultants, contractors, and Business Associates, shall report any suspected or confirmed impermissible uses or disclosures of Protected Health Information (PHI) to the Privacy Officer immediately upon discovery.

S~~anta Clara Family Health Plan~~CFHP ~~is~~ shall ~~committed to~~ comply~~ing~~ with the notification requirements following the discovery of an impermissible ~~an unauthorized breach~~ disclosure of unsecured ~~Protected Health Information (~~PHI~~)~~. S~~anta Clara Family Health Plan~~CFHP will ensure that notifications are made to impacted protected individuals, the general public, media, and regulatory agencies, as applicable, ~~whose~~ when PHI or Personally Identifiable Information (P~~H~~II) has been breached as required by state and federal privacy laws, HIPAA Regulations, and the Breach Notification Rule.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include, but not limited to, written warning, suspension, or termination.

IV. References

45 C.F.R. §164.404
45 C.F.R. §164.406
45 C.F.R. §164.408

POLICY

45 C.F.R. §164.410
45 C.F.R. §164.412
45 C.F.R. §164.414
45 C.F.R. §164.530

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	~~Jordan Yamashita~~Daniel Quan Compliance Director ~~& Privacy Officer~~ Date	~~Robin Larmer~~Tyler Haskell ~~Chief~~ Interim Compliance ~~& Regulatory Affairs~~ Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 3/2/2020	Ratify 3/26/2020
V2	Revised	Compliance Committee		