



For a Regular Meeting of the  
**Santa Clara County Health Authority**  
**Compliance Committee**

Thursday, June 28, 2018  
 1:00 - 2:30 PM  
 210 E. Hacienda Avenue  
 Campbell CA 95008

**AGENDA**

1. <b>Roll Call</b>	Ms. Larmer	1:00 pm	5 min.
2. <b>Public Comment</b> 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. Larmer	1:05 pm	5 min.
3. <b>Approve Minutes of the February 22, 2018 Regular Compliance Committee Meeting</b>	Ms. Larmer	1:10 pm	5 min.
4. <b>Compliance Activity Report</b> a) Discuss status of CAPs and PIPs: i. Data Validation CAP ii. HRA PIP b) Regulatory Audits i. DHCS Audit ii. DMHC Audit iii. Medicare Data Validation Audit iv. 2016 Part D Prescription Drug Event v. Performance Measure Validation Audit <b>Possible Action:</b> Accept Compliance Activity Report	Ms. Larmer Team	1:15 pm	40 min.
5. <b>Review CMC and Medi-Cal Compliance Monitoring Report</b> <b>Possible Action:</b> Accept Compliance Monitoring Report	Ms. Nguyen	1:55 pm	10 mins.
6. <b>Internal Work Plans</b> Discuss work plans to address non-compliant dashboard measures	Ms. Larmer	2:05 pm	5 min.
7. <b>Regulatory Updates</b> Discussion of regulatory filings, actions and directives	Ms. Larmer	2:10 pm	10 min.
8. <b>Fraud, Waste, and Abuse Report</b> Discuss any credible FWA cases and recovery efforts <b>Possible Action:</b> Accept FWA Report	Ms. Larmer	2:20 pm	10 min.
9. <b>Adjournment</b>	Ms. Larmer	2:30 pm	

### **Notice to the Public—Meeting Procedures**

- Persons wishing to address the 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.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Beth Paige 48 hours prior to the meeting at 408-874-1703.
- To obtain a copy of any supporting document that is available, contact Beth Paige at 408-874-1703. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 210 E. Hacienda Avenue, Campbell.
- This agenda and meeting documents are available at [www.scfhp.com](http://www.scfhp.com)



## Regular Meeting of the Santa Clara County Health Authority Compliance Committee

Thursday, February 22, 2018  
1:00 PM – 2:30 PM  
210 E. Hacienda Avenue  
Campbell CA 95008

### Minutes

#### Members Present

Linda Williams, Board Member  
Christine M. Tomcala, Chief Executive Officer  
Robin Larner, Chief Compliance and  
Regulatory Affairs Officer  
Dave Cameron, Chief Financial Officer  
Chris Turner, Chief Operations Officer  
Jonathan Tamayo, Chief Information Officer

#### Staff Present

Beth Paige, Director, Compliance  
Jordan Yamashita, Compliance Mgr  
Ron Smothers, Medicare Compliance Mgr

#### Members Absent

Jeff Robertson, Chief Medical Officer

#### **1. Roll Call**

Ms. Larner called the meeting to order at 1:43 pm. Roll call was taken and a quorum established.

#### **2. Public Comment**

There were no public comments.

#### **3. Approve Minutes of the November 16, 2017 Regular Compliance Committee Meeting**

Minutes of the November 2017 regular Compliance Committee meeting were approved as presented.



#### 4. CMC Health Risk Assessment Performance Improvement Plan

Ms. Larmer discussed the status of work under the Health Risk Assessment Performance Improvement Plan. Staff has maintained the process and performance improvements resulting from implementation of the PIP and is working to close out the remaining open items. The Health Services Team has achieved and sustained a 100% timely completion rate for new HRAs.

#### 5. Compliance Report

##### a. Compliance Activities

Ms. Larmer presented the Quarterly Compliance Report highlighting the activities of the Compliance Department:

- In December 2017, SCFHP received a CMS Warning Letter for late submission of two reports, Payments to Providers and Rewards and Incentives Programs in February 2017.
- Because SCFHP did not pass its 2017 Medicare Data Validation Audit, in December 2017, SCFHP received a request from CMS for a Corrective Action Plan to address the identified deficiencies.
- SCFHP is preparing a response to DMHC network adequacy inquiries regarding its measurement year 2016 Timely Access Filing.

##### b. CMC and Medi-Cal Compliance Monitoring Report

Ms. Larmer presented the CMC and Medi-Cal Operational Compliance Report. Business units are working with Compliance to evaluate areas of suboptimal performance, and where warranted, develop process improvement plan(s). Compliance will verify implementation and monitor effectiveness of improvements.

A **motion** was made to approve the Quarterly Compliance Report and the CMC and Medi-Cal Operational Compliance Reports; the motion was **seconded and unanimously approved**.

#### 6. Regulatory Corrective Action Plans

##### a. Misdirected Claims

The Plan's Misdirected Claims Workgroup continues to meet regularly as part of the Plan's voluntarily extended Corrective Action Plan. The interventions implemented in early 2018 yielded a significant and immediate improvement in timely misdirected claims performance, including new reporting, root cause assessment, provider outreach, additional vendor support, and engagement of additional consulting staff.



#### **b. Data Validation**

Work on the Plan's internal Medicare Data Validation CAP is at approximately 95% completion. With respect to the current Data Validation cycle:

- The Plan is scheduled for audit in April 2018.
- The Plan's Part C & D data was reported to CMS on 2/5/18. All other reporting requirements required for the MDV audit will be completed on February 26, 2018.
- On April 1, 2018, the Plan will submit its audit universe to Advent.
- The virtual onsite audit will occur in mid-April.
- The Plan expects to receive its final audit report by June 30, 2018.

#### **c. DHCS Audit**

On February 2, 2018, the Plan received a CAP closeout letter from DHCS regarding the Plan's 2017 audit. Based on the additional information provided throughout the CAP process, DHCS found that all items were in compliance.

A **motion** was made to approve the CAP report; the motion was **seconded and unanimously approved**.

#### **d. Regulatory Updates**

Ms. Larmer provided an update on pending regulatory activity.

#### **e. Fraud, Waste, and Abuse Report**

Ms. Larmer presented the Fraud, Waste, and Abuse report:

- The FWA vendor continues to mine data to identify suspected fraud, waste and abuse. The Plan is developing action plans to address the concerns identified as a result of the data mining.

A **motion** was made to approve the Fraud, Waste and Abuse Report; the motion was **seconded and unanimously approved**.

#### **f. Adjournment**

The meeting was adjourned at 2:15 pm.

## Compliance Department Activity

March -June 2018

### CORE 2.1 Performance Improvement Plan (PIP)

SCFHP completed its CORE 2.1 performance improvement plan. It was closed in March 2018. The PIP was developed to address SCFHP's low health risk assessment (HRA) completion rates. Completion rates continue to be compliant.

### 2018 DHCS Audit

The Department of Health Care Services (DHCS) conducted an annual audit of SCFHP in April 2018. The auditors were onsite for two weeks. The preliminary report is due July/August 2018.

### DMHC Audit(s)

The Department of Managed Health Care (DMHC) conducted a Follow up audit of SCFHP's 2016 audit deficiencies on June 11 and June 12. The preliminary report regarding their findings is due on or before August 6.

DMHC will conduct its next Routine audit of SCFHP beginning March 18, 2019.

### DMHC Timely Access

SCFHP successfully submitted its MY 2017 Timely Access filing on March 31, 2018. It is now under review by DMHC.

### Board Training

Compliance training for staff and board members will be conducted between July and September 2018.

### Cal MediConnect

- SCFHP's 2017 Medicare Data Validation (MDV) Audit Corrective Action is final and closed. The Plan had until the completion of the 2018 MDV audit to finalize its CAP.
- 2018 Medicare Data Validation Update:
  - Preliminary MDV reports appear to show positive results. Much of the CAP work is being reflected in improved rates in previously deficient sections. There are still areas for improvement, but it appears SCFHP will pass the audit.
- A 2016 Part D PDE data validation audit was conducted in March and SCFHP passed the audit.
- February is a busy reporting month for Cal MediConnect. SCFHP submitted 6 quarterly reports and 18 annual reports, reflecting Core Measures, California-specific measures, Part C and Part D measures. Data discrepancies required 5 of the reports to be resubmitted.
- The Plan Benefit Package (PBP), Formulary and other required documents and attestations were submitted for review and consideration by CMS and DHCS for the 2019 CMC contract renewal.

### Medi-Cal

- SCFHP completed its first annual DHCS network certification filing. There were no identified gaps in time and distance standards for PCP access. However, there were gaps in Specialty access, specifically for Gastroenterology (pediatrics/adults); HIV/AIDS (pediatrics/adults); Neurology (pediatrics/adults) and Physical Medicine and Rehabilitation (pediatrics/adults) in the rural areas

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Compliance Report  
June 2018**

of Morgan Hill, Gilroy and San Martin. DHCS has approved alternate access standards for those zip codes, and SCFHP will not be found deficient in those areas. SCFHP will continue to evaluate and reach out to providers for contracting in these areas.

- SCFHP, along with several other plans, was moved to Phase 3 implementation of the Medicaid Health Homes Program: July 1, 2019 for members with eligible chronic physical conditions and substance use disorders and January 1, 2020 for members with Specialty Mental Health conditions. SCFHP continues to prepare for the implementation.
- In September 2014, Behavioral Health Therapy (BHT) services were made a Managed Care benefit for beneficiaries with autism and management of these members was moved from the Regional Centers to the Plan. Similarly, management of BHT services for non-autistic Medi-Cal members will move from the Regional Center to the Plan on July 1, 2018.
- SCFHP submitted a request to DHCS to allow SCFHP to mail a postcard to members rather than the annual EOC mailing. Member would be directed to the website for an electronic version of the EOC or they can call the Plan and request a hard copy EOC and it will be mailed to them. The request is under consideration by DHCS.
- Provider Enrollment and Screening processes must be fully implemented by December 31, 2018. DHCS requires that providers either enroll with Medi-Cal directly and go through its credentialing and screening process, or go through a Plan-established process that mirrors the State's process. The providers processed through the State will be able to see FFS and Managed Care members, whereas the providers processed by the Plan will only be able to see Plan members.

FWA Activities

In May 2018, staff participated in a series of onsite meetings with T&M Protection resources, the Plan's FWA vendor, to discuss FWA program structure, emergent local and national trends, and feedback from DHCS during its audit.

Cal MediConnect FY 2017-2018				
	Goal	Q3 2017	Q4 2017	Q1 2018
<b>ENROLLMENT</b>				
<b>Enrollment Materials</b>				
% of New member packets mailed within 10 days of effective Date	100%	Met	Not Met	Met
% of New Member ID cards mailed within 10 days of effective date	100%	Met	Met	Met
<b>Out of Area Members</b>				
% Compliance with OOA Member Process	100%	Met	Met	Met
<b>CUSTOMER SERVICE</b>				
<b>Combined Call Stats</b>				
<b>Member</b>				
Member Average Speed of Answer in Seconds	≤30 Seconds	Not Met	Not Met	Not Met
Member Average Hold Time in Seconds	≤120 Seconds	Met	Met	Met
Member Abandonment Rate	≤5%	Not Met	Not Met	Not Met
Member Service Level	80% in ≤30 Seconds	Not Met	Not Met	Not Met
<b>UTILIZATION MANAGEMENT</b>				
<b>Pre-Service Organization Determinations</b>				
<b>Standard Part C</b>				
% of Timely Decisions made within 14 days	100%	Met	Not Met	Not Met
<b>Expedited Part C</b>				
% of Timely Decisions made within 72 Hours	100%	Not Met	Met	Not Met
<b>Post Service Organization Determinations</b>				
% of Timely Decisions made within 30 days	100%	Met	Not Met	Not Met
<b>CASE MANAGEMENT</b>				
<b>HRAs and ICPs</b>				
% of HRAs completed in 45 days for High Risk Members	100%	Not Met	Met	Met
% of HRAs completed in 90 days for Low Risk Members	100%	Not Met	Not Met	Met
% of ICPs completed within 30 days for High Risk Members	100%	Met	Not Met	Not Met
% of ICPs completed within 30 working days for Low Risk Members	100%	Not Met	Not Met	Not Met

Medi-Cal FY 2017-2018				
	Goal	Q3 2017	Q4 2017	Q1 2018
<b>ENROLLMENT</b>				
<b>Enrollment Materials</b>				
% of New member packets mailed within 7 days of effective Date	100%	Met	Met	Not Met
% of New Member ID cards mailed within 7 days of effective date	100%	Met	Met	Not Met
<b>CUSTOMER SERVICE</b>				
<b>Call Stats</b>				
<b>Member Queue</b>				
Member Average Speed of Answer in Seconds	≤30 Seconds	Not Met	Not Met	Not Met
Member Average Hold Time in Seconds	≤120 Seconds	Met	Met	Met
Member Abandonment Rate	≤5%	Not Met	Not Met	Not Met
Member Service Level	80% in ≤30 Seconds	Not Met	Not Met	Not Met
<b>HEALTH SERVICES</b>				
<b>Medical Authorizations</b>				
<b>Routine Authorizations</b>				
% of Timely Decisions made within 5 Business Days of request	95%	Met	Met	Not Met
<b>Expedited Authorizations</b>				
% of Timely Decisions made within 72 Hours of request	95%	Met	Met	Met
<b>Retrospective Review</b>				
% of Retrospective Reviews completed within 30 Calendar Days of request	95%	Met	Met	Not Met
<b>QUALITY &amp; CASE MANAGEMENT</b>				
<b>Initial Health Assessment</b>				
% of High Risk SPD Members who completed HRA in 45 days	100%	Report Pending	Report Pending	Report Pending
% of HRAs completed in 90 days for Low Risk SPD Members	100%	Report Pending	Report Pending	Report Pending
% of HRAs completed in 45 days for High Risk MLTSS Members	100%	Report Pending	Report Pending	Report Pending
% of HRAs completed in 90 days for Low Risk MLTSS Members	100%	Report Pending	Report Pending	Report Pending
<b>Facility Site Reviews</b>				
% of FSRs completed timely	100%	Met	Met	Met



Cal MediConnect 2018 (continued)				
	Goal	Q3 2017	Q4 2017	Q1 2018
<b>CLAIMS</b>				
<b>Non-Contracted Providers</b>				
% of Clean Claims to Non-Contracted Providers processed within 30 days	90%	Met	Not Met	Not Met
<b>Contracted Providers</b>				
% of Claims to Contracted Providers processed within 45 days	90%	Met	Met	Met
% of Claims to Contracted Providers processed within 90 days	99%	Met	Met	Met
% of Claims to Contracted Providers processed beyond 90 days	≤1%	Met	Met	Met
<b>PHARMACY - PART D</b>				
<b>Standard Part D Authorization Requests</b>				
% of Standard Prior Authorizations completed within 72 Hours	100%	Met	Met	Met
<b>Expedited Part D Authorization Requests</b>				
% of Expedited Prior Authorizations completed within 24 Hours	100%	Met	Met	Met
<b>Other Pharmacy Requirements</b>				
Formulary posted on website by 1st of the month	100%	Met	Not Met	Met
Step Therapy posted on website by 1st of the month	100%	Met	Not Met	Met
PA criteria posted on website by 1st of the month	100%	Met	Not Met	Met
% MTM/CMR Completion Rate	22%	Annual Measure	Met	Annual Measure
<b>GRIEVANCE &amp; APPEALS</b>				
<b>Grievances, Part C</b>				
<b>Standard Grievances Part C</b>				
% of Standard Grievances that received Acknowledgement Letters within 5 days and were not resolved in < 5 calendar days	100%	Not Met	Not Met	Not Met
% of Standard Grievances resolved within 30/44 days	100%	Not Met	Not Met	Met
<b>Expedited Grievances Part C</b>				
% of Expedited Grievances resolved within 24 hours	100%	Met	Met	Met
<b>Grievances, Part D</b>				
<b>Standard Grievance Part D</b>				
% of Standard Grievances that received Acknowledgement Letters within 5 days and were not resolved in < 5 calendar days	100%	Met	Met	Met
% of Standard Grievances resolved within 30/44 days	100%	Met	Met	Met

Medi-Cal 2018 (continued)				
	Goal	Q3 2017	Q4 2017	Q1 2018
<b>CLAIMS</b>				
<b>Non-Contracted Providers</b>				
% of Clean Claims to Non-Contracted Providers processed within 30 days	90%	Not Met	Not Met	Met
<b>Contracted Providers</b>				
% of Claims to Contracted Providers processed within 45 working days	90%	Met	Not Met	Met
<b>Provider Claim Dispute Requests (Contracted &amp; Non-Contracted)</b>				
% of Contracted Provider Disputes Processed within 45 days	100%	Met	Not Met	Met
<b>PHARMACY</b>				
<b>Standard Authorization Request</b>				
% of Standard Prior Authorizations completed within 1-Business Day	95%	Met	Met	Met
<b>Expedited Authorization Request</b>				
% of Expedited Prior Authorizations completed within 1-Business Day	95%	Met	Met	Met
<b>GRIEVANCE &amp; APPEALS</b>				
<b>Grievances</b>				
<b>Standard Grievances</b>				
% of Grievances resolved within 30 days	100%	Not Met	Not Met	Not Met
<b>Expedited Grievances</b>				
% of Expedited Grievances resolved within 72 hours	100%	Not Met	Not Met	Met
% of Expedited Grievances that received Oral Notification within 72 hours	100%	Met	Not Met	Not Met
% of Expedited Grievances that received Resolution Letters within 72 hours	100%	Met	Not Met	Met
<b>Appeals</b>				
<b>Standard Appeals</b>				
% of Acknowledgement Letters sent within 5 calendar days	100%	Not Met	Not Met	Met

**Santa Clara Family Health Plan  
Operational Compliance Report  
Fiscal Year 2017-2018**



Cal MediConnect 2018 (continued)				
	Goal	Q3 2017	Q4 2017	Q1 2018
<b>Expedited Grievance Part D</b>				
% of Expedited Grievances resolved within 24 hours	100%	Met	Met	Met
<b>Reconsiderations, Part C</b>				
<b>Standard Post-Service Part C</b>				
% of Standard Post-Service Reconsiderations resolved within 60 days	100%	Met	Not Met	Not Met
<b>Standard Pre-Service Part C</b>				
% of Standard Pre-Service Reconsiderations that received Acknowledgement Letters within 5 days	100%	Not Met	Met	Not Met
% of Standard Pre-Service Reconsiderations resolved within 30/44 days	100%	Not Met	Not Met	Not Met
<b>Expedited Pre-Service Part C</b>				
% of Expedited Pre-Service Reconsiderations resolved with oral notification to member within 72 Hours	100%	Met	Not Met	Not Met
% of Expedited Pre-Service Reconsiderations resolved with written notification to member within 72 Hours	100%	Not Met	Met	Met
% Expedited Pre-Service Reconsiderations (upheld & untimely) submitted to IRE within 24-hours of decision	100%	Met	Met	Met
<b>Redeterminations, Part D</b>				
<b>Standard Part D</b>				
% of Standard Redeterminations resolved within 7 calendar days	100%	Met	Not Met	Not Met
<b>Expedited Part D</b>				
% of Expedited Redeterminations resolved with oral notification to member within 72 Hours	100%	Not Met	Not Met	Not Met
% of Expedited Redeterminations resolved with written notification to member within 72 hours	100%	Not Met	Met	Met
% of Untimely Expedited Redeterminations Submitted to IRE within 24 Hours of decision	100%	Met	Met	Met
<b>COMPLAINT TRACKING MODULE (CTM) COMPLAINTS</b>				
% Resolved Timely	100%	Met	Met	Not Met
<b>PROVIDER RELATIONS</b>				
Provider Directories updated monthly by the first day of the month	100%	Met	Met	Met
Monthly Excluded Provider Screening Completed (Independent Providers)	100%	Met	Met	Met
<b>MARKETING</b>				
% of Marketing Materials Submitted for Approval	100%	Met	Met	Met
% of Events Submitted for Approval	100%	Met		
<b>FINANCE</b>				
Monthly submission of encounters	100%	Met	Met	Met
% of Encounters submitted to CMS within 180 days of date of Service	80%	Met	Met	Met
% of RAPS records successfully submitted to CMS (not duplicate)	95%	Met	Met	Met

Medi-Cal 2018 (continued)				
	Goal	Q3 2017	Q4 2017	Q1 2018
% of Standard Appeals resolved within 30/44 calendar days	100%	Not Met	Not Met	Met
<b>Expedited Appeals</b>				
% of Expedited Appeals Resolved within 72 hours	100%	Not Met	Not Met	Not Met
% of Expedited Appeals that received Oral Notification within 72 hours	100%	Not Met	Not Met	Not Met
% of Expedited Appeals that received Resolution Letters within 72 hours	100%	Met	Not Met	Not Met
<b>PROVIDER NETWORK MANAGEMENT</b>				
% of New Independent Providers Rec'd Orientation within 10 days	100%	Met	Met	Met
Monthly Excluded Provider Screening Completed	100%	Met	Met	Met
Timely Access Surveys (due in June)	100%	Met	Met	Met
<b>INFORMATION TECHNOLOGY</b>				
% Encounter Files Successfully Submitted to DHCS by end of month	100%	Met	Met	Met
% Monthly Eligibility Files successfully submitted to Delegates Timely	100%	Met	Met	Met
% Provider File submitted to DHCS by last Friday of Month	100%	Met	Met	Met

Company Wide Compliance FY 2017-2018				
	Goal	Q3 2017	Q4 2017	Q1 2018
<b>COMPLIANCE TRAINING</b>				
% New Employee Training Completed Timely	100% completed within 3 business days	Met	Met	Not Met
% Annual Employee Training Completed	100% completed by year end	Annual Measure	Met	Annual Measure
<b>BOARD OF DIRECTORS TRAINING</b>				
% Annual Board Training Completed Timely	100% completed by year end	Annual Measure	Not Met	Annual Measure
<b>HUMAN RESOURCE</b>				
Excluded Individual Screening Completed Monthly	100%	Met	Met	Met
<b>INTERNAL AUDITS</b>				
% of Internal Audits Completed	100% completed by year end	Met	Met	Met
<b>DELEGATION OVERSIGHT</b>				
% of Scheduled Audits Completed	100%	Met	Met	Met
<b>REPORTING</b>				
% of CMC Routine Reports Submitted Timely	100%	Met	Met	Not Met
% of Medi-Cal Routine Reports Submitted Timely	100%	Met	Met	Not Met
<b>FILINGS</b>				
% of Key Personnel Filings Timely	100%	Met	Met	Met