



Regular Meeting of the Santa Clara County Health Authority Compliance Committee

Thursday, June 28, 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 Larmer, Chief Compliance and
Regulatory Affairs Officer
Dave Cameron, Chief Financial Officer
Chris Turner, Chief Operations Officer
Jeff Robertson, MD, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer

Staff Present

Beth Paige, Director, Compliance
Jordan Yamashita, Compliance Mgr
Mai Phuong Nguyen, Compliance Oversight
Mgr
Regina Wong-Valle, Compliance Audit Mgr
Anna Vuong, Compliance Lead
Moon Nguyen, Compliance Coordinator

1. Roll Call

Ms. Larmer called the meeting to order at 1:05 pm. Roll call was taken and a quorum established.

2. Public Comment

There were no public comments.

3. Approve Minutes of the February 22, 2018 Regular Compliance Committee Meeting

Minutes of the February 22, 2018 regular Compliance Committee meeting were approved as presented.

4. Compliance Activity Report

a. Discuss status of CAPs and PIPs

i. Data Validation CAP



Ms. Larmer reported that following last year's MDV audit, CMS requested the plan do a corrective action plan (CAP) to address the deficiencies identified from the audit. SCFHP finalized the CAP at the close of this year's MDV audit and it is now closed. Corrective actions put in place improved this year's MDV audit results.

ii. HRA PIP

Ms. Larmer reported that SCFHP's HRA PIP was now closed. The PIP team evaluated root causes for the low HRA rates which included vendor issues, data issues, tracking problems and staffing. SCFHP brought the process in-house and HRA rates have improved significantly.

b. Regulatory Audits

Ms. Larmer gave an update on the following:

i. DHCS Audit

DHCS conducted an audit on April 9-20, 2018. SCFHP will receive its preliminary report in late July, 2018.

ii. DMHC Audit

DMHC conducted an onsite audit June 11 and 12, 2018 to follow up on the Plan's 2016 audit deficiencies. SCFHP will receive its preliminary report in approximately 90 days. The next DMHC full audit is scheduled for March 18, 2019.

iii. Medicare Data Validation Audit

A preliminary report was posted by the Advent auditor for the Plan's review. According to the report, the Plan's predicted score will be 98.625%. This is an improvement from last year, and would reflect an aggregate passing score. However, the Plan fell short of the 100% passing score for the Grievance data file and source data review. A focus was placed on the Plan's progress and improvement from last year.

iv. 2016 Part D Prescription Drug Event Validation

CMS selected a random sampling of the Plan's 2016 Part D Prescription Drug Event encounters (PDE) for validation. All PDE files passed the review.

v. Performance Measure Validation Audit

The 2018 HSAG Performance Measure Validation activities kick + off on July 10, 2018.

A motion was made to accept the Compliance Activities report; the motion was **seconded and unanimously approved**.



5. Review CMC and Medi-Cal Compliance Monitoring Report

Ms. Nguyen presented the Compliance Monitoring report for the fiscal year 2017-18, highlighting areas where compliance standards were not met:

- Customer Service: It is unclear whether the Customer Service numbers are correct because Alltran, SCFHP's after-hours call vendor, uses different methodology than SCFHP's methodology. Effective August 1, 2018, Alltran's agreement will terminate and SCFHP's call center will extend its hours to 8 a.m. to 8 p.m.
- Utilization Management: A problem was identified with the report data extract methodology earlier in the year, but has now been corrected. The HRA process has improved and the ICP process continues to be refined.
- Claims: Claims experienced some timeliness deficiencies, generally attributed to the QNXT system conversion and a backlog of non-contracted claims.
- Pharmacy: Pharmacy's Q4 2017 website posting metric (requiring data to be posted by the first of the month) was not met. However, Q1 2018 data was compliant. Dr. Robertson noted that there was a change in the timeframe for the pharmacy review element related to prior authorizations from 1 day to 24 hours. This will be changed on the dashboard.
- Grievance and Appeals: It was noted that there has been much improvement in the G&A data due to increased staffing. Ms. Turner commented that Grievance is looking at a new system that will assist with reporting, workflow and letter issues.

Ms. Larmer reported that one of SCFHP's Plan Objectives for FY 2018-2019 is to continue to improve reporting and analytics.

Board training is being revised to be more directly relevant to not for profit boards and the incorporate information about Brown Act requirements. Ms. Larmer commented that the training will be rolled out to Board Members once it was completed.

A motion was made to approve the Compliance Monitoring Report; the motion was **seconded and unanimously approved**.

6. Internal Work Plans

Ms. Larmer advised the Committee that Business Units were asked to submit work plans to address non-compliant dashboard measures. These will be discussed with the Committee when collected.

7. Regulatory Updates

Ms. Larmer gave an update on the following:

- DHCS Health Homes: SCFHP/Santa Clara County has moved to Phase 3 implementation of the Medicaid Health Homes Program for a July 1, 2019 implementation for members



with eligible chronic physical conditions and substance use disorders. January 1, 2020 will be the implementation date for members receiving Specialty Mental Health services.

- HIF/MET: DHCS is requiring health plans to send a Health Information Form(HIF)/Member Evaluation Tool (MET) to all new members as part of their new member packet and use the completed HIF/MET in the risk stratification of the member. DHCS has not provided clear direction because one document says it is for SPD members only and another says all members. The Plan has sought clarification from DHCS.
- Network Certification Filings: SCFHP had gaps in Specialty access for Gastroenterology, HIV/AIDS, Neurology and Physical Medicine and Rehabilitation in the rural areas of Morgan Hill, Gilroy, and San Martin. An application was submitted to DHCS and DMHC requesting alternate access for these rural areas and the request was approved.
- Provider Enrollment and Screening: The new DHCS Provider Enrollment and Screening process must be fully implemented by December 31, 2018. Providers must enroll directly with Medi-Cal or the Plan must establish a process that mirrors the State's process. SCFHP continues to work to put all elements of the State's screening process in place.

8. Fraud, Waste and Abuse Report

Ms. Larmer explained that the Compliance Department met with the FWA vendor, T&M Protection Resources in May to discuss FQA program structure, emergent local and national trends and feedback from DHCS during its audit. T&M will provide two reports to the Plan monthly; one that provides the potential non-compliant activities they data mine for each month and another regarding active investigations and the status of them. No credible cases of fraud have been identified as yet.

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

Compliance Department Staffing

Ms. Larmer advised the Committee of the following:

- An offer had been made and accepted for a new Compliance Coordinator. The candidate has compliance experience and likes policy and procedure development and management. She will be a good addition to the Department.
- Consideration is being given to reorganizing roles within the Department. The Committee will be kept informed of changes.

9. Adjournment

The meeting was adjourned at 2:08 pm.