



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

Thursday, November 16, 2017  
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

#### Staff Present

Beth Paige, Director, Compliance  
Cindy Pierce-Allen, Medicare Consultant  
Mai Phuong-Nguyen, Compliance Analyst

#### Members Absent

Jeff Robertson, Chief Medical Officer  
Jonathan Tamayo, Chief Information Officer

#### 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 August 24, 2017 Regular Compliance Committee Meeting

Minutes of the August 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 made substantial progress toward completion of the tasks, and it is anticipated that all work will be completed within the 6-month PIP time frame. The Health Services Team has achieved and sustained a 100% timely completion rate for new HRAs. .

#### 5. Compliance Report

##### a. Reporting Initiative

Ms. Larmer discussed the multidisciplinary regulatory reporting initiative. Staff from Compliance, IT and the business units continue to meet on a routine basis to implement reporting process improvements. The work group has developed a reporting requirements template to aid standardization and consistency in reporting.

##### b. Compliance Activities

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

- SCFHP received a Notice of Non-Compliance for Call Center Monitoring, for failure to meet Interpreter Availability standards. The underlying vendor issue is being addressed.
- SCFHP is preparing for the 2018 Readiness Assessment, and will participate in a call with CMT to review the Plan's level of preparation. Compliance staff has initiated a tracking mechanism to track progress on all Readiness activities.
- SCFHP is preparing for the 2018 Data Validation cycle, which begins in January 2018. Grievance and Appeals is a key focus area, because the CMS compliance benchmark is 100%.

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

Ms. Larmer presented the CMC and Medi-Cal Operational Compliance Report. She noted the report does capture the 2% variant discussed at the last meeting. Customer Service is reviewing its performance on all compliance measures and developing a process improvement plan and working with Compliance to verify implementation. Customer Service staffing remains a challenge. G&A reports are showing as pending because the elements were missing in the G&A database. The database has now been updated and the information is being captured.

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

Ms. Larmer reported that SCFHP has voluntarily extended the CAP to ensure continued and sustained compliance. Current Misdirected claims compliance is at 92% for November.

### b. Provider Dispute Resolution

The Plan is no longer experiencing a PDR backlog and current PDRs are compliant. The Plan expects that the CAP will be officially closed out in the near future.

### c. DHCS Audit

SCFHP submitted its CAP in response to items identified in the DHCS audit. DHCS is currently following up with the Plan on a few items.

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

## 7. Part D Formulary Administration Analysis

Ms. Pierce-Allen reported that SCFHP has been selected to participate in CMS' Part D Formulary Administration Analysis. The selection is not based on identification of any particular concerns or compliance issues.

A **motion** was made to approve the Medicare Validation Audit Update; the motion was **seconded and unanimously approved.**

## 8. Regulatory Updates

Ms. Larmer reported that DMHC granted the Plan an exemption from the requirements of AB 72. No further reporting will be required.

## 9. 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.

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



## **10. Adjournment**

The meeting was adjourned at 2:20 pm.