



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

Thursday, August 24, 2017
12:00 - 1:00 PM
210 E. Hacienda Avenue
Campbell CA 95008

VIA TELECONFERENCE AT:
1250 N. Preston Road
Prosper, TX 75078

AGENDA

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|---|--------------------------------------|----------|---------|
| 1. Roll Call | Ms. Larmer | 12:00 pm | 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. Larmer | 12:05 pm | 5 min. |
| 3. Approve Minutes of the April 26, 2017 Regular Compliance Committee Meeting
Possible Action: Approve Meeting Minutes | Ms. Larmer | 12:10 pm | 5 min. |
| 4. Committee Charter
Review and Approve Revised Committee Charter.
Possible Action: Approve Compliance Committee Charter | Ms. Larmer | 12:15 pm | 5 min. |
| 5. CMT Visit and Health Risk Assessment Performance Improvement Plan
Discussion and Status of CMC Contract Management Team (CMT) request for PIP | Ms. Larmer | 12:20 pm | 15 min. |
| 6. Compliance Report
a) Reporting Initiative
b) Review Compliance Report.
c) Review CMC and Medi-Cal Compliance Monitoring.
Possible Action: Accept Compliance Report. | Ms. Paige
Ms. Nguyen
Ms. Vuong | 12:35 pm | 10 min. |

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| <p>7. Regulatory Corrective Action Plans Status
 Discuss status of regulatory corrective action plans (CAPs):
 a) Misdirected Claims
 b) Provider Dispute Resolution
 Possible Action: Accept Regulatory CAP update.</p> | <p>Ms. Yamashita</p> | <p>12:45 pm</p> | <p>5 min.</p> |
| <p>8. Medicare Data Validation Audit Update
 Provide update on current status of MDV Audit</p> | <p>Ms. Pierce-Allen</p> | <p>12:50 pm</p> | <p>5 min.</p> |
| <p>9. Fraud, Waste, and Abuse Report
 Discuss:
 • Any credible FWA cases.
 • 805 Reporting
 Possible Action: Accept FWA Report</p> | <p>Ms. Periandri
 Ms. Wong-Valle</p> | <p>12:55 pm</p> | <p>5 min.</p> |
| <p>10. Adjournment</p> | <p>Ms. Larmer</p> | <p>1:00 pm</p> | |

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



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

Wednesday, April 26, 2017
3:00 PM – 4:00 PM
210 E. Hacienda Avenue
Campbell CA 95008

VIA TELECONFERENCE AT:

Residence
4127 SW Holden Street
Seattle, WA 98136

Minutes

Members Present

Linda Williams, Board Member
Christine M. Tomcala, Chief Executive Officer
Robin Larmer, Chief Compliance and
Regulatory Affairs Officer*
Chris Turner, Interim Chief Operations Officer*
Jeff Robertson, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Sharon Valdez, VP, Human Resources
*via telephone

Staff Present

Beth Paige, Director, Compliance
Peggy Periandri, Director, Compliance Audits
Jordan Yamashita, Compliance Manager

Members Absent

Dave Cameron, Chief Financial Officer

1. Roll Call

Ms. Paige called the meeting to order at 3:06 pm. Roll call was taken and a quorum established.

2. Introduction

Ms. Tomcala introduced Robin Larmer, Chief Compliance and Regulatory Affairs Officer.



3. Public Comment

There were no public comments.

4. Committee Charter

Ms. Paige presented the Compliance Committee Charter, which was approved by the Governing Board in December 2016.

5. Compliance Report

a. Quarterly Compliance Report

Ms. Paige presented the Quarterly Compliance Report highlighting the activities of the Compliance Department. Ms. Paige also noted that 100% of the required Form 700 Disclosure forms had been filed with the County Board of Supervisors.

b. CMC and Medi-Cal Compliance Monitoring Report

Ms. Turner presented the CMC and Medi-Cal Operational Compliance Report.

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

6. Regulatory Corrective Action Plans

a. Misdirected Claims

Ms. Paige presented the regulatory Corrective Action Plan (CAP) to review and monitor misdirected claims. The compliance rate for April 2017 is 98%.

b. Provider Dispute Resolution

Ms. Paige presented the CAP to monitor the Provider Dispute Resolution backlog. Letters to the impacted beneficiaries will be sent beginning the week of May 1, 2017.

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

7. 2017 DHCS Audit

Ms. Paige presented an overview of the preliminary findings of the DHCS auditors, reported during the audit closing session on April 14, 2017.



8. Medicare Data Validation Audit Update

Ms. Paige presented an overview of the Virtual Onsite Call for the Medicare Data Validation Audit that occurred on April 19, 2017 and the status of audit activities.

9. CMS Medicare-Medicaid Plans (MMP) Denial Letter Monitoring

Ms. Paige reported on a recent CMS initiative to evaluate the completeness, timeliness, and appropriateness of MMP CMC denial letters.

10. Fraud, Waste, and Abuse Report

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

- a. One credible case of FWA was reported to both DHCS and CMS.
- b. Overview of the DHCS audit findings related to the FWA program.

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

11. Adjournment

The meeting was adjourned at 4:02 pm.

**Santa Clara Family Health Plan
Operational Compliance Report
Calendar Year Q2 2017**



Santa Clara
Family Health Plan
The Spirit of Care

Cal MediConnect		
	Goal	Q2 Results
Enrollment		
Enrollment Materials		
% of New member packets mailed within 10 days of effective Date	100%	Met
% of New Member ID cards mailed within 10 days of effective date	100%	Met
Out of Area Members		
% Compliance with OOA Member Process	100%	Met
Customer Service		
Combined Call Stats		
Member		
Member Average Speed of Answer in Seconds	≤30 Seconds	Not Met
Member Average Hold Time in Seconds	≤120 Seconds	Met
Member Abandonment Rate	≤5%	Not Met
Member Service Level	80% in ≤30 Seconds	Not Met
Health Services		
Pre-Service Organization Determinations		
Standard Part C		
% of Timely Decisions made within 14 days	100%	Not Met
Expedited Part C		
% of Timely Decisions made within 72 Hours	100%	Not Met
Concurrent Organization Determinations		
% of Timely Decisions made within 24 Hours	100%	Not Met
Post Service Organization Determinations		
% of Timely Decisions made within 30 days	100%	Not Met
Quality & Case Management		
HRAs/ICPs		
% of HRAs completed in 45 days for High Risk Members	100%	Not Met
% of HRAs completed in 90 days for Low Risk Members	100%	Not Met
% of ICPs completed within 30 days for High Risk Members	100%	Not Met
% of ICPs completed within 30 working days for Low Risk Members	100%	Not Met
Quality of Care/Service		
% of PQI Extended cases that received an extension letter within 30 Days	100%	Report Pending
% of Resolution Letters sent within 30/44 days	100%	Report Pending
Claims		
Non-Contracted Providers		
% of Clean Claims to Non-Contracted Providers processed within 30 days	90%	Not Met
Contracted Providers		
% of Claims to Contracted Providers processed within 45 days	90%	Met
% of Claims to Contracted Providers processed within 90 days	99%	Not Met
% of Claims to Contracted Providers processed beyond 90 days	≤1%	Not Met

Medi-Cal		
	Goal	Q2 2017 Results
Enrollment		
Enrollment Materials		
% of New member packets mailed within 10 days of effective Date	100%	Met
% of New Member ID cards mailed within 10 days of effective date	100%	Met
Customer Service		
Call Stats		
Member Queue		
Member Average Speed of Answer in Seconds	≤30 Seconds	Not Met
Member Average Hold Time in Seconds	≤120 Seconds	Met
Member Abandonment Rate	≤5%	Not Met
Member Service Level	80% in ≤30 Seconds	Not Met
Health Services		
Medical Authorizations		
Routine Authorizations		
% of Timely Decisions made within 5 Business Days of request	95%	Met
Expedited Authorizations		
% of Timely Decisions made within 72 Hours of request	95%	Not Met
Concurrent Review		
% of Timely Decisions made within 24 Hours of request	95%	Met
Retrospective Review		
% of Retrospective Reviews completed within 30 Calendar Days of request	95%	Met
Quality & Case Management		
Initial Health Assessment		
% of High Risk SPD Members who completed HRA in 45 days	100%	Report Pending
% of HRAs completed in 90 days for Low Risk SPD Members	100%	Report Pending
% of HRAs completed in 45 days for High Risk MLTSS Members	100%	Report Pending
% of HRAs completed in 90 days for Low Risk MLTSS Members	100%	Report Pending
Facility Site Reviews		
% of FSRs completed timely	100%	Met
Claims		
Non-Contracted Providers		
% of Clean Claims to Non-Contracted Providers processed within 30 days	90%	Not Met
Contracted Providers		
% of Claims to Contracted Providers processed within 45 working days	90%	Met
Provider Claim Dispute Requests (Contracted & Non-Contracted)		
% of Contracted Provider Disputes Processed within 45 days	100%	Not Met

Cal MediConnect (continued)		
	Goal	Q2 Results
Pharmacy/Part D		
Standard Part D Authorization Requests		
% of Standard Prior Authorizations completed within 72 Hours	100%	Met
Expedited Part D Authorization Requests		
% of Expedited Prior Authorizations completed within 24 Hours	100%	Not Met
Other Pharmacy Requirements		
Formulary posted on website by 1st of the month	100%	Met
Step Therapy posted on website by 1st of the month	100%	Met
PA criteria posted on website by 1st of the month	100%	Met
Grievance & Appeals		
Grievances, Part C		
Standard Grievances Part C		
% of Standard Grievances that received Acknowledgement Letters within 5 days	100%	Not Met
% of Standard Grievances resolved within 30/44 days	100%	Not Met
Expedited Grievances Part C		
% of Expedited Grievances resolved within 24 hours	100%	Not Met
Grievances, Part D		
Standard Grievance Part D		
% of Acknowledgement Letters sent within 5 days	100%	Not Met
% of Grievances processed within 30 days	100%	Not Met
Expedited Grievance Part D		
% of Expedited Grievances processed within 72 hours	100%	Met
Reconsiderations, Part C		
Standard Post-Service Part C		
% of Standard Post-Service Reconsiderations that received Acknowledgement Letters within 5 days	100%	Not Met
% of Standard Post-Service Reconsiderations resolved within 30/44 days	100%	Not Met
Standard Pre-Service Part C		
% of Standard Pre-Service Reconsiderations that received Acknowledgement Letters within 5 days	100%	Not Met
% of Standard Pre-Service Reconsiderations resolved within 30/44 days	100%	Not Met
Expedited Pre-Service Part C		
% of Expedited Pre-Service Reconsiderations resolved with oral notification to member within 72 Hours	100%	Report Pending
% Expedited Pre-Service Reconsiderations (upheld & untimely) submitted to IRE within 24-hours of decision	100%	Report Pending
Redeterminations, Part D		
Standard Part D		
% of Standard Redeterminations resolved within 7 calendar days	100%	Not Met

Medi-Cal (continued)		
	Goal	Q2 2017
Pharmacy		
Standard Authorization Request		
% of Standard Prior Authorizations completed within 1-Business Day	95%	Met
Expedited Authorization Request		
% of Expedited Prior Authorizations completed within 1-Business Day	95%	Met
Grievance & Appeals		
Grievances		
Standard Grievances		
% of Grievances resolved within 30 days	100%	Not Met
Expedited Grievances		
% of Expedited Grievances resolved within 72 hours	100%	Not Met
% of Expedited Grievances that received Oral Notification within 72 hours	100%	Report Pending
% of Expedited Grievances that received Resolution Letters within 72 hours	100%	Report Pending
Appeals		
Standard Appeals		
% of Standard Appeals resolved within 30/44 calendar days	100%	Not Met
% of Letters sent Timely	100%	Not Met
Expedited Appeals		
% of Expedited Appeals Resolved within 72 Hours	100%	Not Met
% of Letters sent Timely	<15%	Report Pending
Non-Contracted Provider Standard Appeals		
% of Non-K Standard Provider Appeals Processed within 45 days	100%	Report Pending
State Fair Hearings		
% of State Fair Hearing Decisions Overturn Plan Decision	<15%	Report Pending

Cal MediConnect (continued)		
	Goal	Q2 Results
Expedited Part D		
% of Expedited Redeterminations resolved with oral notification to member within 72 Hours	100%	Report Pending
% of Untimely Expedited Redeterminations Submitted to IRE within 24 Hours of decision	100%	Not Met
Complaint Tracking Module (CTM) Complaints		
% Resolved Timely	100%	Not Met
Provider Relations		
Provider Directories updated monthly by the first day of the month	100%	Met
Provider Network Adequacy	100%	Met
Monthly Excluded Provider Screening Completed	100%	Met
Marketing		
% of Marketing Materials Submitted for Approval	100%	Met
% of Events Submitted for Approval	100%	Met
Finance		
% of Encounters successfully submitted to CMS	100%	Met
% of Encounters submitted to CMS within 180 days of date of Service	80%	Met
% of RAPS records accepted by CMS	95%	Met

Medi-Cal (continued)		
	Goal	Q2 2017
Provider Network Management		
# of New Providers Rec'd Orientation within 10 days	100%	Met
Monthly Excluded Provider Screening Completed	100%	Met
Timely Access Surveys	100%	Met
DHCS/DMHC Quarterly Network Assessment	100%	Met
Information Technology		
% Encounter Files Successfully Submitted to DHCS by end of month	100%	Met
% Monthly Eligibility Files successfully submitted to Delegates Timely	100%	Met
% Provider File submitted to DHCS by last Friday of Month	100%	Met

Company Wide Compliance		
	Goal	Q2 2017
Compliance Training		
% New Employee Trainings Completed Timely	100% completed within 3 business days	Met
% of Annual Employee Training Completed Timely	100% completed by year end	Annual Measure
Board of Directors Training		
% of Annual Board Training Completed Timely	100% completed by year end	Annual Measure
Internal Audits		
% of Internal Audits Completed	100% completed by year end	Annual Measure
Delegation Oversight		
% of scheduled Audits Completed	100%	Met
Human Resources		
Excluded Individual Screening Completed Monthly	100%	Met
Reporting		
% of CMC Routine Reports Submitted Timely	100%	Met
% of Medi-Cal Routine Reports Submitted Timely	100%	Met
Filings		
% of Key Personnel Filings Submitted Timely	100%	None Required During Reporting Period