



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

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

VIA TELECONFERENCE AT:

1250 N. Preston Rd.
Prosper, TX 75078

Minutes

Members Present

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

Members Absent

Dave Cameron, Chief Financial Officer
Jonathan Tamayo, Chief Information Officer

Staff Present

Beth Paige, Director, Compliance
Peggy Periandri, Director, Compliance
Jordan Yamashita, Compliance Mngr.
Regina Wong-Valley, Compliance Audit Mngr.
Cindy Pierce-Allen, Interim Medicare
Compliance Mngr*
Mai Phuong Nguyen, Compliance Oversight
Analyst
Anna Vuong, Compliance Lead

1. Roll Call

Ms. Larmer called the meeting to order at 12:05 pm. Roll call was taken and a quorum established.

2. Public Comment

There were no public comments.



3. Approve Minutes of the April 26, 2017 Regular Compliance Committee Meeting

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

4. Committee Charter

Ms. Larmer presented the Compliance Committee Charter explaining it was edited to describe the role of the Chief Compliance and Regulatory Affairs Officer and make other minor edits.

A motion was made to approve the Compliance Committee Charter with the recommended edits and correction of a typo on page 2; the motion was **seconded and unanimously approved**.

5. CMT Visit and Health Risk Assessment Performance Improvement Plan

Ms. Larmer reported the CMC Contract Management Team (CMT) requested and the Plan submitted a Performance Improvement Plan (PIP) to address SCFHP's relatively low rate of HRA completion. CMT has scheduled a site visit to discuss the PIP on September 19, 2017.

The Committee discussed the root-causes of the low HRA completion rate. The current vendor's performance was a contributing factor, and the continued role of the vendor is under evaluation.

6. Compliance Report

a. Reporting Initiative

Ms. Paige reported that Compliance has launched a multidisciplinary reporting initiative to ensure SCFHP is consistently submitting reports that are accurate and can be replicated.

b. Quarterly Compliance Report

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

- SCFHP is in receipt of DMHC comment letters regarding SCFHP's Timely Access submission and its network configuration.
- SCFHP received a new CMC three-way contract for signature.
- SCFHP responded to a Civil Grand Jury Report and Recommendations.

c. CMC and Medi-Cal Compliance Monitoring Report

Ms. Nguyen and Ms. Turner presented the CMC and Medi-Cal Operational Compliance Report. Discussion included:

- The Committee agreed that a 2% margin of error will be applied when measuring compliance performance.



- Customer Service is reviewing its performance on all compliance measures and developing a process improvement plan.

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**.

7. Regulatory Corrective Action Plans

a. Misdirected Claims

Ms. Yamashita presented the regulatory Corrective Action Plan (CAP) to review and monitor misdirected claims. The compliance rate for Q2 was 98% but declined to below 89% due to the QNXT conversion. The decline was anticipated and reported to DMHC.

b. Provider Dispute Resolution

Ms. Yamashita reported that the PDR backlog was resolved and we anticipate that the CAP will be closed soon. Current PDRs remain compliant.

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

8. Medicare Data Validation Audit Update

Ms. Pierce-Allen gave an overview of the CMS requirement for the Data Validation Audit and the elements that are reviewed. She reported SCFHP's overall score had significantly improved from last year's score to 91%. The national average is 99-100%.

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

9. Fraud, Waste, and Abuse Report

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

- The FWA vendor has identified and is investigating two suspected cases of overpayment.
- An 805 Report was filed for the podiatrist whose contract was terminated due to fraud.

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 1:05 pm.