



**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.