



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

Thursday, November 19, 2020, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present

Tyler Haskell, Interim Compliance Officer, Chair
Sue Murphy, Board Member
Christine M. Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Teresa Chapman, VP, Human Resources

Staff Present

Barbara Granieri, Controller
Daniel Quan, Medicare Compliance Manager
Anna Vuong, Medi-Cal Compliance Manager
Leanne Kelly, Audit Program Manager
Sylvia Luong, Audit Program Manager
Mai-Phuong Nguyen, Oversight Program Manager
Vanessa Santos, Compliance Coordinator
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Members Absent

Ngoc Bui-Tong, VP, Strategies and Analysis
Laura Watkins, VP Marketing and Enrollment

1. Roll Call

Tyler Haskell, Interim Compliance Officer, called the meeting to order at 2:01 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the September 4, 2020 Regular Compliance Committee meeting were reviewed. Mr. Haskell noted a revised copy of the minutes was sent out earlier in the week.

It was moved, seconded, and the September 4, 2020 Regular Compliance Committee minutes were unanimously approved.

Motion: Mr. Jarecki

Second: Mr. Tamayo

Ayes: Ms. Chapman, Mr. Haskell, Mr. Jarecki, Ms. Murphy, Dr. Nakahira, Mr. Tamayo, Ms. Tomcala, Ms. Turner

Absent: Ms. Bui-Tong, Ms. Watkin

4. Regulatory Audit Report

Mr. Haskell reported on the Centers for Medicare and Medicaid Services (CMS) Program Revalidation Audit for Cal MediConnect, noting the audit has officially been closed.



Anna Vuong, Medi-Cal Compliance Manager, gave an update on the 2020 California Department of Health Care Services (DHCS) audit, noting we are in the CAPs phase, and the team has weekly updates with DHCS to help close out the deficiencies.

The 2021 upcoming DHCS audit will be conducted during the weeks of March 8-19, 2021, and will be a limited scope review due to the pandemic.

Ms. Vuong also reported on the upcoming 2021 DMHC follow-up audit which will be taking place the week of March 8, 2021 to March 12, 2021. The review period for this audit will be from 2/1/2020 to 10/31/2020. DMHC requested we submit our pre-audit universe, answer questionnaires, and submit pre-audit documents by December 17, 2020. Ms. Vuong also noted that DMHC would conduct their audit interviews the week of March 8, 2021.

Mr. Haskell noted the Plan had instituted a Quarterly Executive Team Review of our Corrective Action Plans (CAPs) to prevent repeat findings and increase executive oversight of the process. Mr. Haskell noted that Mai Phuong-Nguyen, Oversight Program Manager, has built a spreadsheet to track the CAPs.

Chris Turner, Chief Operating Officer, gave an update on two consecutive DHCS transportation findings regarding the Plan's lack of oversight of transportation vendors. Ms. Turner spoke to several key items implemented to increase oversight monitoring of transportation vendors. First, the IT and Customer Service teams developed a front-end booking system for rides that provides a visual aid of the work to be done and highlight priorities to reduce errors. The Plan is currently implementing a quarterly Dashboard of our transportation vendors to provide greater insight into how they perform in real-time by displaying how often our members are missing their rides, as well as rates of grievances and Potential Quality Issues. The Plan has also initiated an outreach program to assist members with rescheduling their missed appointment.

Sue Murphy, Board Member, thanked Ms. Tomcala and the Leadership Team for the seriousness with which the team took her request, and noted the actions should yield a difference. Ms. Murphy added that in order to obtain the goal of no repeat findings; both repeat findings and all initial findings must be reviewed and discussed to prevent new repeat findings.

Ms. Tomcala thanked Ms. Murphy for the guidance and stated that the Plan is beginning the discussions with the repeat findings but intends to hold every finding to the same level of discussion for prevention of re-occurrence.

Mr. Haskell noted that the second DHCS repeat finding for timely completions for individual health assessments would be discussed at the February 2021 Compliance Committee meeting.

5. Oversight Activity Report

Mai-Phuong Nguyen, Oversight Program Manager, presented the Compliance Dashboard, explaining green signifies the compliance goal is met, yellow signifies "substantially met" 98-99.9% compliance, and red represents anything less than 98%. Ms. Nguyen reported twelve CAPs open, seven for Medi-Cal, and five for CMC due to missing data. Ms. Murphy inquired if the Plan's annual performance goals which drive the Team Incentive Compensation program are part of the compliance dashboard monitoring. Ms. Murphy explained the Plan would have a more realistic and real-time expectation of their ability to reach performance goals if they were continuously monitored by the dashboard.

Ms. Tomcala noted everything reported within the SCFHP Compliance Dashboard is part of the Plan Objective to achieve at minimum 95% compliance for the year. Ms. Tomcala added that the Plan has Plan Objective work plans that identify sub-tasks which must occur, and who is responsible for those tasks, to monitor performance throughout the year.

Daniel Quan, Medicare Compliance Manager, discussed Internal and Delegation Audits, noting current open internal audits in Claims, Pharmacy, Website review, and Compliance Program Effectiveness.

The Compliance team has engaged with MCS to conduct the Compliance Program Effectiveness audit following the CMS audit protocols. The annual review of Compliance Program Effectiveness is a CMS requirement. We hope to update the committee with results at the next Compliance Committee meeting.



Mr. Quan reported on a Pre-Delegation Audit underway, and stated the preliminary report had been issued. We also closed out audits of Hanna and Language Line, the Plan's interpretation and language translation vendors, and issued CAPs. Open Delegation audits include MedImpact, VSP, New Directions, Kaiser, Premier Care, PMG, and VHP. VSP was issued a CAP before closing their audit.

6. Compliance Program Documents

Mr. Haskell reported on the Compliance Program, Standards of Conduct and Policies CP.07 Corrective Actions, CP.10 Compliance Training, CP.12 Annual Compliance Program Effectiveness Audit, CP.15 Standards of Conduct, CP.17 Risk Assessments, DE.04 Communications Between SCFHP and FDRs/Delegated Entities, DE.05 Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities, and DE.12 FDR Delegated Entity Reporting. Mr. Haskell noted there were minor revisions to the policies.

It was moved, seconded, and the Compliance Program Documents were unanimously approved.

Motion: Ms. Tomcala

Second: Mr. Jarecki

Ayes: Ms. Chapman, Mr. Haskell, Mr. Jarecki, Ms. Murphy, Dr. Nakahira, Mr. Tamayo, Ms. Tomcala, Ms. Turner

Absent: Ms. Bui-Tong, Ms. Watkins

7. Fraud, Waste, and Abuse Report

Ms. Nguyen reported on the Fraud, Waste, and Abuse (FWA) structure, CAPs investigation, and current investigations. She stated that the core team structure for FWA is Ms. Nguyen as the primary contact, reporting to Mr. Haskell. She will also be consulting with the Medicare and Medi-Cal Compliance Managers.

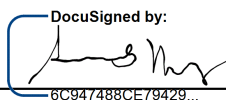
Ms. Nguyen indicated an analyst on the data analytics team, working with Ngoc Bui-Tong, VP of Strategies and Analytics, will analyze Plan and encounter data to identify suspected FWA cases. Lastly, we have an FWA team that consists of subject matter experts in health services, claims, provider network, health analytics, and compliance. Currently, there are biweekly meetings until the end of the year, and in 2021 there will be quarterly meetings. The purpose of the FWA team is to review suspected FWA cases identified through data mining. The group also provides their expertise in whichever area they are working to contribute to the identification of FWA.

Ms. Nguyen reported on a past investigations, noting our Special Investigation Unit (SIU) contractor, T&M, opened 54 investigations. Some of these investigations have been closed, and some are still pending. Currently the Plan is trying to retrieve all the medical records, and Ms. Nguyen noted we have received about 50% of them. The delay in retrieval of medical records is a result of the COVID pandemic. We are also working with our FWA team to get input on continuing to pursue the open investigations. The Medi-Cal Compliance Manager has provided some information on open FWA cases.

Ms. Nguyen reported one new case where members did not receive their Durable Medical Equipment (DME) deliveries. Those complaints triggered a review of the identified DME vendor. An update will be provided at the next meeting.

8. Adjournment

The meeting was adjourned at 2:54pm

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Susan G. Murphy, Secretary