Regular Meeting of the

Santa Clara County Health Authority
Compliance Committee

Thursday, May 27, 2021, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(408) 638-0968
Meeting ID: 921 7259 7976
Passcode: CCMay2021
https://zoom.us/j/92172597976

AGENDA

1.	**Roll Call**	Mr. Haskell	2:00	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.	Mr. Haskell	2:05	5 min
3.	**Meeting Minutes** Review meeting minutes of the February 25, 2021 Compliance Committee. **Possible Action:** Approve February 25, 2021 Compliance Committee minutes.	Mr. Haskell	2:10	5 min
4.	**Compliance Staffing Update** Review changes to Compliance team staff.	Mr. Haskell	2:15	5 min
5.	**Regulatory Audit Report** Discuss status of regulatory audits and related corrective action plans.	Mr. Haskell	2:20	10 min
6.	**Oversight Activity Report** Review the following oversight activities: **a.** Compliance dashboard and corrective action plans **b.** Oversight audits and corrective action plans	 Ms. Nguyen Mr. Quan	2:30	15 min
7.	**Fraud, Waste, and Abuse Report** Discuss FWA activities and investigations.	Ms. Nguyen	2:45	10 min
8.	**Compliance Policy** Review revised policy DE.09 Delegation Revocation. **Possible Action:** Approve policy DE.09v3 Delegation Revocation	Mr. Haskell	2:55	5 min
9.	**Adjournment**		3:00	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Executive/Finance 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.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Rita Zambrano 48 hours prior to the meeting at (408) 874-1842.
- To obtain a copy of any supporting document that is available, contact Rita Zambrano at (408) 874-1842. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Santa Clara Family Health Plan™

3. Meeting Minutes – February 25, 2021

Regular Meeting of the

Santa Clara County Health Authority
Compliance Committee

Thursday February 25, 2021, 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
Sue Murphy, Board Member
Christine M. Tomcala, Chief Executive Officer
Neal Jarecki, Executive Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong. VP Strategies and Analysis
Teresa Chapman, VP Human Resources
Laura Watkins, VP Marketing and Enrollment

Staff Present
Barbara Granieri, Controller
Daniel Quan, Medicare Compliance Manager
Anna Vuong, Compliance Manager
Sylvia Luong, Audit Program Manager
Mai-Phuong Nguyen, Oversight Manager
Sonia Lopez, Compliance Coordinator
Rita Zambrano, Executive Assistant

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 November 19, 2020 Regular Compliance Committee meeting were reviewed.

It was moved, seconded, and the November 19, 2020 Regular Compliance Committee minutes were **unanimously approved.**

Motion:	Ms. Murphy
Second:	Ms. Tomcala
Ayes:	Mr. Haskell, Mr. Jarecki, Dr. Nakahira, Ms. Turner, Ms. Watkins, Ms. Bui-Tong, Ms. Chapman, Mr. Tamayo

4. Compliance Staffing Update

Mr. Haskell provided an update on several staffing changes within the Compliance Department, noting three team members have left the organization, and Sonia Lopez has been hired as a Compliance Coordinator. Mr. Haskell also stated there are three open positions and the team was fairly close to making offers to fill all positions.

5. Regulatory Audit Report

Mr. Haskell presented regulatory audit updates for the Compliance Program Effectiveness (CPE), DHCS, DMHC, and Medicare Data Validation (MDV) audits. Anna Vuong, Medi-Cal Manager, provided updates on the upcoming state audits, stating that pre-audit documents have been provided to DMHC and DHCS which include policies and procedures, desktop procedures and member files. Mr. Haskell provided updates on outstanding DHCS corrective action plans (CAPs), stating that implementation steps for five out of six CAPs have been completed. Dr. Laurie Nakahira, Chief Medical Officer, provided an update on the CAP for initial health assessments (IHA), stating that three out of six planned implementation steps have been completed.

6. Oversight Activity Report

a. Mai-Phuong Nguyen, Oversight Manager, presented the Compliance Dashboard and noted that measures not met for two consecutive quarters will result in a corrective action plan.

Ms. Nguyen indicated there was currently no data indicating completion of individual care plans for newly enrolled SPD (seniors and persons with disabilities) members. Sue Murphy, Board Member, asked when the data for this metric will be available. Ms. Nguyen responded that the data will be available April 1, 2021.

Ms. Nguyen stated there are no issues with general compliance measures.

b. Daniel Quan, Medicare Compliance Manager, reported on delegation audits and noted the open audits included Kaiser, PCNC, PMG, and VHP. Mr. Quan stated that the MedImpact audit is closed and that no CAPs were issued. Mr. Quan also stated that the audit of Vision Service Plan (VSP) is also closed, with CAPs issued for staff and provider training as well as implementation of call center metrics and G&A data. Mr. Quan also reported on internal audits and stated that open audits included UM and Quality. Mr. Quan reported that the audit of Claims has been completed with one claim needing to be reprocessed and one data integrity issue. Mr. Quan reported that the audit of Pharmacy has also been completed, with observations to review and update policies and processes. Mr. Quan stated that the SCFHP Website audit has been completed and that an implementation of a prior authorization form into the web portal is currently in progress.

Mr. Quan further presented an overview of the Compliance Program Effectiveness (CPE) audit results conducted by MCS. Mr. Quan reviewed the conditions for not listening to calls during the audit of customer service, as well as for incorrectly classifying an identified deficiency for employee screening as an observation. Ms. Tomcala clarified that listening to call recordings was not an audit requirement, but if calls are recorded, CMS would listen to them during an audit. Mr. Quan stated that other observations included employee training being conducted outside of five days of hire and lack of detail regarding audit results within Compliance Committee meeting minutes. Mr. Quan stated that Compliance will be connecting with internal departments to address the results of the CPE audit.

c. Mr. Quan presented the Risk Assessment and Audit Work Plan for 2021. Ms. Murphy asked if 2021 Q1 activities have started. Mr. Quan responded that they have not started and that Compliance will begin communications with internal departments to begin audit planning.

7. Fraud, Waste, and Abuse Report

Ms. Nguyen reported on Fraud, Waste, and Abuse (FWA), noting that since Jan 1, 2021, there have been a total of 12 suspected leads. Ms. Nguyen stated that the cases involved cost sharing, duplicate billing, drug diversions, and medically unnecessary cases.

Ms. Nguyen explained the FWA process of initial review and preliminary investigation, and stated that three cases were closed as non-FWA, three cases were sent to DHCS, one is undergoing ongoing monitoring, and three potential FWA cases are currently being investigated.

Ms. Nguyen also stated that the FWA team is currently working on two procedures, for the FWA program and FWA management, and hopes to have them done by the next FWA Workgroup meeting to be finalized and approved.

It was noted the Committee should expect to see a written FWA report at future meetings.

8. Adjournment

The meeting was adjourned at 2:57 pm. The next meeting will be on May 27, 2021.

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Susan G. Murphy, Secretary

Santa Clara Family Health Plan

5. Regulatory Audit Report

Compliance Committee - May 27, 2021

Regulatory Audit Report

May 27, 2021

- **Medicare Data Validation (MDV)**
  The Plan is currently undergoing the annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to complete a validation of various reporting to CMS for calendar year 2020 operational activities. The audit validates data submitted for the Part D program, specifically for Appeals, Grievances, Coverage Determinations, Medication Therapy Management, and Improving Drug Utilization Review Controls. Advent's team conducted a virtual interview at the end of April to review our overall reporting process and is currently reviewing our source documentation. Advent will be submitting final results to CMS by the end of June.

- **Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit**
  Our 2021 annual DHCS audit, covering only Medi-Cal, occurred between March 8 and March 19, covering a review period of March 2020 through February 2021. At the conclusion of the audit, DHCS discussed with the Plan its preliminary findings. Based on that conversation, we expect the preliminary audit report may include findings relating to delegation oversight of utilization management and transportation vendor enrollment, as well as timely completion of initial health assessments. The preliminary report is anticipated sometime this summer.

- **Department of Managed Health Care (DMHC) Medi-Cal Managed Care Audit**
  Also in March, the Plan underwent a follow-up audit of our 2019 DMHC audit. The scope of the audit was limited to the outstanding deficiencies in our 2019 audit final report, which related to delegate oversight of utilization management and providing proof of a response for post-stabilization care requests within the required timeframe. DMHC did not share any preliminary findings of the follow-up audit with the Plan. A preliminary report is expected sometime this summer.

- **Corrective Action Plans**
  The Plan has been working since last Fall to implement corrective actions relating to the six findings in the final 2020 DHCS audit. All but one of the tasks included in our corrective action plans (CAPs) have been implemented. The remaining task relates to the finding that the Plan did not complete initial health assessments within the required timeframe. The task requires a reconfiguration of the primary care provider assignment process that is on track to be completed in June.

Santa Clara Family Health Plan

6a. Compliance Dashboard and Correction Action Plans

Compliance Committee - May 27, 2021

Compliance Summary 2020-2021

Cal MediConnect

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
CLAIMS					
Non-Contracted Providers					
Clean Claims from Non-Contracted Providers paid or denied within thirty (30) calendar days	95%				
All Other Claims from Non-Contracted Providers or enrollees must be paid or denied within sixty (60) calendar days	100%	99.9%		99.9%	
Contracted Providers					
Clean Claims from Contracted Practitioners paid or denied within thirty (30) calendar days	90%				
Clean Claims from Contracted Providers paid or denied within ninety (90) calendar days	99%				
Provider Disputes					
Non-Contracted Provider Disputes Processed within thirty (30) calendar days	95%		77.8%	n/a	n/a
CUSTOMER SERVICE					
Call Stats					
Member Queue					
Member Average Hold Time in Seconds	≤120 Seconds				
Incoming calls that are answered within 30 seconds	80% in ≤30 sec				79.5%
Disconnect Rate from CMS Quarterly Report (part C)	≤5%	n/a			n/a
ENROLLMENT					
Enrollment Materials					
New member materials mailed within 10 calendar days of receipt of enrollment confirmation on TRR or by last calendar day of the month prior to the effective date, whichever occurs later	100%	99.9%	99.7%	99.4%	
Out of Area Members					
% of compliance with member outreach process within 10 calendar days of notification of possible OOA for members	100%				
FINANCE					
Monthly submission of encounter data	100%				

Medi-Cal

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
CLAIMS					
All Claims					
Misdirected Claims forwarded within ten (10) working days	95%				
Processed Claims that receive acknowledgement timely	95%				
All Claims paid or denied to ALL providers within forty-five (45) working days	95%				
Clean Claims					
Clean Claims paid or denied to Practitioner within thirty (30) calendar days	90%				
Clean Claims paid or denied to All Providers within ninety (90) calendar days	95%				
Provider Claim Dispute Requests					
Provider Disputes acknowledged within fifteen (15) working days	95%				
Provider Disputes resolved within forty-five (45) working days/sixty-two (62) calendar days	95%				
Overturned Cases					
Overturned Cases with check provided within five (5) working days	95%				
CUSTOMER SERVICE					
Call Stats					
Member Queue					
Member calls that are answered in ≤ 10 minutes	100%	98.3%	98.7%	99.5%	99.9%
ENROLLMENT					
Enrollment Materials					
New member Information mailed within 7 calendar days of the effective date of member's enrollment, or within 7 calendar days of receipt of enrollment, if enrollment is retroactive	100%				
New member ID mailed within 7 calendar days of the effective date of member's enrollment, or within 7 calendar days of receipt of enrollment, if enrollment is retroactive	100%	n/a		99.9%	99.9%

Yellow = at least 98% for measures with a goal of 100%

Compliance Summary 2020-2021

Cal MediConnect

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
HEALTH SERVICES - CASE MANAGEMENT					
HRAs and ICPs					
Total ICP Completion	100%	99.9%	95.3%	98.0%	99.5%
Total HRA Completion	100%	99.9%	99.8%	99.3%	99.4%
Members with timely annual HRA completion	100%	99.9%	99.8%	99.8%	
HEALTH SERVICES - MEDIMPACT/PHARMACY					
Standard Part D Authorization Requests					
Standard Prior Authorization requests (part D) completed within seventy-two (72) hours of request	100%				
Expedited Part D Authorization Requests					
Expedited Prior Authorization requests (part D) completed within twenty-four (24) hours of request	100%				
Expedited Initial Determination Notification (part D) sent to Provider/Member verbally within 24 hours from receipt and in writing within 3 calendar days from verbal notification	100%				
Non Part D Drugs Authorization Requests					
Non Part D Drugs Prior Authorization completed within twenty-four (24) hours of request	100%	85.3%	94.7%	89.8%	
Call Monitoring					
Provider/Pharmacy Average Hold Time in Seconds	100%				
Provider/Pharmacy Service Level	100%				
Disconnect Rate	100%				
HEALTH SERVICES - UTILIZATION MANAGEMENT					
Concurrent Organization Determinations					
Concurrent Review of Authorization Requests (part C) completed within five (5) working days of request	100%			99.7%	
Concurrent Initial Determination Notification (part C) sent to Provider/Member within five (5) working days of request	100%				
Pre-Service Organization Determinations					
Standard Part C					
Standard Pre-Service Prior Authorization Requests (part C) completed within five (5) working days	100%		99.7%	99.5%	
Standard Pre-Service Prior Authorization Notification (part C) sent to Provider/Member within 5 working days of request	100%	99.3%	99.8%	99.8%	

Medi-Cal

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
HEALTH SERVICES - CASE MANAGEMENT					
HRAs and ICPs for SPDs					
Newly enrolled SPD members who were due for risk stratification and were statified timely during the reporting month	100%				
Total High Risk SPD HRA Completion	100%	98.3%		99.1%	90.0%
Total Low Risk SPD HRA Completion	100%	99.8%		99.3	87.4%
Total High Risk SPDs with ICP completion	100%	Data not available	Data not available		80.0%
HEALTH SERVICES - PHARMACY					
Standard Authorization Request					
Standard Prior Authorization requests (RX) completed within twenty-four (24) hours	100%	99.9%	99.8%	99.9%	99.6%
Expedited Authorization Request					
Expedited Prior Authorization requests (RX) completed within twenty-four (24) hours of request.	100%		99.7%	99.0%	
HEALTH SERVICES - QUALITY					
Facility Site Reviews					
Annual Managed Care Division Facility Site Reviews/Physical-Accessibility Report submitted by Aug 1 each year	100%		n/a		n/a
IHAs completed within 120 calendar days of enrollment	100%	31.9%	35.3%	39.2%	34.9%
HEALTH SERVICES - UTILIZATION MANAGEMENT					
Medical Authorizations					
Conncurrent Review					
Concurrent Review of Authorization Requests completed within 5 working days of request	100%			99.4%	99.5%

Yellow = at least 98% for measures with a goal of 100%

Compliance Summary 2020-2021

Cal MediConnect

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
HEALTH SERVICES - UTILIZATION MANAGEMENT (cont.)					
Pre-Service Organization Determinations (cont.)					
Expedited Part C					
% of Expedited Pre-Service Prior Authorization Requests (part C) completed within sevety-two (72) hours	100%	99.8%	99.1%	95.9%	92.4%
Expedited Initial Determination Notification (part C) sent to Provider/Member verbally within 72 hours from receipt & in writing within 3 calendar days from verbal notification	100%	98.6%	97.1%	96.8%	92.0%
Post Service Organization Determinations					
Retrospective Requests (part C) completed within thirty (30) calendar days	100%	99.2%			
Part B Drugs Organization Determinations					
Standard Prior Authorization Requests (part B drugs) completed within seventy-two (72) hours of request	100%	90.5%	97.4%		
Standard Prior Authorization Notification (part B drugs) sent within seventy-two (72) hours of request	100%	90.5%	97.4%	94.6%	
Expedited Prior Authorization requests (part B drugs) completed within twenty-four (24) hours of request	100%	97.1%	98.2%	97.4%	
Expedited Initial Determination Notification sent to Provider/Member verbally within 24 hours from receipt & in writing within 3 calendar days from verbal notification	100%	97.1%	98.2%		
GRIEVANCE & APPEALS					
Grievances, Part C	**Goal**				
Standard Grievances Part C					
Standard Grievances (Part C) that provided Acknowledgment Letters within five (5) calendar days	100%		99.5%	99.0%	98.4%
Standard Grievances (Part C) that provided Resolution Letters within thirty-day calendar (30) days	100%				
Expedited Grievances Part C					
Expedited Grievances (Part C) that provided Verbal or Written Resolution within twenty-four (24) hours	100%				
Grievances, Part D					
Standard Grievance Part D					
Standard Grievances (Part D) that provided Acknowledgment Letters within five (5) calendar days	100%				
Standard Grievances (Part D) that provided Resolution Letters within thirty (30) calendar days	100%				
Expedited Grievance Part D					
Expedited Grievances (Part D) provided Verbal OR Written Resolution within twenty-four (24) hours	100%				
Reconsiderations, Part C					
Standard Pre-Service Part C					
Standard Pre-Service Reconsiderations (Part C) that provided Acknowledgment Letters within five (5) calendar days	100%				
Standard Pre-Service Reconsiderations (part C) that provided Resolution Letters within thirty (30) calendar days	100%				
Standard Post-Service Part C					
Standard Post-Service Reconsiderations resolved within 60 days	100%				

Medi-Cal

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
HEALTH SERVICES - UTILIZATION MANAGEMENT (cont.)					
Medical Authorizations (cont.)					
Routine Authorizations					
Routine Prior Authorization Requests completed within five (5) working days of request	100%	99.6%	99.8%	99.7%	99.7%
Expedited Authorizations					
Expedited Prior Authorization Requests completed within seventy-two (72) hours of request	100%	99.6%	98.6%	99.8%	99.3%
Retrospective Review					
Retrospective Requests completed within thirty (30) calendar days of request	100%	97.4%	99.8%		
Member Notification of UM Decision					
Member Notification of UM decision in writing within two (2) working days of the decision.	100%	98.4%	96.4%	99.3%	99.7%
Provider Notification of UM Decision					
Provider Notification of UM decision by phone, fax or electronic mail and then in writing within 24 hours of making the decision	100%	97.0%	97.9%	98.1%	98.9%
GRIEVANCE & APPEALS					
Grievances					
Standard Grievances					
Standard Grievances that provided Acknowledgement Letters within five (5) calendar days	100%		99.6%	98.9%	
Standard Grievances that provided Resolution Letters within thirty (30) calendar days	100%				
Expedited Grievances					
Expedited Grievances that provided Verbal AND Written Notifications within seventy-two (72) hours	100%	96.4%	95.2%		
Appeals					
Standard Appeals					
Standard Appeals that provided Acknowledgement Letters within five (5) calendar days	100%	98.8%	99.1%	97.2%	97.5%
Standard Appeals that provided Resolution Letters within thirty (30) calendar days	100%			99.2%	
Expedited Appeals					
Expedited Appeals that provided Verbal AND Written Notifications within seventy-two (72) hours	100%		92.2%		

Yellow = at least 98% for measures with a goal of 100%

Compliance Summary 2020-2021

Cal MediConnect

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
GRIEVANCE & APPEALS (cont.)					
Reconsiderations, Part C (cont.)					
Expedited Pre-Service Part C/Part B Drug					
Expedited Reconsiderations (part C) that provided Verbal AND Written Resolution within seventy-two (72) hours	100%				
Expedited Pre-Service Part C/Part B Drug (cont.)					
Expedited Pre-Service Reconsiderations (upheld & untimely) submitted to IRE within 24-hours of decision	100%				
Appeals, Part B					
Part B Drug Appeals that provided Verbal OR Written Resolution within seven (7) calendar days	100%				
Redeterminations, Part D					
Standard Part D					
% of Standard Redeterminations (part D) that provided Resolution Letters within seven (7) calendar days	100%				
Expedited Part D					
Expedited Redeterminations (part D) that provided Verbal AND Written Resolution within seventy-two (72) hours	100%				
Untimely Expedited Redeterminations (part D) submitted to IRE within twenty-four (24) hours of decision	100%				
Direct Member Reimbursement Redeterminations (Part D) resolved within fourteen (14) calendar days	100%				
Complaint Tracking Module (CTM) Complaints					
CTM Conplaints Resolved Timely	100%				
MARKETING					
Required Materials posted to the Plan's website by the first of each month	100%				
Required Member Materials posted to the Plan's website by October 15 each year	100%	n/a		n/a	n/a
Annual member materials distributed or notified by October 15 each year	100%			n/a	n/a
MEDICARE OUTREACH					
Annual Medicare Communications & Marketing Guidelines training completed by September 30 each year	100%		n/a	n/a	n/a
PROVIDER NETWORK MANAGEMENT					
PROVIDER DATABASE & REPORTING					
Provider Directories updated monthly by the first day of the month	100%				
Annual Health Service Delivery Tables submitted by September 30 of each year	100%		n/a	n/a	n/a

Medi-Cal

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
GRIEVANCE & APPEALS					
MARKETING					
Training and certification for Marketing Representatives completed timely	100%	n/a			n/a
Medi-Cal Provider Directory posted on the Plan's website by the first of the month	100%			66.7%	
INFORMATION TECHNOLOGY					
Encounter Files Successfully Submitted to DHCS by end of month	100%				
Monthly Eligibility Files successfully submitted to Delegates Timely	100%				
PROVIDER NETWORK MANAGEMENT					
PROVIDER NETWORK RELATIONS					
% of New Providers who received orientation within ten (10) working days after being placed on active status	100%	91.7%			
PROVIDER NETWORK ACCESS & DATABASE					
Annual Network Certification submitted by March 31 of each year (May for 2021)	100%	n/a	n/a	n/a	
Timely Access Compliance Report submitted by March 31 of each year	100%	n/a	n/a		n/a

Yellow = at least 98% for measures with a goal of 100%

Santa Clara Family Health Plan

Compliance Summary 2020-2021

Cal MediConnect

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
GENERAL COMPLIANCE					
Exclusion Screenings					
Individual Exclusion Screening					
New Eligible Individuals screened prior to start date	100%				
Eligible Individuals who are screened monthly	100%				
FDR Exclusion Screening					
Initial Exclusion Screening Completed for FDRs prior to contracting	100%				
Monthly Exclusion Screening Completed for existing FDRs	100%				
Provider Monthly Screenings					
Monthly Exclusion Screening completed for the Plan's Contracted Providers	100%				
Monthly Exclusion Screening completed for Non-Contracted Providers	100%				
Compliance Training					
New Eligible Employees completed trainings within ninety (90) days of initial hiring (SCFHP's operational standard = 5 working days)	100%				
Annual Employee Training completed within sixty (60) calendar days of issuance	100%	n/a	98.5%	n/a	n/a
Annual Board Training completed within sixty (60) calendar days of issuance	100%	n/a	n/a		n/a
Standards Of Conduct And Compliance Policies					
New Eligible Employees receive Standards of Conduct and P&Ps within five (5) working days of initial hiring	100%				
Current Employees receive Standards of Conduct and Compliance P&Ps annually	100%	n/a	99.7%	n/a	n/a

Medi-Cal

Measure	Goal	Q3-20	Q4-20	Q1-21	Q2-21
GENERAL COMPLIANCE					
Personnel Filings					
Key Personnel filings completed within five (5) calendar days of effective date	100%		n/a		
Department Of Fair Employment & Housing Training					
Employees who complete the CA harassment training course once every two years	100%	n/a	n/a	99.4%	n/a
Temporary Employees completed the CA harassment training within 30 calendar days from start date or 100 hours of work	100%	n/a	n/a		

Yellow = at least 98% for measures with a goal of 100%

Santa Clara Family Health Plan™

6b. 2021 Audit Work Plan - Updates

Compliance Committee May 27, 2021

3-Year Audit Schedule

Santa Clara Family Health Plan

CMC + INTERNAL 3-YEAR SCHEDULE

Year	Internal/External	Q1		Q2		Q3		Q4	
		Medi-Cal	CMC	Medi-Cal	CMC	Medi-Cal	CMC	Medi-Cal	CMC
2019	Internal					Compliance*		Customer Service	
	External			MedImpact		Kaiser		T&M Focus Care	
2020	Internal	SCFHP Website IT (Security Risk Assessment)*		Claims		Compliance*		Quality Improvement	
			UM				Pharmacy		UM SCFHP Website
	External	Hanna		MedImpact VSP		New Directions			VHP PMGSJ
		Language Line		Cal IPA		Kaiser PCNC			
2021	Internal	CM Grievance and Appeals Provider Network		Enrollment Production Services		Compliance* Human Resources		SCFHP Website Medicare Outreach	
	External	Change Healthcare		MedImpact VSP Office Ally		Carenet Docustream		VerifPoint Arvato	
				CHDP Gateway		Kaiser PCNC		PMGSJ VHP	
2022	Internal					Compliance*		SCFHP Website	
	External	MedAid		MedImpact VSP		Kaiser PCNC		PMGSJ VHP	

MEDI-CAL 3-YEAR SCHEDULE

Note: Audit schedule was last reviewed and approved in Feb 2021 Compliance Committee

2021 Statuses

Year	Internal/External	Q1		Q2		Q3		Q4	
		Medi-Cal	CMC	Medi-Cal	CMC	Medi-Cal	CMC	Medi-Cal	CMC
2021	Internal	CM Grievance and Appeals Provider Network		Enrollment Production Services		Compliance* Human Resources		SCFHP Website Medicare Outreach	
	External	Change Healthcare		MedImpact VSP Office Ally		Carenet Docustream		VerifPoint Arvato	
		NEMS		CHDP Gateway		Kaiser PCNC		PMGSJ VHP	

Reporting	In Progress	Planning
PCNC	PMG	MedImpact
Quality Improvement	VHP	VSP
Utilization Management	Case Management	CHDP Gateway
	Grievance and Appeal	Office Ally
	Provider Network	Enrollment
	Change Healthcare	Production Services
	Kaiser	

Premier Care of Northern California (PCNC)

Delegate for Medi-Cal members

- Scope:
  - Claims/Provider Disputes, Regulatory Compliance, Cultural and Linguistic (C&L) Program, IT System Controls, Utilization Management, Case Management, Provider Training, Timely Access and Availability

- Preliminary Findings:
  - Untimely acknowledgement of claims for 3 out of 60 claims reviewed
  - Claims paid or denied incorrectly for 11 of 60 claims reviewed
  - Provider Disputes processed inappropriately for 6 of 30 cases reviewed
  - Untimely completion or distribution of Employee Compliance Requirements (Trainings, SOC, P&Ps, Exclusion Screenings)
  - UM, C&L, and CM P&Ps need updating
  - Missing new provider training documentation for 1 out of 10 provider samples

Quality Improvement

Internal Audit

- Scope:
  - Potential Quality of Care Issues (PQI), Chronic Condition Improvement Project (CCIP), Policies and Procedures

- Preliminary Findings:
  - Untimely review of PQIs for 2 out of 20 cases reviewed
  - Provider notifications were not issued for quality care issues with no adverse member care (level 2 PQIs)
  - Need policy for disease surveillance and reporting to public health authorities

- Observation:
  - CCIP focused on a low target population. The implementation description estimated a target population to be 20-25 members per year, which is only 0.32% of the general CMC population in 2019 when the CCIP was developed. After year 1 and 2, target population was only 9 and 2 respectively. Annual updates did not address the predicted variance or any focus on broadening the target population. Recommend selecting a chronic condition for future CCIP which pertain to a higher target population.

Utilization Management

Internal Audit - CMC

- Scope:
  - Authorization timeliness, Member and Provider Notifications, and Organization Determination Process

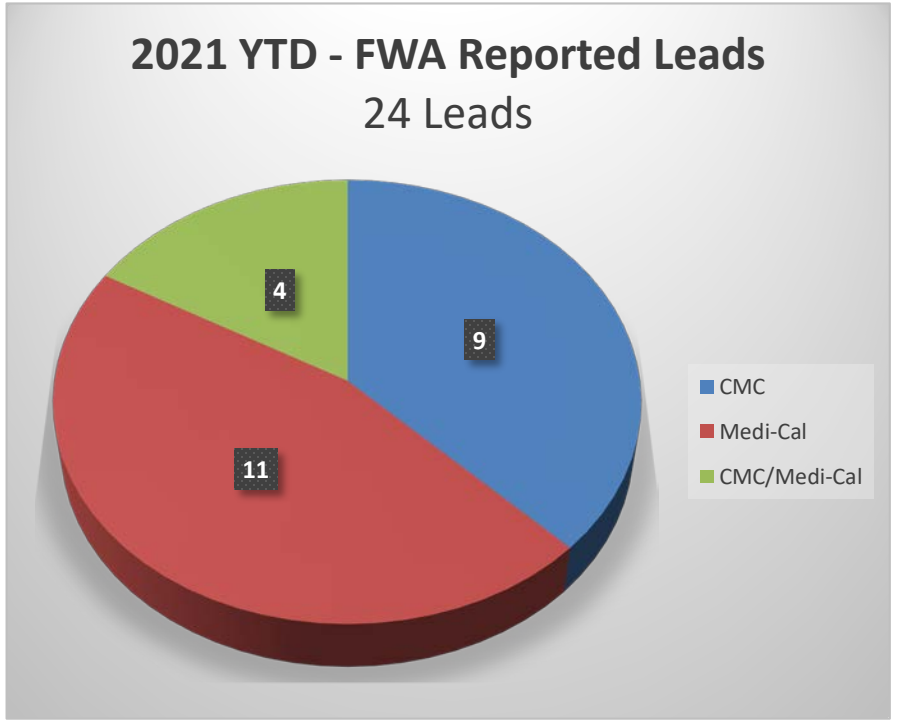
- Preliminary Findings:
  - Member notice was not clear and concise for 3 out of 30 denials reviewed
  - Member notice was not in correct threshold language for 1 out of 30 denials reviewed
  - Notification wasn’t sent to member’s appointed representative in one request
  - Provider notifications did not include name of qualified medical professional that made determination

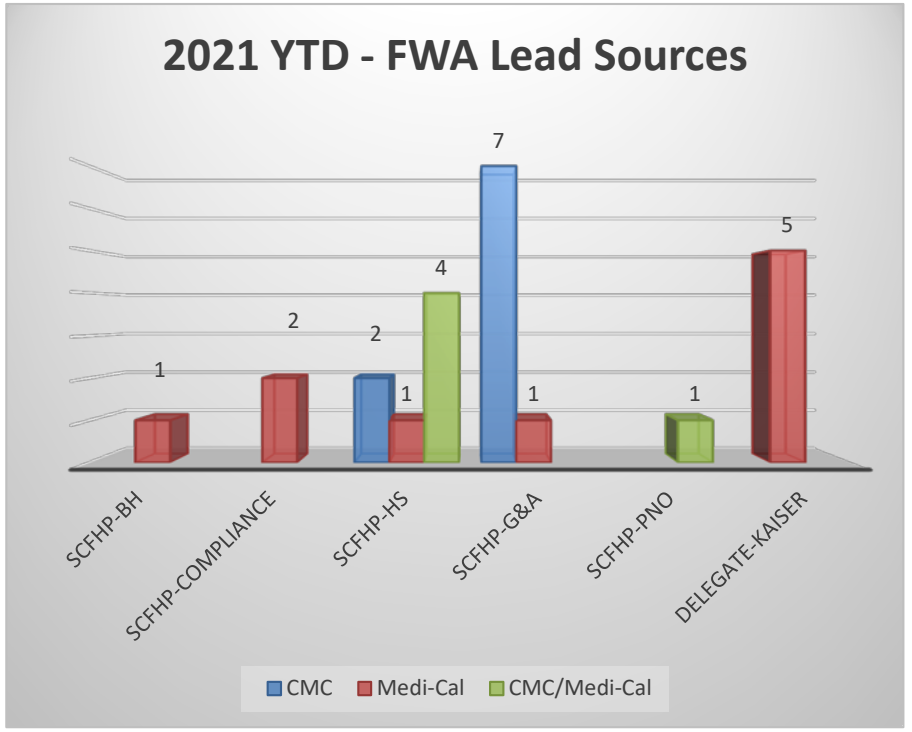
Santa Clara Family Health Plan™

7. Fraud, Waste, and Abuse Quarterly

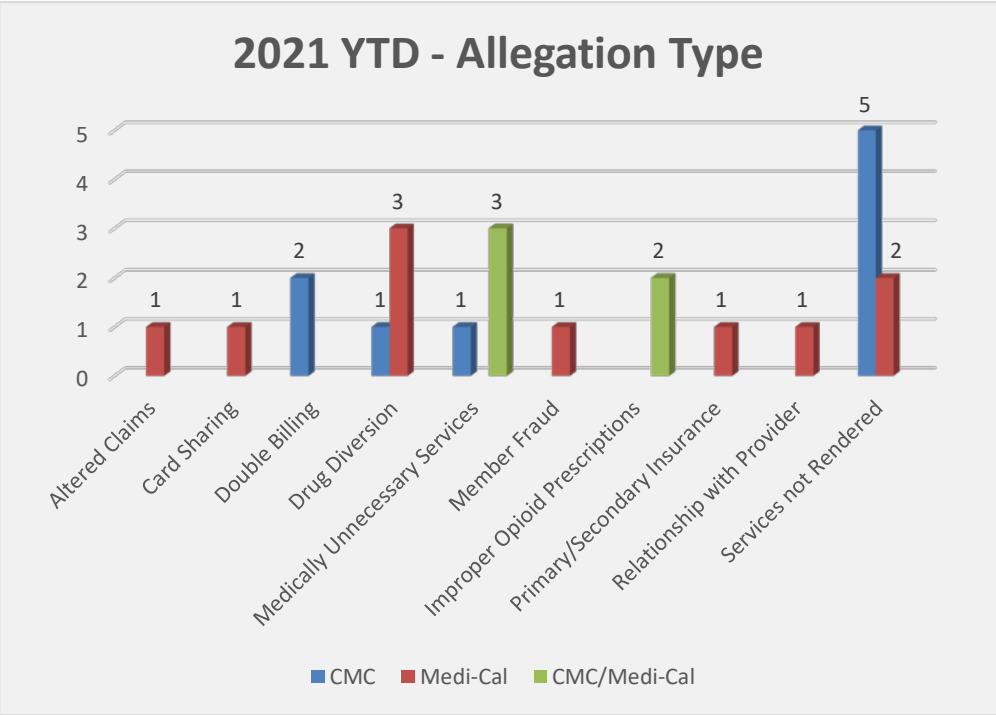
Compliance Committee Meeting – 5/27/2021

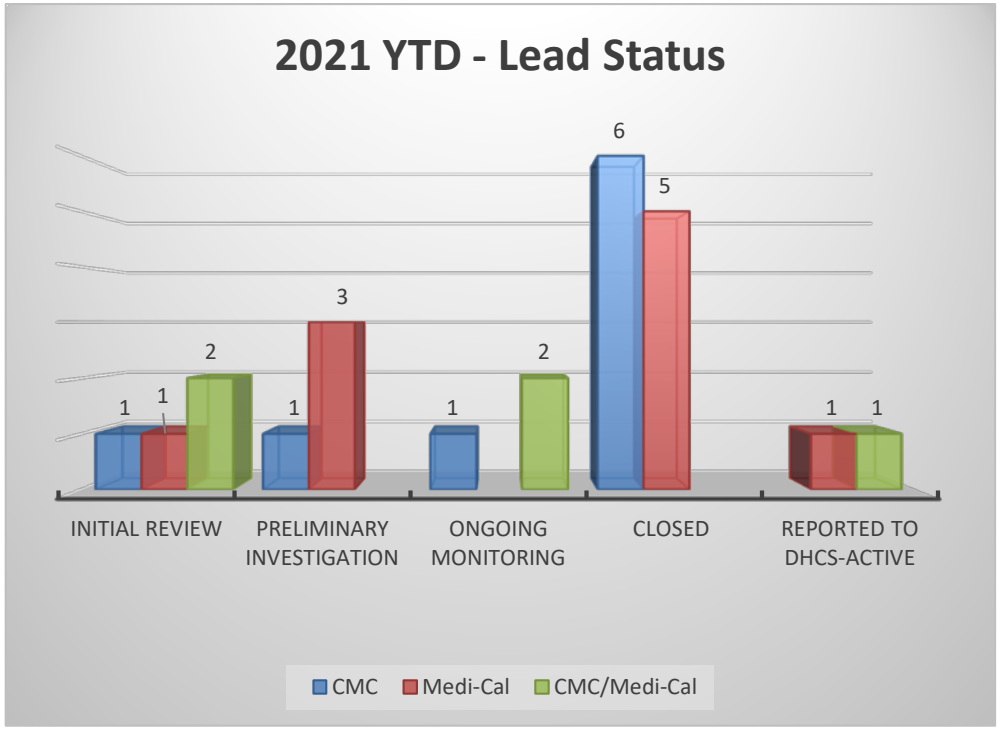
2021 YTD Report – FWA Leads





2021 YTD Report – FWA Leads (cont.)





2021 YTD Report – FWA Cases

Santa Clara Family Health Plan

Count	Year Open	Subject Investigated	Lead Source	Reason to Open	Reason to Close	Actions Taken	Next Step(s)
1	2020	Provider	Member Complaint	Inadequate evidence of deliveries	Propose to close	- Compliance sent a warning letter that includes request for recoupment of 10K. - Provider agreed to the recoupment request.	- PNO to educate Provider on non-compliant issues - Compliance continues to monitor and conduct ad-
2	2020	Provider	SCFHP - HS	Medically unnecessary services	In Progress	- Compliance sent a warning letter that includes request for recoupment of 3K. Provider has 30 days to dispute. - Reported to DHCS for abuse activity.	- PNO to educate Provider on non-compliant issues - Compliance continues to monitor and conduct ad-hoc audits
3	2021	Provider	Member Reporting	Service not rendered	In Progress	- Compliance is comparing medical records vs. billing records: the number of visits in Dec 2020 are lower than previous months.	- Pending
4	2021	Provider	Member Complaint	Inadequate evidence of deliveries	In Progress	- Compliance sent a warning letter that includes request for recoupment of $400 for duplicate billing. Provider has 30 days to dispute.	- Pending
5	2021	Provider	SCFHP - HS	Altered claims Upcoding	In Progress	- Compliance requested for medical records.	- Pending
6	2021	Provider	DOJ News	Improper Opioid Prescriptions	In Progress	- Reported to DHCS for improper opioid prescribing. - Provider's panel has been closed (can't accept new members).	- Compliance continues to monitor Provider's activities. - Compliance to prepare claims data packet for DHCS.
7	2021	Non-SCFHP Member	FWA Report	Identify Theft Allegation	Propose to close	- Compliance sent request to SCFHP's TPV to investigate. - TPV confirmed the mismatch was a result of their coding.	- Compliance to send a letter to the Non-SCFHP Member to explain that there was no identity theft. - Compliance continues to monitor for similar

2021 YTD Report – FWA Cases (cont.)

Count	Year Open	Subject Investigated	Lead Source	Reason to Open	Reason to Close	Actions Taken	Next Step(s)
8	2021	SCFHP Member #1	Kaiser	Card Sharing	Closed by Kaiser	- Kaiser submitted final report to DHCS.	- Kaiser continues to monitor.
9	2021	SCFHP Member #2	Kaiser	Drug Diversion	Closed by Kaiser	- Kaiser submitted final report to DHCS.	- Kaiser continues to monitor.
10	2021	SCFHP Member #3	Kaiser	Drug Diversion	Closed by Kaiser	- Kaiser submitted final report to DHCS.	- Kaiser continues to monitor.
11	2021	SCFHP Member #4	Kaiser	Drug Diversion	Closed by Kaiser	- Kaiser submitted final report to DHCS.	- Kaiser continues to monitor.
12	2021	SCFHP Member #2	Kaiser	Drug Diversion - Repeat	Closed by Kaiser	- Kaiser submitted final report to DHCS.	- Kaiser continues to monitor.

Santa Clara Family Health Plan

8. Compliance Policy – Delegation Revocation

Compliance Committee - May 27, 2021

POLICY

Policy Title:	**Delegation Revocation**	**Policy No.:**	DE.09 v3
Replaces Policy Title (if applicable):	Delegation Revocation Process	**Replaces Policy No. (if applicable):**	DE009, DE209
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

The purpose of this policy is to establish the Santa Clara Family Health Plan (SCFHP) requirements for revoking a delegation agreement with a First Tier, Downstream or Related Entity (FDR) or delegated entity for one or more delegated services.

II. Policy

SCFHP will revoke a delegation agreement with an FDR or delegated entity for one or more areas of service, when the FDR/delegated entity has consistently shown an unwillingness or inability to correct non-compliance. The contract and/or delegation agreement shall define the progressive disciplinary actions and interventions that would take place prior to revocation of the agreement. The contract/ delegation ~~A~~agreement shall also define any circumstance that might occur which may lead to immediate revocation, such as loss of ~~NCQA~~ necessary a~~A~~ccreditation or c~~C~~ertification ~~pending a delegation oversight audit conducted within 30 days of losing NCQA~~ status or exclusion from participation in state or federal government funded programs.

III. Responsibilities

The Compliance Department is responsible for carrying out the terms of this policy.

A. The Compliance Department is responsible for:

1. Recommending and ~~I~~initiating the revocation delegation process and all subsequent correspondence related to this action.

2. Seek approval, inform, and/or provide update on~~Reporting~~ revocation of delegation to the Oversight Workgroup and Compliance Committee.

B. Contracting Department is responsible for any contractual changes between SCFHP and the FDR/delegated entity.

C. The Quality Department is responsible for reporting revocation of delegation to the Quality Improvement Committee, if applicable

POLICY

IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 202017

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Leanne Kelly~~Daniel Quan ~~Compliance Audit Program~~ Manager, Medicare Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Delegation Oversight Committee	4/28/2016	n/a
v2	Revised			

POLICY

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V. Approval/Revision History

First Level Approval	Second Level Approval
Daniel Quan Manager, Medicare Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
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v2	Revised			