

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

Thursday, August 22, 2019
1:00 PM - 2:30 PM
6201 San Ignacio Ave, Board Room
San Jose CA 95119

AGENDA

1. Roll Call	Ms. Larmer	1:00 pm	5 min
2. Public Comment	Ms. Larmer	1:05 pm	5 min
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.			
3. Approve Minutes of the May 23, 2019 Regular Compliance Committee Meeting Possible Action: Approve Minutes	Ms. Larmer	1:10 pm	5 min
4. Organizational Changes Discuss Compliance team staffing and organizational changes.	Ms. Larmer	1:15	5 min
5. CMS Program and Validation Audits Discuss status of Corrective Actions implemented in connection with CMS Program Audit and status of Independent Validation Audit.	Ms. Larmer	1:20 pm	10 min
6. Compliance Activity Report a) State Regulatory Audits b) Delegation Audits and Corrective Action Plans Possible Action: Accept Compliance Activity Report	Team	1:30 pm	30 min
7. 2019 Risk Assessment Results	Ms. Nguyen Ms. Kelly	2:00	5 min
8. Review CMC and Medi-Cal Compliance Dashboard and Work Plans Possible Action: Accept Dashboard Report and Work Plans	Ms. Nguyen	2:05 pm	10 min
9. Oversight Committee Report Review minutes of May 28, 2019 and June 27, 2019 Oversight Committee meetings and address follow-up items, as warranted. Possible Action: Accept Oversight Committee Report	Ms. Yamashita	2:15 pm	10 min
10. Fraud, Waste, and Abuse Report Discuss any credible FWA cases and recovery efforts. Possible Action: Accept FWA Report	Mr. Smothers	2:25 pm	5 min
11. Adjournment	Ms. Larmer	2:30 pm	

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 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



Compliance Activity Report

August 22, 2019

2018 CMS Program Audit Update

The Plan engaged an audit firm (ATTAC Consulting Group) to conduct an Independent Validation Audit (IVA) to validate the Plan's correction of the Conditions cited in the CMS Program Audit Final Report. The auditors and Plan Compliance staff developed an IVA Work Plan tailored to assess the Plan's performance in correcting the Conditions.

The Compliance Program Effectiveness (CPE) portion of the IVA is complete. The Plan submitted its final universes for the remaining audit areas on August 16, 2019. Universe integrity testing will be conducted on August 21 and 23, and fieldwork will begin on August 26, 2019 and continue through September 10, 2019.

The independent auditor's report, and the CEO's attestation that all Conditions have been corrected, must be submitted to CMS by September 30, 2019.

Cal MediConnect

- The 2019 Medicare Data Validation Audit (MDV) is complete. In all but one area the Plan received passing scores; for Grievances Part D the Plan received a score of 97% - the standard is 100% so this may affect the final Audit scoring. The Plan is awaiting CMS' final report.
- Plan Benefit Package: The 2020 Plan Benefit Package (PBP) was submitted prior to the June 3 deadline and subsequently revised to address DHCS and CMS questions.
- CY19 reporting elements have met the 2019 reporting deadlines. The Plan had identified that an incorrect data set was used in conjunction with incorrect revenue codes when generating Q4 2018 data for the CORE 9.1 report. The Plan informed NORC of this finding and requested a resubmission of that data, which was granted.
- Performance Measure Validation (PMV/HSAG) Audit: The Plan has been preparing for this annual Audit which has been scheduled for September 24, 2019. The measures being reviewed are Core 2.1 and Core 3.2. The PMV/HSAG Audit team has completed an initial review of the source code/programming language that is used for pulling data and found no findings with that information.

Medi-Cal

DHCS is moving forward with the plan to move County Children's Health Initiative Program (CCHIP) into Medi-Cal, effective October 1, 2019. This means that the Plan's Healthy Kids program effectively ends. The change will require the Plan to submit a material modification filing with DMHC; preparations for the filing and other transition-related activities are underway.

2019 DMHC and DHCS Audit(s)

The 2019 Full-Scope Medical Survey with DMHC and DHCS remains ongoing. The Plan has received its final DHCS Audit Report and the request for corrective action plans (CAPs) in July, with a total of 19 findings (12 for Medi-Cal and 6 for Cal MediConnect). The DHCS Audit Report was reviewed and CAP responses were submitted on August 12th. The Plan has not yet received the DMHC Final Report.

2019 Annual Network Certification

The Plan must submit to DHCS a complete and accurate Network Certification Report annually that reflects the entire network of providers, hospitals and pharmacies. DHCS is required to review and certify the Plan's network to CMS. In addition to submitting the Network Certification, the Plan submits the network information in the monthly 274 electronic data file to DHCS. The agency then samples the network to validate and compare it with other MCP

networks.

For the 2019 Network Certification, DHCS imposed a CAP and monetary sanction as it found the Plan had no access to providers/specialists in a specific zip code that is “inhabitable”, as indicated by the U.S. Census Bureau, but has no Plan membership. The Plan submitted its CAP response to DHCS on August 12, 2019.

DMHC Complaints

The Plan received a total of 41 member complaints between June and August 2019. Four cases were forwarded to IMR. The Compliance team is looking into the reason(s) for the significant increase in complaints over the last two quarters (the Plan received 19 complaints in the first quarter).

Operational Compliance Report (Dashboard) – Corrective Actions

- Customer Service: Out of the 4 CAPs for the Medi-Cal line of business reported last time, two CAPs are still open. These measures show a positive trend upward but remain slightly below goal. There is no CMC CAP as the one CAP for Member Average Speed of Answer in Seconds reported at the last Compliance Committee meeting will be closed. The average speed of answer has dropped below the goal of less than or equal to 30 seconds.
- Case Management: The business unit has followed an upward trend for CMC HRA and ICP completion except for the month of May, when the Percentage of HRAs Completed in 90 days for Low Risk Members fell to 97.2%. The CAP for this measure will be closed as the percentage returned to 100% in June and July. For Medi-Cal, 2 CAPs for SPD HRA completion remain open due to inconsistent performance. Of note, the Overall Percentage for Low Risk SPD HRA requirements reached 100% for the first time in July. The 2 CAPs for SDP/MLTSS HRAs will be closed as they have been identified as operational measures, not compliance. The business unit and IT continue to work on data extraction for operational tracking.
- Grievance and Appeals: Metrics have consistently improved for both CMC and Medi-Cal. The CMC CAP in the last report is anticipated to be closed soon as the July percentage reached 98.2% (measure substantially but not fully met; CAP/adverse action unlikely or not anticipated) and work plan has been developed to remediate the problem.

Joint Operations Committee (JOC) Meetings

The following JOCs have been held since the last Compliance Committee Meeting:

- May: Yellow Cab
- June: Green Cab, Kens Transportation, PCNC, Hanna, Kaiser, T&M
- July: Shield, VHP

HIPAA Disclosures

There was one incident between June and August 2019. The incident involved and was reported to DHCS by Kaiser. Kaiser inadvertently misdirected letters, including one related to a SCFHP member.

FWA Activities

T&M (the Plan’s FWA/SIU vendor) currently has 26 open cases for which it has identified anomalies through its datamining activities. T&M is currently reviewing the medical records for most of those cases, and has requested medical records for the others. T&M has closed 5 cases; 2 of which had no findings and 3 where overpayments were identified (recoupment efforts are pending).