

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

Wednesday, May 27, 2020, 8:30 AM – 9:30 AM  
Santa Clara Family Health Plan  
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference  
(408) 638-0968  
Meeting ID: 920 6035 0016  
Passcode: 021915

## AGENDA

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<b>1. Roll Call</b>	Ms. Yamashita	8:30	5 min
<b>2. Public Comment</b> 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	Ms. Yamashita	8:35	5 min
<b>3. Meeting Minutes</b> Review meeting minutes of the March 2, 2020 Compliance Committee. <b>Possible Action:</b> Approve March 2, 2020 Compliance Committee Minutes	Ms. Yamashita	8:40	5 min
<b>4. Regulatory Audits Report</b> Discuss status of the following audits: a. CMS Revalidation Audit b. Medicare Data Validation Audit c. State Regulatory Audits <b>Possible Action:</b> Accept Regulatory Audits Report	Team	8:45	10 min
<b>5. Oversight Activity Report</b> Review the following oversight activities and related corrective action plans: a. Compliance Dashboard b. Internal Audits c. Delegation Audits <b>Possible Action:</b> Accept Oversight Activity Report	Team	8:55	15 min
<b>6. Fraud, Waste, and Abuse Report</b> Discuss FWA activities and investigations. <b>Possible Action:</b> Accept Fraud, Waste, and Abuse Report	Ms. Yamashita	9:10	10 min
<b>7. Compliance Program Updates</b>	Ms. Yamashita	9:20	10 min
<b>8. Adjournment</b>		9:30	

### **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](http://www.scfhp.com).

Regular Meeting of the

## Santa Clara County Health Authority Compliance Committee

Monday, March 2, 2020, 11:30 AM – 12:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

# MINUTES

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### Members Present

Ngoc Bui-Tong, VP Strategies and Analysis  
Jonathan Tamayo, Chief Information Officer  
Christine M. Tomcala, Chief Executive Officer  
Chris Turner, Chief Operating Officer  
Laura Watkins, VP Marketing and Enrollment  
Linda Williams, Board Member  
Jordan Yamashita, Compliance Officer

### Staff Present

Tyler Haskell, Director Government Relations  
Anna Vuong, Compliance Manager  
Kandi Li, Medicare Compliance Manager  
Mai Phuong Nguyen, Oversight Manager  
Leanne Kelly, Delegation Oversight Analyst  
Vanessa Santos, Compliance Coordinator  
Megha Shah, Compliance Coordinator  
Leah Tubera, Compliance Coordinator

### 1. **Roll Call**

Ms. Yamashita called the meeting to order at 11:36am. Roll call was taken and a quorum established.

Ms. Williams stated this is her second to last meeting and suggested the board member who will be joining the Compliance Committee be selected prior to the May Compliance Committee meeting so that they may attend together for an easier transition.

Ms. Williams asked what actions the Health Plan has taken regarding the Corona Virus. Ms. Tomcala stated that Corona Virus is an agenda topic on the senior team meeting tomorrow. Ms. Tomcala also reported that she spoke with Mr. Brownstein about communication with our members regarding the virus. Ms. Watkins stated that information on Corona Virus has been added to the landing page of the website.

### 2. **Public Comment**

There were no public comments.

### 3. **Approve Minutes of the November 14, 2019, Regular Compliance Committee Meeting**

Minutes of the November 14, 2019 regular Compliance Committee meeting were approved with amendments in section 3 and 8.

### 4. **Compliance Staffing Update**

Ms. Yamashita provided an update of the staffing changes within the Compliance Department. Last Friday was Ms. Larmer's last day with the Plan. Ms. Yamashita is assuming the role of the Compliance Officer.

### 5. **CMS Program and Validation Audit**

Ms. Yamashita stated the Plan requested an extension on the Care Coordination Quality Improvement Program Effectiveness (CCQIPE) portion of the CMS revalidation audit. The clean period has been moved to May 1, 2020 to July 31, 2020. CMS requested that the reports for the Compliance Program Effectiveness and Coverage Determinations, Appeals, and Grievances portions of the audit be sent separately when they are completed in

June. The CCQIPE report is expected in September, 2020. Ms. Yamashita explained that the Plan provided resistance on revalidation 8.22 condition related to training documentation for the interdisciplinary care team (ICT). The condition was more expansive than the first validation, as it required written validation from all team members and all potential team members. The Plan researched this finding and identified that it was based on a Model of Care audit protocol which is excluded from Medicare Medicaid Plan requirements. ATTIC agreed to instead audit that the Plan follows their own internal process for ICT training, which includes checking a box in their Essette system when training is completed.

Ms. Yamashita stated that the Medicare Data Validation audit is scheduled to take place from March through June 2020.

## 6. Compliance and Oversight Activity Report

- a. State and Regulatory Audits- Ms. Vuong reported that the 2019 the Department of Managed Health Care final audit report was issued on February 6, 2020 and contains 2 findings. 2 of the original findings were accepted and 2 findings remain on the final report. The Department of Health Care Services (DHCS) Audit remains open as the CAP responses which were submitted in August 2019 are still in discussion. Ms. Vuong reported that the Plan received the 2020 DHCS audit notification and the auditors will be on site March 9 through March 20, 2020. The pre-audit documents and universes are still in the process of being submitted to DHCS.
- b. Internal Audits and Corrective Action Plans- Ms. Kelly reported that the Plan is on schedule conducting internal audits of Business Units. The Customer Service department was issued their preliminary audit report and will provide responses by March 6, 2020. Ms. Williams asked if there were any egregious findings within the Customer Service Audit. Ms. Yamashita answered there were no egregious findings, and many of the findings related to call categorization. Ms. Kelly reported that the Plan is currently in the process of a Security Risk Assessment and Enterprise Risk Assessment. The Marketing Website Audit was completed on February 11, 2020 and Compliance, Marketing, and applicable Business Units are working to resolve any identified outdated information from the Plan's website. Ms. Nguyen reported that one CAP was issued to Compliance because of late board member trainings.
- c. Oversight Committee Report
  - i. Review Minutes of Oversight Committee Meetings
  - ii. Review Delegate Corrective Action Plans- Ms. Nguyen reported that one CAP was issued to VHP regarding their PDR turnaround times. Currently, the Plan has 6 workgroups with VHP, two of which are discussing the PDR issue as a topic. Ms. Nguyen stated that the Plan has one CAP in place regarding Notice of Action (NOA) letters sent from Delegates. The CAP requires Delegates to submit universes each month, from which the Plan selects samples to test the accuracy of the NOA letters. VSP and VHP denial letters were found to have errors. Ms. Nguyen explained that the Plan sends templates to these Delegates to implement, however they did not fully implement the letters.

A **motion** was made to accept the Compliance and Oversight Activity Report; the motion was **seconded and unanimously approved**.

## 7. Compliance Policies and Procedures

Ms. Yamashita provided an explanation of the Plan's HIPAA Policies and Procedures HI.01-HI.51. Chapter 21 of the Medicare Managed Care Manual requires that all policies get approved by the Governing Board. The HIPAA Policies and Procedures were purchased by Clearwater Compliance. The HIPAA Policies are heavily regulated. The Plan launched these policies and procedures through the Policy Tech system, which involves a 3 tiered process. The HIPAA Policies and Procedures were prioritized due to the 2019 CMS announcements regarding HIPAA compliance. The purchase from Clearwater Compliance also included security policies. These security policies were forwarded to the IT Department for review and possible adoption by the Plan. The group reviewed the HIPAA Policies and Procedures.

A **motion** was made to accept the HIPAA Policies and Procedures; the motion was **seconded and unanimously approved**.

#### **8. CMC Contract Management Team HRA PIP**

CMS notified the Plan that California's performance on HRA completion and related tasks is below the national average. As required of all CMC Plans, SCFHP submitted a Process Improvement Plan (PIP) which CMS accepted. Monthly updates to the PIP are provided to our CMT. As of today, the Plan is 100% compliant on our newly eligible December 2019 members. Case Management is well poised to be 100% compliant for the March 2020 data.

#### **9. Review CMC and Medi-Cal Compliance Dashboard and Work Plans**

Ms. Nguyen stated that Health Services (which includes UM and CM) is working with IT to review and validate dashboard data. The UM process of data validation was completed in October 2019. CCQIPE data is a Process Improvement project, which CM and IT are continuing to work on. Ms. Nguyen reported that there were four CAPs issued to Grievance and Appeals in Q4 2019.

For the Medi-Cal dashboard, one Claims goal was not met for Q4 2019 and the issue has been fixed.

There was also a Facility Site Review goal not met for Medi-Cal.

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

#### **10. Fraud, Waste and Abuse Report**

The Fraud, Waste, and Abuse (FWA) Vendor, T&M Protection Resources, continues to data mine to look for possible fraud cases. Ms. Yamashita reported that T&M is taking a closer look at the Plan's transportation providers, which has been a key area of interest for DHCS. T&M is currently investigating a transportation provider billing code T2001, which is a code that is meant to be billed for each way of a ride, but instead is being billed hourly. Ms. Yamashita reported she will continue to provide updates on T&M's status on this investigation.

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 12:24 pm.