Santa Clara Family Health Plan™

Compliance Committee Meeting

May 26, 2022

Santa Clara Family Health Plan

Regular Meeting of the

Santa Clara County Health Authority Compliance Committee

Thursday, May 26, 2022, 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: 811 5131 9799
Passcode: CC2022!
https://us06web.zoom.us/j/81151319799

AGENDA

1.	**Roll Call**	Ms. Murphy	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.	Ms. Murphy	2:05	5 min
3.	**Meeting Minutes** Review meeting minutes of the February 24, 2022 Compliance Committee. **Possible Action:** Approve February 24, 2022 Compliance Committee minutes.	Ms. Murphy	2:10	5 min
4.	**Compliance Activity Report** Discuss status of regulatory audits, related corrective action plans, and other compliance issues.	Mr. Haskell	2:15	10 min
5.	**Oversight Activity Report** Review the following oversight activities: **a.** Compliance dashboard **b.** Oversight audits **c.** Corrective Action Plans	Mr. Quan	2:25	15 min
6.	**Fraud, Waste, and Abuse Report** Discuss FWA activities and investigations.	Ms. Nguyen	2:40	15 min
7.	**Compliance Policies** Review the following documents: • CP.01 Regulatory Reporting • CP.02 Fraud Waste and Abuse • CP.04 Data Mining to Detect, Correct and Prevent FWA • CP.05 Record Retention • CP.06 False Claims Act	Mr. Haskell	2:55	5 min

- CP.07 Corrective Actions
- CP.08 Compliance Reporting Mechanisms
- CP.09 Exclusion Screening
- CP.10 Compliance Training
- CP.11 Effective Communications
- CP.12 Annual Compliance Program Effectiveness Audit
- CP.15 Standards of Conduct
- CP.16 Vendor and FDR Contracting
- CP.17 Risk Assessment and Audit Work Plan
- CP.18 Protection of HIV AIDS Information
- CP.26 Compliance Hotline
- CP.28 Subcontracting Terminations and Block Transfer Filings
- CP.30 Conducting Internal Investigations
- CP.31 Voluntary Self-Disclosures of Significant Non-Compliance and Fraud, Waste & Abuse
- CP.32 Conflict of Interest
- CP.33 Well-Publicized Disciplinary Standards
- CP.35 Key Personnel Filing
- CP.37 DMHC Independent Medical Review (IMR)
- DE.01 Delegation Oversight
- DE.02 Pre-Delegation Audit
- DE.03 Delegation Agreement
- DE.05 Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities
- DE.07 Delegation Corrective Action

  Possible Action: Approve Policies CP.01, CP.02, CP.04, CP.05, CP.06, C.07, CP.08, CP.09, CP.10, CP.11, CP.12, CP.15, CP.16, CP.17, CP.18, CP.26, CP.28, CP.30, CP.31, CP.32, CP.33, CP.35, CP.37, DE.01, DE.02, DE.03, DE.05, and DE.07.

8. Adjournment 3:00

<u>Notice to the Public—Meeting Procedures</u>

- Persons wishing to address the Compliance 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™

Meeting Minutes – February 24, 2022

May 26, 2022

Santa Clara Family Health Plan

Regular Meeting of the

Santa Clara County Health Authority Compliance Committee

Thursday, February 24, 2022, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Sue Murphy, Chair
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer

Members Absent
Chelsea Byom, VP, Marketing, Communications & Outreach

Staff Present
Barbara Granieri, Controller
Daniel Quan, Director, Compliance, Compliance
Anna Vuong, Manager, Compliance, Compliance
Ashley Kerner, Manager, Administrative Services
Alicia Zhao, Compliance Audit Program Manager Compliance
Mai Phuong Nguyen, Fraud, Waste, and Abuse Program Manager, Compliance
Sonia Lopez, Compliance Coordinator, Compliance
Alejandro Rodriguez, Compliance Analyst, Compliance
Megha Shah, Compliance Analyst, Compliance
Sue Won, Compliance Audit Program Manager, Compliance

1. Roll Call

Sue Murphy, Chair, called the meeting to order at 2:00 PM. Roll call was taken and a quorum was established.

2. Public Comment

Members of the public may speak to any item not on the agenda; two minutes per speaker. The Executive/Finance Committee reserves the right to limit the duration of the public comment period to 30 minutes.

3. Meeting Minutes

Ms. Murphy reviewed the November 18, 2021 Compliance Committee minutes.

It was moved, seconded, and the November 18, 2021 Compliance Committee minutes were **unanimously approved**.

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

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4. Compliance Activity Report

Tyler Haskell, Interim Compliance Officer, discussed the status of regulatory audits, related corrective action plans, and other compliance issues.

Mr. Haskell stated the peer-review Compliance Program Effectiveness (CPE) Audit concluded in January and SCFHP is now working to address findings related to Production Services and Provider Network Operations.

Ms. Murphy requested insight into the Plan's experience with a peer-review CPE Audit versus using an outside consulting firm. Mr. Quan shared that while a peer-review audit is cost-effective and collaborative, there is the risk of the peer organization conducting low quality work.

Mr. Haskell shared SCFHP has received the final report for the Performance Measure Validation audit in December and both data sets assessed were deemed reportable.

Mr. Haskell identified two CMS Notices of Noncompliance received by the Plan regarding late submissions that have resulted in no penalties or required corrective actions.

Mr. Haskell shared the Department of Health Care Services (DHCS) Annual Audit covering both Medi-Cal and Cal MediConnect will take place in March 2022.

Mr. Haskell stated the Plan has received notification of the triennial Department of Managed Health Care (DMHC) Financial Audit, which is scheduled to begin in June.

5. Oversight Activity Report

Daniel Quan, Director, Compliance, reviewed the FY 2021–2022 compliance dashboard.

Mr. Quan, shared the Plan is at 89.6% for recorded metrics, with the fiscal year goal of reaching 95%, and reviewed areas in which compliance standards were not met during the preceding quarter.

Mr. Quan reported the Compliance Program Effectiveness (CPE) peer-review audit findings. Mr. Quan highlighted the findings, citing outdated policies and procedures, no evidence that staff were trained when a policy and procedure was updated to address a Corrective Action Plan (CAP), am impact analysis was not performed to address findings, and an audit finding CAP was not completed timely. Mr. Quan stated corrective actions are being taken to address the findings.

Mr. Quan presented the SCFHP Website CMC internal monitoring audit scope and findings. Findings included outdated material and incorrect documents posted on the website, which has been corrected. Mr. Quan shared that no observations were found as a result of the audit.

Mr. Quan reported the 2021 Premier Care of Northern California (PCNC) audit scope and preliminary audit findings. Mr. Quan stated there were four observations and twenty findings related to various compliance requirements: outdated policies and procedures; outdated Your Rights template; missing documentation of various medical records including member's Individual Care Plan and Health Risk Assessment; incorrect denial of claims; and incorrect payment of overturned PDRs.

Mr. Quan shared the 2021 Kaiser Delegation Audit results. The audit was completed with local plan partners in Northern California where each health plan was responsible to review policies and procedures for two delegated areas. Mr. Quan shared that for 2021, SCFHP reviewed Compliance and Claims policies and conducted sample reviews for all areas. Mr. Quan highlighted open CAPs for Utilization Management, Claims and PDR, Population Health Management, and Health Education

Mr. Quan presented the Annual Risk Assessment and 2022 Audit Schedule for delegates and internal operational departments. The results of the Risk Assessment were used to develop the Audit Work Plan for the year.

6. Compliance Program

Mr. Quan reviewed proposed amendments to the Compliance Program adding explicit mention of Medicare Advantage Prescription Drug Plan (MAPD) with Medicare Parts C and D, in preparation for D-SNP transition in 2023.

It was moved, seconded, and the proposed amendments to the Compliance Program were **unanimously approved.**

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

7. Fraud, Waste, and Abuse Report

Mai Phuong Nguyen, Fraud, Waste, and Abuse Program Manager, presented the Fraud, Waste, and Abuse Report activities and investigations.

Ms. Nguyen shared there are a total of 42 reported leads for the year 2021 comprised from CMC, Medi-Cal, and CMC Medi-Cal.

Ms. Nguyen shared the majority of intake come from the G&A team while the majority of allegations are originated by members. She detailed the largest initial allegation type listed is for services not rendered. Ms. Nguyen stated a total of 35 investigations were opened in 2021.

Ms. Nguyen concluded her presentation by providing an update on SCFHP open investigations.

8. Adjournment

The meeting was adjourned at 2:56 PM.

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Sue Murphy, Secretary

Santa Clara Family Health Plan™

Compliance Activity Report

May 26, 2022

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Compliance Activity Report

May 26, 2022

- **Disclosure of Notification Issue**
  The Plan recently disclosed to CMS and DHCS that 829 authorization decisions between February 8, 2022 and March 18, 2022 did not generate notification letters to be sent to the members. This was due to a glitch resulting from a software enhancement to the utilization management system that enabled full translation of authorization notices, which was not initially discovered. The software was fixed and affected members were notified of the outcomes by mail and phone.

- **Medicare Data Validation Audit**
  The Plan is currently undergoing the annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to complete a validation of various reports to CMS for calendar year 2021 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 in April to review our reporting process and is currently reviewing our source documentation. Advent will be submitting final results to CMS by the end of July.

- **Department of Health Care Services (DHCS) Annual Audit**
  The Plan recently completed its annual 2022 DHCS audit, covering both Medi-Cal and Cal MediConnect with a review period of March 2021 through February 2022. During the audit exit conference, DHCS verbally indicated potential findings in several areas (including utilization management, grievances and appeals, initial health assessments, transportation, quality improvement, and fraud, waste, and abuse), with other areas still under review. It could be several months before we receive a preliminary audit report.

- **Department of Managed Health Care (DMHC) Routine Audit**
  The Plan recently received notice of a routine DMHC survey to be held in October, covering the overall performance of the Plan. DMHC has requested certain documents by June. Compliance is leading the preparation and document response in advance of the audit.

- **Department of Managed Health Care (DMHC) Triennial Financial Audit**
  The Plan is preparing for a routine financial audit that will be conducted by DMHC in June. This audit occurs every three years and examines the financial health and sustainability of the health plan, including cash, investments, liabilities, billing processes, claims data, and provider disputes. Finance is responding to document requests from DMHC.

Santa Clara Family Health Plan™

Oversight Activity Report

May 26, 2022

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Corrective Action Plans

May 26, 2022

Date Issued or Logged	Date Closed	Delegate/BU	Deficiency/Finding	Remediation/Correction	Status and next steps
3/29/2022		Green Cab	Green Cab reported 20 and 33 incidents of driver no show in Q3 2021 and Q4 2021.	provided drivers training on Green Cab's sick policy	monitor Q1 2022 data for improvement
3/29/2022		Yellow Cab	Yellow Cab reported 11 and 10 incidents of driver no-shows in Q3 2021 and Q42021.	onboarding new drivers, limit will call rides, explore shared rides	expect no change for Q1 2022
4/5/2022		PCNC	PA and Maternity Kick data reports were inaccurate Nov 2021 - Jan 2022	PCNC Implemented a QA checklist	Monitor corrections in upcoming reports due
4/5/2022		PMG	PMG does not have a process to fully translate NOAs per APL 21-011 that was suppose to be effective by 3/1/2022.	Implementing vendor for translation.	5/17/2022: PMG provided update they are currently testing their process. SCFHP requesting update from PMG every two weeks.
4/6/2022	5/1/2022	PNO	March BU attestation disclosed 5-6 months delay in updating providing information.	data expected to be current by May 1st	4/27/2022 attestation reported data is updated. Update requested with April's attestion
4/12/2022		PCNC	2021 Audit findings resulted in 20 CAPs	response due 5/3/2022	5/18/2022: PCNC provided CAP responses, Compliance currently reviewing responses
4/20/2022	5/18/2022	CM	two missed measures from March Dashboard	work with IT to correct operational reports to ensure HRA assignments are correctly identified	5/18/2022: April dashboard shows issue corrected. continue to monitor dashboard
5/17/2022		VSP	2021 Audit findings with 4 CAPs	responses due 6/16/2022	pending CAP response from VSP

Santa Clara Family Health Plan™

Compliance Dashboard

May 26, 2022

Compliance Summary 2021-2022

FY 2021-2022 PLAN FOCUS - At least 95% of Metrics on Compliance Dashboard in Compliance

Fiscal Year to Month: **Apr-22** | 798 out of 888 measures were compliant = **89.9%**

LOB	Category	2021						2022						FY to Date
		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
CMC (49 measures)	Met	40	43	44	41	33	36	39	35	37	42			390
	Monthly Count*	43	44	46	45	43	43	43	43	43	43			436
	% Met	93.0%	97.7%	95.7%	91.1%	76.7%	83.7%	90.7%	81.4%	86.0%	97.7%			89.4%
Medi-Cal (38 measures)	Met	29	31	32	31	25	29	30	29	30	31			297
	Monthly Count*	35	35	34	35	34	34	34	33	34	33			341
	% Met	82.9%	88.6%	94.1%	88.6%	73.5%	85.3%	88.2%	87.9%	88.2%	93.9%			87.1%
General Compliance (14 measures)	Met	11	11	11	11	11	12	11	11	11	11			111
	Monthly Count*	11	11	11	11	11	12	11	11	11	11			111
	% Met	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%
Combined (101 measures)	Met	80	85	87	83	69	77	80	75	78	84			798
	Monthly Count*	89	90	91	91	88	89	88	87	88	87			888
	% Met	89.9%	94.4%	95.6%	91.2%	78.4%	86.5%	90.9%	86.2%	88.6%	96.6%			89.9%

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

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
CLAIMS					
Non-Contracted Providers					
Clean Claims from Non-Contracted Providers paid or denied within thirty (30) calendar days	95%	99.4%	98.5%	98.1%	
All Other Claims from Non-Contracted Providers or enrollees must be paid or denied within sixty (60) calendar days	100%	100.0%	100%	99.9%	
Contracted Providers					
Clean Claims from Contracted Practitioners paid or denied within thirty (30) calendar days	90%	100%	99.5%	99.2%	
Clean Claims from Contracted Providers paid or denied within ninety (90) calendar days	99%	99.9%	99.5%	98.9%	
CUSTOMER SERVICE					
Call Stats					
Member Queue					
Member Average Hold Time in Seconds	≤120 Seconds	40	40	39	
Incoming calls that are answered within 30 seconds	80% in ≤30 sec	73.2%	79.2%	82.1%	
Disconnect Rate from CMS Quarterly Report (part C)	≤5%	0.0%	n/a	0.0%	
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%	99.8%	99.8%	99.8%	
Out of Area Members					
% of compliance with member outreach process within 10 calendar days of notification of possible OOA for members	100%	100%	100%	100%	
FINANCE					
Monthly submission of encounter data	100%	100%	100%	100%	

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
CLAIMS					
All Claims					
Misdirected Claims forwarded within ten (10) working days	95%	91.4%	98.5%	95.2%	
Processed Claims that receive acknowledgement timely	95%	100.0%	99.9%	99.6%	
All Claims paid or denied to ALL providers within forty-five (45) working days	95%	99.8%	99.5%	99.2%	
Clean Claims					
Clean Claims paid or denied to Practitioner within thirty (30) calendar days	90%	99.8%	98.2%	96.5%	
Clean Claims paid or denied to All Providers within ninety (90) calendar days	95%	100.0%	100.0%	99.8%	
Provider Claim Dispute Requests					
Provider Disputes acknowledged within fifteen (15) working days	95%	99.0%	98.9%	99.3%	
Provider Disputes resolved within forty-five (45) working days/sixty-two (62) calendar days	95%	99.8%	100.0%	99.9%	
Overturned Cases					
Overturned Cases with check provided within five (5) working days	95%	99.7%	100.0%	98.8%	
CUSTOMER SERVICE					
Call Stats					
Member Queue					
Member calls that are answered in ≤ 10 minutes	100%	99.2%	99.1%	99.7%	
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%	100%	100%	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%	100%	100%	100%	

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

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - CASE MANAGEMENT					
HRAs and ICPs					
Total ICP Completion	100%	98.0%	96.3%	99.7%	
Total HRA Completion	100%	100.0%	96.9%	99.7%	
Members with timely annual HRA completion	100%	89.6%	98.3%	85.2%	

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - MEDIMPACT/PHARMACY					
Standard Part D Authorization Requests					
Standard Prior Authorization requests (part D) completed within seventy-two (72) hours of request	100%	100.0%	100.0%	100.0%	
Expedited Part D Authorization Requests					
Expedited Prior Authorization requests (part D) completed within twenty-four (24) hours of request	100%	100.0%	100.0%	100.0%	
Non Part D Drugs Authorization Requests					
Non Part D Drugs Prior Authorization completed within twenty-four (24) hours of request	100%	96.6%	100.0%	100.0%	
Call Monitoring					
Provider/Pharmacy Average Hold Time in Seconds	≤120 Seconds	14	7	17	
Provider/Pharmacy Service Level	80% in ≤30 sec	85.0%	92.0%	87.3%	
Disconnect Rate	≤5%	0.5%	0.5%	0.0%	

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - UTILIZATION MANAGEMENT					
Concurrent Organization Determinations					
Concurrent Review of Authorization Requests (part C) completed within five (5) working days of request	100%	99.8%	100.0%	99.6%	
Pre-Service Organization Determinations					
Standard Part C					
Standard Pre-Service Prior Authorization Requests (part C) completed within five (14) calendar days	100%	99.6%	99.4%	88.3%	

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
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%	100%	100%	100%	
Total High Risk SPD HRA Completion	100%	75.0%	100%	100%	
Total Low Risk SPD HRA Completion	100%	96.0%	75.0%	74.5%	
Total High Risk SPDs with ICP completion	100%	50.0%	100%	100%	

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - PHARMACY					
Standard Authorization Request					
Standard Prior Authorization requests (RX) completed within twenty-four (24) hours	100%	99.5%	99.5%	n/a	n/a
Expedited Authorization Request					
Expedited Prior Authorization requests (RX) completed within twenty-four (24) hours of request.	100%	99.3%	99.0%	n/a	n/a

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - QUALITY					
Facility Site Reviews					
Annual Managed Care Division Facility Site Reviews/Physical-Accessibility Report submitted by Aug 1 each year	100%	100%	n/a	n/a	
IHAs completed within 120 calendar days of enrollment	100%	43.2%	47.5%	25.1%	

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - UTILIZATION MANAGEMENT					
Medical Authorizations					
Conncurrent Review					
Concurrent Review of Authorization Requests completed within 5 working days of request	100%	99.0%	99.8%	99.1%	

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

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
HEALTH SERVICES - UTILIZATION MANAGEMENT (cont.)					
Pre-Service Organization Determinations (cont.)					
Expedited Part C					
% of Expedited Pre-Service Prior Authorization Requests (part C) completed within severty-two (72) hours	100%	99.3%	98.9%	87.6&%	
Post Service Organization Determinations					
Retrospective Requests (part C) completed within thirty (30) calendar days	100%	99.6%	99.4%	93.6%	
Part B Drugs Organization Determinations					
Standard Prior Authorization Requests (part B drugs) completed within seventy-two (72) hours of request	100%	100.0%	98.4%	87.2%	
Expedited Prior Authorization requests (part B drugs) completed within twenty-four (24) hours of request	100%	100.0%	92.0%	89.3%	

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GRIEVANCE & APPEALS					
Grievances, Part C	Goal				
Standard Grievances Part C					
Standard Grievances (Part C) that provided Acknowledgment Letters within five (5) calendar days	100%	98%	95.5%	99.4%	
Standard Grievances (Part C) that provided Resolution Letters within thirty day calendar (30) days	100%	99.6%	99.4%	99.5%	
Expedited Grievances Part C					
Expedited Grievances (Part C) that provided Verbal or Written Resolution within twenty-four (24) hours	100%	100%	100%	100%	
Grievances, Part D					
Standard Grievance Part D					
Standard Grievances (Part D) that provided Acknowledgment Letters within five (5) calendar days	100%	100%	100%	100%	
Standard Grievances (Part D) that provided Resolution Letters within thirty (30) calendar days	100%	100%	100%	100%	
Expedited Grievance Part D					
Expedited Grievances (Part D) provided Verbal OR Written Resolution within twenty-four (24) hours	100%	100%	100%	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%	100%	91.4%	92.6%	
Standard Pre-Service Reconsiderations (part C) that provided Resolution Letters within thirty (30) calendar days	100%	100%	100%	100%	
Standard Post-Service Part C					
Standard Post-Service Reconsiderations resolved within 60 days	100%	100%	92.9%	98.5%	

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
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%	99.4%	98.9%	
Expedited Authorizations					
Expedited Prior Authorization Requests completed within seventy-two (72) hours of request	100%	99.8%	99.8%	99.5%	
Retrospective Review					
Retrospective Requests completed within thirty (30) calendar days of request	100%	100.0%	99.8%	99.5%	
Member Notification of UM Decision					
Member Notification of UM decision in writing within two (2) working days of the decision.	100%	99.5%	99.3%	99.5%	
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%	97.9%	98.2%	98.9%	

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GRIEVANCE & APPEALS					
Grievances					
Standard Grievances					
Standard Grievances that provided Acknowledgement Letters within five (5) calendar days	100%	97.9%	95.1%	98.5%	
Standard Grievances that provided Resolution Letters within thirty (30) calendar days	100%	99.4%	98.9%	100.0%	
Expedited Grievances					
Expedited Grievances that provided Verbal AND Written Notifications within seventy-two (72) hours	100%	100.0%	100.0%	94.4%	
Appeals					
Standard Appeals					
Standard Appeals that provided Acknowledgement Letters within five (5) calendar days	100%	97.3%	93.0%	95.0%	
Standard Appeals that provided Resolution Letters within thirty (30) calendar days	100%	99.5%	94.7%	100.0%	
Expedited Appeals					
Expedited Appeals that provided Verbal AND Written Notifications within seventy-two (72) hours	100%	100.0%	85.7%	92.9%	

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

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
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%	100%	100%	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%	100%	100%	100%	
Appeals, Part B					
Part B Drug Appeals that provided Verbal OR Written Resolution within seven (7) calendar days	100%	100%	100%		
Redeterminations, Part D					
Standard Part D					
% of Standard Redeterminations (part D) that provided Resolution Letters within seven (7) calendar days	100%	100%	95.7%	50%	
Expedited Part D					
Expedited Redeterminations (part D) that provided Verbal AND Written Resolution within seventy-two (72) hours	100%	100%	100%	100%	
Untimely Expedited Redeterminations (part D) submitted to IRE within twenty-four (24) hours of decision	100%	100%	100%	100%	
Direct Member Reimbursement Redeterminations (Part D) resolved within fourteen (14) calendar days	100%	100%	100%	100%	
Complaint Tracking Module (CTM) Complaints					
CTM Conplaints Resolved Timely	100%	100%	100%	100%	
MARKETING					
Required Materials posted to the Plan's website by the first of each month	100%	100%	100%	100%	
Required Member Materials posted to the Plan's website by October 15 each year	100%	n/a	100%	n/a	
Annual member materials distributed or notified by October 15 each year	100%	n/a	100%	n/a	
MEDICARE OUTREACH					
Annual Medicare Communications & Marketing Guidelines training completed by September 30 each year	100%	100%	n/a	n/a	
PROVIDER NETWORK MANAGEMENT					
PROVIDER DATABASE & REPORTING					
Provider Directories updated monthly by the first day of the month	100%	100%	100%	100%	
Annual Health Service Delivery Tables submitted by September 30 of each year	100%	100%	n/a	n/a	

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GRIEVANCE & APPEALS					
MARKETING					
Training and certification for Marketing Representatives completed timely	100%	100%	100%	100%	
Medi-Cal Provider Directory posted on the Plan's website by the first of the month	100%	100%	100%	100%	
INFORMATION TECHNOLOGY					
Encounter Files Successfully Submitted to DHCS by end of month	100%	100%	100%	100%	
Monthly Eligibility Files successfully submitted to Delegates Timely	100%	100%	100%	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%	100%	100%	100%	
PROVIDER NETWORK ACCESS & DATABASE					
Annual Network Certification submitted by March 31 of each year	100%	n/a	n/a	n/a	
Timely Access Compliance Report submitted by March 31 of each year	100%	n/a	n/a	0%	

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

Compliance Summary 2021-2022

Cal MediConnect

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GENERAL COMPLIANCE					
Exclusion Screenings					
Individual Exclusion Screening					
New Eligible Individuals screened prior to start date	100%	100%	100%	100%	
Eligible Individuals who are screened monthly	100%	100%	100%	100%	
FDR Exclusion Screening					
Initial Exclusion Screening Completed for FDRs prior to contracting	100%	100%	100%	100%	
Monthly Exclusion Screening Completed for existing FDRs	100%	100%	100%	100%	
Provider Monthly Screenings					
Monthly Exclusion Screening completed for the Plan's Contracted Providers	100%	100%	100%	100%	
Monthly Exclusion Screening completed for Non-Contracted Providers	100%	100%	100%	100%	
Compliance Training					
New Eligible Employees completed trainings within ninety (90) days of initial hiring (SCFHP's operational standard = 5 working days)	100%	100%	100%	100%	
Annual Employee Training completed within sixty (60) calendar days of issuance	100%	100%	100%	100%	
Annual Board Training completed within sixty (60) calendar days of issuance	100%	n/a	100%	100%	
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%	100%	100%	100%	
Current Employees receive Standards of Conduct and Compliance P&Ps annually	100%	n/a	100%	100%	

Medi-Cal

Measure	Goal	Q3-21	Q4-21	Q1-22	Q2-22
GENERAL COMPLIANCE					
Personnel Filings					
Key Personnel filings completed within five (5) calendar days of effective date	100%	100%	100%	100%	
Department Of Fair Employment & Housing Training					
Employees who complete the CA harassment training course once every two years	100%	n/a	n/a	n/a	
Temporary Employees completed the CA harassment training within 30 calendar days from start date or 100 hours of work	100%	100%	100%	100%	

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

Santa Clara Family Health Plan™

2022 Audit Work Plan - Updates

May 26, 2022

3-Year Audit Schedule

Santa Clara Family Health Plan

COMBINED 3-YEAR AUDIT SCHEDULE

Year	Internal/ External	Q1 Medi-Cal	Q1 CMC	Q2 Medi-Cal	Q2 CMC	Q3 Medi-Cal	Q3 CMC	Q4 Medi-Cal	Q4 CMC
2020	Internal	SCFHP Website IT (Security Risk Assessment)*		Claims		Compliance*		Quality Improvement	
2020	Internal		UM				Pharmacy		UM SCFHP Website
2020	External	Hanna		MedImpact		New Directions			VHP PMGSJ
2020	External	Language Line		Cal IPA		Kaiser			
2021	Internal	CM Grievance and Appeals		Enrollment Production Services		Compliance* Human Resources		SCFHP Website Medicare Outreach	
2021	External	Change Healthcare		MedImpact VSP		Carenet Docustream		VerifPoint Arvato	
2021	External	NEMS		CHDP Gateway		Kaiser PCNC		PMGSJ VHP	
2022	Internal			UM		Compliance Grievance and Appeals		SCFHP Website	
2022	External	NovaTrans		Arvato Carenet VSP		Kaiser PCNC NEMS	MedImpact	PMGSJ VHP	
2022	External				Silver & Fit				

Note: Audit schedule was last reviewed and approved in Feb 2022 Compliance Committee

Santa Clara Family Health Plan

Vision Service Plan (VSP)

Scope: Compliance Program Requirement, Claims Processing, Provider Credentialing, C&L, Call Center

Program Area	# of Observations	# of Findings
Claims Processing	0	2
Compliance Program Requirements	0	1
Provider Credentialing	0	0
Cultural and Linguistic Program	0	1
Call Center	0	0
Total	0	4

Final Report Findings:

- Inappropriate denial of claims
- Incorrect payment of claims
- No process in place to screen contracted entities against exclusion lists
- No evidence to demonstrate Cultural and Linguistic Training was conducted

VerifPoint

Scope: Compliance Program Requirement, Credentialing Policy and Procedures

Program Area	# of Observations	# of Corrective Action Required
Compliance Policy and Procedures	0	0
Employee Samples	0	1
Credentialing Policy and Procedures	0	0
Total	0	1

Findings:

- Standards of Conduct and General Compliance Policies were not distributed to all employees in 2021.
  - CAP closed: Standards of Conduct and General Compliance Policies have been added to annual documents that each employee is required to review and sign.

Santa Clara Family Health Plan

Docustream

Scope: Compliance Program Requirements

Program Area	# of Observations	# of Corrective Action Required
Compliance Program Requirements (Employee Samples)	0	4
Total	0	4

Preliminary Findings:

- HIPAA & General Compliance Training was not provided to all employees
- FWA Training was not provided to all employees
- Standards of Conduct and General Compliance Policies were not provided to all employees in 2021
- Employees were not screened against the OIG/GSA exclusion list prior to hire and monthly thereafter

Santa Clara Family Health Plan

MedImpact

Scope: Compliance Program Requirements, Coverage Determinations/Prior Authorizations, Formulary Administration, MTM

Program Area	# of Observations	# of Findings
Compliance Program Requirements	0	0
Coverage Determinations/Prior Authorizations	0	0
Formulary Administration	0	1
Medication Therapy Management	0	0
Total	0	1

Findings:

- Transition letters for non Part D drugs reflected incorrect count of transition
- No CAP required. Finding was corrected 11/15/2021.

Santa Clara Family Health Plan

2021 Physicians Medical Group Audit

Executive Summary of Final Audit Report Results

#	Program Area	# of Observations	# of Findings
4.1	Compliance	0	0
4.2	Cultural and Linguistics	0	1
4.3	Information Management	1	0
4.4	Utilization Management	0	1
4.5	Case Management	0	11
4.6	Initial Health Assessment	0	6
4.7	Provider Training	0	2
4.8	Timely Access and Availability	0	4
4.9	Claims and PDR	0	3
	Total	1	28

Physicians Medical Group (PMG)

Santa Clara Family Health Plan

- Final Audit Report Findings (28 Findings and 1 Observation):
  - Case Management and Timely Access policies need updating
  - 2/20 UM Member notification letters were not sent in member's preferred language
  - 20/20 CM files were incomplete (no evidence of collab with PCP, documentation of follow-up communication with member, and referrals to appropriate community resources/agencies for carved out services)
  - Initial Health Assessments were incomplete or untimely
  - Provider training materials were not approved by SCFHP and completion of trainings were not documented
  - 2/30 claims were denied incorrectly
  - 5/30 claims were paid incorrectly
  - 5/30 PDRs were processed incorrectly

Santa Clara Family Health Plan

2021 VHP Annual Audit Preliminary Report

#	Program Area	# of Observations	# of Findings
4.1	Compliance	3	2
4.2	Cultural and Linguistics	0	1
4.3	Information Management	0	1
4.4	Utilization Management	1	5
4.5	Case Management	0	11
4.6	Credentialing/Recredentialing	0	1
4.6	Provider Training	0	5
4.7	*Timely Access and Availability**	*TBD*	*TBD*
4.8	Claims and PDR	0	8
	Total	**4**	**34**

**Review of Timely Access and Availability will be conducted upon receipt of documents*

4/28/2022: Preliminary Report was issued to VHP

5/23/2022: Responses due from VHP to the preliminary findings and observations

TBD: SCFHP reviews VHP's responses and issues the Final Report

Santa Clara Family Health Plan

2022 NovaTrans LLC Preliminary Audit Findings

Audit timeframe: October 1, 2021 through December 31, 2021
LOB: Medi-Cal and CMC

#	Program Area	# of Observations	# of Findings
4.1	NEMT Services	1	4
4.2	Compliance Requirements	0	1
4.3	Operator/Driver/Vehicle	1	1
4.4	Administrative Processes	0	6
4.5	DHCS Provider Screening/Enrollment	0	0
	Total	**2**	**12**

2022 NovaTrans LLC Preliminary Audit Findings

Santa Clara Family Health Plan

Overview

- NovaTrans LLC is a transportation vendor, contracted with SCFHP since March of 2018
- Opportunities for improvement based on the Preliminary Audit findings:
  - Lack of written documents such as policies or procedures
  - Existing policies and procedures can be updated to include specific requirements related to NEMT services and administrative processes (notably, records retention and exclusion screenings)
  - Policies and procedures in general, do not have dates (such as created, reviewed, approved, or updated)
- Most, if not all, of the preliminary findings can be resolved through additional training and education provided to NovaTrans LLC with the addition of new or updated policies and procedures

Santa Clara Family Health Plan™

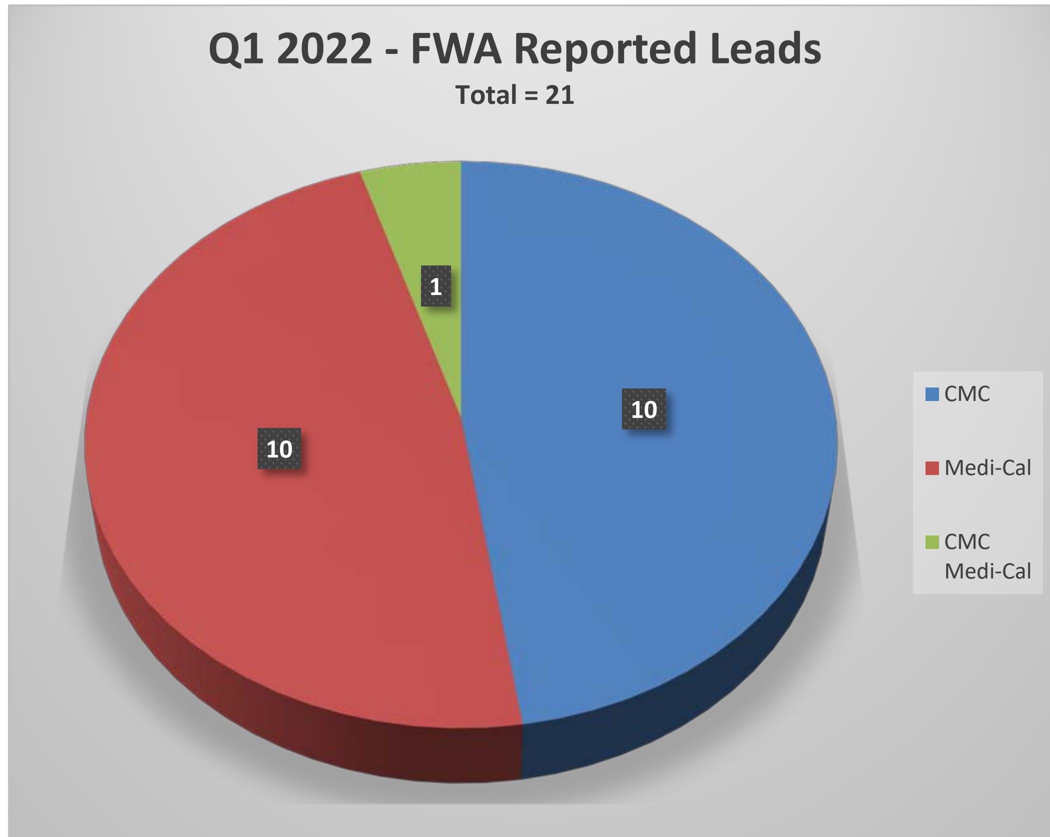
Fraud, Waste, and Abuse Quarterly Report

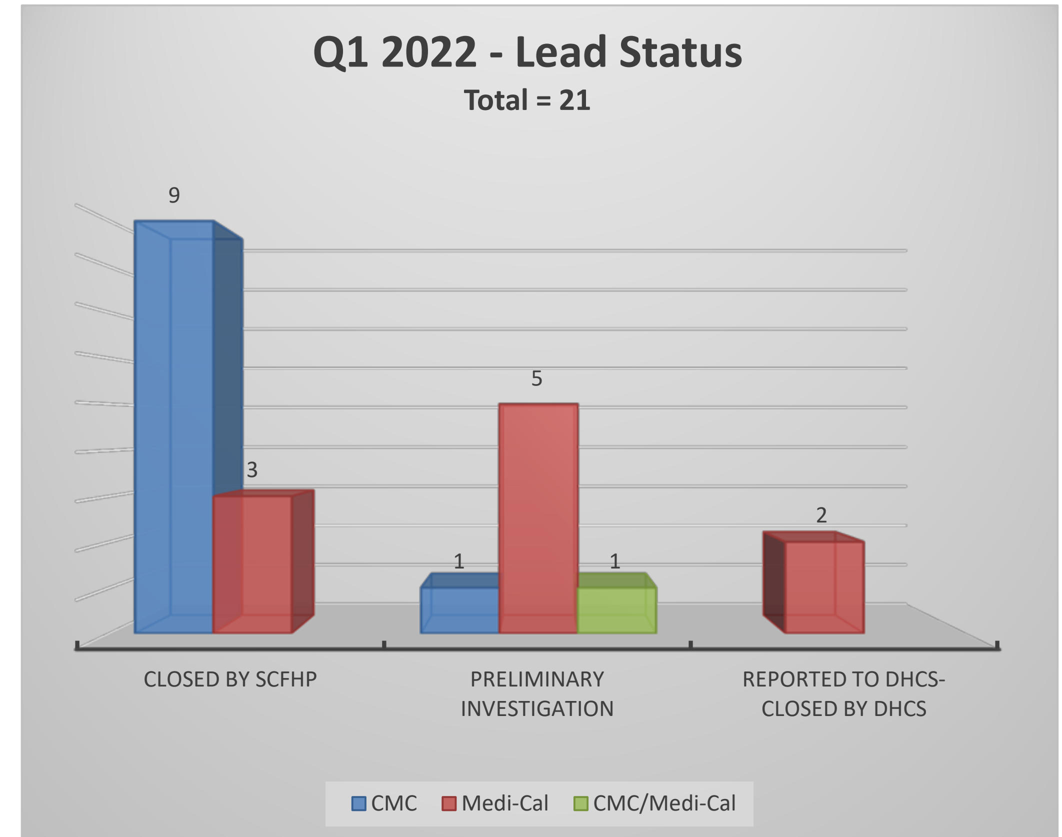
Compliance Committee Meeting – 05/26/2022

Q1 2022

Q1 2022 Report – FWA Leads

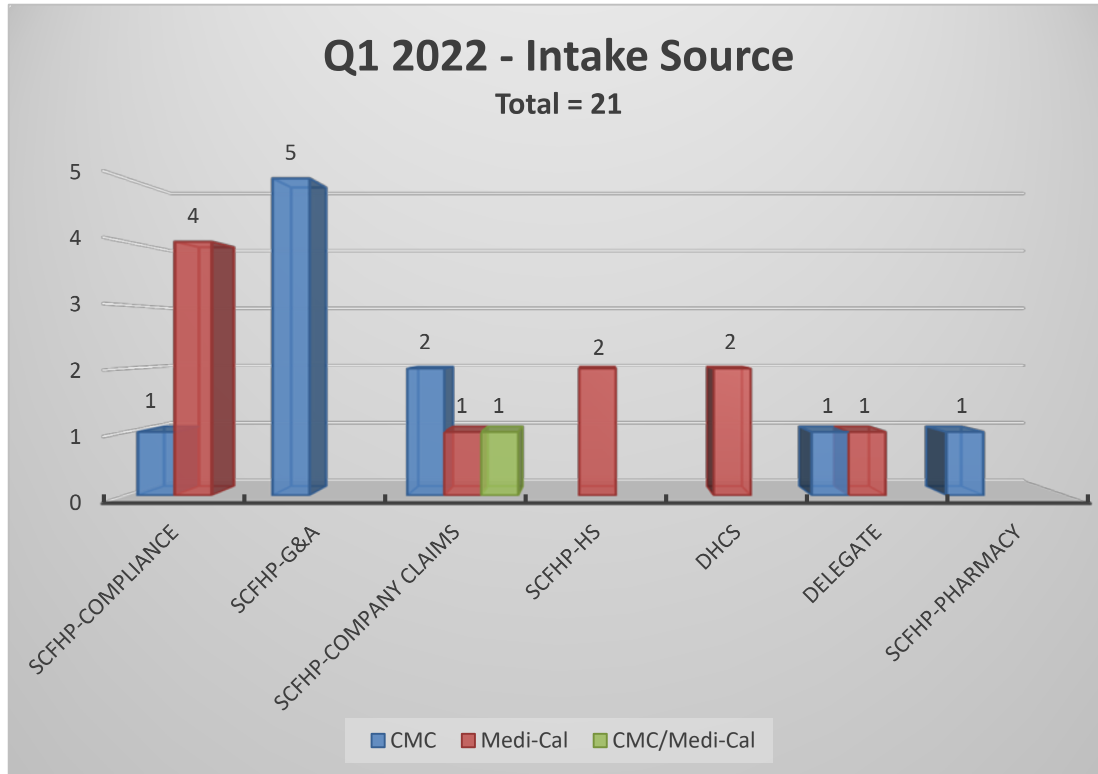
Santa Clara Family Health Plan

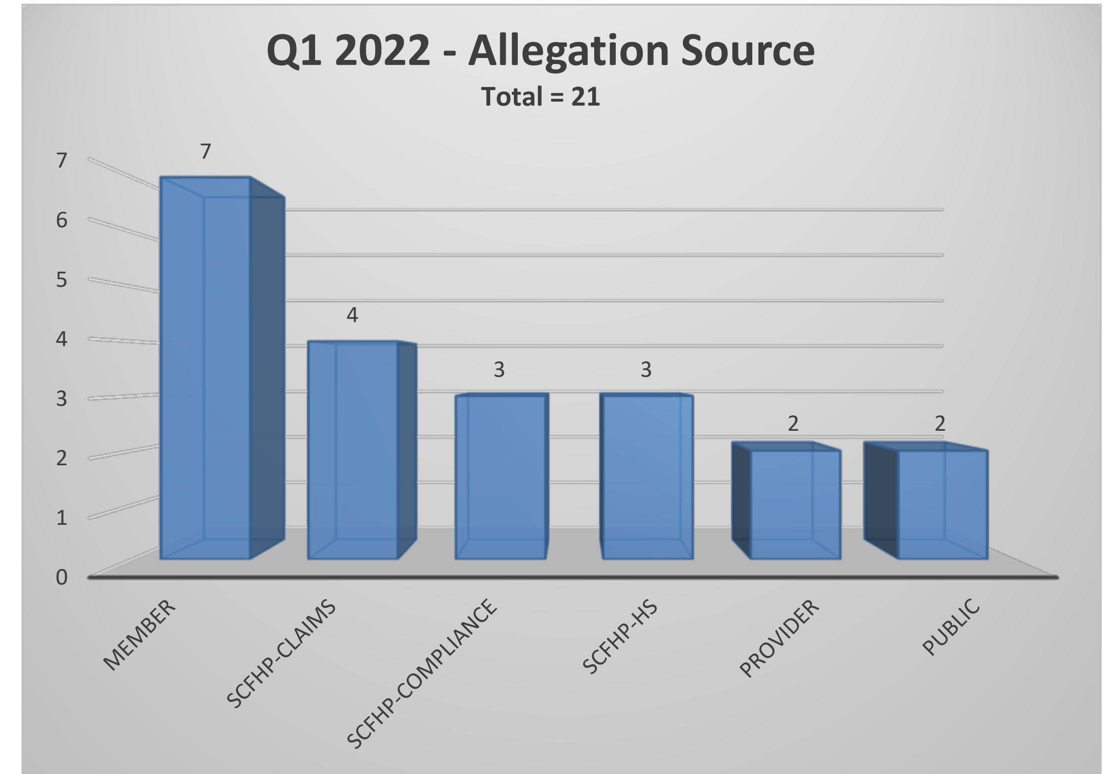




Q1 2022 Report – FWA Leads (cont.)

Santa Clara Family Health Plan



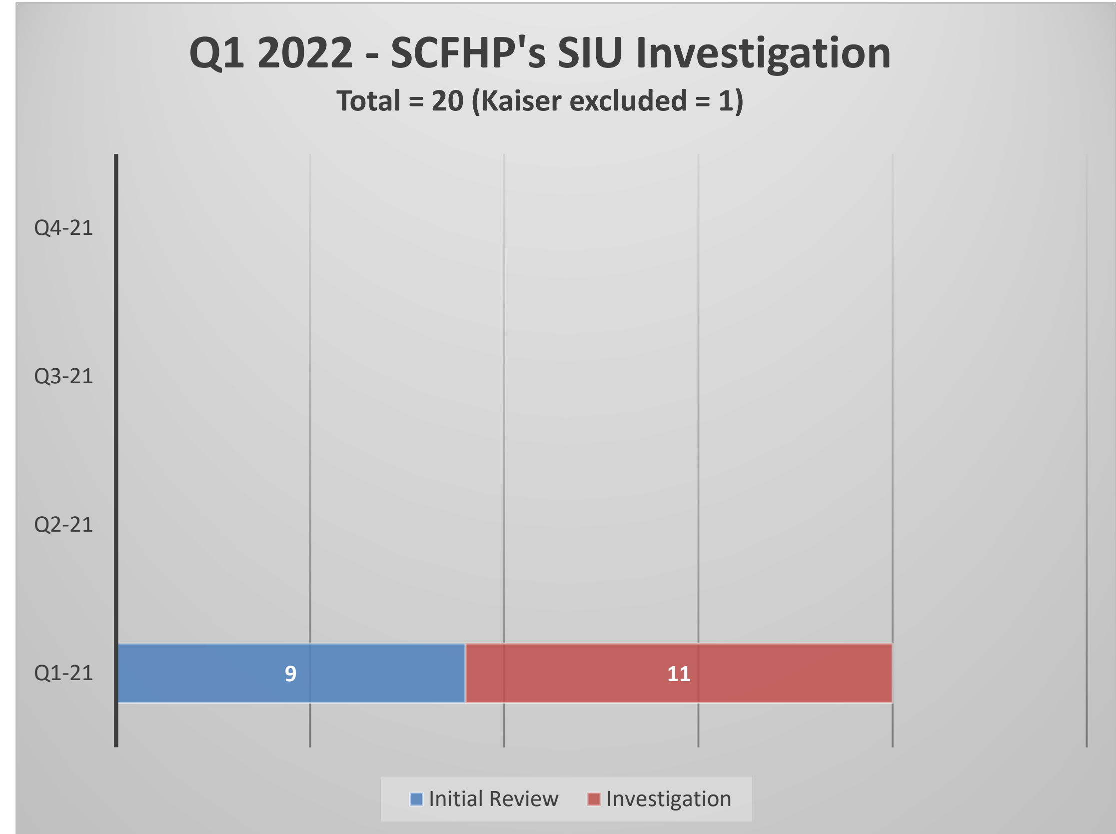


Q1 2022 Report – FWA Leads (cont.)

Santa Clara Family Health Plan

Q1 2022 - Allegation Type

Allegation Type	CMC	Medi-Cal	CMC/Medi-Cal	Total
Services not Rendered	8	4		12
Billing Issue	1	3	1	5
Drug Seeking		1		1
Out-of-Area Physician	1			1
Service not Needed		1		1
Overutilization		1		1
YTD	10	10	1	21



Q1 2022 Report – SIU Cases

Santa Clara Family Health Plan

SIU Case Updates
Update Date: 05/16/2022

ID	Allegation Source	Subject Investigated	Allegation	Reason to Open	Status	Actions
2021_12_29_01	SCFHP-Claims	Provider-Cardiology	Billing Issue	Provider submitted claims for services provided to a member with hospice status.	Closed by SCFHP	- Hospice status was provided by the State - State removed hospice status a few montsh later
2022_01_03_01	SCFHP-Compliance	Provider-Transportation	Services not Rendered	Provider submitted claims for rides that were supposed to provide after date of death.	Closed by SCFHP	- Provider repaid $1,84657 - CAP issued and closed
2022_01_03_02	SCFHP-Compliance	Provider-Transportation	Services not Rendered	Provider submitted claims for rides that were supposed to provide after date of death.	Closed by SCFHP	- Provider repaid $66907 - CAP issued and closed
2022_01_03_03	SCFHP-Compliance	Provider-Transportation	Services not Rendered	Provider submitted claims for rides that were supposed to provide after date of death.	In Progress	- A demand letter for $4,33807 was sent to the Provider - Provider does not response to CAP - Scheduling a call with Provider is in progress
2022_01_28_01	Signify Health	Provider-Surgery	Services not Rendered	The Plan's Provider reported of service not surrendered by their own contracted physician.	Closed by SCFHP	- Provider repaid the Plan and put their provider on an immediate hold
2022_02_07_01	Kaiser	Member-Kaiser	Drug Seeking	Kaiser member presented a suspicious non-KP dental prescription prescribed to a different name with a different KP Medical Record Number.	In Progress	- Kaiser investiagted and submitted intial and final 609 report to DHCS - Unsubstantiated relating to drug FWA
2022_02_07_02	DHCS	Provider-Home Health Care	Services not Needed	DHCS's request for investigation of a hospital in Sacramento.	Closed by DHCS	- No claims submitted by the facility in Sacramento All of our members deceased except for 3
2002_02_14_01	DHCS	Provider-Psychiatry	Services not Rendered	DHCS's request for investigation of a psychiatrist's non-compliant activities in a hospital in Sacramento.	Closed by DHCS	- Provider's claims were denied as the providers' W9 form has not been submitted
2002_02_15_01	SCFHP - HS	Provider-Home Health Care	Overutilization	Not enough evidence to justify the paid skilled nursing visit for this provider.	In Progress	- SIU review claims and prepare for medical records request
2002_02_17_01	SCFHP-Claims	Provider-Ambulance	Billing Issue	Provider used one billing code for Medicare and a different code for Medi-Cal.	In Progress	- Provider agrees to provide explanation on why codes were switched
2002_03_17_01	Member	Provider-Podiatry	Services not Rendered	Member does not recall service provided (an office outpatient visit 15 minutes) Provider has not responded.	In Progress	- No response from provider - Plan to work with PNO to find other solutions
2002_03_21_02	SCFHP - HS	Provider-Applied Behavior Analysis	Billing Issue	Suspected overbilling due to misunderstanding of unit vs session.	In Progress	- Provider agrees to provide contracts and approved PAs for comparison

Santa Clara Family Health Plan™

Compliance Policies

May 26, 2022

Santa Clara Family Health Plan™

Annual Review of Finance Policies
April 28, 2022

Policy No.	Policy Title	Changes
CP.01	Regulatory Reporting	Revised
CP.02	Fraud Waste and Abuse	Revised
CP.04	Data Mining to Detect, Correct and Prevent FWA	Revised
CP.05	Record Retention	Revised
CP.06	False Claims Act	Revised
CP.07	Corrective Actions	Revised
CP.08	Compliance Reporting Mechanisms	Revised
CP.09	Exclusion Screening	Revised
CP.10	Compliance Training	Revised
CP.11	Effective Communications	Revised
CP.12	Annual Compliance Program Effectiveness Audit	Revised
CP.15	Standards of Conduct	No Change
CP.16	Vendor and FDR Contracting	Revised
CP.17	Risk Assessment and Audit Work Plan	Revised
CP.18	Protection of HIV AIDS Information	Revised
CP.26	Compliance Hotline	Revised
CP.28	Subcontracting Terminations and Block Transfer Filings	Revised
CP.30	Conducting Internal Investigations	Revised
CP.31	Voluntary Self-Disclosures of Significant Non-Compliance and Fraud, Waste, & Abuse	Revised
CP.32	Conflict of Interest	Revised
CP.33	Well-Publicized Disciplinary Standards	Revised
CP.35	Key Personnel Filing	Revised
CP.37	DMHC Independent Medical Review (IMR)	Revised
DE.01	Delegation Oversight	Revised
DE.02	Pre-Delegation Audit	Revised
DE.03	Delegation Agreement	Revised
DE.05	Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities	Revised
DE.07	Delegation Corrective Action	Revised

POLICY

Policy Title:	**Regulatory Reporting**	**Policy No.:**	CP.01 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

This policy establishes Santa Clara Family Health Plan's (SCFHP) guidelines for adhering to the reporting requirements set forth by the Centers for Medicare & Medicaid Services (CMS) for the ~~Cal Medi-Connect~~Medicare product and as set forth by the Department for Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) for Medi-Cal.

II. Policy

SCFHP is committed to data integrity in capturing, extracting, analyzing, reporting and validating all data generated for its ~~Cal MediConnect~~Medicare and Medi-Cal products.

III. Responsibilities

A. ~~[need to determine compliance department responsibilities associated with communicating regulatory reporting updates; creating reporting calendars; conducting compliance reviews of proposed final data; and submission of the data in the appropriate regulator's portal]~~Compliance Department is responsible to communicate regulatory reporting requirements, specifications, and schedule, with business units. Business units and Compliance shall determine whether reporting is required from delegates to support SCFHP's reporting to regulators. IT shall support business units with reporting as necessary. Business units have responsibility to review and ensure accuracy of reporting. Compliance have responsibility to coordinate the submission of reports, which may require IT support.

IV. References

Medicare Part C Plan Reporting Requirements: Technical Specifications Document
Medicare Part D Plan Reporting Requirements: Technical Specifications Document
Medicare Part C and Part D Reporting Requirements Data Validation Procedure Manual
California and CORE MMP Reporting Requirements
~~[need Medi-Cal regulatory citations]~~MCP contract Exhibit A, Attachment 17, Reporting Requirements.

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
~~[name]~~Daniel Quan ~~Manager~~Director, 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)
V2	Revised	Compliance		

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Santa Clara Family Health Plan

POLICY

Policy Title:	Fraud, Waste and Abuse	Policy No.:	CP.02 v9
Replaces Policy Title (if applicable):	Fraud, Waste, and Abuse Policy	Replaces Policy No. (if applicable):	CP002_2
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Policy Statement

Santa Clara Family Health Plan (SCFHP) requires its staff (employed, temporary or contracted), board members, First Tier, Downstream and Related Entities (FDRs), and delegated entities to exercise due diligence in the prevention, detection and correction of fraud waste and abuse (FWA). SCFHP promotes an ethical culture of compliance with all state and federal regulatory requirements, and mandates the reporting of any suspected fraud, waste and abuse to the Compliance Officer by any means including the use of an anonymous hotline.

II. Purpose

To ensure SCFHP has a comprehensive plan to prevent, detect and correct FWA as required by state and federal regulatory provisions governing SCFHP's operations.

III. Responsibilities

SCFHP maintains ultimate responsibility for the effectiveness of its compliance program, including FWA detection, correction and prevention. As part of this responsibility, SCFHP requires all health care providers and business partners to adhere to and maintain policies to address the following principles which are further outlined in SCFHP's procedure CP.02.01:

- Monitor for fraud, waste, and abuse;
- Comply with any monitoring or auditing requests from SCFHP;
- Develop and implement monitoring and auditing work plans for any functions supporting SCFHP's government programs;
- Develop, implement and monitor reporting mechanisms, including appropriate notification to regulatory agencies; and
- Provide ongoing education relating to FWA schemes.

POLICY

IV. References

18 U.S.C. § 1347
42 CFR 422 and 423
42 C.F.R. § 423.501
42 CFR 438.608
42 CFR 455.2
CA W&I Code Section 14043.1(a)
Medicare Managed Care Manual, Chapter 21
Prescription Drug Benefit Manual, Chapter 9

V. Approval/Revision History

First Level Approval	Second Level Approval
MaiPhuongNguyen Mai-Phuong Nguyen Oversight Program Manager ~~11/27/2020~~ 05/19/22 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	Compliance Committee	Approved 7/28/1999	
v2	Revised		Revised 2/1/2005	
v3	Revised		Revised 3/1/2006	
v4	Revised		Revised 5/1/2009	
v5	Revised	Compliance Committee	Approved/5/10/2011	
v6	Revised		Revised 11/1/2014	
v7	Revised		Revised 4/1/2015	
v8	Revised	Compliance Committee	Approved/8/11/2015	11/19/2015
v9	Revised 05/19/22	Compliance Committee		

POLICY

Policy Title:	Data Mining to Detect, Correct and Prevent FWA	Policy No.:	CP.04 v2~~1~~
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	CP.04 v1
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

To establish Santa Clara Family Health Plan (SCFHP)'s commitment to analyzing available data for the detection, correction, and prevention of fraud, waste, and abuse (FWA).

II. Policy

~~Santa Clara Family Health Plan (~~SCFHP~~)~~ is committed to complying with all applicable laws and regulations and to the reduction and elimination of fraudulent and/or unnecessary costs or spending that may put its members, the ~~Medicare~~ SCFHP Compliance ~~p~~Program, or the health plan at risk.

III. Responsibilities

The SCFHP ~~Compliance Manager for fraud, waste and abuse~~~~Oversight~~ Fraud, Waste and Abuse Program Manager is responsible for the development, implementation, and operationalization of anti-fraud activities within SCFHP.

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IV. References

42 C.F.R. § 422.503(b)(4)(vi)(F)
42 C.F.R. § 423.504(b)(4)(vi)(F)
42 CFR §§ 422.504(d) and (e)(4)
Medicare Managed Care Manual, Chapter 21, Section 50.6.9

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Mai Phuong-Nguyen ~~Manager, Compliance~~~~Oversight~~ Program Manager, Fraud, Waste and Abuse **05/10/2022** 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			
v2	Revised 05/10/22	Compliance Committee		

POLICY

Policy Title:	Record Retention	Policy No.:	CP.05 v6~~5~~
Replaces Policy Title (if applicable):	Record Retention and Destruction	Replaces Policy No. (if applicable):	CP005_04; LC-0-04
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/ D-SNP	

I. Purpose

The purpose of the policy is to establish the rules and process by which written, recorded and electronic documents, including those of Santa Clara Family Health Plan's (SCFHP) provider network, first tier, downstream and related entities (FDRs), and Delegates are retained, made available for inspection and appropriately destroyed upon expiration of the applicable regulatory timeframe.

II. Policy

SCFHP and its delegates are required to retain any ~~books, contracts,~~ records ~~and documents~~ related to SCFHP's government programs contracts for a period of ten (10) years from the final date of the ~~of the contract period~~calendar year for which the record is created, or the completion of any active audit where the records were requested for review, whichever is later; or longer if specified in law or regulation.

III. Definitions

~~A. Destroy: Permanently and securely dispose of documents.~~

~~B. Duplicate Copy: A reproduction prepared simultaneously or separately.~~

~~C. Duplicate Original: A duplicate where the original is no longer available.~~

~~D. Durable Medium: Maintaining a record where the properties of such medium provide reasonable assurances against tampering with the information contained in the original and degradation of any reproduction generated, and where the reproduction is an exact copy of the original. The medium may include micrographic, magnetic, optical, mechanical or electronic media, such as scanned copies.~~

~~E. Excluded Records: Includes working copies and draft documents normally discarded when no longer useful or personal records that do not concern the business or operation of the Plan, the provision of services and/or communications to members, or the use of federal funds.~~

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review

POLICY

~~F. General Record: Records that include correspondence as well as personnel, accounting, purchasing, and administrative records.~~

~~G.~~A. Record: Any communication or document prepared, owned, used or retained by the Plan regardless of physical form or characteristic. Many types and forms of records exist including, but not limited to, books, contracts, electronic mail, correspondence, orders, ledgers, financial data, claims data, reports, computer printouts, drawings, maps, photographs, government filings, tapes, microfilm, disks, digital and computerized records, transcripts, etc.

IV. Responsibilities

A. SCFHP business units are responsible for maintaining their department's ~~R~~records ~~retention is the responsibility of each SCFHP business unit~~
~~A.~~B. The Facilities Department is responsible for storage and destruction of records that have exceeded their retention period.
~~B.~~C. The IT Department is responsible for the creation and maintenance of secure electronic ~~document~~ record retention protocols.
~~C.~~D. Provider education on this requirement is handled by the Provider Network Operation~~& Management~~ Team.
~~D.~~E. Delegate/FDR education on these requirements is the responsibility of the business unit providing oversight of the delegated function and/or the Compliance Department.
~~E.~~F. ~~Internal Audit~~Compliance Department is responsible for ensuring required documentation is available for both internal and external audit purposes.

V. References

42 CFR § 422.504(d)
42 CFR § 422.504(e)
Health Insurance Portability and Accountability Act of 1996
Medicare Managed Care Manual, Chapter 21/9, Section 50.3.2

VI. Approval/Revision History

First Level Approval	Second Level Approval
~~Anna Vuong~~Daniel Quan ~~Manager, Medi-Cal~~ Director, Compliance	Tyler Haskell Interim Compliance Officer

review

POLICY

Date	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		Approve/5/18/2001	
V2	Reviewed		Approve/4/2006	
V3	Reviewed		Approve/5/2007	
V4	Reviewed		Approve/4/7/2011	
V5	Revised			
V6	Revised	Compliance Committee		

review

POLICY

Policy Title:	False Claims Act	Policy No.:	CP.06 v45
Replaces Policy Title (if applicable):	False Claims Act	Replaces Policy No. (if applicable):	CP006 03 v4
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

The purpose of this policy is to provide information regarding the Federal False Claims Act (FCA) and the whistleblower protections under such laws to employees, associates, agents, and contractors and to ensure compliance with the FCA regarding false claims and statements.

II. Policy

As a health plan that receives federal funds, Santa Clara Family Health Plan (SCFHP) is responsible for establishing and disseminating detailed information regarding the Federal False Claims Act (FCA), and related whistleblower protection laws to all employees, associates, agents, and contractors. Complaints which violate the FCA are promptly reported, investigated, and remedied, as appropriate and required by law.

III. Responsibilities

Each department is responsible for retaining and maintaining documents/records/paperwork for a minimum of ten (10) years for their own department (refer to policy LC-07-04 Record Retention).

IV. References

31 U.S.C. §§ 3729-3733 (as amended March 23, 2010);
42 U.S.C.§1396 a(a)
Public Law 109-171§6032 (amended Feb.8,2006)
CA Government Code §§ 12650-12655
DHCS Contract Exhibit E Attachment 2 Item # 32

V. Approval/Revision History

First Level Approval	Second Level Approval

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POLICY

~~[name]~~Mai-Phuong Nguyen Program Manager, ~~Compliance~~Fraud, Waste and Abuse **05/10/22** 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			
V2	Revised			
V3	Revised			
V4	Revised			
V5	Revised 5/10/22	Compliance Committee		

Santa Clara Family Health Plan

POLICY

Policy Title:	Corrective Actions	Policy No.:	CP.07 v2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	CP.07 v1
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the standards that Santa Clara Family Health Plan (SCFHP) utilizes to correct actual or potential non-compliance, fraud, waste and abuse (FWA) and/or unethical conduct, and to promote a culture of compliance and continuous improvement.

II. Policy

SCFHP issues corrective actions to internal business units, individuals, delegated entities (delegates) and/or first-tier, downstream and related entities (FDRs), as appropriate, upon the identification of non-compliance, unethical behavior or FWA to correct and prevent the issue(s) from recurring.

III. Responsibilities

A. Compliant activities and ethical behavior is the responsibility of all SCFHP employees, temporary staff, volunteers, interns, consultants and Governing Body members (Employees), delegates,~~-~~ and FDRs. Accordingly, the following are responsible for investigating , issuing, ~~investigating~~, supporting and/or demonstrating remediation of corrective actions associated with potential non-compliance, unethical behavior or FWA:

1. SCFHP managers and directors may issue corrective actions ~~for~~ to their staff to resolve issues identified during regular monitoring;
2. SCFHP's ~~c~~Compliance department may issue corrective actions ~~for~~ to internal business units, individuals, delegates, and/or FDRs to resolve issues identified during regular monitoring, auditing or associated with unmet regulatory reporting requirements ~~that have not been me~~t;
3. The Compliance Committee may recommend the issuance of corrective actions based on their review of potential issues presented for their guidance and input;

4. The Governing Body may request corrective actions based on the organization's overall financial or operational performance;
5. SCFHP's Human Resources may issue performance improvement plans (PIPs), a form of corrective action, when it identifies systemic performance or behavioral issues demonstrated by employees; and
6. FDRs or delegates may issue corrective actions to its staff and/or downstream entities that support SCFHP's government-funded health care programs.

B. All SCFHP Employees and FDRs/Delegates are responsible for participation in, and remediation of, any regulatory corrective actions issued by regulatory agencies to SCFHP.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(G)
42 C.F.R. § 423.504(b)(4)(vi)(G)
Medicare Managed Care Manual, Chapter 21, Section 50.7.2
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.7.2

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Anna Vuong~~Mai-Phuong Nguyen Program Manager, ~~Medi-Cal Compliance~~ Fraud, Waste, and Abuse	Tyler Haskell Interim Compliance Officer
05/19/22 Date	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	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2	Revised 05/19/22	Compliance Committee		

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Compliance Reporting Mechanisms**	**Policy No.:**	CP.08 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CP.08 v1
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ CMC~~/~~-D-~~/~~SNP	

I. Purpose

This policy establishes the mechanisms available for Santa Clara Family Health Plan's (SCFHP) Governing Body, employees, temporary employees, consultants, contractors, members, and first tier, downstream and related entities (FDRs), delegated entities (Delegates), -and other stakeholders to report anonymously and/or confidentially any suspected non-compliance or fraud, waste and abuse (FWA), in good faith, without fear of retaliation or retribution.

II. Policy

SCFHP requires the prompt reporting, in good faith, by its Governing Body, employees, temporary employees, consultants, contractors, ~~and~~ FDRs, and delegates of any suspected non-compliance or FWA applicable to federal and/or state health care programs, SCFHP's Standards of Conduct and/or SCFHP's policies and procedures.

III. Responsibilities

A. SCFHP's Compliance Officer with the support of the Fraud, Waste, and Abuse Program Manager is responsible for ~~[~~providing a variety of mechanisms to allow for the reporting of potential non-compliance and FWA anonymously and/or confidentiality. ~~need to identify who owns this in terms of responsibilities within the compliance department]~~

IV. References

42 C.F.R. § 423.501
42 C.F.R. §§ 422.503(b)(4)(vi)(A) through (G)
42 C.F.R. §§ 423.504(b)(4)(vi)(A) through (G)
Medicare Managed Care Manual, Chapter 21, 50.4.2
Prescription Drug Benefit Manual, Chapter 9, 50.4.2

V. Approval/Revision History

POLICY

First Level Approval	Second Level Approval
[name] Program Manager, ~~Compliance~~ Fraud, Waste and Abuse Program **05/17/22** 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			
V2	Revised (05/17/22)			

POLICY

Policy Title:	Exclusion Screening	Policy No.:	CP.09 v21
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids ☒ CMC/D-SNP	

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I. Purpose

The purpose of this policy is to monitor Santa Clara Family Health Plan's (SCFHP) new employees, temporary employees, existing employees, volunteers, interns, consultants, first tier, downstream and related entities (FDRs), and governing body members to ensure that they are permitted to work government-funded health care programs.

II. Policy

SCFHP implements an ongoing process to review the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists.

III. Responsibilities

1. SCFHP reviews OIG and GSA exclusion lists prior to hiring, or contracting or the appointment of an individual to the governing body to ensure the prospective individual or entity has not been excluded from working in government-funded health care programs. This review also applies to volunteers and interns.
   1.a. SCFHP, as a public entity that derives its authority to operate health care programs in Santa Clara County. SCFHP's Board of Directors are appointed by the Board of County Supervisors under a process that is not open to SCFHP input. SCFHP screens all known new Board members as soon as it is made aware of new appointments.
2. SCFHP reviews OIG and GSA exclusion lists on a monthly basis to ensure employees, temporary employees, volunteers, interns, consultants, FDRs and Governing Board members have not been excluded from working in government-funded health care programs.
3. Exclusion screening is a cross-departmental activity and managed by the following business units:
   a. Human Resources is responsible for conducting initial exclusion screening for all staff through the background check process, including temporary staff, volunteers, interns and consultants, and the Governing Body.
   Provider Network Management, in collaboration with the Information Technology (IT) Compliance Department, is responsible for exclusion screening contracted providers,. FDRs and

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Commented [MA1]: Leah to confirm with HR how this is done. Does the placement agency include exclusion screening in its process and is saving documentation? Or, does HR need to identify the temp staff name, DOB and SS number prior to coming onsite to run that through the screening process?

Commented [LT2]: HR has the temp agency fill out the OIG form, returns the form to HR to do the OIG screening. It is not conducted through the background check.

Commented [MA3]: Leah to confirm if SCFHP uses any volunteers. And, if so, how are these individuals screened? If not, what would be the process if a volunteer was used at the health plan?

Commented [LT4]: HR will have the intern fill out the OIG form and will run OIG screening. HR also mentioned that they do not run background checks on interns. HR has not had any volunteers, but assumes it will be the same process as the inters.

non-FDR vendors.

b. Compliance is responsible for conducting monthly screening of all staff, temporary staff, volunteers, interns, consultants and the Governing Body.

Claims, in collaboration with the IT Department, is responsible for conducting exclusion screening for non-contracted providers prior to remittance for any approved claims.

c. IT Department is responsible for extracting all accounts payable (AP) entities from SCFHP's AP system and uploading it, along with the full provider network file, in to the web-based program utilized by SCFHP for exclusion screening purposes.

IV. References

The Social Security Act §1862(e)(1)(B)
42 C.F.R. § 422.503(b)(4)(vi)(F)
42 C.F.R. § 422.752(a)(8), 423.504(b)(4)(vi)(F)
42 C.F.R. § 423.752(a)(6)
42 C.F.R. § 1001.1901
Medicare Managed Care Manual, Chapter 21, Section 50.6.8
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.6.8
CA Welfare and Institutions Code, §§ 14043.6 and 14123

V. Approval/Revision History

First Level Approval	Second Level Approval
[NameAnna Vuong] [TitleManger, Medi-Cal Compliance]	Tyler Haskell Interim Compliance Officer
Date	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	Compliance Committee of the Board	Approved; 2/28/2019	Ratify; 3/28/2019
v2	Revised	Compliance Committee of the Board		

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Santa Clara Family Health Plan

POLICY

Policy Title:	Compliance Training	Policy No.:	CP.10 v3~~2~~
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to ensure all Santa Clara Family Health Plan (SCFHP) employees, temporary staff, volunteers, consultants, ~~and~~ governing board members ~~("Employees")~~, First-tier, Downstream and Related entities (FDRs), and delegated entities receive appropriate training and comply with all state, federal and SCFHP compliance requirements and policies.

II. Policy

SCFHP ensures that all e~~E~~mployees, temporary staff, volunteers, consultants, governing board members, FDRs, and delegated entities receive general compliance training that includes SCFHP's Standards of Conduct, compliance policies and procedures, and fraud waste and abuse (FWA) training upon hire, appointment or contract, upon any updates in regulatory requirements, and annually thereafter (within the 12-month period from the prior training cycle).

III. Responsibilities

A. General compliance and FWA training is a cross-departmental activity and managed by the following Business Units:
   1. Human Resources, in collaboration with the Compliance Department, is responsible for conducting new hire orientation training that includes general compliance and FWA training within 90 days of hire for all e~~E~~mployees, upon updates to regulatory requirements, and annually thereafter.
   2. The Provider Network ~~Management~~ Operations Department is responsible for communicating the requirements for SCFHP's contracted provider network to provide new hire and annual general compliance training to its staff.
   3. The Compliance Department is responsible for communicating to SCFHP's FDRs and delegated entities the requirements for providing general compliance and FWA

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training to all FDR staff within 90 days of hire, upon updates to regulatory requirements, and annually thereafter.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(C)
42 C.F.R. § 423.504(b)(4)(vi)(C)
Medicare Managed Care Manual, Chapter 21, Section 50.3.1
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.3.1

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance	Tyler Haskell Interim Compliance Officer
Date	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	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2				
V3	Revised	Compliance Committee		

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POLICY

Policy Title:	Effective Communications	Policy No.:	CP.11 v1
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:		Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

To identify a process for Santa Clara Family Health Plan (SCFHP) to notify staff of applicable regulatory communications and/or state and federal regulatory updates.

II. Policy

SCFHP is committed to providing effective ways to communicate information from the Compliance Department ~~Officer~~ to its Board of Directors, employees, temporary employees, volunteers, consultants, contractors, members, ~~and~~ First Tier, Downstream and Related Entities (FDRs), and delegated entities.

III. Responsibilities

A. The Compliance Department is responsible for notifying SCFHP business unit management of Health Plan Management System (HPMS) memos, All Plan Letters (APLs), Dual Plan Letters (DPLs) and other regulatory requirements applicable to SCFHP. The Compliance Department and responsible business units are responsible for ensuring completion and implementation of the required actions from the HPMS memos, APLs, and DPLs.~~:~~
   ~~1. Notifying SCFHP Business Unit (BU) Managers/Directors/Supervisors of communications applicable to SCFHP.~~
   ~~2. Establishing placeholders for bi-monthlyOversight Workgroup meetings that will allow for discussion of key communications that have critical deadlines or require cross-departmental coordination.~~
   ~~3. Creating the meeting agenda materials to provide summaries of applicable Communications received.~~
   ~~4. Archiving meeting materials and communications on the SharePoint (icat) site for Regulatory Communications.~~
   ~~5. Assigning SharePoint (icat) Regulatory Communications tasks to SCFHP Business Units that delineate required actions from the HPMS and/or APL/DPL communications.~~

~~B. SCFHP Operational Business Units are responsible for:~~
~~1. Reading regulatory memos upon receipt in their mailboxes from the CMS HPMS and/or DHCS APL/DPL systems to understand any impacts applicable to their respective business operations.~~

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POLICY

2. To escalate to the Compliance Department any potential gaps in operations that may be identified in relation to new or modified regulatory requirements.
To complete SharePoint (icat) communications tasks as assigned by the Compliance Department by the designated due date.

B. The Compliance Department, Provider Network ManagementOperations , and responsible bBusiness uUnits work togetherare responsible to disseminate relevant communications to FDRs and delegated entities by:
1. Provider Memos
2. Joint Operation Committee Meetings
3. Email Communications

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IV. References

42 C.F.R. § 422.503(b)(4)(vi)(D)
42 C.F.R. § 423.504(b)(4)(vi)(D)
Medicare Managed Care Manual, Chapter 21, Section 50.4

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance	Tyler Haskell Interim Compliance Officer
Date	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	Compliance Committtee		

Santa Clara Family Health Plan

POLICY

Policy Title:	Annual Compliance Program Effectiveness Audit	Policy No.:	CP.12 v32
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the standards that Santa Clara Family Health Plan (SCFHP) utilizes to implement, monitor, measure and promote an effective compliance program that detects, corrects and prevents non-compliance and fraud, waste and abuse.

II. Policy

SCFHP performs an annual, comprehensive compliance program audit or assessment to measure the overall effectiveness of its compliance program.

III. Responsibilities

A. SCFHP's compliance department identifies qualified, independent individuals or entities that are subject matter experts in conducting annual compliance program audits or assessments.
B. The Compliance Committee will review and approve the Compliance Officer's candidates prior to the award of the contract.
C. SCFHP's Compliance Officer and Compliance Committee are responsible for reviewing the compliance program audit or assessment report and making recommendations for corrective actions, where appropriate.
D. The compliance department conducts regular monitoring of compliance program operational activities through the use of established dashboard metrics.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(F)
42 C.F.R. § 423.504(b)(4)(vi)(F)
Medicare Managed Care Manual, Chapter 21, Section 50.6.7
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.6.7

Santa Clara Family Health Plan

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna VuongDaniel Quan Manager, Medi-Cal Compliance Director, Compliance	Tyler Haskell Interim Compliance Officer
Date	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	Compliance	Approved / 2/28/19	Ratify / 3/28/19
V2	Revised	Compliance	Approved 11/19/2020	Ratify 12/17/2020
V2	Reviewed	Compliance		
V3	Revised	Compliance		

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Santa Clara Family Health Plan

POLICY

Policy Title:	Standards of Conduct	Policy No.:	CP.15 v2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
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 state Santa Clara Family Health Plan (SCFHP)'s overarching principles and values by which SCFHP operates and define the underlying framework for its compliance policies and procedures.

II. Policy

SCFHP has formal Standards of Conduct describing the expectations that apply to all employees, temporary employees, volunteers, interns, consultants and Governing Body members (Employees), First Tier, Downstream and Related entities (FDRs), and delegated entities in conducting themselves in an ethical manner.

III. Responsibilities

A. SCFHP's Compliance Officer is responsible for:
   1. Updating the Standards of Conduct to incorporate changes in applicable laws, regulations, and other program requirements; and
   2. Obtaining approval from the Compliance Committee of the Board whenever updates are made to the Standards of Conduct.

B. SCFHP's Human Resources is responsible for ensuring that the Standards of Conduct and the underlying compliance policies and procedures are distributed to all Employees upon hire and annually thereafter.

C. SCFHP's Compliance Department is responsible for ensuring all FDRs and delegated entities have access to SCFHP's Standards of Conduct.

D. The Compliance Committee of the Board is responsible for review and approval of updates made to the Standards of Conduct.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(A)

POLICY

42 C.F.R. § 423.504(b)(4)(vi)(A)
Medicare Managed Care Manual, Chapter 21, Section 50.1.1
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.1.1

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance	Tyler Haskell Interim Compliance Officer
Date	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	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2				

POLICY

Policy Title:	First Tier, Downstream, Related Entity, Delegate and Vendor Contracting	Policy No.:	CP.16 v2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	CP.16 v1
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP/D-SNPMC	

I. Purpose

The purpose of this policy is to ensure that Santa Clara Family Health Plan (SCFHP) follows a standardized protocol in the development, negotiation, and approval of all First tier, Downstream, Related entities (FDRs), and non-FDR vendors, and delegated entities (Delegates) contracts and agreements for any purpose and for any amounts between SCFHP and other parties.

II. Policy

SCFHP complies with all statutory and regulatory requirements regarding the content of its FDR, non-FDR vendor, and delegate contracts. SCFHP requires its FDRs, and non-FDR vendors, and delegates to comply with the same requirements with respect to any subcontracts executed in support of SCFHP's government programs and the members enrolled in those programs.

III. Responsibilities

1. Contract Initiation and Review. The individual initiating the contract on behalf of SCFHP and subsequent reviewers are responsible for reading the entire contract and determining that its content, objectives, definitions, and terms are in compliance with state, federal and 3-way contract requirements.
    a. Business Owner. Business owners that initiate a new contract, agreement, letter of intent (LOI) or letter of agreement (LOA) must ensure that the contract contains the following before submitting the contract, LOI or LOA to the Contracting Department:
        i. Accurately reflects agreements made during negotiations; and
        ii. Is consistent with the business unit's regulatory or administrative requirements.
    b. Contracting Department. The Contracting Department ensures that the contract, LOI or LOA meets the following standards before submitting the contract, LOI or LOA to Compliance:
        i. Contains the standard terms and conditions required by SCFHP, to the extent applicable;
        ii. Contractual provisions are clear and consistent throughout; and
        iii. Use of the appropriate SCFHP contract template.
    c. Compliance. The Compliance Department is responsible for ensuring that the contract, LOI or LOA is:
        i. Free of any conflicts of interest for the parties affected by the contract;

POLICY

ii. Compliant with SCFHP's regulatory contracts;
iii. Compliant with state and federal laws, as may be applicable;
iv. Routed to the appropriate executive team member for review prior to signing; and
v. Delivered to the Contracting Department for appropriate filing, tracking and storage.

2. Approvals. The authority to approve ~~and sign~~ contracts, LOIs or LOAs on behalf of SCFHP rests with the primary authorized executive team members: the Chief Executive Officer, the Chief Financial Officer, and the Chief Operating Officer ~~identified in Exhibit A to this policy~~. In some cases, additional approval by the Board of Directors may be required.

3. Authorized Signatories. The primary authorized executive team members (Authorized Signatories) ~~identified on Exhibit A~~ have the authority, with respect to contracts, LOIs, LOAs and agreements that relate to functions and operations within their respective administrative and business units, to:
   a. Approve and execute such contracts, LOIs, LOAs and agreements, and
   b. Delegate approval and/or signatory authority to a subordinate director or manager, with any appropriate dollar-value, timeframe, contract-specific or other limitations they deem appropriate. Such delegation does not negate the requirement that all contracts, LOIs, LOAs or agreements require the review mandated by Section III.1~~.~~ above.

4. Archiving Contracts. All contracts are maintained pursuant to SCFHP's Record Retention policy.

IV. References

CP.05 Record Retention
FA.03 Cash Disbursements
CP.32 Conflict of Interest
DHCS Contract
3-Way Contract between SCFHP, CMS and DHCS

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V. Approval/Revision History

First Level Approval	Second Level Approval
Mai Phuong-Nguyen ~~Oversight~~Program Manager, Fraud, Waste and Abuse **05/17/22** 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	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2	Revised			

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POLICY

v3	Revised 05/17/22	Compliance Committee		

POLICY

Policy Title:	Risk Assessment~~s~~ and Audit Work Plan	Policy No.:	CP.17 v3~~2~~
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	CP.25v2, DE.06
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish Santa Clara Family Health Plan (SCFHP)'s commitment to prioritize auditing and monitoring activities to ensure organization compliance.
~~The purpose of this policy is to establish Santa Clara Family Health Plan (SCFHP)'s commitment to identifying, prioritizing, and assigning accountability for managing existing or potential threats related to noncompliance or ethical misconduct that could lead to fines or penalties, reputational damage, or the inability to continue operations in its government-funded health care programs.~~

II. Policy

SCFHP employs a standardized and consistent methodology for assessing its internal operational risks, contractual and regulatory risks, as well as the risks associated with delegated activities performed by it First tier, Downstream and Related entities (FDRs) and Delegates that are designed to prioritize monitoring and auditing activities according to specified risk categorizations. SCFHP shall develop a work plan to conduct auditing and monitoring activities based on an annual risk assessment.

III. Responsibilities

A. SCFHP's Compliance Officer is responsible for the:
   1. Development and maintenance of SCFHP's risk assessment system;
   2. Annual implementation of the risk assessment process;
   3. Annual effectiveness reviews of the risk assessment system;
   4. Education of all stakeholders on the results and implications of the annual risk assessment; and
   5. Development of an annual monitoring and auditing work plan derived from the results of the annual risk assessment.

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POLICY

B. SCFHP's Compliance Department is responsible for establishing monitoring and auditing schedules based on the risk prioritization established by the risk assessment process.

C. SCFHP's Compliance Department is responsible for educating FDRs and Delegates on SCFHP's risk assessment policy and procedure.

D. The Compliance Committee of the Board is responsible for overseeing~~assisting with~~ the implementation and oversight of the risk assessment process, including approval of the annual monitoring and auditing work plan that is derived from the annual risk assessment process.

E. The Governing Body is responsible for reviewing and approving the risk assessment process.

IV. References

42 C.F.R. §§ 422.503(b)(4)(vi)(B) and (F)
42 C.F.R. §§ 423.504(b)(4)(vi)(B) and (F)
Medicare Managed Care Manual, Chapter 21, §§ 50.2.2, 50.2.3, 50.6.2
Medicare Prescription Drug Benefit Manual, Chapter 9, §§ 50.2.2, 50.2.3, 50.6.2

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Mai Phuong Nguyen~~Daniel Quan ~~Oversight Manager~~Director, Compliance	Tyler Haskell Interim Compliance Officer
Date	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	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2				
V3	Revised	Compliance Committee		

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Santa Clara Family Health Plan™

POLICY

Policy Title:	**Protection of HIV AIDS Information**	**Policy No.:**	CP.18 v4
Replaces Policy Title (if applicable):	Protection of HIV AIDS Information	**Replaces Policy No. (if applicable):**	CP0017_03
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC/D-SNP	

I. Purpose

Santa Clara Family Health Plan (SCFHP) describes the process to protect the confidentiality of members who have a diagnosis of human immunodeficiency virus (HIV) and/or acquired immunodeficiency syndrome (AIDS).

II. Policy

It is the policy of SCFHP to protect the confidentiality of all members who have the diagnosis of HIV and/or AIDS.

This policy is also applicable to those members with HIV and/or AIDS for which ~~the Plan~~SCFHP and the California Department of Health Care Services (DHCS) have agreed to special payment arrangements under the Medi-Cal Managed Care Contract, precautions will be taken in communications between the parties to protect the identity of the members.

III. Responsibilities

The Compliance Department will demonstrate that ~~the Plan~~SCFHP and its related FDRs adheres to proper procedures to maintain the confidentiality of members who have a diagnosis of HIV and/or AIDS.

IV. References

38 C.F.R. §1.486. Disclosure of information related to infection with the human immunodeficiency virus to public health authorities
Federal Rehabilitation Act 29 US Code §791.
Americans with Disabilities Act (ADA) 42 USC §12101 et seq.
DHCS Contract, Exhibit B, Provision 12

V. Approval/Revision History

collaboration

Santa Clara Family Health Plan™

POLICY

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance	Tyler Haskell Interim Compliance Officer
Date	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			
V2	Revised			
V3	Revised			
V4	Revised	Compliance Committee		

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Santa Clara Family Health Plan

POLICY

Policy Title:	Compliance Hotline	Policy No.:	CP.26 v~~1~~2
Replaces Policy Title (if applicable):	Compliance Hotline	**Replaces Policy No. (if applicable):**	~~CP026_02~~ CP.26 v1
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

To provide a mechanism for employees, providers, members, First Tier, Downstream and Related Entities, delegated entities, and general public to report any activity that may violate Santa Clara Family Health Plan's (SCFHP) mission, Compliance Program, Standards of Conduct, or state, federal or local law and regulations. The Compliance Hotline allows for~~, in addition to~~ the proactive identification, investigation, correction and prevention of inappropriate activities.

II. Policy

SCFHP maintains a Compliance Hotline (408-874-1450) available 24 hours a day, 7 days a week, to enable an individual to report any suspected violations of SCFHP mission, Compliance Program, Standards of Conduct, or state, federal or local law and regulations~~the federal, state or local laws and regulations, SCFHP's policies or procedures or Standards of Conduct.~~ anonymously (if so desired) without fear of retaliation.

III. Responsibilities

A. The operation, confidentiality, communication, and tracking of the Compliance Hotline is the responsibility of the Compliance Officer in adherence to CP.26.01 Compliance Hotline Operations.

IV. References

U.S. Sentencing Guidelines Manual, section 8A1.2
Office of Inspector General Compliance Program Guidance for Hospitals
CP.26.01 Compliance Hotline Operations

V. Approval/Revision History

First Level Approval	Second Level Approval

Santa Clara Family Health Plan

POLICY

~~Anna Vuong~~Mai-Phuong Nguyen ~~Compliance~~ Program Manager, Fraud, Waste and Abuse **05/10/2022**	Tyler Haskell Interim Compliance Officer
Date	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			
v2	Revised 05/10/22	Compliance Committee		

POLICY

Policy Title:	Subcontracting Terminations and Block Transfer Filings	Policy No.:	CP.28 v4
Replaces Policy Title (if applicable):	Enrollee Block Transfer Notice to DMHC	Replaces Policy No. (if applicable):	CP028_05
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC/D-SNP	

I. Purpose

The purpose of this policy is to outline the protocol and notification requirements Santa Clara Family Health Plan (SCFHP) follows when provider subcontracting relationships (IPA, Medical Groups, Hospitals, Clinics, Primary Care Physicians, and other subcontracted providers) are terminated.

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II. Policy

SCFHP members who are affected by a change in the Provider Network, as outlined in the provider subcontracting relationships outlined above, receive timely notification and accurate information in accordance with the state and federal regulations.

For any proposed block transfer, SCFHP files with the Department of Managed Health Care (DMHC) a Block Transfer filing. A filing is submitted to the Department of Health Care Services (DHCS), when there is a change in the availability or location of covered services for subcontracting plan partners and other entities.

III. Responsibilities

The Compliance Department is responsible for notification of its regulatory partners, DMHC and DHCS when a block transfer of members is needed due to a provider subcontracting termination/suspension/decertification. This includes submission of the Block Transfer Enrollee Transfer Notices for regulatory review.

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IV. References

28 CCR § 1300.67.1.3
DMHC All Plan Letter APL 19-013 (OPM) Block Transfer Enrollee Transfer Notices
DHCS All Plan Letter APL 16-001 Medi-Cal Provider and Subcontract Suspensions, Terminations, and Decertifications

V. Approval/Revision History

First Level Approval	Second Level Approval

approval

POLICY

Anna Vuong Manager, Medi-Cal Program 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	New	P&P Committee	Approve; 2/1/2003	
v2	Revise	P&P Committee	Approve; 2/1/2009	
v3	Revise	P&P Committee	Approve; 4/1/2011	
v4	~~Revise~~Review	Compliance Committee		

approval

Santa Clara Family Health Plan

POLICY

Policy Title:	Conducting Internal Investigations	Policy No.:	CP.30 v~~1~~2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	CP.30 v1
Issuing Department:		Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

To establish a process for investigating potential non-compliance and to implement appropriate actions that correct and prevent future non-compliant activities.

II. Policy

Santa Clara Family Health Plan (SCFHP) timely conducts and provides oversight of all internal investigations to verify potential non-compliance associated with staff, temporary staff, volunteers, consultants, vendors, contracted providers (s~~S~~taff), First Tier Downstream and Related entities' (FDRs) and/or d~~D~~elegated entities (Delegates) violations of applicable laws, regulations, SCFHP's Standards of Conduct and internal policies and procedures, as well as adherence to contractual requirements.

III. Responsibilities

A. SCFHP's business units, FDRs, and Delegates are responsible for voluntarily reporting potential non-compliance, FWA and privacy and security incidents to the Compliance Department.

B. The Compliance Department is responsible for initiating and managing the investigative process and collaborating with business units, FDRs, Delegates, members and providers, as appropriate, on gathering information, data and documentation to assist in the investigative process.

   1. Compliance commences its investigation within two (2) weeks of the identification of the issue by compliance during the normal course of operations; or, reporting of the potential incident, whichever is the earlier date.

C. Upon completion of the investigation, the Compliance Officer determines whether the issue requires any of the following actions:

   1. Issuance of a corrective action;
   2. Referral to SCFHP's SIU;
   3. Voluntary self-disclosure to the CMS ~~CMT~~, DHCS and/or DMHC; or

4. Reporting of privacy and security issues to the OIG.

D. The Compliance Officer presents the result of significant investigations to the Compliance Committee on at least quarterly basis or more frequently as needed.

E. The Compliance Officer reports significant issues to the Governing Body on a quarterly basis.

IV. References

42 C.F.R. §§ 422.503(b)(4)(vi)(G)
423.504(b)(4)(vi)(G)
Medicare Managed Care Manual, Chapter 21/9, Section 50.7.2
3-Way Contract between SCFHP, CMS and DHCS
DHCS Contract Exhibit E, Attachment 2, Provision 26A
CA Healthy and Safety Code Section 1348

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Sylvia Luong~~Mai-Phuong Nguyen ~~Audit~~ Program Manager, Fraud, Waste and Abuse 05/10/22 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			
v2	Revised 05/10/22	Compliance Committee		

Santa Clara Family Health Plan™

POLICY

Policy Title:	Voluntary Self-Disclosures of Significant Non-Compliance and Fraud, Waste & Abuse	Policy No.:	CP.31 v12
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	CP.31 v1
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

Santa Clara Family Health Plan (SCFHP) establishes a process for self-disclosing incidences of significant non-compliance and/or fraud, waste and abuse (FWA) to foster partnership with its regulatory agencies and to detect, correct and prevent issues.

II. Policy

SCFHP follows the guidelines and regulations set forth by the Centers for Medicare & Medicaid Services (CMS), the California Department of Health and Human Services (DHCS), and the Department for Managed Health Care (DMHC) regarding compliance with Medicare, Medi-Cal and Health Kids' requirements, including identifying significant issues that require self-disclosure to the appropriate regulatory agency (ies).

III. Responsibilities

1. SCFHP Business Units, First Tier Downstream and Related Entities (FDR), non-FDR Vendors, and Delegates are responsible for proactively reporting in good faith any incidences of potential non-compliance, FWA, privacy incidents and/or security breaches to SCFHP's Compliance Department for investigation.
2. SCFHP's Compliance Department is responsible for:
   a. Posting its Voluntary Self-Disclosure Reporting form to SCFHP's internal SharePoint site and to the SCFHP public website;
   b. Providing member and provider education relating to the importance of reporting issues to SCFHP and the availability of the Voluntary Self-Disclosure Reporting form for member and/or provider use;
   c. Providing education to SCFHP's FDRs, non-FDR Vendors, and Delegates on the availability of the Voluntary Self-Disclosure Reporting form;
   d. Conducting investigations associated with any issues reported to the Compliance Department;
   e. Issuing appropriate corrective action for any verified issues;
   f. Reporting baseline metrics on self-disclosures, including the number of cases and preliminary or final outcomes of investigations, to the Compliance Committee;
   g. Engaging either SCFHP's external SIU and/or the NBI MEDIC, as appropriate; and
   h. Reporting privacy incidents and security breaches in accordance with HI.50 and HI.51.

POLICY

3. SCFHP's Compliance Officer, in collaboration with SCFHP's Compliance Committee and Executive Team, makes the determination to self-disclose significant issues to SCFHP's appropriate regulatory agency (ies).

IV. References

42 C.F.R. § 422.503 (b)(4)(vi)(G)
42 C.F.R. § 423.504(b)(4)(vi)(G)
Medicare Managed Care Manual, Chapter 21, Section 50.6
Prescription Drug Benefit Manual, Chapter 9, Section 50.6

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Anna Vuong~~Mai-Phuong Nguyen Program Manager, ~~Medi-Cal Compliance~~Fraud, Waste and Abuse **5/17/22** 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			
V2	Revised 05/17/22	Compliance Committee		

POLICY

Policy Title:	Conflict of Interest	Policy No.:	CP.32 v2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:		Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

Santa Clara Family Health Plan (SCFHP or Plan) describes the process that the Plan avoids potential and actual conflict of interest in operating its health plan responsibilities under its 3-way contract with the Centers for Medicare & Medicaid Services (CMS) and the Department of Health Care Services (DHCS), as well as when providing care and services to its members.

II. Policy

SCFHP is committed to conducting ethical business operations and ensures that business decisions are free of conflicts of interest, including personal bias, interest or gain.

III. Responsibilities

The Compliance Department will develop and manage the initial and annual process of obtaining from SCFHP board members, employees, consultants, contractors, temporary employees, volunteers, and first tier downstream and related entities (FDRs) and other stakeholders affirmative statements that those individuals/entities are free from any conflicts of interest or enable those individuals/entities to fully disclose any potential conflicts of interest.

IV. References

45 C.F.R. §50 subpart F.
45 C.F.R. §73.735-1003. Conflicts of Interests statutes
45 C.F.R. §94
45 C.F.R. §155.215. Conflict of Interest standards

V. Approval/Revision History

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POLICY

First Level Approval	Second Level Approval
[nameAnna Vuong] Manager, Medi-Cal Compliance Manager 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			
V2	Revised	Compliance Committe		

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Santa Clara Family Health Plan

POLICY

Policy Title:	Well-Publicized Disciplinary Standards	Policy No.:	CP.33 v2~~1~~
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

SCFHP is committed to maintaining a culture and work environment that reflects its core values and strives to communicate expectations and provide disciplinary guidelines to its employees, temporary employees, volunteers, interns, contractors, consultants, board members (collectively "Employees"), first tier, downstream and related entities (FDRs), and delegated entities.
~~Santa Clara Family Health Plan (SCFHP) ensures clear expectations for Employees' and FDRs' performance and conduct are communicated and that it establishes and implements standardized and consistent disciplinary and corrective actions.~~

II. Policy

SCFHP shall take and request disciplinary action against employees, FDRs, and delegated entities when non-compliance occurs. The range of disciplinary action may include but not limited to: corrective action plan, performance improvement plan, coaching and mentoring, warning, delegation, and/or termination, depending on the severity and involvement of the non-compliance activity. ~~is committed to maintaining a culture and work environment that reflects its core values and strives to communicate expectations and provide disciplinary guidelines to its employees, temporary employees, volunteers, interns, contractors, consultants, board members (collectively "Employees"), and first-tier, downstream and related entities (FDRs)~~, and delegated entities ~~on an ongoing basis.~~

III. Responsibilities

1. SCFHP's Compliance ~~Officer~~Department~~, and any designees, are~~ is responsible for:
   ~~a. Updating the Disciplinary Standards guidelines to incorporate changes in applicable laws, regulations, and other government program requirements; and~~
   ~~b.~~a. Collaborating with the Human Resources Department on disciplinary actions resulting from systemic non-compliance associated with negligent, willful or other unethical conduct exhibited by Employees;
   ~~c.~~b. Collaborating with the Provider Network Management Department and other internal B~~b~~usiness ~~u~~Units, as implicated, on any escalating actions required associated with a delegated entity's~~n~~ or

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FDR's failure to monitor, detect, correct or prevent non-compliance, potential FWA and/or other unethical behaviors engaged in by the FDR's or delegated entity's staff or subcontracted entities supporting SCFHP's lines of business; and

~~d.~~c. Ensuring delegated entity/FDRs receive a copy of SCFHP's Disciplinary Standards policy and procedure upon contract and annually thereafter.

2. SCFHP's Human Resources is responsible for ensuring:

   ~~a.~~ Disciplinary standards~~Processes~~ associated with employees are appropriately executed, maintained, and documents, based on union requirements, if applicable, associated with disciplinary issues are maintained ~~and documented;~~

   ~~b.~~a. ~~Adherence to state and federal employment laws, including protections, exclusions and timely and accurate communications to Employees associated with disciplinary standards~~; and

   ~~c.~~b. Distribution upon hire and annually thereafter of SCFHP's Disciplinary Standards to all Employees.

3. SCFHP's internal ~~b~~Business ~~u~~Units are responsible for supporting any investigations, communications and/or recommendations associated with any Employee or FDR/delegated entity disciplinary actions required.

4. The Compliance Committee ~~of~~and- the Board is responsible for review and approval of updates made to SCFHP's Disciplinary Standards.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(D)
42 C.F.R. § 423.504(b)(4)(vi)(D)
42 CFR § 422.504(d) and (e)
U.S.C. § 203 (Fair Labor Standards Act)

V. Approval/Revision History

First Level Approval	Second Level Approval
~~[name]~~Daniel Quan Director, 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			
V2	Revised	Compliance Committee		

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POLICY

Policy Title:	**Key Personnel Filing**	**Policy No.:**	CP.35 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the Santa Clara Family Health Plan (SCFHP) requirements to file a key personnel filing with the Department of Managed Health Care (DMHC).

II. Policy

~~Santa Clara Family Health Plan (~~SCFHP~~)~~ establishes the process to ensure that ~~SCFHP files~~ an amendment is filed within five (5) calendar days to its applications in the form required by the DMHC when there are any of the following changes in SCFHP personnel, of any management company of SCFHP, or of any parent company of SCFHP or governing board:

A. There is an addition or deletion of a governing board member, director, trustee, principal officer, general partner, general manager or principal management persons, or persons occupying similar positions or performing similar functions, or a substantial and material change in the duties of any such person.

B. There is the addition or deletion of a limited partner, shareholder or owner of an equity interest in SCFHP, whose interest exceeds 5 percent of the total partnership interests, shares or equity interests, or there is a change in the interest of any partner, shareholder or owner of an equity interest exceeding 5 percent of the total partnership interests, shares or equity interests.

C. There is the addition or deletion of a principal creditor, a material change in the terms of the obligation to a principal creditor, a material increase or decrease in the amount due a principal creditor other than (except in the case of a demand obligation) by the normal terms of the obligation, or a default in the obligation to a principal creditor.

III. Responsibilities

The Compliance Department is responsible for communicating the key personnel filing requirements to all business units and ensuring timely submission with the DMHC .~~carrying out the terms of this policy.~~

~~A. The Compliance Department is responsible for:~~

POLICY

~~1. Initiating, monitoring, reporting, auditing, and documenting processes related to key personnel filings with DMHC.~~
~~2. Reporting Compliance activities, requirements, and issues to the Compliance Committee related to key personnel filings with DMHC.~~
~~3. Communicating to the Business Units regarding all applicable requirements, changes, and issues related to key personnel filings.~~

~~B.~~ The business units are responsible for notifying the Compliance Department of any new or terminating key personnel staff and governing board members.~~:~~

~~1. Participating in all applicable key personnel filing activities as assigned.~~
~~2. Submitting all required documents to the Compliance Department related to a key personnel change.~~
~~3. Immediately notifying the Compliance Department of any new or terminating key staff (executive staff or directors) or governing board members requiring a key personnel filing.~~

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IV. References

28 CCR § 1300.52.2

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance	Tyler Haskell Interim Compliance Officer
Date	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	Compliance Committee ~~of the Board~~		

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Santa Clara Family Health Plan™

POLICY

Policy Title:	DMHC Independent Medical Review (IMR)	Policy No.:	CP.37 v1
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the process that Santa Clara Family Health Plan (SCFHP) utilizes to provide an independent medical review (IMR) to members.

II. Policy

SCFHP provides members with the opportunity to seek an independent medical review when ~~Medi-Cal or Healthy Kids~~ health care services have been denied, modified, or delayed because they are not found to be medically necessary; for denial of reimbursement for urgent or emergency services, or for denial of services that involve experimental or investigational therapies.

III. Responsibilities

SCFHP's Utilization Management and Pharmacy Departments are responsible for issuing Notice of Action (NOA) letters with the "Your Rights" attachment for ~~Medi-Cal~~ Denial, Modified, and Delay letters. The notice includes instructions on how to appeal the plan's decision including how to request an Independent Medical Review.

The Grievance & Appeals Department is responsible for issuing NOA letters with the "Your Rights" attachment and an application for Independent Medical Review and an addressed envelope.

SCFHP's Compliance Department is responsible for processing Independent Medical Review Applications/Complaint Forms received from the Department of Managed Health Care (DMHC) Help Center.

SCFHP's contracted providers are responsible for responding to requests by the Compliance Department for records/information related to the IMR.

IV. References

28 CCR 1300.68
28 CCR 1300.70 (a-c) and (d)(4)

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28 CCR 1300.74
CA Health and Safety Code 1374.30
DHCS/SCFHP Contract
SCFHP/CMS/DHCS 3-way Contract

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-C~~c~~al Compliance	Tyler Haskell Interim Compliance Officer
Date	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	Compliance Committee ~~of the Board~~		

collaboration

POLICY

Policy Title:	Delegation Oversight	Policy No.:	DE.01 v4~~3~~
Replaces Policy Title (if applicable):	Delegation Oversight Process	Replaces Policy No. (if applicable):	DE001, DE2001, DE01 v2
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the requirement for Santa Clara Family Health Plan (SCFHP) ~~requirements~~ to oversee all delegated services provided to members and/or providers on behalf of SCFHP.

II. Policy

A. SCFHP ~~has established the process~~shall ~~to~~ conduct ~~delegation~~ oversight of delegated entities that provide services to SCFHP members and/or providers on behalf of SCFHP. SCFHP shall also oversee or ensure delegates oversee any sub-delegation. ~~SCFHP also conducts oversight of SCFHP policies, processes, systems and staff utilized in the delegation oversight process.~~

III. Responsibilities

A. The Compliance Department is responsible for carrying out the terms of this policy.
   1. The Compliance Department is responsible for:
      a. Initiating, monitoring, reporting, auditing, and documenting processes related to internal and external delegation oversight.
      b. Communicating to the delegate regarding all applicable issues related to delegation oversight activities.
      c. Communicating to the delegate all applicable regulatory changes.
      d. Issuing Corrective Action Plans (CAPs) to delegated entities as applicable.
      e. Monitoring the delegated entities' adherence to the CAPs issued.
      f. Reporting on delegation oversight activities, requirements, and issues during the Joint Operations Committee (JOC) meetings.
      g. Reporting delegation oversight issues and activities to the Governing Board Compliance Committee.
      h. Reporting delegation oversight issues and activities to the Oversight Committee.
      i. ~~Reporting to~~Alerting DHCS ~~the Managed Care Operations Divisions~~ Contract Manager any significant instances of non-compliance, ~~or~~ corrective actions, or financial sanctions pertaining to the Plan's obligation under the Contract within three business days of discovery or imposition.

approval

POLICY

2. The Business Units are responsible for:
   - Participating in all applicable delegation oversight activities as assigned.Conducting regular oversight activities that include auditing, monitoring, and evaluation of delegated activities related to their respective areas or department.
   a.
   a. Notifying the Compliance Department of any violation of contractual obligations, failure to meet quality benchmarks or service level agreementsnon-compliant activity related to any delegated entity.
   b.
   b.c. Functioning as a Being the subject matter expert for their respective areas or department in audits, during workgroup or committee meetings, reporting, JOCs, and other oversight activities as appropriaterelated to delegation oversight.

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IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 202119
APL 17-004
42 Code of Federal Regulations (CFR), Section 438.230

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V. Approval/Revision History

First Level Approval	Second Level Approval
Mai-Phuong NguyenDaniel Quan Delegation Oversight ManagerDirector, 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			
V2	Revised	Delegation Oversight	4/28/2016	
V3	Revised			
V4	Revised	Compliance Committee		

approval

POLICY

Policy Title:	Pre-Delegation Audit	Policy No.:	DE.02 v4~~3~~
Replaces Policy Title (if applicable):	Pre-Delegation Oversight Process	Replaces Policy No. (if applicable):	DE002, DE202
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

Santa Clara Family Health Plan (SCFHP) is ultimately responsible for ensuring our subcontractors and delegated entities comply with all applicable contractual obligations and requirements (State and federal laws and regulations, contractual provisions and guidance from the regulatory bodies, APLs, Policy Letters, Duals Plan Letters, and accreditation bodies, and contract terms and policies and procedures of SCFHP).~~The purpose of t~~This policy is to establish the ~~Santa Clara Family Health Plan (SCFHP)~~ requirements to conduct a pre-delegation audit to evaluate a potential delegate's capacity prior to implementing any delegation.~~of an entity prior to executing a delegation agreement.~~

II. Policy

SCFHP shall conduct~~s~~ a pre-delegation audit of an entity prior to delegating any activity to another entity. Pre-Delegation audits shall be completed within 12 months prior to the implementation of delegation. If SCFHP amends any existing delegation agreement to include additional delegated activities, a pre-delegation audit for the additional activities shall be conducted.~~executing a delegation agreement for any delegated services the entity plans to provide SCFHP members and/or providers on behalf of SCFHP.~~

~~A. SCFHP uses a standard approved audit tools to conduct the pre-delegation audit.~~

~~B.~~ Under certain circumstances and at SCFHP's discretion, SCFHP may accept National Committee for Quality Assurance (NCQA) accreditation or certification status instead of completing a pre-delegation audit of specific areas, if the entity is accredited in the area to be delegated.~~, for some of the pre-delegation audit components.~~

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III. Responsibilities

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

1. The Contracting and Credentialing Departments are responsible for the contracting requirements of this policy, including the review of any delegation application and drafting the delegation agreement.

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POLICY

2. The Compliance Department is responsible for:

    a. Overseeing the pre-delegation audit. The audit team includes participation of subject matter experts from applicable SCFHP departments based on the delegated function or activityareas of audit.

    b. Approving and distributing all auditing tools.

    b.c. c. Reporting audit results to Contracting and Credentialing Departments and other stakeholders.

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3. SCFHP Business Units are responsible for staffing the audit team based on directions from the Compliance Department.

IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
DHCS All Plan Letter (APL) 17-004: Subcontractual Relationships and Delegation
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 2021

V. Approval/Revision History

First Level Approval	Second Level Approval
Leanne KellyDaniel Quan Delegation Oversight ManagerDirector, Compliance	Tyler Haskell Interim Compliance Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1				
V2	Revised	Delegation Oversight		
V3	Revised			
V4	Revised	Compliance Committee		

approval

POLICY

Policy Title:	Delegation Agreement	Policy No.:	DE.03 v4~~3~~
Replaces Policy Title (if applicable):	Delegation Oversight Agreement Process	**Replaces Policy No. (if applicable):**	DE003, DE203
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

T~~he purpose of this policy is t~~o establish the ~~Santa Clara Family Health Plan (SCFHP)~~ requirements Santa Clara Family Health Plan (SCFHP) shall follow ~~to execute~~when preparing a delegation agreement with a first tier, downstream related entity (FDR), or delegated~~n~~ entity.~~ after an approved pre-delegation audit.~~

II. Policy

A. SCFHP shall execute~~s~~ a delegation agreement with any entity that provides services to SCFHP members and/or providers on behalf of SCFHP. Delegation shall ~~does~~ not begin until SCFHP receives a fully executed agreement. The agreement must:

1. State ~~that~~ the agreement is mutually agreed upon with an effective date.

2. ~~Describe~~ Specify the delegated activities and identifying the responsibilities performed by ~~of SCFHP and~~ the delegated entity or retained by SCFHP.

3. Specify~~Include the~~ reporting requirements ~~by~~ from the delegate for delegated activities with reporting~~at set~~ frequency to be~~ies,~~ at least semi-annual reporting ~~by the delegated entity~~ to SCFHP.

4. Specify SCFHP's oversight and monitoring activities, including approving of reports and evaluating the delegate's performance.

5. Identify the delegate's responsibility to report findings and actions taken to remediate.

6. Include the actions/remedies available to SCFHP if the delegated entity does not fulfill its obligations, including but not limited to, reporting to the Manage Care Operations Divisions any significant instances of non-compliance, ~~or~~ corrective action, or imposition of sanctions or penalties pertaining to the Plan's obligation under the state/federal contracts, and revocation of the delegation agreement.

POLICY

7. Describe SCFHP's process for providing member data to the delegate.

8. Include a fully executed business associate agreement between SCFHP and the delegated entity to clarify and limit, as appropriate, the permissible and required uses and disclosures of protected health information that is created, received, maintained, transmitted and returned or destroyed (as applicable and appropriate) by the delegated entity, based on the relationship with SCFHP and the delegated activity/ies or function(s) being performed by the delegated entity.

9. Specify the delegate's responsibility to allow for inspection books, records, documents, and other evidence of administrative, medical and accounting procedures and practices that shall be maintained for at least ten (10) years from the final date of the contract period or completion of any active audit where the records were requested for review, whichever is later.

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8. ~~Include the use of protected health information (PHI) by the delegate and :~~

   a. ~~List of allowed uses for PHI.~~

   b. ~~Description of delegate safeguards to protect PHI from inappropriate use or disclosure.~~

   c. ~~Stipulation that the delegate will ensure that all sub-delegates have similar safeguards.~~

   d. ~~Stipulation that the delegate will provide individuals with access to their PHI.~~

   e. ~~Stipulation that the delegate will inform SCFHP if inappropriate uses of the information occur.~~

   f. ~~Stipulation that the delegate will ensure that PHI is returned, destroyed, or protected if the delegation agreement ends.~~

III. Responsibilities

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

1. The Contracts and Credentialing Department is responsible for the contracting requirements of this policy, including obtaining and maintaining a fully executed delegation agreement, and revising the agreement as applicable.

2. The Compliance Department is responsible for monitoring and enforcing the terms of the agreement, and annually reviewing the agreement.

3. The Business Units are responsible for assisting the Compliance Department in monitoring and enforcing the terms of the agreement.

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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, 20210

V. Approval/Revision History

First Level Approval	Second Level Approval
Leanne KellyDaniel Quan Delegation Oversight ManagerDirector, Compliance	Tyler Haskell Interim Compliance Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1				
V2	Revised	Delegation Oversight	4/28/2016	
V3	Revised	Delegation Oversight		
V4	Revised	Compliance Committee		

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Santa Clara Family Health Plan

POLICY

Policy Title:	Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities	Policy No.:	DE.05 V34
Replaces Policy Title (if applicable):	Delegation Oversight Joint Operations Committee Meeting	Replaces Policy No. (if applicable):	DE005 DE205
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the Santa Clara Family Health Plan (SCFHP) requirements to conduct and participate in Joint Operations Committee (JOC) meetings between SCFHP and its First Tier, Downstream, and Related Entities (FDRs)/delegated entities.

II. Policy

SCFHP establishes, conducts, and participates in JOC meetings with FDRs/delegated entities. The JOC meetings occur on at least an annual basis with each FDR/delegated entity. JOC meetings may be held in person, via webinar, or telephonic. A standard agenda will be established with specific needs of the FDR/delegated entity and SCFHP. FDRs/delegated entities and key SCFHP participants have the opportunity to submit agenda topics prior to each JOC meeting. Ad hoc meetings may be scheduled at the request of the FDR/delegated entity or by SCFHP.

III. Responsibilities

The Compliance Department and Provider Network Management are responsible for carrying out the terms of this policy.

A. The Provider Network Management Department is responsible for:
   1. Managing all JOC meetings for FDRs/delegated entities that have network providers

B. The Compliance Department is responsible for:
   1. Managing all JOC meetings for FDRs/delegated entities that do not have network providers

C. Managing the JOC meetings includes:
   1. Scheduling JOC meetings
   2. Participating in the JOC meetings
   3. Documenting the JOC meeting in the standardized meeting minute format
   4. Distributing all related documents to the JOC participants
   5. Escalating JOC activities if necessary to the Oversight Workgroup or Compliance Committee

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6. Relaying applicable information from the Compliance Committee or regulators to the FDR/delegated entity through the JOC.

D. Business Units representing areas of delegation are responsible for staffing and/or participating in the JOC, providing meeting materials when applicable, and addressing issues involving the FDR/delegated entity.

E. Quality Improvement Department is responsible for:
1. Reporting JOC activities to the Quality Improvement Committee (QIC).
2. Relaying applicable information from the QIC to the FDR/delegated entity through the JOC.

IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 202117

V. Approval/Revision History

First Level Approval	Second Level Approval
Leanne KellyDaniel Quan Compliance Audit Program ManagerDirector, Compliance	Tyler Haskell Interim Compliance Officer
Date	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	
V2	Revise	Compliance Committee	11/19/2020	12/17/2020
V23	Reviewed	Compliance Committee	11/18/2021	
V34	Revised	Compliance Committee		

Santa Clara Family Health Plan

POLICY

Policy Title:	Delegation Corrective Action	Policy No.:	DE.07 v43
Replaces Policy Title (if applicable):	Delegation Corrective Action Process	Replaces Policy No. (if applicable):	DE007, DE207, DE.08, DE.09
Issuing Department:	Compliance	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the Santa Clara Family Health Plan (SCFHP) requirements to identify the need for, and issue, a Corrective Action Plan (CAP) to a delegated entity or further necessary action.

II. Policy

A. SCFHP shall issue and request CAP from delegated entities when SCFHP identifies delegated entities that delegate's performance do not meet SCFHP's standards for delegation. CAPs can pertain to any area of delegation that affects the delegated entity's ability to effectively provide delegated services to SCFHP members and/or providers on SCFHP's behalf. CAPs can also be issued if the delegated entity does not comply with all applicable Medicaid laws and regulations as well as applicable State and federal laws.

The following are characteristics of a CAP:

- Non-compliant areas of delegation are identified as requiring a CAP from the delegated entity.
- The delegated entity is expected to correct all non-compliance within the timeframe designated in the CAP.
- Failure to correct areas of non-compliance will result in escalation of action by SCFHP.

B. SCFHP shall revoke delegation from a delegated entity for one or more areas when the delegated entity consistently shows unwillingness or inability to correct non-compliance.

III. Responsibilities

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

A. The Compliance Department is responsible for:

1. Issuing the CAP
2. Communicating and documenting all subsequent correspondence related to the CAP.
3. Reporting CAPs to the Compliance Committee.
4. Reporting CAPs to the Oversight Committee.
4.5. Recommend, seek approval, and initiate the revocation process

5.6. Reporting to the Managed Care Operations Divisions any significant instances of non-compliance or corrective action pertaining to the Plan's obligation under the Contract within three business days.

B. Business units representing areas of delegation are responsible for reviewing received delegated entity materials and providing responses to the Compliance Department within the designated timeframes.

IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 202119
APL 17-004

V. Approval/Revision History

First Level Approval	Second Level Approval
Mai-Phuong NguyenDaniel Quan Delegation Oversight ManagerDirector, 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			
V2	Revised	Delegation Oversight Committee Compliance Committee		
V3	Revised			
V4	Revised	Compliance Committee		