



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

## MINUTES

### Members Present

Sue Murphy, Chair  
 Christine Tomcala, Chief Executive Officer  
 Neal Jarecki, Chief Financial Officer  
 Jonathan Tamayo, Chief Information Officer  
 Chris Turner, Chief Operating Officer  
 Ngoc Bui-Tong, VP, Strategies & Analytics  
 Chelsea Byom, VP, Marketing, Communications & Outreach  
 Laura Watkins, VP, Marketing & Enrollment  
 Tyler Haskell, Interim Compliance Officer

### Members Absent

Teresa Chapman, VP, Human Resources  
 Laurie Nakahira, DO, Chief Medical Officer

### Staff Present

Barbara Granieri, Controller  
 Daniel Quan, Director, Compliance, Compliance  
 Anna Vuong, Manager, Compliance, Compliance  
 Mai Phuong Nguyen, Fraud, Waste, and Abuse Program Manager  
 Sue Won, Compliance Audit Program Manager  
 Alicia Zhao, Compliance Audit Program Manager  
 Sonia Lopez, Compliance Coordinator, Compliance  
 Alejandro Rodriguez, Compliance Analyst, Compliance  
 Megha Shah, Compliance Analyst, Compliance  
 Amy O'Brien, Administrative Assistant  
 Rita Zambrano, Executive Assistant

### 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

There were no public comments.

### 3. Meeting Minutes

Ms. Murphy reviewed the February 24, 2022 Compliance Committee minutes.

**It was moved, seconded, and the February 24, 2022 Compliance Committee minutes were unanimously approved.**

**Motion:** Mr. Haskell

**Second:** Ms. Tomcala

**Ayes:** Ms. Bui-Tong, Mr. Haskell, Mr. Jarecki, Ms. Murphy, Mr. Tamayo, Ms. Tomcala, Ms. Turner, Ms. Watkins

**Absent:** Ms. Chapman, Dr. Nakahira

### 4. Compliance Activity Report

Tyler Haskell, Interim Compliance Officer, provided an update on regulatory audits and other related issues. First, he discussed a notification the Plan provided to regulators about a software glitch that temporarily prevented members from receiving letters notifying them of authorization decisions. Mr. Haskell then provided updates on the ongoing Medicare data validation audit, recent Department of Health Care Services annual audit, upcoming



Department of Managed Health Care routine audit, and ongoing Department of Managed Health Care financial audit.

## 5. Oversight Activity Report

### a. Compliance Dashboard

Daniel Quan, Director, Compliance, reviewed the FY 2021-2022 Compliance Dashboard. Mr. Quan shared that the Plan is at 89.9% for recorded metrics, with the fiscal year goal of reaching 95%. He further reviewed areas where metric goals were not met during the preceding quarter.

### b. Oversight Audits

Mr. Quan reported on the 2021 VSP oversight audit noting findings and Corrective Action Plan (CAP) for claims payment and compliance requirements.

Mr. Quan reported on the Verifpoint oversight audit noting a correction to a finding with Standard of Conduct distribution.

Mr. Quan shared preliminary findings on the oversight audit of Docustream, noting four findings related to general compliance requirements.

Mr. Quan reported on the 2021 MedImpact oversight audit noting a correction to one finding related to transition letters.

Mr. Quan reported on the 2021 Physician Medical Group of San Jose (PMGSJ) oversight audit and noted 28 findings and one observation.

Mr. Quan shared preliminary results for the 2021 Valley Health Plan (VHP) oversight audit and noted 34 findings and four observations. VHP has the opportunity to provide additional information to rebut the findings.

Mr. Quan shared the preliminary results of the NovaTrans audit, noting it was the first audit done by the Plan of a transportation provider. The preliminary report included 12 findings and two observations. NovaTrans has an opportunity to provide additional information to rebut the findings.

### c. Corrective Action Plans

Mr. Quan presented a log of CAPs which noted two CAPs for internal business units have been closed and six delegate or provider CAPs are open or being monitored.

## 6. Fraud, Waste, and Abuse Report

Mia 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 21 reported leads for the first quarter of 2022 from CMC, Medi-Cal, and CMC Medi-Cal.

Ms. Nguyen shared the majority of intake come from the G&A and Compliance teams with five intakes each. The majority of allegations are originated by members with 7 reported leads. Ms. Nguyen detailed the largest initial allegation type listed is for services not rendered. Ms. Nguyen stated a total of 11 investigations were opened in the first quarter of 2022.

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

## 7. Compliance Policies

Mr. Haskell presented the updated Compliance Policies.

- 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
- 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

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

**Motion:** Mr. Haskell

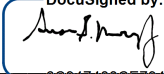
**Second:** Mr. Jarecki

**Ayes:** Ms. Bui-Tong, Mr. Haskell, Mr. Jarecki, Ms. Murphy, Mr. Tamayo, Ms. Tomcala, Ms. Turner, Ms. Watkins

**Absent:** Ms. Chapman, Dr. Nakahira

## 8. Adjournment

The meeting was adjourned at 2:56 pm.

DocuSigned by:  


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Sue Murphy, Secretary