



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

Thursday, November 17, 2022, 2:00 PM – 3:00 PM  
Santa Clara Family Health Plan – Teleconference  
6201 San Ignacio Ave, San Jose, CA 95119

## **MINUTES**

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### **Members Present**

Sue Murphy, Chair  
Tyler Haskell, VP, Government Relations and Compliance  
Christine Tomcala, Chief Executive Officer  
Ngoc Bui-Tong, Chief Health Equity & Strategies Officer  
Neal Jarecki, Chief Financial Officer  
Laurie Nakahira, DO, Chief Medical Officer  
Chris Turner, Chief Operating Officer  
Chelsea Byom, VP, Marketing, Communications & Outreach  
Teresa Chapman, VP, Human Resources

### **Staff Present**

Barbara Granieri, Controller  
Daniel Quan, Director, Compliance, Compliance  
Ashley Kerner, Manager, Administrative Services  
Mai Phuong Nguyen, Fraud, Waste, and Abuse Program Manager  
Richard McPhee, Oversight Manager, Compliance  
Sue Won, Compliance Audit Program Manager, Compliance  
Alicia Zhao, Compliance Audit Program Manager, Compliance  
Megha Shah, Compliance Analyst, Compliance  
Alexandra Gutierrez, Compliance Coordinator I  
Sonia Lopez, Compliance Coordinator I  
Amy O'Brien, Administrative Assistant

### **Members Absent**

Jonathan Tamayo, Chief Information Officer

#### **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 August 28, 2022 Compliance Committee minutes.

**It was moved, seconded,** and the August 28, 2022 Compliance Committee minutes were **unanimously approved.**

**Motion:** Mr. Haskell

**Second:** Mr. Jarecki

**Ayes:** Ms. Murphy, Ms. Tomcala, Mr. Jarecki, Ms. Nakahira, Ms. Turner, Ms. Byom, Ms. Bui-Tong, Ms. Chapman, Mr. Haskell

**Absent:** Mr. Tamayo

#### 4. Compliance Activity Report

Tyler Haskell, VP, Government Relations and Compliance discussed the status of regulatory audits, related corrective action plans (CAPs), and other compliance issues.

Mr. Haskell stated the Plan underwent a Department of Managed Health Care (DMHC) routine audit during the week of October 17. No obvious compliance deficiencies arose and during the audit, and the Plan has not yet received a written preliminary report.

Mr. Haskell informed the members that the Plan was assessed a \$5,000 DMHC Enforcement Penalty for providing incomplete and late responses to an inquiry into a February 2019 enrollee complaint.

Mr. Haskell shared an update on the Department of Health Care Services (DHCS) audit stating that the Plan should receive a preliminary written report by November 18 and has scheduled an exit conference for November 29.

Mr. Haskell concluded his report by sharing DHCS intends to conduct audits in the areas of transportation and behavioral health in an effort to assess member access to care. These audits will be scheduled concurrently with the Plan's annual medical audit.

#### 5. Oversight Activity Report

Daniel Quan, Director, Compliance reviewed the FY 2022 – 2023 compliance dashboard, oversight audits and corrective action plans.

Mr. Quan, shared the Plan is meeting 91.8% of recorded metrics, with 246 of 268 measures met. The fiscal year goal is to meet 95% of metrics.

Mr. Quan highlighted new report data summarizing third quarter delegate compliance, noting that several delegates have yet to provide data regarding their compliance with the listed measures.

Mr. Quan reported updates on the 2022 audit work plan status noting that all audits are in progress or completed aside from the Grievance and Appeals audit that has not yet begun.

Mr. Quan presented the Arvato Digital Services Audit that focused on compliance requirements, print and mail fulfillment, and provider directory development; noting there were two findings related to timely completion of general compliance and Fraud Waste and Abuse training.

Mr. Quan reported the 2022 Compliance Program Effectiveness scope and score summary of the audit performed by Health Alliance plan of Michigan, noting a 99% overall score across all reviewed areas.

Mr. Quan provided a summary of corrective action plans noting there were three CAPs closed and one new CAP since last Compliance Committee meeting.

#### 6. Initial Health Assessment (IHA) Update

Laurie Nakahira, DO, Chief Medical Officer, presented the IHA update.

Dr. Nakahira shared current requirements to be completed within 120 days of continuous enrollment for new members or two documented outreach attempts. Dr. Nakahira highlighted changes taking affect beginning January 2023, including a change from Initial Health Assessment to Initial Health Appointment and the elimination of the Individual Health Education Behavior Assessment (IHEBA) and Staying Healthy Assessment (SHA) form.



Ngoc Bui-Tong, Chief Health Equity & Strategies Officer, reported current and proposed IHA data specifications, noting that the State does not provide specificity, like it does with HEDIS measures. Ms. Bui-Tong highlighted a proposed reporting timeline only looking at people with 120 days of continuous enrollment for a more accurate data representation to be presented in the Compliance Dashboard.

Dr. Nakahira concluded the presentation by sharing current and proposed interventions to improve IHA Compliance.

Sue Murphy, Chair, requested that a project improvement timeline be provided at the next meeting.

**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 65 reported leads for the year 2022 comprised from Cal MediConnect (CMC), Medi-Cal, and CMC Medi-Cal. Ms. Nguyen stated the majority of the reported leads came from Medi-Cal followed by CMC, with the majority of the allegation sources originating from members for services not rendered.

Ms. Nguyen shared new report data illustrating the monetary recovery of about \$29,000 from program integrity investigations.

Ms. Nguyen concluded her presentation by sharing an updated chart of SCFHP open investigations, highlighting a billing for service case with a non-contracted provider for COVID-19 testing where providers received payment for services under Family Planning. She reported that the Plan is currently working to close this loophole.

**8. Compliance Program Documents – Annual Review**

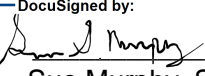
Mr. Haskell reported on the annual review of Compliance Program and Standards of Conduct indicating updates were made to replace mentions of “Cal MediConnect” with “Medicare and DualConnect.”

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

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

**9. Adjournment**

The meeting was adjourned at 2:50 PM.

DocuSigned by:  
  
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 Sue Murphy, Secretary