



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

Thursday, August 26, 2021, 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**

Tyler Haskell, Interim Compliance Officer  
Sue Murphy, Board Member  
Neal Jarecki, Chief Financial Officer  
Laurie Nakahira, D.O., Chief Medical Officer  
Christine Tomcala, Chief Executive Officer  
Chris Turner, Chief Operating Officer  
Laura Watkins, VP Marketing and Enrollment  
Ngoc Bui-Tong, VP Strategies and Analytics  
Jonathan Tamayo, Chief Information Officer

**Staff Present**

Barbara Granieri, Controller  
Daniel Quan, Manager, Medicare Compliance  
Alejandro Rodriguez, Compliance Analyst  
Alicia Zhao, Audit Program Manager  
Mai-Phuong Nguyen, Oversight Manager  
Megha Shah, Compliance Analyst  
Anna Vuong, Manager, Medi-Cal Compliance  
Alexandra Gutierrez, Compliance Coordinator  
Rita Zambrano, Executive Assistant

**Members Absent**

Teresa Chapman, VP, Human Resources

**1. Roll Call**

Tyler Haskell, Interim Compliance Officer, 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**

The minutes of the May 27, 2021 Compliance Committee meeting were reviewed.

**It was moved, seconded and the May 27, 2021 Compliance Committee minutes were unanimously approved.**

**Moved:** Ms. Tomcala

**Seconded:** Mr. Haskell

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

**Absent:** Ms. Chapman

**4. Compliance Activity Report**

Tyler Haskell, Interim Compliance Officer, discussed the final report of the annual Department of Health Care Services (DHCS) audit, which included three findings related to delegate oversight, utilization management, and transportation vendor enrollment.

Mr. Haskell also discussed the final report from the Department of Managed Health Care (DMHC) 2019 follow-up audit, which included one uncorrected deficiency related to delegation oversight of authorization denial letters.

Mr. Haskell reported that the Plan had achieved 100% compliance in all four areas of the Medicare Data Validation audit and submitted the final results to CMS in late June.

Mr. Haskell reported that we recently disclosed to CMS that a technological issue had been preventing providers from receiving faxes about transitions of care, interdisciplinary care team (ICT) meetings, and individual care plans (ICP). The fax capability has since been restored, and the Plan has re-faxed transitions of care and ICP letters.

Lastly, Mr. Haskell noted that the Plan is participating in the 2021 performance measure validation audit, focusing on compliance with Cal MediConnect requirements relating to initial health risk assessments and initial care plans.

## 5. Oversight Activity Report

- a. Mai-Phuong Nguyen, Oversight Manager, presented a summary of the compliance dashboard and corrective action plans issued for missed metrics. Ms. Nguyen also presented the Fiscal Year 2020-2021 Plan Focus and noted that SCFHP met 90.3% of the metrics. She also pointed out that this is the same objective for this fiscal year, and we must meet at least 95% of the metrics.
- b. Daniel Quan, Medicare Manager, presented the three-year Audit Schedule and reported on audits in the planning, pending, and reporting stage. Mr. Quan also presented findings for the pre-delegation audit of North East Medical Services (NEMS), internal audits of Provider Network Operations and Grievance and Appeals, and delegation audits of Physician Medical Group of San Jose (PMGSJ), Valley Health Plan (VHP), Office Ally, and Change Healthcare.

## 6. Fraud, Waste, and Abuse Report

Ms. Nguyen presented the 2021 year-to-date report for Fraud, Waste, and Abuse (FWA), stating the following sources for suspected FWA cases: reports from internal business units, the compliance hotline, and the compliance email address. Ms. Nguyen shared that there have been 27 FWA leads coming from internal business units, including Behavioral Health Services, Grievance and Appeals (G&A), and Provider Network Operations (PNO). From these 27 leads, the Special Investigation Unit (SIU) team opened an in-depth investigation on six (6) of them. Currently, three (3) are still open. Two cases should be closed soon, and there was no evidence of fraud in the first case, and the instigator in the second case, the member, was not enrolled with the Plan at the time of the incident. The last case is still in the preliminary investigation phase. An external consultant audited the medical records associated with this case, and the SIU team is now reviewing the results. Ms. Nguyen will provide an update on this case at the next Compliance Committee meeting.

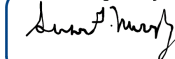
Ms. Nguyen provided a summary of the Plan's SIU's performance to date: we recovered close to \$14,000 and have prevented overpayment of \$30,000 a year. By bringing SIU in-house, Compliance not only takes proactive steps in identifying suspected FWA cases but also vets these cases thoroughly before reporting them to regulators. Finally, SIU's investigations also helped to close gaps in both internal and third-party vendor systems.

Compliance will be assessing its SIU team in terms of personnel, process, and technology.

## 7. Adjournment

The meeting was adjourned at 3:02 pm.

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Sue Murphy, Chair