



Regular Meeting of the
Santa Clara County Health Authority
Credentialing/Peer Review Committee

Wednesday, February 1, 2023, 12:15 PM – 1:30 PM
 Santa Clara Family Health Plan
 6201 San Ignacio Ave, San Jose, CA 95119

VIA TELECONFERENCE

(408) 638-0968
 Meeting ID: 892 3769 4680
 Passcode: CredCom23!
<https://us06web.zoom.us/j/89237694680?pwd=dnZFYy9LbUtnZkRqMINqY3Y3YUIlSdz09>

AGENDA

1. Roll Call / Establish Quorum	Dr. Nakahira <i>or designee</i>	12:15	5 min
2. Public Comment Members of the public may speak to any item not on the agenda; two minutes per speaker. The Credentialing/Peer Review Committee reserves the right to limit the duration of the public comment period to 30 minutes	Dr. Cordero-Gamez	12:20	5 min
3. Open Session Meeting Minutes Review Open Session Credentialing Committee meeting minutes of December 7, 2022 Possible Action: Approve Closed Session minutes of December 7, 2022	Dr. Cordero-Gamez	12:25	5 min
4. CMO Update Informational Update	Dr. Nakahira <i>or designee</i>	12:30	5 min
5. Delegated Credentialing Quarterly Reports	All	12:35	5 min
6. Adjourn to Closed Session Pursuant to Welfare and Institutions Code Section 14087.36 (w)		12:40	
7. Closed Session Meeting Minutes Review Closed Session Credentialing Committee meeting minutes of December 7, 2022 Possible Action: Approve Closed Session minutes of December 7, 2022	Dr. Cordero-Gamez	12:40	5 min
8. Old Business None	Dr. Nakahira <i>or designee</i>	12:45	0 min
9. New Business None	Dr. Nakahira <i>or designee</i>	12:45	0 min

10. Review of 6-month grievances from July 1, 2022 to December 31, 2022 None	Dr. Nakahira <i>or designee</i>	12:45	5 min
11. Credentialing Systems Controls Oversight Report from June 2021 to May 2022	Dr. Nakahira <i>or designee</i>	12:50	5 min
12. Medical Board Alerts None	Dr. Nakahira <i>or designee</i>	12:55	0 min
13. Independent Network Credentialing a. CMO Approved Clean Files Possible Action: Approve CMO Approved Clean Files b. Provider profiles review by Committee Possible Action: Approve Provider profiles review by Committee	All	12:55	10 min
14. Independent Network Re-credentialing a. CMO Approved Clean Files Possible Action: Approve CMO Approved Clean Files b. Provider profiles review by Committee Possible Action: Approve Provider profiles review by Committee	All	1:05	10 min
15. Delegated Credentialing Summary			
16. Adjournment Next Meeting: Wednesday, April 5, 2023	Dr. Cordero- Gamez	1:15	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Credentialing/Peer Review 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 Catherine Almogela 48 hours prior to the meeting at 408-874-1785.
- To obtain a copy of any supporting document that is available, contact Catherine Almogela at 408-874-1785. 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.

ROLL CALL

PUBLIC COMMENT

For a Regular Meeting of the

Santa Clara County Health Authority Credentialing/Peer Review Committee

Wednesday, December 7, 2022, 12:15-1:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes – Open Session

Members Present:

Mario Cordero-Gamez, MD, Chairperson
Laurie Nakahira, DO, Chief Medical Officer
Clara Adams, LCSW
Jimmy Lin, MD
Peter L. Nguyen, DO

Staff Present:

Janet Gambatese, Director, Provider Network Operations
Karen Fadley, Manager, Credentialing, Provider Data, and Reporting
Catherine Almogela, Credentialing Coordinator

Members Absent:

None

Others Present:

None

1. Roll Call / Establish Quorum

Laurie Nakahira, DO, Chief Medical Officer, convened the meeting at 12:19 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Review Open Session Meeting Minutes of October 5, 2022 and October 26, 2022

The meeting minutes were distributed to the Committee at the meeting. The Committee reviewed the minutes.

It was moved, seconded, and the Open Session Meeting Minutes was unanimously approved.

Motion: Dr. Nguyen

Second: Dr. Lin

Ayes: Dr. Cordero, Dr. Nakahira, Ms. Adams, Dr. Lin, Dr. Nguyen

Absent: None

4. CMO Update(s)

Laurie Nakahira, DO, Chief Medical Officer shared the following information updates:

- SCFHP's total number of enrollment as of November 1, 2022 is 320,686 members. The total enrollment consists of 310,191 Medi-Cal members and 10,495 Cal MediConnect members.
- The Dual Eligible Special Needs Plan (DSNP) will begin on January 1, 2023 and the Cal MediConnect (CMC) will end on December 31, 2022. The CMC members will be shifted to the DSNP program.

- The federal covid public health emergency is likely to end mid-April. The Committee meetings may remain virtual. We will clarify if the Brown Act will be based on the federal or the state mandate.
- The Department of Managed Health Care (DMHC) audit findings in October are still pending.
- The Department of Health Care Services (DHCS) audit findings in March occurred with an exit interview in November.

5. 2023 Attestation

The Credentialing Department distributed the 2022 Confidentiality, Conflict of Interest, and Non-Discrimination Agreement to all attendees and is due prior to the next credentialing meeting.

6. 2023 Calendar

The Credentialing Department distributed the 2022 Credentialing Committee Calendar to all attendees.

7. 2023 Chair Nomination and Appointment

The Committee nominated Dr. Cordero as Chairperson for 2023 and Dr. Cordero accepted.

It was moved, seconded, and Dr. Cordero was unanimously nominated and appointed.

Motion: Dr. Nakahira

Second: Dr. Lin

Ayes: Dr. Cordero, Dr. Nakahira, Ms. Adams, Dr. Lin, Dr. Nguyen

Absent: None

8. Credentialing Committee Meeting In-Person Beginning February 28, 2023

SCFHP will clarify if the Brown Act will be based on the federal or the state mandate.

Adjourn to Closed Session

The Committee adjourned to closed session at 12:35 pm to discuss agenda items 10-16.

Mario Cordero-Gamez, MD
Committee Chairperson

CMO UPDATE

**DELEGATED CREDENTIALING
QUARTERLY REPORTS**



SCFHP Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Lucile Packard Children's Hospital

Reporting Period: 1st Quarter (due May 15th) 3rd Quarter (due November 15th)
 (Check One Box) 2nd Quarter (due August 15th) 4th Quarter (due February 15th)

POLICY: SCFHP requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Check One Box Only

NO SCFHP practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
July, 2022 Cancelled, Aug, 2022 Cancelled, Sept, 2022 Cancelled,

The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	3	78	12	0
Total # of Recreds	8	158	39	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints	0	Number of Site Audits Conducted	0

IMPROVEMENT ACTIVITIES: Check here if no activities

Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

Updates may be found at this link:

<http://stanfordhealthcare.org/health-care-professionals/medical-staff/health-plans.html>

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Brian Borders, Manager

Date: 11/10/2022



Santa Clara Family Health Plan Delegated Credentialing HICE Quarterly Credentialing Submission Form

Delegate Name: North East Medical Services

Reporting Period: 1st Quarter (1/1 - 3/31) (due May 15th) 3rd Quarter (7/1 - 9/30) (due Nov 15th)

(Check One Box): 2nd Quarter (4/1 - 6/30) (due Aug 15th) 4th Quarter (10/1 – 12/31) (due Feb 15th)

POLICY: Santa Clara Family Health Plan requires all delegated groups to complete this form and return it to the contact listed below on a quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

SCFHP Delegation Oversight
oversight@scfhp.org

Check One Box Only

NO SCFHP practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
7/6/2022, 8/3/2022, 9/7/2022

The following practitioners were approved for initial and recredentialing **(Including clean files)** (attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension/termination**. (Attach list, if applicable).

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	7	32	8	8
Total # of Recreds	2	9	8	2

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints		Number of Site Audits Conducted	
	0		0	

IMPROVEMENT ACTIVITIES: Check here if no activities

Please provide a summary of any credentialing activities carried out to improve performance (e.g., , CVO contract, new computerized tracking system, updated policies and procedures).

Updated Cred P&P to include language for Ad Hoc/Urgent credentialing meeting guidelines.

Credentialing System Controls Oversight: Completed review during the look back period.

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Carmen San

Date: 11/7/2022



Sutter Bay Medical Foundation Delegated Credentialing HICE Quarterly Credentialing Submission Form

Delegate Name: Sutter Bay Medical Foundation – Palo Alto Medical Foundation (PAMF) - Combined

Reporting Period: 1st Quarter (1/1 - 3/31) (due May 15th) 3rd Quarter (7/1 - 9/30) (due Nov 15th)

(Check One Box): 2nd Quarter (4/1 - 6/30) (due Aug 15th) 4th Quarter (10/1 – 12/31) (due Feb 15th)

POLICY: HICE requires all delegated groups to complete this form and submit on a quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below.

Check One Box Only

NO Sutter Bay Medical Foundation – Palo Alto Medical Foundation - Combined practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
07/15/2022 08/19/2022 09/16/2022

The following practitioners were approved for initial and recredentialing **(Including clean files)** *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	25	34	18	0
Total # of Recreds	126	170	39	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints		Number of Site Audits Conducted	
	0		0	

IMPROVEMENT ACTIVITIES: Check here if no activities

Please provide a summary of any credentialing activities carried out to improve performance (e.g., , CVO contract, new computerized tracking system, updated policies and procedures).

Credentialing System Controls Oversight: Completed review during the look back period.

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Rodel Legaspi, Credentialing Coordinator Date: 11/14/2022



Santa Clara HP Delegated Credentialing HICE Quarterly Credentialing Submission Form

Delegate Name: Premier Care of Northern California

Reporting Period: 1st Quarter (1/1 - 3/31) (due May 15th) 3rd Quarter (7/1 - 9/30) (due Nov 15th)
(Check One Box): 2nd Quarter (4/1 - 6/30) (due Aug 15th) 4th Quarter (10/1 – 12/31) (due Feb 15th)

POLICY: Santa Clara HP requires all delegated groups to complete this form and return it to the contact listed below on a semi-annual basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Oversight

Santa Clara Family Health Plan

oversight@scfhp.com

Check One Box Only

NO Santa Clara HP practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
07/18/2022, 07/19/2022, 07/31/2022, 08/16/2022, 09/02/2022, 09/19/2022

The following practitioners were approved for initial and recredentialing **(Including clean files)** *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	2	2	0	0
Total # of Recreds	4	7	0	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints	0	Number of Site Audits Conducted	0

IMPROVEMENT ACTIVITIES: Check here if no activities

Please provide a summary of any credentialing activities carried out to improve performance (e.g., , CVO contract, new computerized tracking system, updated policies and procedures).

Credentialing System Controls Oversight: Completed review during the look back period.

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Alegria Jimenez – Senior Credentialing Specialist Date: 11/15/2022



SCFHP Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Physicians Medical Group of San Jose

Reporting Period: 1st Quarter (due May 15th) 3rd Quarter (due November 15th)
 (Check One Box) 2nd Quarter (due August 15th) 4th Quarter (due February 15th)

POLICY: SCFHP requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

CAImogela@scfhp.com
Oversight@scfhp.com

Check One Box Only

NO [Health Plan] practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
7/15/2022, 8/15/2022, 9/16/2022

The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	6	6	1	0
Total # of Recreds	10	21	0	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints	0	Number of Site Audits Conducted	0

IMPROVEMENT ACTIVITIES: Check here if no activities

Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

Updated policies and procedures

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Rifa Mistry, Provider Data Management Specialist Date: 11/10/2022



SCFHP Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Stanford Health Care

Reporting Period: 1st Quarter (due May 15th) 3rd Quarter (due November 15th)
 (Check One Box) 2nd Quarter (due August 15th) 4th Quarter (due February 15th)

POLICY: SCFHP requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Check One Box Only

- NO SCFHP practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.
- At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
7/18/2022, 8/15/2022, 9/19/2022

The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	8	135	23	0
Total # of Recreds	39	241	94	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0
Total # of Resignations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints	0	Number of Site Audits Conducted	0

IMPROVEMENT ACTIVITIES: Check here if no activities
 Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

Updates may be found at this link:
<http://stanfordhealthcare.org/health-care-professionals/medical-staff/health-plans.html>

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Brian Borders Manager Date: 11/10/2022



**[Health Plan] Delegated Credentialing
HICE Quarterly Credentialing Submission Form**

Delegate Name: Santa Clara County Valley Health Plan

Reporting Period: 1st Quarter (1/1 - 3/31) (due May 15th) 3rd Quarter (7/1 - 9/30) (due Nov 15th)

(Check One Box): 2nd Quarter (4/1 - 6/30) (due Aug 15th) 4th Quarter (10/1 – 12/31) (due Feb 15th)

POLICY: [Health Plan] requires all delegated groups to complete this form and return it to the contact listed below on a semi-annual basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:
Santa Clara Family Health Plan

Check One Box Only

NO [Health Plan] practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*

Credential Committee Meetings: 7.20.2022, 8.17.2022 and 9.21.2022

Clean File Approvals: 7.1.2022, 7.12.2022, 7.26.2022, 8.2.2022, 8.15.2022, 8.23.2022, 8.30.2022, 9.1.2022, 9.6.2022 and 9.13.2022

The following practitioners were approved for initial and recredentialing **(Including clean files)** *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	4	31	34	14
Total # of Recreds	13	17	8	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension	0	0	0	0
Total # of Terminations	0	0	0	0

Site Visit for Complaint Monitoring	Number of Complaints	Number of Site Audits Conducted

IMPROVEMENT ACTIVITIES: Check here if no activities

Please provide a summary of any credentialing activities carried out to improve performance (e.g., , CVO contract, new computerized tracking system, updated policies and procedures).

VHP continues to add additional credentialing & support staff to the Credentialing Department; VHP is continuing to search for a credentialing software that will fulfill Health Plan credentialing standards and improve credentialing processes in the department.

Credentialing System Controls Oversight: Completed review during the look back period.

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Monica Fuentes – Provider Relations Specialist – Date: 10.7.2022
Provider Data Management



Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Vision Service Plan (VSP)

Reporting Period: **1st Quarter** (due May 15th) **3rd Quarter** (due November 15th)
 (Check One Box) **2nd Quarter** (due August 15th) **4th Quarter** (due February 15th)

POLICY: All delegated groups must complete this form and return it to the address listed below on a quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Oversight - Santa Clara Family Health Plan
 6201 San Ignacio Ave, San Jose, CA 95119
 Email: oversight@scfhp.com

Check One Box Only

NO practitioners were discussed and/or reviewed for initial and recredentialing issues, concerns or problems.

At the Credentialing Committee meeting(s) on (list all dates during this reporting period)
07/05/2022, 07/08/2022, 07/20/2022, 07/25/2022, 07/29/2022, 08/04/2022, 08/09/2022, 08/17/2022, 08/25/2022, 08/31/2022, - (MCDCA - CA)

The following practitioners were approved for initial and recredentialing (*attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP?s MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of initial creds		19		
Total # of recreds		151		

(For Quality of Care ONLY)	PCP?s MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of suspensions				
Total # of terminations		0		
Total # of Resignations				

Site Visit for Complaint Monitoring	Number of Complaints		Number of Site Audits Conducted	
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IMPROVEMENT ACTIVITIES: Check here if no activities

Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title) Shoreen Noguichi Date 10/03/2022

ADJOURN TO CLOSED SESSION