

Regular Meeting of the

# Santa Clara County Health Authority Credentialing/Peer Review Committee

Wednesday, February 23, 2022, 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: 899 2177 7421 Passcode: rJgN0HQj https://us06web.zoom.us/j/89921777421?pwd=dVNwRmtnRTJGTnNzS25yYkVVYUNiZz09

# AGENDA

1.	Roll Call / Establish Quorum	Dr. Nakahira or designee	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 1, 2021 Possible Action: Approve Closed Session minutes of December 1, 2021	Dr. Cordero- Gamez	12:25	5 min
4.	CMO Update Informational Update	Dr. Nakahira or designee	12:30	5 min
5.	Delegated Credentialing Quarterly Reports	FYI	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 1, 2021 Possible Action: Approve Closed Session minutes of December 1, 2021	Dr. Cordero- Gamez	12:40	5 min
8.	Old Business None	Dr. Nakahira or designee	12:45	0 min
9.	New Business	Dr. Nakahira	12:45	0 min



None	or designee		
10. Review of 6-month grievances from August 1, 2021 to January 31, 2022 None	Dr. Nakahira or designee	12:45	0 min
11. Annual Delegated Audit Summary	Dr. Nakahira or designee	12:45	5 min
<ul> <li>12. Medical Board Alerts</li> <li>a. Emergency Medicine (SPEC, Direct), License surrendered</li> <li>b. Family Medicine (PCP, Direct), First amended accusation</li> </ul>	Dr. Nakahira or designee	12:50	10 min
<ul> <li>13. Independent Network Credentialing         <ul> <li>a. CMO Approved Clean Files</li> <li>Possible Action: Approve CMO Approved Clean Files</li> <li>b. Provider profiles review by Committee</li> <li>Possible Action: Approve Provider profiles review by Committee</li> </ul> </li> </ul>	All	1:00	10 min
<ul> <li>14. Independent Network Re-credentialing         <ul> <li>a. CMO Approved Clean Files</li> <li>Possible Action: Approve CMO Approved Clean Files</li> <li>b. Provider profiles review by Committee</li> <li>Possible Action: Approve Provider profiles review by Committee</li> </ul> </li> </ul>	All	1:10	10 min
15. Delegated Credentialing Summary	FYI	1:20	5 min
<b>16. Adjournment</b> Next Meeting: Wednesday, April 6, 2022	Dr. Cordero- Gamez	1:20	

### 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 <u>www.scfhp.com</u>.

# **ROLL CALL**

# **PUBLIC COMMENT**



For a Regular Meeting of the

# Santa Clara County Health Authority Credentialing/Peer Review Committee

Wednesday, December 1, 2021, 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 Jeff Robertson, MD, Medical Director Clara Adams, LCSW Jimmy Lin, MD Peter L. Nguyen, DO <u>Members Absent</u> None

### Staff Present:

Janet Gambatese, Director, Provider Network Operations Catherine Almogela, Credentialing Coordinator

### **Others Present:**

Karen Fadley, Manager, Credentialing, Provider Data, and Reporting

### 1. Roll Call / Establish Quorum

Laurie Nakahira, DO, Chief Medical Officer, convened the meeting at 12:15 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 6, 2021

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. Robertson
Second:	Dr. Cordero
Ayes:	Dr. Cordero, Dr. Nakahira, Dr. Robertson, Dr. Lin
Absent:	Ms. Adams, Dr. Nguyen

### 4. CMO Update(s)

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

- ECM (Enhanced Care Management) and Community Support\_(CS), formerly called In Lieu of Services (ILOS) implementation will begin on January 1, 2022.
- SCFHP's Cal MediConnect NCQA re-accreditation survey will begin on January 31, 2021.
- The Cal MediConnect program is transitioning on December 31, 2022. Starting on January 1, 2023, Cal MediConnect members will be transitioned to exclusively aligned enrollment (EAE) Dual Eligible Special Needs Plans (D-SNPs) and matching Medi-Cal Managed Care Plans (MCPs). Under



exclusively aligned enrollment, beneficiaries can enroll in a D-SNP for Medicare benefits and in a Medi-Cal managed care plan for Medi-Cal benefits, which are both operated by the same parent organization for better care coordination and integration.

 Department of Health Care Services (DHCS) announced it completed its review of the Conflict Avoidance Plan (CAP) submitted by Magellan Administration (MMA) and announced a January 1, 2022 implementation date for the Medi-Cal RX program.

#### 5. CR.10 Policy Update

Janet Gambatese, Director, Provider Network Operations, presented the Credentialing System Controls policy (CR.10 v2) with some changes NCQA added a new element, Element C: Credentialing System Controls, which requires the organization to have policies and procedures describing how credentialing information is stored, modified and secured. Currently, the policy and procedure is combined as one. Credentialing Department would like to split the current policy and procedure. Should any changes need to be updated to the procedure, the changes can be updated accordingly.

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

Motion:	Dr. Cordero
Second:	Dr. Lin
Ayes:	Dr. Cordero, Dr. Nakahira, Dr. Robertson, Ms. Adams, Dr. Lin
Absent:	Dr. Nguyen

#### 6. 2022 Calendar

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

#### 7. 2022 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.

### 8. Credentialing Committee Chair Nomination and Appointment for CY2022

The Committee nominated Dr. Cordero as Chairperson for CY2022 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, Dr. Robertson, Ms. Adams, Dr. Lin, Dr. Nguyen, Dr. Nguyen Absent: None

#### Adjourn to Closed Session

The Committee adjourned to closed session at 12:40 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: (Check One Box) $1^{st}$ Quarter (due May 15 <sup>th</sup> ) $3^{rd}$ Quarter (due November 15 <sup>th</sup> ) $2^{nd}$ Quarter (due August 15 <sup>th</sup> ) $4^{th}$ Quarter (due February 15 <sup>th</sup> )						
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 <b>NO</b> SCFHP practition or denials during this		ussed and/or revi	ewed for initial and recr	edentialing approvals		
<ul> <li>At the Credentialing Committee meeting(s) on (<i>list all dates during this reporting period</i>) 07/15/2021, August meeting cancelled, 09/16/2021</li> <li>The following practitioners were approved for initial and recredentialing (<i>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).</i></li> </ul>						
	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare,		
Total # of Initial Creds	PCP's MD/DO 1	MD/DO/DDS/DPM	Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.		
Total # of Initial Creds Total # of Recreds	MD/DO		Health	OP/HDOs SNFs/Home Healthcare,		
	MD/DO 1	MD/DO/DDS/DPM 75	Health PA/NP/OD etc. 6	OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0		
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension	MD/DO 1 8 PCP's	MD/DO/DDS/DPM 75 140 SCPs	Health PA/NP/OD etc. 6 40 Non-Physician/Allied Health	OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0 0 0 0 OP/HDOs SNFs/Home Healthcare,		
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension Total # of Terminations	MD/DO 1 8 PCP's MD/DO 0 0 0	MD/DO/DDS/DPM 75 140 SCPs MD/DO/DDS/DPM	Health PA/NP/OD etc. 6 40 Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0 0 0 0 OP/HDOs SNFs/Home Healthcare, Facilities, etc.		
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension	MD/DO 1 8 PCP's MD/DO 0	MD/DO/DDS/DPM 75 140 SCPs MD/DO/DDS/DPM 0	Health PA/NP/OD etc. 6 40 Non-Physician/Allied Health PA/NP/OD etc. 0	OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0 0 0 0 OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0		
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension Total # of Terminations	MD/DO 1 8 PCP's MD/DO 0 0	MD/DO/DDS/DPM 75 140 SCPs MD/DO/DDS/DPM 0 0 0	Health PA/NP/OD etc. 6 40 Non-Physician/Allied Health PA/NP/OD etc. 0 0	OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0 0 0 0 OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0 0		

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

Signed (Name & Title): Brian Borders Lead Medical Staff Coordinator Date: 11/11/2021



## Santa Clara Family Health Plan Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Pre	mier Care of	Northern Califor	nia			
Reporting Period:(Check One Box)	$1^{st}$ Quarter ( $2^{nd}$ Quarter (	due May 15 <sup>th</sup> ) due August 15 <sup>th</sup> )		ter (due November 15 <sup>th</sup> ) ter (due February 15 <sup>th</sup> )		
POLICY: Santa Clara 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:						
		Oversigh Santa Clara Family He	ealth Plan			
Check One Box Only		Email: <u>oversight@</u>	<u>scrip.com</u>			
<ul> <li>NO Anthem Blue Croapprovals or denials</li> <li>At the Credentialing 0</li> </ul>	during this time Committee me	e. eting(s) on <i>(list al</i> .	l dates during this repo	itial and recredentialing		
The following practition complete name; profest specialty; board certifice	07/01/2021, 07/16/2021, 08/10/2021, 08/16/2021, 09/16/2021, 09/30/2021         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).         Non-Physician/Allied       OP/HDOs					
	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Health PA/NP/OD etc.	SNFs/Home Healthcare, Facilities, etc.		
Total # of Initial Creds	3	2	1	0		
Total # of Recreds	1	6	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	Monitoring Complaints 0 Conducted 0					
<b>IMPROVEMENT ACTIVITIES:</b> 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): Alegria Jimenez, Credentialing Specialist Date: 11/11/2021

Industry
Collaboration
Effort

### SCFHP Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name:	me: Physicians Medical Group					
<b>Reporting Period:</b> (Check One Box)	$\begin{array}{ c c c c c }\hline & \mathbf{1^{st} Quarter} (\text{due May } 15^{\text{th}}) \\ \hline & \mathbf{2^{nd} Quarter} (\text{due August } 15^{\text{th}}) \\ \hline \end{array}$	3rd Quarter (due November 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)* July 16, 2021, September 17, 2021

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	1	11	1	
Total # of Recreds	10	27		

(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				
Total # of Terminations		2		
Total # of Resignations	7	5		

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

### **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 Coordinator Date: 11/12/2021



## HealthPlan Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Su	Sutter Bay Medical Foundation - Palo Alto Medical Foundation					
Reporting Period:     (Check One Box)	<ul> <li>1<sup>st</sup> Quarter (due May 15<sup>th</sup>)</li> <li>2<sup>nd</sup> Quarter (due August 15<sup>th</sup>)</li> </ul>		<ul> <li>3<sup>rd</sup> Quarter (due November 15<sup>th</sup>)</li> <li>4<sup>th</sup> Quarter (due February 15<sup>th</sup>)</li> </ul>			
POLICY: Health Plans require 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:						
reviewed for initial ar	nd recredentialin	ig approvals or der	nials during this time.	s were discussed and/or		
07/16/2021 08 The following practitic complete name; profes board certification exp	At the Credentialing Committee meeting(s) on (list all dates during this reporting period) 07/16/2021 08/20/2021 09/17/2021 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	23	29	22	0		
Total # of Recreds	82	101	55	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		
<ul> <li>IMPROVEMENT ACTIVITIES: Check here if no activities </li> <li>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).</li> <li>Update and Annual Policy Review: Directory Listing, Hospital Admitting Privileges, Non-Discrimination, &amp; Scope of Credentialing</li> </ul>						

The undersigned hereby attests that the above information is truthful, accurate and complete. Signed (Name & Title): Susan Maxon, Credentialing Coordinator Date: 11/15/2021

igned (Name & Title):	Susan Mason, Credentialing Coordinator	Date:	11/15/2021
	Rodel Legaspi, Credentialing Coordinator		

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### Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Vision Service Plan (VSP)

Reporting Period: (Check One Box)	1st Quarter (due May 15th     2nd Quarter (due August 2)		<b>3rd Quarter (</b> due November 15th) <b>4th Quarter (</b> due February 15th)	
quarterly basis. If reporting period, ye	no practitioners were approved	by the crede	turn it to the address listed below on a entialing committee during the current m and check the appropriate box below.	
		5201 San Igna	amily Health Plan acio Ave, San Jose, CA 95119 ght@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)
 07/09/2021, 07/21/2021, 07/26/2021, 07/30/2021, 08/06/2021, 08/18/2021, 08/23/2021, 08/31/2021, 09/03/2021, 09/15/2021, - (ADVTG - 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 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		52		
Total # of recreds		307		

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

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

### **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 Noguchi

\_\_Date <u>10/01/2021</u>

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### **Delegated Credentialing** ICE Quarterly Credentialing Submission Form

Delegate Name: Vision Service Plan (VSP)

Reporting Period: (Check One Box)	1st Quarter (due May 15th     2nd Quarter (due August 1		<b>3rd Quarter (</b> due November 15th) <b>4th Quarter (</b> due February 15th)	
quarterly basis. If reporting period, ye	no practitioners were approved I	by the crede	turn it to the address listed below on a entialing committee during the current m and check the appropriate box below	·.
	S	6201 San Ig	Family Health Plan nacio Ave, San Jose, CA 95119 sight@scfhp.com	

### **Check One Box Only**

UNO 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) <u>07/09/2021, 07/21/2021, 07/26/2021, 07/30/2021, 08/06/2021, 08/18/2021,</u> 08/23/2021, 08/31/2021, 09/03/2021, 09/15/2021, - (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).

			Non-Physician/Allied	OP/HDOs
	PCP?s	SCPs	Health	SNFs/Home Healthcare,
	MD/DO	MD/DO/DDS/DPM	PA/NP/OD etc.	Facilities, etc.
Total # of initial creds		19		
Total # of recreds		133		

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

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

#### Check here if no activities 🗹 IMPROVEMENT 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.

Shoreen Noguchi

Signed (Name & Title)

Date 10/01/2021



## SCFHP Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Sta	Inford Healthca	10		
Reporting Period: (Check One Box)	<b>1<sup>st</sup> Quarter</b> (d <b>2<sup>nd</sup> Quarter</b> (d	lue May 15 <sup>th</sup> ) due August 15 <sup>th</sup> )		er (due November 15 <sup>th</sup> ) er (due February 15 <sup>th</sup> )
below on a Quarterly ba	asis. If no prac , you are still r	titioners were app equired to sign a	proved by the credentia	urn it to the contact listed ling committee during the check the appropriate box
<ul> <li>Check One Box Only</li> <li>□ NO SCFHP practition or denials during this</li> <li>□ At the Credentialing</li> </ul>	s time.		ewed for initial and recr	
07/20/2020, 08/17/ The following practitic complete name; profe specialty; board certifi	2020, 09/21/20 oners were appro essional degree; ication expiration	20 oved for initial and specialty; PCP/SC date; credentialing	recredentialing (attach lis CP designation; current li	st of practitioners to include: icense #; board certification date; and date with <b>quality</b>
			Non-Physician/Allied	
	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds			Health	
Total # of Initial Creds Total # of Recreds	MD/DO	MD/DO/DDS/DPM	Health PA/NP/OD etc.	SNFs/Home Healthcare, Facilities, etc.
	MD/DO 9	м <b>D/DO/DDS/DPM</b> 135	Health PA/NP/OD etc. 28	SNFs/Home Healthcare, Facilities, etc. 0
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension	MD/DO 9 14 PCP's	MD/DO/DDS/DPM 135 128 SCPs	Health PA/NP/OD etc. 28 48 Non-Physician/Allied Health	SNFs/Home Healthcare, Facilities, etc. 0 0 0 OP/HDOs SNFs/Home Healthcare,
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension Total # of Terminations	MD/DO 9 14 PCP's MD/DO 0 0	MD/DO/DDS/DPM 135 128 SCPs MD/DO/DDS/DPM 0 0 0	Health PA/NP/OD etc. 28 48 Non-Physician/Allied Health PA/NP/OD etc. 0 0	SNFs/Home Healthcare, Facilities, etc. 0 0 0 0 SNFs/Home Healthcare, Facilities, etc. 0 0
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension	MD/DO 9 14 PCP's MD/DO 0	MD/DO/DDS/DPM 135 128 SCPs MD/DO/DDS/DPM 0	Health PA/NP/OD etc. 28 48 Non-Physician/Allied Health PA/NP/OD etc. 0	SNFs/Home Healthcare, Facilities, etc. 0 0 0 OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension Total # of Terminations	MD/DO 9 14 PCP's MD/DO 0 0	MD/DO/DDS/DPM 135 128 SCPs MD/DO/DDS/DPM 0 0 0	Health PA/NP/OD etc. 28 48 Non-Physician/Allied Health PA/NP/OD etc. 0 0	SNFs/Home Healthcare, Facilities, etc. 0 0 0 0 SNFs/Home Healthcare, Facilities, etc. 0 0

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

Signed (Name & Title): Brian Borders Lead Medical Staff Coordinator Date: 11/11/2020

/	
	Industry
	Collaboration
	Effort

### [Health Plan] Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name:	Santa Clara County Valley Health Plan	
<b>Reporting Period:</b> (Check One Box)	$\begin{array}{ c c c c c }\hline & 1^{st} \ Quarter \ (due \ May \ 15^{th}) \\ \hline & 2^{nd} \ Quarter \ (due \ August \ 15^{th}) \\ \hline \end{array}$	<ul> <li>3<sup>rd</sup> Quarter (due November 15<sup>th</sup>)</li> <li>4<sup>th</sup> Quarter (due February 15<sup>th</sup>)</li> </ul>
listed below on a Qu the current reporting	Plan] requires all delegated groups to compluarterly basis. If no practitioners were approving period, you are still required to sign and date this form and all attachments to: Santa Clara Family Health	ved by the credentialing committee during e this form and check the appropriate box

### 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)* \_7/21/2021, 8/18/2021, and 9/15/2021

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 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	5	5	14	0
Total # of Recreds	24	44	28	10

(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				
Total # of Terminations				
Total # of Resignations				

Site Visit for ComplaintNumber ofMonitoringComplaints	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).

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

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

Signed (Name & Title): Monica Fuentes, Provider Relations Specialist- Date: 9.28.2021 Provider Data Management

# **ADJOURN TO CLOSED SESSION**