

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 <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 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 <i>or designee</i>	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 <i>or designee</i>	12:45	0 min
9. New Business	Dr. Nakahira	12:45	0 min

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

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 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

Members Absent

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: 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)*
07/15/2021, August meeting cancelled, 09/16/2021

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	75	6	0
Total # of Recreds	8	140	40	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
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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).
 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 Lead Medical Staff Coordinator Date: 11/11/2021



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

Delegate Name: Premier Care of Northern California

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: 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:

Oversight
 Santa Clara Family Health Plan
 Email: oversight@scfhp.com

Check One Box Only

NO Anthem Blue Cross 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)*
07/01/2021, 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).*

	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	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	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).

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

Signed (Name & Title): Alegria Jimenez, Credentialing Specialist Date: 11/11/2021

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



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)
07/09/2021, 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 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		52		
Total # of recreds		307		

(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	

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 Noguelli Date 10/01/2021



SCFHP Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Stanford Healthcare

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)*
07/20/2020, 08/17/2020, 09/21/2020

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	9	135	28	0
Total # of Recreds	14	128	48	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		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., 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 Lead Medical Staff Coordinator Date: 11/11/2020

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

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

ADJOURN TO CLOSED SESSION