

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

Wednesday, April 7, 2021, 12:15 PM – 1:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

VIA TELECONFERENCE:
1-800-882-3610
Passcode: 5656604

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 February 3, 2021 Possible Action: Approve Closed Session minutes of February 3, 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 February 3, 2021 Possible Action: Approve Closed Session minutes of February 3, 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 Family Medicine (PCP, Independent NT), Opioid distribution	Dr. Nakahira <i>or designee</i>	12:45	0 min

<p>10. Medical Board Alerts Emergency Medicine (SPEC, Independent NT), Accusation</p>	<p>Dr. Nakahira <i>or designee</i></p>	<p>12:45</p>	<p>5 min</p>
<p>11. 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</p>	<p>All</p>	<p>12:50</p>	<p>10 min</p>
<p>12. 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</p>	<p>All</p>	<p>1:00</p>	<p>10 min</p>
<p>13. Delegated Credentialing Summary</p>	<p>FYI</p>	<p>1:10</p>	<p>5 min</p>
<p>14. Adjournment Next Meeting: Wednesday, June 2, 2021</p>	<p>Dr. Cordero-Gamez</p>	<p>1:15</p>	

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



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

Wednesday, February 3, 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
Clara Adams, LCSW
Jimmy Lin, MD
Peter L. Nguyen, DO

Staff Present:

Janet Gambatese, Director, Provider Network
Operations
Angela McArthur, Manager, Credentialing,
Provider Data, and Reporting
Catherine Almogela, Credentialing Coordinator

Members Absent

Jeff Robertson, MD, Medical Director

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 December 2, 2020

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

Absent: Dr. Robertson

4. CMO Update(s)

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

- SCFHP membership continues to grow. The Medi-Cal membership has gained over 1800 new members with a slight decrease in Cal MediConnect membership.
- DHCS and DMHC audit will occur in March 8, 2021 to March 19, 2021.
- The 2021 CalAim proposal includes the enhanced care management (ECM) / in lieu of services (ILOS) to start on January 2022 and NCQA accreditation required for all Medi-Cal managed care plans by 2026.

- As of February 2, 2021, all healthcare personnel and long-term care facility residents in Phase 1A are currently eligible to be vaccinated, as are Santa Clara County residents age 65 and older. Individuals who are eligible to be vaccinated are encouraged to contact their healthcare system to make an appointment. Most healthcare providers are now offering vaccinations to all county residents age 65 and older, regardless of their healthcare provider or insurance.
- The federal government allocates vaccines to the State of California, private pharmacies (CVS, Walgreens) for long-term care facilities, and directly to the VA Palo Alto and Indian Health Center. The State of California then allocates vaccines to the multi-county entities (Kaiser, PAMF/Sutter) and to the County of Public Health Department. Multi-County entities allocate vaccine to their local clinics in Santa Clara county. The County Public Health Department allocates vaccine to the County Health System and other local health providers (Stanford).

5. Credentialing Committee Chair Nomination for CY2021

The Committee nominated Dr. Cordero as Chairperson for CY2021 and Dr. Cordero accepted.

Adjourn to Closed Session

The Committee adjourned to closed session at 12:31 pm to discuss agenda items 9-14.

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)*
December meeting cancelled, November meeting cancelled, , 10/15/2020,

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	4	9	0	0
Total # of Recreds	7	110	32	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 Lead Medical Staff Coordinator Date: 02/08/2021



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)*
12/21/2020, 11/16/2019, 10/19/2019

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	25	0	0
Total # of Recreds	32	186	83	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: 02/08/2021



Santa Clara Valley Health & Hospital Systems Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Santa Clara Valley Health & Hospital Systems (SCVHHS)

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: 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:
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)*
10/5/2020, 10/21/2020, 11/18/2020, 12/16/2020, 12/30/2020

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/rec credentialing 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	14	30	13	6
Total # of Recreds	14	18	27	17

(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 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).

VHP has hired additional credentialing and support staff to the Credentialing Department; VHP is continuing to search for a credentialing software that will fulfill Health Plan credentialing standards.

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

Signed (Name & Title): Jamie Albright, Provider Relations Specialist Date: 1/20/2021



HealthPlan Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Sutter Bay Medical Foundation - Palo Alto Medical Foundation

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: 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:

Check One Box Only

NO Sutter Bay Medical Foundation - Palo Alto Medical Foundation 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)*
 10/16/2020 11/20/2020 12/18/2021

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	4	14	17	0
Total # of Recreds	73	156	63	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): Susan Mason, Credentialing Coordinator Date: 02/12/2021



**Santa Clara Family Health Plan 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: Santa Clara Family Health Plan 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:
Credentialing@SCFHP.COM
oversight@scfhp.com

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)*
October 16, 2020 and November 20, 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	6	8	1	0
Total # of Recreds	14	13	1	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).

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

Signed (Name & Title):  Credentialing Specialist Date: 1/19/2021



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)*
10/02/2020, 10/19/2020, 10/30/2020, 11/09/2020, 11/12/2020, 11/17/2020, 11/30/2020,
12/04/2020, 12/11/2020, 12/23/2020

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	3	1	0	0
Total # of Recreds	9	8	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: 02/15/2021



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)
10/09/2020, 10/21/2020, 10/23/2020, 10/30/2020, 11/04/2020, 11/09/2020, 11/18/2020, 11/30/2020, 12/07/2020, 12/16/2020, - (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		148		
Total # of recreds		393		

(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 Noguichi Date 01/04/2021



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)
10/09/2020, 10/21/2020, 10/23/2020, 10/30/2020, 11/09/2020, 11/18/2020, 11/30/2020, 12/07/2020, 12/16/2020, 12/31/2020 - (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/reccredentialing 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		48		
Total # of recreds		152		

(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 Noguichi Date 01/04/2021

ADJOURN TO CLOSED SESSION