

Regular Meeting of the

Santa Clara County Health Authority Credentialing/Peer Review Committee

Wednesday, December 2, 2020, 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. Robertson	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 October 7, 2020 Possible Action: Approve Closed Session minutes of October 7, 2020 	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.	2021 Calendar	FYI	12:40	2 min
7.	2021 Attestation	All	12:42	3 min
8.	Adjourn to Closed Session Pursuant to Welfare and Institutions Code Section 14087.36 (w)		12:45	
9.	Closed Session Meeting Minutes Review Closed Session Credentialing Committee meeting minutes of October 7, 2020 Possible Action: Approve Closed Session minutes of October 7, 2020	Dr. Cordero- Gamez	12:45	5 min
10.	Old Business a. Internal Medicine (PCP, PMG), MRR follow-up	Dr. Robertson	12:50	5 min
11.	New Business None	Dr. Robertson	12:55	0 min



12. PQI Summary Report from 03/01/2020 – 08/31/2020	Dr. Robertson	12:55	5 min
13. CR.01 and CR10 Policy Review Possible Action: Approve CR.01 and CR10 Policy	Dr. Robertson	1:00	5 min
14. Medical Board Alerts OB/GYN (Specialist, VHP), License Suspended	Dr. Robertson	1:05	5 min
 15. 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	1:10	5 min
 16. 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	1:15	5 min
17. Delegated Credentialing Summary	FYI	1:20	5 min
18. Adjournment Next Meeting: Wednesday, February 3, 2021	Dr. Cordero- Gamez	1:25	

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>.

PUBLIC COMMENT



For a Regular Meeting of the

Santa Clara County Health Authority Credentialing/Peer Review Committee

Wednesday, October 7, 2020, 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

Staff Present:

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

Members Absent

None

Others Present:

None

1. Introductions

Jeff Robertson, MD, Medical Director convened the meeting at 12:15 pm.

2. Public Comment

None

3. Review Open Session Meeting Minutes (08.05.2020)

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

a. The Committee approved the minutes. Chair to sign off on approved minutes by next Credentialing Committee meeting.

4. CMO Update(s)

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

- Cal MediConnect (CMC) has increased membership by 200 more members.
- No Medi-Cal disenrollment at this time and it is projected that a large increase in the Medi-Cal
 population will occur.
- 98% of SCFHP employees are working from home and the remainder are working at the office with social distancing protocols.

Adjourn to Closed Session

The Committee adjourned to closed session at 12:24 pm to discuss agenda items 7-13.

Mario Cordero-Gamez, MD Committee Chairperson

CMO UPDATE

DELEGATED CREDENTIALING QUARTERLY REPORTS



HealthPlan Delegated Credentialing ICE Quarterly Credentialing Submission Form

Reporting Period: 1 st Quarter (due May 15 th) 3 rd Quarter (due November 15 th) (Check One Box) 2 rd Quarter (due August 15 th) 4 th Quarter (due November 15 th) 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 (<i>list all dates during this reporting period</i>) 07/17/2020 09/18/2020 The following practitioners were approved for initial and recredentialing (attach list of practitioners to include: complete name; professional degree; specially: PCP/SCP designation; current license #, board certification specially: board certification specially: Discord date; and date with quality of care reason(only) for suspension /termination/resignation. (Attach list, if applicable). (For Quality of Care PCP's SCPs Non-Physician/Allied SNFs/Home Healthcare, Facilities, etc. (MDDO DDDSDPM PA/NPOD etc. 101 212 65 0 1 Total # of Initial Credes 101 212 65 0 0 <th>Delegate Name:</th> <th colspan="6">Sutter Bay Medical Foundation - Palo Alto Medical Foundation</th>	Delegate Name:	Sutter Bay Medical Foundation - Palo Alto Medical Foundation									
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	Signed (Name & Title				Date: 11/16/2020						



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

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Delegate Name: Pre	emier Care of	Northern Califor	nia					
Reporting Period:(Check One Box)	1 st Quarter 2 nd Quarter	(due May 15 th) (due August 15 th)	3 rd Quan 4 th Quan	rter (due November 15 th) rter (due February 15 th)				
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:								
		Oversig	ht					
		Santa Clara Family I						
		Email: <u>oversight@</u>	<u>scfhp.com</u>					
 approvals or denials At the Credentialing 07/08/2020; 07/16/ The following practitic complete name; profespecialty; board certification 	 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 (<i>list all dates during this reporting period</i>) 07/08/2020; 07/16/2020; 07/31/2020; 08/17/2020; 08/19/2020; 09/01/2020; 09/17/2020 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	5	14	0	0				
Total # of Recreds	1	0	0	0				
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ONLY)	MD/DO	MD/DO/DDS/DPM	PA/NP/OD etc.	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: 11/13/2020



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

Delegate Name: Physicians Medical Group of San Jose

Reporting Period: (Check One Box) 1st Quarter (due May 15th) 2nd Quarter (due August 15th)

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Brd Quarter (due November 15th) **Ith 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)* July 17, 2020 and September 18, 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	0	5	0	0
Total # of Recreds	8	16	4	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	Number of		Number of Site Audits	
Monitoring	Complaints	0	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): Brianna Hagen, Credentialing Specialist Date: 10/26/2020



SCFHP Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Luc	ile Packard Ch	nildren's Hospital					
Reporting Period:(Check One Box)	1 st Quarter (d 2 nd Quarter (d	lue May 15 th) due August 15 th)		er (due November 15 th) er (due February 15 th)			
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:							
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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



SCFHP Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Sta	anford Healthca	re						
Reporting Period:(Check One Box)	1st Quarter (d 2nd Quarter (lue May 15 th) due August 15 th)		ter (due November 15 th) rer (due February 15 th)				
below on a Quarterly be current reporting period	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:							
or denials during thi	s time.		ewed for initial and recr					
07/20/2020, 08/17/ The following practition complete name; profespecialty; board certif	2020, 09/21/20 oners were appro essional degree; fication expiratior	020 oved for initial and specialty; PCP/SC date; credentialing	CP designation; current l	st of practitioners to include: icense #; board certification date; and date with quality				
			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	PCP's MD/DO 6	SCPs MD/DO/DDS/DPM 118	Health PA/NP/OD etc. 36	SNFs/Home Healthcare, Facilities, etc. 0				
Total # of Initial Creds Total # of Recreds	MD/DO	MD/DO/DDS/DPM	PA/NP/OD etc.	Facilities, etc.				
	MD/DO 6	MD/DO/DDS/DPM 118	PA/NP/OD etc. 36	Facilities, etc. 0				
	MD/DO 6	MD/DO/DDS/DPM 118	PA/NP/OD etc. 36	Facilities, etc. 0				
Total # of Recreds (For Quality of Care	MD/DO 6 27 PCP's	MD/DO/DDS/DPM 118 219 SCPs	PA/NP/OD etc. 36 68 Non-Physician/Allied Health	Facilities, etc. 0 0 OP/HDOs SNFs/Home Healthcare,				
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Total # of Recreds(For Quality of Care ONLY)Total # of SuspensionTotal # of SuspensionTotal # of TerminationsTotal # of ResignationsSite Visit for Complaint	MD/DO 6 27 PCP's MD/DO 0 0 0 0 Number of	MD/DO/DDS/DPM 118 219 SCPs MD/DO/DDS/DPM 0 0 0	PA/NP/OD etc. 36 68 Non-Physician/Allied Health PA/NP/OD etc. 0 0 0 0 Number of Site Audits	Facilities, etc. 0 0 OP/HDOs SNFs/Home Healthcare, Facilities, etc. 0 0 0 0				
Total # of Recreds (For Quality of Care ONLY) Total # of Suspension Total # of Terminations Total # of Resignations Site Visit for Complaint Monitoring IMPROVEMENT ACTIN Please provide a summ CVO contract, new com Updates may be found	MD/DO 6 27 PCP's MD/DO 0 0 0 0 Number of Complaints /ITIES: Check hary of any cred puterized track at this link:	MD/DO/DDS/DPM 118 219 SCPs MD/DO/DDS/DPM 0 0 0 0 0 0 0 0 0 0 0 0 0	PA/NP/OD etc. 36 68 Non-Physician/Allied Health PA/NP/OD etc. 0 0 0 0 Number of Site Audits Conducted es ⊠ carried out to improve	Facilities, etc. 0 0 OP/HDOS SNFs/Home Healthcare, Facilities, etc. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 O O O O				

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	I.
Reporting Period: (Check One Box)	 1st Quarter (due May 15th) 2nd Quarter (due August 15th) 	 3rd Quarter (due November 15th) 4th Quarter (due February 15th)
on a Quarterly basis reporting period, you	. If no practitioners were approved by th	is form and return it to the contact listed belo ne credentialing committee during the current form and check the appropriate box below alth Plan

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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)* 7/15/2020, 8/19/2020, 9/16/2020

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 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	14	23	1
Total # of Recreds	17	30	14	1

(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	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).

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: 10/1/2020

NUSTRY COLLABORATION EFFORT	Delegated Credentialing ICE Quarterly Credentialing Submission Form							
	Delegate Name: Vision Service Pla	an (VSP)						
Reporting Period: 1st Quarter (due May 15th) Image: Control of the state o								
quarterly basis. If reporting period, y	f no practitioners were approved by the	nd return it to the address listed below on a credentialing committee during the current is form and check the appropriate box below.						
	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)
 07/10/2020, 07/17/2020, 07/29/2020, 07/31/2020, 08/07/2020, 08/14/2020, 08/26/2020, 08/31/2020,
 09/08/2020, 09/14/2020, - (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).

			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		46		
Total # of recreds		530		

			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 10/01/2020





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	Credentialing Committee
	Meeting Training Room B
	Conference Room 12:15pm – 1:30pm
ĺ	February 3
ĺ	April 7
ĺ	June 2
	August 4
ĺ	October 6
	December 1



2021 CONFIDENTIALITY, CONFLICT OF INTEREST, AND NON-DISCRIMINATION AGREEMENT

Applicability

All Santa Clara Family Health Plan (SCFHP) employees and affiliates, including consultants, peer reviewers, members of the following committees: Quality Improvement, Pharmacy and Therapeutics, Utilization Management, Physicians Peer Review and Credentialing and temporary employees.

Confidentiality Statement

SCFHP employees and affiliates involved in the evaluation of quality of care must recognize that confidentiality is vital to the free and candid discussion necessary for effective peer review and quality improvement activities. *Therefore, all employees and affiliates are required to respect and maintain the confidentiality of all review discussions, deliberations, records, and other information generated in connection with these activities, and to make no voluntary disclosures of such information, except to persons authorized to receive it in the conduct of business.*

Furthermore, participation in quality management activities is based upon the premise that every other SCFHP employee will similarly preserve the confidentiality of these activities. All employees are entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including actions necessitated by any breach or threatened breach of this agreement.

Conflict of Interest Statement

Any employee or affiliate, as defined above, who has a conflict of interest with respect to any matter being reviewed, shall report the conflict of interest either to the Department Manager or to the person requesting the peer review. An employee or affiliate shall be deemed to have a conflict of interest if he/she has 1) any involvement in the care of the plan member whose case is under review; 2) any fiduciary interest in or fiduciary relationship with the provider in question; or 3) any other involvement in the case which impairs his/her objectivity in performing the review.

All Committee members and peer reviewers with a conflict of interest shall refrain from participating in the peer review process and shall absent him/herself from any proceeding of the committee in which such issues are raised for consideration. Committee members shall report conflict of interest to the committee chairperson and shall refrain from casting a committee vote on any issue related to a conflict of interest.

Non-Discrimination Statement

SCFHP employees and affiliates agree not to make credentialing and recredentialing decisions based solely on a practitioner's race, ethnic/national identity, gender, age, sexual orientation or the type of procedure or patient in which the practitioner specializes.

Agreement

I, the undersigned, have read and understand the above Confidentiality, Conflict of Interest, and Non-Discrimination Statements and agree to abide by these standards and requirements in the conduct of my responsibilities at/with Santa Clara Family Health Plan.

Signature

Date