



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 <i>or designee</i>	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 www.scfhp.com.

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**



**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)
07/08/2020; 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

(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: 11/13/2020



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)*
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 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): Brianna Hagen, Credentialing Specialist Date: 10/26/2020



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)*
07/16/2020, 08/20/2020, September meeting cancelled

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

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	20	63	11	0
Total # of Recreds	6	162	28	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



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	6	118	36	0
Total # of Recreds	27	219	68	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: 11/11/2020



[Health Plan] Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Santa Clara County Valley Health Plan

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

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



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)
07/10/2020, 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).*

	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		46		
Total # of recreds		530		

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

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

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

Signed (Name & Title) Shoreen Noguichi Date 10/01/2020

JANUARY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
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24	25	26	27	28	29	30
31						

APRIL

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25	26	27	28	29	30	

JULY

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25	26	27	28	29	30	31

OCTOBER

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31						

FEBRUARY

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14	15	16	17	18	19	20
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28						

MAY

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30	31					

AUGUST

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15	16	17	18	19	20	21
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29	30	31				

NOVEMBER

S	M	T	W	T	F	S
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28	29	30				

MARCH

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28	29	30	31			

JUNE

S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

SEPTEMBER

S	M	T	W	T	F	S
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

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