Regular Meeting of the

Santa Clara County Health Authority
Credentialing/Peer Review Committee

Wednesday, August 3, 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: 827 3191 3929
Passcode: PAjdYBE8
https://us06web.zoom.us/j/82731913929?pwd=SmtBakdJc1NqaG9CZGRxYUcyZmEvUT09

AGENDA

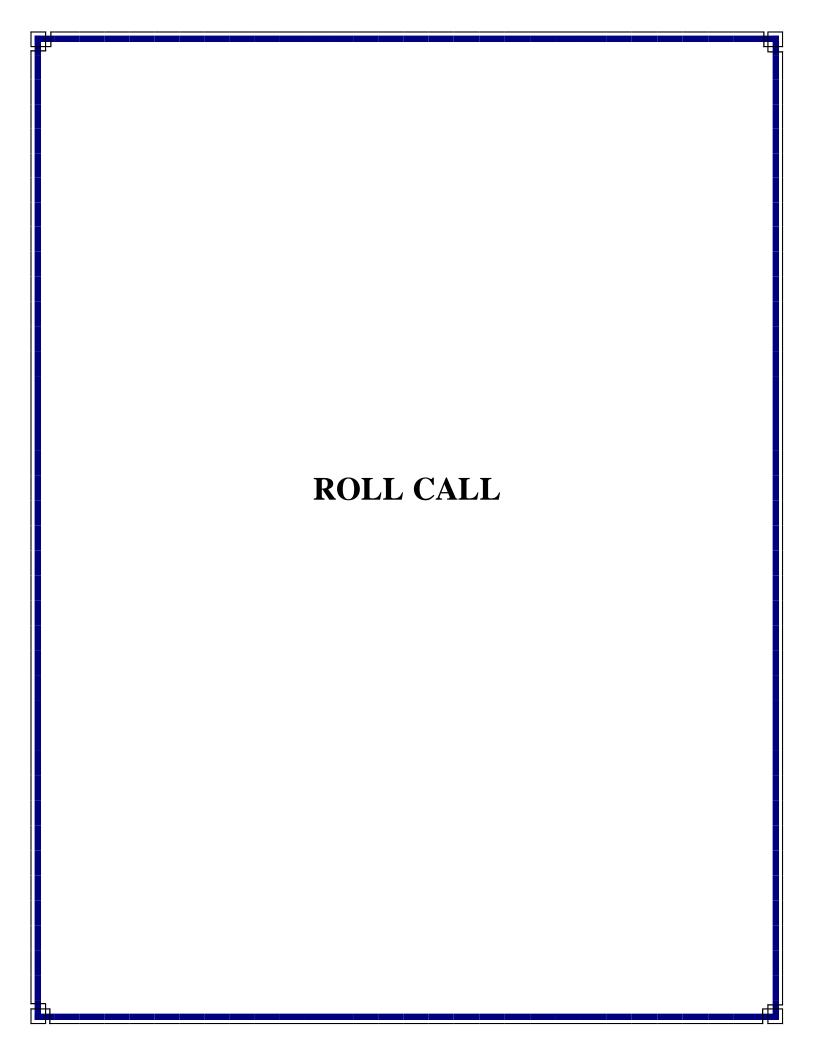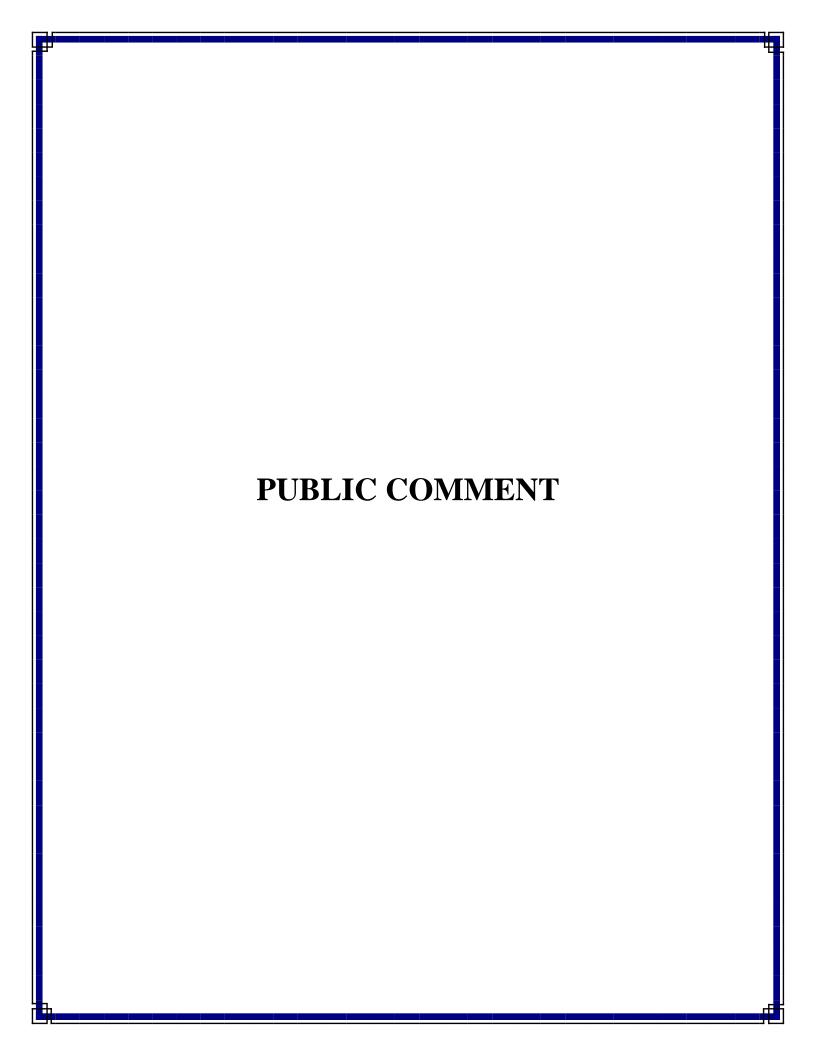|				
1. **Roll Call / Establish Quorum**		Dr. Nakahira *or designee*	12:15	5 min
2. **Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Credentialing/Peer Review Committee reserves the right to limit the duration of the public comment period to 30 minutes		Dr. Cordero-Gamez	12:20	5 min
3. **Open Session Meeting Minutes** Review Open Session Credentialing Committee meeting minutes of June 1, 2022 **Possible Action:** Approve Closed Session minutes of June 1, 2022		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. **Annual Review of Credentialing Policies**
    a. CR.01 Credentialing and Recredentialing
    b. CR.02 Credentialing and Oversight of Mid-Level Practitioners
    c. CR.03 Objective Criteria for Defining HIV-AIDS Expertise
    d. CR.04 Notification to Authorities and Practitioner Appeal Rights
    e. CR.05 Delegation of Credentialing and Recredentialing
    f. CR.06 Ongoing Monitoring and Interventions
    g. CR.07 Assessment of Organizational Providers
    h. CR.08 Credentialing Committee
    i. CR.10 System Controls
		Dr. Nakahira
		or designee
			12:40	10 min

7. **Adjourn to Closed Session** Pursuant to Welfare and Institutions Code Section 14087.36 (w)		12:50	
8. **Closed Session Meeting Minutes** Review Closed Session Credentialing Committee meeting minutes of June 1, 2022 　　**Possible Action:** Approve Closed Session minutes of June 1, 2022	Dr. Cordero- 　Gamez	12:50	5 min
9. **Old Business** None	Dr. Nakahira 　*or designee*	12:55	0 min
10. **New Business** None	Dr. Nakahira 　*or designee*	12:55	0 min
11. **Review of 6-month grievances from January 1, 2022 to June 30, 2022**	Mauro Oliveira	12:55	5 min
12. **Medical Board Alerts** None	Dr. Nakahira 　*or designee*	1:00	0 min
13. **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	1:00	10 min
14. **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	1:10	10 min
15. **Delegated Credentialing Summary**	FYI	1:20	5 min
16. **Adjournment** 　Next Meeting: Wednesday, August 3, 2022	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.

ROLL CALL

PUBLIC COMMENT

For a Regular Meeting of the

Santa Clara County Health Authority
Credentialing/Peer Review Committee

Wednesday, June 1, 2022, 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
   Operations
Catherine Almogela, Credentialing Coordinator

Members Absent:
None

Others Present:
None

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 April 6, 2022**
   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, Ms. Adams, Dr. Nguyen
Absent:	Dr. Lin

4. **CMO Update(s)**
   Laurie Nakahira, DO, Chief Medical Officer shared the following information updates:
   ▪ SCFHP staff has been very busy due to upcoming audits. DMHC audit will occur in October and NCQA Medi-Cal accreditation survey will happen in May 2023.
   ▪ The DHCS audit findings in March are still pending.
   ▪ SCFHP has reached the 300,000 member mark as of last month and is expected to continue to increase.
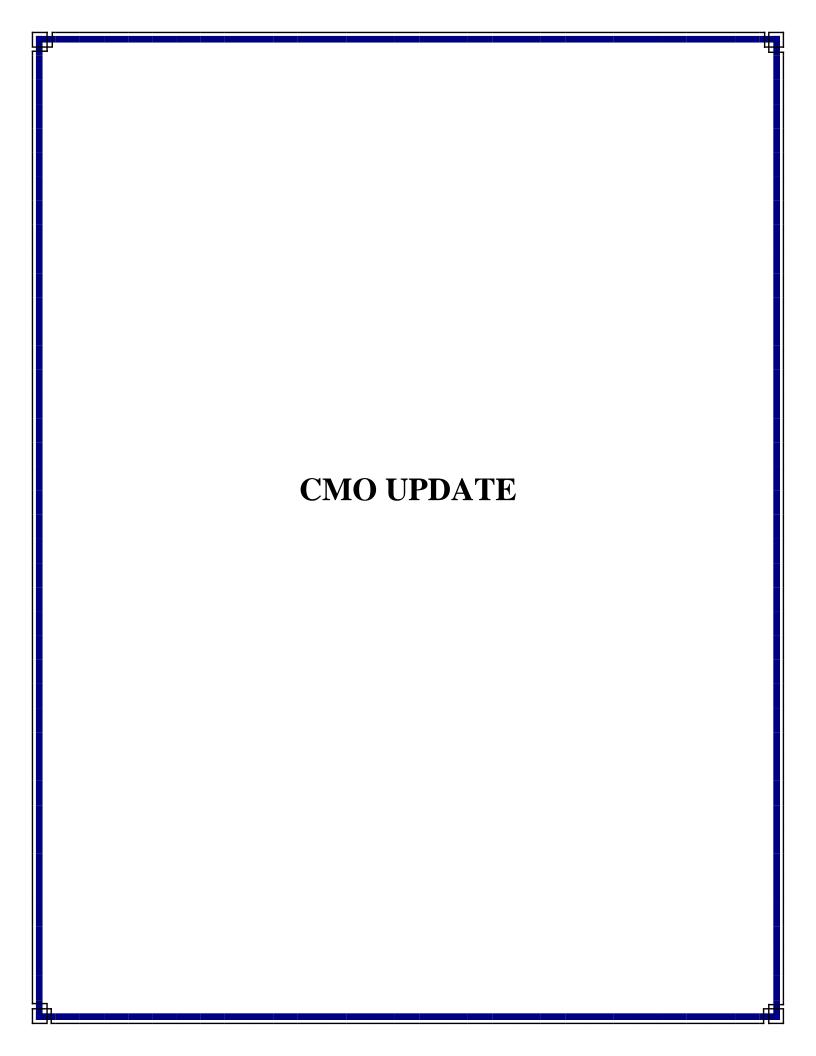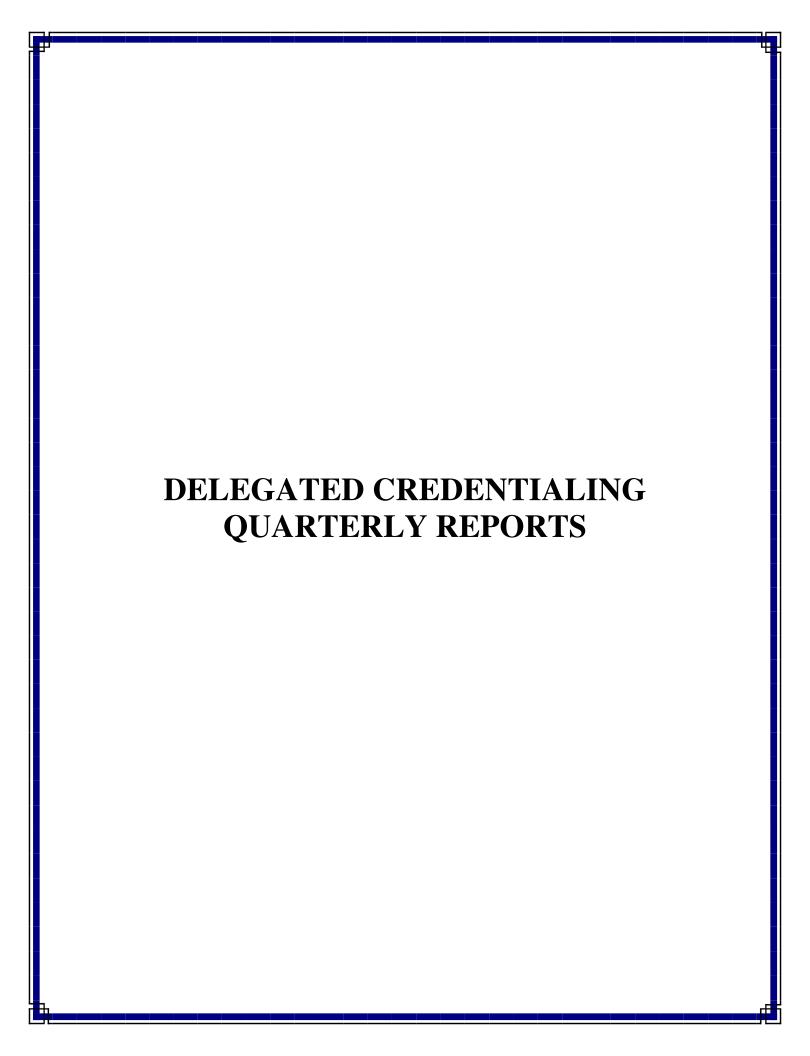   ▪ Public health emergency has also been extended to October.

- SCFHP is preparing for the DSNP product line and hoping to have implemented by January 1, 2023.
- Effective June 1, 2022, blood pressure monitors and blood pressure cuffs is now a covered benefit under Medi-Cal Rx.

Adjourn to Closed Session
The Committee adjourned to closed session at 12:22 pm to discuss agenda items 7-13.

_____
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)*
   01/21/2021, February CANCELLED, March 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	4	4	3	0
Total # of Recreds	8	124	26	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: 05/03/2021

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

Delegate Name: North East Medical Services

| **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 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:
SCFHP Delegation Oversight
oversight@scfhp.org

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)*
   1/5/2022, 2/2/2002, 3/2/2022

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	2	15	5	5
Total # of Recreds	6	7	3	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	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): ___Jany Zhu_____ Date: __5/9/2022_____

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)*
  01/21/2022   02/18/2022   03/18/2022

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	9	23	0
Total # of Recreds	69	108	61	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: 05/03/2022
                                         Rodel Legaspi, Credentialing Coordinator

Santa Clara HP Delegated Credentialing
HICE Quarterly Credentialing Submission Form

Delegate Name: Premier Care of Northern California

Reporting Period: ☒ **1ˢᵗ Quarter (1/1 - 3/31)** (due May 15ᵗʰ) ☐ **3ʳᵈ Quarter (7/1 - 9/30)** (due Nov 15ᵗʰ)
(Check One Box): ☐ **2ⁿᵈ Quarter (4/1 - 6/30)** (due Aug 15ᵗʰ) ☐ **4ᵗʰ Quarter (10/1 – 12/31)** (due Feb 15ᵗʰ)

POLICY: Santa Clara HP requires 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:

Oversight
Santa Clara Family Health Plan
oversight@scfhp.com

Check One Box Only

☐ **NO** Santa Clara HP 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)*
02/15/2022, 03/16/2022
The following practitioners were approved for initial and recredentialing **(Including clean files)** *(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**. (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	0	0	0
Total # of Recreds	1	10	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

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., , CVO contract, new computerized tracking system, updated policies and procedures).

Credentialing System Controls Oversight: Completed review during the look back period. ☐

The undersigned hereby attests that the above information is truthful, accurate and complete.
Signed (Name & Title):   Alegria Jimenez – Senior Credentialing Specialist   Date: 05/15/2022

SCFHP Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: Physicians Medical Group

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:

CAlmogela@scfhp.com
Oversight@scfhp.com

Check One Box Only

☐ **NO** [Health Plan] practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
   1/21/22,2/18/22,3/18/22

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	2	4	0	0
Total # of Recreds	12	13	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).
   Systems policy updates

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

Signed (Name & Title): Rifa Mistry, Provider Data Coordinator Date: 5/12/2022

SCFHP Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: Stanford Health Care

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)*
   01/25/2021, 02/15/2021,03/15/2021
   The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification 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	8	13	0
Total # of Recreds	26	216	75	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: 05/03/2021

[Health Plan] Delegated Credentialing
HICE Quarterly Credentialing Submission Form

Delegate Name: Santa Clara County Valley Health Plan

Reporting Period: ☒ **1st Quarter (1/1 - 3/31)** (due May 15th) ☐ **3rd Quarter (7/1 - 9/30)** (due Nov 15th)

(Check One Box): ☐ **2nd Quarter (4/1 - 6/30)** (due Aug 15th) ☐ **4th Quarter (10/1 – 12/31)** (due Feb 15th)

POLICY: [Health Plan] requires 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:
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)*
   1/19/2022, 2/16/2022 and 3/16/2022
   The following practitioners were approved for initial and recredentialing **(Including clean files)** *(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**. (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	13	27	18	4
Total # of Recreds	21	26	52	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

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., , CVO contract, new computerized tracking system, updated policies and procedures).
   VHP continues to add additional credentialing & support staff to the Credentialing Department; VHP is continuing to search for a credentialing software that will fulfill Health Plan credentialing standards and improve credentialing processes in the department.

Credentialing System Controls Oversight: Completed review during the look back period. ☐
The undersigned hereby attests that the above information is truthful, accurate and complete.
Signed (Name & Title):   Monica Fuentes – Provider Relations Specialist – Date: 4.14.2022
                              Provider Data Management

Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: <u>Vision Service Plan (VSP)</u>

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**)**

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)
01/06/2022, 01/11/2022, 01/19/2022, 01/25/2022, 01/31/2022, 02/08/2022, 02/15/2022, 02/23/2022, 02/28/2022, 03/08/2022, - (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		100		
Total # of recreds		996		

(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 Noguchi*_____ Date <u>07/22/2022</u>

Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: <u>Vision Service Plan (VSP)</u>

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)
01/06/2022, 01/11/2022, 01/19/2022, 01/25/2022, 01/31/2022, 02/08/2022, 02/15/2022, 02/23/2022, 02/28/2022, 03/08/2022, - (MCDCA - CA)

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

	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		37		
Total # of recreds		399		

(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 Noguchi*_____   Date <u>07/22/2022</u>

ANNUAL REVIEW OF CREDENTIALING POLICIES

POLICY

Policy Title:	Credentialing and Recredentialing	Policy No.:	CR.01
Replaces Policy Title (if applicable):	Credentialing and Recredentialing Policy	Replaces Policy No. (if applicable):	CROOl,CR-07-01,QM-CR-04-01
Issuing Department:	Provider Network Operations - Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

To establish a well-defined process to credential & recredential practitioners who are contracted with Santa Clara Family Health Plan (SCFHP), or are applying to contract with SCFHP.

II.   Policy

A.   SCFHP conducts timely verification of information, in accordance with all applicable regulatory and accrediting requirements, to ensure that practitioners have the legal authority and relevant training and experience to provide quality care to its members.

III.   Responsibilities

A.   The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
B.   The Grievance & Appeals department has responsibility to collect and review all practitioner related grievance and appeals.
C.   SCFHP's Credentialing Committee uses a peer review process to make recommendations regarding credentialing decisions.
D.   The Delegation & Oversight department has responsibility to oversee delegated credentialing.

IV.   References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA) California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12 MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16 T22 CCR § 53100, 53280
T42 CFR §422.504(i) (4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4, 10, 11, 13-18, 25, 39-40

V. Approval/Revision History

First Level Approval			Second Level Approval	
Janet Gambatese, Director Provider Network Operations			Chris Turner Chief Operating Officer	
Date			Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Revised	Credential Committee	12/2/2020	

POLICY

Policy Title:	Credentialing and Oversight of Mid-Level Practitioners	Policy No.:	CR.02 v1
Replaces Policy Title (if applicable):	Physician Oversight of Allied Health Practitioners	Replaces Policy No. (if applicable):	CR002, CR-07-03, QM-CR-05-04
Issuing Department:	Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The purpose of this policy is to outline the guidelines for credentialing and oversight of non-physician practitioners ("Mid-Level Practitioners") who are contracted with Santa Clara Family Health Plan (SCFHP). Mid-Level Practitioners include the following licensed non-physician practitioners: Nurse Practitioners (NP), Physicians Assistants (PA), and Certified Nurse Midwives (CNM).

II. Policy

It is the policy of SCFHP to conduct timely verification of credentialing and recredentialing information, in accordance with all applicable regulatory and accrediting requirements to ensure that Mid-Level Practitioners have the legal authority, relevant training and experience, and applicable supervision to provide quality care to SCFHP members.

A supervising physician is responsible for overseeing the care provided by a Mid-Level Practitioner. The supervising physician must ensure that the Mid-Level Practitioner has the licensure and experience required for the care they provide. In addition, they must also ensure that procedures and protocols are established for the care that will be provided by the Mid-Level Practitioner.

SCFHP's policy is to follow all California regulations related to the credentialing and oversight of Mid-Level Practitioners.

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
B. The Grievance & Appeals department has responsibility to collect and review all allied health practitioner related grievance and appeals.
C. SCFHP's Credentialing Committee uses a peer review process to make recommendations regarding allied health practitioner credentialing decisions.
D. The Delegation & Oversight department has responsibility to oversee delegated credential and recredential of allied health providers.

IV.   References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V.   Approval/Revision History

First Level Approval			Second Level Approval	
Janet Gambatese, Director Provider Network Operations			Christine Turner Chief Operating Officer	
Date			Date	
Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**	**Board Action/Date (Approve or Ratify)**

Santa Clara Family Health Plan™

POLICY

Policy Title:	Objective Criteria for Defining HIV/AIDS Expertise	Policy No.:	CR.03 v1
Replaces Policy Title (if applicable):	Objective Criteria for Defining HIV/AIDS Expertise	Replaces Policy No. (if applicable):	CR003, CR-07-04
Issuing Department:	Provider Network Management - Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

The purpose of this policy is to establish a process to identify track and credential HIV/AIDS specialist physicians on an ongoing basis.

II.   Policy

SCFHP conducts timely verification of information, in accordance with all applicable regulatory and accrediting requirements, to ensure that HIV/AIDS specialist practitioners have the legal authority and relevant training and experience to provide quality care to its members. SCFHP maintains a list of all Practitioners and Clinics that are credentialed as HIV/AIDS providers.

III.   Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
B. The Grievance & Appeals department has responsibility to collect and review all HIV/AIDS specialist physician's related grievance and appeals.
C. SCFHP's Credentialing Committee uses a peer-review process to make recommendations regarding HIV/AIDS specialist practitioner credentialing decisions.
D. The Delegation & Oversight department has responsibility to oversee delegated credentialing of HIV/AIDS specialist practitioners.
E. The Credentialing Department will provide to the Provider Network, Utilization Management, Case Management, and Customer Service Department a list of all practitioners and clinical who are credentialing and approved HIV/AIDS providers. This list will be made available to all Primary Care Providers (PCPs).

IV.   References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)

California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V.   Approval/Revision History

First Level Approval			Second Level Approval	
Janet Gambatese, Director Provider Network Management			Chris Turner Chief Operating Officer	
Date			Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)

POLICY

Policy Title:	Notification to Authorities and Practitioner Appeal Rights	Policy No.:	CR.04 v1
Replaces Policy Title (if applicable):	Fair Hearing Plan	Replaces Policy No. (if applicable):	CR004, CR-07-05
Issuing Department:	Provider Network Operations - Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

The purpose of this policy is to provide defined practitioners a process to appeal negative determinations based on quality of care or service that are a result of SCFHP's Credentialing Committee peer review process.

The purpose of this policy is to establish a process for SCFHP to report negative determinations, as defined, to appropriate agencies.

II.   Policy

Santa Clara Family Health Plan (SCFHP) monitors, terminates, reduces, suspends or limits privileges of contracted practitioners, and/or denies potential practitioners applying to contract with SCFHP, when the cause of the action is related to clinical competency and professional conduct. SCFHP maintains the accountability and authority to over-turn any credentialing or recredentialing decision made by a delegated entity.

When the Credentialing Committee makes a negative initial, recredentialing or mid-cycle determination, and denies new participation or terminates existing participation from the network based on quality of care or service, SCFHP notifies the affected contracted and/or applying practitioner, and affords certain practitioners a fair hearing and appeal process to contest negative determinations.

SCFHP reports all applicable negative uncontested or fair hearing negative determinations to the applicable authorities including the appropriate licensing boards and the National Practitioner Data Bank.

III.   Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.

B. For defined practitioners who receive a negative initial or recredentialing determination by the Credentialing Committee, the Credentialing department notifies defined practitioners of their appeal rights.
C. SCFHP's Chief Medical Officer has responsibility to initiate the fair hearing processes to defined practitioners, when requested.
D. SCFHP's Hearing Officer has responsibility to conduct the fair hearing process.
E. The Credentialing department reports negative determinations to applicable authorities.

IV.   References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V.   Approval/Revision History

First Level Approval			Second Level Approval		
Janet Gambatese, Director Provider Network Operations			Christine Turner Chief Operating Officer		
Date			Date		
Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**		**Board Action/Date (Approve or Ratify)**
V1	Original				

POLICY

Policy Title:	Delegation of Credentialing and Recredentialing	Policy No.:	CR.05 v1
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	CROOS, CR006, CR-07-09, CR-07-08, QM-CR-04-02
Issuing Department:	Provider Network Operations - Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The purpose of this policy Is to establish processes for Santa Clara Family Health Plan (SCFHP) to oversee certain delegated credentialing responsibilities to its delegated provider groups

II. Policy

A. SCFHP permits certain defined entities to be delegated for credentialing and recredentialing decisions with the ability to conduct timely verification of information to ensure that the delegated entity's contracted practitioners who serve SCFHP members have the legal authority, relevant training and experience, and applicable supervision to provide quality care to SCFHP members, on behalf of SCFHP. SCFHP retains ultimate accountability and authority for the credentialing and recredentialing of all practitioners in all networks. SCFHP conducts oversight of the delegated entity's credentialing and recredentialing processes. SCFHP maintains the authority to over-turn or reject any credentialing decision made by a delegated entity.

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments. The Grievance & Appeals department has responsibility to collect and review all delegated practitioner related grievance and appeals. SCFHP's Credentialing Committee has responsibility to use a peer review process to make recommendations regarding credentialing decisions across all networks. The Delegation & Oversight department has responsibility to oversee delegated credentialing.

IV.   References

T28 CCR§ 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DM HC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR§ 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V.   Approval/Revision History

First Level Approval		Second Level Approval		
Janet Gambatese, Director Provider Network Operations		Christine Turner Chief Operating Officer		
Date		Date		

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)

POLICY

Policy Title:	Ongoing Monitoring and Interventions	Policy No.:	CR.06 v1
Replaces Policy Title (if applicable):	Ongoing Monitoring of Practitioners	Replaces Policy No. (if applicable):	CR008, CR-07-01, QM-CR-04-01
Issuing Department:	Provider Network Operations - Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

The purpose of this policy is to monitor, on an ongoing basis, Santa Clara Family Health Plan's (SCFHP) practitioners who are contracted with the network.

II.   Policy

A. SCFHP implements processes for ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identified occurrences of poor quality.

B. SCFHP reports certain defined findings to the Credentialing Committee for review, decision, action and practitioner appeal rights.

III.   Responsibilities

The Credentialing department is responsible to conduct ongoing monitoring and take appropriate interventions by collecting and reviewing:
    Medicare and Medicaid sanctions;
    Sanctions or limitations on licensure;
Complaints;
Information from identified adverse events; and
Implementing appropriate interventions and review by the Credentials Committee when instances of poor quality related to the above is identified.
The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
The Delegation & Oversight department has responsibility to oversee ongoing monitoring of providers in a delegated network.
The Credentialing department has responsibility to report ongoing monitoring findings to SCFHP's Credentialing Committee for review, recommendation, and decision.

POLICY

The Credentialing department has responsibility to report SCFHP's Credentialing Committee actions to SCFHP's Quality Committee.

For practitioners who receive a negative determination by the Credentialing Committee, the Credentialing department notifies defined practitioners of their appeal rights.

The Credentialing department reports practitioner suspensions or terminations to applicable authorities.

IV.   References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V.   Approval/Revision History

First Level Approval			Second Level Approval	
Janet Gambatese, Director Provider Network Operations			Christine Turner Chief Operating Officer	
Date			Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			

![Santa Clara Family Health Plan logo]

POLICY

Policy Title:	Assessment of Organizational Providers	Policy No.:	CR.07 v2
Replaces Policy Title (if applicable):	Credentialing of Institutional Providers	Replaces Policy No. (if applicable):	CR009, CR-07-06, HA-06-06
Issuing Department:	Provider Network Operations - Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

The purpose of this policy is to establish a process to credential organizational providers in accordance with applicable regulations.

II.   Policy

SCFHP conducts timely verification of information, in accordance with all applicable regulatory and accrediting requirements, to ensure that organizational providers and their facility settings have the legal authority and relevant training and experience to provide quality care to SCFHP members.

SCFHP does not delegate the credentialing of organizational providers.

The scope of this policy applies to the following contracted organizational facilities*, and those facilities applying to become contracted:

1. Hospitals
2. Home Health Agencies (HHA)
3. Hospices
4. Clinical Laboratories
5. Skilled Nursing Facilities (SNF)
6. Comprehensive Outpatient Rehabilitation Facilities (CORF)
7. Outpatient Physical Therapy (PT) and Speech Pathology (SP/ST) Providers
8. Free-standing/Ambulatory Surgical Centers (ASC)
9. Providers of End-Stage Renal Disease (ESRD) Services
10. Portable X-Ray Suppliers
11. Durable Medical Equipment (DME)
12. Behavioral Health (BH) Inpatient
13. BH Residential
14. BH Ambulatory
15. Other Ancillary or Allied Health Professionals, as applicable

* This policy does not apply to providers who exclusively practice within the inpatient hospital setting, also known as "Hospitalists", including but not limited to radiologists, pathologists, etc.

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
B. The Grievance & Appeals department has responsibility to collect and review all organizational related grievance and appeals complaints.
C. SCFHP's Credentialing Committee has responsibility to use a peer review process to make recommendations of organization regarding organizations who do not meet pre-established criteria.

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval			Second Level Approval	
Janet Gambatese, Director Provider Network Operations			Christine Turner Chief Operating Officer	
Date			Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V2 on 12/14/2021	Changed 'Provider Network Management' to 'Provider Network Operations' in several places			

POLICY

Policy Title:	Credentialing Committee	Policy No.:	CR.08 v1
Replaces Policy Title (if applicable):	Credentialing Committee; and Credentialing Committee Confidentiality and Conflict of Interest Agreement	Replaces Policy No. (if applicable):	CR010, CR-07-04, CR007, CR-07-07
Issuing Department:	Provider Network Operations - Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

The purpose of this policy is for Santa Clara Family Health Plan (SCFHP) to establish a Credentialing Committee, which also serves as the Peer Review Committee when requested by the Quality Improvement Committee (QIC), in order to obtain meaningful advice and expertise using peer review from participating practitioners; and to identify the scope and responsibility of the Committee.

II.   Policy

In accordance with applicable regulatory requirements, SCFHP designates its Credentialing Committee to use a peer review process to make decisions regarding health plan credentialing of its contracted practitioners and those applying to contract with the Plan; and to also serve as the Peer Review Committee when quality review is requested by the QIC; and to use a peer review process for Quality of Care and Quality of Service matters that fall outside of the credentialing process; and make associated recommendations.

SCFHP requires all Credentialing Committee participants to adhere to SCFHP's Credentialing Committee Charter.

SCFHP requires all Credentialing Committee participants to adhere to SCFHP's Credentialing Committee Conflict of Interest and Confidentiality Agreements.

The Credentialing Committee shall document discussions and provide de-identified reports of both the Credentialing Committee, and the Peer Review Committee when they meet, to the QIC. The Credentialing Committee discussions, activities and documents shall remain confidential in accordance with the California Evidence Code, Division 9, Chapter 3 § 1157.

III.   Responsibilities

A. The Credentialing staff within the Provider Network Operations department is responsible for coordinating the terms of this policy with the Credentialing Committee and its participants.

B. The Credentialing Committee has responsibility to define the Committee Charter.
C. The Committee participants have the responsibility to follow the Committee Charter.
D. SCFHP's Compliance department has responsibility to define Conflict of Interest Agreement.
E. The Committee participants have the responsibility to follow the Conflict of Interest Agreement.

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval		Second Level Approval		
Janet Gambatese, Director Provider Network Operations		ChristineTurner Chief Operating Officer		
Date		Date		
Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**	**Board Action/Date (Approve or Ratify)**

POLICY

Policy Title:	Credentialing System Controls	Policy No.:	CR.10 v2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	CR.10 v1
Issuing Department:	Provider Network Operations - Credentialing	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

The purpose of this policy is to standardize the process for system controls specific to Credentialing primary source verification, how it is received, stored, and tracked and dated.

II.   Policy

Santa Clara Family Health Plan (SCFHP) conducts timely verification of information, in accordance with all applicable regulatory and accrediting requirements, to ensure that the credentialing system processes comply with all applicable state and federal laws, and NCQA standards.

III.   Responsibilities

A. The Credentialing Verification Organization (CVO) is contracted to perform primary source verifications.
B. The Credentialing Coordinator will download the primary source verifications from the CVO website and ensure all required information has been verified by the CVO.
C. Credentialing files may not be reproduced except for confidential peer review and within federal and state regulations as it pertains to credentialing practices.
D. The Director of Provider Network Operations grants access to users who will be allowed to access the database of the CVO and SCFHP's Credentialing (CR) network files.
E. The Director of Provider Network Operations will work with the HIPAA Security Officer to change or delete user access when a staff member is terminated, transitions from the CR department, or voluntarily terminates their relationship with SCFHP.
F. Annually, all users with access to credentialing data will be reviewed by the Director Provider Network Operations to identify users who no longer require access, as well as the level of access to current users.
G. The Director of Provider Network Operations will receive reports semi-annually of all system modifications that did not meet the CVO's/delegate's policies and procedures. If inappropriate or inaccurate changes are identified, a quarterly monitoring process will be implemented. Monitoring will continue until improvement is demonstrated in at least one finding over three consecutive quarters.

IV.   References

HI-IT.07 v1, Workforce Security
HI-IT.08 v1, Workforce Authorization and Supervision Policy
HI-IT.10 v1, Termination
IT.13 User IDs and Passwords

V.   Approval/Revision History

First Level Approval		Second Level Approval		
Janet Gambatese, Director Provider Network Operations		Christine Turner Chief Operating Officer		
Date		Date		
Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**	**Board Action/Date (Approve or Ratify)**
CR.10 v2	7/26/2022			

ADJOURN TO CLOSED SESSION