TO: BOARD OF SUPERVISORS

FROM: William Walker, M.D., Health Services Director

By: Jacqueline Pigg, Contracts Administrator

**DATE:** July 1, 2016

SUBJECT: Approve New and Recredentialing Providers and New and

Recredentialing Organizational Providers in Contra Costa Health Plan's

Contra

Costa

County

Community Provider Network

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND AND JUSTIFICATION

# **RECOMMENDATION:**

Approve the list of providers recommended by Contra Costa Health Plan's Peer Review and Credentialing Committee on June 14, 2016, and by the Health Services Director, as required by the State Departments of Health Care Services and Managed Health Care, and the Centers for Medicare and Medicaid Services.

## **FISCAL IMPACT:**

Not Applicable.

## **BACKGROUND:**

The National Committee on Quality Assurance (NCQA) has requested evidence of Board Approval for each CCHP provider be contained within the provider's credentials file. The recommendations were made by CCHP's Peer Review and Credentialing Committee.

### **CONSEQUENCES OF NEGATIVE ACTION:**

If this action is not approved, Contra Costa Health Plan's Providers would not be appropriately credentialed and not be in compliance with the NCQA.

### **CHILDREN'S IMPACT STATEMENT:**

Martinez, CA 94553

Not Applicable.

CONTINUED ON ATTACHMENT: <u>xx</u> YES	SIGNATURE:
RECOMMENDATION OF COUNTY ADMINISTRATO APPROVE	OR RECOMMENDATION OF BOARD COMMITTEE OTHER
SIGNATURE(S):	
ACTION OF BOARD ON	APPROVE AS RECOMMENDED OTHER
VOTE OF SUPERVISORS  UNANIMOUS (ABSENT  AYES: NOES: ABSENT: ABSTAIN:	AND ENTERED ON THE MINUTES OF THE BOARD OF SUPERVISORS ON THE DATE SHOWN.
	ATTESTED DAVID TWA, CLERK OF THE BOARD OF SUPERVISORS AND COUNTY ADMINISTRATOR
Contact Person: Patricia Tanquary, CCHP CEO William Walker, MD, HSD Terri Lieder, MPA, Provider Relations 595 Center Avenue, Suite 100	BY:, DEPUTY