SEAL OF

Contra Costa County

To: Board of Supervisors

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

Date: March 1, 2016

Subject: Approve New and Recredentialing Providers in Contra Costa Health Plan's Community Provider Network

#### **RECOMMENDATION(S):**

Approve the list of providers recommended by the Contra Costa Health Plan's Peer Review and Credentialing Committee on January 14, 2016, and by the Health Services Director, as required by the State Departments of Health Care Services, the 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 the CCHP's Peer Review and Credentialing Committee.

## **CONSEQUENCE OF NEGATIVE ACTION:**

	APPROVE	OTHER
	RECOMMENDATION OF C	CNTY ADMINISTRATOR
Actio	n of Board On: 03/01/2016	✓ APPROVED AS RECOMMENDED ☐ OTHER
Clerk	s Notes:	
VOTE	OF SUPERVISORS	
AYE:	Candace Andersen, District II Supervisor Mary N. Piepho, District III Supervisor Karen Mitchoff, District IV Supervisor Federal D. Glover, District V Supervisor	I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.  ATTESTED: March 1, 2016  David Twa, County Administrator and Clerk of the Board of Supervisors  By: Stephanie L. Mello, Deputy
	tact: Patricia Tanquary, 6004	

cc: T Scott, M Wilhelm, Heather Wong

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

# CHILDREN'S IMPACT STATEMENT:

Not applicable.

# **ATTACHMENTS**

Provider List