

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MPPR200			Lead Department: Provider Relations	
Policy/Procedure Title: Partnership Provider Contracts			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 07/01/1998		Next Review Date: 10/07/2025 Last Review Date: 10/08/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input type="checkbox"/> IQI		<input type="checkbox"/> P & T	
	<input type="checkbox"/> OPERATIONS		<input type="checkbox"/> QUAC	
Approving Entities:	<input type="checkbox"/> EXECUTIVE		<input type="checkbox"/> COMPLIANCE	
	<input type="checkbox"/> BOARD		<input checked="" type="checkbox"/> DEPARTMENT	
Approving Entities:	<input type="checkbox"/> COMPLIANCE		<input type="checkbox"/> FINANCE	
	<input checked="" type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> PAC	
			<input type="checkbox"/> CREDENTIALING	
Approval Signature: Sonja Bjork, CEO			Approval Date: 10/08/2024	

I. RELATED POLICIES:
N/A

II. IMPACTED DEPTS:
Provider Relations

III. DEFINITIONS:
N/A

IV. ATTACHMENTS:
A. N/A

V. PURPOSE:
To document the process of contracting with Primary Care Physicians, Specialist Physicians, Medical Groups, Clinics, Traditional and Safety-Net Providers, including Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Indian Health Centers (IHC), Hospitals, Ancillary Providers, and other Department of Health Care Services (DHCS) mandated provider types, to ensure access to quality medical care for HealthPlan members.

VI. POLICY / PROCEDURE:
Partnership HealthPlan of California (Partnership) contracts with all willing Providers, including traditional and safety-net providers, that are willing to contract under the same terms and conditions that Partnership offers to any other similar Provider with payment no less than the Medi-Cal Fee for Service rate. When recruiting providers, the HealthPlan is active in recruiting and retaining culturally and linguistically competent providers that reflect the needs of the Medi-Cal population in the Contractors Service Area. All practitioners/providers must meet Partnership standards as identified in the PLAN's Credentialing policies, have an NPI unless they are not eligible, and be Medi-Cal approved providers as mandated by DHCS. All practitioners/providers must ensure hours of operation are no less than the hours of operation offered to other commercial or Medi-Cal Fee-For-Services recipients. All contracted providers, subcontractors and downstream subcontractors are prohibited, by federal and state law, from balance billing Medi-Cal beneficiaries for physician visits and other medical care when they receive covered services from a provider in their provider network. All contracted providers, subcontractors and downstream subcontractors must maintain adequate networks of staff within its service area, including physicians, nurses, administrative, and other support staff to ensure sufficient capacity to provide and coordinate care for covered services. The HealthPlan will not employ or subcontract with federally excluded providers. The HealthPlan has the following template contracts:

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Primary Care Physician
 Specialist Physician
 Hospital
 Health Care Service Provider

A. Physician Contracts

1. The HealthPlan will contract with a Physician for Primary Care Services or Specialty Services. Physician contracting can be done by individual contracts or group contracts. In some cases, a physician can be contracted with the HealthPlan for Primary and Specialty care. Primary Care Physicians are responsible for select care coordination and health education functions, whenever feasible. Primary Care Physicians are defined as:
 - a. Family Practice Physicians
 - b. General Practice Physicians
 - c. Internal Medicine Physicians
 - d. Gerontologists Physicians
 - e. Obstetrical/Gynecological Physicians
 - f. Pediatric Physicians
2. The physician/doctor's contract will not be executed until they have been credentialed by Partnership, or they are part of a Delegated Credentials entity. Physician/doctors contracted are:
 - a. M.D
 - b. D.O.
 - c. D.P.M.
 - d. D.C.
 - e. D.D.S.

B. Hospitals

1. The HealthPlan will contract with Hospitals that meet Partnership standards. Contracts may differ based on reimbursement/financial arrangements. The contract will be fully executed once required documents and the application process has been completed.

C. Other Services Provider

1. The HealthPlan will contract with all willing and able providers that meet Partnership standards. This contract is used to enter into agreements with all other provider types that are not contracted through the Physician contracts or Hospital contracts. The Health Care Service contract will be fully executed once required documents and the application process has been completed.
 - a. Examples of the Provider types include but are not limited to:
 - 1) Holistic Medicine
 - 2) LTC (Long Term Care)
 - 3) HHC (Home Health Care)
 - 4) DME (Durable Medical Equipment), Medical Supply
 - 5) Birthing Centers
 - 6) Speech and Language Therapy
 - 7) Physical and Occupational Therapy
 - 8) Free Standing Facilities
 - 9) Substance Use Disorder Providers
 - 10) Drug Medi-Cal Providers
 - 11) Behavioral Health Treatment (BHT)
 - 12) Certified Acupuncturist
 - 13) Licensed Midwife
 - 14) Enhanced Care Management (ECM)
 - 15) Transportation

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- 16) Telemedicine
- 17) Street Medicine
- 18) Community Supports (CS)
- 19) Doulas – both individuals and groups
- 20) Community Health Workers (CHW)

D. Other Healthcare Contracts

1. The HealthPlan will contract with providers based on access or a specific need by using the appropriate modified template contract. Financial arrangements and services to be provided will be outlined in these contracts.
 - a. The HealthPlan contracts with medical providers to provide services through a capitated or service agreement in the following categories. This list will be modified if additional needs are identified:
 - 1) Advice Nurse
 - 2) Behavioral Health
 - 3) Laboratory
 - 4) Vision

E. Anti-Discrimination

1. When the HealthPlan contracts with providers, Partnership will not discriminate in terms of participation, reimbursement, or indemnification against any health care professional who is acting within the scope of their license or certification. Partnership will not discriminate against providers who serve high-risk populations or who specialize in treatment of costly conditions. If the HealthPlan declines to contract with a provider a written notice will be sent to the effected provider(s) outlining the reason for the decision.
 - a. The above does not preclude the HealthPlan, of any of the following actions:
 - 1) Refuse to grant participation to a provider in excess of the number necessary to meet the needs of the PLAN's enrollees.
 - 2) Use of different reimbursement amounts for different specialties or providers.
 - 3) Implement measures designed to maintain quality and control costs consistent with Partnership's responsibilities to manage the Medi-Cal Managed Care program.

F. Contract Provisions (NCQA 2022 Standards QI 3, Elements A & B)

1. Contracts will have provisions that require the providers to abide by the content of the Partnership provider manual. Practitioners and Organizational provider contracts will include language to foster open communication and cooperation with Quality Improvement (QI) activities. Contracts will specifically require:
 - a. cooperation with Plan QI activities
 - b. providers maintain confidentiality of member information and records
 - c. allow Plan to use provider performance data
2. Contracts will include an affirmative statement that practitioners may freely communicate with patients about their treatment, regardless of benefit coverage.

G. Contract Amendments

- H. Contracts may be amended by Plan unilaterally upon written notice to provider to comply with any requirement of state or federal law, or accreditation requirement referred to as Legally Required Modification. The Plan will ensure Network Providers, Subcontractors, and Downstream Subcontractors are trained on and immediately notified of any changes to the Plan's policies and procedures, including but not limited to Grievance and Appeals.**

I. Plan Modification to Provider Manual

1. Partnership shall notify provider of proposed material changes to policies and procedure and documents contained within the Provider Manual 30 calendar days prior to implementation.

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VII. REFERENCES:

- A. DHCS
- B. NCQA 2025 Standards QI 2, Elements A & B
- C. Medi-Cal Provider Manual
- D. 22 CCR sections 53866, 53220, & 53222

VIII. DISTRIBUTION:

Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Contracts Manager

X. REVISION DATES:

05/08/00, 04/10/01, 04/10/02, 03/12/03, 03/08/04, 02/09/05, 02/08/06, 07/10/06, 05/04/07, 05/08/08, 04/29/09, 04/08/10, 03/10/11, 03/09/12, 06/29/12, 08/14/13, 08/13/14, 08/12/2015, 08/10/2016, 08/09/2017, 09/12/2017, 09/11/2018, 09/10/2019, 11/14/2019, 05/12/2020, 05/11/2021, 05/10/2022, 07/20/2023, 10/08/24

XI. DHCS APPROVAL DATES: 04/11/2023

PREVIOUSLY APPLIED TO:

N/A