PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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<tr><td colspan="3">Policy/Procedure Number: MPCR304</td><td colspan="3">Lead Department: Network Services
Business Unit: Credentialing</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Allied Health Practitioners Credentialing and Re-credentialing Requirements</td><td colspan="3">☒ External Policy
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Last Review Date: 06/11/2025</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☒ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Mark Netherda, MD</td><td colspan="3">Approval Date: 06/11/2025</td></tr>
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I. RELATED POLICIES:

A. N/A

II. IMPACTED DEPTS:

A. Health Services

B. Grievance and Appeals

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. Credentialing Verification Sources Used by Partnership HealthPlan for Individual Practitioners

B. Notice to Practitioners of Credentialing Rights and Responsibilities

C. Practitioner Types and Credentialing/Re-Credentialing Criteria Summary

V. PURPOSE:

A. The purpose of the practitioner credentials review is to ensure that participating practitioners possess experience, license, certification, privileges, professional liability coverage, education, and other qualifications necessary to provide a level of care consistent with professionally recognized standards; and in accordance with Partnership HealthPlan of California (Partnership) policy, and applicable credentialing and certification requirements of the State of California, the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), the Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA).

B. To describe the credentialing and re-credentialing requirements for the following Allied Health Allied Health Practitioners Credentialing and Re-credentialing Requirements:

1. Physical Therapist
2. Occupational Therapist
3. Speech and Language Therapist
4. Optometrist
5. Registered Dietitian
6. Audiologist

VI. POLICY / PROCEDURE:

All practitioners or groups of practitioners that have an independent relationship with Partnership will be credentialed before they provide care to members. Thereafter, Partnership re-credentials its practitioners every thirty-six (36) months. The 36-month re-credentialing cycle begins on the date of the previous

credentialing decision. The 36-month review cycle is counted to the month, not the day. If Partnership cannot re-credential a practitioner within the 36-month time frame because the practitioner is on active military assignment, medical leave or sabbatical, the organization documents this and re-credentials the practitioner within 60 calendar days of the practitioner's return to practice.

If a practitioner terminates with the Plan for administrative reasons, and not quality reasons, Partnership may reinstate the practitioner within thirty (30) calendar days without performing initial credentialing. Partnership performs initial credentialing if reinstatement is more than 30 calendar days after termination.

A. Verification Sources
   Partnership uses the sources listed on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan of California for Individual Practitioners" to primary source and verify practitioner's credentials.

B. Initial Credentialing Criteria
   A. All practitioners are required to submit the following documentation:
      a. A completed signed credentialing application;
      b. A current signed release form and attestation confirming the correctness and completeness of the application, to include:
         1) Ability to perform the essential functions of the position,
         2) Lack of present illegal drug use,
         3) History of loss of license and felony convictions, and
         4) History of loss or limitation of privileges or disciplinary actions;
      c. A current copy of:
         1) State License,
         2) Face Sheet of Professional Liability Certification (Certificate of Insurance), and
         3) A current Curriculum Vitae (CV) that details the practitioner's work history.
   B. All questions on the attestation must be answered and all adverse answers must be explained in writing by the applicant.
   C. Documentation and information required may not be more than 120 days old at the time of Credentials Committee review.
   D. Documents submitted by practitioners will be verified to ensure the following requirements are met prior to presentation to the Credentials Committee.
      a. Possession of a current, valid, unencumbered, unrestricted, and non-probationary license in the states where he or she provides services to Partnership members at the time of the credentialing decision.
         1) Exception to this requirement may be made for those applicants whose licensure action was related to substance abuse and who have demonstrated a minimum of six (6) months of successful participation in a treatment or monitoring program; should this exception be entertained, Partnership may request specific documentation from the applicant's treating physician or program as deemed appropriate and to the extent permitted by law.
         2) Under existing federal law, licensed health professionals employed by a tribal health program are required to be exempt, if licensed in any state, from the licensing requirements of the state in which the tribal health program performs specified services. The tribal health professional's license must be in good standing as stated above.
         3) Practitioners that don't meet criteria of an unencumbered, unrestricted, and non-probationary license will be presented to the Credentials Committee for consideration. Based on the review of the issues presented, the Credentials Committee will make recommendations to deny credentialing or approve credentialing.
         4) The Plan will routinely ask practitioners to send a letter to the Credentials Committee to give their narrative and explanation of the action against them and the activities the

practitioner has taken as a result of restrictions placed on their medical license. Approval of credentialing would be based on specific requirements that could include but not limited to; required proctoring of practitioner, additional continuing medical education (CME) units within a specified time frame, monitoring of practitioner's restrictions by the health plan credentials staff and findings brought back to committee on a monthly or quarterly basis, and/or limiting the type of services provided by the practitioner to Partnership members. This would apply to any practitioner with sanctions or limitations on their medical license from the license governing Board.

5) The following criteria will be used by the Credentials Committee to evaluate the practitioner.
    a) Assessment of risk of substandard care that might be provided to Plan members, and
    b) The completeness and forthrightness of the practitioner's narrative and explanation of the probation, restriction or other encumberment of their medical license.

b. Freedom of any sanctions or limitations on clinical license. Verification of the most recent five (5) year period available through applicable state licensing boards as listed on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners." A query of the following sites will be conducted to confirm the practitioner is free of sanctions:
    1) DHCS: Medi-Cal Suspended and Ineligible Provider List,
    2) System for Aware Management (SAM) Exclusions from US Government Programs,
    3) CMS: Exclusions from Medicare and Medicaid,
    4) Office of Inspector General (OIG): Exclusions from Federally Funded Programs, and
    5) National Practitioner Database

    Any practitioner found on any sanction reports, including but not limited to the above resources, cannot participate in the State Medi-Cal Program and/or the Plan's Managed Medi-Cal Program.
c. Possession of a valid National Provider Identifier (NPI)
d. Professional liability coverage in the amount of $1,000,000 per incident and $3,000,000 in aggregate for all practitioners, except Registered Dietitians which are $1,000,000 per incident and $1,000,000 in aggregate.
e. Confirmation of the past five (5) years of malpractice settlements from the malpractice carrier or queries of the National Practitioner Databank. The five-year period may include residency or fellowship.
f. Education and training is verified through possession of a current state license.
g. Documentation of the most recent five (5) years of continuous work history.
    1) A gap in work history greater than six (6) months requires a verbal clarification by the practitioner
    2) A gap in work history greater than 12 months requires a written clarification by the practitioner
h. Current Medi-Cal status as verified through a query of DHCS PAVE Portal, which is updated monthly with the Enrolled Medi-Cal Fee for Service Provider List
i. In order to participate in Partnership Advantage, a provider must be enrolled in and able to bill the Medicare program.
j. Current California Children Services (CCS) paneled provider status as verified by the CCS source identified on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners." CCS "paneled" is not a requirement for credentialing but the verification of each practitioner is required to identify and report providers in accordance with APL 23-034.
k. Freedom of any Medicare/Medi-Cal sanctions as verified by those sources identified on

Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners."

l. A practitioner that has an individual contract cannot "opt out" as a participating Medicare provider and appear on the CMS searchable database for Opt-Out Affidavits.

E. Practitioners are notified in writing when given a credentialing application that they have a right to be informed of the status of their application upon request, a right to review any portion of their personal credentials file related to information submitted in support of their credentialing application, a right to be notified of discrepancy between information provided on the credentialing application and the primary source verification, and they have the right to correct any identified erroneous information, provided the information is not peer review protected. (Attachment B, "Notice to Practitioners of Credentialing Rights/Responsibilities.")

C. Re-Credentialing Requirements

1. All practitioners are required to submit the following documentation:
   a. A completed signed Credentialing Application.
   b. A current signed release form and attestation confirming the correctness and completeness of the application, to include:
      1) Ability to perform the essential functions of the position.
      2) Lack of present illegal drug use,
      3) History of loss of license and felony convictions, and
      4) History of loss or limitation of privileges or disciplinary actions;
   c. A current copy of:
      1) State License, and
      2) Face Sheet of Professional Liability Certification (Certificate of Insurance).
2. Practitioners will receive the Partnership Notification of Credentialing Rights and Responsibilities with their Credentialing Application. (Attachment B "Notice to Practitioners of Credentialing Rights/Responsibilities.")
3. Documentation and information required may not be more than 120 calendar days old at the time of Credentials Committee review.
4. Documentation will be verified in the same manner, using the same sources listed in Attachment A, "Credentialing Verification sources used by Partnership HealthPlan for Individual Practitioners," as the initial credentialing process to ensure the practitioner has remained current and in good standing.

VII. REFERENCES:

A. 2025 NCQA, CR 1, Element A, Factors 1, 2, 3, 8 & 132025 NCQA, CR 1, Element B, Factors 1, 2, & 3
B. 2025 NCQA, CR 3, Element A, Factors 1, 2, 3, 4, 5, & 6
C. 2025 NCQA, CR 3, Element B, Factors 1, 2 & 3
D. 2025 NCQA, CR 3, Element C, Factors 1, 2, 3, 4, 5 , 6 & 7
E. 2025 NCQA, CR 4, Element A
F. California Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013 Provider Credentialing/Recredentialing and Screening/Enrollment (June 12, 2019 supersedes APL 17-019)
G. DHCS APL 21-014 Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (Supersedes APL 18-014)
H. DHCS APL 24-015 California Children's Services Whole Child Model Program (Dec. 27, 2024 supersedes APL 21-005)
I. 42 CFR 424, subpart P – Requirements for Establishing and Maintaining Medicare Billing

Privileges.

VIII. DISTRIBUTION:

A. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Director, Network Services

X. REVISION DATES: 08/08/2018, 08/14/2019, 11/13/2019, 04/08/2020, 11/11/2020, 2/10/2021, 04/14/2021, 04/13/2022, 04/12/2023, 04/10/2024, 06/11/25

PREVIOUSLY APPLIED TO:

A. MPCR6A Initial Credentialing Requirements for Non-Physician (Allied Health) Practitioners
B. MPCR8 Non-Physician Medical and Allied Health Practitioner Re-Credentialing Criteria