

PARTNERSHIP HEALTHPLAN of CALIFORNIA

NON-DISCRIMINATION AGREEMENT

It is the policy and commitment of Partnership HealthPlan of California (Partnership) that credentialing and re-credentialing decisions are not based on a practitioner's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures or types of patients the practitioner specializes in. In addition, Partnership will not discriminate in terms of participation, reimbursement, or indemnification against any healthcare professional that is acting within the scope of licensure and certification under state or federal law. Assurance of non-discrimination is met by using standard credentialing criteria and is monitored by the following processes; Tracking and trending of reasons for denial and/or terminations and semi-annual audits of files in process for greater than six (6) months to determine compliance with practitioner contact criteria. The Non-discrimination Agreement form is to be signed by members, staff and guests of the Credentials Committee on an annual basis. The presence of a nondiscrimination statement is on the Credentials Committee Attendance Sign-in form. Documents, and/or information, submitted to the Credentials Committee for approval, denial or termination do not designate a practitioner's race, ethnic/national identity, gender, age, sexual orientation, types of procedures performed, or payor sources.

Furthermore, my participation in Partnership credentialing affiliated activities is in reliance on my belief that every other individual will similarly preserve the integrity of the described non-discriminatory practices. I understand that Partnership HealthPlan is entitled to undertake such action as is deemed appropriate to address any breach or threatened breach of this agreement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF ABOVE SIGNEE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE