

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY/ PROCEDURE

<b>Policy/Procedure Number:</b> MPCR100			<b>Lead Department:</b> Network Services	
<b>Policy/Procedure Title:</b> Credential and Re-credential Decision Making Process			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/23/2018		<b>Next Review Date:</b> 11/13/2025 <b>Last Review Date:</b> 11/13/2024		
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>		
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input checked="" type="checkbox"/> <b>CREDENTIALING</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> <i>Marshall Kubota, MD</i>			<b>Approval Date:</b> 11/13/2024	

**I. RELATED POLICIES:**

- A. MPCR300 - Physician Credentialing and Re-Credentialing Requirements
- B. MPCR601 - Fair Hearing Process for Adverse Decisions
- C. MPCR700 - Assessment of Organizational Providers
- D. MPUP3006 - Appropriate Service and Coverage Policy

**II. IMPACTED DEPTS:**

Network Services  
Health Services

**III. DEFINITIONS:**

N/A

**IV. ATTACHMENTS:**

- A. [Routine Practitioners List](#)

**V. PURPOSE:**

To define the process for making credentialing and re-credentialing decisions, including the procedures for managing credentialing files that meet and do not meet Partnership HealthPlan of California's (Partnership's) credentialing criteria identified during the credentialing or re-credentialing of a practitioner or an organizational provider.

**VI. POLICY / PROCEDURE:**

- A. Partnership HealthPlan credentials practitioners before they provide care to members.
- B. Each individual practitioner or organizational provider credentialing or re-credentialing file is reviewed and verified by the Partnership Provider Relations Department for completion and accuracy based on Partnership's established credentialing criteria (Policy MPCR300 or MPCR700) prior to presentation to the Partnership Credentials Committee.
- C. Practitioners who meet Partnership credentialing criteria are considered to be clean files and are included on a "Routine Practitioners" list (Attachment A) and presented to the Credentials Committee for approval.
  - 1. The Routine Practitioners list includes the following information:
    - a. Initial or Re-credential Application from Practitioner
    - b. Practitioner Name
    - c. Practice Name(s) where the Practitioner Practices
    - d. County(ies) where the Practitioner Practices

<b>Policy/Procedure Number: MPCR100</b>		<b>Lead Department: Provider Relations</b>
<b>Policy/Procedure Title:</b> Credential and Re-credential Decision Making Process		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>
<b>Original Date:</b> 04/23/2018 04/23/2018	<b>Next Review Date:</b> 11/13/2025 <b>Last Review Date:</b> 11/13/2024	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

- e. Practice Specialty
- f. Board Certification and Status
- g. Name of Hospital where Practitioner has Privileges and Admitting Status
- h. Malpractice Claims and Payments within seven years of Application Date
- 2. Individual Credentialing Files for all practitioners on the Routine Practitioner's list are available during the meeting for the Committee to access credentialing information required to make decisions.
- D. Organization providers that meet Partnership credentialing criteria are included on a consent calendar for committee review. Credentialing Files for all organizational providers on the consent calendar are available during the meeting for the Committee to access information required to make decisions.
- E. Any provider file identified as not meeting Partnership credentialing criteria with exceptions or potential exceptions is referred to the Chief Medical Officer (CMO) or Regional Medical Director (RMD) for review.
  - 1. The CMO/RMD will review each file for providers who do not meet credentialing criteria and make recommendations regarding approving or denying credentialing of the practitioner to the Credentials Committee. In some cases the CMO/RMD will request staff obtain additional information prior to presenting to the Committee.
  - 2. Credentialing criteria for practitioners that does not meet the requirement for a clean file and triggers a CMO/RMD file review include:
    - a. A negative response on a provider attestation regarding any of the following:
      - 1) The ability to perform with or without accommodation.
      - 2) Illicit drug use
      - 3) DEA or State Controlled Substance Registration
      - 4) License and felony convictions
      - 5) Hospital privileges or other affiliations
      - 6) Education, Training, and Board Certification
      - 7) Sanctions or Investigations
      - 8) Malpractice coverage
      - 9) Completeness of application
    - b. Cases found through inquiry of the National Provider Data Base (NPDB)/Healthcare Integrity and Protection Data Bank (HIPD) not reviewed during a previous credentialing cycle.
    - c. Refusal to comply with a Corrective Action Plan based on a facility site or medical chart audit, or non-compliance with Peer Review Committee recommendations.
    - d. Appearance on the Medi-Cal Sanction Report, lists of parties Excluded from Federal Procurement and Non-procurement program, Medi-Cal Participation Exclusion Report, the Medical Board License Alert Report, or the Medicare Opt-Out Report.
    - e. Member complaints exceeds the threshold
    - f. Relevant practitioner-specific data as compared to aggregate data, when provided by the Over/Under Utilization Workgroup (as defined in policy MPUP3006).
  - 3. Credentialing criteria for organizational providers that does not meet the requirement for a clean file and triggers a CMO/RMD file review include:
    - a. A "yes" answer on the credentialing application indicating a history of:
      - 1) denied, revoked, limited, or suspended DHCS or Business License

<b>Policy/Procedure Number: MPCR100</b>		<b>Lead Department: Provider Relations</b>
<b>Policy/Procedure Title:</b> Credential and Re-credential Decision Making Process		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>
<b>Original Date:</b> 04/23/2018 04/23/2018	<b>Next Review Date:</b> 11/13/2025 <b>Last Review Date:</b> 11/13/2024	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

- 2) denied, revoked, limited, or suspended Medi-Cal License
  - 3) denied, revoked, limited, or suspended Medicare License
  - 4) any type of AA, A, or Category 3 State citations within the last 24 months
  - b. Member complaints exceeds the threshold
  - c. Appearance on the Medi-Cal Sanction Report, lists of parties Excluded from Federal Procurement and Non-procurement program, Medi-Cal Participation Exclusion Report, the Medical Board License Alert Report, or the Medicare Opt-Out Report.
- F. The Credentials Committee approves, pends, or denies providers based on its peer review of credentialing information, documents, and information presented by the Partnership staff. All decisions are reflected in the minutes.
1. The Committee reviews a list of providers that meet Partnership credentialing standards as delineated in credentialing criteria policies, including providers that have been approved by the CMO or the RMD.
  2. The CMO/RMD presents findings and makes recommendations to the Committee for the providers that do not meet credentialing standards.
  3. The Committee may request additional information, which is documented in the minutes and the file is pended for further action. Requested information is presented to the Committee when it is available.
- H. G. Providers who are approved by the Committee are notified in writing within ten (10) business days from the date of approval. This time period is a guideline and does not create any rights for an applicant. A decision notice to accept a provider for participating provider status includes any special condition attached to the approval as recommended by the Credentials Committee. Providers who are denied or receive an unfavorable recommendation by the Committee are notified in writing within ten (10) business days from the date of the Committee's decision.
- I. Providers who are denied or receive an unfavorable recommendation by the Committee are notified in writing within ten (10) business days from the date of the Committee's decision.
- J. Denial notices to practitioners include the practitioner's right to appeal the Credentials Committee decision through Partnership's Fair Hearing Process for Adverse Decisions.
1. The final denial does not entitle the practitioner to any procedural hearing rights except to the extent to those outlined in Partnership Policy MPCR601, Fair Hearing Process for Adverse Decisions.

**VII. REFERENCES:**

NCQA 2025 Standards CR 1 A Factors 3, 4, 5, 7 and 8

**VIII. DISTRIBUTION:**

Partnership Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:**

Senior Director, Provider Relations

**X. REVISION DATES:** 05/09/2018, 04/10/2019, 11/13/2019, 04/08/2020, 04/14/2021, 04/13/2022,

04/12/2023, 04/10/2024; 11/13/24

**XI. DHCS APPROVAL DATES:** 05/30/2023

<b>Policy/Procedure Number: MPCR100</b>		<b>Lead Department: Provider Relations</b>
<b>Policy/Procedure Title:</b> Credential and Re-credential Decision Making Process		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>
<b>Original Date:</b> 04/23/2018 04/23/2018	<b>Next Review Date:</b> 11/13/2025 <b>Last Review Date:</b> 11/13/2024	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

**PREVIOUSLY APPLIED TO:**

This Policy supersedes

- A. MPCR1 (Archive date 07/01/2018)
- B. MPCR2 (Archive date 07/01/2018)
- C. MPCR5 (Archive date 07/01/2018)
- D. MPPRPLCR201 (Archive date 07/01/2018)