

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**  
**POLICY/ PROCEDURE**

<b>Policy/Procedure Number:</b> MPCR14			<b>Lead Department:</b> Provider Relations	
<b>Policy/Procedure Title:</b> Pharmacy Provider Assessment Criteria			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
<b>Original Date:</b> 02/14/2001		<b>Next Review Date:</b> 04/12/2023 <b>Last Review Date:</b> 04/13/2022		
<b>Applies to:</b>	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees		
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
<b>Approving Entities:</b>	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE	<input type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input checked="" type="checkbox"/> CREDENTIALING	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER	
<b>Approval Signature:</b> Marshall Kubota, MD			<b>Approval Date:</b> 04/13/2022	

**I. RELATED POLICIES:**

N/A

**II. IMPACTED DEPTS:**

Provider Relations

**III. DEFINITIONS:**

N/A

**IV. ATTACHMENTS:**

A. N/A

**V. PURPOSE:**

To describe the process of the initial and ongoing assessment of contracted in network pharmacy providers.

**VI. POLICY / PROCEDURE:**

- A. The purpose of this review is to ensure that pharmacy providers are in good standing with State and Federal regulatory bodies, and meet the Partnership HealthPlan of California (PHC) policy requirements.
- B. Pharmacy providers are required to submit licensure and accreditation documents to the PHC contracted Pharmacy Benefit Manager (PBM) prior to contracting. The pharmacy provider will go through an annual re-evaluation process.
- C. All pharmacy providers must meet the requirements as outlined below. All documents and information may not be more than 180 days old at the time of final approval. Documents will be reviewed by the PBM for accuracy. The following documents are required:
  1. Pharmacy's state license to operate (Board of Pharmacy)
  2. Pharmacy's valid federal DEA Certificate
  3. Pharmacist-in-charge state license to practice (Board of Pharmacy)
- D. Copies of documents will be provided to PHC by the PBM upon request. On an annual basis a report of the pharmacy provider's documentation to the above requirements will be submitted to the Provider Relations department to be forwarded to the PHC Credentialing Committee.

**VII. REFERENCES:**

- A. NCQA 2022, CR 1, Element A, Factors 1, 2, 3, & 8
- B. NCQA 2022, CR 1, Element B, Factors 1, 2, & 3
- C. NCQA 2022, CR 3, Element A, Factors 1, 2, 3, 4, 5, & 6

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- D. NCQA 2022, CR 3, Element B, Factors 1 & 2
- E. NCQA 2022, CR 3, Element C, Factors 1, 2, 3, 4, 5 & 6
- F. NCQA 2022, CR 4, Element A
- G. Department of Health Care Services (DHCS)

**VIII. DISTRIBUTION:**

PHC Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Senior Manager of Provider Network Education and Credentialing

**X. REVISION DATES:**

02/14/2001, 04/10/2002, 03/12/2003, 03/10/2004, 02/09/2005, 02/08/2006, 07/12/2006, 05/09/2007, 07/09/2008, 07/08/2009, 07/14/2010, 07/13/2011, 08/08/2012, 09/11/2013, 08/13/2014, 18/12/2015, 10/14/2015, 10/12/2016, 10/11/2017, 10/10/2018, 10/09/2019, 04/08/2020, 04/14/2021, 04/13/2022

**PREVIOUSLY APPLIED TO:**

N/A

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