

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MPCR16			Lead Department: Provider Relations	
Policy/Procedure Title: Lactation Consultant Credentialing Policy			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 11/13/2013		Next Review Date: 02/12/2025 Last Review Date: 02/14/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees		
Reviewing Entities:	<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
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input checked="" type="checkbox"/> CREDENTIALING	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Marshall Kubota, MD</i>			Approval Date: 02/14/2024	

I. RELATED POLICIES:

- A. MPXG5009 Lactation Clinical Practice Guidelines
- B. MCCP2020 Lactation Policy and Guidelines
- C. MPCR300 Physician Credentialing and Re-credentialing Requirements
- D. MPCR301 Non-Physician Clinician Credentialing and Re-credentialing Requirements

II. IMPACTED DEPTS:

Provider Relations
Health Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

Partnership HealthPlan of California (Partnership) is committed to high quality health care. Therefore it is important to establish and maintain an objective system of evaluation for health professionals in specific specialties. The purpose of credentialing is to support a systematic approach to credentialing within Partnership HealthPlan of California for Allied Health Professionals with advanced lactation certification. Partnership supports the Lactation service provisions in the Affordable Care Act (ACA), Section 4106a, Women's Health Preventive Services. This section states that pregnant and postpartum women are eligible to receive as preventive services:

- A. Comprehensive lactation services, including counseling by a trained health care provider or allied health professional during pregnancy and /or the postpartum period.
- B. Access to breast pumps and breastfeeding equipment and supplies, as indicated to support lactation.

VI. POLICY / PROCEDURE:

- A. Providers of Lactation Services
 - 1. Basic Lactation support services may be provided by medical professionals: Physician, Registered Nurse (RN) or Registered Dietitian (RD), Nurse Practitioner (NP), Physician Assistants (PA), Certified Nurse Midwife (CNM) or Licensed Midwife (LM). No special certification is required.
 - 2. Certified Lactation Consultants provide more specialized lactation support. Most International Board Certified Lactation Consultants (IBCLCs) have an underlying health professional licensure (RN, RD, MD, DO, CNM, LM, NP, PA) as well.

Policy/Procedure Number: MPCR16		Lead Department: Provider Relations
Policy/Procedure Title: Lactation Consultant Credentialing Policy		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy
Original Date: 11/13/2013	Next Review Date: 02/12/2025 Last Review Date: 02/14/2024	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees

3. Lactation Educators and other lactation support staff without additional health professional licensure may provide basic lactation support services under the supervision of a Partnership contracted Physician or licensed and lactation credentialed IBCLC. IBCLCs without a professional license are not eligible to be credentialed by Partnership as a Lactation Consultant, but may work under the supervision of a Partnership certified IBCLC, as detailed in MPXG5009 - Lactation Policy and Guidelines.

B. Credentialing Process

1. To be credentialed with Partnership as a Lactation Consultant, a health professional (RN, RD, MD, DO, CNM, LM, NP, PA) must possess this certification in addition to their primary professional licensure.
2. To be credentialed by Partnership, a Lactation Consultant must hold a valid, current and unrestricted professional license or registration, as applicable, related to one of the following degrees: RN, RD, MD, DO, CNM, LM, NP, PA. in the states where he or she provides services to Partnership members. 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 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 the Plan deems appropriate and to the extent permitted by law. 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. In addition, the following is required;
 - a. 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. Partnership 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 CME 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.
 The following criteria will be used by the Credentials Committee to evaluate the practitioner:
 - 1) Assessment of risk of substandard care that might be provided to Partnership members
 - 2) The completeness and forthrightness of the provider's narrative and explanation of the probation, restriction or other encumbrment on their medical license.
 - b. Hold a current valid IBCLC certification, issued by International Board of Certified Lactation Examiners (IBCLE).
 - c. Maintain Continuing Education Units (CEUs or equivalent) as required by professional licensing board and Continuing Education Recognition Points (CERPs) as required by IBCLE.
 - d. Not be excluded from receiving payment from any federal or state program, including, but not limited to Medicare and Medi-Cal.
 - e. Have current medical liability insurance.
 - f. Will not have a professional license, DEA registration, clinical practice, or staff privileges that has been denied, terminated, stipulated, restricted, refused, limited, suspended, revoked, not renewed or is subject to corrective action.

VII. REFERENCES:

Policy/Procedure Number: MPCR16		Lead Department: Provider Relations
Policy/Procedure Title: Lactation Consultant Credentialing Policy		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy
Original Date: 11/13/2013	Next Review Date: 02/12/2025 Last Review Date: 02/14/2024	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees

- A. National Committee for Quality Assurance (NCQA) 2024
- B. Assembly Bill No. 1896 2011-2012 Session, Chapter 119, Section 719 (a)

VIII. DISTRIBUTION:

- A. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Senior Manager, Provider Relations

X. REVISION DATES:

11/13/2013, 9/10/2014, 2/11/2015, 02/10/2016, 02/08/2017, 02/14/2018, 08/08/2018, 08/14/2019, 04/08/2020, 04/14/2021, 02/09/2022, 02/08/2023, 02/14/2024

PREVIOUSLY APPLIED TO:

N/A