

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY/ PROCEDURE**

<b>Policy/Procedure Number: MPCR19</b>		<b>Lead Department: Network Services</b> Business Unit: Credentialing	
<b>Policy/Procedure Title: Skilled Nursing Facility Providers (SNFists) Credentialing Policy</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date: 08/12/2015</b>		<b>Next Review Date: 04/08/2027</b> <b>Last Review Date: 04/08/2026</b>	
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Partnership Advantage</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>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input checked="" type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature: Mark Netherda, MD</b>		<b>Approval Date: 04/08/2026</b>	

**I. RELATED POLICIES:**

- A. MPCR300 – Practitioner Credentialing and Re-credentialing Requirements
- B. MPCR700 – Assessment of Organizational Providers

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Provider Relations

**III. DEFINITIONS:**

- A. SNFist Providers: Skilled Nursing Providers (SNFists) are Physicians who have met all the criteria for credentialing, and whom additionally meet the criteria listed below to be credentialed with Partnership HealthPlan of California (Partnership) to provide services for patients who reside in Skilled Nursing Facilities.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

The purpose of this policy is to detail the credentialing criteria for SNFist providers by Partnership's Credentials Committee.

**VI. POLICY / PROCEDURE:**

The credentialing requirements for SNFist providers:

- A. Any Family Physician or General Internist who meets all of the criteria as set forth in MPCR300 and who meets the additional conditions below:
  - 1. Family physicians or board certified general internists who either
    - a. Are board certified or board eligible or
    - b. Have completed two (2) years of residency in family medicine or internal medicine and one (1) year fellowship or internship in SNF care or acute inpatient care.
- B. All credentialed SNFist providers will be subject to the re-credentialing requirements in accordance to MPCR300.

**VII. REFERENCES:**

- A. N/A

**VIII. DISTRIBUTION:**

- A. Partnership Provider Manual

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

**X. REVISION DATES:**

08/12/2015, 08/10/2016, 08/09/2017, 08/08/2018, 08/14/2019, 04/08/2020, 04/14/2021, 04/13/2022, 04/12/2023, 04/10/2024; 04/09/25, 04/08/26

**PREVIOUSLY APPLIED TO:**

N/A