

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY/ PROCEDURE

<b>Policy/Procedure Number:</b> MPCR200			<b>Lead Department:</b> Provider Relations	
<b>Policy/Procedure Title:</b> Credentials Committee and CMO Credentialing Program Responsibilities			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/23/2018 <b>Effective Date:</b>		<b>Next Review Date:</b> 10/08/2025 <b>Last Review Date:</b> 10/09/2024		
<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 checked="" type="checkbox"/> <b>BOARD</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> 10/09/2024	

**I. RELATED POLICIES:**

CMP36 – Delegation Oversight and Monitoring

**II. IMPACTED DEPTS:**

N/A

**III. DEFINITIONS:**

Clean File: The National Committee for Quality Assurance (NCQA) defines: Credentialing files are considered clean when the following criteria are met: A. The application and attestation are complete, signed, and dated. B. All the required documentation is present in the file. C. All information requiring verification has been verified within the specified time limits. D. The documentation and verifications sources reveal: Active License to Practice with no limitations or sanctions. Active DEA/CDC certificate. Education, training, Board Certification as applicable. Continuous work history without a gap of more than 6 months. No malpractice claims history. No Reasons for Inability to Perform Role. Absence of illegal drug use. No history of loss of license/felony conviction. No history of loss/limitations of privileges/disciplinary action. Current adequate malpractice insurance coverage. Attestation to correctness and completeness of application. No state sanctions or restrictions on licensure. No Medicare/Medicaid sanctions. Hospital admitting privileges or an alternative way to admit a Partnership member.

**IV. ATTACHMENTS:**

A. N/A

**V. PURPOSE:**

To outline the authority and responsibilities of the Credentials Committee, Chief Medical Officer (CMO) and other Partnership HealthPlan of California (Partnership) staff in carrying out the Credentials activities as delegated by the Partnership Board of Commissioners.

**VI. POLICY / PROCEDURE:**

The Partnership Board of Commissioners is accountable for all credentialing activities. The Board has delegated to the Credentials Committee the authority to act as a peer review body, approve credentialing policies and procedures, review provider credentials, and to make recommendations and final approval regarding credentialing decisions for these providers.

A. The Credentials Committee

The Committee is a peer-review body that uses members from the range of practitioners participating in the Partnership network to provide meaningful advice and expertise to make recommendations regarding

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credential decisions.

1. The Committee includes a minimum of five (5) network practitioners as permanent members and includes high-volume specialties that are reflective of the Plan network. Consultation with other Partnership specialists is on an as needed basis.
2. The Committee meets at a minimum every quarter and may, at the discretion of the Chair, meet more frequently. To conduct business, the Credentials Committee must have a quorum: a minimum of three (3) of the voting Committee members
3. Meetings and decisions may take place in real-time, virtual meetings (i.e., through video conference or Web conference with audio), but may not be conducted only through e-mail.
4. Dismissal of a Committee member by the Partnership CMO may occur when thirty percent (30%) or more of the scheduled meetings are missed due to un-excused absences.
5. The Credentials Committee does not make credentialing or re-credentialing decisions based on an applicant's race, ethnic/national identity, gender, age, sexual orientation, the types of procedures (e.g. abortions) or types of patients in which the practitioner specializes.
6. On an annual basis, the Credentials Committee shall review, revise as necessary, and approve all Credentialing Policies and Procedures.
7. The Credentials Committee is responsible for reviewing the initial credentialing of new providers, organizations and practitioners, re-credentialing of existing providers, organizations and practitioners and review of all of those with an identified or potential deficiency in their credentials.
8. The Credentials Committee approves, defers or denies status based on its review of credentialing information and documentation.
9. Credentialing information for those that do not meet Partnership's criteria for participation in the network are reviewed and discussed by the Committee. Discussions are documented in the meeting minutes.

**B. Provider Relations Staff**

1. All credentialing files are researched and prepared according to Partnership credentialing policies and procedures by the Provider Relations Credentialing staff and submitted to the Credentials Committee for review and approval.
2. Files for those that do not meet credentialing criteria are referred to the CMO or Regional Medical Director for review.
3. The proceedings of each Credentials Committee meeting are summarized in the committee minutes and reported to the Physician Advisory Committee and subsequently, to the Partnership Board of Commissioners.
4. Committee minutes are maintained in a secured electronic file with access limited to authorized Provider Relations personnel.

**C. Chief Medical Officer(CMO)/Physician Designee**

1. The CMO is responsible for oversight of the credentialing process functions. The CMO, or the CMO's physician designee, reviews and makes recommendations regarding providers' organizations' and practitioners' qualifications to the Credentials Committee.
2. The Chair of the Credentials Committee shall be the CMO or a physician designee appointed by the CMO. The CMO appoints a Regional Medical Director as the designee.
3. The CMO or the physician designee have the authority to review and approve clean files that meet Partnership's criteria for participation and are not required to be sent to the Credentials Committee for review. This authority will be exercised when the CMO or physician designee determines there is a need to approve a clean file before the date the Credentials Committee is scheduled to meet. In such cases, the name of the provider, organization or practitioner approved by the CMO or physician designee will be reported to the Credentials Committee at the next scheduled meeting.
  - a. The credentialing file must include evidence of review and approval by the CMO or physician designee as evidenced by an electronic signature or initials.

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D. Partnership Board of Commissioners

1. The Partnership Board of Commissioners retains ultimate responsibility for final decisions on all appeals related to provider credentialing activities.

E. Delegation Oversight and Monitoring

1. Partnership delegates certain credentialing program responsibilities and to some contracted entities through a formal delegation agreement.
2. Partnership conducts an audit not less than annually to ensure the appropriate policy and procedures are in place, as well as, evaluate performance of credentialing program responsibilities
3. Results from Oversight and Monitoring activities shall be presented to the Credentials Committee for review and approval. Following review and approval by the Credentials Committee, the results will be reported to the Delegation Oversight Review Sub Committee (DORS).

**VII. REFERENCES:**

- A. Approved by Board Resolution
- B. NCQA 2024 Credentialing Standards - CR 1 Element A, Factor, 10 and CR 2 Element A, Factors 1, 2, and 3

**VIII. DISTRIBUTION:**

Partnership Provider Manual

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

Senior Director, Provider Relations

**X. REVISION DATES:**

05/09/18; 04/10/19; 10/08/19; 03/11/20; 12/02/20; 10/13/21, 10/12/2022, 10/11/2023, 10/09/24

**PREVIOUSLY APPLIED TO:**

- A. MPCR1 (Archived 07/01/2018)
- B. MPCR2 (Archived 07/01/2018)