

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MPCR400			Lead Department: Network Services Business Unit: Credentialing	
Policy/Procedure Title: Provider Credentialing and Re-credentialing Verification Process and Record Security			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 07/27/2018		Next Review Date: 03/11/2027 Last Review Date: 03/11/2026		
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage ¹	
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"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Mark Netherda, MD</i>			Approval Date: 03/11/2026	

I. RELATED POLICIES:

- A. MPCR100 Credential and Re-Credential Decision Making Process
- B. MPCR300 Physician Credentialing and Re-credentialing Requirements
- C. MPCR301 Non-Physician Clinician Credentialing and Re-credentialing Requirements
- D. MPCR302 Behavioral Health Practitioner Credentialing and Re-credentialing Requirements
- E. MPCR303 Applied Behavioral Health Provider Credentialing and Re-credentialing Requirements
- F. MPCR304 Allied Health Clinician Credentialing and Re-credentialing Requirements
- G. MPCR700 Assessment of Organizational Providers
- H. CMP-10 Confidentiality

II. IMPACTED DEPTS:

N/A

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

- A. [Credentialing Verification Sources used by Partnership HealthPlan for All Provider Types](#)
- B. Credentialing Checklists
 - 1. [Physician Initial](#)
 - 2. [Physician Re-credential](#)
 - 3. [Non-Physician Initial](#)
 - 4. [Non-Physician Re-credential](#)
 - 5. [Allied Health Initial/Re-credential](#)
 - 6. [Ancillary Initial/Re-credential](#)
 - 7. [Facility Initial/Re-credential](#)
 - 8. [Long Term Care & Skilled Nursing Facility Initial/Re-credential](#)
 - 9. [Stand-Alone Birth Centers Initial/Re-credential](#)

¹ This policy may also apply in part to Partnership Advantage, the HealthPlan’s Medicare product effective Jan. 1, 2026 in eight counties: Del Norte, Humboldt, Mendocino, Lake, Marin, Sonoma, Napa, and Solano, and may be subject to change based on Centers for Medicare and Medicaid Services (CMS) rules.

C. Confidentiality Statement

V. PURPOSE:

To ensure all credentialing and/or re-credentialing documentation is present and current within the provider's credentialing file.

VI. POLICY / PROCEDURE:

All provider credentialing and re-credentialing documentation is verified, documented, and validated by Partnership HealthPlan of California's (Partnership's) Provider Relations Credentialing and Audit Staff. All credentialing and re-credentialing documentation is maintained in the provider credentialing file. All complete and current provider credentialing files will be reviewed by the Credentials Committee upon initial application and each re-credentialing cycle thereafter for approval.

A. Provider Credentialing and Re-credentialing Verification Process

1. A credentialing specialist will review the credentialing application for completeness upon receipt.
2. The credentialing specialist will verify the information on the provider application using the Credentialing Sources used by Partnership list (Attachment A).
3. The credentialing specialist will use the credentialing checklist appropriate to the provider type being credentialed or re-credentialed (Attachment B), to ensure each piece of required documentation is current and present in the provider file.
4. The credentialing specialist will place their electronic pdf signature, date and time stamp on each verified credentialing information document or place their electronic pdf signature and date stamp the credentialing chart check off sheet. Verified provider credentialing information is entered into the practitioner credentialing database or provider grid, as appropriate, for tracking and reporting.
5. The credentialing specialist places electronic copies of all required documentation into the provider credentialing file in the order of the credentialing checklist and places the checklist as the first page, as a cover sheet.
6. The provider credentialing file is submitted to the Audit Team to validate that all the material in the file is present and current in accordance to the credentialing or re-credentialing checklist.
7. If the credentialing file is complete and current, the auditor will electronically stamp and date the credentialing checklist and submit the file to the routine list for review by the Credential's Committee Meeting.
8. If the credentialing file is incomplete, the Auditor will email the credentialing specialist to inform them of the documentation that is missing or incomplete.
 - a. The credentialing specialist will work with the provider and/or the approved online resources to complete the documentation, then re-submit the credentialing file to the auditor for validation. If the file is complete and current, the auditor will electronically stamp and date the credentialing checklist.
9. Credentialing and re-credentialing files that have been signed off as complete and current by an auditor will be added to the Credential's Committee list for review and approval in accordance with Partnership policy MPCR100.
10. Credentialing and re-credentialing files that are identified as not meeting established credentialing criteria are flagged for review by the Chief Medical Officer (CMO) or Regional Medical Director (RMD) in accordance with Partnership policy MPCR100.

B. Record Security

1. Partnership Credentialing staff review CMP-10 Confidentiality Policy and sign confidentiality statements on an annual basis (Attachment C).
2. Access to each employee's computer desktop and associated programs is password protected and can only be accessed by the individual employee.
3. Access to the credentialing database is password protected and limited to the credentialing specialists, supervisor, senior manager and the department auditors.
4. Each Credentialing staff creates a signature profile in Adobe in order to add their

signature, date, and time stamp to validated credentialing documents in pdf format.

5. All provider credentialing files are stored in a password protected file, limited to approved credentialing staff on the PR department drive.

VII. REFERENCES:

NCQA 2026 CR1, Element C

VIII. DISTRIBUTION:

Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Director of Network Services

X. REVISION DATES:

08/08/2018, 08/14/2019, 04/08/2020, 04/14/2021, 11/10/2021, 11/09/2022; 03/08/2023, 03/13/2024, 03/12/25, 03/11/26

PREVIOUSLY APPLIED TO:

N/A