PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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<tr><td colspan="3">Policy/Procedure Number: MPCR17</td><td colspan="3">Lead Department: Network Services
Business Unit: Credentialing</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Standards for Contracted Primary Care and Urgent Care Physicians</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 05/13/2015
Revision Effective: 01/13/2021</td><td colspan="4">Next Review Date: 04/08/2027
Last Review Date: 04/08/2026</td></tr>
<tr><td>Applies to:</td><td>☐ Employees</td><td>☒ Medi-Cal</td><td colspan="3">☐ Partnership Advantage</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☒ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Mark Netherda, MD</td><td colspan="3">Approval Date: 04/08/2026</td></tr>
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I. RELATED POLICIES:

A. MPCR200: The Credentials Committee and CMO Credentialing Program Responsibilities
B. MPCR300: Practitioner Credentialing and Re-credentialing Requirements
C. MPCR400: Provider Credentialing and Re-credentialing Verification Process, and Record Security
D. MPCR600: Range of Actions to Improve Practitioner Performance
E. MPQP1053: Peer Review Committee

II. IMPACTED DEPTS:

A. Health Services
B. Provider Relations

III. DEFINITIONS:

A. Urgent Care – according to the American Academy of Urgent Care Medicine, Urgent Care is "the provision of immediate medical service offering outpatient care for the treatment of acute and chronic illness and injury". (Definition of Urgent Care Medicine [Internet]. Available from: http://aaucm.org/about/urgentcare/default.aspx). While urgent care providers may also be the first to diagnosis chronic diseases such as diabetes or asthma, they refer patients to a primary care provider for the management of these conditions. Primary Care Providers may provide urgent care for their assigned continuity patients, as part of primary care. A clinician, who provides *only* urgent care services, without being assigned primary care patients, must meet the credentialing standards for Urgent Care providers.

IV. ATTACHMENTS:

A. Primary Care and Urgent Care Provider Criteria Form
B. Example of CME Curriculum for Physicians Trained in Emergency Medicine, who are Seeking to Provide Primary Care for Children

V. PURPOSE:

A. Some physicians apply to be credentialed as a primary care physicians who have not completed a residency in a primary care specialty. This policy sets standards to ensure adequate quality of care for all members assigned to credentialed PCPs.
B. To describe the credentialing and re-credentialing requirements for the following types of practitioners contracted with Partnership HealthPlan of California. (Partnership)
   1. Primary Care (PCP)
   2. Urgent Care (UC)

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Applies to:	☐ **Employees**	☒ **Medi-Cal**	☐ **Partnership Advantage**

VI. POLICY / PROCEDURE:

A. To be credentialed as a new PCP for Partnership HealthPlan of California (Partnership)
   1. Must meet other criteria to be a credentialed Partnership provider (outlined in other policies)
   2. A "Primary Care Provider Criteria Form" (Attachment A) will be completed by any physician applying for initial credentialing who does not meet the requirements of this policy (MPCR17). Thecompleted form will be used by Partnership Staff and the Partnership Credentials Committee during the credentialing process to help evaluate the physician's ability to provide primary care according to Partnership's expectations for PCPs.
   3. Must have training/experience as a PCP, as demonstrated by at least one of the following:
      a. Must be currently or previously Board Certified in a primary care specialty (Pediatrics, InternalMedicine, or Family Medicine) OR
      b. Must complete a three year residency in a primary care specialty (Pediatrics, Internal Medicine, Family Medicine) (currently verified) OR
      c. Must complete two (2) years of post-graduate training with at least one of those years in one or more primary care specialties, for example two (2) years in a family medicine residency or one (1) year of a rotating internship and one (1) year in a pediatric residency (now verified), OR
      d. Must have completed the University of California San Diego School of Medicine PhysicianRetraining and Reentry (PRR) Program, including the practice shadowing component of theprogram (or a similar program approved by Partnership). This option only allows the physician to provide primary care for patients aged 14 and older, OR
      e. Must have completed the University of Texas KSTAR/UTMB Health Mini-Residency in Pediatrics, or equivalent program. Pre-approval of an alternative program is recommended. This option only allows the physician to provide primary care for patients under the age of 21, OR
      f. (Special option for physicians who have completed an emergency medicine residency) Must complete 80 hours of clinical care in an Approved Supervised Pediatric Setting, plus completionof 45 hours of pre-approved Pediatric CME curriculum. An Approved Supervised Pediatric Setting will generally be associated with an accredited residency program, in which cases are presented to a mentor/preceptor for discussion, education and review. See Attachment B for recommended topic areas and examples of number of hours for each topic area.
      g. (Special option for Tribal Health Clinics). Partnership will process credentialing applications for physician applicants not meeting Partnership standards as listed above, but meeting the federal policies around Tribal Health physician credentialing, that are submitted by Tribal Health organizations according to Federal Tribal Health criteria.
   4. In any of the options VI.A.3.d or VI.A.3.e. or VI.A.3.f, the physician must
      a. Provide documentation of successful completion of the relevant program as part of thecredentialing process;
      b. Have a subscription to the medical information service UpToDate (evidence provided aspart of the credentialing process);
      c. Work in a practice with a supervising Medical Director who will monitor the physician's care for 12 months. If the physician requesting primary care privileges under these optionshas no supervising Medical Director, he or she will need to designate or contract with a primary care clinician who cares for the same age range of patients in which the privileges are going sought, to fulfill the same tasks as a supervising Medical Director, as outlined inthis section. The supervising Medical Director must provide

Partnership with a quarterly monitoring plan and progress report. The monitoring plan will include:

a) Regularly scheduled (minimum monthly) review meetings with the physician,
b) Reviewing and noting the quality of medical chart review documentation, quality ofdecision-making, actions taken and recommendations for any improvement opportunities.
c) The supervising Medical Director's quarterly progress reports will be reviewed by the Partnership Credentials Committee. If progress is found to be acceptable, the monitoring planwill discontinue after 12 months.

5. Four months after initial credentialing under any of these options, medical charts completed after credentialing will be reviewed by Partnership physicians experienced in reviewing quality of primary care in the age groups for which the physician is providing care. If paper copies are provided instead of an electronic file, the copies will be at the physician's expense. The review will consist of at least 10 medical records. The results of the medical chart review will be presented to the Credentials Committee.
    a. If there are concerns regarding quality of care following the medical chart review report, the Committee may consider a range of actions intended to support the practitioner to improve his/her performance as outlined in Policy MPCR600 – Range of Actions to Improve Practitioner Performance.

B. Residency Requirements
1. To be contracted and credentialed to care for children, the residency must have been completed in Family Medicine, Pediatrics.
2. To be contracted and credentialed to care for adults, the residency must have been completed in Family Medicine, Internal Medicine.
3. Non-physician clinicians applying for credentials must be supervised by a PCP who is credentialed (if applicable) with Partnership.
4. Foreign medical graduates who have completed a primary care residency outside the United States can count this toward their requirement in section b. or c. above.
5. OB/GYN, Emergency medicine, rotating internship, categorical internship, and psychiatry do not qualify as primary care post graduate training, for the purposes of this procedure.

C. Urgent Care Providers
1. To be credentialed for contracted Urgent Care Services, or for performing only Urgent Care Services within a Primary Care setting,
    a. General Urgent Care
        1) As a physician, at least two years of residency must have been completed in Family Medicine or Emergency Medicine or practicing under privileges granted when credentialed as a PCP under MPCR17.
        2) An NP or PA practicing within their scope of practice.
    b. Pediatric Urgent Care
        1) As a physician, at least two years of residency must have been completed in Family Medicine, Pediatrics, or Emergency Medicine or practicing under privileges granted when credentialed as a PCP under MPCR17.
        2) An NP or PA practicing within their scope of practice.

    c. Adult Urgent Care
        1) As a physician, at least two years of residency must have been completed in Family Medicine, Internal Medicine, or Emergency Medicine or practicing under privileges granted

when credentialed under MPCR17.

2) An NP or PA practicing within their scope of practice.

D. Re-credentialing of current PCPs and Urgent Care Physicians
Current PCPs and Urgent Care physicians that have not met VI. A. 3a through f., must, when coming before the Credentials Committee for re-credentialing, have a focused chart review of four high-volume Partnership members (split between children and adults, if credentialed to care for both), which will be conducted through physicians selected by the Quality Improvement department, as part of a peer review process. The charts will be reviewed for adequacy of acute care, chronic care, preventive care and health maintenance. Their findings will be presented to the Credentials Committee for review. Based on the results, the Committee may require the physician to complete the Physician Reentry and Retraining Program as a condition of continued credentialing. This section VI. C is only applied once per clinician if it results in successful performance.

VII. REFERENCES:

A. N/A

VIII. DISTRIBUTION:

A. Partnership Provider Manual

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

X. REVISION DATES:

05/13/2015, 05/11/2016, 06/14/2017, 10/11/2017, 08/08/2018, 08/14/2019, 03/11/20,1/13/2021, 04/14/2021, 04/13/2022, 10/12/2022, 10/11/2023, 10/09/24; 04/09/25, 04/08/26

PREVIOUSLY APPLIED TO:

N/A