

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE

Policy/Procedure Number: MPCR500			Lead Department: Network Services Business Unit: Credentialing	
Policy/Procedure Title: Ongoing Monitoring and Interventions			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 10/26/2017		Next Review Date: 02/11/2026 Last Review Date: 02/12/2025		
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"/> PAC
	<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: 02/12/2025	

I. RELATED POLICIES:

- A. MPCR600: Range of Actions to Improve Practitioner Performance
- B. MPCR601: Fair Hearing and Appeal Process for Adverse Decisions
- C. MPCR602: Reporting Actions to Authorities
- D. MPQP1016: Potential Quality Issue Investigation and Resolution
- E. CGA024: Medi-Cal Member Grievance System

II. IMPACTED DEPTS:

- A. Provider Relations
- B. Health Services
- C. Grievances and Appeals

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

- A. [Monitoring Resources for Sanctions and Disciplinary Actions](#)

V. PURPOSE:

To describe the procedure for ongoing monitoring of practitioner sanctions, complaints and quality issues between re-credentialing cycles and the appropriate actions to address occurrences of poor quality.

VI. POLICY / PROCEDURE:

It is the policy of Partnership HealthPlan of California (Partnership) to identify, and when appropriate, act on important quality and safety issues in a timely manner during the interval between formal credentialing.

A. Ongoing Monitoring of Sanctions

Partnership Credentialing Staff collects and reviews information on a monthly basis to ensure all network providers remain free of Medi-Cal and Medicare sanctions and maintain a valid and unrestricted license in the states he or she provides services to Partnership members.

1. Partnership uses the resources listed on attachment A, "Monitoring resources for sanctions and disciplinary actions" to monitor the contracted and non-contracted provider network. Reports are pulled each month to ensure information is reviewed within 30 days of its release by the reporting entity.

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2. The Medical Board of California (MBOC) License Alerts regarding adverse events involving Partnership's network are emailed by MBOC to Partnership credentialing staff and are reviewed upon receipt.
3. Credentialing staff may also be notified of sanctions against a provider during a Letter of Agreement (LOA) or contracting process, DHCS notification, or the peer review process.
4. The Peer Review Committee may recommend the Credentialing Committee review the status of a Practitioner of Concern at any time during the credentialing cycle in accordance with Policy MPQP 1016 Potential Quality Issue and Investigation and Resolution.
5. Results of monthly sanctions monitoring are reported to the credentialing committee at the following month's meeting.

B. Practitioner-Specific Complaints and Adverse Events

1. Member complaints and adverse quality events are collected from the Grievance and Appeals and Quality Improvement Departments every six months. The data is collated into a rolling Track and Trend Report.
 - a. Every six months, the Credentialing Committee Chair reviews the rolling Track and Trend report of Practitioner- specific member complaints and quality of care events (already resolved). The results of the review are presented to the Credentialing Committee:
 - A summary statement of the report results is presented when the report does not demonstrate any actions that need to be taken.
 - A discussion with the Credentialing Committee is initiated to review specific practitioners when the report demonstrates a concern or need for further action.
2. Potential Quality Issues (PQI) are identified, reported, and processed in accordance with MPQP1016. The Peer Review Committee may recommend the Credentialing Committee review the status of a Practitioner of Concern at any time during the credentialing cycle.
3. The results of sanctions monitoring, PQIs, and track and trend reports are reflected in the Credentialing Committee meeting minutes.

VII. REFERENCES:

National Committee for Quality Assurance (NCQA), 2025, CR 5, Element A, Factors 1, 2, 3, 4, & 5

VIII. DISTRIBUTION:

Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Director of Network Services

X. REVISION DATES:

06/13/2018, 06/12/2019, 04/08/2020, 02/10/2021, 02/09/2022, 02/08/2023, 02/14/2024, 02/12/25

PREVIOUSLY APPLIED TO:

This Policy supersedes

A. MPPLCR701

B. MPPLCR701A