PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="5">Policy/Procedure Number: MPCR500</td><td colspan="3">Lead Department: Network Services
Business Unit: Credentialing</td></tr>
<tr><td colspan="5">Policy/Procedure Title: Ongoing Monitoring of Sanctions</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 05/13/2015
Revision Effective: 01/13/2021</td><td colspan="5">Next Review Date: 06/10/27
Last Review Date: 06/10/26</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td colspan="2">☒ Medi-Cal</td><td colspan="2">☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☐ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☐ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☒ CREDENTIALS</td><td colspan="2">I. DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Mark Netherda, MD</td><td colspan="3">Approval Date: 06/10/2026</td></tr>
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II. 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

III. IMPACTED DEPTS:

A. Network Services
B. Health Services
C. Grievances and Appeals

IV. DEFINITIONS:

N/A

V. ATTACHMENTS:

A. Monitoring Resources for Sanctions and Disciplinary Actions

VI. 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.

Policy/Procedure Number: MPCR500			**Lead Department: Network Services** Business Unit: Credentialing
Policy/Procedure Title: Ongoing Monitoring and Interventions			☒ **External Policy** ☐ **Internal Policy**
Original Date: 10/26/2017		**Next Review Date: 06/10/2027** **Last Review Date: 06/10/2026**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**	

VII. 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, Exclusions and Licenses**

Partnership Credentialing Staff collects and reviews information every 30 calendar days or within 30 calendar days from a new alert to ensure all network providers remain free of Medi-Cal and Medicare sanctions/exclusions 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, exclusions 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.

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. Staff reviews license expirations monthly and tracks all license expiration dates in the database. If any concerns arise the Medical Director may make recommendations or defer to the Credentialing Committee for further review.
4. The organization monitors sanctions and licensure limitation information monthly for all states in which the practitioner practices, even if those states are outside the organization's service area or are not states where the practitioner provides care to the organization's members using the sources listed on Attachment A.
5. 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.
6. 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.
7. All results of monthly sanctions, exclusions and license monitoring are reported to the credentialing committee at the following months meeting. Any negative findings of sanctions, exclusions or licenses identified during the review are discussed by the credentialing committee at the meeting. The Credentials Committee may determine to place the practitioner on certain restrictions, require additional training, request a focused or comprehensive chart review be conducted or require other interventions up to and including recommendation of termination. Practitioners are informed of intervention decisions by the Network Services credentialing team in writing. Interventions are monitored on a monthly basis and reported at the credentialing committee meetings. Refer to Attachment A for types of sanctions and exclusions reviewed
8. .

B. **Practitioner-Specific Complaints and Adverse Events**

1. The Grievance and Appeals Department directs practitioner-specific complaints to the appropriate department for review and investigation upon receipt per policy

CGA-024 Medi-Cal Grievance System.

2. Adverse events are reviewed and investigated by Quality Department upon receipt and are monitored monthly per policy MPQP 1016 Potential Quality Issue Investigation and Resolution.
3. Any identified issues resulting from the review and investigation are reported to the

Regional Medical Director who determines issues that need to be taken to committee for further review and action at the next scheduled meeting.

4. 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.
   - For Practitioner-Specific Complaints, Adverse Events and Sanctions the committee may request additional information or recommend actions which is documented in the minutes. The review then pended for further action and discussion. Requested information or documentation of recommended actions is presented to the committee when available for continued discussion. Dependent upon the specific circumstances of the concerns raised during monitoring, the committee may choose to continue monitoring, may question the provider or facility involved about the issue and require a response, may choose a deeper investigation like referral to PQI investigations or require a focused review of records/claims, may sanction or invoke penalties as allowed by any contract with the provider or facility, and/ or may report the incident to the proper regulatory authorities, as indicated
5. 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.
6. The results of sanctions monitoring, PQIs, and track and trend reports are reflected in the Credentialing Committee meeting minutes.

VIII. REFERENCES:

National Committee for Quality Assurance (NCQA),
2026 CR 5, Element A, Factors 1, 2, 3, 4, & 5
2026 CR 5 Element B

IX. DISTRIBUTION:

Partnership Provider Manual

X. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Director of Network Services

XI. 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, 04/08/26, 6/10/26

PREVIOUSLY APPLIED TO:

This Policy supersedes

Policy/Procedure Number: MPCR500			**Lead Department: Network Services** Business Unit: Credentialing
Policy/Procedure Title: Ongoing Monitoring and Interventions			☒ **External Policy** ☐ **Internal Policy**
Original Date: 10/26/2017		**Next Review Date: 06/10/2027** **Last Review Date: 06/10/2026**	
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A. MPPLCR701

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B. MPPLCR701A