PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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I. RELATED POLICIES:

A. MPCR12 Credentialing of Independent Nurses under EPSDT
B. MPCR16 Lactation Consultant Credentialing Policy
C. MPCR13B Buprenorphine Prescriber Credentialing

II. IMPACTED DEPTS:

A. Health Services
B. Grievance and Appeals

III. DEFINITIONS:

A. Assembly Bill 890: AB890 was signed into law in September 2020 (effective Jan. 1, 2023) to create two new categories of Nurse Practitioners (NP) that can function within a defined scope of practice without standardized procedures. Certain provisions of the bill were later amended by passage of SB 1451 (Ashby, Chapter 481, Statutes of 2024). These new categories of NPs are:
   1. 103 NP - Works under the provisions outlined in Business and Profession Code Section 2837.103. This NP must work in a group setting with at least one physician and surgeon.
   2. 104 NP - Works under the provisions outlined in Business and Professions Code Section 2837.104. This NP may work independently within the population focus of their National Certification. Note that the law requires a licensee to first work as a 103 NP in good standing for at least three years prior to becoming a 104 NP.

B. Partnership Advantage: Effective January 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.

IV. ATTACHMENTS:

A. Credentialing Verification sources used by Partnership HealthPlan for Individual Practitioners
B. Notice to Practitioners of Credentialing Rights and Responsibilities
C. Practitioner Types and Credentialing/Re-Credentialing Criteria Summary

Policy/Procedure Number: MPCR301			Lead Department: Network Services Business Unit: Credentialing
Policy/Procedure Title: Non-Physician Clinician Credentialing and Re-credentialing Requirements			☒ **External Policy** ☐ **Internal Policy**
Original Date: 7/27/2018			**Next Review Date: 03/11/2027** **Last Review Date: 03/11/2026**
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☒ **Partnership Advantage**

V. PURPOSE:

A. The purpose of the practitioner credentials review is to ensure that participating practitioners possess the experience, license, certification, privileges, professional liability coverage, education, and other qualifications necessary to provide a level of care consistent with professionally recognized standards; and in accordance with Partnership HealthPlan of California (Partnership) policy, and applicable credentialing and certification requirements of the State of California, the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA).

B. To describe the credentialing and re-credentialing requirements for the following non-physician clinicians contracted with Partnership:
   1. Certified Registered Nurse Anesthetists (CRNA)
   2. Physician Assistants (PA)
   3. Nurse Practitioner (NP)
   4. Certified Nurse Practitioner (CNP)
   5. Clinical Nurse Specialist (CNS)
   6. Certified Nurse Midwives (CNM)
   7. Licensed Midwives (LM)

VI. POLICY / PROCEDURE:

All practitioners or groups of practitioners that have an independent relationship with Partnership will be credentialed before they provide care to members. Thereafter, Partnership re-credentials its practitioners every thirty-six (36) months. The 36-month re-credentialing cycle begins on the date of the previous credentialing decision. The 36-month review cycle is counted to the month, not the day.

If Partnership cannot re-credential a practitioner within the 36-month time frame because the practitioner is on active military assignment, medical leave or sabbatical, the organization documents this and re-credentials the practitioner within 60 calendar days of the practitioner's return to practice.

If a practitioner terminates with the Plan for administrative reasons, and not quality reasons, Partnership may reinstate the practitioner within thirty (30) calendar days without performing initial credentialing. Partnership performs initial credentialing if reinstatement is more than 30 calendar days after termination.

A. Verification Sources

   Partnership uses the sources listed on Attachment A "Credentialing Verification Sources used by Partnership HealthPlan of California for Individual Practitioners" to primary source and verify practitioner's credentials.

B. Initial Credentialing Criteria
   1. All practitioners are required to submit the following documentation:
      a. A completed, signed credentialing application
      b. A current, signed release form and attestation confirming the correctness and completeness of the application, to include:
         1) Reasons for inability to perform the essential functions of the position,
         2) Lack of present illegal drug use,
         3) History of loss of license and felony convictions, and
         4) History of loss or limitation of privileges or disciplinary actions.
      c. A current Curriculum Vitae (CV) that details the practitioner's work history.
      d. A current copy of:
         1) State license(s),
         2) Federal Drug Enforcement Agency (DEA) certificate – if applicable, and
         3) Face Sheet of Professional Liability Certification (Certificate of Insurance).

e. A Supervising Physician Agreement: In accordance with AB890
   1) Supervising Physician Agreement Is NOT required for 103 or 104 Nurse Practitioners (CNP), Certified Registered Nurse Anesthetists (CRNA) or Certified Nurse Midwives (CNM).
   2) Supervising Physician Agreement IS required for Nurse Practitioners (NP) who are not certified.
   3) Supervising physicians must be credentialed by Partnership, or employed by a delegated entity and be credentialed by Partnership to provide care to the same types of patients as the NP.

f. Licensed Midwives (LM) must provide the name, address and NPI of a physician practicing obstetrics who has agreed to provide consultation services and to whom the Licensed Midwife can refer appropriate patients. Partnership does not require this physician to supervise the care provided by the LM. DHCS and the Medical Board of California (MBOC) requirements for LMs must be met.

g. Physician Assistants (PA) do not need a Supervising Agreement, but must provide a copy of a Practice Agreement with the health care system with whom they are employed to include:
   1) Types of Medical services a PA is authorized to perform
   2) Policies and procedure to ensure adequate supervision of the PA
   3) The methods for continuing evaluation of the competency and qualifications of the PA
   4) The furnishing or ordering of drugs or devices by a PA pursuant to Section 3502.1
   5) Any additional provisions agreed to by the PA and supervising MD.
   6) Agreement must be signed by the PA and one or more MDs or an MD who is authorized to approve the practice agreement on behalf of staff.

2. All questions on the attestation must be answered and all adverse answers must be explained in writing by the applicant.
3. Documentation and information required may not be more than 120 calendar days old at the time of Credentials Committee review.
4. Documents submitted by practitioners will be verified to ensure the following requirements are met prior to presentation to the Credentials Committee.
   a. Possession of a current, valid, unencumbered, unrestricted, and non-probationary license in the states where he or she provides services to Partnership members at the time of the credentialing decision.
      1) Exception to this requirement may be made for those applicants whose licensure action was related to substance abuse and who have demonstrated a minimum of six months of successful participation in a treatment or monitoring program; should this exception be entertained, Partnership may request specific documentation from the applicant's treating physician or program as deemed appropriate and to the extent permitted by law.
      2) Under existing federal law, licensed health professionals employed by a tribal health program are required to be exempt, if licensed in any state, from the licensing requirements of the state in which the tribal health program performs specified services. The tribal health professional's license must be in good standing as stated above.
      3) Practitioners that don't meet criteria of an unencumbered, unrestricted, and non-probationary license will be presented to the Credentials Committee for consideration. Based on the review of the issues presented, the Credentials Committee will make recommendations to deny credentialing or approve credentialing.
      4) The Plan will routinely ask practitioners to send a letter to the Credentials Committee to give their narrative and explanation of the action against them and the

activities the practitioner has taken as a result of restrictions placed on their medical license. Approval of credentialing would be based on specific requirements that could include but not limited to; required proctoring of practitioner, additional CME within a specified time frame,

monitoring of practitioner's restrictions by the health plan credentials staff and findings brought back to committee on a monthly or quarterly basis, and/or limiting the type of services provided by the practitioner to Partnership members. This would apply to any practitioner with sanctions or limitations on their medical license from the license governing Board.

5) The following criteria will be used by the Credentials Committee to evaluate the practitioner:
   a) Assessment of risk of substandard care that might be provided to Plan members, and
   b) The completeness and forthrightness of the practitioner's narrative and explanation of the probation, restriction or other encumberment of their medical license.

b. Freedom of any sanctions or limitations on clinical license. Verification of the most recent five-year period available through applicable state licensing boards as listed on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners."
c. Possession of a valid National Provider Identifier (NPI)
d. Professional liability coverage in the amount of $1,000,000 per incident and $3,000,000 in aggregate for all practitioners.
e. Confirmation of the past five years of malpractice settlements from the malpractice carrier or queries of the National Practitioner Databank.
f. Possession of a valid and current, unrestricted DEA Certificate for practitioners who are qualified to write prescriptions. Must be valid, current, and without limitations, in each state where the practitioner provides care to members.
   1) Ordering, Referring, and Prescribing (ORP): Practitioners who are employed by a Federally Qualified Health Center (FQHC), a Rural Health Center (RHC), or an Indian Healthcare Clinic, must enroll as a Medi-Cal billing provider, rendering provider, or as an ORP only provider.
   2) Practitioners who want to be recognized as a Buprenorphine Prescriber must hold a valid DEA certificate with the approval to dispense and treat with buprenorphine and sign the Addendum to the Credentialing Application for Buprenorphine Prescriber and Treatment Specialty. Refer to Policy MP CR 13B "Buprenorphine Prescriber Credentialing."
   3) Partnership may credential a practitioner whose DEA certificate is pending, or has limitations, if they submit a Partnership DEA Waiver attesting to the fact that they have an alternative plan in place to have their prescriptive privileges covered by a colleague with appropriate certification and privileges until the practitioner has a valid DEA certificate.
h. Current privileges at an accredited or Medicare verified hospital, primary admitting facility without restrictions (for CRNA only).
   1) Practitioners that do not have hospital privileges must have an agreement with a physician or group. The practitioner must furnish Partnership with written verification of this agreement.
i. Education and training is verified through possession of a current state license.
j. Board certification will be verified for non-physician clinicians who attest to being certified.
k. Documentation of the most recent five years of continuous work history.
   1) A gap in work history greater than 6 months requires a verbal clarification by the practitioner.

2) A gap in work history greater than 12 months requires a written clarification by the practitioner.

l. Current Medi-Cal status as verified through a query of DHCS PAVE Portal, which is updated monthly with the Enrolled Medi-Cal Fee for Service Provider List

m. In order to participate in Partnership Advantage, a provider must be enrolled in and able to bill the Medicare program.

n. Freedom of any Medicare/Medi-Cal sanctions as verified by those sources identified on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners." A query of the following sites will be conducted to confirm the practitioner is free of sanctions:
   1) DHCS: Medi-Cal Suspended and Ineligible Provider List
   2) System for Aware Management (SAM) Exclusions from US Government Programs
   3) CMS: Exclusions from Medicare and Medicaid
   4) Office of Inspector General (OIG): Exclusions from Federally Funded Programs
   5) National Practitioner Database

o. Any non-physician clinician found on any sanctions reports, including but not limited to the above resources, cannot participate in the State Medi-Cal Program and/or the Plan's Managed Medi-Cal Program.

p. A practitioner that has an individual contract cannot "opt out" as a participating Medicare provider and appear on the CMS searchable database for Opt-Out Affidavits.

5. Current California Children Services (CCS) paneled provider status as verified by the CCS source identified on Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners." CCS "paneled" is not a requirement for credentialing, but the verification of each practitioner is required to identify and report providers in accordance with APL 18-023.
6. Providers who wish to be credentialed in any of the following specialty areas must meet additional criteria set forth in each specialty policy as listed below:
   a. Lactation Consultant: MPCR16 Lactation Consultant Credentialing Policy
   b. Early and Periodic Screening, Diagnostic and Treatment (EPSDT): MPCR12 Credentialing of Independent Nurses under EPSDT
7. Practitioners are notified in writing when given a credentialing application that they have a right to be informed of the status of their application upon request, a right to review any portion of their personal credentials file related to information submitted in support of their credentialing application, a right to be notified of discrepancy between information provided on the credentialing application and the primary source verification, and they have the right to correct any identified erroneous information, provided the information is not peer review protected. (Attachment B, "Notice to Practitioners of Credentialing Rights/Responsibilities.")
8. Locum Tenens that provide service for less than 90 calendar days of a rolling 12 months do not need to be credentialed. If they are providing service for a site longer than 90 calendar days out of a rolling 12 months they will need to be credentialed by Partnership. Partnership HealthPlan does not enter into independent relationships with Locum Tenens, refer members to Locum Tenens, or list Locum Tenens in the Provider Directory.

C. Re-Credentialing Requirements
1. All practitioners are required to submit the following documentation:
   a. A completed signed Credentialing Application.
   b. A current signed release form and attestation confirming the correctness and completeness of the application, to include:
      1) Reasons for inability to perform the essential functions of the position,
      2) Lack of present illegal drug use,
      3) History of loss of license and felony convictions, and
      4) History of loss or limitation of privileges or disciplinary actions;
   c. A current copy of:

1) State license,
2) DEA certificate – applicable, and
3) Face Sheet of Professional Liability Policy or Certification.

d. A Supervising Physician Agreement applies to Nurse Practitioners (NP) and Certified Nurse Midwives (CNM):
   1) Supervising physicians must be credentialed by Partnership or employed by a delegated entity and be credentialed by Partnership to provide care to the same types of patients as the NP or CNM.
   2) Certified Registered Nurse Anesthetists (CRNA) and Certified Nurse Practitioners (CNP) are exempt from this requirement
   3) Licensed Midwives (LM) must provide the name address and NPI of a physician practicing obstetrics who has agreed to provide consultation services and to whom the Licensed Midwife can refer appropriate patients.

2. Practitioners will receive the Partnership Notification of Credentialing Rights and Responsibilities with their Credentialing Application. (Attachment B, "Notice to Practitioners of Credentialing Rights/Responsibilities.")
3. Documentation and information required may not be more than 120 calendar days old at the time of Credentials Committee review.
4. Documentation will be verified in the same manner, using the same sources listed in Attachment A, "Credentialing Verification Sources used by Partnership HealthPlan for Individual Practitioners," as the initial credentialing process to ensure the practitioner has remained current and in good standing

VII. REFERENCES:

A. NCQA 2026 Standards, CR 1, Element A, Factors 1, 2, 3, 8 &13
B. NCQA 2026 Standards, CR 1, Element B, Factors 1, 2, & 3
C. NCQA 2026 Standards, CR 3, Element A, Factors 1, 2, 3, 4, 5, & 6
D. NCQA 2026 Standards, CR 3, Element B, Factors 1, 2 &3
E. NCQA 2026 Standards, CR 3, Element C, Factors 1, 2, 3, 4, 5, 6 & 7
F. NCQA 2026 Standards, CR 4, Element A
G. California Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013 Provider Credentialing/Recredentialing and Screening/Enrollment (July 19, 2022 supersedes APL 19-004)
H. DHCS APL 21-014 Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (Oct. 11, 2021 supersedes APL 18-014)
I. DHCS APL 23-034 California Children's Services Whole Child Model Program (Dec. 29, 2023 supersedes APL 21-005)
J. DHCS APL 18-022 Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services (Dec. 19, 2018 supersedes APL 16-007)
K. 42 CFR 424, subpart P – Requirements for Establishing and Maintaining Medicare Billing Privileges.
L. Assembly Bill 890 (AB890) Wood, Chapter 265, Statues of 2020) https://rn.ca.gov/practice/ab890.shtm

VIII. DISTRIBUTION:

A. Partnership Provider Manual

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

X. REVISION DATES:08/08/2018, 06/12/2019, 08/14/2019, 11/13/2019, 04/08/2020, 11/11/2020, 2/10/2021, 2/9/2022, 02/08/2023, 08/09/23, 08/14/24, 05/14/25, 09/10/25; 03/11/26

PREVIOUSLY APPLIED TO: Archived Policies:
MP CR 6 Non-Physician Medical Practitioner Credentialing Criteria
MP CR 8 Non-Physician Medical Practitioner Re-credentialing Criteria