

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MPCR701			Lead Department: Network Services Business Unit: Credentialing		
Policy/Procedure Title: Ancillary Care Services Provider Credentialing and Re-credentialing Requirements			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy		
Original Date: 1/30/2020		Next Review Date: 05/13/2027 Last Review Date: 05/13/2026			
Applies to:	Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage		
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"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER	
Approval Signature: <i>Mark Netherda, MD</i>			Approval Date: 05/13/2026		

I. RELATED POLICIES:

- A. MPCR400 Provider Credentialing and Re-credentialing Verification Process and Record Security
- B. MPCR300 Physician Credentialing and Re-credentialing Requirement
- C. MPCR301 Non-Physician Credentialing and Re-credentialing Requirement
- D. MPCR304 Allied Health Practitioners Credentialing and Re-credentialing Requirements
- E. MCRP4066 AB1114 Benefit Implementation and Oversight
- F. MPTP2501 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)

II. IMPACTED DEPTS:

- A. Provider Relations
- B. Health Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

- A. [Credentialing Verification Sources used by Partnership HealthPlan for Ancillary Providers](#)
- B. [Non-Medical Transportation Attestation](#)

V. PURPOSE:

To describe the initial and ongoing assessment of all Ancillary Care Service providers contracted with Partnership HealthPlan of California (Partnership). Ancillary care refers to the wide range of healthcare services provided to support the work of physicians.

VI. POLICY / PROCEDURE:

All Ancillary Care Service providers will be credentialed in accordance with Partnership policy MPCR400, before they provide services to Partnership members. Thereafter, Partnership re-assesses its ancillary providers every thirty-six (36) months. The 36-month re-credentialing cycle begins on the date of the previous credentialing decision

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and is tracked in the Plan’s credentialing program software within the Provider Relations department.

A. Types of Ancillary Providers

Partnership credentials and re-credentials all of the types of ancillary care service providers listed below:

1. Diabetes Prevention Program (DPP) Providers
2. Durable Medical Equipment/Medical Supplies
3. Orthotics and Prosthetics
4. Emergency Medical Transportation
5. Non-emergency Medical Transportation
6. Non-Medical Transportation
7. Telemedicine Providers Outpatient Physical Therapy
8. Speech Pathology Providers
9. Portable Imaging/X-Ray Suppliers
10. Pharmacies for AB1114 Benefits
11. Enhanced Care Management
12. Community Supports

B. Verification Sources

Partnership uses the sources listed on Attachment A, “Credentialing Verification Sources used by Partnership HealthPlan of California for Ancillary Providers” to confirm providers are in good standing with state and federal requirements.

1. Initial Assessment Criteria

All provider types are required to submit the following documentation:

- a. Diabetes Prevention Program (DPP) Provider
 - 1) A completed signed application
 - 2) Copy of current business license
 - 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
 - 4) A completed and signed W-9
 - 5) Proof of Medi-Cal enrollment
 - 6) Proof of CDC Diabetes Prevention Program Recognition
- b. Durable Medical Equipment/Medical Supplies
 - 1) A completed signed application
 - 2) Copy of current business license
 - 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
 - 4) A completed and signed W-9
 - 5) Proof of Medi-Cal enrollment
- c. Orthotics and Prosthetics
 - 1) A completed signed application
 - 2) Copy of current business license
 - 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
 - 4) A completed and signed W-9
 - 5) Proof of Medi-Cal enrollment
- d. Emergency Medical Transportation - Ambulance
 - 1) A completed signed application
 - 2) Copy of current business license
 - 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract

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- 4) A completed and signed W-9
- 5) Proof of Medi-Cal enrollment
- e. Non-emergency Medical Transportation – Ambulance
 - 1) A completed signed application
 - 2) Copy of current business license
 - 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
 - 4) A completed and signed W-9
 - 5) Proof of Medi-Cal enrollment
- f. Non-Medical Transportation
 - 1) A completed signed application

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- 2) Copy of current business license
- 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
- 4) A completed and signed W-9
- 5) Proof of Medi-Cal enrollment
- 6) Driver Qualification and Oversight Attestation

g. Telemedicine Providers

Partnership credentials individual practitioners separately

- 1) A completed signed application
- 2) Copy of current business license
- 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
- 4) A completed and signed W-9
- 5) Proof of Medi-Cal enrollment

h. Outpatient Physical Therapy

Partnership credentials individual practitioners separately

- 1) A completed signed application
- 2) Copy of current business license
- 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
- 4) A completed and signed W-9
- 5) Proof of Medi-Cal enrollment

i. Speech Pathology Providers

Partnership credentials individual practitioners separately

- 1) A completed signed application
- 2) Copy of current business license
- 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
- 4) A completed and signed W-9
- 5) Proof of Medi-Cal enrollment

j. Portable Imaging/X-Ray Suppliers

- 1) A completed signed application
- 2) Copy of current business license
- 3) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
- 4) A completed and signed W-9
- 5) Proof of Medi-Cal enrollment

k. Pharmacies for AB1114

- 1) Provider must be a pharmacy as defined by CA Business & Professions Code 4027-Board of Pharmacy Regulations
- 2) A completed signed application
- 3) Copy of current business license
- 4) Copy of current professional liability coverage certificate in the amounts defined in the provider contract
- 5) A completed and signed W-9
- 6) Proof of Medi-Cal enrollment

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- l. Enhanced Care Management (ECM) Provider
 - A completed signed application
 - Copy of current DHCS license, or copy of a current business license, if applicable
 - Copy of current liability coverage certificate in the amounts defined in the contract
 - A completed and signed W-9
 - Proof of Medi-Cal Certification (if applicable, pathway via PAVE)
 - Submission of onboarding materials and education of all providers
- m. Community Supports –
 - Transitional Rent is a benefit under Community Support. Credentialing for Transitional Rent will require the same documentation below
 - 1) A completed signed application
 - 2) Copy of current DHCS license, or copy of a current business license, if applicable
 - 3) Copy of current liability coverage certificate in the amounts defined in the contract
 - 4) A completed and signed W-9
 - 5) Proof of Medi-Cal Certification (if applicable, pathway via PAVE)

Documents submitted by providers will be verified, using the sources identified on Attachment A, Credentialing Verification sources used by Partnership HealthPlan for Ancillary Providers.

- C. The additional credentialing requirements listed below will be verified, using the sources identified on Attachment A.
 1. Possession of a valid National Provider Identifier (NPI)
 2. Possession of a current Medi-Cal license number.
 3. Freedom from any Medicare/Medi-Cal sanctions.
- D. Ancillary care service providers will be researched to identify if they are an approved California Children Services (CCS) paneled provider as part of the credentialing process. CCS approved is not a requirement for credentialing, but the verification of each organization is required to identify and report providers in accordance with APL21-005.
- E. All provider credentialing files will be processed in accordance with policy MPCR400 to ensure compliance prior to presentation to the Credentials Committee for approval.
- F. In order to participate in Partnership Advantage, a provider must be enrolled in and able to bill the Medicare program.
- G. Re-Assessment Requirements
 1. All provider types are required to submit the following documentation:
 - a. A completed signed application
 - b. Copy of current business or DHCS license
 - c. Copy of current professional liability coverage certificate
 - d. Proof of Medi-Cal enrollment
 - e. Copy of accreditation(s) if applicable
- H. Documentation will be verified in the same manner, using the same sources listed in Attachment A, Credentialing Verification sources used by Partnership HealthPlan for Ancillary Providers, as the initial assessment process to ensure the provider has remained current and in good standing.
- I. Performance monitoring reports from the Partnership Quality Improvement department will be pulled and reviewed for all Ancillary provider types contracted with Partnership.
- J. All provider credentialing files will be processed in accordance with policy MPCR400 to ensure compliance prior to presentation to the Credentials Committee for approval.

VII. REFERENCES:

- A. DHCS, DMHC, CMS

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- B. Department of Health Care Services ([DHCS](#)) [All Plan Letter \(APL\) 24-015 revised California Children’s Services Whole Child Model Program \(12/10/21\)](#) supersedes APL 18-023
- C. [DHCS 25-013 Governor’s Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx \(revised Dec. 30, 2022 \)](#) supersedes APLs 21-018 and 20-020
- D. 42 CFR 424, subpart P – Requirements for Establishing and Maintaining Medicare Billing Privileges.

VIII. DISTRIBUTION:
Partnership Provider Manual

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

X. REVISION DATES:
02/12/2020, 09/09/2020; 08/11/2021, 8/10/22, 9/14/2022; 03/08/2023, 03/13/2024, 07/09/25, 05/13/26

PREVIOUSLY APPLIED TO:
A. MPCR10 (Archived 07/01/2018)
