

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY/ PROCEDURE**

<b>Policy/Procedure Number: MPCR13D</b>		<b>Lead Department: Network Services</b> Business Unit: Credentialing	
<b>Policy/Procedure Title: Registered Pharmacists for AB1114</b> Credentialing		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date: 09/14/2022</b>		<b>Next Review Date: 05/13/2027</b> <b>Last Review Date: 05/13/2026</b>	
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Partnership Advantage</b>
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input checked="" type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature: Mark Netherda, MD</b>		<b>Approval Date: 05/13/2026</b>	

**I. RELATED POLICIES:**

- A. MPCR300 – Physician Credentialing and Re-credentialing Requirements
- B. MCRP4066 – AB1114 Benefit Implementation and Oversight

**II. IMPACTED DEPTS:**

- A. Provider Relations
- B. Health Services

**III. DEFINITIONS:**

N/A

**IV. ATTACHMENTS:**

N/A

**V. PURPOSE:**

To describe the provider credentialing criteria for the specialty of Registered Pharmacists for AB1114 services.

**VI. POLICY / PROCEDURE:**

In order to provide Pharmacy services per AB1114 to Partnership HealthPlan of California (Partnership) members, the Registered Pharmacist who must be credentialed as set forth in MPCR300 Physician Credentialing and Re-credentialing Requirements, must also meet the following requirements:

1. Pharmacist with an active license and in good standing status.
2. Be enrolled with Medi-Cal as an ordering, referring, and prescribing (ORP) provider with a valid Type 1 National provider Identification (NPI) number.
3. Provide evidence of completion of a minimum of 1 unit of C.E. related to the service provided in the past 12 months, provided at time of credentialing.

**VII. REFERENCES:**

- A. California Department of Health Care Services ([DHCS](#)) [All Plan Letter \(APL\) 22-012 Governor’s Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx \(7/11/22\) supersedes APLs 21-018 and 20-020](#)
- B. California Assembly Bill 1114, Medi-Cal: Pharmacist Services (2015-2016 Session) <https://openstates.org/ca/bills/20152016/AB1114/>. (9/25/16)

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**VIII. DISTRIBUTION:**

Partnership Provider Manual

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

**X. REVISION DATES:**

09/14/2022, 09/13/2023, 09/11/24, 05/14/25, 05/13/26

**PREVIOUSLY APPLIED TO:**

N/A