

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MPCR13D		Lead Department: Provider Relations	
Policy/Procedure Title: Registered Pharmacists for AB1114 Credentialing		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 09/14/2022		Next Review Date: 09/12/2024 Last Review Date: 09/13/2023	
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: Marshall Kubota, MD		Approval Date: 09/13/2023	

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 (PHC) 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:
PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:
Senior Director, Provider Relations

X. REVISION DATES: 09/14/2022, 09/13/2023

PREVIOUSLY APPLIED TO:
N/A