



Policy: GG.1616
Title: **Fair Hearing Plan for Practitioners**
Department: Medical Management
Section: Quality Improvement

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 04/01/1996

Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This Policy defines the process that CalOptima Health shall use to provide a fair procedure to Practitioners when adverse actions are proposed to be taken or are taken by CalOptima Health and for which a report is required to be filed under California Business and Professions Code Section 805 and/or with the National Practitioner Data Bank (NPDB).

II. POLICY

- A. CalOptima Health shall offer Practitioners the procedural rights set forth in this Policy.
- B. A Peer Review investigation may be initiated by CalOptima Health whenever reliable information indicates a Practitioner may have engaged in actions that adversely affect, or could adversely, affect the health or welfare of a CalOptima Health Member and may call into question Practitioner's competence or professional conduct.
- C. If CalOptima Health believes an adverse action is warranted as a result of the Peer Review investigation CalOptima Health shall provide written notice to the Practitioner. Written notice shall be provided within thirty (30) calendar days of the decision of the adverse recommendation.
- D. A Practitioner may request a hearing if, because of an adverse action, CalOptima Health files a report pursuant to section 805 of the California Business and Professions Code and/or with the National Practitioner Data Bank for any of the below reasons:
 1. CalOptima Health Initiated Actions:
 - a. Denial of a Practitioner's application for CalOptima Health participation for a medical disciplinary cause or reason;
 - b. Non-renewal of a Practitioner's CalOptima Health participation for a medical disciplinary cause or reason;
 - c. Restriction on a Practitioner's CalOptima Health participation for a cumulative total of thirty (30) calendar days or more in any twelve (12) month period for a medical disciplinary cause or reason;

- d. Termination of a Practitioner's CalOptima Health participation for a medical disciplinary cause or reason; and
- e. Imposition of summary suspension of a Practitioner's CalOptima Health participation for a medical disciplinary cause or reason if the summary suspension remains in effect for more than fourteen (14) calendar days.

2. Practitioner-Initiated Actions:

- a. Resignation or leave of absence by a Practitioner from CalOptima Health participation after:
 - i. Notice of an investigation initiated for a medical disciplinary cause or reason; or
 - ii. Notice that their application is denied or will be denied for a medical disciplinary cause or reason.
- b. Withdrawal or abandonment of a Practitioner's application for CalOptima Health participation after:
 - i. Notice of an investigation initiated for a medical disciplinary cause or reason; or
 - ii. Notice that their application is denied or will be denied for a medical disciplinary cause or reason.
- c. Withdrawal or abandonment of a Practitioner's request for renewal of CalOptima Health participation after:
 - i. Notice of an investigation initiated for a medical disciplinary cause or reason; or
 - ii. Notice that their application is denied or will be denied for a medical disciplinary cause or reason.

3. Other Disciplinary Actions:

- a. Any other disciplinary action or recommendation that must be reported to the Medical Board and/or the National Practitioner Data Bank.
- E. Except as otherwise provided in this Policy, no Practitioner shall be entitled, as a matter of right, to more than one (1) hearing on any matter.
- F. With respect to the entirety of this process, technical, insignificant, or non-prejudicial deviations from the procedures set forth in this process shall not be grounds for invalidating the action taken.
- G. If an adverse action as described in CalOptima Health Policy GG.1607: Monitoring Adverse Actions is identified, or an adverse action for a medical disciplinary cause or reason is recommended or taken pursuant to CalOptima Health Policy GG.1615: Corrective Action Plan for Practitioners, a Practitioner shall exhaust all remedies afforded by this Policy before resorting to legal action. If a Practitioner fails to exhaust all remedies afforded by this Policy, CalOptima Health shall deem such Practitioner to have waived all hearing and appeal requirements and to have accepted CalOptima Health's action or recommendation.

- H. This Policy does not apply to the imposition of administrative restrictions, suspensions, or terminations resulting from the Practitioner's failure to meet specific credentialing and contractual obligations including, without limitation, the failure to meet Minimum Physician Standards, or where restrictions, suspensions, or terminations are not based on a medical disciplinary cause or reason.
- I. The hearing process described in this Policy may not be used to challenge any established law, rule, regulation, policy, or requirement. and the judicial review committee (JRC) has no authority to make findings or decisions to modify, limit, or overrule any established law, rule, regulation, policy, or requirement and it shall not entertain any such challenge.
- J. Unless a summary suspension is imposed, if the Practitioner waives their procedural rights, then the recommendation of CalOptima Health shall be submitted for final action, as provided in Section III.A.20.f.
- K. Health Networks shall have policies and procedures consistent with this Policy that provide Practitioners with formal appeal rights when the Health Network takes or proposes adverse action for which a report is required to be filed under Section 805 of the California Business and Professions Code and/or with the National Practitioner Data Bank.

III. PROCEDURE

A. Hearing Procedure

1. Notice of Action

- a. If CalOptima Health takes or recommends any of the final actions described in Section II.D. of this Policy, CalOptima Health shall provide written notice as soon as possible after CalOptima Health takes or recommends the action but not later than thirty (30) calendar days thereafter to the Practitioner of the action or recommendation, and the Practitioner's right to a hearing.
- b. The notice, see Attachment A, shall include:
 - i. The action or recommendation against the Practitioner;
 - ii. CalOptima Health's obligation to report such action, if adopted, in accordance with Section 805 of the California Business and Professions Code and/or National Practitioner Data Bank requirements;
 - iii. A brief statement of the reasons for the action or recommendation;
 - iv. The Practitioner's right to request a hearing within thirty (30) calendar days after the date of the notice; and
 - v. A copy of this Fair Hearing Plan Policy.

2. Request for Hearing

- a. A Practitioner shall request a hearing by a JRC within thirty (30) calendar days after the date of receipt of the notice described in Section III.A.1 of this Policy.

- b. The Practitioner shall request such hearing in writing to the CalOptima Health Chief Medical Officer (CMO), or designee, as applicable.
- c. If the Practitioner fails to request a hearing in accordance with Sections III.A.2.a. and III.A.2.b of this Policy, CalOptima Health shall deem such Practitioner to:
 - i. Have waived the right to a hearing and to any appellate review for which they may have been eligible under this Policy; and
 - ii. Have accepted CalOptima Health's action or final proposed action, which shall thereupon become effective immediately.

3. Hearing Schedule

- a. Upon receipt of a Practitioner's written request for a hearing, CalOptima Health shall deliver the request to the Credentialing and Peer Review Committee (CPRC) whose decision prompted the hearing.
- b. The hearing shall commence not less than thirty (30) calendar days and not more than sixty (60) calendar days after the date the CMO receives the Practitioner's request for a hearing.
 - i. CalOptima Health may extend the time for commencement of the hearing, but in the event the request is received from a Practitioner who is under summary suspension, the hearing shall be held as soon as arrangements may be reasonably made, so long as the Practitioner has at least thirty (30) calendar days from the date of the notice to prepare for the hearing or provides written waiver of this right;
 - ii. CalOptima Health and the Practitioner may agree, in writing, to delay the hearing; or
 - iii. The hearing officer may issue a written decision to delay the hearing on a showing of good cause.

4. Notice of Hearing (charges), see Attachment B

- a. If the Practitioner makes a timely request for a hearing, CalOptima Health shall provide written notice of the hearing to the Practitioner at least thirty (30) calendar days prior to the date of the hearing.
- b. Such notice shall include:
 - i. The time, date, and location of the hearing;
 - ii. The reason(s) for the final proposed action taken or recommended, including acts or omissions with which the Practitioner is charged and a list of the patients whose care is in question, where applicable; or, if the action involves denial of a Practitioner's application for participation, the reason(s) for the denial; and
 - iii. A summary of the Practitioner's rights and the hearing process.

- c. CalOptima Health may amend the Notice of Hearing (charges) at any time so long as the Practitioner has a reasonable opportunity to prepare for and present a defense to the Notice of Hearing (charges).

5. Judicial Review Committee (JRC)

- a. Upon receipt of a request for a hearing, the CalOptima Health Chief Medical Officer (CMO) shall appoint a JRC, at least a majority of whom shall hold the same professional license as Practitioner (e.g., MD, RN, MFT, PsyD). The CalOptima Health CMO may designate a chairperson. The JRC shall be composed of not less than three (3) members. The JRC shall be composed of individuals who are not in direct economic competition with the Practitioner, do not have an apparent bias, do not stand to gain a direct financial benefit from the outcome of the hearing, and shall not have acted as accusers, investigators, fact finders, or initial decision makers in the matter to be decided at any previous level. Knowledge of the facts surrounding the charges does not preclude an individual from serving as a member of the JRC.
- b. The chairperson shall hear all pre-hearing matters until the selection of a hearing officer.
- c. All members of the JRC shall be present at each hearing session, JRC meeting, and deliberation session unless CalOptima Health and Practitioner agree that any one (1) member need not attend a particular session or meeting.
- d. The decision of the JRC shall be by a majority vote of the members. The numerical vote shall be recorded.
- e. The JRC members, including alternates and expert witnesses, shall be paid a stipend.

6. Arbitrator

- a. CalOptima Health may propose that an arbitrator be selected in lieu of a JRC. The use of an arbitrator shall be subject to mutual agreement by CalOptima Health and the Practitioner. If an arbitrator is used, the process described in Section III.A.6.b. of this Policy will apply.
- b. The arbitrator shall meet the same qualifications as the hearing officer and will be selected using a process mutually acceptable to CalOptima Health and the Practitioner. If the parties are unable to agree, the arbitrator will be selected pursuant to JAMS Comprehensive Arbitration Rules & Procedures. If an arbitrator is selected, no separate JRC or hearing officer shall be appointed and all references in this Policy to the JRC or hearing officer duties and responsibilities shall be read as applicable to the arbitrator.

7. Hearing Officer

- a. The CalOptima Health CMO shall appoint a hearing officer to preside at the hearing.
 - i. The hearing officer shall be an attorney at law qualified to preside over a hearing and preferably shall have experience in medical staff disciplinary matters.
 - ii. The hearing officer shall:
 - a) Not be biased for or against the Practitioner;

- b) Gain no direct financial benefit from the outcome; and
 - c) Not act as a prosecuting officer or as an advocate for any party.
 - b. The hearing officer shall participate in the deliberations and act as a legal advisor to the JRC, but shall not be entitled to vote.
 - c. The hearing officer shall ensure that all participants in the hearing have a reasonable opportunity to be heard and to present all relevant oral and documentary evidence . The hearing officer shall ensure proper decorum is maintained at all times.
 - d. The hearing officer shall be entitled to determine the order of, or procedure for, presenting evidence and argument during the hearing.
 - e. The hearing officer shall have the authority and discretion, in accordance with this Policy, to:
 - i. Grant continuances;
 - ii. Rule on challenges to JRC members;
 - iii. Rule on challenges to himself or herself serving as the hearing officer;
 - iv. Rule on questions raised prior to, or during, the hearing pertaining to matters of law, procedures, or the admissibility of evidence;
 - v. Exercise discretion in limiting the number of witnesses and the overall amount of evidence introduced at the hearing;
 - vi. Impose any safeguards for the protection of the hearing process and, as justice requires, pursuant to Business and Professions Code Section 809.2;
 - vii. If requested by the JRC, assist in the preparation of the JRC's report and recommendations; and
 - viii. Take such action as may be warranted by the circumstances if the hearing officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner.
 - f. The hearing officer will be paid for their services pursuant to a written agreement between the hearing officer and CalOptima Health. The terms of the agreement shall be disclosed to Practitioner.
8. Failure to Appear
- a. Practitioner's failure to appear and proceed at the hearing, absent good cause, shall be deemed voluntary acceptance of the recommendation or action. In such cases, the matter will be forwarded for final action as provided in Section III.A.20.f following a vote by the JRC to adopt the CalOptima Health recommendation.

9. Postponements and Extensions

- a. Once a request for a hearing is initiated, postponements and extensions of time beyond the times permitted under this Policy may be allowed by the hearing officer upon a showing of good cause or upon agreement of the parties.
- b. Extensions of time necessary to appoint a JRC, hearing officer, and/or arbitrator shall be deemed good cause, as long as both parties proceed in good faith.

10. Representation

- a. The hearings provided for in this Policy are for the purpose of intra-professional resolution of matters related to professional conduct, professional competency, or character. Accordingly, the Practitioner is entitled to representation at the hearing as follows:
 - i. If the Practitioner wishes to be accompanied at the hearing by an attorney, Practitioner shall provide written notice as soon as possible after CalOptima Health takes or recommends the action but not later than thirty (30) calendar days when requesting a hearing.
 - ii. CalOptima Health shall not be accompanied by an attorney if the Practitioner is not accompanied by an attorney. The foregoing shall not be deemed to deprive any party of its right to assistance of legal counsel for the purpose of preparing for a hearing.
 - iii. If the Practitioner chooses not to be represented at the hearing by an attorney, they may be represented at the hearing by a licensed health care provider who is not also an attorney.

11. Pre-hearing Procedure

- a. The Practitioner and the CPRC whose decision prompted the hearing shall exercise reasonable diligence in notifying the hearing officer of any pending or anticipated procedural irregularities as far in advance of the scheduled hearing as possible.
- b. The Practitioner or Credentialing and Peer Review Committee (CPRC) whose decision prompted the hearing may raise objections to any pre-hearing decision at the hearing.
 - i. Such objections shall be preserved for consideration at any appellate review hearing.
 - ii. If the Practitioner or CPRC whose decision prompted the hearing fails to raise any objections at the hearing, such objections shall be deemed to have been waived.

12. Discovery

- a. The parties may inspect and copy, at their own expense, any documents or other information relevant to the charges in the possession of another party or under its control as soon as practicable after receipt of a request for the same.
- b. Failure to comply with reasonable discovery requests at least thirty (30) calendar days prior to the hearing shall be good cause for a continuance of the hearing.

- c. The hearing officer, at the request of CalOptima Health or Practitioner, may deny a discovery request if:
 - i. The information refers solely to individually identifiable Practitioners other than the affected Practitioner;
 - ii. The denial is justified to protect the confidentiality of the CPRC process; or
 - iii. The denial is justified in the interest of justice.
- d. In ruling on discovery disputes, the factors that may be considered include:
 - i. The information sought may be introduced to support or defend the charges;
 - ii. The information is “exculpatory,” in that it would dispute or cast doubt upon the charges, or “inculpatory,” in that it would help support the charges or recommendation;
 - iii. The burden on the party of producing the requested information; and
 - iv. Other discovery requests made by the party.

13. Objections to the introduction of evidence previously not produced to CalOptima Health

- a. CalOptima Health may object to the introduction of evidence that was not provided during an application review, or during a peer review investigation conducted pursuant to policy, despite the requests of the CPRC whose decision prompted the hearing for the information.
- b. The hearing officer shall bar such information from the hearing unless the Practitioner is able to prove that they previously acted diligently and could not have submitted the information.

14. Pre-hearing Evidentiary Exchange

- a. The parties shall exchange a list of witnesses expected to testify and copies of all documents that each party plans to introduce at the hearing.
- b. The parties shall identify witnesses and exchange documents at least ten (10) calendar days prior to the hearing.
 - i. Failure to comply is good cause for the hearing officer to grant a continuance.
 - ii. This provision shall not affect the initial responsibility of the parties to make all relevant documents available for copying at least thirty (30) calendar days prior to the commencement of the hearing.
 - iii. Failure to comply shall be good cause for the hearing officer to limit introduction of any documents not provided, or witnesses not identified, by the other party in a timely manner.

15. Record of Hearing

- a. A certified shorthand reporter shall be present to make a record of the hearing proceedings. The pre-hearing proceedings may be placed on the record if deemed appropriate by the hearing officer. The cost of attendance of the shorthand reporter shall be borne by CalOptima Health.
- b. The Practitioner or CPRC whose decision prompted the hearing shall be entitled to receive a copy of the transcript or recording upon paying the reasonable cost for preparing the record. In such cases, both parties shall receive a copy of the transcript.

16. Rights of Parties

- a. At the hearing, both parties shall have the right to:
 - i. Ask members of the JRC or the hearing officer questions directly related to determining if the members or the hearing officer meet the qualifications as set forth in Section III.A.5 and Section III.A.7 of this Policy, and to challenge the members or the hearing officer;
 - ii. Call and examine witnesses;
 - iii. Introduce exhibits and other relevant documents;
 - iv. Cross-examine or otherwise attempt to impeach any witness who testified orally on any matter relevant to the issues, and otherwise rebut any evidence;
 - v. Provide a written statement at the close of the hearing; and
 - vi. Be provided with all information made available to the JRC and to have a record made of the proceedings.
- b. The CPRC whose decision prompted the hearing shall have the right to call and examine the Practitioner as if under cross-examination.
- c. The hearing officer shall rule on any challenge directed at a member of the JRC or the hearing officer prior to the continuation of the proceedings.

17. Admissibility of Evidence

- a. The hearing shall not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence.
- b. Any relevant evidence, including hearsay, shall be admitted by the hearing officer if it is the type of evidence upon which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.
- c. The JRC members may question the witnesses and may request that additional witnesses be called if they deem appropriate.

18. Burden of Going Forward and Burden of Proof

- a. CalOptima Health shall have the initial duty to present evidence that supports the charge or recommended action. CalOptima Health is not required to prove each and every charge or issue before the JRC in order for its actions and/or recommendation(s) to be found reasonable and warranted.
- b. An initial applicant Practitioner shall bear the burden of persuading the JRC by a preponderance of the evidence, that they possess the requisite qualifications, experience, and competency to participate in CalOptima Health programs.
 - i. An initial applicant Practitioner shall provide information that allows for adequate evaluation and resolution of reasonable doubts concerning their current qualifications to participate.
 - ii. An initial applicant Practitioner shall not introduce information not produced upon CalOptima Health's request during the application process unless the applicant Practitioner establishes that the information could not have been produced previously in the exercise of reasonable diligence.
- c. Except as provided above for initial applicants, CalOptima Health shall bear the burden of persuading the JRC, by a preponderance of the evidence, that its action or recommendation is reasonable and warranted.

19. Adjournment and Conclusion

- a. The hearing officer may adjourn and reconvene the hearing at the convenience of the participants without special notice.
- b. The hearing shall be concluded within a reasonable time, and the hearing officer may set guidelines for the introduction of evidence to achieve a timely conclusion.
- c. The parties may submit a written closing statement at the conclusion of the hearing. The closing statement shall conform to the length, format, and submission guidelines outlined by the hearing officer, in consultation with the JRC.
- d. Upon conclusion of the presentation of oral and written evidence, arguments and closing statements, the hearing shall be concluded. The JRC shall thereupon, outside the presence of the parties, conduct its deliberations and render a decision and accompanying report.
- e. Final adjournment shall not occur until the JRC has completed its deliberations.

20. Decision of the JRC

- a. The JRC shall base its decision on all the evidence produced at the hearing, including all logical and reasonable inferences from the evidence as well as any written statements submitted to the JRC.
- b. Within thirty (60) calendar days after the conclusion of the evidentiary portion of the hearing, the JRC shall render a decision accompanied by a written report that contains findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision. If the Practitioner is under summary suspension, the time for

the decision and report shall be within fifteen (15) calendar days. The report shall be in sufficient detail to enable the parties and any appellate review body to determine the basis for the JRC's decision on each matter contained in the Notice of Charges.

- c. The JRC shall forward the decision promptly but in not more than thirty (30) calendar days from the date the decision is rendered to the CPRC whose decision prompted the hearing, the CalOptima Health CMO, and the affected Practitioner.
- d. The JRC shall deliver the Practitioner's copy of the report by registered or certified mail, return receipt requested, and first-class mail.
- e. The decision of the JRC shall be considered final. There shall be no right to appeal the decision following the formal hearing.
- f. The decision of the JRC shall be transmitted to the CalOptima Health CMO. If the CalOptima Health CMO and/or CPRC who initiated the charges, in consultation with legal counsel, is satisfied that the JRC's decision follows from a fair hearing and is consistent with the applicable burden of proof as described above, it shall adopt that decision as the final action of CalOptima Health and the decision shall be effective immediately. If the CalOptima Health CMO, in consultation with legal counsel, concludes that the JRC's decision does not follow from a fair hearing and/or is inconsistent with the applicable burden of proof as described above, then the CMO, in consultation with legal counsel, shall proceed as it deems necessary and appropriate to address any unfairness and render a decision that is fair and consistent with this policy

21. Reporting

- a. CalOptima Health shall comply with the reporting requirements of the California Business and Professions Code and the National Practitioner Data Bank in accordance with CalOptima Health policies.

IV. ATTACHMENT(S)

- A. Fair Hearing Meeting Notice
- B. Notice of Fair Hearing Rights

V. REFERENCE(S)

- A. California Business and Professions Code, §§805 and 809
- B. California Health and Safety Code, §1370
- C. California Welfare and Institutions Code, §14000 et seq.
- D. CalOptima Health Contract for Health Care Services
- E. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- F. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- G. CalOptima Health PACE Program Agreement
- H. CalOptima Health Policy GG.1607: Monitoring Adverse Actions
- I. CalOptima Health Policy GG.1615: Corrective Action Plan for Practitioners
- J. NCQA Health Plan Standards and Guidelines: Credentialing and Recredentialing
- K. Title 42, Code of Federal Regulations (C.F.R.), §422.202
- L. Title 42, Code of Federal Regulations (C.F.R.), §422.204

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
08/10/2017	Department of Health Care Services (DHCS)	Approved as Submitted
12/06/2023	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

Date	Meeting
06/01/2017	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/1996	GG.1616	Fair Hearing Plan for CalOptima Direct Practitioners	Medi-Cal
Revised	03/01/1999	GG.1616	Fair Hearing Plan for CalOptima Direct Practitioners	Medi-Cal
Revised	02/01/2003	GG.1616	Fair Hearing Plan for CalOptima Direct Practitioners	Medi-Cal
Revised	10/01/2005	MA.7016	Fair Hearing Plan for CalOptima Direct Practitioners	OneCare
Revised	03/01/2007	MA.7016	Fair Hearing Plan for CalOptima Direct Practitioners	OneCare
Revised	04/01/2007	GG.1616	Fair Hearing Plan for CalOptima Direct Practitioners	Medi-Cal
Revised	11/01/2011	GG.1616	Fair Hearing Plan for CalOptima Direct Practitioners	Medi-Cal
Revised	02/01/2013	GG.1616	Fair Hearing Plan for CalOptima Direct Practitioners	Medi-Cal
Reviewed	06/01/2014	GG.1616	Fair Hearing Plan for Practitioners	Medi-Cal
Retired	06/01/2017	MA.1616	Fair Hearing Plan for Practitioners	OneCare OneCare Connect PACE
Revised	06/01/2017	GG.1616	Fair Hearing Plan for Practitioners	Medi-Cal OneCare OneCare Connect PACE
Revised	02/01/2019	GG.1616	Fair Hearing Plan for Practitioners	Medi-Cal OneCare OneCare Connect PACE
Revised	03/01/2020	GG.1616	Fair Hearing Plan for Practitioners	Medi-Cal OneCare OneCare Connect PACE
Revised	04/01/2022	GG.1616	Fair Hearing Plan for Practitioners	Medi-Cal OneCare OneCare Connect PACE

Action	Date	Policy	Policy Title	Program(s)
Revised	12/31/2022	GG.1616	Fair Hearing Plan for Practitioners	Medi-Cal OneCare PACE
Revised	11/01/2023	GG.1616	Fair Hearing Plan for Practitioners	Medi-Cal OneCare PACE
Revised	12/01/2024	GG.1616	Fair Hearing Plan for Practitioners	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Health Network	For purpose of this Policy, a Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Judicial Review Committee (JRC)	The committee appointed to conduct a hearing based on a request for hearing by Practitioner as described in this Policy.
Minimum Physician Standards	The standards that must be met in order to submit an application for credentialing, the successful approval of which is a prerequisite to contracting with CalOptima Health or Health Networks in accordance with CalOptima Health Policy GG.1643: Minimum Physician Standards.
Peer Review	<p>For the purposes of this Policy, a Peer Review is the process of reviewing whether a practitioner is qualified, on an initial and ongoing basis, to participate in health care programs administered by CalOptima Health (including through delegated Health Networks) and taking actions, as appropriate, based on such review.</p> <p><u>OneCare</u>: The concurrent or retrospective review by practicing physicians or other health professionals of the quality and efficiency of patient care practices or services ordered or performed by other physicians or other health professionals.</p>
Practitioner	For the purposes of this Policy, “practitioner” shall have the same meaning as “Licentiate” as that term is defined in Section 805 of the California Business and Professions Code and specifically a physician and surgeon, doctor of podiatric medicine, clinical psychologist, marriage and family therapist, clinical social worker, professional clinical counselor, dentist, physician assistant and persons authorized to practice medicine pursuant to Business and Professions Code Section 2113 or 2168.