



Policy: GG.1643  
Title: **Minimum Provider Credentialing Standards**  
Department: Medical Management  
Section: Quality Improvement

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

Effective Date: 07/01/2016

Revised Date: 12/01/2024

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

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## I. PURPOSE

This policy identifies the minimum Provider Credentialing standards that must be met for a Provider to be initially credentialed for participation in CalOptima Health programs.

## II. POLICY

- A. CalOptima Health requires that all new Provider who wish to provide services to CalOptima Health members, whether through CalOptima Health Direct or a CalOptima Health contracted Health Network, meet the minimum Provider Credentialing standards as defined in this Policy, and be credentialed in accordance with CalOptima Health Policies GG.1650: Credentialing and Recredentialing of Practitioners and GG.1651: Assessment and Re-Assessment of Organization Providers. The minimum Provider Credentialing standards include where applicable:
1. Current valid California license, certificate and/or registration to practice or provide care, where applicable.
  2. Current valid Drug Enforcement Agency (DEA) certificate, if applicable.
  3. Current professional liability (malpractice) insurance coverage in the minimum amounts of \$1 million per occurrence and \$3 million aggregate per year, where applicable.
  4. Not currently excluded, precluded, suspended, or otherwise ineligible to participate in any State or Federal health care programs.
  5. Not currently on probation or have an Accusation pending with their licensing board or have an 805 or 805.1.
  6. Never been excluded from participation in Federal or State health care programs based on conduct that supports a mandatory exclusion under the Medicare program set forth in Title 42, United States Code, §1320a-7(a) as follows:
    - a. A conviction of a criminal offense related to the delivery of an item or service under Federal or State health care programs;

- b. A felony conviction related to the neglect or abuse of patients in connection with the delivery of a health care item or service;
  - c. A felony conviction related to health care fraud; or
  - d. A felony conviction related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
- 7. No felony conviction in the ten (10) year period prior to the date of execution of the attestation containing these minimum Provider Credentialing standards.
- 8. Board certified, if applicable, in their specialty in accordance with CalOptima Health Policy GG.1633: Board Certification Requirements for Physicians, unless exempt from the certification requirements as set forth under that policy.
- B. Health Networks that are delegated to perform Credentialing and recredentialing shall incorporate the minimum Provider Credentialing standards into their Credentialing processes.
- C. A Health Network shall establish policies and procedures to evaluate and select Providers to participate in CalOptima Health that, at minimum, meet the requirements as outlined in this Policy.
- D. The minimum Provider Credentialing standards will apply to all new, first-time Provider applicants to CalOptima Health who wish to provide covered services to CalOptima Health members, without exception.
- E. All new Providers must meet the minimum Practitioner Credentialing standards to contract with CalOptima Health or its Health Networks to furnish services to CalOptima Health members and bill and receive reimbursement for such services (subject to compliance with all other applicable CalOptima Health policies).

### **III. PROCEDURE**

- A. For Providers who wish to provide services to CalOptima Health members through CalOptima Health Direct, CalOptima Health's Contracting and/or Provider Relations staff shall query the Provider to determine if they meet the minimum Practitioner Credentialing standards, as part of a pre-application process. Providers must satisfy all the minimum standards to be eligible to be credentialed in CalOptima Health.
  - 1. A Provider shall ensure that all information provided is no more than six (6) months old.
  - 2. A Provider who does not meet one (1) or more of the minimum Credentialing standards shall not be eligible to contract with CalOptima Health.
  - 3. A Provider who has met all of the minimum Credentialing standards is eligible to move forward in the Credentialing process and if the Credentialing application is approved, offered a contract to participate in the CalOptima Health program.
- B. Health Networks that are delegated to perform Credentialing and recredentialing shall adopt a procedure to ensure that new Providers seeking to contract with that Health Network to provide services to CalOptima Health's members satisfy all minimum Provider Credentialing standards.

- C. CalOptima Health or a Health Network shall verify the information provided through primary or secondary source verification using industry-recognized verification sources or a credentials verification organization, in accordance with CalOptima Health Policies GG.1650: Credentialing and Recredentialing of Practitioners and GG.1651: Assessment and Re-Assessment of Organization Providers.

#### IV. ATTACHMENT(S)

Not Applicable

#### V. REFERENCE(S)

- A. CalOptima Health Compliance Plan
- B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health PACE Program Agreement
- E. Contract for Health Care Services
- F. CalOptima Health Policy GG.1633: Board Certification Requirements for Physicians
- G. CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners
- H. CalOptima Health Policy GG.1651: Assessment and Re-Assessment of Organization Providers
- I. Title 42, United States Code (USC), §1320a-7(a)
- J. Welfare and Institutions Code (WIC), §14043.36

#### VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
09/07/2016	Department of Health Care Services (DHCS)	Approved as Submitted
11/09/2022	Department of Health Care Services (DHCS)	File and Use

#### VII. BOARD ACTION(S)

Date	Meeting
03/23/2016	Regular Meeting of the CalOptima Board of Directors
04/07/2016	Regular Meeting of the CalOptima Board of Directors
05/18/2016	Regular Meeting of the CalOptima Board of Directors
06/02/2016	Special Meeting of the CalOptima Board of Directors
02/04/2021	Regular Meeting of the CalOptima Board of Directors

#### VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2016	GG.1643	Minimum Physician Standards	Medi-Cal OneCare OneCare Connect PACE
Revised	10/01/2017	GG.1643	Minimum Physician Standards	Medi-Cal OneCare OneCare Connect PACE

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Revised	01/01/2019	GG.1643	Minimum Physician Standards	Medi-Cal OneCare OneCare Connect PACE
Revised	02/04/2021	GG.1643	Minimum Physician Standards	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1643	Minimum Physician Standards	Medi-Cal OneCare PACE
Revised	01/01/2023	GG.1643	Minimum Physician Credentialing Standards	Medi-Cal OneCare PACE
Revised	11/01/2023	GG.1643	Minimum Physician Credentialing Standards	Medi-Cal OneCare PACE
Revised	12/01/2024	GG.1643	Minimum Physician Credentialing Standards	Medi-Cal OneCare PACE

## IX. GLOSSARY

Term	Definition
Accusation	A legal document that begins the formal disciplinary process after an investigation finds evidence that the Physician has violated the laws governing the Physician's practice area, and the violation warrants disciplinary action. An accusation lists the charges and/or the section(s) of law alleged to have been violated, and is served on the Physician.
Credentialing	<p><u>Medi-Cal</u>: The process of determining a Provider or an entity's professional or technical competence, and may include registration, certification, licensure and professional association membership.</p> <p><u>OneCare</u>: The process of obtaining, verifying, assessing, and monitoring the qualifications of a Practitioner to provide quality and safe patient care services.</p> <p><u>PACE</u>: The recognition of professional or technical competence. The process involved may include registration, certification, licensure, and professional association membership.</p>
Health Network	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.
Practitioner	A licensed independent practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Midwife (LM), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Precluded or Preclusion	A type of exclusion, specific to Medicare program. The CMS Preclusion List is a list of Providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>