



Policy: GG.1658  
Title: **Summary Suspension or  
Restriction of Practitioner  
Participation in CalOptima  
Health's Network**

Department: Medical Management  
Section: Quality Improvement

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

Effective Date: 03/04/2021

Revised Date: 12/01/2024

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

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## I. PURPOSE

This policy defines the process that CalOptima Health shall use to impose a summary suspension or restriction on a Practitioner for a Medical Disciplinary Cause or Reason.

## II. POLICY

- A. Actions to suspend or restrict a Practitioner for a Medical Disciplinary Cause or Reason shall be conducted in accordance with the terms and conditions of this Policy.
- B. Actions taken on the basis of Medical Disciplinary Cause or Reason shall be reportable under Section 805 of the California Business and Professions Code and to the National Practitioner Data Bank (NPDB) in accordance with CalOptima Health Policy GG.1657: State Licensing Board and the National Practitioner Data Bank (NPDB) Reporting.
- C. CalOptima Health shall notify a Practitioner in writing of a decision, which shall include reasons, standards, and data used to make such decisions to suspend, restrict, or terminate the Practitioner in accordance with CalOptima Health Policy GG.1616: Fair Hearing Plan for Practitioners, within fifteen (15) days of final decision or recommendation by CPRC.
- D. Health Networks shall have policies and procedures consistent with this policy that provide Practitioners with a pre-defined process when the Health Network takes or proposes action including summary suspension, automatic suspension, or limitation or termination related to a Practitioner's clinical practice.

## III. PROCEDURE

### A. Summary Suspension or Restriction

- 1. Whenever the failure to immediately suspend or restrict a Practitioner's practice in CalOptima Health may result in imminent danger to the health of any individual, the Credentialing and Peer Review Committee (CPRC), CalOptima Health Chief Medical Officer (CMO) or their physician Designee, shall have the authority to summarily suspend or restrict a contracted Practitioner's practice prerogatives.

2. Any suspension or restriction imposed on a Practitioner for a Medical Disciplinary Cause or Reason shall include any notices or reporting required by CalOptima Health Policies GG.1616: Fair Hearing Plan for Practitioners and GG.1657: State Licensing Board and the National Practitioner Data Bank (NPDB) Reporting.
3. If the CPRC or their Designee, does not ratify such a summary suspension within two (2) CalOptima Health business days, the summary restriction or suspension shall terminate automatically.
4. Any restriction or suspension is subject to ratification by the CPRC. When such ratification is required, the Members shall be notified of the summary suspension immediately, both orally and in writing.
5. The CMO or designee shall file a report with the relevant agency within fifteen (15) calendar days after the CPRC makes a final decision or recommendation regarding the disciplinary action, as specified in subdivision (b) of Section 805 of the California Business and Profession Code, resulting in a final proposed action to be taken against a licentiate based on the peer review body's determination, following formal investigation of the licentiate, that any of the acts listed in paragraphs a. to d., inclusive, may have occurred, regardless of whether a hearing is held pursuant to CalOptima Health Policy GG.1616: Fair Hearing Plan for Practitioners. This report is in addition to any report that may be required under Section III.A.5.b. A Practitioner subject to reporting under this Section shall receive a notice of the proposed action as set forth in California Business and Profession Code Section 809.1, which shall also include a notice advising the licentiate of the right to submit additional explanatory or exculpatory statements electronically or otherwise.
  - a. Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients, to the extent or in such a manner as to be dangerous or injurious to any person or the public. This paragraph shall not be construed to affect or require the imposition of immediate suspension pursuant to this Policy.
  - b. The use of, or prescribing for or administering to themselves, any controlled substance; or the use of any dangerous drug, as defined in Section 4022, or of alcoholic beverages, to the extent or in such a manner as to be dangerous or injurious to the licentiate, any other person, or to the public, or the extent that such use impairs the ability of the licentiate to practice safely.
  - c. Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason therefor. However, in no event shall a physician and surgeon prescribing, furnishing, or administering controlled substances for intractable pain, consistent with lawful prescribing, be reported for excessive prescribing and prompt review of the applicability of these provisions shall be made in any complaint that may implicate these provisions.
  - d. Sexual misconduct with one or more patients during a course of treatment or an examination.

## B. Initiation of Summary Action

1. Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon imposition, and the person or body responsible shall immediately give oral and written notice, via certified mail, to the Practitioner and shall notify, in writing, the CMO, Chief Executive Officer (CEO), CPRC, and Quality Improvement Health Equity Committee (QIHEC) within five (5) calendar days after such imposition of such suspension. The notice shall include the following:
  - a. Proposed action against Practitioner by CPRC, which if adopted, shall be taken and reported pursuant to Section 805;
  - b. The final proposed action;
  - c. The Practitioner's right to request a hearing on the final proposed action pursuant to CalOptima Health Policy GG.1616Δ: Fair Hearing Plan for Practitioners; and
  - d. The time limit to request such a hearing.
2. If the CPRC action(s) is based on any of the following, instead of fifteen (15) calendar days after the effective date of decision, the Section 805 report must be filed within fifteen (15) calendar days of the final decision or recommendation of the CPRC, without regard to any subsequent hearing. These medical disciplinary causes or reasons covered by Section 805.01 are:
  - a. Incompetence;
  - b. Gross deviation from the standard of care;
  - c. Self-prescribing or self-administering controlled substances;
  - d. Abusing drugs or alcohol;
  - e. Repeated acts of excessive prescribing or providing of controlled substances; and
  - f. Sexual misconduct with a patient.
3. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth in the notice.
4. Unless otherwise indicated by the terms of the summary restriction or suspension, the Practitioner's Members shall be promptly assigned to another Practitioner considering, where feasible, the wishes of a Member in the choice of a substitute Practitioner in accordance with CalOptima Health Policies EE.1112 Health Network Eligible Member Assignment to Primary Care Provider and MA.4010 Health Network and Primary Care Provider Selection, Assignment, and Notification .

## C. CalOptima Health CPRC Action

1. Within two (2) CalOptima Health business days, after such summary restriction or suspension has been imposed, a meeting of the CPRC shall be convened to review and consider the action.

2. Notice provided to the CPRC of the summary action shall serve as a request for an investigation carried out pursuant to CalOptima Health Policy GG.1615: Corrective Action Plan for Practitioners.
3. The CalOptima Health CPRC shall provide notice to the Practitioner that they may participate in the CPRC review and make a statement concerning the issues under investigation, on such terms and conditions as the CPRC may impose. In no event shall any such meeting of the CPRC, with or without the Practitioner, constitute a “hearing” nor shall any of the procedural rules for hearings apply, nor shall either party be represented by counsel.
4. The CPRC may modify, continue, or terminate the summary restriction or suspension.
5. The CPRC shall provide the Practitioner with notice of its decision.
6. The corrective action investigation shall be completed promptly to ensure any hearing on the summary suspension or restriction and corrective action can be commenced within the sixty (60) calendar day limit after a hearing on a summary suspension is requested. However, because of the summary nature of the action, reasonable efforts should be made to complete the investigation and to schedule the hearing as promptly as is feasible under the circumstances and as permitted by relevant law.

#### D. Procedural Rights

1. The Practitioner shall be entitled to hearings and appeals procedures pursuant to the CalOptima Health Policy GG.1616: Fair Hearing Plan for Practitioners, if the summary restriction or suspension is not promptly terminated by CPRC.
2. Any suspension that exceeds fourteen (14) calendar days shall be reported to the Medical Board of California in accordance with CalOptima Health Policy GG.1657: State Licensing Board and the National Practitioner Data Bank (NPDB) Reporting.

#### IV. ATTACHMENT(S)

Not Applicable

#### V. REFERENCES

- A. California Business and Professional Code Section 809.1
- 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. CalOptima Health Compliance Plan
- F. CalOptima Health Quality Improvement Program
- B. CalOptima Health Policy GG.1616: Fair Hearing Plan for Practitioners
- C. CalOptima Health Policy GG.1657: State Licensing Board and the National Practitioner Data Bank (NPDB) Reporting
- D. CalOptima Health Policy EE.1112: Health Network Eligible Member Assignment to Primary Care Provider

- E. CalOptima Health Policy MA.4010: Health Network and Primary Care Provider Selection, Assignment, and Notification
- F. Business and Professions Code §§ 805.01 and 809.5

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

Date	Regulatory Agency	Response
04/20/2021	Department of Health Care Services (DHCS)	File and Use

**VII. BOARD ACTION(S)**

Date	Meeting
03/04/2021	Regular Meeting of CalOptima Board of Directors

**VIII. REVISION HISTORY**

Action	Date	Policy	Policy Title	Program(s)
Effective	03/04/2021	GG.1658	Summary Suspension or Restriction of Practitioner Participation in CalOptima's Network	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1658	Summary Suspension or Restriction of Practitioner Participation in CalOptima Health's Network	Medi-Cal OneCare PACE
Revised	11/01/2023	GG.1658	Summary Suspension or Restriction of Practitioner Participation in CalOptima Health's Network	Medi-Cal OneCare PACE
Revised	12/01/2024	GG.1658	Summary Suspension or Restriction of Practitioner Participation in CalOptima Health's Network	Medi-Cal OneCare PACE

## IX. GLOSSARY

<b>Term</b>	<b>Definition</b>
Credentialing and Peer Review Committee (CPRC)	The Credentialing and Peer Review (CPRC) Committee makes decisions, provides guidance, and provides peer input into the CalOptima Health provider selection process and determines corrective action necessary to ensure that all practitioners and providers who provide services to CalOptima Health Members meet generally accepted standards for their profession in the industry. The CPRC meets at least quarterly and reports to the CalOptima Health Quality Improvement Health Equity Committee (QIHEC).
Designee	A person selected or designated to carry out a duty or role. The assigned designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role.
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.
Medical or Disciplinary Cause or Reason	An aspect of a Practitioner's competence or professional conduct which is reasonably likely to be detrimental to patient safety or to the delivery of patient care.
Member	A beneficiary enrolled in a CalOptima Health program.
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), 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.
Quality of Care	The degree to which health services for Members and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
Quality Improvement Health Equity Committee (QIHEC)	A committee facilitated by CalOptima Health's medical director, or the medical director's designee, in collaboration with the Health Equity officer, that meets at least quarterly to direct all Quality Improvement and Health Equity Transformation Program (QIHETP) findings and required actions.