

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: January 13, 1998

BHRS POLICY: 98-05

SUBJECT: Credentialing for Independent Contracted Providers

AUTHORITY: 42 CFR (438.608) Managed Care Regulations, Program Integrity.
Contracts with Department of Health Care Services (DHCS) for: Behavioral Health, Substance Use Disorders Services (SUDS) and Drug Medi-Cal (DMC) Center for Medicaid & Medicare (Chapter 21 - Compliance Program Guidelines and Prescription Drug Benefit Manual Chapter 9 - Compliance Program Guidelines). Behavioral Health & Recovery Services (BHRS) Compliance Program.

SUPERSEDES: Renumbering of MH Policy No. 95-03; Renamed July 28, 2016

AMENDED: December 14, 2005, March 13, 2013, July 28, 2016, November 30, 2016

PURPOSE:

To establish a process to assure the competency of professional providers who contract with San Mateo County BHRS to provide mental health services to BHRS members.

POLICY:

New Providers

All providers entering into new contracts with BHRS must have a verified and approved credentialing packet on file. The most recent credentialing packet shall establish minimum requirements for contract status with BHRS. Temporary or provisional status will not be recognized.

The BHRS Provider Relations Specialist in collaboration with Quality Management (QM) staff will verify all information concerning licensure, certificates and malpractice coverage.

BHRS will also query the National Practitioner Data Bank (NPDB), the Office of the Inspector General (OIG) List of Ineligible Providers for Federally funded programs, the Medi-Cal ineligible provider list, Palmetto Medicare Opt-Out List and other applicable information sources.

If any query reveals information concerning competency, malpractice, limitations of privileges, ongoing ethical investigations, or other such factors presenting potential risk to BHRS, credentialing information submitted by the applicant will be further reviewed by the BHRS Deputy Director for Administration, QM Manager, and the BHRS Medical Director. If this review body is unable to recommend approval, the application will be referred to the BHRS Credentialing Committee, which will perform a confidential

Quality Improvement review of the application. This review may include a face-to-face interview with the applicant. (See BHRS Policy 98-08 for further definition of the role of BHRS Credentialing Committee.)

The applicant will be kept informed in writing of the status of a credentialing process that has required special review.

Certification and Credentials:

San Mateo County BHRS will not contract with an individual or entity whose name appears on any federal or state exclusion, debarment, licensure or section registry that makes them ineligible to perform work related directly or indirectly to federal or health care programs. If an individual or entity with which San Mateo County has had a relationship falls into any of the debarred categories San Mateo BHRS will cease contracting with the entity or individual.

Individual Private Providers:

Prior to contracting, BHRS Contracts and Quality Management ensures that the individuals being considered for contracting have been screened and have valid current license, are in good standing with the appropriate board(s), and have a current NPI on the NPPES website, as needed. Upon acceptance of the offer to contract the individual will be required to provide their Social Security number to the BHRS Contracts Department. After screening, the BHRS Contracts Department will destroy/shred any copy of the Social Security number.

1. For clinical and medical staff- credentials are verified:
 - a. National Plan and Provider Enumeration System (NPPES) is verified at <https://npiregistry.cms.hhs.gov/>
 - b. Licenses are verified at www.breeze.ca.gov
2. For all private providers - an exclusion review is conducted using Streamline Verify <https://app.streamlineverify.com/> Below are the exclusion lists included in Streamline Verify
 - a. Office of Inspector General (OIG/LEIE)
 - b. Medi-Cal Suspended and Ineligible list
 - c. Social Security Administration's Death Master File
 - d. System Award Management (SAM) Database
3. MDs/DOs/NPs/Psychologists/MFTs/LCSWs: checked for Medicare exclusions at: <https://med.noridianmedicare.com/web/jeb/enrollment/opt-out/opt-out-listing>
4. MDs/DOs/NPs will provide evidence that they have registered at the State of California Department of Justice Controlled substance Utilization Review and Evaluation System (CURES) located at <https://cures.doj.ca.gov>

Continuing Providers – License Renewal

All licenses, certificates and insurance coverage must remain current during the lifetime of the contract. At the time of license renewal, BHRS will query the appropriate licensing board and the Federal eligibility database.

Continuing Providers – Contract Renewal

BHRS will request updated credentialing information as necessary, and, in addition to confirming that the license, certificates, insurance and other credentialing requirements are current, will query the NPDB, the OIG List of Ineligible Providers and other sources of credentialing information.

Exclusion – Review Schedule

Ongoing checks:

1. Private providers’ licenses according to their due dates will be verified to ensure that they are current and that the individual is in good standing. All independent contractors are screened monthly utilizing a data extract generated from the BHRS Contract Department. This data extract is uploaded on the 2nd of each month. This data extract is uploaded on the 2nd of each month. Below are the exclusion lists included in the monthly Streamline Verify review:
 - a. Office of Inspector General (OIG/LEIE)
 - b. Medi-Cal Suspended and Ineligible list
 - c. Social Security Administration’s Death Master File
 - d. System Award Management (SAM) Database

2. The San Mateo Medical Center Compliance Officer will notify the BHRS Compliance Officer of any excluded or debarred staff. Immediate action will be taken to terminate the excluded or debarred independent contractor and void any claiming for federal and/or state funded services.

Non-Discrimination

BHRS will not discriminate against providers who serve high-risk populations or specialize in high-cost services in the selection and retention of contracted providers.

Problem Resolution

For continuing providers: If any query, at any time, discovers information concerning competency, malpractice, limitations of privileges, ongoing ethical investigations, or other such factors presenting potential risk to BHRS, the information will be further reviewed and investigated by the BHRS Deputy Director for Administration, QM Manager, and the Medical Director. If their investigation finds continuing omissions or problems, BHRS will notify the private provider of any excluded or debarred status. Immediate action will be taken by BHRS that will include written communication with the provider and may include suspension or termination of contract.

Approved: _____ *(Signature on File)*

Scott Gruendl, MPA
BHRS Assistant Director & Compliance Officer

Approved: _____ *(Signature on File)*

Stephen Kaplan, LCSW
BHRS Director

Next Review Due: September 2017

Reviewed by: _____
Scott Gruendl, MPA Compliance Officer