



SAN MATEO COUNTY HEALTH

# BEHAVIORAL HEALTH & RECOVERY SERVICES

DATE: December 31, 2019

BHRS POLICY: 19-07

SUBJECT: Provider Selection and Retention (Mental Health Network of Care)

AUTHORITY: 42 Code of Federal Regulation 438.12(a) & 438.12(b) Provider Discrimination Prohibited, 438.214(a) Provider Selection, 438.602(i) State Responsibilities, 455.104 Disclosure by Medicaid Providers and Fiscal agents: Information on ownership and control, 455.105 Disclosure by providers: Information related to business transactions, 1002.203 State Exclusion of Certain Managed Care, 1002.3 General Authority.  
DHCS All Plan Letter 16-012  
San Mateo BHRS Policies:  
Credentialing for Independent Contracted Providers: 98-05  
Credentialing and Service/Billing Privileges for MHRS: 18-04  
Credentialing and Re-Credentialing 19-08  
Waiver/Registration in Lieu of License: 99-04  
Agency Provider Certification - Medi-Cal: 98-12  
Concerns/Complaints about MHP Individual and Organizational Contract Providers: 98-10

SCOPE: BHRS staff and contracted Specialty Mental Health Services (SMHS) and Mild to Moderate Managed Care providers

NEW POLICY: December 2019

SUPERSEDES: MH 98-03 Provider Contracts, MH 98-07 Provider Selection

#### DEFINITIONS:

- **Provider:** A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.

POLICY:

To ensure that network providers understand the elements of the provider selection process and maintain compliance with state and federal Medicaid regulations, BHRS established policies and processes to ensure that providers are equitably selected.

Following BHRS Provider Standards, BHRS does not:

- a. Contract with providers beyond the number necessary to meet the needs of its enrollees.
- b. Preclude provider from using different reimbursement amounts for different specialties or for different practitioners in the same specialty; or
- c. Preclude provider from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to enrollees.

BHRS Administration (Credentialing Committee Provides Oversight of all Credentialing and Re-Credentialing)

1. Selects and maintains network providers as required by applicable State and Federal requirements to meet Network Adequacy Standards as specified by DHCS.
2. Will only use licensed, registered, waived providers acting within their scope of practice for services that require a license, waiver, or registration.
3. Does not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification.
4. Does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
5. Ensures it has a uniform and documented process for credentialing and re-credentialing, Behavioral Health Service Credentialing and Re-credentialing Policies:
  - a. Credentialing for Independent Contracted Providers: 98-05
  - b. Credentialing and Service/Billing Privileges for MHRS: 18-04
  - c. Credentialing and Re-Credentialing 19-08
  - d. Waiver/Registration in Lieu of License: 99-04
  - e. Agency Provider Certification - Medi-Cal: 98-12
  - f. Concerns/Complaints about MHP Individual and Organizational Contract Providers: 98-10
  - g. Waiver/Registration in Lieu of License: 99-04
6. Confirms that providers are located in the United States.
7. Will not employ or subcontract with providers who are excluded from participation in Federal or State Healthcare Programs.

8. Conducts Medi-Cal Site Certification for Organizational Providers, every 3 years to review compliance with health, safety and business practice standards, and in accordance to applicable State and Federal requirements.

Provider Responsibility

1. Must be located in the United States.
2. Give written notice if a decision not to contract with BHRS has been made.
3. Adhere to BHRS Credentialing and Re-credentialing Policies
  - a. Credentialing for Independent Contracted Providers: 98-05
  - b. Credentialing and Service/Billing Privileges for MHRS: 18-04
  - c. Credentialing and Re-Credentialing 19-08
  - d. Waiver/Registration in Lieu of License: 99-04
  - e. Agency Provider Certification - Medi-Cal: 98-12
  - f. Concerns/Complaints about MHP Individual and Organizational Contract Providers: 98-10
  - g. Waiver/Registration in Lieu of License: 99-04
4. Maintain compliance with Medi-Cal Site Certification requirements.
5. Disclose information on ownership and control at any of the following times:
  - a. Submission of RFP.
  - b. Execution of provider agreement.
  - c. Upon request of the Medicaid agency during the re-validation of Medicaid enrollment process
  - d. Within 35 days after any change in ownership of the disclosing entity.
6. Providers will complete required attestations as specified by BHRS.

Approved: \_\_\_\_\_ *Signature on File*  
Scott Gilman, MSA  
BHRS Director