



Policy:	19-08
Subject:	Credentialing and Re-Credentialing Providers
Authority:	MHSUDS Information Notice No. 18-019 42 CFR 438.608; 42 CFR.1320a-7; MH Services Compliance Plan and Program; For SUD, providers delivering covered services are defined in Title 22 of the California Code of Regulations, Section 51051
Original Policy Date:	December 19, 2019
Amended:	Technical Edits January 9, 2020; November 5, 2020; June 26, 2023 Amended June 26, 2024 Attachment F: updated June 7, 2021 Attachment G: updated February 17, 2023 Attachment H: added June 26, 2023
Supersedes:	BHRS 04-01 Compliance Policy for Funded Services Provided by Contracted Organizational Providers MH 04-03/04-02 Credentialing and Orientation for BHRS Licensed Professionals and Providers BHRS 98-16 Credentialing for County Licensed Professionals MH 98-08 Credentialing Committee MH 98-09 Delegation of Credentialing, recredentialing, Recertification or Reappointment of Individual Practitioners
Attachments:	A. Contractor Monthly Credentialing Verification Spreadsheet B. Attestation BHRS Staff and On-site Contractors C. Attestation Contractors D. Acknowledgment of Receipt of BHRS HIPAA Policies E. BHRS Form 700 – Contractor Agency F. Health Policy A-14: Conflict of Interest, Incompatible Activities and Outside Employment for Employees of San Mateo County G. Health Policy A-14 (Attachment 1): Employee Statement Regarding Conflicts of Interest, Incompatible Activities, and Outside Employment H. BHRS Attestation of Conditions of Outside Employment for Health Policy A-14

Nothing in this policy is intended to supersede or amend existing related policies including, but not limited to: 92-03 (Affirmative Action), 98-14 (Fingerprinting), and 96-01 (Volunteers).



DEFINITIONS

- Certified Provider refers to Substance Use Disorders providers delivering covered services are defined in Title 22 of the California Code of Regulations, Section 51051.
- Conditional Job Offer is one that is extended to a potential employee with the understanding that it is contingent upon the successful completion of all county screening requirements.
- Credentialing Committee shall be a confidential multi-disciplinary body appointed by the BHRS Director. To serve an oversight body and/or approval of standards for credentialing and recredentialing of providers in the BHRS network of care.
- CURES is the Controlled Substance Utilization Review and Evaluation System (CURES) stores Schedule II, III, and IV controlled substance prescription information reported as dispensed in California.
- DMC-ODS refers to Drug Medi-Cal Organized Delivery System.
- Federal Health Care Program means Medicare, Medi-Cal (Medicaid in CA), and all other federal health care programs defined in Federal law.
- Independent Contractor “who is a member of Behavioral Health and Recovery Services’ workforce” means those independent contractors who are defined as participating in an Organized Health Care Arrangement (OHCA) with BHRS.
- Ineligible Person is an individual or entity who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in federal health care programs or (2) has been convicted of a criminal offense related to the provision of health care services and has not been reinstated by the federal health care program to provide services. No manager/supervisor will make an offer of employment to an applicant whom they know is listed as an ineligible person.
- New Employees includes staff transferring into BHRS from other San Mateo County divisions.
- OIG is the Office of the Inspector General.
- Primary source refers to an entity, such as a state licensing agency with legal responsibility for originating a document and ensuring the accuracy of the document’s information.
- Provider Types include licensed, registered, or waived mental health providers, licensed practitioners of healing arts, and registered or certified Alcohol or Other Drug (AOD) counselors.

**POLICY**

San Mateo Behavioral Health Services (BHRS) ensures that its county-owned and operated providers (i.e., BHRS employees) and contract organizational providers that deliver Medi-Cal and ODS covered services are qualified in accordance with current legal, professional, and technical standards, and are appropriately licensed, registered, waived, and/or certified. The term provider is used in this document to refer to clinicians or counselors who provide direct services to plan beneficiaries.

THIS POLICY SPECIFIES:

1. Credentialing Procedure New Provider
2. Monthly Credentialing Checks All Providers
3. Recredentialing Procedure All Providers
4. Providers Responsibility to Maintain License
5. Credentialing Oversight & Appeal Process
6. Credentialing and Re- Credentialing Tracking

This policy applies to all staff and contractors including all direct service providers, licensed, waived, registered and/or certified providers including contracted and staff psychiatrists, nurse practitioners, psychologists, clinical social workers, marriage and family therapists, and registered nurses working at County owned and/or operated behavioral health sites.

The credentialing of all providers including staff and contractors will take place at the time of hiring/contract initiation, when the individual's license is renewed, monthly (via streamline verify), and at re-credentialing which occurs at least every three years.

BHRS must ensure that each of its providers is qualified in accordance with current legal, professional, and technical standards, and is appropriately licensed, registered, waived, and/or certified. Providers must be in good standing with Medicare and Medicaid/Medi-Cal programs. Any provider excluded from participation in Federal health care programs, including Medicare or Medicaid/Medi-Cal, may not participate in BHRS's provider network.

San Mateo County BHRS will not hire or contract with any individual, entity or independent contractor that is deemed an ineligible person. Providers who are deemed ineligible during employment will not be permitted to provide SMHS or DMC-ODS services. The Quality Manager will notify the Compliance Officer and Credentialing Committee immediately if any current employee is found to be ineligible during our monthly check of the exclusion lists cited below.



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Offers of employment from personnel within BHRS are contingent upon completing an application and a background investigation through the County of San Mateo's Human Resources Department and the BHRS Quality Management (QM) Department. Conditional job offers may be made but are not finalized until screening and background checks are successfully completed.

BHRS COMPLIES WITH THE FOLLOWING REQUIREMENTS:

- All direct service providers are required to be in good standing with Medi-Cal. Any provider who is excluded from participation in Federal health care programs, including Medicare or Medi-Cal, may not provide services in BHRS's network, which includes, but is not limited to, county-owned and operated providers and contracted organizational providers.
- The BHRS deems a direct provider to be credentialed, once the above requirements have been met and the application has been reviewed by the appropriate BHRS Credentialing staff.
- For Mental Health Services, the Quality Management staff must review and approve the application and attestation. QM staff must be satisfied that there are no clinical concerns regarding the provider's ability to provide quality services.
- For Substance Use Services, the Clinician Credentialing Application must be submitted and reviewed by AOD Credentialing staff for all new and existing clinicians. Contract agencies and clinical staff are responsible for tracking credential expiration dates and renewing credentials in a timely manner.
- BHRS collects disclosures of ownership, control, and relationship information for persons who have an ownership or control interest in the San Mateo County Contracted or Subcontracted entities, if applicable, and ensures its subcontractors and network providers submit disclosures to the BHRS regarding the network provider's (disclosing entities) ownership and control. (42 C.F.R. Section 455.101 and 104). BHRS requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. (42 C.F.R. § 455.434(b)(1) and (2)). BHRS ensures that its subcontractors and network providers submit the disclosures below to the BHRS regarding the network providers' (disclosing entities') ownership and control. BHRS's network providers are required to submit updated disclosures to BHRS upon submitting the provider application, before entering into or renewing the network providers' contracts, within 35 days after any change in the subcontractor/network provider's ownership, annually and upon request during the revalidation of enrollment process under 42 Code of Federal Regulations part 455.104. (MHP Contract, Ex. A, Att. 13). BHRS compliances with all mandatory reporting requirement for submitting disclosures and updated disclosures (42 C.F.R. § 455.106(a)(1), (2).)



CREREDENTIALING PROCEDURE NEW PROVIDER:

To ensure the qualifications of providers, BHRS will verify and document the following items through primary source, as applicable. When applicable to a provider type, the following information will be verified by BHRS if it is unable to be verified through a primary source:

1. The appropriate license and/or board certification or registration, as required for the particular provider type;
2. Evidence of graduation or completion of any required education, as required for the particular provider type;
3. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
4. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.

In addition, BHRS will verify and document the following information for each provider, as applicable, but does not need to verify this information through primary sources:

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and/or clinic privileges;
4. Current Drug Enforcement Administration identification number;
5. National Provider Identifier number;
6. Current malpractice insurance in an adequate amount, as required for the provider type;
7. History of liability claims against the provider;
8. Provider information, if any entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
9. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in BHRS's provider network. This list is available at: <http://files.medical.ca.gov/pubsdoco/SandILanding.asp>; and
10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.
11. Disclosures of ownership, control, and relationship information is collected for persons who have an ownership or control interest in the San Mateo County



Contracted or Subcontracted entities, if applicable, and ensures its subcontractors and network providers submit disclosures to the BHRS regarding the network provider's (disclosing entities) ownership and control.

BHRS will maintain the information above in the provider's personnel file and it will be made available upon request, audit or review. Any updates to the items above will be included during the 3-year re-credentialing process.

SCREENING NEW BHRS STAFF/NEW BHRS ON-SITE INDEPENDENT CONTRACTORS:

Prior to hiring an employee or on-site contractor, BHRS QM ensures that the individual being considered for employment or contracting has been screened and has valid, current license(s), is in good standing with the appropriate board(s) and has a current and accurate NPI on the NPES website, as needed. Upon acceptance of the offer for employment/contract the individual will be required to undergo fingerprinting, as needed, and provide BHRS QM the Social Security number for pre-hire exclusion checks.

Prior to Hire the following checks are completed:

- For clinical and medical staff credentials are verified through:
 - a. National Plan and Provider Enumeration System (NPES) is verified at <https://npiregistry.cms.hhs.gov/>
 - b. Licenses are verified at www.breeze.ca.gov
 - c. Drug Enforcement Administration (DEA) <https://www.dea.gov/>
- For all staff: An exclusion review is conducted using Streamline Verify at <https://app.streamlineverify.com/>. The following exclusion lists are included in Streamline Verify:
 - a. Office of Inspector General (OIG/LEIE)
<https://exclusionsoig.hhs.gov/Default.aspx>
https://oig.hhs.gov/exclusions/exclusions_list.asp
 - b. Medi-Cal Suspended and Ineligible list
<http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>
 - c. Social Security Administration's Death Master File (**SM County will ensure this is checked within the month of hire*)
 - d. System Award Management (SAM) Database
<https://www.sam.gov/portal/SAM/##11>
- MDs/DOs/NPs/RNs/Psychologists/MFTs/LCSWs/LPCCs are checked for Medicare exclusions at: <https://med.noridianmedicare.com/web/jeb/enrollment/opt-out/opt-out-listing>
- MDs/DOs/NPs:
 - a. 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>

- b. Will be checked in the National Provider Data Bank (NPDB)

SCREENING FOR NEW CONTRACT AGENCY PROVIDERS:

Pre-hire: Any staff being hired by a contracted agency or subcontracted by an agency must ensure that the individual being considered for employment or contracting meets the following criteria: holds valid, current license(s), is in good standing with the appropriate board(s), and has a current NPI on the NPPES website, as needed. Within 30 days of hire, the hired individual(s) are entered on the Attachment A spreadsheet for monthly submission. Upon your monthly submission of Attachment A the following checks will be completed:

- For clinical and medical staff credentials are verified through:
 - 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
 - c. Drug Enforcement Administration (DEA) <https://www.dea.gov/>

- For all staff:
 - a. Office of Inspector General (OIG/LEIE) <https://exclusionsoig.hhs.gov/Default.aspx>
https://oig.hhs.gov/exclusions/exclusions_list.asp
 - b. Medi-Cal Suspended and Ineligible list <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>
 - c. Social Security Administration's Death Master File
(*SM County will ensure this is checked within the month of hire)
 - d. System Award Management (SAM) Database <https://www.sam.gov/portal/SAM/##11>
 - e. Disclosures of ownership, control, and relationship information, is collected for persons who have an ownership or control interest in the San Mateo County Contracted or Subcontracted entities, if applicable, and ensures its subcontractors and network providers submit disclosures to the BHRS regarding the network provider's (disclosing entities) ownership and control.

- MDs/DOs/NPs/RNs/Psychologists/MFTs/LCSWs/LPCCs are checked for Medicare exclusions at: <https://med.noridianmedicare.com/web/jeb/enrollment/opt-out/opt-out-listing>

- MDs/DOs/NPs:
 - a. 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>
b. Will be checked in the National Provider Data Bank (NPDB)

FOR ALL POTENTIAL EMPLOYEES:

Potential BHRS employees a background check is conducted by San Mateo County to ensure that the individual is cleared for employment by the U.S. Department of Justice (DOJ). Contractor agencies are required to comply with finger printing requirements and background checks as specified in contract with BHRS.

PROSPECTIVE EMPLOYEES OR CONTRACTORS CANNOT BE HIRED OR OFFERED A CONTRACT IF:

- The individual has a positive finding on any of the exclusion lists, until any discrepancies are resolved, and it is determined they will not be debarred or excluded. If the applicant can provide satisfactory evidence that they are not the individual on the indicated exclusion list, this will not apply.
- If clinical credentials cannot be verified as current and in good standing.
- The individual's National Provider Identifier (NPI) is not up-to-date or the individual does not have an NPI. The individual must update or obtain their NPI before being offered employment or a contract with BHRS.

ORIENTATION AND TRAINING OF NEW PROVIDERS:

New BHRS employees and new on-site contractors will receive written materials and will be trained in policies related to compliance during their initial orientation to BHRS. Training and materials presented during staff orientation will emphasize the elements of the compliance plan and the related Code of Conduct.

- Immediately upon hire, the Payroll/Personnel Specialist will give the employee several County Health and BHRS policies to read and acknowledge. (Attachment D). All staff shall acknowledge in writing that they have received and read the policies listed in Attachment A, and any others deemed necessary. Evidence of compliance will be maintained in the employee's personnel file.
- Additional training, if needed for the individual's work assignment will be completed within 90 days of hire.
- New staff, trainees and psychiatric residents shall be directed to take the mandatory self-administered web-based confidentiality and privacy courses. HIPAA Confidentiality Training and Compliance Training must be completed before access is granted to the EMR or any client PHI.
- Failure to attend or complete mandatory training will result in progressive discipline, up to and including termination of employment. All staff and on-site independent contractors will complete the online BHRS compliance and confidentiality trainings at initial hire and annually thereafter.



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- As appropriate, the new staff will be scheduled by supervisors to attend documentation training and other training specific to his or her job assignment.

ATTESTATION:

All BHRS providers and contractors who deliver covered services must sign and date a statement attesting to the following (see attachments: B. Attestation BHRS Staff and On-site Contractors and C. Attestation Contractors):

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

For all BHRS staff, on-sight contractors, and contracted private providers, this attestation will be reviewed by Quality Management and the BHRS Credentialing Committee. Attestations will be maintained in the personnel file. Contractor agencies are responsible for obtaining attestations at hire and every three years thereafter. Any positive findings will be reported immediately to BHRS Quality Management Team. Contractor agencies must maintain attestation in their personnel files and make them available upon request.

A new, signed attestation must be submitted at a minimum of every 3 years.

PRESCRIBER MALPRACTICE INSURANCE FOR BHRS EMPLOYEES

During the onboarding process for BHRS Prescribers (MDs, NPs, DOs), QM will notify the County's Risk Management Office and Insurance Broker via email. Once the Prescriber has been added to the County's Malpractice Insurance, confirmation will be provided through a certificate sent to QM. QM will save all certificates for Prescribers. Since certificates are valid for only one year, at the start of each fiscal year, QM will request updated certificates for all current BHRS Prescribers. This serves as QM's quality check to ensure all BHRS Prescribers are covered by the County's Malpractice Insurance.

PRESCRIBER MALPRACTICE INSURANCE FOR BHRS INDEPENDENT CONTRACTORS

A BHRS Prescriber Independent Contractor (MDs, NPs, DOs) must secure their own malpractice insurance, which will name the County as an additional insurer and send QM a copy of the malpractice insurance to QM on a yearly basis. If the County has other insurance that may be applicable to a loss or claim, it will be considered excess coverage for the County, with the Contractor's malpractice insurance as the primary coverage for the County. An Independent Prescriber Contractors will not be added to the County's malpractice insurance and therefore will not receive a certificate of insurance for the County's malpractice insurance.



MONTHLY CREDENTIALING CHECKS ALL PROVIDERS:

All the exclusion databases below will be checked by BHRS monthly (utilizing all submitted Attachment A: Contractor Monthly Credentialing Verification staff list and Workday file of all BHRS staff.) Below are the exclusion lists included in the monthly Streamline Verify review used by BHRS:

- 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
- e. BReZE (online licensing and enforcement system)

The San Mateo Medical Center Compliance Officer and/or Streamline Verify will notify the BHRS Quality Management Department of any excluded or debarred staff. Immediate HR/QM action will be taken to either terminate the excluded or debarred staff or prevent the individual from providing services and claiming federal and state funds.

Contract agencies (Mental Health & AOD/SUD) are required to fully complete Attachment A and submit it to BHRS by the first of the month, every month. The following data elements must be entered into Attachment A by the contractor, encrypted and emailed to Quality Management at HS_BHRS_QM@smcgov.org This attachment must be submitted monthly, no later than first day of every month. It may also be delivered to Quality Management in a secure electronic format.

- a) First name
- b) Middle name
- c) Last name
- d) Date of birth
- e) Social Security number
- f) License number (if applicable)

The BHRS Quality Management staff will notify the Credentialing Committee and if applicable, a Contractor of any excluded or debarred staff. Immediate action will be taken by the Credentialing Committee and if applicable, contractor agency to terminate the excluded or debarred staff or remove the individual from providing services and claiming Federal and State funds.

BHRS Quality Management will notify DHCS immediately of excluded or debarred staff and will include the date of discovery and verification source.

RE-CREDENTIALING PROCEDURE ALL PROVIDERS:

BHRS verifies and documents a minimum of every three years that each network provider,



delivering covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above. BHRS requires each provider to submit any updated information needed to complete the re-credentialing process, as well as a new signed attestation (Attachment B). In addition to the initial credentialing requirements, re-credentialing should include documentation that BHRS has considered information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews.

PROVIDER RE-CREDENTIALING PROCEDURES:

1. BHRS will verify and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above.
2. BHRS will require each provider to submit any updated information needed to complete the re-credentialing process, as well as a new signed attestation. In addition to the initial credentialing requirements, re-credentialing should include documentation that the Plan has considered information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews.
3. BHRS may delegate its authority to perform credentialing reviews to a professional credentialing verification organization. If BHRS delegates credential verification activities to a subcontractor, it must establish a formal and detailed agreement with the entity performing those activities.
4. BHRS will maintain a system for reporting serious quality deficiencies that result in suspension or termination of a provider to DHCS, and other authorities as appropriate. Processes include but are not limited to reducing, suspending, or terminating a provider's privileges. Plans must implement and maintain a process by which providers may appeal credentialing decisions, including decisions to deny a provider's credentialing application, or suspend or terminate a provider's previously approved credentialing approval.
5. Re-credentialing will include the use of additional sources of information such as quality improvement activities, beneficiary grievances and medical record reviews to assess the continued capacity of a counselor/clinician to provide direct services to the beneficiaries of the two BHRS plans. BHRS also requires that each provider submit any updated information needed to complete the recredentialing process, as well as a new signed attestation.
6. In addition to the above re-credentialing requirements, the Quality Management System may consider information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews. Once the above has been reviewed, verified, and considered, the Quality Management Division staff will approve or deny the application for provider



re-credentialed status.

7. Disclosures of ownership, control, and relationship information is collected at re-credentialing for persons who have an ownership or control interest in the San Mateo County Contracted or Subcontracted entities, if applicable, and ensures its subcontractors and network providers submit disclosures to the BHRS regarding the network provider's (disclosing entities) ownership and control within 35 days after any change in the subcontractor/network provider's ownership, annually and upon request during the revalidation of enrollment.

3-YEAR RE-CREDENTIALING VERIFICATIONS:

- a) New attestation obtained from provider
- b) Provider will provide updated information to any of the items in the Credentialing Procedure section.
- c) QM will review Grievances, quality of work reviews and medical records review, as applicable.
- d) If any issues arise, they will be reviewed at monthly Credentialing Committee meeting
- e) National Provider Data Bank for Malpractice, (MD and DO)

PROVIDERS RESPONSIBILITY TO MAINTAIN LICENSE:

All staff providing services for which a license is required must maintain and provide evidence of current licensure:

- It is the sole responsibility of the professional staff member to meet all conditions, including completion of Continuing Education Units, which are required to keep his/her license current.
- A staff member must notify his/her licensing board within thirty (30) days of a legal name change; the reissued license with correct legal name should be submitted to behavioral health administration as soon as available to the staff member.
- Staff whose license has expired may be reassigned to a position not requiring a license or may be placed on leave, until evidence of license renewal is submitted. The following action may be taken.
 - The Director of BHRS or designee will determine the action to be taken.
 - The immediate service needs of the division will frame this decision. There is no obligation incumbent upon the division to find an alternate work site.
 - If no alternate appropriate assignment is identified, the staff member shall be placed on leave without pay. Failure to obtain evidence of renewal



licensure within 30 days from expiration may result in permanent reassignment, demotion or termination.

CREDENTIALING OVERSIGHT & APPEAL PROCESS:

The BHRS Credentialing Committee is the oversight body for all credentialing and re-credentialing of all providers in the San Mateo BHRS Network of Care.

OUTSTANDING SCREENING FINDINGS INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- If an individual's required license expires or if the individual is not in good standing with any board, that individuals' scope and duties will be modified as necessary.
- The contractor will not submit for reimbursement any service performed by the excluded individual and may not submit billing for an excluded individual until any discrepancies are resolved and it is clear that the individual is not and will not be excluded or debarred. If an individual provides satisfactory evidence that they are not on the Office of Inspector General (OIG) and the Medi-Cal Suspended and Ineligible and Medicare Exclusion lists, that individual may be considered eligible for employment or contract.
- If an individual is found to be excluded on a monthly review, they will immediately be stopped from providing services, and billing will not be submitted to BHRS for reimbursement. Any claims to Federal and State funds will be blocked by BHRS program administration.
- If credentials are not able to be verified, the individual should not be hired or contracted for clinical, medical or any position requiring credentials. If the individual's National Provider Identifier (NPI) is not up-to-date or the individual does not have an NPI, the individual must update or obtain an NPI before the contractor will allow them to provide services.
- Quality Management will immediately notify MIS to block the individual(s) from billing to any payer. Any submitted billing submitted after the date of exclusion will be voided.

PROVIDER WITH AN ADVERSE ACTION:

If the provider with an adverse action(s) is a County employee: The Quality Management staff will inform the BHRS Director, Quality Management System Director, BHRS Compliance Officer, BHRS Director of Administration, and corresponding Director of Program Services.

If the provider with an adverse action(s) is a BHRS-contracted agency provider: The Quality Management staff will inform the BHRS-contracted agency Director of the revealed adverse action(s). This information is communicated by electronic transmission and certified U.S. mail; the BHRS Director, Quality Management System Director, BHRS



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Compliance Officer, BHRS Director of Administration will be copied on the communication.

NOTICE TO PROVIDER ADVERSE ACTION:

1. Notification is promptly made to the practitioner by BHRS Director, and/or his/her designee, via certified mail, regarding all actions made by the Plan/Group that constitute grounds for a hearing as listed herein.
2. The notice of action includes the action being proposed, the effective date of the action, a statement of reasons for the proposed action, notice that the provider has a right to request a hearing with the Credentialing staff within 30 days, and a summary of the practitioner's rights in the hearing.
3. The BHRS Compliance Committee will report notification of action to the appropriate Board of California, National Practitioner Data Bank, and contracted health plans, as well as to the Medical Board of California within 15 business days.
4. Providers may file an appeal for a hearing regarding denial, termination, sanction, or reduction of participation when the cause of the action is related to clinical competency or professional conduct. Practitioners appealing a decision by the Credentialing staff must submit documentation regarding the appeal.

GROUNDINGS FOR HEARING PROCESS:

Except as otherwise specified in this Policy, any one or more of the following actions or recommended actions shall constitute grounds for a hearing:

- Involuntary termination of the practitioner's ability to treat Medi-Cal beneficiaries as a Participating Provider when the reason is due to a medical disciplinary action or due to reasons of clinical competency or professional conduct.
- Involuntary termination of the provider's Services Agreement with the BHRS when the reason is due to a medical disciplinary action or due to reasons of clinical competency or professional conduct.
- Denial of a practitioner's application to become a participating provider with BHRS when the denial is based upon medical disciplinary reasons or based on reasons of clinical competency or professional conduct.
- The practitioner must exhaust the remedies afforded by BHRS Credentialing Policy before resorting to arbitration action. Otherwise, the practitioner shall have waived the hearing and appeal rights of the BHRS and shall have to accept the recommendation or action involved.

CREDENTIALING AND RE- CREDENTIALING TRACKING:

BHRS Quality Management, Contracts Credentialing Staff, AOD Credentialing Staff will enter date of credential and recredential in the Avatar Credential Tracking form. This will be the main tracking report to trigger recredential process.



Conflict of Interest, Incompatible Activities and Outside Employment for Employees of San Mateo County:

San Mateo County Health maintains Health Policy A-14: Conflict of Interest, Incompatible Activities and Outside Employment for Employees of San Mateo County. New and existing BHRS employees are required on an annual basis to complete the Employee Statement Regarding Conflicts of Interest, Incompatible Activities, and Outside Employment. If the employee identifies a potential conflict, incompatible activity, or reports that the employee is involved with outside employment then the statement requires the approval of their supervisor, director, and potentially the Health Chief.

Often outside employment, because of the nature of the work that is done at BHRS, is related to mental health or substance use treatment. In those cases, the employee’s outside employment may be approved, but would be conditioned to assure there is no self-referral and that the employee in the course of their outside work does not serve BHRS or HPSM clients. The A-14 Policy (Attachment F), the Employee Statement (Attachment G), and Attachment H: BHRS Attestation for Conditions of Outside Employment, are incorporated into the credentialing and re-credentialing process.

Approved: Signature on File
Scott Gruendl, MPA
Assistant Director
Compliance Officer

Approved: Signature on File
Dr. Jei Africa, PsyD, FACHE
BHRS Director

ANNUAL REVIEW OF COMPLIANCE POLICY			
Next Review Due:	June 2025		
Last Reviewed by:	Scott Gruendl, Compliance Officer	Date:	6/26/24