



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. DHCS Information Notice 18-019
Original Policy Date:	January 13, 1998
Amended:	December 14, 2005, March 13, 2013, Renamed & Amended: July 28, 2016, November 30, 2016, October 25, 2019, January 16, 2020; Renumbering of: 95-03 Attachment A: Added October 25, 2019
Supersedes:	N/A
Attachments:	Attachment A: Provider Attestation Form

PURPOSE

- To ensure that an independent contractor working for San Mateo County Behavioral Health and Recovery Services (BHRS) is eligible to provide services that are charged to or associated with a federal health care program.
- To establish uniform credentialing criteria for licensed providers contracted with BHRS.
- To describe the standard requirements and processes for obtaining and evaluating background info prior to and during employment.
- To state the consequences of non-compliance with credentialing requirements.
- To describe the credentialing and recredentialing process and ensure that all required monthly and triennial checks are conducted.
- To describe a process for re-credentialing every 3 years, at a minimum.

BACKGROUND

On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) published the Medicaid and Children’s Health Insurance Program Managed Care Final Rule (Managed Care Final Rule), which aimed to align Medicaid managed care regulations with other major sources of coverage. All County Mental Health Plans (MHP) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) must comply with these managed care requirements.



The Managed Care Final Rule requires the State to establish a uniform credentialing and re-credentialing policy that addresses behavioral health and substance use disorder service providers and ensures that providers are licensed, registered, waived, and /or certified as required by state and federal law.

DEFINITIONS:

- **Federal Health Care Program** means Medicare, Medi-Cal (Medicaid in CA), and all other federal health care programs defined in Federal law.
- **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.
- **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.
- **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.
- **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.
- **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.

POLICY

This policy applies to all licensed and/or certified individual providers including all contracted psychiatrists, psychologists, nurse practitioners, licensed clinical social workers, marriage and family therapists, registered nurses, and licensed substance use disorder treatment professionals independently contracting with BHRS.



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. These providers must be in good standing with the 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.

The credentialing of all providers will happen at contract initiation, when the individual's license is renewed, or contract is renewed.

If credentials are not able to be verified, the individual should not be 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 contracting process will be allowed to proceed.

San Mateo County BHRS will not contract with any independent contractor that is deemed an ineligible person. Providers who are deemed ineligible during the term of their contract, will not be permitted to provide Specialty Mental Health Services (SMHS) or DMC-ODS services. The Quality Manager will notify the compliance officer immediately if any current contractor is found to be ineligible during our monthly check of one of the exclusion lists cited in Section 4.

PROCEDURE/PROTOCOL

CREDENTIALING PROCEDURE

The pre-contract credentialing process is initiated through the BHRS Contracts Department and includes an application and a background investigation through online exclusion databases and other sources. The completed credentialing materials are then reviewed by the Credentialing Committee for approval to move forward with a contract. Contracts are initiated after approval has been received from the Credentialing Committee. Detail of the credentialing process is as follows:

1. Initial Credentialing

To ensure the qualifications of providers, BHRS will verify and document the following items through the **primary source** for a provider type, as applicable.

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 and as evidenced valid board registration.

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

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and 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.medi-cal.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. Proof of completion of Cultural Competency Training

BHRS Contracts Department will maintain the above information in the providers contract file and it will be produced upon request, audit or review.

2. Screening of New Independent Contractors:

Prior to contracting with a provider, BHRS Contracts Department ensures that the individual being considered for a contract 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 NPPES website, as needed. Upon acceptance of the contract the individual will be required to provide their Social Security number for pre-contract exclusion checks.

- 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 contract)
- d. System Award Management (SAM) Database
<https://www.sam.gov/portal/SAM/##11>
- 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/>
- MDs/DOs/NPs/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)

3. Attestation

For all BHRS providers who deliver covered services, each provider's application to contract with BHRS must include a signed and dated statement attesting to the following:

1. Any limitations or inability 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

A new, signed attestation must be submitted a minimum of every 3 years or when the contract is renewed, whichever comes first.



All new providers will be presented to the Credentialing Committee for final approval by the Quality Manager and the committee.

4. Ongoing Monthly Verification Checks

BHRS Quality Management will conduct ongoing monthly license and exclusion list status checks on all independently contracted providers. BHRS Contracts Department will fully complete Attachment A and submit it to BHRS Quality Management. The following data elements must be entered into attachment A:

- a. Contract Initiation Date
- b. Termination Date (if applicable)
- c. Unique ID #
- d. First name
- e. Middle name
- f. Last name
- g. Date of birth
- h. Social Security number
- i. License number (if applicable)
- j. License registration type
- k. Position type

All the exclusion databases below will be checked by BHRS monthly, utilizing the Attachment A: *Contractor Monthly Credentialing Verification*. This attachment must be submitted monthly, no later than first day of every month. 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)
- f. NPPES NPI Registry

If there are findings from a Screening:

- If an individual is found to be on any of the exclusion lists above (a-e), they will immediately be informed of their status and stopped from providing services, and billing will not be submitted to BHRS or HPSM for reimbursement for any services delivered on or after the date of exclusion. Any claims to Federal and State funds will be blocked by BHRS program administration.
- Quality Management will immediately notify the Contracts Manager and the



Provider Relations Coordinator that the individual has had a finding on their monthly screening.

- Quality Management will immediately notify MIS and the BHRS Contracts department to block the individual(s) from billing to any payer. Any billing submitted after the date of exclusion will be voided. The excluded provider will not submit for reimbursement for any service from the date of exclusion and may not submit billing until any discrepancies are resolved and it is clear that the individual is not and will not be excluded or debarred.
- Blocks on claiming or providing services will not be lifted until the providers name no longer appears on the exclusion list. (See Problem Resolution section below)

Continuing Providers – Re-Credentialing period and/or Contract Renewal

BHRS will request updated credentialing information as necessary.

1. 3-year recredentialing verifications and/or contract renewal:

- Formal Recredentialing
 - a) New application (including attestation) obtained from provider
 - b) Provider will provide updated information to any of the items in the Credentialing Procedure section 1.
 - c) QM will review Grievances, quality of work reviews and medical records review, as applicable, to ensure ongoing quality of care.
 - d) All documents are submitted to the Credentialing Committee for review and approval. Contract renewal process is started after receiving approval from Credentialing Committee.

Continuing Providers – Quality of Work Issues

BHRS conducts regular and periodic review of provider's documentation, grievances and complaints, and satisfaction surveys. If an issue arises the following process will be initiated.

1. The Provider Relations Coordinator will research the issue and obtain facts.
2. The issue will be presented to the Assistant Director, Quality Manager and Medical Director for review.
3. If the issue is found to require a plan of correction. The provider will be contacted by the Provider Relations Coordinator and will be sent a letter with an explanation of the deficiency.
4. The provider will be required to respond to the notification within 10 business days with an explanation and/or plan of correction to resolve the stated issue.
5. Failure to respond to the notification or failure of the plan of correction will result in suspension or termination of contract. A letter giving the provider a 30-



day notice of termination will be issued and any existing clients will be transferred to another provider as needed. The letter will also include the provider's right to appeal.

6. BHRS Contracts Department will notify Health Plan of San Mateo of any action that results in the suspension or termination of any provider providing mild to moderate services.

Continuing Providers – License Renewal

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

- It is the sole responsibility of the professional provider member to meet all conditions, including completion of Continuing Education Units, which are required to keep his/her license current.
- A provider 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.
- Providers who cannot show evidence of licensure after the expiration date must notify the Provider Relations Coordinator and Contract Administrator immediately.
- Providers whose license has expired will be barred from providing services to existing clients and will not receive any new referrals until evidence of license renewal is submitted. Failure to obtain evidence of renewal licensure within 30 days from expiration may result in termination of the contract.

Problem Resolution

1. For new or 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 clients, the information will be further reviewed and investigated by the BHRS Assistant Director, QM Manager, Provider Relations Coordinator, the Medical Director, and may also include County Counsel.
2. If their investigation finds continuing omissions or problems, BHRS will notify the provider through written communication of any specific quality of care issues, excessive grievances/complaints or excluded or debarred status.
3. The provider will be required to respond to the notification within 10 business days with an explanation and/or plan of correction to resolve the status issue.
4. Failure to respond to the notification or implement a plan of correction, will result in suspension or termination of contract. A letter giving the provider a 30-day notice of termination will be issued and any existing clients will be transferred to another provider as needed. The letter also includes information on the provider's right to appeal.



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- BHRS Contracts Department will notify Health Plan of San Mateo of any action that results in the suspension or termination of any provider providing mild to moderate service.

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.

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:	October 2025		
Last Reviewed by:	Scott Gruendl, Compliance Officer	Date:	10/7/24