

**PLACER COUNTY HEALTH AND HUMAN SERVICES
Placer/Sierra County Mental Health Plan
Systems of Care**

Credentialing and Re-credentialing of Network Providers

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POLICY

It is the policy of the Placer/Sierra County MHP to ensure that Network Providers are credentialed to a standard that will benefit the clients' mental health needs and provide professional, culturally competent services.

PURPOSE

This policy and procedure establishes credentialing standards and outlines the process by which a licensed mental health professional can become part of the Placer/Sierra County panel of credentialed providers and provide specialty mental health services to MediCal beneficiaries.

PROCEDURE

I. Initial Credentialing

A. Application -

1. Upon request any individual, licensed mental health service provider can apply to become a Placer/County MHP credentialed network provider by completing the Network Provider Application and submitting all required supporting documentation. All credentialing information, including forms, can be found on the Placer County website:
<http://www.placer.ca.gov/Departments/hhs/Managed%20Care.aspx>

- B. Credentialing Review – The credentialing review, and first level credentialing approval will be completed by the Provider Liaison. The second level credentialing approval will be completed by the Quality Improvement Coordinator, or designee, who will be a licensed mental health professional (MFT, LCSW, RN, PhD, PsyD, or MD).

C. Credentialing Standards -

1. Application Veracity: There may be no evidence of material misrepresentation in or omission from the application.
2. Application Signature: The application must be signed by the practitioner indicating that the application is true and correct, and that the practitioner is

willing to follow the processes, rules, standards, and philosophy of service outlined in the provider manual, as well as provide all necessary and required documentation per Medi-Cal standards.

3. Eligible Practitioners – Must be licensed as one of the following:
 - a. Marriage and Family Therapist (MFT)
 - b. Licensed Clinical Social Worker (LCSW)
 - c. Psychologist (PhD, PsyD)
 - d. Psychiatrist (MD)
 - e. or, may be a registered intern (MFTI or ASW). If an intern applies for credentialing, their supervisor of record must already be a credentialed provider for Placer/Sierra County MHP, or apply for credentialing. All payment for services rendered will be to the supervisor who will also have a Placer County provider number. If an intern works for an agency, the supervisor must also work for that agency and payment will be made to that agency.

4. Verification of Licensure:
 - a. License or registration status will be verified with the appropriate California licensing board.
 - b. The status of the license or registration will be checked.
 - c. If any disciplinary action has been taken against the provider, the application and all supporting documentation will be reviewed by the Quality Improvement Coordinator and as needed, with the QIC prior to credentialing or denying credentialing.

5. Professional Liability Insurance Coverage and Automobile Insurance:
 - a. Proof of insurance coverage showing the insuring company, policy number, dates of coverage, and amounts of coverage must be submitted; Minimum coverage is \$1,000,000/3,000,000 for Providers performing Mobile Therapy Proof of automobile insurance coverage showing the insuring company, policy number, dates of coverage, and amounts of coverage must be submitted.

6. List of Excluded Individuals/Entities (LEIE) and Excluded Parties List System (EPLS) Office of Inspector General (OIG) Lists:
 - a. Each new applicant will be screened against the LEIE List and EPLS List prior to credentialing.
 - b. Any applicant who appears on the LEIE list and/or EPLS list will not be credentialed.

7. DEA Certificate – Psychiatrists only.

8. Non-discrimination: No provider will be discriminated against, including denying initial credentialing or de-credentialing due to:
 - a. Serving high-risk populations; or,
 - b. Specializing in conditions that require costly treatment; or
 - c. Race, color, religion, sex, or national origin.

9. Applicants that are former employees of Placer County may apply for credentialing and must indicate this former status on the provider application. These individuals are eligible for provider status only if they have separated from Placer County voluntarily. In such instances in which there was a voluntary separation, but Placer County personnel believes there is a substantial risk to clients or the county by credentialing as a provider after consultation with personnel and county counsel, the applicant may be denied.

D. Determination:

1. The Provider Liaison will review the application, supporting documentation, and review each of the above standards and will make the initial determination of whether or not to credential the practitioner as a Placer/Sierra County MHP Individual Network Provider.
2. All non-credentialing decisions will be reviewed by the QI Coordinator in addition to the Provider Liaison.
3. The date of credentialing or denial and initials of the persons who approved or denied the credentialing will be written on the top corner of the application.

E. Notification:

1. All providers who have submitted applications for credentialing will be notified via a standard letter regarding credentialing or denial of credentialing
2. Providers who have been approved will receive a Provider Manual and copies of Informing Materials.
3. The Provider will be informed of and agree to accept the current fiscal year reimbursement rate for all services provided.
4. The Provider will be informed that their records are subject to review by the MHP or any other State or Federal reviewer upon notification.

II. Accepting the Credentialing of Another County

A. The MHP will accept the credential of another California County.

1. The credentialing will be verified by calling the county of the provider and requesting a letter stating that the provider is credentialed by that county and in good standing.

B. Providers who are credentialed by another California County may also be credentialed separately by the Placer/Sierra County MHP if the practitioner so desires.

III. Re-credentialing

A. Monthly Check -

1. The List of Excluded Individuals/Entities (LEIE) and Excluded Parties List System (EPLS) Office of Inspector General (OIG) Lists will be compared monthly and checked for a match against every credentialed provider on the

provider list:

- a. Any credentialed provider who appears on the LEIE list and/or EPLS list will be terminated from the provider panel, after verification of identity.

2. Professional Liability Insurance Coverage:

- a. Each month a check will be conducted of each provider's insurance coverage to ensure that it has not expired and the minimum coverage is maintained. The minimum level of coverage standard is \$1,000,000/3,000,000.
- b. A letter will be sent to each provider (as a plan of correction) with expired insurance allowing 60 days to provide evidence of coverage.
- c. If the provider has not provided evidence of insurance coverage within 60 days, the provider will receive another letter stating that they will be placed on the inactive list and will not be able to accept new beneficiaries until the insurance is received.

B. Every Two Years:

1. A review of the provider's licensure/registration and re-verification of the appropriate licensing board will be conducted.

IV. Inactivation/de-credentialing of Providers

In rare instances, a Provider may become inactive either by their choice, or if determined to meet criteria for inactivation by the QI Coordinator and Provider Liaison.

A. Provider Requests Inactivation

1. Providers may request inactivation verbally, or in writing. If a reason is not given, the Provider Liaison will attempt to determine if the reason for inactivation is dissatisfaction with the Placer County process or Medi-Cal requirements for documentation, or some other reason. This information is then reported in the biannual Provider Relations report for trend analysis and intervention as deemed necessary.
2. If the request is in writing, the request or email is filed in the provider chart.
3. If the request is verbal, the provider liaison documents the conversation with the provider and the documentation is filed in the provider chart.

B. Placer County Inactivation

1. A provider may be recommended for inactivation for a variety of reasons such as his or her professional liability insurance has lapsed, or it does not continue to meet the standards of this policy. The provider will be reminded of this issue before the insurance has lapsed and of the need to provide evidence of renewal before inactivation. Reminders will be sent in writing on two occasions before inactivation. A telephone call prior to inactivation may also be made.

2. A provider may be recommended for inactivation if their professional license becomes delinquent, suspended, or revoked. Delinquency for CEU infractions will be decided on a case by case basis. Delinquency due to renewal notices being delayed by Board processing will not be considered reason enough for inactivation, as long as the provider in question can show proof that the renewal was sent in prior to their license becoming invalid. If a provider has turned in their renewal more than 90 days late, this is grounds for inactivation without extenuating circumstances being presented to the QIC committee in writing.
3. A provider may be recommended for inactivation due to non-submittal of required documents (e.g. progress notes, client plans, assessments, etc.) after at least one reminder in writing and one telephone attempt to obtain the missing information.
4. A provider may be recommended for inactivation due to repeated late re-authorization requests which may or may not result in non-covered services being claimed.
5. A provider may be recommended for inactivation due to non-compliance with corrective orders as detailed in writing after either site certifications and/or provider chart reviews.
6. A provider may be recommended for inactivation if he or she uses, and claims billing for, any non-approved therapeutic techniques with Placer County beneficiaries (e.g. holding therapy – please see attached list of non-approved therapy techniques and therapeutic modalities).
7. A provider may be recommended for inactivation if they have been deemed, upon investigation, to have been involved in activities that have or may place a client at risk, including but not limited to: physical harm; sexual relations; dual relationship; other personal or professional relationships that could be viewed as being a conflict of interest or boundary issue; etc.
8. A provider may be recommended for inactivation if they repeatedly provide services to beneficiaries without prior authorization. Repeatedly may be defined as three times within a one year period, beginning services with no authorization and no contact with the county, and other instances, which will be determined on an individual basis. Providers are always directed to obtain the written authorization prior to providing services to beneficiaries.
9. If it is determined that a provider meets any of the above criteria, and the attempts that have been made to remediate the situation have not been successful leading to an inactivation, the following occurs:
 - i. AVATAR is searched to determine if there are any open authorizations for services. If none are open, the provider is alerted and sent an inactivation letter.
 - ii. AVATAR is searched and if there are any open authorizations, the provider is contacted to either recommend a termination plan for services, or if clinically indicated, a plan to transition the client to a new provider. If the provider does not have a clear plan for

transition or termination, the Provider Liaison directly works with the client to obtain their preference on continuing services and to obtain a new provider that is on the Network Provider list.