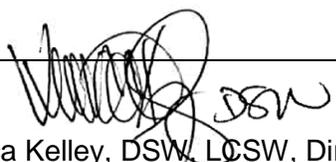


San Bernardino County Department of Behavioral Health

Credentialing Procedure

Effective Date 07/01/1994
Revision Date 04/10/2019


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Purpose To outline the uniform credentialing/re-credentialing process performed by DBH, and required of DBH contractors, in accordance with 42 Code of Federal Regulations (CFR) Part 438.24 and Department of Health Care Services (DHCS) Information Notice (IN) 18-019. This procedure outlines the roles and responsibilities of DBH, service providers requiring credentialing including Fee for Service (FFS), and contract agency to ensure compliance.

Responsibility The credentialing/re-credentialing process is completed and centrally coordinated at DBH Administration by designated credentialing staff from Medical Services, QM Access Unit and Compliance. The following specifies pertinent responsibilities as they relate to submission, review, approval and completion of the process.

Role	Responsibility
Provider	<ul style="list-style-type: none"> • Provide original copies of documentation and support documentation, as specified herein at hire and upon re-credentialing to Human Resources (HR) and QM Access Unit. • Maintain current credentials. • Submit and maintain valid and up-to-date Staff Master Worksheets at all times to request a staff number to record and track services rendered within the DBH system of care. • Promptly report any adverse actions to Compliance and immediate supervisor.
HR	<ul style="list-style-type: none"> • Obtain copies of qualifying education and credential records upon hire. • Retain applicant and aforementioned credentialing information to Personnel File.

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Credentialing Procedure, Continued

Responsibility,
continued

Role	Responsibility
Medical Services	<ul style="list-style-type: none">• Screen and refer DBH physicians' to QM Access Unit with completed Credentialing Application Packet for review.
Access Unit	<ul style="list-style-type: none">• Receive all Credentialing Packets and provide technical assistance for completion/interpretation of requirements.• Thoroughly review completed Credentialing Packets for consideration of credentials and professional status.• Facilitate Fee for Service Provider Training.• Consult designated credentialing staff for various expertise and/or clearance of exclusion/screening processes.• Send Credentialing Packets for DBH employed and individually contract service providers and any associated fees to the appropriate DBH vendor assigned to do credentialing.• Send Credentialing Packets for FFS Providers and any associated fees paid by the FFS Provider to the appropriate DBH vendor assigned to do credentialing.

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Credentialing Procedure, Continued

Responsibility,
continued

Role	Responsibility
Compliance	<ul style="list-style-type: none"> • Monitor and audit providers' registrant, licensure, certification or waiver status. • Prompt staff, supervisor and HR of upcoming registration, licensure, and certification or waiver expiration. • Complete exclusion and sanction screening at hire and monthly thereafter, of all DBH-employed direct service providers to ensure no exclusion or sanction status exists among the following: Exclusion Program of the Office of Inspector General (OIG), the List of Excluded Individuals/Entities (LEIE); Medi-Cal Suspended and Ineligible (S&I); U.S. System for Award Management (SAM). Report findings to designated credentialing staff. • Verify potential contractors are not excluded and are conducting active exclusion and sanction screenings of their existing workforce; as well as audit periodically to ensure monthly and annually exclusion and sanction screenings are being conducted by contractors. • Report to HRO excluded staff or licensure lapse to ensure appropriate action is taken, including suspension, mandatory leave and/or termination as appropriate. • Review and approve staff master requests by new providers to issue a staff number to claim for services; or when there are changes to existing staff credentials or service location. If approved, route approval to Information Technology.
Information Technology	Assign, update and activate service provider staff number and staff master table as approved and authorized by Compliance prior to services being recorded and claimed.
Human Resources	Facilitate any disciplinary action, including suspension that may arise from expired credentials and/or adverse actions of DBH employed and individually contracted service providers.

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Credentialing Procedure, Continued

Inability to Credential a Service Provider

If DBH is unable to credential a new DBH employed service provider requiring credentialing, it shall take appropriate action in conjunction with County HR, including and up to, termination. DBH may take necessary action – such as suspension up to and including termination, if existing service providers are unable to re-credential.

For individually contracted service providers, DBH's ability to continue a contract shall cease. If a DBH contract agency is unable to credential a significant number of its provider that could impede services outlined in the contract, DBH may exercise its rights as outlined in the contract agreement terms including, but not limited to, the following: corrective action, suspension, sanctions, etc.

Adverse Actions and Appeal Process

DBH may reduce, suspend or terminate a provider's privileges based findings resulting from quality assurance reviews and/or conduct violations, beneficiary grievances, medical reviews, investigations and audits. Additionally, said adverse action may be taken by DBH if service provider makes fraudulent statements and/or withholds information in his/her credentialing and/or re-credentialing application/packet.

The designated credentialing staff will report denial or approval of application to provider staff. If a credentialing or re-credentialing application is denied, the service provider has the right to appeal a credentialing/re-credentialing decision, by submitting a written appeal to the DBH Access Unit within thirty (30) days of determination. Each appeal will be considered and reviewed based on denial reasoning and upon consideration by HR, Quality Management, Medical Services and Compliance; and upon final decision by the DBH Director within sixty (60) days from the date of appeal submission.

Reporting Requirement

DBH shall report serious quality deficiencies that result in suspension or termination of a service provider to DHCS, and other authorities as appropriate. Said reporting shall be completed in consultation with the Director and in accordance with applicable licensing board reporting standards.

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Credentialing Procedure, Continued

Related Policies and Procedures

DBH Standard Practice Manual:

- Credentialing Policy ([QM6008](#))
 - Compliance Verification, Monitoring and Auditing Policy ([COM0917](#))
 - Fee For Service Credentialing Procedure ([QM6026](#))
 - HIPAA National Provider Identifier (NPI) Policy ([COM0938](#)) and Procedure ([COM0938-01](#))
 - Ineligible Persons Policy ([COM0933](#)) and Procedure ([COM0933-1](#))
 - Medical Services Credentialing Procedure ([MDS2021](#))
 - Quality of Care Referral Policy ([QM6022](#)) and Procedure ([QM6022-1](#))
 - New Hire Policy ([HR4004](#))
 - Registration & Licensure Requirements for Clinical Therapists ([HR4012](#))
 - Waiver for Pre-Licensed/Out of State Licensed Psychologist ([HR4011](#))
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Reference(s)

- CA Business and Professions Code, Sections 800-809.9 and 2909
 - CA Code of Regulations, Title 9, Section 1810.435
 - CA Code of Regulations, Title 22, Section 51341.1
 - CA Welfare and Institutions Code, Section 4070
 - California Department of Health Care Services (DHCS), MHSUDS Information Notice 16-058, DHCS Oversight of Certifying Organizations
 - California Department of Health Care Services (DHCS), MHSUDS Information Notice 18-019, DHCA Provider Credentialing and Re-Credentialing for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties
 - Code of Federal Regulations, Title 42, Section 438.24
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