	Shasta County Health and Human Services Agency Mental Health Plan	
	Provider Credentialing and Re-credentialing	No. 2022-07
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Definitions

Mental Health Plan (MHP) – the Mental Health Plan refers to Shasta County under contract with the California Department of Healthcare Services (DHCS) to provide Specialty Mental Health Services for Medi-Cal beneficiaries.

Network Provider – Network Providers include county owned and operated providers (i.e. MHP employees) and contracted organizational providers, provider groups, and individual practitioners.

Primary Source – 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 - Includes all licensed, waived, or registered mental health providers and licensed substance use disorder services providers employed by or contracting with the MHP to deliver Medi-Cal covered services.

Purpose / Background

As required in the Mental Health Plan Agreement between the County of Shasta and the California Department of Healthcare Services and as part of the comprehensive quality improvement system, the MHP establishes this Network Provider credentialing and re-credentialing policy. Credentialing ensures that each of the MHPs Network Providers are qualified in accordance with the current legal, professional, and technical standards, and are appropriately licensed, registered, waived, and/or certified as require by state and federal law to provide specialty mental health services. The credentialing and re-credentialing requirements in this policy apply to all Providers and Network Providers of the MHP.

Policy

All current providers shall be initially credentialed upon adoption of this policy and a minimum of every three years thereafter for the duration they provide covered services for the MHP. All other Providers shall be initially credentialed prior to enrollment with the MHP and a minimum of every three years thereafter for the duration they provide covered services for the MHP. All Providers shall submit a completed credentialing application and signed attestation prior to initial credentialing and thereafter prior to each re-credentialing.



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For all Providers, the MHP must verify or ensure verification of the following through a Primary Source, such as:


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;
4. Satisfaction of any applicable continuing education requirements, as required for the particular Provider type.

For all Providers, the MHP must verify or ensure verification of the following as appropriate to Provider type. Verification through a Primary Source is not required:

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 particular Provider type;
7. History of liability claims against the provider;
8. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. (<https://www.npdb.hrsa.gov/>);
9. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal. (See Excluded Individual and Entities policy); and
10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

All Providers are required to submit a signed Attestation with their credentialing application that includes 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.

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Re-credentialing Additional Requirement:

In addition to satisfying the above listed credentialing requirements, the re-credentialing process shall include documentation in each Provider’s credentialing file, that the MHP has considered information from other sources pertinent to the provision of services and the credentialing process. For each Provider, the MHP shall consider at minimum, the following items:


1. Quality improvement activities;
2. Beneficiary grievances;
3. Medical record reviews, as appropriate to Provider type.

The MHP may delegate its authority to perform credentialing review to a professional credentialing verification organization. Prior to contracting, the credentialing organization shall be evaluated for their ability to perform credentialing and re-credentialing activities by reviewing their administrative capacity, task experience, budgetary resources to provide the contracted services, and that they meet the MHP and DHCS standards for credentialing organizations. In addition, the MHP shall continuously monitor, evaluate and approve the services provided by the credentialing organization to ensure the organization complies with all state and federal laws and regulations, and with the applicable provisions of the Mental Health Plan Agreement between the MHP and the DHCS.

The MHP shall not hire nor contract with any Provider that fails to meet credentialing/re-credentialing requirements. Any Provider that fails to meet credentialing/re-credentialing requirements shall be removed from active duty in any position in which the person’s salary or the goods and services rendered, ordered, or prescribed are paid in whole or in part, by federal or state health care programs, or until such time the Provider meets credentialing requirements. Failure to meet credentialing/re-credentialing requirements may result in suspension or termination of a Provider.

Provider appeals for credentialing/re-credentialing decisions (denial, suspension, or termination of a previously approved credentialing approval) shall be reviewed by the MHP Compliance Committee. After review, the Committee shall render a decision upholding or denying the appeal.

All serious quality deficiencies that result in suspension or termination of a Provider shall be reported DHCS and other authorities as appropriate.

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References

- 42 Code of Federal Regulations §468.214
- California Department of Healthcare Services Information Notice 18-019
- Title 22 of the California Code of Regulations, Section 51051
- Americans with Disabilities Act, 42 U.S.C. §§ 12101 et seq.
- MHP Agreement between Shasta County and the California Department of Health Care Services

Authorization

The above policy has been reviewed and is authorized for immediate implementation:



 Laura Burch, Acting Director
 Shasta County Health & Human Services Agency

9/15/22

 Date



 Megan Dorney, Compliance Officer, Director
 Business & Support Services Branch
 Shasta County Health & Human Services Agency

9/14/2022

 Date