



Policy & Procedure Number: BHSD #PRR-009

Primary Category	Impacts
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal Managed Care <input checked="" type="checkbox"/> Fee for Service <input checked="" type="checkbox"/> AMT <input checked="" type="checkbox"/> AOA <input checked="" type="checkbox"/> CJS <input checked="" type="checkbox"/> CYF <input checked="" type="checkbox"/> OSH <input checked="" type="checkbox"/> SUTS <input checked="" type="checkbox"/> TAY
Effectuated Parties	<input type="checkbox"/> All Workforce Members <input type="checkbox"/> Practitioners <input checked="" type="checkbox"/> BHSD <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers <input checked="" type="checkbox"/> Quality Managers <input checked="" type="checkbox"/>

BHSD POLICY & PROCEDURE APPROVAL REQUEST

I. BHSD P&P INFORMATION

Assigned Policy Name: Provider Directory

Assigned Policy Number: PRR-009

Policy Owner: Provider Relations

Impacted Managed Care Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input checked="" type="checkbox"/> Administration (ADM) | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input checked="" type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input checked="" type="checkbox"/> General Operations (GEO) |
| <input type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input checked="" type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input checked="" type="checkbox"/> Member Services & Materials (MSM) | <input type="checkbox"/> Personnel (PER) |
| <input checked="" type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input type="checkbox"/> Reporting (RPT) | <input type="checkbox"/> Service Delivery (SDM) |
| <input type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Council

HHS Compliance:

Date:

County Council:

Date:

Section B: BHSD Director

BHSD Director : Sherri Terao

DocuSigned by:

Sherri Terao

2/29/2024

Approved/Issue Date: 2/29/24	Behavioral Health Services Director:	
Last Review/Revision Date: 4/22/23	Next Review Date: 2/28/27	Inactive Date:

III. REPLACES • BHSD #8600 Provider Directory**IV. REFERENCES:**

- 42 CFR § 438.10 Information requirements.
- 42 CFR §438.71 Beneficiary support systems.
- 29 U.S. Code § 794d - Electronic and information technology
- HSC §1367.27. Provider directories
- HSC § 1367.04 Interpreter Qualifications
- BHIN 18-020. Federal Provider Directory Requirements for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties.
- BHIN 23-032. Interoperability and Patient Access Final Rule Compliance Monitoring Process

V. PURPOSE:

To outline Behavioral Health Services Department (BHSD) obligations to develop and maintain the Plan Provider Directory in accordance with the State and Federal requirements, which include directory access, content accuracy, language and format, and maintenance.

VI. POLICY:

It is the Behavioral Health Services Department Plan's (BHSD) practice to adhere to Department of Health Care Services (DHCS) requirements in developing and maintaining the Provider Directory in accordance with the State and Federal requirements, including directory content, type, language and format, and timely updates. The Provider Directory includes information about participating providers and licensed, waived, or registered practitioners within the Plan's system of care.

This policy provides details about how the Plan follows provider directory requirements:

- a. Provider directory access and contents.
- b. Language and format requirements.
- c. Maintaining, Updating and Communicating Provider Information

For more information about how to use the Provider Directory Application Program Interface (API), please refer to the API Documentation posted on the BHSD website.

VII. DEFINITIONS:

Application Program Interface (API). Is a set of rules and tools that allows different software applications to communicate and share data, enabling them to work together seamlessly. It defines how software components should interact, making it easier for developers to integrate diverse systems and services.

Behavioral Health Services Department (BHSD). The local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), this integrated behavioral



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health system is also referred to as the Plan.

National Provider Identifier (NPI). A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).

Participating Provider. A County, Individual Provider or County Contracted Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

Plan. Provides oversight to behavioral health Medi-Cal carve out programs. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Practitioner. Workforce Members who are providing direct Beneficiary care services, are licensed, registered, waived, certified or meet criteria as a paraprofessional.

Provider Types. Include licensed, registered, or waived mental health providers, licensed Practitioners of healing arts (LPHA), and registered or certified Alcohol or Other Drug (AOD) counselors.

VIII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Provider Directory Access and Content	<ol style="list-style-type: none"> The BHSD provider directory is available in electronic form, and paper form upon request. The provider directory is available at: Behavioral Health Services Provider Directories - Behavioral Health Services - County of Santa Clara (sccgov.org) BHSD will provide a printed copy of the provider directory if it is requested via a phone call or in writing. <ol style="list-style-type: none"> BHSD Plan toll-free telephone number (800) 704-0900 24/7. Written request: BHSMemberMaterials@hhs.sccgov.org The Plan will mail a printed copy of the provider directory or directories to the requestor, postmarked no later than five (5) business days following the date of the request.

	<ol style="list-style-type: none"> 4. The directory contains the information below for participating providers that are BHSD staff, contractors, and all members of the network of care that are licensed, waived, and under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed in the BHSD Provider Directory. 5. The provider directory includes all county and contracted mental health and substance use treatment services programs. <ol style="list-style-type: none"> a. The provider’s name and group affiliation, if any. b. Provider’s business address(es) (e.g., physical location of the clinic or office). c. Telephone number(s). d. Email address(es), as appropriate. e. Website URL, as appropriate. f. Specialty, in terms of training, experience and specialization, including board certification (if any). g. Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults). h. Whether the provider accepts new beneficiaries. i. The provider’s cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender). j. The provider’s linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider’s office. k. Whether the provider’s office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment. 6. In addition to the information listed above, the provider directory must also include the following information for each rendering provider: <ol style="list-style-type: none"> a. Type of practitioner, as appropriate. b. National Provider Identifier number. c. California license number and type of license. d. An indication of whether the provider has completed cultural competence training. 7. The BHSD Provider Directory includes the following notations, visible to all users of the provider directory: <ol style="list-style-type: none"> a. “Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed in the BHSD Provider Directory.”
<p>Language and Format</p>	<ol style="list-style-type: none"> 1. BHSD ensures its provider directory complies with the language



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	<p>and format requirements outlined in 42 CFR §438.10(d). Specifically, the provider directory must:</p> <ol style="list-style-type: none"> a. Provide information in a manner and format that is easily understood and readily accessible. b. Be available in the threshold non-English languages in the county. c. Include taglines in the prevalent non-English languages in the State explaining the availability of free written translation or oral interpretation services to understand the information provided. d. Use 12 point or larger font size for all text (see below for the large print tagline requirement). e. Include a large print tagline (18-point font or larger) and information on how to request auxiliary aids and services, including the provision of materials in alternative formats, at no cost to the beneficiary. f. Include the toll-free and TTY / TDD or California Relay Service telephone number of the Plan’s customer service unit (24 hours, 7 days per week toll-free telephone number). g. Be made available on the Plan’s website in a machine-readable file and format, meaning that the document is in a form able to be processed by a computer. In accordance with Section 508 of the Rehabilitation Act (29 U.S.C. 794d), provider directories must be made available on the Plan’s website in a machine-readable file and format, meaning that the document is in a form able to be processed by a computer.
<p>Maintaining, Updating and Communicating Provider Information</p>	<ol style="list-style-type: none"> 1. The Plan will ensure the provider directory API will be updated no later than thirty (30) calendar days after the Plan receives new information or is notified of any information that affects the content or accuracy of the provider directory. This also includes promptly investigating each time it receives a report of a potential directory inaccuracy. Verification will take no more than thirty (30) calendar days to verify the accuracy of the information or update the provider directory or directories. <ol style="list-style-type: none"> a. Participating Provider information is validated at initial contract and contract renewal. Participating Providers are responsible for notifying the Plan of changes which

	<p>include changes in contract, program location, re-certification, hours, mergers, and modes of service.</p> <ul style="list-style-type: none"> b. Verification includes the provider confirming their data is accurate and documenting if verification occurred in a tracking log. If unable to verify a participating provider's information, the Plan will send notification of pending directory removal ten (10) business days prior to exclusion. c. Non-responsive providers will be removed from the Plan's directory or directories at the next required update, except for general acute care hospitals. d. Practitioner information is validated through credentialing and recredentialing as well as the monthly 274 submission process. The provider directory will be monitored on a monthly basis to ensure it reflects the current 274 provider data. <ul style="list-style-type: none"> 2. Documents the receipt, investigation, and outcome of each reported potential directory inaccuracy. 3. Makes changes to provider directory information required as a result of any investigation at the next required update, or the next scheduled update thereafter as applicable to the online directory.
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IX. WORKFLOW PROCEDURE	
Responsible Party	Action Required
Call Center	<ul style="list-style-type: none"> 1. Beneficiaries or community members can request a printed copy of the Plan's directory in three ways: <ul style="list-style-type: none"> a. Call the Behavioral Health Call Center at (800) 704-0900 provide the mailing address for the printed copy to be sent to or an email address to receive a PDF copy within five (5) business days. b. Send an email to: BHSMemberMaterials@hhs.sccgov.org and provide the mailing address for the printed copy to be sent to or an email address to receive a PDF copy within five (5) business days. c. Ask beneficiary's provider to offer a printed copy. Participating provider clinics and agencies will have copies on hand or will print a copy to hand to the beneficiary.
Participating Providers	<ul style="list-style-type: none"> 1. Will notify BHSD in advance of any closure or action that affects enrollment of beneficiaries into their program, so it can be posted on the website. 2. Submits a Change Form, Network Change Request Form Survey (surveymonkey.com) whenever there are changes in contract, program location, re-certification, hours, mergers, and modes of service. 3. Validates practitioner and site information on a monthly basis through 274 submission requirements.



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	4. Updates Provider Directory hard copies within thirty (30) days of BHSD Provider Relations communication of changes.
Provider Relations	<ol style="list-style-type: none"> 1. Maintains a log of Directory inaccuracies, date received and outcome of investigations. 2. Maintains a log of provider directory updates. 3. Processes Change Forms. 4. Coordinates VHP Credentialing and Technology Services and Solutions (TSS) SARF processes. 5. Review, and validate monthly 274 reports. 6. Communicates changes to the appropriate Division(s) as needed for their scope of work. 7. Communicates Provider Directory changes to Participating Providers. 8. Notifies TSS of required Provider Directory changes to the online provider directory for the next monthly upload.
X. ATTACHMENTS	<ol style="list-style-type: none"> A. BHSD System Access Request Form B. Network Change Request Form Survey (surveymonkey.com)

XI. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes
PRR-009	2/29/24	2/29/24	BHIN changes	Added API information