



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD # PRR-013

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Administration <input type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> MHA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Participating Provider Credentialing, Hiring & Database Check

Assigned Policy Number: PRR-013

Policy Owner: Provider Relations

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

- | | |
|--|--|
| <input 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 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 type="checkbox"/> Member Services & Materials (MSM) | <input checked="" 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 Counsel

HHS Compliance:

Date:

County Counsel:

Date:

Section B: BHSD Director

BHSD Director:

DocuSigned by:
Sherni Teras

Date: 8/12/2024

Approved/Issue Date: 6/26/2024	Last Review/Revision Date:	Next Review Date: 6/25/2027	Inactive Date:
---------------------------------------	-----------------------------------	------------------------------------	-----------------------

III. REPLACES	<ul style="list-style-type: none"> • BHSD Policy #8500 Credentialing and Re-Credentialing • BHSD Policy #412-410 Credentialing of Network Providers • BHSD Policy #180 Credentialing of Network Providers • AMT Policy #220 Verification of Credentials • SUTS Policy #302 Credentialing
----------------------	---

IV. REFERENCES:	<ul style="list-style-type: none"> • 45 CFR Part 160, Part 162, and Part 164 - HIPAA • 42 CFR § 438.214 - Provider selection. • 42 CFR 438.608. Program Integrity Requirements Under the Contract. • 42 CFR § 438.610 - Prohibited Affiliations. • 42 CFR § 438.808 - Exclusion of Entities. • 42 CFR Part 1001. Program Integrity - Medicare and State Health Care Programs • 42 USC § 1320A-7(a)(b). Criminal Penalties for Acts Involving Federal Health Care Programs. • 42 U.S.C. § 1320c-5 Obligations of Health Care Practitioners and Providers of Health Care Services, Sanctions and Penalties, Hearings and Review. • 22 CCR § 51200 Basic Requirement for Program Participation. • OIG Special Advisory Bulletin “The Effect of Exclusion from Participation in Federal Health Care Programs” (September 30, 1999) • OIG Special Advisory Bulletin “Updated Effect of Exclusion from Participation in Federal Health Care Programs” (May 8, 2013) • California State Medicaid Program Plan Section 3, Supplement 3 to Attachment 3.1-A • CA WIC § 14043.61. Provider Enrollment, Application, and Participation • CA WIC §14123. Suspension and Temporary Suspension of a Provider from the Medical Assistance Program. • CA LAB § 1198.5. Wages, Hours, and Working Conditions. • DHCS All Plan Letter 19-004 Provider Credentialing/Credentialing and Screening/Enrollment. • DHCS All Plan Letter 21-003. Medi-Cal Network Provider and Subcontractor Terminations • DHCS All Plan Letter 22-013 Provider Credentialing/Re-Credentialing and Screening/Enrollment • DHCS Behavioral Health Information Notice No. 18-019: Provider Credentialing and Re-Credentialing for Mental Health Plans and Drug Medi-Cal Organized Delivery System • Valley Health Plan Policy CR 4.0 Behavioral Health Services Department Credentialing & Recredentialing Policy • BHSD Policy PRR-001 Provider Application and Validation for Enrollment (PAVE) • PRR-015 Provider Network Enrollment, Screening, Selection and Retention
------------------------	--

V. PURPOSE:	
--------------------	--



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD # PRR-013

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Administration <input type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> MHA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

The purpose of this policy is to outline the credentialing requirements for participating providers and practitioners in order to be included within the BHSD provider network to provide behavioral health services to Medi-Cal beneficiaries.

VI. POLICY:

The Behavioral Health Services Department (BHSD) Plan, must ensure that each of its County, Individual Provider or County Contracted Providers, are qualified in accordance with current legal, professional, and technical standards, and are appropriately licensed, registered, waived, and/or certified.

The Plan requires credentialing and re-credentialing for all practitioners that provide beneficiary services. Practitioners must be in good standing with the Medicaid/Medi-Cal programs. Any practitioner excluded from participation in Federal health care programs, including Medicare or Medicaid/Medi-Cal, may not participate in the Plan’s provider network.

Uniform credentialing and re-credentialing requirements apply to all licensed, waived, certified, registered, and paraprofessional behavioral health service providers who provide mental health and/or substance use disorder services whether they are employed by or contracting with the Plan to deliver Medi-Cal covered services.

BHSD has designated Valley Health Plan (VHP) as the Managed Services Organization (MSO) to perform credentialing activities. The credentialing function includes verification that a practitioner has met the education, training, and experience requirements. Verification processes can include previous confirmation by the State licensing, certification, or registration Board or through a primary source.

Credentialing is performed in an objective, non-discriminatory and unbiased manner. No participating provider shall be denied an agreement with BHSD, have any sanctions imposed, or have their agreement terminated on the basis of age, race, creed, color, national origin, ethnic identity, sexual orientation, sex/gender, ancestry, mental/physical disability, medical condition, political beliefs, organization affiliations, marital status of their practitioners or based on type of procedures or type of beneficiary (e.g., Medi-Cal) the participating provider serves.

As applicable, BHSD or VHP will implement initial and monthly screening requirements of its practitioners against:

- Office of the inspector General ‘s (OIG) List of Excluded Individuals/Entities (LEIE).

- General Services Administration’s (GSA) System for Award Management (SAM) website.
- Medi-Cal Suspended and Ineligible Provider List (S&I List).
- CMS’ Medicare Exclusion Database (MED).
- Restricted Provider Database (“Excluded Provider Lists”).
- Social Security Administration Limited Access Death Master File (pre-employment only)
- The National Plan and Provider Enumeration System (NPPES)California Health and Human Services (CHHS) Open Data Portal

All participating providers must immediately disclose if the agency or one of their practitioners become excluded from participating in a federal or state health care program, are under investigation or no longer in good standing with their licensing board. Practitioners that are not in good standing will not be included in the provider network as described in the Provider Manual.

All eligible practitioners must participate in the enrollment process as described in PRR-001 Provider Application and Validation for Enrollment (PAVE) policy and PRR-015 Provider Network Enrollment, Screening, Selection and Retention.

Practitioners excluded from Plan credentialing include:

- Practitioners who practice exclusively in an inpatient setting and provide care for organization members only because members are directed to the hospital or another inpatient setting.
- Practitioners who practice exclusively in free-standing facilities and provide care for organization members only because members are directed to the facility.
- Practitioners who do not provide care for members in a treatment setting (e.g., board-certified consultants).
- An organizational provider such as:
 - Psychiatric hospitals and clinics.
 - Addiction disorder facilities.
 - Residential treatment centers for psychiatric and addiction disorders.

VII. DEFINITIONS:

Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

Credentialing. Credentialing is a uniform process for verifying, through Primary Source, the education, training, experience, licensure and overall qualifications of behavioral health and substance use disorder services Participating Provider’s.

Credentialing Attestation. For all network Participating Providers who deliver covered services, the Participating Provider must include a signed and dated statement attesting to the following:

- a. Any limitations or inabilities that affect the Participating Provider’s ability to perform

any of the position's essential functions, with or without accommodation.

- b. A history of loss of license or felony conviction.
- c. A history of loss or limitation of privileges or disciplinary activity.
- d. A lack of present illegal drug use.
- e. The application's accuracy and completeness.

Credentialing Attestations must be completed at start of contract, at hire and minimally, every three (3) years thereafter.

Controlled Substance Utilization Review and Evaluation System (CURES). Stores Schedule II, III, and IV controlled substance prescription information reported as dispensed in California.

Excluded Party Database Attestation. A mechanism or form used by Participating Provider's or designee(s) to demonstrate they have conducted monthly required database checks to ensure its Practitioners are in good standing and not listed on any of the excluded party databases.

Ineligible Provider. Is an individual or entity who:

- 1. Is currently excluded, debarred, suspended, or otherwise ineligible to participate in any federal or state health care program or in federal or state procurement or non-procurement programs; or
- 2. Has been convicted of a criminal offense that falls within scope of 42 U.S.C. §§ 1320a-7a or similar state statute, but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

Organizational Provider. Refers to facilities providing services to members and where members are directed for services rather than being directed to a specific practitioner. This element applies to all organizational providers with which the organization contracts (e.g., telemedicine providers, urgent care centers).

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

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

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.

Re-Credentialing. The process of credential verification every three (3) years that a Participating Provider continues to meet Plan Credentialing requirements.

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

Workforce Member. Employees, residents, students, volunteers, interns, and other persons whose conduct, in performance of work for a covered entity, is under the direct control of the covered entity, whether they are paid by the covered entity.



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD # PRR-013

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Administration <input type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> MSA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

VIII. OVERSIGHT AND MONITORING PROCEDURE	
Processes	Requirements
Pre-Hire Screening (BHSD practitioners only)	<ol style="list-style-type: none"> 1. Applicants must pass a background check to ensure that the individual is cleared for employment by the U.S. Department of Justice (DOJ). For a subset of programs, Practitioners are required to comply with finger printing requirements and background checks as specified in the Contract. 2. Prospective practitioners cannot be hired or offered a contract if: <ol style="list-style-type: none"> a. The individual has a positive finding on any of the exclusion lists, until any discrepancies are resolved, and it is determined they will not be debarred or excluded. If the applicant can provide satisfactory evidence that they are not the individual on the indicated exclusion list, this will not apply. <ol style="list-style-type: none"> i. Prior to hire, check Social Security Administration Limited Access Death Master File. b. If clinical credentials cannot be verified as current and in good standing. c. 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 their NPI before being offered employment or a contract with the Plan and prior to providing behavioral health services. 3. Applicants are obligated to notify if any proceedings are pending which may exclude them and have the duty to notify if they subsequently become excluded and that such exclusion may result in employment action.
Credentialing and Re-Credentialing	<ol style="list-style-type: none"> 1. Complete Council for Affordable Quality Healthcare (CAQH) or County of Santa Clara Participating Practitioner Application (CSCPPA) and the Credentialing Request Form which includes the following information from the applicant: <ol style="list-style-type: none"> a. Full legal name b. Date of birth



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD # PRR-013

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Administration <input type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> MHA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

	<ul style="list-style-type: none"> c. Social Security number d. Full address e. Any previously used or alternative names (including maiden names) f. All available provider numbers. <ol style="list-style-type: none"> 2. To ensure the qualification, VHP must verify and document the following items through a Primary Source, as applicable. 3. When applicable to a practitioner, the following information will be verified through a Primary Source: <ul style="list-style-type: none"> a. The appropriate license and/or board certification or registration, as required for the specific practitioner. b. Evidence of graduation or completion of any required education, as required for the specific practitioner. c. Proof of completion of any relevant medical residency and/or specialty training, as required for the specific practitioner. d. Satisfaction of any applicable continuing education requirements, as required for the specific Practitioner. 4. In addition, VHP will verify and document the following information for each practitioner, as applicable, but does not need to verify this information through Primary Sources, depending on their role: <ul style="list-style-type: none"> a. Work history. b. Hospital and clinic privileges in good standing. c. History of any suspension or curtailment of hospital and clinic privileges. d. Current Drug Enforcement Administration identification number. e. National Provider Identifier number. f. Current malpractice insurance in an adequate amount, as required for the particular practitioner. g. History of liability claims against the provider. h. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See
--	--

	<p>https://www.npdb.hrsa.gov/</p> <ul style="list-style-type: none"> i. 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, or on the Suspended and Ineligible Provider List, may not participate in the Plan’s provider network. This list is available at: http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp j. History of sanctions or limitations on the practitioner’s license issued by any state’s agencies or licensing boards. k. Are a person or relative of a person that has beneficial ownership of five percent or more of the Provider’s equity. l. Practitioners that have been terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, or disclosing beneficial ownership of greater than 5%, may not participate in Plan’s provider network. <p>5. Verify clinical and medical credentials through the following sources as applicable:</p> <ul style="list-style-type: none"> a. National Plan and Provider Enumeration System (NPPES). b. Licenses are verified through BreEZE. c. National Provider Data Bank (NPDB). d. Drug Enforcement Administration (DEA). e. Noridian National Opt-Out Database. f. Controlled Substance Utilization Review and Evaluation System (CURES) to provide evidence that prescribers have registered. <p>6. Maintain the information above in the practitioner’s personnel file(s) and make it available upon request, audit, or review from the Plan.</p> <p>7. Any updates to the items above must be included with monthly database checks, license renewal, license changes and re-credentialing reporting processes and maintained in the personnel record.</p>
<p>Practitioner Responsibility to Maintain License</p>	<p>1. All practitioners that provide services for which a license is required must maintain and provide evidence of current licensure:</p> <ul style="list-style-type: none"> a. It is the sole responsibility of the practitioner to meet all conditions, including completion of Continuing Education Units (CEU), which are required to keep his/her license current. b. A practitioner must notify their licensing board within thirty (30) days of a legal name change; the reissued license with correct legal name should be submitted to the Plan as soon as available to the staff member. c. Practitioner’s whose license has expired may be reassigned to a position not requiring a license or may be placed on leave, until evidence of license renewal is submitted. The following action may be taken.



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD # PRR-013

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Administration <input type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> MSA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

	<ol style="list-style-type: none"> i. The Plan Director or designee will determine the action to be taken. ii. The immediate service needs of the division will frame this decision. There is no obligation incumbent upon the division to find an alternate work site. iii. If no alternate appropriate assignment is identified, the staff member shall be placed on leave without pay. <p>2. Failure to obtain evidence of renewal licensure within thirty (30) days from expiration may result in permanent reassignment, demotion, or termination.</p>
Credentialing and Re-Credentialing Attestation	<ol style="list-style-type: none"> 1. All practitioners who deliver covered services must sign and date a statement attesting to the following: <ol style="list-style-type: none"> a. Any limitations or inabilities that affect the practitioner's ability to perform any of the position's essential functions, with or without accommodation. b. A history of loss of license or felony conviction. c. A history of loss or limitation of privileges or disciplinary activity. d. A lack of present illegal drug use. e. The application's accuracy and completeness. 2. VHP and the Behavioral Health (BH) Credentialing Committee will review all practitioner credentialing attestations. 3. Participating providers must maintain Credentialing Attestations in the personnel record. And Credentialing Attestations must be made available upon request. The Plan or delegate is responsible for obtaining credentialing attestations at hire and every three (3) years thereafter. 4. VHP will report any positive findings immediately to the BH Credentialing Committee.
Practitioners with an Adverse Action	<ol style="list-style-type: none"> 1. If the practitioner with an adverse action(s) is a County employee: <ol style="list-style-type: none"> a. The VHPBH Credentialing Supervisor will inform the Plan Director, Quality Management Director, HHS Compliance Office, and corresponding Division

	<p>Director.</p> <p>2. If the Practitioner with an adverse action(s) is employed by a CCP:</p> <ol style="list-style-type: none"> a. The VHP BH Credentialing Supervisor will inform the Plan Director, Quality Management Director, HHS Compliance Office, and corresponding Division Director immediately. b. The VHP BH Credentialing Supervisor will inform the Plan-contracted agency Director of the revealed adverse action(s). This information will be communicated by electronic transmission and certified U.S. mail. The Plan Director, Quality Management Director, HHS Compliance Office, will be copied on the communication.
<p>Notice of Adverse Action to Practitioner</p>	<ol style="list-style-type: none"> 1. Adverse Action Notifications are promptly made to the practitioner by BHSD or VHP, via certified mail, regarding all actions made by the Plan or VHP that constitute grounds for a hearing as listed herein. 2. The Notice of Adverse Action will include the action being proposed, the effective date of the action, a statement of reasons for the proposed action, notice that the practitioner has a right to request a hearing with the within thirty (30) calendar days, and a summary of the practitioner's hearing rights. 3. HHS Compliance Office will report Notification of Action to the appropriate California Board, National Practitioner Data Bank, and contracted health plans, as well as to the Medical Board of California within fifteen (15) business days. 4. Practitioners may file an appeal for a hearing regarding denial, termination, sanction, or reduction of participation when the cause of the action is related to clinical competency or professional conduct.
<p>Grounds for Hearing Process</p>	<ol style="list-style-type: none"> 1. Except as otherwise specified in this Policy, any one or more of the following actions or recommended actions shall constitute grounds for a hearing: <ol style="list-style-type: none"> a. Involuntary termination of the practitioner's ability to treat Medi-Cal Beneficiaries as a practitioner when the reason is due to a medical disciplinary action or due to reasons of clinical competency or professional conduct. b. Denial of a practitioner's application to become a Plan practitioner when the denial is based upon medical disciplinary reasons or based on reasons of clinical competency or professional conduct. c. The practitioner must exhaust the remedies afforded by the Credentialing Policy before resorting to arbitration action. d. Otherwise, the practitioner shall have waived the hearing and appeal rights of the Plan and shall have to accept the recommendation or action involved.
<p>Monthly Reporting</p>	<ol style="list-style-type: none"> 1. VHP will submit a monthly report to Provider Relations that will identify approvals and terminations for the month. The report will include all credentialing application information provided during the credentialing process.



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD # PRR-013

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Administration <input type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> MSA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

IX. WORKFLOW PROCEDURE	
Responsible Party	Action Required
Participating Providers	<ol style="list-style-type: none"> 1. Must submit disclosures regarding the participating provider's (disclosing entities) ownership and control within thirty-five (35) calendar days after any change in the subcontractor or participating provider's ownership, annually and upon request during the revalidation of enrollment. 2. Must conduct screening prior to hire and all materials will be saved in a personnel record for a period of not less than three (3) years after termination of employment or decision not to hire. The record must indicate the reason to hire or not hire. 3. Ensure that practitioners have the appropriate discipline and taxonomy that is accepted by BHSD. 4. Adhere to the credentialing requirements and process as described in the BHSD Provider Manual. 5. During the re-credentialing process submit any updated information needed as well as a new signed Credentialing Attestation.
Valley Health Plan	<ol style="list-style-type: none"> 1. Process credentialing applications according to VHP's CR 4.0 Behavioral Health Services Department Credentialing & Recredentialing Policy and the BHSD Provider Manual. 2. Implement and maintain a process by which practitioners may appeal credentialing decisions, including decisions to deny a practitioner's credentialing application, or suspend or terminate a practitioner's previously approved Credentialing approval. 3. Ensure practitioner information is entered in BHSD's electronic health record system and submit tickets to request practitioners are mapped to the appropriate participating provider to bill for services. 4. Will verify and document at a minimum every three (3) years that each practitioner that delivers covered services continue to possess valid credentials, including verification of each of the credentialing requirements listed above.

	<ol style="list-style-type: none"> 5. Ensure re-credentialing includes the use of additional sources of information such as quality improvement activities, beneficiary grievances and medical record reviews to assess the continued capacity of a practitioner to provide direct services to the beneficiaries of the Plan. 6. Ensure that VHP BH Credentialing Committee considers information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews. Once the above has been reviewed, verified, and considered, the VHP BH Credentialing Committee or designee(s) will approve or deny the application for practitioner’s re-credentialed status. 7. Maintains a system for reporting serious quality deficiencies that result in suspension or termination of a practitioner to DHCS, and other authorities as appropriate. Processes include but are not limited to reducing, suspending, or terminating a practitioner’s privileges.
Provider Relations	<ol style="list-style-type: none"> 1. Collects disclosures of ownership, control, and relationship information from participating provider’s for persons who have an ownership or control interest in the Santa Clara County Contracted or Subcontracted entities, if applicable, and ensures its subcontractors and participating provider’s submit disclosures to the Plan regarding the participating provider’s (disclosing entities) ownership and control within thirty-five (35) days after any change in the subcontracted participating provider’s ownership, annually and upon request during the revalidation of enrollment. 2. Process system access requests for practitioners that will need access to BHSD’ electronic health record system. 3. Monitor the VHP monthly report of approvals and terminations. 4. Provide and coordinate technical assistance to VHP, participating providers, practitioners, and County partners related to credentialing, billing, and access issues.
Compliance	<ol style="list-style-type: none"> 1. Conduct annual audit of VHP’s credentialing process.
X. ATTACHMENTS	A. VHP Policy CR 4.0 Behavioral Health Services Department Credentialing & Recredentialing Policy

XI. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes