



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD #PRR-015

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: Provider Network Enrollment, Screening, Selection and Retention

Assigned Policy Number: PRR-015

Policy Owner: Provider Relations - Leilani Villanueva

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

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| <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 type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input 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 Counsel

HHS Compliance:

Date:

County Counsel:

Date:

Section B: BHSD Director

BHSD Director:

DocuSigned by:
Sherni Teras
 DAB699BA2A1544D...

Date: 1/10/2025

Approved/Issue Date: 6/26/24	Last Review/Revision Date: 12/13/24	Next Review Date: 12/12/27	Inactive Date:
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III. REPLACES	<ul style="list-style-type: none"> • BHSD PP #8200 Provider Network Enrollment and Screening • BHSD PP #8300 Provider Network Selection and Retention • SUTS PP #8301 SUTS Provider Network Selection and Retention
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IV. REFERENCES:	<ul style="list-style-type: none"> • 42 CFR § 438.12(a) and § 438.12(b) Provider Discrimination Prohibited • 42 CFR § 438.214(a) Provider Selection • 42 CFR § 438.602 State Responsibilities • 42 CFR § 438.608(b). Program Integrity Requirements under the Contract • 42 CFR § 455 Subpart B - Disclosure of Information by Providers and Fiscal Agents • 42 CFR § 455 Subpart E- Provider Screening and Enrollment • 42 Code of Federal Regulation (C.F.R.) § 455.104 Disclosure by Medicaid Providers and Fiscal agents: Information on ownership and control • 42 CFR §455.105 Disclosure by providers: Information related to business transactions. • 42 CFR §1002.203 State Exclusion of Certain Managed Care • 42 CFR §1002.3 General Authority • CA CCR Title 9 §1840.314. Claiming for Service Functions -General • CA WIC § 5751.2. Operation and Administration • DHCS All Plan Letter 16-012. Provider Credentialing and Recredentialing. • DHCS All Plan Letter 21-003 Medi-Cal Network Provider and Subcontractor Termination • All Plan Letter 22-013. Provider Credentialing/ Re-credentialing and Screening/ Enrollment • BHIN No. 19-018 Department of Health Care Services (DHCS) Drug Medi-Cal Organized Delivery System (DMC-ODS) Provider Selection Review Process. • BHIN No: 20-071. Specialty Mental Health Provider Screening and Enrollment Requirements in Medi-Cal (21st Century Cures Act and the CMS Medicaid and CHIP Managed Care Final Rule requirements) • MHP Provider Agreement Exhibit A - Provider Network • DMC-ODS Provider Agreement Exhibit A - Program Specifications • Santa Clara County Board of Supervisors Policy Manual: Soliciting and Contracting- 5.6.5.1 • CSCHS 575.0 Exclusion of Providers from Participation in Federal or State Health Care Programs. • BHSD Policy AGI-001 Grievance Oversight Process • BHSD Policy PR-005 Professional License Waivers • BHSD Policy PRR-001 Provider Application and Validation for Enrollment (PAVE) • BHSD Policy PRR-013 Participating Provider Credentialing, Hiring & Database Check
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Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

IV. PURPOSE:

The purpose of this policy is to outline the requirements for participating provider network enrollment, screening, selection, and retention.

V. POLICY:

The Behavioral Health Services Department (BHSD) as the Plan, must ensure that participating providers understand the provider selection process and maintain compliance with state and federal Medicaid regulations. The Plan has established policies and processes to ensure that participating providers are equitably selected. Practitioners must be enrolled in Medi-Cal and credentialed prior to providing services to Medi-Cal beneficiaries.

The Plan does not:

1. Contract with participating providers beyond the number necessary to meet the needs of its enrollees.
2. Preclude participating provider from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to beneficiaries.
3. Discriminate in the selection, reimbursement, or indemnification of any participating provider who is acting within the scope of their license or certification under applicable State law, solely on the basis of that license or certification.
4. Discriminate against particular participating providers that serve high-risk populations or specialize in conditions that require costly treatment.
5. Employ or subcontract with practitioners who are excluded from participation in Federal or State Healthcare Programs.

The Plan is responsible for monitoring the enrollment status and a uniform and documented process for credentialing and re-credentialing. Screening and enrollment requirements are separate and distinct from the credentialing and re-credentialing process. The credentialing and re-credentialing process is described in PRR-013 Participating Provider Credentialing, Hiring & Database Check.

The Plan will terminate a participating provider immediately upon notification from the Department of Health Care Services (DHCS) that they cannot be enrolled after a 120-day period without enrollment. BHSD will notify affected beneficiaries.

The Plan may terminate, suspend, or exclude a practitioner when an individual or entity has:

1. Been convicted of a felony.
2. Been convicted of a misdemeanor involving fraud, abuse of the Medi-Cal program or any patient.
3. Been suspended from the federal Medicare or Medicaid programs for any reason.
4. Lost or surrendered a license, certificate, or approval to provide health care.

Practitioners are required to enroll in Medi-Cal through the state-level provider enrollment process utilizing the DHCS PAVE portal as described in BHSD policy BHSD Policy PRR-001 Provider Application and Validation for Enrollment (PAVE).

The Plan will meet additional DHCS reporting requirements for terminations impacting 2,000 or more beneficiaries from the terminating Network Provider/Subcontractor, or that result in a Plan's non-compliance with any of the Annual Network Certification (ANC) components regardless of the number of beneficiaries impacted are deemed significant.

The Plan will provide regular monitoring report information to DHCS for impacts related to network adequacy.

Participating providers are required:

1. To be located in the United States.
2. To be enrolled as Medi-Cal providers with the State and meet federal disclosure, screening, and enrollment requirements.
3. Consent to criminal background checks including fingerprinting when required to do so by DHCS.

VI. DEFINITIONS:

Beneficiary. A person seeking or receiving behavioral health services from BHSD that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person's medically necessary behavioral health services.

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.

California Department of Public Health (CDPH). The state department responsible for public health in California. It is a subdivision of the California Health and Human Services Agency. It enforces some of the laws in the California Health and Safety Codes, notably the licensing of some types of healthcare facilities.

Disclosing Entity. A Medi-Cal provider (other than an individual practitioner or group of practitioners). For example, a health plan.



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Medi-Cal. The name of California’s Medicaid program which provides health coverage to people with low-income, the aged, disabled and those with asset levels who meet certain eligibility requirements.

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.

VII. OVERSIGHT AND MONITORING PROCEDURE	
Processes	Requirements
Selection of Participating Providers	1. The Plan will select and maintain network participating providers in accordance with applicable Federal, State, and local requirements, including network adequacy standards and the Santa Clara County Board of Supervisors Policy Manual on Soliciting and Contracting.
Screening	1. The Plan will ensure all practitioners comply with all current state and federal enrollment requirements, as well as all applicable legal, professional, and technical standards by: <ol style="list-style-type: none"> Confirming the practitioner’s license has not expired and that there are no current limitations on the license. Confirming the practitioners are appropriately licensed, certified, and/or registered. Verifying participating provider business transactions and provider ownership and control.
Medi-Cal Site	1. Conduct Medi-Cal Site Certification for Plan participating

Certification	<p>providers that provide mental health services, every three (3) years to review compliance with health, safety, and business practice standards, in accordance with applicable State and Federal requirements.</p> <p>2. Verify Drug Medi-Cal certification by DHCS for the provision of substance use services.</p>
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VIII. WORKFLOW PROCEDURE	
Responsible Party	Action Required
BHSD Contracts Division	<ol style="list-style-type: none"> 1. Include language in contracts to require network participating providers and subcontractors, including long term care facilities, to notify the Plan upon receiving a decertification notification from California Department of Public Health (CDPH). 2. Select and maintain participating providers as outlined in the Santa Clara County Board of Supervisors Policy Manual: Soliciting and Contracting, Chapter 5. 3. Prior to awarding contract: <ol style="list-style-type: none"> a. Confirm that participating providers are located in the United States. b. Verify that participating providers are not excluded from participation in Federal or State Healthcare Programs through use of Due Diligence Checklist, Exhibit A, prior to award. 4. Provide written notice of the reason(s) for a decision not to contract with a participating provider or group, if a participating provider is not selected.
Provider Relations	<ol style="list-style-type: none"> 1. Verify participating provider Medicare enrollment, if contract includes the provision of services to beneficiaries that may have partial or full Medicare coverage. 2. Ensure that practitioners comply with the credentialing process to receive approval to serve Medi-Cal beneficiaries. 3. Validate that the practitioner has been screened and enrolled in Medi-Cal. 4. Confirm that the participating provider is Medi-Cal certified and/or conduct Medi-Cal site certification for sites providing mental health services. 5. For substance use services, verify the participating provider’s Drug Medi-Cal certification.
Participating Providers	<ol style="list-style-type: none"> 1. Must be located in the United States. 2. Provide written notice within 60 days if a decision not to contract with the Plan has been made. 3. Maintain compliance with Medi-Cal Site Certification requirements. <ol style="list-style-type: none"> a. Have an unrestricted Tax Identification number. b. Register an organizational NPI number for each location where services will be provided. c. Maintain Site Certification or Facility Designation as applicable. 4. Disclose information on ownership and control at any of the following times: <ol style="list-style-type: none"> a. Submission of RFSQ. b. Execution of provider agreement.



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	<ul style="list-style-type: none"> c. Upon request of the Medicaid agency during the re-validation of Medicaid enrollment process d. Within thirty-five (35) days after any change in ownership of the Disclosing Entity. <ol style="list-style-type: none"> 5. Will complete required attestations as specified by the Plan. 6. Must submit a group or provider type Medi-Cal enrollment package with the State. The package includes submission of an application, fees, National Provider Identifier (NPI), and fingerprints. https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.aspx 7. If contracted with Plan to provide services to Beneficiaries that may have partial or full Medicare coverage, Participating Providers are required to enroll as a physician or clinical group Medicare provider with Centers for Medicare and Medicaid Services (CMS). www.cms.gov/Medicare/Provider-Enrollment-andCertification/MedicareProviderSupEnroll/EnrollmentApplications.html 8. May show proof of screening by Medicare, Medicaid, and Children’s Health Insurance Programs of other States can serve as evidence of prior compliance but must demonstrate proof of screening in the State of California within 120 days of contract execution. 9. Disclose the following information about provider business transactions and provider ownership and control annually: <ol style="list-style-type: none"> a. The name and address of any person (individual or corporation) with an ownership or control interest in the network provider. b. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address. c. Date of birth and Social Security Number (in the case of an individual). d. Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has five (5) percent or more interest). <ol style="list-style-type: none"> i. A person with beneficial ownership of five percent or more of the provider’s equity. ii. Whether a person with a beneficial ownership is related to another person with ownership and has five (5) percent or more of the Provider’s equity.
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	<p>10. Must revalidate state and federal enrollment and screening at least every five (5) years.</p> <p>11. Must notify the Plan at least 60-days prior to the effective date of a voluntary contract termination.</p>
Plan Director or Designee	<p>1. May execute network provider agreements, pending the outcome of screening, enrollment, and revalidation for up to 120 days.</p> <p>2. Will terminate or deny the enrollment of any provider immediately if:</p> <ul style="list-style-type: none"> a. Any person with five (5) percent or greater direct or indirect ownership interest in the participating provider did not submit timely and accurate information and cooperate with any required screening methods. b. Any person with five (5) percent or greater direct or indirect ownership interest in the participating provider and has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last ten (10) years and no written State exception has been granted. c. The participating provider is terminated after January 1, 2011, under title XVIII of the Act or under the Medicaid program or CHIP of any other State. d. The participating provider or a person with an ownership or control interest or who is an agent or managing employee of the participating provider fails to submit timely or accurate information, and no written exception has been granted by the State. e. The participating provider, or any person with five (5) percent or greater direct or indirect ownership interest in the participating provider, fails to submit sets of fingerprints in a form and manner to be determined by the Medicaid agency within 30 days of a CMS or a State Medicaid agency request, and no written exception has been granted by the State. f. The participating provider fails to permit access to its locations for a required site visit. <p>3. In the event that the participating provider cannot be enrolled or the expiration of 120 days without enrollment, the Plan will immediately terminate the participating provider and notify affected Beneficiaries.</p>



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	<ol style="list-style-type: none"> 4. May reactivate enrollment and screening if participating provider demonstrates compliance and the State rescreens the provider. 5. At least 60-days prior to the effective date of a voluntary contract termination, or immediately upon learning of the termination from the network participating provider or subcontractor, provide DHCS with written notice of the termination, a Transition Plan, and Network Review Documents. 6. Provide “Beneficiary Notice” using the DHCS template to all impacted beneficiaries and participating providers of the contract termination, as applicable. <ol style="list-style-type: none"> a. Within 30 calendar days prior to the effective date of the contract termination or 15 calendar days after receipt or issuance of the termination notice. b. Include Language Assistance Taglines, Beneficiary Rights, and Beneficiary Non-Discrimination notices. 7. Coordinate care for impacted beneficiaries as required by federal and state law, and the Plan’s DCHS contracts. 8. Report to DHCS program integrity information related to fraud, waste, and abuse allegations. Immediately, or within ten (10) calendar days of learning of a network participating provider/subcontractor’s exclusionary status: <ol style="list-style-type: none"> a. Provide DHCS with written notice of the termination, submit a Transition Plan, and Network Review Documents. b. Suspend payment to the excluded participating provider. c. Notify all affected directly contracted participating providers, as applicable. d. Provide “Member Notice” to all impacted beneficiaries. 9. Coordinate care for impacted beneficiaries.
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ATTACHMENTS	A. Due Diligence Resource Checklist
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IX. REVISION HISTORY

Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes
