CREDENTIALING FACT SHEET

As an Orange County Behavioral Health Services (BHS) Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System (DMC-ODS) included provider, you will soon be undergoing a credentialing process. This fact sheet contains information that will help you understand and prepare you for this requirement.

What is credentialing and re-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 providers. The credentialing process must occur upon first appointment into an eligible position and again every three years.

The credentialing process is one component of the comprehensive quality improvement system included in all Plan contracts with the Department of Health Care Services (DHCS). The credentialing process may include registration, certification, licensure, and/or professional association membership. Credentialing ensures that providers are licensed, registered, waivered, and/or certified as required by state and federal law. Providers must be in good standing with the Medicaid/Medi-Cal programs.

Why is credentialing happening?

Per Title 42 of the Code of Federal Regulations (CRF), Section 438.214, all health plans must ensure that each of their network providers is qualified in accordance with current legal, professional, and technical standards, and is appropriately licensed, registered, waivered, and/or certified. Providers must be in good standing with the Medicaid/Medi-Cal programs. The Orange County MHP and DMC-ODS are both subject to this requirement.

Who needs to be credentialed?

The uniform credentialing and re-credentialing requirements apply to all licensed, registered, waivered, and/or certified mental health providers and substance use disorder service providers who provide services for the Orange County MHP and DMC-ODS. All new providers and existing providers must go through the credentialing process.

Can I opt out of credentialing?

No. credentialing is mandatory of all DMC-ODS and MHP licensed, registered, waivered, and/or certified mental health and substance use disorder service providers.

How is the credentialing process going to work?

The Health Care Agency (HCA) has contracted with a professional Credentialing Verification Organization (CVO) to conduct all credentialing activities. The entire application process will occur online and all forms and required signatures will be obtained digitally. The credentialing process will

be operated by the Authority and Quality Improvement Services (AQIS) Managed Care Support Services Team (MCSST).

The final credentialing decisions will be made by BHS administration as "the plan" in accordance with applicable regulations.

How do I go through the credentialing process?

1. Each program Service Chief, Quality Improvement coordinator or Director will collect the information necessary to begin the credentialing process from each individual provider who needs to be credentialed. These items include:
    a. New Applicant Request Form (NARF)
    b. Current resume, if available
    c. Provider malpractice/liability insurance certificate if provided by employer

2. HCA has created a resume template that contains all the information needed to facilitate the credentialing process. Resumes will be used to pre-populate each provider's credentialing application by the CVO, and this will make the process quicker. Providers can also use their own resume version if it contains all the needed information.

3. Once the AQIS MCSST receives the completed packet for each provider, staff will initiate the credentialing application. When your information is uploaded into the CVO's system, you will receive a welcome message from them giving you instructions on how to access their system to complete your application.

What should I have ready when I start the credentialing application process?

There are a few things that will make your credentialing application process go more smoothly. We encourage you to turn in your resume with your application packet. This will enable you to validate your provider information instead of entering it from scratch.

You will need a copy of your most current malpractice liability insurance policy. If your employer provides this for you, your organization will submit it to the MCST along with your new applicant request packet.

You should also be prepared to complete and sign an attestation that includes:

1. Any limitations or inabilities 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 resulting in exclusion from participation in Federal Health care programs;
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.

If you anticipate there being any concerning issues regarding the attestation items above, we encourage you to speak with your direct supervisor and your organization's Human Resources (HR) department in advance to discuss your options. You should also review the Credentialing Mandatory Exclusions FAQ sheet for more information.

How long will it take to complete the application online once I log in?

We recommend that you set aside at least 60 minutes of uninterrupted time to complete your application. If you leave the application unfished, it will cause you to need to re-enter your responses.

Turning in a resume with your NARF will save you a lot of time because you won't have to enter all the information. It will already be there for you to validate or correct as needed.

How long does it take to get credentialed?

Once the MCST submits your new applicant packet to the CVO, you will receive a welcome email from them directly. You have seven (7) calendar days to login to the CVO's system and complete your credentialing application. Once you have completed and signed your credentialing application, the CVO will return the results of your credentialing application to the AQIS MCSST within 30 days.

What happens if I don't complete my application within 7 days?

New hires: New staff will not be able to deliver any MHP or DMC-ODS services until they are properly credentialed. We encourage you to complete the credentialing application as soon as possible. If applications are not submitted after 7 days from the welcome email sent by the CVO, they will be denied.

Existing employees: Existing staff will be able to continue providing services as long as they are undergoing the credentialing process. If you receive a welcome email from the CVO, it is important that you complete your application within 7 days of the email. After 7 days, staff will be suspended from delivering DMC-ODS or MHP services until they have completed the credentialing process.

Who do I contact if I need help?

If you experience technical difficulties using the CVO's system, you will contact them directly. They are prepared to assist you to make sure you are able to complete your application. Their information will be contained in the Welcome email you will receive from them.

If you have questions about the credentialing process, you can contact the AQIS MCSST. Please keep in mind that the MCSST will not be able to tell you about credentialing decisions, and they are not able to assist you with the CVO's system.

What happens after my results are in?

For applications that don't contain any irregular items, credentialing decisions will be made by the AQIS MCSST within 7 days.

Application that contain irregular items will be forwarded to the BHS Credentialing committee. In some cases, established Human Resources or other processes may need to be followed. This can take up to 14 days.

What are "irregular items"?

Some items require mandatory exclusion form participation, such as being found on any of the required sanction screening databases. There cannot be exceptions for these items.

Additionally, the re-credentialing process shall include documentation that the Plan has considered information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews.

Will irregular items always result in exclusion?

Mandatory exclusions and being found on a sanction screening database will always result in exclusion. Other irregular items will be reviewed by the BHS credentialing committee and/or Human Resources department if applicable and may result in exclusion unless resolved. The purpose of credentialing is to protect beneficiaries and to ensure that compliant quality services are being provided.

What happens if I don't pass credentialing?

Only staff who are properly credentialed are eligible to deliver covered services. If you cannot be credentialed, work with your supervisor and your organization's human resources department to determine your options.

Can I appeal the credentialing decision if I disagree with being denied credentialing?

Yes. If your credentialing application is denied, you can appeal the decision to a higher appeals committee consisting of administrators who were not involved in making the initial determination. The appeals committee consist of at least 3 of the 5 following members depending on the type of provider filing an appeal and the circumstances: HCA County Counsel, HCA Human Resource Services, Director of AQIS, HCA Chief Compliance Officer and HCA/BHS Medical Director. The decisions of the appeals committee are final.

Mandatory exclusions cannot be appealed.

Who can I call if I still have questions?

Your first resource is your supervisor or your organization's QI coordinator. If you still have questions after discussing this process with him or here, you can contact the AQIS Managed Care Support team at AQISManagedCare@ochca.com