

FAQ

PROVIDER CREDENTIALING PROGRAM FREQUENTLY ASKED QUESTIONS

As a California County Behavioral Health Plan, am I required to participate in the CalMHSA Provider Credentialing Program?

No, County Plans are not required to participate in the new CalMHSA Provider Credentialing Program. Counties have the option to participate or not participate. This is an opt-in basis program.

How do I communicate to CalMHSA that I would like to participate in this new program?

If your County Plan is interested in participating in the CalMHSA Provider Credentialing Program, please send us an email to managedcare@calmhsa.org indicating your interest and CalMHSA will reply with next steps.

How do I learn more about what the CalMHSA Provider Credentialing Program offers?

To learn more about the program, you can review the recording Zoom sessions hosted by CalMHSA held on June 21, 2023 and September 19, 2023. You can obtain the links to the recordings by sending an email to managedcare@calmhsa.org. You can also send us your specific questions via email.

Does the credentialing solution offered by CalMHSA include all behavioral health providers, including both mental health (MH) and substance use disorder (SUD) providers?

Yes, CalMHSA's credentialing solution can credential / recredential all behavioral health providers, which include MH and SUD provider types.

Will I need to complete and sign a Participation Agreement (PA) if the County Plan that I represent wants to participate in the CalMHSA Provider Credentialing Program?

Yes, interested County Plans will need to complete, sign, and submit a PA to participate in the CalMHSA Provider Credentialing Program. For additional information or to obtain the PA document and next steps, please send an email to managedcare@calmhsa.org.



Will I need to complete and sign a Business Associate Agreement (BAA) with CalMHSA to participate in the CalMHSA Provider Credentialing Program?

No, your county representative will not need to sign a BAA with CalMHSA to participate in the provider credentialing program since the information being shared is provider / practitioner level data. The providers / practitioners themselves, are providing or attesting to that data.

What is the name of the vendor that CalMHSA selected as the Credentialing Verification Organization (CVO)?

Through a competitive bidding process, CalMHSA selected Compliance Made Easy, Inc. DBA CertifyOS as the CVO to support County Plans with provider credentialing and recredentialing. For more information about this organization, you can check out their website at <https://www.certifyos.com/>.

What does it mean for CalMHSA's chosen credentialing vendor to be a Credentialing Verification Organization or CVO?

It means that the vendor is certified by the National Committee for Quality Assurance (NCQA) to perform provider credentialing and recredentialing on behalf of healthcare organizations. The fact that the CVO is certified ensures that the vendor is applying best practices around primary and secondary source verification, and provider credentialing overall.

How much does CalMHSA expect the cost of the Provider Credentialing Program to be for County Plans?

County Plans should refer to the Participation Agreement (PA) sent by CalMHSA to their individual county representative for costs associated with the credentialing program.

What are the benefits to County Plans for implementing CalMHSA Provider Credentialing Program?

County Plan benefits of adopting this program include:

Cost Effectiveness

- Providers can start seeing clients (and claiming for services) more quickly.

Efficiency

- Reduced staff effort, centralized credentialing data repository.

Centralized Credentialing Administrative Functions

- Provider communications and expirable / recredentialing tracking automated.

Virtual Committee Functionality

- Business logic identifies "clean files", denials, and identifies providers needing credentialing committee approval.
- Virtual Credentialing Committee Module with access to primary source verified (PSV) files and ability to communicate results.
- Robust reporting capabilities / Admin dashboard

Meets DHCS and NCQA requirements for credentialing and recredentialing of providers.

What are the benefits to Plan Providers for implementing CalMHSA Provider Credentialing Program?

Provider benefits of County Plans adopting this program include:

Credentialing Application Options

- County Behavioral Health Plan-specific application
- CAQH ProView

What functionality is offered to the County Plans by the CVO's credentialing platform?

The CVO's credentialing platform offers County Plans a centralized credentialing administrative functionality that automatically flags and tracks providers for recredentialing, as well as ongoing monitoring of "expirables" which include licenses, registrations, certifications, etc. Additionally, the platform automatically notifies providers about missing documents and has customizable built-in templates to send automatic emails and / or letters to providers, such as notification of credentialing results. The CVO's platform offers robust reporting capabilities, an admin dashboard, and a virtual committee function.

Can the County Plans get reimbursed by DHCS for provider credentialing expenses?

Yes, County Plans may claim for Proposition 30 reimbursement to cover provider credentialing expenses as per MHSUDS 18-012 & BHIN 22-070. The MHP and DMC-ODS Plans are reimbursed for 75% of submitted claims. DMC State Plans are reimbursed for 50% of submitted claims.

How long will the CalMHSA Provider Credentialing Program implementation take?

CalMHSA expects implementation to take place once the county signs the required participation agreement with CalMHSA. The length of implementation may take 1-2 months and will vary from county to county depending on the optional services selected.

What will implementation of this new CalMHSA program entail?

CalMHSA and the CVO will work with each participating County to implement the provider credentialing program. High level implementation process steps are outlined below:

- A. Identify the county project team.
- B. Identify and outline custom integrations, reporting, and feature requirements.
- C. System design and planning.
- D. Development and data migration.
- E. Testing (new custom features, webhooks, etc.).
- F. Access management and training.
- G. Full implementation go-live.

The County Plan that I represent completed initial credentialing of many / most of its network providers within the last one to two years. If I opt into this program, would I need to credential all those providers again?

No, County Plans do not need to credential providers that are not due for recredentialing. The county's provider network will be uploaded into the CertifyOS web-based recredentialing platform during implementation, inclusive of their credentialing date. CertifyOS will keep track of when those providers are due for recredentialing and will start the process 90 days ahead of the deadline. However, if your providers were credentialed in the past but their credentialing does not meet all the requirements stated on DHCS MHSUDS Information Notice No.18-019: Provider Credentialing and ReCredentialing for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Counties and BHIN No. 22-070: Parity Requirements for Drug Medi-Cal (DMC) State Plan Counties, those providers

will need to be credentialed to meet requirements.

How will CalMHSA conduct ongoing oversight and monitoring of the provider credentialing functions delegated to the CVO?

CalMHSA will maintain ongoing oversight and monitoring of the CVO delegated credentialing functions by:

- Auditing PSV completed files at least annually.
- Reviewing Key Performance Indicators (KPIs) / Service Level Agreements (SLAs) on a quarterly basis.
- Reviewing contractual requirements (in addition to KPIs / SLAs) annually.
- Periodically meeting with CertifyOS to discuss performance.

Which credentialing sources does the CVO verify to identify Medicare and Medicaid/Medi-Cal sanctions, malpractice claims and settlements, jurisdictional sanctions or other limitations on licensure, and other adverse actions?

The CVO verifies the following sources:

- National Practitioner Data Bank (NPDB)
- DHCS Suspended and Ineligible Provider List
- CMS Medicare Exclusion Database (MED)
- System for Award Management (SAM)
- Office of Inspector General (OIG) List of Excluded Individuals / Entities (LEIE)
- Social Security Administration (SSA) Death Master File

Does the CalMHSA credentialing solution supports PAVE enrollment? What about PECOS enrollment?

The CalMHSA credentialing solution selected does not incorporate PAVE or PECOS enrollment into the credentialing process.