



NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Provider Network Selection and Retention

Assigned Policy Number: 8300

Mega Regs Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input checked="" type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 3/29/2018

Policy developed by: Elnaia Reis and Sheryl Hogan

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 4/6/2018
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County Counsel: DocuSigned by: Lorraine Van Kirk Date: 4/11/2018
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Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 4/11/2018
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Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 8300

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Provider Network Selection and Retention

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

REFERENCE:

- 42 Code of Federal Regulation (C.F.R.) § 438.12(a) and § 438.12(b) Provider Discrimination Prohibited
- 42 Code of Federal Regulation (C.F.R.) § 438.214(a) Provider Selection
- 42 Code of Federal Regulation (C.F.R.) § 438.602(i) State Responsibilities
- 42 Code of Federal Regulation (C.F.R.) § 455.104 Disclosure by Medicaid Providers and Fiscal agents: Information on ownership and control
- 42 Code of Federal Regulation (C.F.R.) §455.105 Disclosure by providers: Information related to business transactions
- 42 Code of Federal Regulation (C.F.R.) §1002.203 State Exclusion of Certain Managed Care
- 42 Code of Federal Regulation (C.F.R.) §1002.3 General Authority
- Santa Clara County Board of Supervisors Policy Manual: Soliciting and Contracting, revised 9/18/17
- VMC #603.3 Provider Credentialing and Billing Certification
- 415-014 BHSD Medi-Cal Site Certification for Organizational Providers
- 415-015 BHSD Exclusion of Providers from Participation in Federal or State Healthcare
- 412-410 Credentialing of Network Providers,
- 412-411 Staff Licensure Waivers,
- 412-413 Mental Health Rehabilitation Specialist,
- 415-061 Personnel Action Request County/Contract Agency (PARRCA),
- 415-015 Exclusion of Providers from Participation in Federal or State Healthcare Programs
- DHCS All Plan Letter 16-012



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POLICY:

To ensure that network providers understand the elements of the provider selection process and maintain compliance with state and federal Medicaid regulations, BHSD established policies and processes to ensure that providers are equitably selected.

Following BHSD Provider Standards, BHSD does not:

- a. Contract with providers beyond the number necessary to meet the needs of its enrollees.
- b. Preclude provider from using different reimbursement amounts for different specialties or for different practitioners in the same specialty; or
- c. Preclude provider from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to enrollees

DEFINITIONS:

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.



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Title: Provider Network Selection and Retention

<u>PROCEDURE</u>	
Responsible Party	Action Required
BHSD Business Office	<ol style="list-style-type: none"> 1. Selects and maintains network providers as outlined in the Santa Clara County Board of Supervisors Policy Manual: Soliciting and Contracting, revised on 9/18/17 and as required by applicable State and Federal requirements. 2. Will only use licensed, registered, waived providers acting within their scope of practice for services that require a license, waiver, or registration. 3. Does not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. 4. Does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. 5. Ensures it has a uniform and documented process for credentialing and re-credentialing, Behavioral Health Service Department Credentialing and Re-credentialing Policies: <ol style="list-style-type: none"> a. #412-410 Credentialing of Network Providers, b. #412-411 Staff Licensure Waivers, c. #412-413 Mental Health Rehabilitation Specialist, d. #415-061 Personnel Action Request County/Contract Agency (PARRCA), e. #415-015 Exclusion of Providers from Participation in Federal or State Healthcare Programs 6. Confirms that providers are located in the United States. 7. Will not employ or subcontract with providers who are excluded from participation in Federal or State Healthcare Programs. 8. Conducts Medi-Cal Site Certification for Organizational Providers, every 3 years to review compliance with health, safety and business practice standards, and in accordance to applicable State and Federal requirements. <ol style="list-style-type: none"> a. Provides written notice of the reason for a decision not to contract a provider or group.



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Provider	<ol style="list-style-type: none"> 1. Must be located in the United States. 2. Give written notice if a decision not to contract with BHSD has been made. 3. Demonstrate compliance with #415-8200 Provider Network Enrollment and Screening. 4. Adhere to BHSD Credentialing and Re-credentialing Policies: #180 Credentialing of Network Providers, #412-411 Staff Licensure Waivers, #412-413 Mental Health Rehabilitation Specialist, #415-061 Personnel Action Request County/Contract Agency (PARRCA), #415-015 Exclusion of Providers from Participation in Federal or State Healthcare Programs 5. Follow BHSD Exclusion of Providers from Participation in Federal or State Healthcare Programs. 6. Maintain compliance with Medi-Cal Site Certification requirements. 7. Disclose information on ownership and control at any of the following times: <ol style="list-style-type: none"> a) Submission of RFP. b) Execution of provider agreement. c) Upon request of the Medicaid agency during the re-validation of Medicaid enrollment process, every 5 years. d) Within 35 days after any change in ownership of the disclosing entity.
Attachments:	