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	<b>Keywords: Credentialing, Practitioner, PSV</b>	
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<b>Approval Signatures:</b>		
<b>Available Upon Request</b>		
Tara S. Bender VOC Network Operations Liaison	Harold Levine, D.O. Interim VOC Medical Director	

I. Purpose:


- A. To describe and outline the initial credentialing process for all independent practitioners applying to the ValueOptions of California (VOC) Mental Health and Substance Abuse (MHSA) and Employee Assistance Program (EAP) networks.
- B. This policy replaces ValueOptions, Inc. (VOI) policy N201.

II. Departments and Committee(s) Affected:

- A. VOC Credentialing Committee
- B. VOC Quality Management Committee and Sub-committees
- C. VOC Network Operations
- D. VOI Network Operations
- E. VOI National Credentialing Committee
- F. VOI Company Quality Council (CQC) and Sub-committees

III. Policy:


- A. VOC maintains a Credentialing Committee for the review and approval of new practitioner applicants for the VOC Mental Health and Substance Abuse (MHSA) network and Employee Assistance Program (EAP) network.
- B. VOI and/or a credentialing verifications organization (CVO) performs designated credentialing administrative services for VOC, including Primary Source Verification.
- C. The VOC Credentialing Committee provides ongoing oversight of the credentialing administrative services performed by VOI and/or a CVO.

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- D. All practitioner applicants applying for participation in the VOC MHSA and/or EAP network must complete and sign an application to initiate the credentialing process.
- E. The credentialing process must be completed within 365 calendar days of the date the practitioner signs the attestation form of the application.
- F. All practitioner applicants must be approved by the VOC Credentialing Committee prior to VOC MHSA and/or EAP network participation.
- G. All practitioner applicants are notified of the completeness of the application within 60 calendar days, specifying what is missing in writing.
- H. All practitioner applicants who submit a complete application are notified of the credentialing decision within 60 calendar days.

IV. Definitions:

- A. Practitioner – A professional who provides behavioral health care services. Practitioners are usually required to be licensed as defined by law.
- B. Credentialing – The process by which VOC authorizes, contracts with, or employs clinicians who are licensed to practice independently to provide services to its members. Eligibility is determined by the extent to which applicants meet the following objective, non-discriminatory defined requirements for education, licensure, professional standing, service availability and accessibility, and conformance with VOC utilization and quality management requirements.
- C. Credentialing Verification Organization (CVO) – An organization that verifies the credentials of physicians and other providers for managed care organizations or other health delivery organizations, including health care service plans, physician hospital organizations (PHO's), hospitals, and provider groups.
- D. Non-Discriminatory – Not based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, or the type of procedure or patient in which the practitioner specializes.


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- E. NetworkConnect – ValueOptions proprietary credentialing software application and electronic provider file cabinet.
- F. Provider Data Sheet – An electronic, form-based version of the ValueOptions Practitioner Application within NetworkConnect.
- G. Credentialing Module – An electronic worksheet within NetworkConnect that tracks the credentialing process to include Primary Source Verification functions.

V. Procedures:


VOI staff or a CVO may complete the following procedures.

- A. Central Support mails a ValueOptions Initial Credentialing application and a copy of the VOC practitioner agreement (including applicable fee schedules) to the nominated practitioner and updates the NetworkConnect Credentialing Module to indicate that the mailing has occurred.
- B. The practitioner completes the application, signs the agreement, and returns all required documents to VOI.
- C. Central Support receives the paper application and the signed practitioner agreement, date stamps the physical documents and enters that date in the NetworkConnect Credentialing Module, scans the application into the NetworkConnect electronic file cabinet, and forwards the information to the Data Entry team for processing.
- D. A Data Entry Specialist indexes the electronic PDF documents (i.e. application, licenses, etc.) into the NetworkConnect electronic file cabinet and enters the application data into the Provider Data Sheet and then forwards the application to a Credentialing Specialist.
- E. The Credentialing Specialist reviews the application for completeness utilizing the Credentialing Module and determines if the practitioner meets VOC credentialing criteria for VOC MHSA and/or EAP network participation (refer to VOC Policy N205.VOC – *Discipline Specific Criteria for Practitioners*). In addition, the

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Credentialing Specialist reviews the practitioner's response for the following elements to include in the credentialing decision:

1. The reasons for any inability to perform the essential functions of the position, with or without accommodation;
  2. Lack of present illegal drug use;
  3. History of loss of license and felony convictions;
  4. History of loss or limitation of privileges or disciplinary activity;
  5. Current malpractice insurance coverage; and
  6. An attestation as to the correctness and completeness of the application.
- F. The Credentialing Specialist outreaches to the practitioner three times in order to obtain any incomplete application information and/or supporting documentation. If the practitioner is non-responsive to these requests, the application process is terminated and the termination status is updated in the NetworkConnect Credentialing Module.
- G. The Credentialing Specialist completes primary source verification of the identified credentialing elements utilizing the Credentialing Module in addition to verifying that a site visit has occurred (refer to VOC Policy N406A.VOC – *Practitioner Site Visit*), renders a recommendation, and forwards the application and documentation to the Network Auditor (refer to VOI Policy N401 – *Primary Source Verification* and VOC Policy N605.VOC – *Exceptions to VOC Credentialing Criteria*).
- H. The Network Auditor conducts a quality review and forwards the pertinent information from the electronic provider file to the VOC Credentialing Committee for review and a determination of VOC MHSA and/or EAP network participation (refer to VOC Policy N601.VOC – *Roles and Responsibilities of the VOC Credentialing Committee* and VOC Policy N605.VOC – *Exceptions to VOC Credentialing Criteria*).
1. VOC Credentialing Committee approvals are then routed to a Data Entry Specialist who updates the NetworkConnect Credentialing Module to reflect

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the credentialed status of the practitioner and sends a welcome letter with a signed copy of the executed agreement and directions on how to obtain a Provider Handbook. The practitioner is notified of the credentialing decision within sixty (60) calendar days of the date of the decision. The complete practitioner file is forwarded to a Network Auditor for a quality review of the data entry process.

2. For instances where the VOC Credentialing Committee decision is to deny, the practitioner is notified in writing within five (5) business days of the date of the decision, the reason(s) for denial, and is notified of his/her right to appeal to the VOC Provider Appeals Committee within thirty (30) calendar days from the date on the letter notification (refer to VOC Policy N606.VOC – *Provider Appeals Process*). The NCC Liaison updates the credentialing status in NetworkConnect to reflect denial status.
  - I. If a practitioner chooses to add a contract in between credentialing cycles, at a minimum the state and/or professional licensure must be verified, and a current copy of the professional malpractice face sheet must be obtained. Criteria are reviewed for all network contract additions, and the practitioner file is forwarded to a Network Auditor. The Network Auditor conducts a quality review and forwards the practitioner file as outlined in Procedure Statement H.