I. Purpose:
   A. To describe and outline the initial credentialing process for all independent practitioners and to ensure that new independent practitioners meet ValueOptions of California (“VOC”) credentialing standards and that the process for credentialing is performed in an accurate and timely manner.
   B. This policy replaces ValueOptions, Inc. (“VOI”) corporate policy N201P.

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 will maintain 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) will perform designated credentialing administrative services for VOC. A grid outlining the division of responsibilities between the parties is included in Attachment 1.
   C. The VOC Credentialing Committee will provide ongoing oversight of the credentialing administrative services performed by VOI and/or a CVO.
D. All practitioners 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.

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.

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 an 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 N205P.VOC – Discipline Specific Criteria for Practitioners). In addition, the 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 N406P.VOC – Practitioner and Provider Site Visit), renders a recommendation, and forwards the application and documentation to the Network Auditor (refer to VOI Policy N401P – Primary Source Verification and VOC Policy N605P.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 N601P.VOC – Roles and Responsibilities of the VOC Credentialing Committee and VOC Policy N605P.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 the credentialing 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 N606P.VOC – Provider Appeals Process). The NCC Liaison updates the credentialing status in NetworkConnect to reflect denial status.
## VOC CREDENTIALING COMPONENT & RESPONSIBILITY CHECKLIST

<table>
<thead>
<tr>
<th>CRED/RECRED COMPONENT</th>
<th>SOURCE</th>
<th>MODE</th>
<th>RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRACTITIONERS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Maintain updated master practitioner credentialing list/database with status of cred/recr. progress. | NetworkConnect | a) Data entry  
a) Bi-weekly review of list | a) VOI  
b) VOC |
| Maintain updated versions of other systems/databases | MHS | a) Data entry  
b) Bi-weekly review | a) VOI  
b) VOC |
| Mail applications (initial & recr.) to practitioners | Applications mailed by VOI/CVO | Hard copy packet | VOI/CVO |
| Maintain timely follow-up process when applications not timely returned | VOI/CVO | a) Letter  
b) Telephone | a) VOI/CVO  
b) VOI/CVO |
| Completed application return location | Provider | Visual inspection | VOI/CVO |
| Current valid state license | Medical Board of CA  
Board of Psychology  
Board of Behavioral Sciences  
Board of Registered Nursing | Electronic query  
Verbal/Phone  
Written | VOI/CVO |
| Hospital privileges, if applicable | Primary admitting facility | Written  
Verbal/phone | VOI/CVO |
| DEA or CDS Certificate, if applicable | Copy of DEA or CDS certificate | Hard copy certificate  
Entry in the NTIS database | VOI/CVO |
| Physician Board Certification, if applicable | Certificates-on-line  
AMA Physician Master Profile  
AOA Official Osteopathic Physician Profile | Electronic/internet query  
Written | VOI/CVO |
| Non-physician behavioral health practitioner Board Certification, if applicable | ABECSSW or NASW/ACSW  
ANCC  
ABPP | Written  
Verbal/Phone | VOI/CVO |
| For EAP professionals - Certified Employee Assistance Professional Certification | EACC | Written  
Verbal/Phone | VOI/CVO |
| Physician Education & Training | Board Certification  
Residency Training Program  
AMA Physician Master Profile  
AOA Official Osteopathic Physician Profile, State Licensing Agency | Written  
Verbal/phone  
Coordinate annual correspondence to State Licensing Board | VOI/CVO |
| Non-physician behavioral health practitioner Education & Training | Professional School  
State Licensing Agency  
Specialty Board | Written, Verbal/ Phone  
Coordinate annual correspondence to State Licensing Board | VOI/CVO |
<p>| Work History | Curriculum Vitae | Visual inspection | VOI/CVO |
| Professional liability insurance | Copy of face sheet | Visual inspection | VOI/CVO |
| Malpractice claims history | NPDB | Electronic/Internet Query | VOI/CVO |
| Monitoring organizations/state sanctions or license | NPDB, state licensing boards | Electronic query, internet | VOI/CVO |</p>
<table>
<thead>
<tr>
<th>CRED/RECRED COMPONENT</th>
<th>SOURCE</th>
<th>MODE</th>
<th>RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>restrictions</td>
<td>Written Verbal/ Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare/Medicaid sanctions</td>
<td>NPDB</td>
<td>Electronic query, internet</td>
<td>VOI/CVO</td>
</tr>
<tr>
<td>Initial practitioner office site assessment and medical record keeping evaluation</td>
<td>Physical review</td>
<td>Assessment against standards</td>
<td>VOC</td>
</tr>
<tr>
<td>QI Performance monitoring for recredentialing</td>
<td>Member grievances, Quality of Care and provider service issues, monitored events, site visit results, treatment record audits</td>
<td>Review of individual cases and data reports</td>
<td>VOI/VOC</td>
</tr>
<tr>
<td>Make discretionary decisions on provider participation/termination and sanction action</td>
<td>-------</td>
<td>Lists of practitioners meeting all criteria</td>
<td>VOC Credentialing Committee</td>
</tr>
<tr>
<td>Reporting sanction information to authorities including 805 reports</td>
<td>-------</td>
<td>-------</td>
<td>VOC Credentialing Committee</td>
</tr>
<tr>
<td>Maintain an appeal and fair hearing process</td>
<td>-------</td>
<td>-------</td>
<td>VOC</td>
</tr>
<tr>
<td>Maintenance of practitioner files with all credentialing documentation</td>
<td>NetworkConnect</td>
<td>Quarterly random audit of provider files scanned and indexed into NetworkConnect</td>
<td>VOC</td>
</tr>
<tr>
<td>Mail executed VOI and VOC (when available) contracts and welcome or “renewal” packets.</td>
<td>a) Executed copy of agreement and fee schedules along with a welcome letter for initial providers. b) Letter (executed agreement, if applicable) of recredentialing completion.</td>
<td>Hard copy letter/packet.</td>
<td>VOI</td>
</tr>
<tr>
<td>Maintain timely process for obtaining updated information related to expired license, DEA, and malpractice insurance between recredentialing cycles. Keep provider database updated with current information.</td>
<td>NetworkConnect</td>
<td>a) Review monthly reports of elements expiring the next month b) Send letters c) Phone follow-up</td>
<td>VOI/CVO/VOC</td>
</tr>
<tr>
<td>Maintain timely process for ongoing monitoring of sanctions and complaints between recredentialing cycles.</td>
<td>a.) same Medicare/Medicaid source as above b.) same sanction/licensure source as above c.) same sources as above for QI performance activities</td>
<td>Same modes as described above for the three requirements</td>
<td>VOI/CVO/VOC</td>
</tr>
<tr>
<td>Provide oversight of activities performed by VOI and CVO.</td>
<td>NetworkConnect and other VOI/CVO reports</td>
<td>Bi-weekly review of list and reports</td>
<td>VOC staff and VOC Credentialing Committee</td>
</tr>
</tbody>
</table>