

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **San Francisco Private Provider Network Selection and Retention**

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Director of Behavioral Health Services

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References: DMH Information
Notice No: 97 – 15 (10/8/97)

Substantive Revision. Replaces Policy 3.07 – 4 of July 21, 2010.

Purpose:

The San Francisco Mental Health Plan (SFMHP) maintains a private provider network, the San Francisco Private Provider Network (SFPPN). This is the policy & procedure for reviewing and approving the credentials of individual providers who have applied to join, or remain in, the SFPPN, in order to ensure that they meet the SFMHP standards for individual providers.

Scope:

This policy and procedure applies to individual providers contracted with the SFPPN.

Policy:

It is the policy of the SFMHP to ensure that all providers in the SFPPN have and maintain their professional credentials.

Procedure:

I. The SFPPN must meet standards for:

- A. Language capacity to be in compliance with the State of California guidelines for threshold languages.
- B. Ethnic and cultural diversity as required by the San Francisco Health Commission.
- C. Adequately addressing consumer needs related to gender identity and sexual orientation.
- D. Having clinical specialties that meet client needs.
- E. Timely access to services.
- F. Disabled accessible sites.

II. The following providers are eligible to provide mental health services through the SFPPN:

- A. Psychiatrists who are licensed as MDs or DOs by the State of California and have successfully completed a psychiatry residency.

- B. Individuals with doctoral degrees in psychology and who are licensed psychologists in the State of California (Board of Psychology).
- C. Individuals with Master's degrees and who are Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT) (Marriage, Family and Child Counselor MFCC prior to 1/1/99), or Licensed Professional Clinical Counselor (LPCC) in the State of California (Board of Behavioral Sciences).
- D. Individuals with Master's degrees in nursing and who are licensed by the State of California to practice independently. This includes individuals who are certified as clinical nurse specialists and individuals who are licensed as nurse practitioners.
- E. Individuals who are in a supervised psychiatry residency program who are licensed as MDs by the State of California *only* when they are working in a hospital outpatient clinic that contracts with the SFMHP.

III. Application Process

- A. Individual providers must submit the following information with their application to provide services through the PPN:**
 - 1. An attestation that the application is complete and correct, including disclosure of any of the following:
 - a. Reasons for any inability to perform the essential functions of the position, with or without accommodations.
 - b. Current illegal substance use.
 - c. History of denial, loss, restriction, termination, or suspension of professional license (including limitation of professional privileges, disciplinary actions, or malpractice claims within the past five years).
 - d. Current misdemeanor and/or felony charges as well as all history of felony and misdemeanor convictions.
 - 2. Work history for the past 15 years.
 - 3. Professional references from two licensed behavioral health clinicians.
 - 4. Release forms for insurance and transcript verifications.
 - 5. Photocopies of:
 - a. Current license (and DEA Certificate for MDs and DOs) with expiration date clearly visible.
 - b. Current malpractice insurance certificate and policy limits per contract.
 - c. Current San Francisco Business Tax Certificate or completed application for a Tax Certificate with appropriate check made out to the San Francisco Treasurer if the provider is doing business in San Francisco. If the provider is not doing business in San Francisco, a completed business Tax Registration Certificate form is required.
 - 6. W9 "Request for Taxpayer Identification Number and Certification" form.
 - 7. Copies of transcripts that verify the provider obtained the degree necessary for professional licensure. For an MD practicing independently as a psychiatrist, verification of satisfactory completion of psychiatry residency satisfies this requirement.
 - 8. An original Individual Provider Signature Page from the Agreement for Provision of Managed Care Mental Health Services by Individual Licensed Mental Health Providers Services Agreement – Individual Contractor, City and County of San Francisco

(through the Office of Contract Administration). [P-501 (5-10) Managed Care, Individual Providers, July 1, 2012].

IV. Credential Verification: The Office of Compliance and Privacy Affairs of the San Francisco Department of Public Health will use the following procedures to verify information (unless this verification is delegated as indicated below):

- A. The State of California licensing boards are contacted to verify licenses, and to ensure that licenses are clear of any formal actions, formal decisions or 805 reports. These are completed as part of the initial application process, re-credentialing, and whenever a license expires.
- B. Certificates of Insurance will be verified.
- C. The National Practitioner Data Bank will be used to determine if there have been any adverse actions against a provider, including malpractice claims paid; this will be done for the initial application process as well as the re-credentialing process.
- D. The Medi-Cal Suspended and Ineligible Provider List will be reviewed to ensure licensed medical providers, psychologists, nurses and other mental health providers are eligible to provide Medi-Cal funded services as part of the initial application process as well as the re-credentialing process.
- E. The Office of the Inspector General List of Excluded Individuals/Entities will be checked to ensure that there are no sanctions or adverse actions against a provider. This is completed as part of the initial application process as well as the re-credentialing process.
- F. The System for Award Management (SAM), the official U.S. government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS, will be checked to ensure that there are no sanctions or adverse actions against providers. This is completed as part of the initial application process as well as the re-credentialing process.

V. Maintenance of Credentials

- A. Providers will be asked to submit proof of current insurance, initially with the application, and at the times their professional liability insurances expire. Providers will be asked for a Certificate of Insurance and Release of Insurance/Claims form whenever their professional liability insurance is due for renewal.
- B. Psychiatrists will furnish a copy of their current DEA certificate when the on file certificate expires.
- C. All mental health professionals contracting with the SFPPN will furnish a copy of their current professional license to practice.
- D. All mental health professionals contracting with the SFPPN are required to notify the SFPPN if the status of their professional licenses or their malpractice coverages change.
- E. The SFPPN may suspend payment for services to a SFPPN provider if any of the required documents have not been furnished as required.

VI. Re-credentialing Process: SFPPN providers must be re-credentialed every two years after their initial date of acceptance into the SFPPN.

During re-credentialing, the following documents/websites will be verified by the Office of Compliance and Privacy Affairs and reviewed by the Provider Review Committee.

- A. An application for re-credentialing that includes the attestation that the application is complete and correct, and also includes the following:

1. Reasons for any inability to perform the essential functions, with or without accommodations.
 2. Current illegal substance use.
 3. History of denial, loss, restriction, termination, or license suspension.
 4. Current and historical misdemeanor and/or felony charges.
 5. Any revocation, suspension or restriction, loss or limitation of professional privileges, including any disciplinary actions against a provider.
 6. History of malpractice claims within the past five years, if any.
- B. Certificate of Insurance
 - C. Professional license
 - D. DEA Certificate for prescribers
 - E. National Provider Identifier Registry, including Taxonomy
 - F. National Provider Data Bank *verification*
 - G. Office of the Inspector General *verification*
 - H. System for Award Management *verification*
 - I. Medi-Cal Suspended and Ineligible Provider List *verification*

VII. Approval of Application by SFPPN Provider Review Committee (PRC), and Disciplinary Action:

- A. The PRC operates as part of the SFPPN. The proceedings of the PRC are confidential; written documents associated with the PRC will be maintained in confidential files.
- B. The purpose of the PRC is to review the application and credentials of individual providers who are applying to become a provider in the SFPPN, and to review the application and credentials of individual providers who are being reviewed for re-credentialing, for the purpose of privileging each provider.
- C. The PRC is chaired by the Director of the SFPPN. The membership of the PRC consists of individuals knowledgeable about credentialing issues and standards of clinical practice. The PRC membership includes licensed professionals employed by the City and County of San Francisco, Department of Public Health, and Behavioral Health Services. The PRC membership includes the Medical Director for BHS or designee, and licensed representatives from the SFPPN authorizing agents (Behavioral Health Access Center, Foster Care Mental Health, Family Mosaic Project, and Educationally Related Mental Health Services).
- D. The PRC may deny an application for privileges by an individual provider. The PRC may also restrict or terminate privileges of an individual provider for any of the following reasons:
 1. The health, safety or welfare of beneficiaries of the SFMHP is in jeopardy by the provision or continued provision of services by a provider.
 2. The provider has furnished false, incomplete, or inaccurate information to the SFPPN administration or to the SFMHP's Claims Unit/Billing Department.
 3. The ability of the provider to perform services is impaired.
 4. Professional license or certification of an individual provider is suspended, revoked, terminated, or subjected to terms of probation or other restriction.
 5. An individual provider is subject to a disciplinary proceeding or action before an administrative agency in any State.

6. An individual provider's general liability or professional liability insurance is canceled, terminated, not renewed, or materially modified.
7. An individual provider has become a defendant in a professional negligence action, or is required to pay damages in any such action by way of judgment or settlement.
8. A felony information or indictment naming the individual provider has been issued.
9. An action has been taken to restrict, suspend, or revoke the provider's participation in Medicare or Medicaid/Medi-Cal.
10. The provider does not comply with City and county of San Francisco Department of Public Health policies and procedures, or any other substantiated reason that may raise quality of care concerns.

The Director of the SFPPN will notify an individual provider of any adverse action that the PRC has advised. The Director of the SFPPN shall notify the Director for BHS of the recommended adverse action.

VIII. Provider Appeal of Adverse Decision by the Provider Review Committee:

- A. When an applicant is denied membership in the SFPPN, or a current member is terminated from the SFPPN, secondary to the advice of the PRC, the provider will be given written notice of the proposed action and of the provider's right to request a formal hearing. The notice will state:
 1. What action has been proposed against the provider.
 2. A brief description of the reasons for the proposed action.
 3. That the provider has the right to request a hearing within thirty (30) calendar days of the date on the notice.
 4. A brief summary of the provider's rights at the hearing.
- B. A provider shall have thirty (30) calendar days after the mailing of the notice of the adverse action to request a formal hearing. The request must be submitted in writing to the Director of the SFPPN, 1380 Howard Street, 2nd floor, San Francisco, CA 94103. If the provider does not request a formal hearing within the time and manner prescribed, the provider will be deemed to have accepted the recommendation, decision, or action involved, and the decision may be adopted as the SFPPN's final action.
- C. Upon receiving a request for a formal hearing, the Director of Behavioral Health Services will proceed with mechanisms to ensure a fair hearing process.

Contact Person:

Director, San Francisco Private Provider Network

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