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Section C: Contracting and Credentialing

C1: Join the CenCal Health Network: Provider Contracting

Join us in our effort to provide quality healthcare to those in need. Please contact our Provider Services Department at (805) 562-1676, or email provideronboarding@cencalhealth.org to determine documents required.

To be reimbursed for non-emergent services for an eligible member of a health program administered by CenCal Health, providers must be credentialed by, and have a fully executed contract with CenCal Health. To provide emergent care to any Medi-Cal member, providers need only be enrolled in the State Medi-Cal program.

CenCal Health is required by federal law to ensure all contracted providers are enrolled in the DHCS Medi-Cal Program. Providers who enroll through DHCS are eligible to provide services to Medi-Cal Fee for Service (FFS) beneficiaries as well as CenCal Health Medi-Cal beneficiaries. The State's Provider Application and Validation for Enrollment (PAVE) portal is a web-based application designed to simplify and accelerate the State Medi-Cal enrollment process. Providers can utilize the PAVE portal to complete and submit applications, report changes to existing enrollments, and respond to requests for continued enrollment or re-validation.

The State's PAVE portal is a web-based application designed to simplify and accelerate the State Medi-Cal enrollment process. Providers must utilize the portal to complete and submit applications, report changes to existing enrollments, and respond to requests for continued enrollment or re-validation. Please be sure to maintain current and accurate information about yourself and/or your group, as data submitted through PAVE comprises the database DHCS uses to understand the network of Medi-Cal providers in California. This is important even if you only see CenCal Health members and never submit claims for Fee-For-Service members.

If you are not enrolled with DHCS and have questions, please contact the Provider Services Department and our team will assist you with the enrollment process.

Your PSR, as well as staff from other CenCal Health departments, will be available to answer questions, complaints, and concerns, assist with member issues, process claims and authorizations for referrals and/or treatment, and for on-going training.

Reference Links:
Department of Health Care Services (DHCS) PAVE Provider Enrollment
www.dhcs.ca.gov/provgovpart/Pages/PED.aspx

C2: Provider Directory and Attestation of Practice Information

The Department of Managed Health Care (DMHC) released Senate Bill (SB) 137 in December 2016, indicating uniform standards and timely updates for all Managed Care Plan Provider Directories. Provider directory standards allow members to receive and search accurate, up-to-date information regarding physicians, hospitals, clinics, and other providers contracted with CenCal Health's network.

Among other requirements, SB 137 requires CenCal Health to do the following:

- Publish and maintain accurate provider directory or directories with information on contracting providers.
- Verify provider directory information with contracted providers on a periodic basis.
- Update the provider online directory weekly and printed directory quarterly.
- Ensure contracted providers notify the Health Plan when they are accepting new patients or no longer accepting new patients.

In an effort to provide members and providers with the most current information, CenCal Health's provider directory is updated on a routine basis. Providers need to verify and attest to the accuracy of their information via the CenCal Health provider roster at least every six months. Providers can request a pre-populated roster from CenCal Health that contains all data currently on file. Providers can submit changes, additions and deletions from this pre-populated roster. Additionally, providers can download a blank roster template from the CenCal Health website and submit updates. The blank roster template can be found on CenCal Health's website at: https://www.cencalhealth.org/providers/provider-profile-and-practice-changes/

For any questions regarding attesting to your data, you can contact the Provider Services Department at (805) 562-1676 or send an e-mail to providerservices@cencalhealth.org.

If you would like to obtain a printable copy of the provider directory, please visit our website: https://www.cencalhealth.org/providers/search-provider-network/
or contact the Provider Services Department for assistance.

C3: Credentialing and Recredentialing

CenCal Health always strives to provide the best care possible to our members. Like most managed care organizations, we have programs in place to improve the quality of care delivered to our members. As part of this quality improvement program, we have a process to gather and verify the credentials of providers in our network.

CenCal Health developed and implemented a credentialing and recredentialing process to evaluate the practitioners who practice within its delivery system initially and on an

ongoing basis. We have chosen to implement a rigorous credentialing process because we assume responsibility for managing the healthcare of our members, and ensuring our providers meet quality standards is part of this responsibility. Well-defined policies and procedures identify the practitioners that are subject to this process, define the credentials assessed and methodology used to make credentialing decisions, and identify the parties responsible for the credentialing process. Information assessed includes (but is not limited to) licensure, relevant training or experience, and any issues that may affect the care delivered within the managed care setting. Verification of this information from approved primary sources is essential to ensure that decisions are based on the most accurate, current, and complete information available. At recredentialing, CenCal Health also considers data derived from practice experience within the organization as part of its evaluation, as well as complaints and other member satisfaction measures.

To ensure that CenCal Health has obtained correct information and makes fair credentialing decisions, practitioners are afforded certain rights during the credentialing and recredentialing process, including the right to review information obtained to support their credentialing application.

CenCal Health's credentialing process is based on National Committee of Quality Assurance (NCQA) standards. In some instances, the credentialing and recredentialing process may be delegated, wholly or in part, to another entity, with oversight by CenCal Health to ensure the same standards are being met.

C4: Primary Source Verification

	MD/DO	Chiropractor	DPM	Physician Executive	PA/PA-C	NP	CRNA	Nurse Midwife	Allied	Orgs
NPI (PSV) /SSN / DOB / Full name	√	√	√	√	√	√	√	√	√	NPI / Tax ID / W9
Medical/professional school	√	√	√	√	√	√	√	√	√	N/A
Internship/Residency/ (Fellowship optional)	√	One year	√	√	N/A	N/A	N/A	N/A	N/A	N/A
Board Certification (not required unless otherwise stated)	ABMS	N/A	ABFAS ABPM	ABMS	NCCPA (required at grad., renewal optional)	AANP ANCC NCC PNCB	NBCRNA (required)	AMCB (required for CNM)	N/A	N/A

(PSV w/in last 6 mos.)										
Specialty / Degree (based on residency, fellowship or board cert.)	√	√	√	Specialty Physician executive	Specialty based on activity	Specialty based on activity	√	√	√	Accreditation
License (State) (PSV w/in last 6 mos.)	√	√	√	√	√	√	√	√	√	Business License
License (National)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√	RD's	N/A
License (other states)	√	√	√	√	√	√	√	√	N/A	N/A
DEA Certificate (CA address, all schedules) (current at time of approval)	√	N/A	√	Not required	√	√	N/A	√	Optometrists (optional) –– not all sched.	N/A
Hospital Admitting Privileges (PSV – current at time of approval) (or admitting alternative plan)	√	N/A	√	Not required	N/A	N/A	N/A	√	N/A	N/A
Medi-Cal enrollment/date (PSV)	√	√	√	N/A	√	√	√	√	√	√
Supervising MD / DOSA	N/A	N/A	N/A	N/A	√	√	N/A	√	N/A	N/A
Working locations /	√	√	√	√	√	√	√	√	√	√

cred contact										
OIG search (PSV w/in last 6 mos.)	√	√	√	√	√	√	√	√	√	√
NPDB search (PSV w/in last 6 mos.) CIN-BAD (DC's only)	√	CIN-BAD	√	√	√	√	√	√	N/A	N/A
Malpractice insurance (current at time of approval)	√	√	√	√	√	√	√	√	√	Liability
AMA/AOIA profile (initial MD/DO's)	√	N/A	√	√	N/A	N/A	N/A	N/A	N/A	N/A
Work history over last 5 years (explanation of gaps > 6 mos.)	√	√	√	√	√	√	√	√	N/A	N/A
Attestation / Release (w/in 1 year)	√	√	√	√	√	√	√	√	√	N/A
Quality Summary (FSR for all PCP's) (Member grievances and peer review data for Recreds only)	√	√	√	N/A	√	√	√	√	N/A	N/A

* Medical School/Residency information is verified once, at the time of initial credentialing.

Credentialing and Recredentialing verification processes comply with NCQA credentialing standards as they pertain to primary source verification.

It is necessary to have the provider's application, resume and/or curriculum vitae with a signed liability release dated within the past twelve (12) months to initiate a credentialing or recredentialing process.

C5: Facility Site, Medical Record and Physical Accessibility Reviews

CenCal Health conducts facility site reviews (FSRs), medical record reviews (MRRs), and physical accessibility reviews (PARs) for all PCPs as a requirement for participation in CenCal Health programs.

Reviews of sites for PCPs that serve SBHI and SLOHI members are conducted utilizing the DHCS Medi-Cal Managed Care Full Scope Site Review Survey and Medical Record Survey Tool. PCP sites must achieve a passing FSR score before members can be assigned to the respective PCPs. The FSR includes an on-site inspection and interview with the office personnel.

The MRR is based upon a survey of randomly selected medical records and is composed of pediatric and/or adult records, depending on the type of practice. The MRR review includes, but is not limited to, a review of format, legal documentation practices, documentary evidence of the provision of preventive care, and coordination of primary care services.

FSR and MRR audit tools are scored as per DHCS requirements, and corrective action plans (CAPs) are provided when needed. Critical element deficiencies always require a CAP. CAPs must be completed and verified within the timeframes dictated by DHCS. CenCal Health nurse reviewers who are certified by DHCS perform all FSR/MRR reviews and are available to help in completing CAPs.

After the successful completion of an initial full scope survey, the maximum time period before the next required full scope FSR/MRR is three years. CenCal Health may review sites more frequently, or when determined necessary based on prior findings.

PARS assessments enable CenCal Health to collect and publish information about the physical accessibility of a provider site for seniors and persons with disabilities (SPDs), and they are performed on all PCP sites during the initial FSR. PARS are also performed on other provider sites such as specialists, ancillary, and CBAS providers that serve a high volume of SPDs. PARS assessments examine access to parking, the exterior building, elevators, interior building, exam rooms, and restrooms. The survey will also identify if an exam room has a height adjustable exam table and accessible weight scale for those with disabilities.

To download materials to prepare for a Facility Site Review/Medical Record Review, please visit the CenCal Health website at www.cencalhealth.org or email Provider Services for assistance at psrgroup@cencalhealth.org.

If you relocate your office, or employ or contract with a new PCP, please notify CenCal Health's Provider Services Department at (805) 562-1676 or psrgroup@cencalhealth.org.

C6: Access to Care Standards

According to DHCS and the Medicaid Managed Care Final Rule: Network Adequacy Standards, CenCal Health is required to adopt access to care standards for its provider

network. Please see the table below for a summary of the regulations. At least annually, we contact our providers to conduct appointment availability and after-hours access surveys. The survey format or methodology, as well as the provider types contacted, may change periodically based on DHCS direction. We appreciate the ongoing collaboration with our providers as we all strive toward the common goal of providing excellent care to the members we serve. Contact the Provider Services Department at (805) 562-1676 or email providerservices@cencalhealth.org for questions.

Appointment Time	Standard Time Frame
Non-urgent Primary Care Appointment	Within 10 business days to appointment from request
Non-urgent Specialty Appointment	Within 15 business days to appointment from request
Non-urgent OB/GYN Specialty Care Appointment	Within 15 business days to appointment from request
Non-urgent OB/GYN Primary Care Appointment	Within 10 business days to appointment from request
Non-urgent Mental Health (non-psychiatry) Outpatient Services Appointment	Within 10 business days to appointment from request
Non-urgent Ancillary Services Appointment (for diagnosis or treatment)	Within 15 business days to appointment from request
Urgent Care Appointment	Within 48 hours for services that do not require prior approval Within 96 hours for services that do require prior approval
Emergency Care	Immediately
+Primary Care Triage and Screening	Within 30 minutes
Mental Health Care Triage and Screening	Within 30 minutes
Wait Time in Office	Within 30 minutes
After Hours Care	24 hours a day
Telephone Access	24 hours a day

+ reflects "Triage" or "screening," and means the assessment of an enrollee's health concerns and symptoms via communication, with a physician, registered nurse, or other qualified health professional acting within his or her scope of practice and who is trained to

screen or triage an enrollee who may need care, for the purpose of determining the urgency of the enrollee's need for care.

C7: Terminating a Provider

In the event that a provider is terminated from the CenCal Health network, we must make every effort to ensure our obligations to the State and to our Members' care are met, including ensuring Members are notified and reassigned to another CenCal Health participating provider when appropriate.

As a Provider, it is important to ensure that you notify CenCal Health in writing at least 60 days prior to any changes to your practice that may result in terminating your Agreement with CenCal Health, examples include but are not limited to if you are moving, retiring, or resigning. CenCal Health is required to notify DHCS of Provider Termination as applicable to our contract.

Providers must also ensure that access to Members' records and other information necessary to ensure any needed coordination or transfer of care to another provider may occur, as required by your Agreement, and by State and other laws. Providers are obligated to cooperate and assist with ensuring our Members' needs are met during this time.

CenCal Health will acknowledge your written Notice of termination with a returned acknowledgement notice via email, and will also ask you to complete a Provider Exit Survey to gain valuable feedback and to identify opportunities for improvements to programs and services.