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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 Relations Department at (805) 562-1676, and our team will guide you through the process.

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 to ensure all contracted providers are enrolled in the DHCS Medi-Cal Program via the State's Provider Application and Validation for Enrollment (PAVE) portal. DHCS-enrolled providers are eligible to provide services to Medi-Cal Fee for Service (FFS) beneficiaries as well as CenCal Health Medi-Cal beneficiaries.

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 Relations 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 ongoing training.

**Reference Link:**

DHCS PAVE Provider Enrollment  
[www.dhcs.ca.gov/provgovpart/Pages/PED.aspx](http://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 anything changes in their practice, including when they are no longer accepting new patients, a provider leaves or joins the practice, or the office hours change.

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 Relations Department at (805) 562-1676 or send an email to [providerservices@cencalhealth.org](mailto: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 Relations Department for assistance.

### **C3: Credentialing and Recredentialing**

CenCal Health always strives to support provision of the best care possible for 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 enact a rigorous credentialing process because we assume responsibility for managing the healthcare of our members and confirming our providers meet quality standards is part of this responsibility. Well-defined policies and procedures identify the practitioners that are subject to this review, establish the credentials assessed, methodology used to make credentialing decisions, and identify the parties responsible for the credentialing process. Information considered includes (but is not limited to) licensure, relevant training or experience, and any issues that may affect the course of treatment delivered within the managed care setting. Verification of this information from approved primary sources is essential to establish 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 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 Verifications (Current at Time of Approval)	MD / DO	DC	DPM	Physician Executive	PA / PA-C	NP / NP-C	CRNA	CNM / LM	Allied Health Providers	Organizations
<b>Providers:</b> NPI / SSN / DOB / Legal Name <b>Organizations:</b> NPI / Tax ID / W9	X	X	X	X	X	X	X	X	X	X
Medical / Professional School	X	X	X	X	X	X	X	X	X	N/A
Internship / Residency and/or optional Fellowship	X	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A
Board Certification when applicable and/or required by Provider Type	X	X	X	X	X	X	X	X	X	N/A
<b>Providers:</b> Specialty / Degree Designation <b>Organizations:</b> Accreditation if applicable	X	X	X	X	X	X	X	X	X	X
<b>Providers:</b> CA State License to Practice or Certificate / Credential <b>Organizations:</b> State Licensure and/or Business Licensure if applicable	X	X	X	X	X	X	X	X	X	X
DEA Certificate with explanation for missing eligible schedules if applicable	X	N/A	X	N/A	X	X	N/A	X	N/A	X
Hospital Admitting Privileges or Alternative Admitting Plan	X	N/A	N/A	N/A	N/A	N/A	N/A	X	N/A	N/A
Proof of Medi-Cal Enrollment or Application Submission for providers with an enrollment pathway	X	X	X	N/A	X	X	X	X	X	X

Supervising Physician or	N/A	N/A	N/A	N/A	X	X	N/A	N/A	N/A	N/A
Primary Source Verifications (Current at Time of Approval)	MD / DO	DC	DPM	Physician Executive	PA / PA-C	NP / NP-C	CRNA	CNM / LM	Allied Health Providers	Organizations
Practice or Business Locations and Preferred Credentialing Contact	X	X	X	X	X	X	X	X	X	X
OIG Search	X	X	X	X	X	X	X	X	X	X
NPDB or CIN-BAD Query	X	X	X	X	X	X	X	X	X	X
<b>Providers:</b> Professional Liability Coverage <b>Organizations:</b> General and/or Professional Liability Coverage if applicable	X	X	X	X	X	X	X	X	X	X
AMA / AOA Profile	X	N/A	X	X	N/A	N/A	N/A	N/A	N/A	N/A
Complete 5-Year Work History with explanations for any gaps 6 months or longer	X	X	X	X	X	X	X	X	X	N/A
Signed Release of Information and Attestation Questions with applicable explanations	X	X	X	X	X	X	X	X	X	X
<b>Quality Check:</b> Facility Site Review for PCPs; Member Grievances and Peer Review data for Recredentialing	X	X	X	N/A	X	X	X	X	X	X

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

Completed Onboarding documents by provider type are required to initiate the credentialing process. We will accept a current and complete CAQH profile in lieu of a CPPA. Please refer to our website for up-to-date information and forms.

### **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 on 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 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, the 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](http://www.cencalhealth.org) or email Provider Relations for assistance at [psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org).

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

### **C6: Member Access to Care Standards**

According to DHCS and the Medicaid Managed Care Final Rule: Network Adequacy Standards, CenCal Health is required to monitor 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.

Appointment Time	Standard Time Frame
Non-urgent Primary Care Appointment	Appointment within 10 business days from request
Non-urgent Specialty Appointment	Appointment within 15 business days from request
Non-urgent OB/GYN Specialty Care Appointment	Appointment within 15 business days from request
Non-urgent OB/GYN Primary Care Appointment	Appointment within 10 business days from request
Non-urgent Mental Health (non-psychiatry) Outpatient Services Appointment	Appointment within 10 business days from request
Non-urgent Ancillary Services Appointment (for diagnosis or treatment)	Appointment within 15 business days 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**

If a provider is terminated from the CenCal Health network, we must make every effort to ensure our obligations to the state and our members’ care are met, including ensuring that 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 of termination include but are not limited to instances when a provider is moving, retiring, or resigning. CenCal Health is required to notify DHCS of Provider Termination as applicable to our contract.

Per CenCal Health’s agreement, and by state and other laws, providers must also ensure access to members’ records and other information necessary to ensure coordination/transfer of care to another provider. 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 acknowledgment 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.