CREDENTIALING AND RECREREDENTIALING

ValueOptions of California’s credentialing processes for new providers seeking to contract with ValueOptions of California and recredentialing processes for participating providers currently contracted with ValueOptions of California is designed to comply with national accreditation standards to which ValueOptions of California is or may be subject, as well as applicable state and/or federal laws, rules and regulations. Credentialing and recredentialing is required for all providers and participating providers, respectively, including without limitation individual practitioners and organizations (clinics, facilities or programs). All provider/participating provider office or facility locations where services are rendered and that share the same federal tax identification number that are identified in credentialing/recredentialing applications are considered for participation status under that application.

Providers and participating providers are credentialed and recredentialed, respectively, for participation status for designated services and/or level(s) of services. Should participating providers have other or additional services or levels of services available, additional credentialing and/or recredentialing may be necessary prior to designation as a ‘participating provider’ for such additional services and/or levels of services. Services and/or levels of services for which a participating provider is not credentialed are subject to all applicable out-of-network authorization, certification and any benefit or coverage limitations under the member’s benefit plan.

As provided for in ValueOptions of California policies and procedures, decisions to approve or decline initial credentialing applications, to approve recredentialing applications and/or to submit a given credentialing or recredentialing application for further review are made by the ValueOptions of California Credentialing Committee.

Participating providers have the right to: (a) request review of information submitted in support of credentialing or recredentialing applications; (b) correct erroneous information collected during the credentialing or recredentialing processes; and (c) request information about the status of credentialing or recredentialing applications. All requests to review information must be submitted in writing. Verbal requests for the status of a credentialing or recredentialing application can be made by calling the Beacon National Provider Services Line at (800) 397-1630, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time. Regardless of the above, ValueOptions of California will not release information obtained through the primary source verification process where prohibited by applicable state and/or federal laws, rules and/or regulations.

Credentialing

Initial credentialing processes begin with submission of completed and signed applications, along with all required supporting documentation using one of the following methods:

- After completing the online universal credentialing process offered by the Council for Affordable Quality Healthcare (CAQH), give Beacon access to your credentialing
information and ensure a current attestation. Call the CAQH Help Desk at (888) 599-1771 for answers to your questions related to the CAQH application or website; or

- Completion of a Beacon paper or on-line application by calling the Beacon National Provider Services Line at (800) 397-1630 Monday through Friday, 8 a.m. to 8 p.m. Eastern Time

This includes without limitation an attestation as to: (a) any limits on the provider’s ability to perform essential functions of their position or operational status; (b) with respect to individual practitioner providers, the absence of any current illegal substance or drug use; (c) any loss of required state licensure and/or certification; (d) absence of felony convictions; (e) with respect to individual practitioner providers, any loss or limitation of privileges or disciplinary action; and (f) the correctness and completeness of the application.

Failure of a provider to submit a complete and signed credentialing application, and all required supporting documentation timely and as provided for in the credentialing application and/or requests from Beacon and/or ValueOptions of California, may result in rejection of request for participation status with ValueOptions of California.

Recredentialing

Recredentialing for participating providers is required every three (3) years. The process for recredentialing begins approximately three (3) months prior to the end of the initial credentialing cycle or the preceding recredentialing cycle, as applicable, and can be accomplished using one of the following methods:

- After completing the online universal credentialing process offered by the Council for Affordable Quality Healthcare (CAQH), give Beacon access to your credentialing information and ensure a current attestation. Call the CAQH Help Desk at 1-888-599-1771 for answers to your questions related to the CAQH application or website; or

- The mailing of a recredentialing application via USPS to the participating provider or notification by Beacon to the participating provider via email, voicemail or facsimile that their online recredentialing application is available via ProviderConnect.

Required documentation includes without limitation an attestation as to: (a) any limits on the participating provider’s ability to perform essential functions of their position or operational status; (b) with respect to individual practitioner participating providers, the absence of any current illegal substance or drug use; and (c) the correctness and completeness of the application (including without limitation identification of any changes in or updates to information submitted during initial credentialing).

Failure of a participating provider to submit a complete and signed recredentialing application, including all required supporting documentation timely and as provided for in the recredentialing
application and/or requests from Beacon and/or ValueOptions of California, may result in termination of participation status with ValueOptions of California and such providers may be required to go through the initial credentialing process.

Standards

Standards applicable to providers in the initial credentialing process and to participating providers in the recredentialing process include, but are not limited to the following:

- Current, unencumbered (not subject to probation, suspension, supervision and/or other monitoring requirements) and valid license to practice as an independent provider at the highest level certified or approved by the state or states in which services are performed for the provider’s/participating provider’s specialty (individual practitioners)

- Current, unencumbered (not subject to probation, suspension, supervision and/or other monitoring requirements) and valid license to practice and/or operate independently at the highest level certified or approved by the state or states in which services are performed for the provider’s/participating provider’s facility/program status (organizations)

- Accreditation currently accepted by ValueOptions of California (currently TJC, CARF, COA, HFAP, AAAHC, NIAHO, CHAP and AOÂ) (organizations)

- Clinical privileges in good standing at the institution designated as the primary admitting facility, with no limitations placed on the ability to independently practice in his/her specialty (individual practitioners)

- Graduation from an accredited professional school and/or highest training program applicable to the academic degree, discipline or licensure (individual practitioners)

- Current specialty board certification, if indicated on the application (individual practitioners)

- A copy of a current Drug Enforcement Agency (DEA) certificate, and/or Controlled Dangerous Substance (CDS) Certificate where applicable (individual practitioners)

- No adverse professional liability claims which result in settlements or judgments paid by or on behalf of the provider/participating provider which disclose an instance of, or pattern of, behavior which may endanger members

- Good standing with state and federal authorities and programs (organizations)

- No exclusion or sanctions from government sponsored health benefit programs (e.g., Medicare/Medicaid) (individual practitioners and organizations)

- Current specialized training as required for certain levels or areas of specialty care (individual practitioners)

- Malpractice and/or professional liability coverage in amounts consistent with ValueOptions of California policies and procedures (individual practitioners and organizations)
• An appropriate work history for the provider’s/participating provider’s specialty (individual practitioners)

Changes or updates to any of the above noted information is subject to re-verification from primary sources during the recredentialing process, or at the time of notice of such a change or update from the participating provider.

• No adverse record of failure to follow ValueOptions of California policies and procedures or Quality Management activities

• No adverse record of provider actions that violate the terms of the provider agreement

• No adverse record of indictment, arrest or conviction of any felony or any crime indicating potential or actual member endangerment

• No criminal charges filed relating to the participating provider’s ability to render services to members

• No action or inaction taken by a participating provider that, in the sole discretion of ValueOptions of California, results or may result in a threat to the health or well-being of a member or is not in the member’s best interest

Site Visits

In addition, and as part of credentialing or recredentialing, ValueOptions of California may conduct a structured site visit of a provider’s/participating provider’s offices/locations. The current ValueOptions of California site visit tool is available for review on the Beacon website. As the site visit tool is subject to modification without notice, participating providers are encouraged to check the website for the most current site visit tool prior to scheduled site visits. While ValueOptions of California, at its discretion, may require a site visit in the course of credentialing and/or recredentialing processes based on information submitted and/or obtained in the process, site visits are conducted for providers/participating providers in the following categories: (a) unaccredited organizations; (b) providers/participating providers with two or more documented member complaints in a six (6) month time frame relating to physical accessibility, physical appearance, adequacy of waiting/examining room space; and/or (c) alleged quality of care issues.

Site visits are arranged in advance. Following the site visit, ValueOptions of California will provide a written report detailing the findings, which may include required monitoring where applicable and/or requirements for the participating provider to submit an action plan.

Updates

Providers/participating providers are required to report material changes to information included in credentialing and/or recredentialing applications submitted to Beacon. Except as noted below, all such changes must be reported in writing within the time period provided for in the provider
agreement, but not to exceed ten (10) calendar days of the provider/participating provider becoming aware of the information. Failure to comply may result in immediate termination of network participation status. The following is a list of examples of the types of material changes for which the above report is required:

- Any action against licenses, certifications, registrations, and/or accreditation status*
- Any legal or government action initiated that could materially affect the rendering of services to members
- Any legal action commenced by or on behalf of a member
- Any initiation of bankruptcy or insolvency proceedings, whether voluntary or involuntary
- Any other occurrence that could materially affect the rendering of services to members
- Discovery that a claim, suit or criminal or administrative proceeding is being brought against the provider/participating provider relating to the provider’s malpractice, compliance with community standards and applicable laws, including any action by licensing or accreditation entities and/or exclusions from a government sponsored health benefit program (e.g., Medicare/Medicaid)

* The suspension, revocation, expiration and/or voluntary surrender of professional license/certification, DEA certificate, CDS certificate, and/or board certification must be reported within five (5) calendar days of the effective date of the action.

Expiration, non-renewal and/or decrease in required malpractice or professional liability coverage must be reported thirty (30) calendar days prior to such change in coverage.

Any changes in demographic information or changes in practice patterns such as change of services and/or billing address, name change, coverage arrangements, tax identification number, hours of operation, and/or changes in ownership must be provided to ValueOptions of California in advance of such changes. ValueOptions of California must receive sixty (60) calendar days advance notice of any new programs or services offered by a facility provider in order to allow for completion of the credentialing process prior to provision of services to members.

Changes in ownership and/or management of participating providers may require negotiation and execution of consent to assignment and assumption agreements as related to provider agreements and the parties to provider agreements.