

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: January 13, 1998

MENTAL HEALTH POLICY NO.: MH 98-07

SUBJECT: Provider Selection and Performance Criteria

AUTHORITY: Divisional

SUPERSEDES: Restatement and Expansion of Existing Policy Criteria; Renumbering of Mental Health Plan Policy No. 96-01

AMENDED: April 16, 2004

PURPOSE: To support the credentialing process of the Mental Health Plan by establishing objective eligibility criteria for professional providers.

PROCEDURE: An applicant for initial credentialing or subsequent re-credentialing as a MHP provider shall meet the following standards:

<u>STANDARD</u>	<u>MEASURE</u>
Completion of Provider Application.	On file; confirmed by Provider Relations Specialist.
Current professional license, evidence of any Board Certification, BNDD/DEA Certificate (if appropriate).	MHP confirmation with issuing authority.
Evidence of liability coverage as stipulated in contract.	Submission of evidence of coverage; review by MHP staff; further review by legal and Risk Management staff as needed.
Professional References.	Confirmed by MHP; follow-up letters may be requested.
Curriculum Vitae.	On file.
Circumstances and outcomes of any current	Self-Report; report from National

STANDARD

MEASURE

or previous litigation against provider.

Practitioners' Data Bank; report from any other appropriate source. A positive finding by the Provider Relations Specialist mandates a secondary review by MHP Director, QI Coordinator and Medical Director.

Negative finding on Office of Inspector General eligibility list.

Confirmed by MHP.

Willingness to accept new clients. *

Per referral history.

Ability to work with beneficiary and family/support persons in a professional, collaborative and culturally competent manner. *

Per client satisfaction survey; per presence/absence of documented complaints in provider file.

Rating by clients of at least 80% satisfaction with services. *

Per Satisfaction Survey.

Ability to meet the Quality Improvement, authorization, administrative and clinical requirements of the MHP, and to work cooperatively with the staff who authorize and re-authorize clinical services. *

Per presence/absence of documented complaints in provider file; per chart review as indicated by MHP Quality Improvement procedures.

For providers serving on the MHP Inpatient Provider Network, in addition to meeting all credentialing and performance requirements of the hospital, the provider must:

- a. Be recommended by the hospital's Medical Director; and
- b. Work cooperatively with MHP staff around discharge planning efforts.

Letter on file.

Presence/absence of complaints in provider file.

*These criteria will be addressed to MHP providers during the re-credentialing process.

Providers who meet all other eligibility standards may not be excluded solely because of the provider's type of license or certification.

Providers with whom the MHP chooses not to contract shall be given written notice explaining the basis for this decision.

Approved: _____
Gale Bataille, Director
Mental Health Services Division