Credentialing FAQs

**Q:  Is it possible to verify a provider DEA?**

A: Yes, this can be done by going to the DEA [website](http://www.deadiversion.usdoj.gov/online_forms_apps.html) (<http://www.deadiversion.usdoj.gov/online_forms_apps.html>) and ordering a duplicate certificate request.  Requests require provider consent, name, address, DOB, SS#.

**Q: What if a provider’s DEA license has a restriction?**

A: If a provider’s DEA has a restriction, such as “limited to official University duties only”, then the provider will need to complete a DEA Arrangement form, posted to the CHCN Portal. With this form, another provider with an unrestricted DEA agrees to prescribe medications on behalf of the provider with the restricted DEA.

**Q: If providers practice at multiple locations, do they need to register all locations with the DEA?**

A: It depends.Ifa physician just prescribes controlled substances within the same state, then he/she will only need one DEA registration. If a physician purchases, stores, dispenses and/or administers controlled substances, then he/she will need to be registered at each location. Also, if one physician is the main physician at a location, he/she can be the person who purchases/stores the controlled substances at the location and the other physicians can work as an agent of the main physician and dispense/administer controlled substances to their patients.  The main physician would be the responsible person for security and recordkeeping.

**Q: What is the format of the dates on the CV?**

A: The dates on the CV must include the start date and end date in the MMYYYY format.

**Q: What if the employment history gap is greater than 6 months?**

A: The provider needs to give a written explanation of the non-employment gap.

**Q: If a provider fills in at another clinic location within the same clinic organization on an occasional basis, do I need to notify CHCN?**

A: Yes, please send us an email with the clinic practice location.

**Q: Are credentialing applications for behavioral health providers submitted to CHCN?**

A: No. Clinics should submit credential applications for behavior health providers, including interns, to the health plans. Alameda Alliance for Health sub-contracts Medi-Cal behavioral health services to Beacon Health Options. Anthem manages behavioral health benefits in-house.

**Beacon (Alameda Alliance)**:

For all re-credentialing requests such as FQHC organizational re-credentialing that happens once every three years. Please fax to 866-612-7792

For all data-loading and/or data-related requests such as FQHC roster and adding new FQHC sites. Please fax to 866-612-7995

* Clinician Information Sheet
* Clinician Roster (Associate Social Workers and Interns need to be included)

Send roster when someone joins or terminates in addition to clinician information sheet

Contact Beacon’s Provider Relations Team at Provider.Inquiry@beaconhealthoptions.com if they are seeking to find out the status of a cred/recred application and/or a data-loading request.

**Anthem**: Please send the forms and the following information to Xiomara Lopez Xiomara.Lopez@anthem.com and ssbdatamanagementservices@anthem.com and include provider’s name, degree, CAQH ID, NPI, and license.

* Professional Provider Practice Form or [roster spreadsheet](file:///%5C%5CFS3%5Cchcn_adm2%5CCredentialing%5CForms%5CBehavioral%20Health%5CAnthem%20Roster.xls)
* Supervising Practitioner Verification form
	+ Required for Psych. Nurse Practitioners
	+ NOT required for Licensed Psychologists, LCSW’s or MFT’s
* CAQH account is required
* Associate Social Workers and Interns do not need to be credentialed with Anthem

**Q: How many mid-level providers can be supervised by a Physician?**

A: Physicians are permitted to supervise up to **four** non-physician medical providers, in the following combinations:

* 1 physician for every 4 NPs
* 1 physician for every 4 PAs
* 1 physician for a combination of non-physicians that does not include more than 3 CNMs or 2 PAs

Note: Numbers are based on the full time equivalent of the physician and non-physician and can be adjusted up or down depending on the FTE. Please refer to the [Department of Health Care Services Two Plan Boilerplate](http://www.dhcs.ca.gov/provgovpart/Documents/ImpRegSB2PlanBp32014.pdf) for additional information (See page 1, Exhibit A, Attachment 6 Provider Network).

**Q: What are the Board Certification requirements for credentialing physicians?**

A: From **Alameda Alliance** Credentialing & Re-credentialing Policy & Procedure [CRE-0002](file:///%5C%5CFS3%5Cchcn_adm2%5CCredentialing%5CResources%5CHealth%20Plans%5CAlliance%5CAAH%20Credentialing%20Policies%2020160506.pdf) with these guidelines:

Page 3. E. The Alliance requires Board Certification or eligibility per ABMS guidelines on contracted practitioners effective March 1, 2003 as applicable.  Here is the link where you can check to see if a physician is still within their board eligible period.

<http://www.abms.org/media/84743/abms_board_eligibility_policy_by_board.pdf>

Page 4. E. 3. Physicians credentialed by the Alliance prior to March 1, 2003 who are not board certified will not be required to obtain board certification however it is encouraged. We refer to this as “Grandfathered”.

License issued before 1990 are “Lifetime” Board Certified.

Their P&P also states that (Page 4. E. 5) “Non-boarded physicians may be considered for participation at the discretion of the Peer Review and Credentialing Committee if a specific network need can be filled and the physician can demonstrate appropriate training and experience.”

A: From **Anthem** [Credentialing Program Summary](file:///%5C%5CFS3%5Cchcn_adm2%5CCredentialing%5CResources%5CHealth%20Plans%5CAnthem%5CCredentialing%20Program%20Summary%202016.pdf), Page 6:

Initial applications should meet the following criteria in order to be considered for participation, with exceptions reviewed and approved by the CC:

A. For MDs, DOs, DPMs, and oral and maxillofacial surgeons, the applicant must have current, in force board certification (as defined by the American Board of Medical Specialties (“ABMS”), American Osteopathic Association (“AOA”), Royal College of Physicians and Surgeons of Canada (“RCPSC”), College of Family Physicians of Canada (“CFPC”), American Board of Podiatric Surgery (“ABPS”), American Board of Podiatric Medicine (“ABPM”), or American Board of Oral and Maxillofacial Surgery (“ABOMS”)) in the clinical discipline for which they are applying. Individuals will be granted five years after completion of their residency program to meet this requirement.

1. As alternatives, MDs and DOs meeting any one of the following criteria will be viewed as meeting the education, training and certification requirement:

a. Previous board certification (as defined by one of the following: ABMS, AOA, RCPSC, CFPC) in the clinical specialty or subspecialty for which they are applying which has now expired AND a minimum of ten (10) consecutive years of clinical practice. OR

b. Training which met the requirements in place at the time it was completed in a specialty field prior to the availability of board certifications in that clinical specialty or subspecialty. OR

c. Specialized practice expertise as evidenced by publication in nationally accepted peer review literature and/or recognized as a leader in the science of their specialty AND a faculty appointment of Assistant Professor or higher at an academic medical center and teaching Facility in Anthem’s Network AND the applicant’s professional activities are spent at that institution at least fifty percent (50%) of the time.

**Q: Is Board certification required for Advanced Practice Professionals (APPs)?**

A: Board Certification for APPs is not required by Alameda Alliance for Health. Anthem Blue Cross (Anthem) requires board certification for all APPs. Anthem will credential a physician within five years of completing the required residency program. Anthem will require evidence of board certification upon re-credentialing. If the physician still is not board certified after five years, then the clinic must request an exception, called an “access needs waiver,” in order to continue the provider’s contract. Please contact Provider Services if you would like to request an exception.

**Q: How do I notify CHCN of termed providers?**

A: Email CHCN that includes:

* Provider Name
* Provider NPI
* Provider Type
* Provider Practice Location
* Termed Date and Termed Reason
* Provider Personal Email

There are five possible termed reasons you must select:

1) Deceased

2) Provider left practice group

3) Practice closed

4) Retired

5) Failed to re-credential/respond to CAPS (corrective action plans)

**Q: Do I notify CHCN of providers with changes in work schedule or practice location?**

A: Email CHCN that includes:

* Provider Name
* Provider NPI
* Provider Type
* Provider new practice location
* Full time equivalent (FTE) percentage - the percentage of a 40-hour work week that this provider is available to see patients
* If Leave or Sabbatical, intended duration

**Q: Can a nurse practitioner Prescribe Medication?**

A: A nurse practitioner who wishes to furnish or prescribe drugs or devices must have a furnishing number issued by the California Board of Registered Nursing. In addition, a nurse practitioner with a furnishing number may obtain a Drug Enforcement Administration (DEA) registration number to order controlled substances as needed for patient care. To be eligible for the furnishing number, the nurse practitioner must:

* Be certified by the California Board of Registered Nursing
* Complete a California Board of Registered Nursing approved advanced pharmacology course at any nationally accredited master’s or post-master’s level academic Nurse Practitioner program.
* The nurse practitioner will need to renew the furnishing number at the time of license renewal.

**Q: Does CHCN credential Acupuncturists or Chiropractors?**

A: Yes, please submit your credentialing materials to credentialing@chcnetwork.org.

**Q: Does CHCN credential volunteers or on-call, per diem or locum providers?**

A: Yes. It is a requirement to credential any PCP that has contact with patients in the clinics. Locums must be credentialed if they are filling in at health center due to vacancy. However, if locum is filling in for regular or permanent employee on leave for 90 days or less, then they do not need to be credentialed (health center should bill under permanent employee’s NPI). Please submit your credentialing materials to credentialing@chcnetwork.org.

**Q: What are the requirements for supervision of certified nurse midwives?**

A: According to the California Board of Nursing, the physician must hold a current license to practice in the state of California without restrictions that affect supervision of CNM's, and the physician must be experienced in this area of practice - caring for expectant/laboring/postpartum women.

**Q: Do dentists need to be enrolled in Medicare/Medi-Cal?**

A: Yes. Dentists should be enrolled in Medicare as Ordering Referring Physician (ORP). You can enroll your dentists and physicians in Medicare through the Provider Enrollment, Chain, and Ownership System ([PECOS](https://pecos.cms.hhs.gov/pecos/login.do)). Federal law permits state Medicaid agencies to accept Medicare’s credentialing of providers in lieu of doing it themselves. California chooses to accept either Medicare enrollment or Medi-Cal enrollment. Dental Medi-Cal services should be billed to Medi-Cal as a code 3.

**Q: Can all PCP’s be enrolled in Medicare/Medi-Cal through PECOS?**

A: No. MD’s, DO’s, and nationally board certified NP’s, PA’s and CNM’s can be enrolled through the Provider Enrollment, Chain, and Ownership System ([PECOS](https://pecos.cms.hhs.gov/pecos/login.do)).

If a NP, PA or CNM is NOT board certified, they need to be enrolled in Medi-Cal. Complete the [*Medi-Cal Ordering/Referring/Prescribing Provider Application/Agreement/Disclosure Statement for Physician and Non-physician Practitioners*](http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/23enrollment_DHCS6219.pdf) (form 6219) which can be found on the [DHCS PAVE](http://files.medi-cal.ca.gov/pubsdoco/ordering_referring_and_prescribing/orp_landing_page.asp) website.

**Q: Do hospital-based physicians need to be credentialed with the health plans?**

A: If the provider is credentialed with the hospital we do not need to credential them. CHCN will need a letter from the hospital confirming the provider’s staff membership. CHCN will notify the health plans of the provider’s affiliation with the clinic organization.

If the practitioner is not credentialed under the hospital then we would need to credential the practitioner with the health plans.

**Q: Are electronic signatures on credentialing forms accepted by the health plans?**

A: Yes. Both Anthem Blue Cross and Alameda Alliance for Health accept electronic signatures. CAQH does not. You need a wet signature on the Standard Authorization, Attestation and Release form and CAQH Release.

***Other information:***

**Q:  Are FQHCs required to submit CMS855 I & R Medicare enrollment applications for each provider?**

A:  No, due to regulatory changes, only the simpler CMS855O application must be submitted for each provider for referring and ordering since FQHCs bill through the organization, not through each individual provider.

**Q: Does CHCN credential Optometrists?**

A: No. The health centers should credential all Optometrists with the vision plans directly. Although CHCN does not credential the optometrists, please let us know about any optometrists within your health center that may also provide medical eye care services, such as retinopathy.

March Vision Care (Alameda Alliance for Health)

**Sandra Gonzalez**

6701 Center Drive West, Suite 790, Los Angeles, CA 90045

Phone: 310.216.2300, ext. 5113 or 866.376.6780

Fax: 877.627.2488

sgonzalez@marchvisioncare.com or ProviderDemographics@marchvisioncare.com.

www.marchvisioncare.com

VSP Vision Care (Anthem Blue Cross)

Also, under VSP are the following vision plans; Anthem Blue Cross PPO, and Cigna

**Nancy Gall**

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