

PRACTITIONER CREDENTIALING CRITERIA

San Diego County Mental Health Plan & Optum Public Sector

**Fee For Service (FFS) Medi-Cal and/or
Treatment and Evaluation Resource Management (Optum TERM)
Provider Networks**

Prepared By:



CREDENTIALING CRITERIA

Psychiatrist

1.	Graduate degree from a school listed in the current AAMC Directory of American Medical Education, published by the American Association of Medical Colleges, or in the then-current World Directory of Medical Schools, published by the World Health Organization.
2.	Board Certified/Eligible in Psychiatry. Physicians who graduated from medical school prior to July 1, 1982, will be considered to have the equivalency of board certification requirement if he or she has completed an ACGME approved residency training program in psychiatry or a fellowship in addiction medicine.
3.	Current California licensure without material restrictions, conditions or other disciplinary action taken against applicant's license. Current and valid Drug Enforcement Agency or Controlled Dangerous Substance Certificate, unless the applicant's practice does not require it.
4.	Medical Malpractice/Professional Liability with extended reporting option covering the licensed medical personnel providing health care services. (a) \$1,000,000 per Occurrence (b) \$3,000,000 in the Aggregate
5.	Applicant has no history of denial or cancellation of professional liability insurance warranting denial of participation status.
6.	No suspension of hospital privileges on three or more occasions during the past 12 months due to inappropriate, inadequate or tardy completion of medical records.
7.	The absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital, medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation status.
8.	No conditions or other history of disciplinary action or sanctions taken against applicant in Medicare and/or Medicaid programs.

Psychiatric Nurse Practitioner - (with prescriptive Authority)

1.	Completion of an advanced Nursing Program and master's degree in psychiatric/mental health nursing.
2.	American Nurses Credentialing Center (ANCC) verification as a Psychiatric Nurse Practitioner in Psychiatric/Mental Health Nursing.
3.	California RN License. Current California licensure without material restrictions, conditions or other disciplinary action taken against applicant's license.
4.	Current and valid Furnishing Number. Current and valid Drug Enforcement Agency Certificate (DEA) unless the applicant's practice does not require it. (Be authorized for prescriptive authority)
5.	Be supervised by a participating network behavioral health physician (<i>A copy of the supervisory agreement must be submitted with the application</i>).
6.	Medical Malpractice/Professional Liability with extended reporting option covering the licensed medical personnel providing health care services. (a) \$1,000,000 per Occurrence (b) \$3,000,000 in the Aggregate
7.	Applicant has no history of denial or cancellation of professional liability insurance warranting denial of participation status.
8.	No suspension of hospital privileges on three or more occasions during the past 12 months due to inappropriate, inadequate or tardy completion of medical records.
9.	The absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital, medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation status.
10.	No conditions or other history of disciplinary action or sanctions taken against applicant in Medicare and/or Medicaid programs.

CREDENTIALING CRITERIA

Psychiatric Physician Assistant - (with Prescriptive Authority)

1.	Completion of a Physician Assistant Program.
2.	Board certified through the National Commission of Certification of Physician Assistants (NCCPA)
3.	Applicant must meet the following criteria for participation (a) Active/unexpired Certificate of Added Qualifications (CAQ) in Psychiatry or eligible for the Exam (b) Be supervised by a participating network behavioral health physician (<i>A copy of the supervisory agreement must be submitted with the application</i>)
4.	California PA License: Current California licensure without material restrictions, conditions or other disciplinary action taken against applicant's license.
5.	Be supervised by a participating network behavioral health physician (<i>A copy of the supervisory agreement must be submitted with the application</i>).
6.	Current and valid Drug Enforcement Agency Certificate (DEA) unless the applicant's practice does not require it. (Be authorized for prescriptive authority)
7.	• Medical Malpractice/Professional Liability with extended reporting option covering the licensed medical personnel providing health care services. (a) \$1,000,000 per Occurrence (b) \$3,000,000 in the Aggregate • The supervising network physician must have a malpractice rider that includes the oversight of the PA
8..	Applicant has no history of denial or cancellation of professional liability insurance warranting denial of participation status.
9.	No suspension of hospital privileges on three or more occasions during the past 12 months due to inappropriate, inadequate or tardy completion of medical records.
10.	The absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital, medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation status.
11.	No conditions or other history of disciplinary action or sanctions taken against applicant in Medicare and/or Medicaid programs.

Psychologist

1.	A doctoral level degree in clinical psychology from an accredited college or university and direct provision of care to clients in a mental health setting.
2.	If applicable, completion of a post-graduate training program appropriate for the type of services to be provided.
3.	Current licensure at the highest level for independent practice granted within California. The license is without material restrictions, conditions or other disciplinary action taken against applicant's license.
4.	Professional Malpractice/Professional Liability with extended reporting option covering the licensed medical personnel providing health care services. (a) \$1,000,000 per Occurrence (b) \$3,000,000 Aggregate
5.	Applicant has no history of denial or cancellation of professional liability insurance warranting denial of participation status.
6.	No suspension of hospital privileges on three or more occasions during the past 12 months due to inappropriate, inadequate or tardy completion of medical records.
7.	The absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital, medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation status.
8.	No conditions or other history of disciplinary action or sanctions taken against applicant in Medicare and/or Medicaid programs.

CREDENTIALING CRITERIA

Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT) or Licensed Professional Clinical Counselor (LPCC-special attestation required)

1.	Current licensure at the highest level for independent practice granted within California. The license is without material restrictions, conditions or other disciplinary action taken against applicant's license.
2.	Professional Malpractice/Professional Liability Insurance with extended reporting option covering the licensed medical personnel providing health care services. (a) \$1,000,000 per Occurrence (b) \$3,000,000 in the Aggregate
3.	Applicant has no history of denial or cancellation of professional liability insurance warranting denial of participation status.
4.	The absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital, medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation status
5.	Conditions or other history of disciplinary action or sanctions taken against applicant in Medicare and/or Medicaid programs.