

BHRS CONTRACTED AGENCY ANNUAL ATTESTATION

As a Contracted Agency of Marin County Behavioral Health and Recovery Services, I attest that we have a Credentialing and Re-Credentialing Policy and Procedure in place in accordance with the uniform process for credentialing and re-credentialing of network providers as per BHRS Policy No. 28, contract with BHRS and pursuant to MHSUDS Information Notice No.18-019.

The Contractor further attests that all network providers have been formally credentialed and/or re-credentialed and that all are qualified in accordance with current legal, professional, and technical standards, and are appropriately licensed, registered, waived, and/or certified. In addition, the Contractor certifies that all network providers are in good standing with the Medi-Cal program and that no one is excluded from participation in Federal health care programs, including Medicare or Medi-Cal.

The Contractor attests that, at a minimum, the following has been verified and documented through a primary source, when applicable to the provider type, for each network provider:

1. Appropriate license and/or board certification or registration,
2. Evidence of graduation or completion of any required education,
3. Proof of completion of any relevant medical residency and/or specialty training, and
4. Satisfaction of any applicable continuing education requirements.

In addition, the Contractor attests that they have verified and documented the following information for each network provider, as applicable (does not need to be verified through a primary source):

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and clinic privileges;
4. Current Drug Enforcement Administration identification number;
5. National Provider Identifier number;
6. Current malpractice insurance in an adequate amount, as required for the particular provider type;
7. History of liability claims against the provider;
8. Provider information, in any, entered in the National Practitioner Data Bank, when applicable.
9. History of sanctions from participating in Medicare and/or Medi-Cal;
10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

Moreover, the Contractor attests to have a signed and dated attestation statement for each one of their network providers, who provide services for which Medi-Cal and/or Medicare will pay directly or indirectly, including services which are clinical or administrative/managerial in nature, including support service delivery covered services under the BHRS contracts, in which each provider attests to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony convictions;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness

The Contractor certifies that it maintains each provider attestation on file so that it can be made available to the MHP and DMC-ODS upon request, at any time.

The Contractor understands that it is their responsibility to notify BHRS Quality Management immediately if there is a change to the ability of any of the network providers to render services under federally funded health care programs, including suspension or exclusion.

Date

Agency Designated Signatory

Title