

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

POLICY NO. : 0704.879	POLICY TITLE: REQUIRED DOCUMENTS BY CONTRACT PROVIDERS	EFFECTIVE DATE: 3/27/1998
PROGRAM: AFFECTS:	PERFORMANCE MANAGEMENT UNIT – QUALITY IMPROVEMENT CONTRACT PROVIDERS	REVISION DATES: REVIEW DATES: 11/2/98;12/21/1999; 1/3/ 2001; 2/22/02; 9/20/04; 9/5/2008; 12/11/10; 12/23/13; 1/14/14; 10/28/16; 1/14/20

POLICY Humboldt County Department of Health and Human Services - Behavioral Health (DHHS-BH) ensures that Contract Providers submit to Mental Health, in a timely manner, copies of their State License, Insurance Certificates, and other documents required in the Provider Manual, the Service/Professional Agreement between DHHS and the Provider.

DEFINITION(S)

PROCEDURE

1. Providers are required, by their Service Agreement with DHHS-BH, to submit current copies of the above-mentioned documents to DHHS-BH prior to expiration. As a courtesy to the Providers:
 - 1.1. The Provider Relations Coordinator monitors expiration dates of State Licenses, Insurance Certificates of Coverage, and other required documents in collaboration with the Contract Preparer.
 - 1.2. The Provider Relations Coordinator will either call or email the Providers requesting them to submit the current or new document/s to DHHS-BH Provider Relations Coordinator as soon as these become available to Provider but prior to the expiration of the documents on file.
 - 1.3. If required documents have already expired and the Provider Relations Coordinator has not received all needed documents, the Provider Relations Coordinator will:
 - 1.3.1. Prepare and sign a letter stating circumstances and that service authorization and claims payment could be delayed until such time that the required documents are received at DHHS-BH.
 - 1.3.2. Send the letter to the Provider and provide courtesy copies to the Mental Health Director, Quality Improvement Coordinator, Senior Program Manager, Mental Health Fiscal Services Unit, and DHHS Contract Unit.
 - 1.3.3. Keep a copy of the letter in the Provider's contract file.
 - 1.4. The Senior Program Manager will suspend service authorization and Fiscal Services Unit will suspend claims processing until such time the Provider Relations Coordinator receives the documents.
 - 1.5. When all needed documents are received, the Provider Relations Coordinator will inform the Director, Quality Improvement Coordinator, Senior Program Manager, Fiscal Services Unit, and DHHS Contract Unit via email.
 - 1.6. The Senior Program Manager will resume service authorization as needed and the Fiscal Services Unit will resume claims processing.

**FORM(S)/
ATTACHMENTS**

REFERENCE

[CCR, title 9, chapter 11, section 1810.435](#)