# FAQs Credentialing and Enrollment

This document provides guidance on the credentialing process for organizational providers through Optum Public Sector, which administers credentialing on behalf of the San Diego County Behavioral Health Plan (SDCBHP). It consolidates requirements applicable to organizational entities and individual providers, as outlined in the **Organizational Providers Credentialing** section of our website, and references key supporting resources, including the **Organizational Provider Operations Handbook (OPOH)** and the **Substance Use Disorder Provider Operations Handbook (SUDPOH)**. This information is intended to help organizational providers understand and comply with applicable credentialing, enrollment, and operational requirements.

**How do I determine which of my programs are subject to Credentialing & Enrollment requirements for San Diego County Behavioral Plan?**

Programs are subject to Credentialing and Enrollment requirements if they are **funded by Medi-Cal**. Providers employed by these programs must comply with all applicable credentialing and enrollment requirements established by San Diego County BHS and Medi-Cal. If you are not sure, please contact COR.

**Do I need to credential interns who bill under their supervisor's NPI?**

**No.** In most cases, interns who provide services and bill under a supervising clinician's NPI are **not required to be individually credentialed**. Credentialing is generally required only for providers who bill services using **their own NPI** and are enrolled as rendering providers. Organizations should ensure that all supervision and billing practices comply with applicable San Diego County Behavioral Health Plan and Medi-Cal requirements.

**What provider disciplines require credentialing?**

Per Optum San Diego and Department of Health Care Services (DHCS) requirements, including BHIN 18-019, any **licensed, registered, certified, or waivered provider who delivers direct, billable services** must be credentialed and recredentialed. This includes, but is not limited to, the provider disciplines listed below:

- **Associate Marriage Family Therapist**
- **Associate Professional Clinical Counselor**
- **Associate Clinical Social Worker**

- **Certified Peer Support Specialist**
- **Doctor of Medicine**
- **Doctor of Osteopathic Medicine**
- **Licensed Clinical Social Worker**
- **Licensed Marriage Family Therapist**
- **Licensed Professional Clinical Counselor**
- **Licensed Psychiatric Technician**
- **Licensed Vocational Nurse**
- **Nurse Practitioner**
- **PhD Licensed**
- **PhD Registered**
- **Psych Assistant**
- **PsyD Licensed**
- **PsyD Registered**
- **Registered Nurse**
- **Waivered - PhD / PsyD**
- **SUD Counselor- Certified:** This discipline applies to providers that have earned a certification from any of the following organizations:
    - **CCAPP**
    - **CADTP**
    - **CAADE**
- **SUD Counselor – Registered:** This discipline applies to providers that have registered with any of the following organizations:
    - **CCAPP**
    - **CADTP**
    - **CAADE**
- **All Others**: If you are unsure if a discipline or taxonomy is required to undergo the credentialing process, please send an email to BHSCredentialing@optum.com to find out.

**Do Mental Health Rehabilitation Specialists (MHRS) need to be credentialed?**

**No.** Although Mental Health Rehabilitation Specialists (MHRS) provide direct, billable services and bill under their own NPI on Medi-Cal claims, they are **not subject to credentialing requirements**. Unlike other provider disciplines, MHRS positions do not require a state-issued license, registration, waiver, or certification that can be verified through the credentialing process.

Instead, Legal Entities (LEs) are responsible for verifying that MHRS staff meet the required education and experience qualifications at the time of hire, in accordance with current Title 9 requirements. For qualification requirements, refer to the **Organizational Provider Operations Handbook (OPOH), Section 12: Staff Qualifications**.

**How do I start the credentialing process for my staff?**

Each Legal Entity (LE) within the Behavioral Health Plan is assigned a dedicated Credentialing Representative. To initiate the credentialing process, the LE must submit a **credentialing notification** to its Credentialing Representative **within two (2) business days of the provider's acceptance of an employment offer**. The notification should include all required provider information and supporting documentation needed to begin credentialing and enrollment activities. Prompt submission helps ensure providers are credentialed and approved to render services as quickly as possible.

**What information do I need to submit a credentialing notification?**

Please include the following information on every credentialing notification:

- Name of the provider
- Name of Program Manager & Email
- Program Name
- Discipline
- Start Date
- Email address
- NPI Number

**What are the provider notification timelines?**

Legal Entities (LEs) are required to provide timely notification of any changes in provider status to ensure credentialing and enrollment records remain accurate and up to date. Notification requirements include, but are not limited to:

- **New hires:** Notify Optum within **two (2) business days** of the provider's acceptance of an employment offer.
- **Terminations:** Notify Optum promptly when a provider separates from employment or ceases to provide services.
- **License, registration, certification, or waiver changes:** Report any updates, renewals, restrictions, suspensions, or expirations as soon as they occur.
- **Other provider status changes:** Notify Optum of any changes that may affect a provider's credentialing, enrollment, or eligibility to deliver services as soon as possible, in some cases next business day depending on the type of status change

All notifications should be sent to your assigned Credentialing Representative or **BHSCredentialing@optum.com**. Timely notification helps ensure providers are appropriately credentialed and enrolled before rendering services and that provider records remain compliant with Behavioral Health Plan requirements.

**How long does Optum take to send the credentialing application to my new hire?**

Once Optum receives a **complete credentialing notification**, the assigned Credentialing Representative will send the credentialing application to the provider within **two to three (2–3) business days**. Submitting a complete notification with all required information helps prevent delays and allows the credentialing process to begin as quickly as possible.

**How long do providers have to complete the credentialing application?**

Credentialing applications are sent to providers electronically through **Adobe Sign** and include detailed instructions for completion. Providers are required to complete and submit the application within **five (5) business days** of receiving it.

Please note that the Adobe Sign link will **expire after five (5) business days**. Failure to complete the application within this timeframe may delay the credentialing and enrollment process. Providers who are

unable to meet the deadline should contact their Credentialing Representative as soon as possible for assistance.

**How long does the verification process take after the application has been completed?**

The time required to complete the verification process varies depending on the provider's discipline, professional history, licensure status, and any additional certifications or registrations that must be verified. Credentialing requires primary source verification and other validation activities, which can differ from provider to provider.

In most cases, the verification process is completed **up to 15 calendar days** after a complete application has been received. However, processing times may be longer if additional information or verification is needed from licensing boards, educational institutions, employers, or other credentialing sources. Prompt responses to requests for additional documentation can help prevent delays.

**How long does the credentialing process take from start to finish?**

The overall credentialing timeline can vary based on several factors, including the provider's responsiveness to requests for information, the completeness and accuracy of the application, the provider's discipline, and the complexity of their professional history.

While individual timelines may differ, the **average turnaround time from initial application to credentialing determination is approximately 30 days**. Delays are most commonly associated with incomplete applications, missing documentation, slow responses to requests for additional information, or extended verification timeframes with external sources.

To help ensure timely processing, providers should complete all application requirements promptly and respond quickly to any follow-up requests from the Credentialing Team.

**Where can I find my credentialing approved date?**

Upon a decision being reached on your application, you will receive a letter from Optum advising you of the decision as well as the approved date. Letters are issued no later than three (3) business days from the decision date (credentialing approved date).

**What are the best practices for a timely and successful credentialing process?**

To help ensure providers are credentialed as efficiently as possible and avoid unnecessary delays, Legal Entities (LEs) should follow these best practices:

- **Respond promptly** to all requests for information or documentation, ideally within **two (2) business days**.
- **Ensure providers submit complete and accurate applications** the first time to minimize follow-up requests and processing delays.
- **Designate a primary credentialing contact and backup contact** who actively monitor email communications and respond to inquiries in a timely manner.
- **Notify Optum of new hires within two (2) business days** of the provider accepting an employment offer.
- **Begin the credentialing process as early as possible** to allow sufficient time for application review, verifications, and enrollment activities.
- **Maintain current organizational records**, including licenses, insurance certificates, accreditation documentation, and provider rosters.
- **Encourage providers to regularly monitor their email** and promptly complete credentialing applications and any additional requests for information.

**Tip:** Applications that require repeated follow-up, are submitted with incomplete or outdated information, or become inactive due to a provider's failure to respond may experience significant delays. Credentialing documents and attestations must remain current throughout the review process, and provider signatures may only be valid for a limited period of time. If documents expire, information becomes outdated, or signature dates exceed allowable timeframes before processing is completed, updated forms and supporting documentation may be required. In some cases, the application may need to be resubmitted, and the credentialing process restarted.

Following these practices can help reduce processing times and support compliance with San Diego County Behavioral Health Plan credentialing requirements.

**What are some common credentialing issues and how can they be avoided?**

The following challenges commonly delay the credentialing process. Implementing proactive practices can help ensure timely review and approval:

- **Incomplete or outdated documentation**
  Maintain organized electronic files and use internal checklists to ensure all required documents are current and submitted with the application. Track expiration and renewal dates for licenses, certifications, insurance, and other required credentials.
- **Late notification of new hires or provider status changes**
  Establish an internal workflow that triggers credentialing notifications as soon as an employment offer is accepted and for any subsequent provider changes.
- **Delayed responses to requests for information**
  Treat credentialing-related communications as a high priority. Use internal reminders and escalation processes to ensure requests for additional information are addressed promptly.
- **Inconsistent information across applications and supporting documents**
  Carefully review all forms and attachments before submission to ensure information is accurate, complete, and consistent across all documents.

**Tip:** Most credentialing delays are preventable. Establishing clear internal processes, maintaining current documentation, and responding promptly to requests from Optum can significantly reduce processing time and help providers become credentialed more quickly.

**Key Contacts & Resources**

- **Optum Behavioral Health Services Credentialing Department**: (800) 482-7114 or BHSCredentialing@optum.com
- Work directly with your assigned **Credentialing Representative** for status updates and change notifications.
- Main resources: **optumsandiego.com** (Organizational Providers section for entity details; Organizational Providers Credentialing
- Organizational Provider Operations Handbook (OPOH) — available on optumsandiego.com

## Final Advice

**What final advice can help ensure a successful credentialing experience?**

Successful credentialing depends on three key factors: **completeness, timeliness, and responsiveness**. Organizational providers can help ensure a smooth process by submitting complete and accurate applications, adhering to all notification requirements – especially the **two (2) business day new hire notification requirement** – and responding promptly to requests for information or documentation.

Credentialing the appropriate provider disciplines is essential to:

- Support quality and continuity of care.
- Maintain compliance with County, State, and Medi-Cal requirements.
- Ensure providers are authorized to deliver and bill for services.
- Minimize disruptions in service delivery for San Diego County Behavioral Health Plan members.

**Tip:** Begin the credentialing process as early as possible. Delays are often caused by incomplete applications, missing documentation, or slow responses to follow-up requests. Proactive communication and thorough preparation can significantly reduce processing time.

This FAQ is intended as a general reference based on current Optum San Diego and San Diego County Behavioral Health Plan credentialing requirements. Providers and organizations should always follow the specific instructions, timelines, and documentation requirements provided by their assigned Credentialing Representative, as requirements may change over time.

For the most current information, visit the webpage Organizational Providers Credentialing or contact the Optum Credentialing Team directly.