

LACDMH Medi-Cal Specialty Mental Health Services Local Mental Health Plan (LMHP) Fee-for-Service Individual or Group Contract Checklist for Providers Interested in Obtaining a New Agreement

You will be eligible to begin providing services and receive reimbursement only after you have received an executed Agreement signed by the Director of Mental Health. Your copy of the executed Agreement will have an effective date, which indicates when you may begin providing services reimbursable by the DMH. All services provided are required to be claimed for reimbursement electronically through the DMH electronic health record system called IBHIS (Integrated Health Behavioral Information System).

We are unable to enter into an agreement with you if any of the required forms or documents received are incomplete, are not current, or if you do not meet the required criteria. This will impact the date you are eligible for reimbursement.

All Fee-for-Service providers must be credentialed with the LMHP:

- Review the Fee-For-Service Network Provider Manual, 6th Edition, December 2018, Section II: The Provider Network at the following link:

http://file.lacounty.gov/SDSInter/dmh/1049988_Fee-For-ServiceNetworkProviderManual-6thEdition-December2018.pdf

- Review the reimbursement rates in the Fee-For-Service Network Provider Manual, 6th Edition, December 2018, Section IX: Procedure Codes, Diagnosis Codes and Rates, Attachment I.
- Review all Provider Bulletins issued on and after December 2018 at the following link:

http://lacdmh.lacounty.gov/hipaa/ffs_UIS_Special.htm

- For a group agreement, **all members of the Group** who provide Medi-Cal specialty mental health services under the group agreement must complete an individual provider application for each member and be credentialed. All group agreement requires two or more credentialed members.
- The ability to submit claims through the IBHIS is required for service reimbursements. Please review the Fee-For-Service Network Providers Testing Checklist at the following link:

http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Readiness.htm.

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The following items are required before entering into any contract agreement.

Insurance Certificates: Submit proof of ALL current insurance. Submit with the credentialing packet as instructed on the packet and **annually** to the DMH **Contracts Development and Administration Division.**

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| ___ | 1. Commercial General Liability | <u>Limits:</u>
<u>\$2 Million</u> General aggregate
<u>\$1 Million</u> Products/Completed Operation Aggregate
<u>\$1 Million</u> Personal and Advertising Injury
<u>\$1 Million</u> Each occurrence |
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Endorsement: The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, employees and volunteers (collectively County and its Agents) shall be provided additional insured status under contractor’s General Liability policy with respect to liability arising out of contractor’s ongoing and completed operations performed on behalf of the County.

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| ___ | 2. Automobile Liability | <u>\$1 Million</u> Each accident
Insurance shall include coverage for all “owned”, “hired” and “non-owned” vehicles, or coverage for “any auto.” Please provide proof of current Automobile Liability insurance. |
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| ___ | 3. Professional Liability | <u>\$1 Million</u> Each occurrence and <u>\$3 Million</u> aggregate |
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| ___ | 4. Sexual Misconduct Liability | <u>\$2 Million</u> Each occurrence and <u>\$2 Million</u> aggregate
In the event the Provider is unable to obtain coverage that meets the required limits for Sexual Misconduct Liability insurance, DMH also offers the option to obtain the required insurance coverage through a group policy obtained for current FFS Providers. Please specify if the Provider is interested in obtaining this required insurance coverage through the group policy. |
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| ___ | 5. Workers’ Compensation | <u>\$1 Million</u> Each accident or self-insurance meeting
Needs to satisfy the qualified federal workers or all requirements workmen’s compensation law or any federal requirements occupational disease law.
In the event the Workers’ Compensation insurance is not applicable because the Provider is a sole proprietor, partner, and/or does not have employees, please mark “N/A” and provide a written justification. |
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| ___ | 6. Privacy/Network Security (Cyber) Liability | Insurance coverage providing protection against liability for (1) privacy breaches [liability arising from the loss or disclosure of confidential information no matter how it occurs]; (2) system breach; (3) denial or loss of service; (4) introduction, implantation, or spread of malicious software code; (5) unauthorized access to or use of computer systems with limits of not less than \$2 million. No exclusion/restriction for unencrypted portable devices/media may be on the policy. |
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Insurer's Financial Ratings

Insurance is to be provided by an insurance company acceptable to the County with an A.M. Best rating of not less than A: VII, unless otherwise approved by County.

Termination of insurance

County shall be notified within 30 days in advance of any modification or termination of any program of insurance.

___ **Los Angeles County Vendor Registration (WebVen) number:** Provider is to register as a vendor with the County of Los Angeles and obtain a vendor ID number at the following website address: <http://camisvr.co.la.ca.us/webven/>

___ **Department of the Treasury Internal Revenue Service Form W-9:** Provider is to provide a current and completed W-9 form, which matches the legal name of the provider or entity providing services.

___ **Contractor Address Form:** Must include an address where the provider can be reached and contact information such as email address, phone and fax number. Must include a printout of the NPI Registry.

___ Name(s) of person(s)/position(s) legally authorized to sign contract and legally bind your agency (on contractor's letterhead).

___ Statement of Information listing corporate officers as filed with the California Secretary of State (if applicable).

___ **Registration record of Fictitious Business Name** (dba) with County Registrar-Recorder (if applicable)

___ **Articles of Incorporation or Articles of Organization** issued by the Secretary of State, Amendments (if applicable).

___ **By-Laws and Amendments** (if applicable).

___ **Corporate Seal** (If applicable).

___ **LACDMH Contractor's Compliance with Encryption Requirements Form:** Provider is to provide a completed LACDMH Contractor's Compliance with Encryption Requirements Form to confirm the provider meets encryption requirements.

___ **AGENCY IDENTIFICATION FORM**