



**Behavioral Health
Department**
Alameda County Health

ACBHD Credentialing Process Frequently Asked Questions (FAQs)

Published by Quality Assurance (QA) Division

September 2026

Table of Contents

Document Scope and Purpose	2
The Council for Affordable Quality Healthcare (CAQH)	2
ACBHD Credentialing Process Pre-7/1/26	4
ACBHD Credentialing Process Effective 7/1/26 and Who It Impacts	6
Change in Provider Status	11
Compliance with Credentialing Requirements	14
Insurance	15
Attestation/Re-Attestation.....	16
Tips on CAQH Profile Sections	17
Effective and/or Credentialing Approval Dates.....	20
Notifications: CAQH Profile Completion, Credentialing Approval, Re-credentialing	21
SmartCare Staff ID #s.....	22
Active Staff Roster Report.....	23
Access to SmartCare or to Clinician's Gateway	24
Approval Letters.....	24
Staff Who've Left Organizations	25
PAVE (Provider Application and Validation for Enrollment).....	25
Appendix A: High-level Steps for Profile Creation (from CAQH Quick Reference Guide)	28
Appendix B: Re-attestation Reminder Email Schedule (from CAQH Provider User Guide)	30
Appendix C: Provider Profile Statuses (from CAQH User Guide)	31

Document Scope and Purpose

Per Alameda County Behavioral Health Department (ACBHD) Policy [1603-3-2-Credentialing and Re-Credentialing Verification for ACBHD Mental Health and Substance Use Service Providers](#), ACBHD specialty mental health services (SMHS) and/or Drug Medi-Cal Organized Delivery System (DMC-ODS) providers offering Medi-Cal covered services under a contract or subcontract with ACBHD must obtain initial credentialing verification prior to the provision of services and re-credentialing verification. This includes licensed, waived, registered and/or certified providers.

[Provider Memo 2025-17](#) describes the provider types that require credentialing and re-credentialing by ACBHD.

Effective July 1, 2026, per [Provider Memo 2026-12](#), there will be changes to the credentialing requirements.

This reference document/FAQ is being provided as a resource to answer commonly asked questions about the current and changing process.

This FAQ will be updated, as needed. Revision dates in red will be noted next to the FAQ hyperlink in Section 19 of the [ACBHD QA Manual](#), and, within the FAQ, new questions and/or answers will indicate “Updated” in green with the date they were added to the FAQ.

The Council for Affordable Quality Healthcare (CAQH)

Question 1: What is CAQH?

Answer 1: Since 7/1/20, ACBHD has partnered with The Council for Affordable Quality Healthcare (CAQH), a nationally recognized healthcare practitioner Credential Verification Organization, to perform primary source verification (PSV) services as part of initial credentialing and re-credentialing for its provider network once providers complete a provider profile in the CAQH portal.

Question 2: How can providers get in touch with CAQH if they need guidance on CAQH profile completion?

Answer 2: Below is the contact information for the CAQH Help Desk:

- Use the Chat feature in the [CAQH portal](#)
- Live chat support is available through the portal Monday – Friday, 8:30 AM – 6:30 PM (EST).
- Automated chat support is available 24/7
- Please have your CAQH Provider ID available
- Call toll-free at 888-599-1771
- Phone support is available Monday – Friday 8:00 AM – 8:00 PM (EST)

Question 3: Where can providers find additional CAQH resources to assist with the successful completion of and maintenance of CAQH profiles?

Answer 3: CAQH resources can be accessed on the CAQH website. Go to [CAQH ProView - Sign In](#) then look under the 'To Learn More' section in the bottom left section before logging in. Providers will find the most recent version of the following documents: [Updated 9/11/26](#)

- CAQH Quick Reference Guide – this is a 9-page document that's a quick read that contains very useful high-level information.
- CAQH Provider User Guide – this is a comprehensive document intended to serve as a reference for completing your profile. Using this guide, you will gain an understanding of how to use the system, including an overview of each section in the system and tips for efficient use.

Additionally, upon logging in, providers should go to the bottom right section and click on 'Resources.' Providers will find the most recent version of the following document:

- CAQH Provider and Group Notification Plan – This document outlines the notifications for providers using the CAQH Provider Data Portal. Through detailed process flows, this document illustrates the various email communications that take place. The communications that are outlined in this Notification Plan have been created to facilitate and ensure full participation and compliance with the CAQH Provider Data Portal. This document also provides overview information for each notification, including the recipient of the message, the condition that will trigger the distribution of the message, a timetable if applicable, and the message content.

There is an abundance of additional resources in the following categories (not all are relevant for providers) - API Information, Data Dictionaries and Domain Tables, Data Submission and Retrieval Information, Outreach and Support, Regulatory and Accrediting Documentation, Release Information, Sample Data Files, and User Guides and Training.

Lastly, please see Appendix A for High-level Steps for Profile Creation.

Question 4: Are providers required to complete and maintain their own CAQH profiles, or can they designate their Provider Enrollment Department to complete and maintain their CAQH profile on their behalf, if the provider signs a form authorizing the Department to conduct this function on their behalf? [Updated 9/11/26](#)

Answer 4: Providers are required to complete and maintain their own CAQH profiles. Providers can, if they choose to do so, designate their Provider Enrollment Department to complete and maintain their CAQH profile on their behalf, if the provider signs a form authorizing the Department to conduct this function on their behalf.

ACBHD Credentialing Process Pre-7/1/26

Question 1: When our staff credentialing is incorrect or expired, services are denied in billing. We would appreciate any guidance on processes or supports that may help resolve credentialing issues on an ongoing and expedited basis.

Answer 1: This is the process that is currently in place (pre-7/1/26):

- When a CBO/organization submits an ACBHD SmartCare (SC) Staff ID # Request e-form to request a SC Staff ID # for a new clinician, ACBHD's Billing and Benefits Support Unit (BBSU) will verify the new clinician's license, taxonomy, and NPI.
- The QA team outreaches to our identified point of contact (POC) at the CBO/organization, providing numerous resources and requesting that the new clinician complete a provider profile in the CAQH portal if they have a discipline/provider type that requires them to be credentialed. Please refer to [this provider memo](#) that speaks to the provider types that are required for credentialing by ACBHD¹.
- QA allows seven (7) days for staff to complete their CAQH profiles and informs POCs that failure to comply will result in immediate suspension of access to SC and to Clinician's Gateway (CG) for the identified staff.
- QA reminds POCs to submit a [SmartCare Staff Expire Request form](#) for any staff who are no longer employed at their CBO/organization. Note: The form allows requests to expire up to 10 staff at the CBO/organization. Submission of a SC Staff Expire Request form is required so ACBHD's IS Team can appropriately suspend access to ACBHD systems for those departed staff.
- Once staff have successfully completed their provider profile in the CAQH portal, the staff will receive a confirmation email from CAQH within approximately 48 hours after all documents have been received and approved.
- QA orders the PSV from CAQH, reviews the details and makes a determination regarding credentialing. If any data elements are flagged or information is missing, QA reaches out to the POC for clarification.

¹Based on ACBHD's current credentialing process for new clinicians (pre-7/1/26), the new clinician will already have been granted access to ACBHD's clinical and billing systems. However, effective 7/1/26, ACBHD's credentialing process will change and ACBHD will require that new clinicians be credentialed prior to gaining access to ACBHD systems AND prior to service provision (see <https://bhcsproviders.acgov.org/Providers/QA/memos/2026/credentialing-process-change-memo-final.pdf>).

- Upon approval of the application, QA notifies the POC (or the staff who submitted the application) to notify of final status.

If CAQH profiles are not completed within the seven (7) days,

- Access to SC and CG for the identified staff is suspended due to non-compliance with ACBHD's credentialing requirements and QA notifies the POC of this.
- QA informs the POC that the identified staff should contact the CAQH Help Desk (see Answer 2 in the section titled The Council for Affordable Quality Healthcare) for any needed guidance on profile completion.

If information is missing within a provider's profile,

- CAQH will reach out to providers directly informing them what is outstanding in their profile and what they need to do to get it to the next step of being a complete profile. QA is not privy as to the reason(s) why a provider's profile is considered incomplete. Only CAQH knows the reason(s) and can provide guidance to correct any issues.
- Staff who need to complete a profile should contact CAQH directly to obtain further assistance and/or clarification. CAQH will review the staff's profile, identify what is missing/needed, and provide guidance so their profile can reach the next stage and be considered 'complete.'

If access to systems was suspended, the POC should take the following steps:

1. Submit a SC Staff ID # Request ([for MH providers](#) or [for SUD providers](#))
 - a. Within the request, for the field that asks, 'What are you requesting for this staff,' select the drop-down called 'Reinstatement for Credentialing'
 - b. Within the request, for the field that asks for the 'Reinstatement Date,' please enter the date the staff's access to SC was initially suspended.
2. Submit a [CG Staff Authorization Request](#) (if the provider utilizes CG)
 - a. Within the request, for the field that asks, 'Type of Request,' select the drop-down called 'Reinstatement for Credentialing'
 - b. Within the request, for the field that asks for the 'Reinstatement Date,' please enter the date the staff's access to CG was initially suspended.

Upon ACBHD's receipt of the reinstatement requests AND confirmation in the CAQH portal that the identified staff have completed their electronic provider profile, ACBHD's IS Team will reinstate the identified staff's access to SC and to CG, effective the date the staff's access to SC and to CG was initially suspended. IS will notify the identified staff of this reinstatement via email, as well

as the person who submitted the SC Staff ID # Request and the CG Staff Authorization Request on behalf of the identified staff. Additionally, QA will proceed with the credentialing process for the identified staff.

ACBHD Credentialing Process Effective 7/1/26 and Who It Impacts

Question 1: Currently, when the SC Staff ID request is processed, staff gets notification to set up CAQH. Do we need to follow a different process when the changes are implemented?

Answer 1: This is the process that will be in effect as of 7/1/26:

- As of 7/1/26, CBOs/organizations should continue with the current process of submitting a SC Staff ID # Request e-form to ACBHD to request a SC Staff ID # for new clinicians.
- Once that request is received, ACBHD's BBSU will verify the new clinician's license, taxonomy, and NPI.
- Upon BBSU's approval, QA will then start the credentialing process for that new clinician.
- QA will outreach the POC at the organization where the new clinician works, requesting that the new clinician complete their CAQH profile ASAP, if they have not done so already.
 - Note: If the new clinician has already been assigned a CAQH Provider ID prior to the submission of a SC Staff ID # Request e-form (there is an optional field in the SC Staff ID # Request e-form for new clinicians for CAQH Provider ID), that will expedite the credentialing process for that new clinician.
- If the new clinician has already completed their CAQH profile upon QA's receipt of the SC Staff ID # Request, QA will proceed to the next step.
- Upon confirmation that the new clinician has completed their CAQH profile, QA will order the PSV from our vendor, CAQH. That will take up to 14 days. [Updated 9/11/26](#)
- Upon receipt of the PSV, the QA team will review the information and make a decision regarding the credentialing application. That will take no longer than a week.
- If any data elements within a provider's CAQH profile have been flagged for review by CAQH and outreach is needed by QA to the organization's POC to obtain the information so a decision can be made, that may lengthen the timeframe, based on how quickly the missing information can be provided by the clinician/POC. Delays in the receipt of requested information will delay approval of the credentialing application.
- Upon QA's approval of the credentialing application, QA notifies the POC, or the individual at the organization who submitted the SC Staff ID # Request, of the credentialing approval.
- ACBHD's IS Team grants the new clinician access to SC and prompts the provider/organization to submit a CG Staff Authorization Request if one has not already been submitted.
- If appropriate, ACBHD's IS Team grants the new clinician access to CG, if appropriate.
- To sum up, as of 7/1/26 new clinicians will be required to successfully be credentialed by QA before being granted access to CG and to SC and before service provision.

It is in POCs' and organizations' best interest to develop internal workflows to ensure timely staff completion of CAQH profiles during the onboarding process. New clinicians will not be granted access to CG and to SC until they are successfully credentialed, and service provision should not begin until after access is granted to CG and to SC.

Question 2: How do we know which provider types require credentialing by ACBHD?

Answer 2: Please refer to [provider memo 2025-17](#) for details regarding the provider types required for credentialing by ACBHD as well as those provider types that are not required for credentialing by ACBHD.

Question 3: Regarding the upcoming change in ACBHD's credentialing process as of 7/1/26, is this for all licensed and associate staff, or is this for ALL direct service staff seeking a staff ID in Alameda County?

Answer 3: For clarity, [this provider memo](#) describing the upcoming change in ACBHD's credentialing process as of 7/1/26 pertains to providers who deliver Medi-Cal services and who have provider types that are required for credentialing by ACBHD. The provider memo also pertains to providers who have provider types that are required for credentialing by ACBHD, who do not deliver Medi-Cal services, but they either oversee clinical staff or review the documentation of clinical staff or both. Please refer to [provider memo 2025-17](#) for details regarding the provider types required for credentialing by ACBHD as well as those provider types that are not required for credentialing by ACBHD.

Question 4: We received [this provider memo](#) and [this provider memo](#). CAQH does not support credentialing of "Skilled Nursing Facilities". How should we proceed, or are our staff not impacted?

Answer 4: You are correct that CAQH does not credential SNFs or any "entity". However, to clarify – licensed clinicians providing services under your contract with ACBHD are credentialed as individuals through CAQH, not the entity as a whole. Based on the program design in your contract, we would assume that there are licensed providers involved with delivering Medi-Cal services to ACBHD clients.

C. Program Description

Contractor shall maintain programmatic services at or above the following minimum levels:

1. Program Design

Contractor shall provide residential support services for clients who are receiving longterm, 24-hour skilled nursing care and supervision at Parkview Healthcare Center. Contractor shall develop an individual treatment plan for each client, and care shall be based on that plan. Contractor shall assist each resident with medication and psychiatric care, as well as with the development of personal hygiene, grooming, dressing, and daily living skills. Contractor shall provide rehabilitation services such as physical therapy and occupational therapy. Clients may receive individual and/or group therapy, art therapy, family support, and medication, as needed.

Contractor shall provide close supervision of, and intensive interactions with, each resident who requires management of difficult behaviors, consistent with the individual treatment plan. Contractor's residential support services shall include one-on-one clinical supervision related to behavioral health issues when this service has been approved as clinically necessary, and for the period of time deemed as clinically necessary by the ACBHD Acute Care Coordination Team Chair or their designee.

Contractor shall ensure that staff provide services within their licensed, certified, or registered Scopes of Practice.

Within your contract with ACBHD, it specifies the following:

- Within the section titled 'Credentialing, Certifications, and Licensures':
 - Contractor shall maintain a pre-hire process to ensure that supervisors and staff members are appropriately trained, credentialed, licensed or registered, and provide services to clients within their individual scope of practice and within any restrictions noted on the credential or license. Contractor shall ensure that staff with designation subject to credentialing register and maintain a valid provider profile with The Council for Affordable Quality Healthcare (CAQH) and attest to the accuracy of their profile information at initial credential verification, every 120 days, and every subsequent re-credentialing event. Contractor shall notify ACBHD Credentialing, via email at credentialing@acgov.org, of new hires and employment separations of licensed staff within five business days of event. Contractor shall comply with the ACBHD Credentialing and Re-Credentialing Policies and shall work with ACBHD to demonstrate compliance with regulatory requirements. Contractor shall maintain procedures to ensure that all direct service staff members receive appropriate supervision and maintain sufficient Continuing Education (CE) units or Continuing Medical Education (CME) credits as required by their respective credentialing body and as outlined in the ACBHD QA Manual.
- Within the section titled 'Staff Roster':
 - Contractor shall ensure that employees, volunteers, Board Members, owners, and agents of Contractor, both clinical and non-clinical, who are providing and/or supporting services under this Agreement are included in Contractor's Staff Roster on file with ACBHD. Contractor shall submit a SmartCare Staff ID Number Request

e-Form to ACBHD Information Systems (IS) within five business days for any staffing changes, including but not limited to, changes in job title, license discipline, license number, expiration and taxonomy code.

As an additional resource, please review [provider memo 2025-17](#) for information regarding which provider types are required for credentialing by ACBHD and which are not required. If you have any questions regarding your contract, please reach out to your ACBHD Program Contract Manager (PCM). If you have any additional questions regarding credentialing, please let us know at QATA@acgov.org.

Question 5: Will Clinical Trainees, Other Qualified Providers, and MHRS staff also need to complete this (CAQH) process starting in July 2026?

Answer 5: Currently, while Clinical Trainees, Other Qualified Providers, and Mental Health Rehabilitation Specialists (MHRS) can bill to Medi-Cal, they are not provider types required for credentialing by ACBHD. Please refer to [provider memo 2025-17](#) for information regarding which provider types are required for credentialing by ACBHD and which are not required. However, SC Staff ID # Requests should continue to be submitted for providers with those provider types (Clinical Trainees, Other Qualified Providers, and MHRS). They will not be credentialed but they will continue to be granted access to ACBHD's systems, as appropriate.

Question 6: Starting 7/1/26, how long will it take for a new provider to get credentialed once they complete their profile in the CAQH portal?

Answer 6: The process could take 3-4 weeks at a minimum, but possibly longer. Please refer to the visual flowchart titled '7/1/26 ACBHD Credentialing Process for New Providers that have Provider Types Required for Credentialing by ACBHD' that accompanies this FAQ and is posted in the Frequently Asked Questions (FAQs) section (section 19) of the [ACBHD QA Manual](#).

Question 7: Do Program Managers, Data Clerks/QA need to be added to the CAQH portal?

Answer 7: Providers should refer to [this provider memo](#) for the provider types required for credentialing by ACBHD. Providers should also refer to the DHCS [MHSUDS IN 18-019](#), which indicates that the credentialing and re-credentialing requirements apply to all licensed, waived, or registered mental health providers and licensed substance use disorder services providers employed by or contracting with the Plan to deliver Medi-Cal covered services.

An individual needs to complete a CAQH profile and be credentialed by ACBHD if they deliver Medi-Cal services and they have a discipline/provider type that requires them to be credentialed. Additionally, an individual needs to complete a CAQH profile and be credentialed by ACBHD if they have a discipline/provider type that requires them to be credentialed and they do not deliver Medi-Cal services, but they either oversee clinical staff or they review the documentation of clinical staff or both.

Question 8: Beginning 7/1/26, will all our existing staff need to register with CAQH, or only new staff hired after 7/1/26? If our existing staff need to register, will they be given info on how to do that?

Answer 8: The upcoming change in the ACBHD credentialing process that takes effect as of 7/1/26 applies only to new clinicians being onboarded as of that date. This does not apply to existing staff, as ACBHD's QA team is already credentialing them per our current process.

Question 9: Since providing the CAQH Provider ID # can speed up the process, where do agencies provide it on the staff ID request?

Answer 9: There is an optional field in the SC Staff ID # Request e-form for new clinicians for CAQH Provider ID.

Question 10: Are staff in the Crisis Stabilization Unit (CSU) required to 1) obtain SC Staff ID #s, and 2) complete the credentialing process?

Answer 10: An individual needs to be credentialed by ACBHD if they deliver Medi-Cal services and they have a discipline/provider type that requires them to be credentialed. Additionally, an individual needs to be credentialed by ACBHD if they have a discipline/provider type that requires them to be credentialed and they do not deliver Medi-Cal services, but they either oversee (supervise) clinical staff or they review the documentation of clinical staff or both.

Although CSU bills the State under a bundled bed day rate providers delivering the service need to be credentialed if they have a provider type required for credentialing. Please refer to provider memo 2025-17 for details regarding the provider types required for credentialing by ACBHD as well as those provider types that are not required for credentialing by ACBHD.

Not all individuals who have SC Staff ID #s require to be credentialed by ACBHD. However, all individuals who require to be credentialed must obtain a SC Staff ID #. The provider memo referenced above also lists the provider types that are not required to be credentialed by ACBHD (for example, MHRS, APN, ABA, clinical trainees, etc.).

SC Staff ID #s are required for certain staff per your contract with ACBHD. The top of the SC Staff ID # Request form ([for MH](#) and [for SUD](#)) also provides some details regarding who must obtain a SC Staff ID #. You should follow the same process you have been following to obtain a SC Staff ID # for your staff. The upcoming change in the credentialing process as of 7/1/26 does not impact the process to obtain a SC Staff ID #.

Question 11: I will soon be working as a contractor, not an employee, at a particular CBO. I was told by management staff at the organization that I need to complete a CAQH profile. Do I really need to do this since I'm a contractor, not an employee, in order to bill Medi-Cal for services provided? Updated 9/11/26

Answer 11: Yes, any provider who has a provider type that is required to be credentialed by ACBHD who plans to bill Medi-Cal for service provision needs to complete a CAQH profile (providers within hospital systems are excluded from this requirement, as they are subject to the hospital system's credentialing). Whether they are a contractor versus a permanent employee does not matter.

Change in Provider Status

Question 1: What will be the process for Scope of Practice changes, such as a person who was unlicensed becoming licensed?

Answer 1: When the license type and/or provider type changes, the CBO/organization should submit a SC Clinicians-Only Update License e-form request. ACBHD will initiate the credentialing process. The person will continue to bill under their current scope of practice until they are approved to bill under their new scope of practice.

Question 2: What if a new hire rescinds their request for employment?

Answer 2: The POC at the organization should inform QA of any change in provider status so QA may cancel any future credentialing orders and remove the provider from the roster.

Question 3: We have an ACBHD County staff who was previously an intern who has now been hired on as a (non-intern) staff. Are they technically considered a new clinician and, if so, what process do we follow to ensure they get credentialed? Updated 9/11/26

Answer 3: The process you should follow for any staff who transitions from a provider type that does not require credentialing by ACBHD (SW-CT, in this situation) to a provider type that does require credentialing (ASW, in this situation) is submission of a SC Clinicians-Only Update License e-form request. You should not submit a SC Staff ID # New Clinician e-form request in this situation because the staff already has a SC Staff ID # and is not considered a new clinician. Upon ACBHD's receipt of the e-form, QA will begin the credentialing process, which is required in this situation.

Question 4: We have a staff at our CBO who is transitioning from MHRS/Other Adjunct/Clinical Trainee to BBS-Candidate. How should we proceed in terms of the appropriate SC e-form request to submit, and do they need to be credentialed? Updated 9/11/26

Answer 4: If you have a staff who is transitioning from MHRS/Other Adjunct/Clinical Trainee to BBS Candidate, you should submit a SC Clinicians-Only Update License e-form request, select 'BBS Candidate' as the Professional Suffix (License Type/Degree), and provide the required information within the form. As a reminder, ACBHD does not credential 'MHRS/Other Adjunct/Clinical Trainee.' Nor does ACBHD credential BBS Candidates until they have received their registration from the BBS. As such, BBS Candidates do not need to complete a CAQH profile until they have received their registration from BBS. It is at the time when you submit a new (second) Clinicians-Only Update License e-form request, updating the Professional Suffix (License Type/Degree) from 'BBS Candidate' to the appropriate provider type/license designation when BBS approves their

registration, that ACBHD begins the credentialing process. Although neither provider type - MHRS/Other Adjunct/Clinical Trainee nor BBS Candidate – requires credentialing by ACBHD, both are able to bill for service provision under their respective provider type and scope of service. [Provider memo 2025-11](#) speaks to the 90-day rule and the new BBS Candidate designation that ACBHD created to comply with DHCS. The provider memo references a document ACBHD published called [Requesting ACBHD BBS-Candidate Provider Designation](#) (accessible in Section 12 of the [QA Manual](#)) that provides all the information providers need.

Question 5: We are looking at bringing on a much needed new hire soon and we are unclear on the timeframe that this person has to: 1) create and validate a CAQH profile and, 2) process credentials for Clinician's Gateway (CG) if she is in process of applying for a Board of Psychology initial Psychological Associate registration number that could take up to 45 days from her date of submission. Some questions I have are:

- a. Is there a grace period to enroll in CAQH while they hear back from Board of Psychology?
- b. If so how long would that be?
- c. What proof is needed, if any, to demonstrate progress (payment to BOP, picture of check, application submission confirmation page, email from the staff, etc.). Updated 9/11/26

Answer 5: You note that this new hire is in the process of applying for a Board of Psychology initial Psychological Associate registration number. I'm thinking they might be considered a BBS Candidate. Please refer to ACBHD's document, [Requesting ACBHD BBS-Candidate Provider Designation](#) (posted in Section 12 in [QA Manual](#)), for more information regarding this. Per this document, no credentialing is needed until the provider has their registration number from BBS. As such, when you submit a SC Clinicians-Only Update License e-form request to update the provider's credentials from 'Other Qualified Provider' to 'BBS Candidate,' that does not trigger the credentialing of the provider. It is at the time when you submit a new (second) Clinicians-Only Update License e-form request, updating the Professional Suffix/License Type from 'BBS Candidate' to the appropriate provider type/license designation when BBS approves their registration, that ACBHD begins the credentialing process.

Question 6: Shortly after the 7/1/26 implementation of the new credentialing process, our organization submitted several SC Clinicians-Only Update License e-form requests for both license updates and license renewals. The timeframe for completion of those requests was very lengthy, which caused delays in the ability of those staff to document notes in CG. It was frustrating for everyone. Prior to 7/1/26, those requests had been completed very quickly with no delays. What contributed to the delays after 7/1/26 and will our staff continue to experience these challenges? Updated 9/11/26

Answer 6: For several weeks after 7/1/26, there were unexpected delays in the processing of SC requests for license updates and license renewals. This was due to changes in ACBHD's workflows related to the new 7/1/26 credentialing process, as well as the need to comply with DHCS requirements regarding license renewals after a gap/lapse in license and license updates

(transitioning from a provider type that does not require credentialing to one that does). We are required to recredential a provider whose license is renewed after a gap/lapse in their license. We appreciated everyone's patience during that time as we worked to resolve the issue. Providers are no longer experiencing delays in the processing of these types of requests.

Providers and POCs are reminded to refer to the following ACBHD Provider Memos (accessible in [Memos and Notices](#) section of [BHCS Providers Website](#)) for relevant information regarding credentialing:

1. Provider Memo 2025-17, [Revised Guidance Regarding Provider Types Required for Credentialing](#)
2. Provider Memo 2026-12, [Upcoming Change in ACBHD Credentialing Process](#)
3. Provider Memo 2026-25, [New ACBHD Credentialing Resources](#) (Note: Both ACBHD Credentialing Process FAQ and Credentialing Process Flow are accessible in Section 3 of the [QA Manual](#))

Providers and POCs are asked to please review all the above resources, especially the ACBHD Credentialing Process FAQ, as they answer many common and frequently asked questions.

Question 7: You mentioned that ACBHD needs to comply with DHCS requirements regarding license renewals after a gap/lapse in license and license updates (providers transitioning from a provider type that does not require credentialing to one that does). How does this impact providers in each of these situations? Updated 9/11/26

Answer 7:

We are required to recredential a provider whose license is renewed after a gap/lapse in their license. As such, below is the process for providers in this scenario:

- Upon ACBHD's receipt of a SC Clinicians-Only Update License e-form request, our IS Team sends a confirmation email to the staff that submitted the request. The request is then routed to our Billing and Benefits Support Unit (BBSU), who verifies the provider's license, taxonomy, and NPI. Upon BBSU's verification/approval, the QA Credentialing Team approves the request and notifies IS. IS then updates the provider license information in SC (and reflects in CG overnight), as well as sends a confirmation email to the staff that submitted the request. The provider begins using the updated license upon IS Team's confirmation email to the staff that submitted the request. The provider may NOT claim for services rendered during a license lapse.
- At the time the QA Credentialing Team approves the request, they will also proceed to recredential the provider. If the provider's CAQH profile is incomplete and/or if reattestation is not current, QA outreaches the POC requesting that the provider complete their CAQH profile and/or reattest to the accuracy of their profile (Note: Per ACBHD contract, reattestation is required every 120 days). If the provider's CAQH profile is complete AND reattestation is current, QA orders the PSV from CAQH (up to 14 days). Upon receipt, QA reviews the PSV and makes a decision regarding the credentialing application (up to 7 days). If any data elements are flagged and/or information is missing, QA outreaches the POC to request the missing information.

- Note: There is no notification of approval of the credentialing application, as this happens behind the scenes and is separate from the SC Staff ID # Request that was originally submitted. The only impact to providers is that their recredentialing date will be reset and will be based on their newer recredentialing date triggered by their license renewal.
- A visual workflow for the above process will soon be posted in Section 3 of the [QA Manual](#).

We are required to credential providers who transition from a provider type that does not require credentialing to one that does require credentialing. As such, below is the process for providers in this scenario:

- Upon ACBHD's receipt of a SC Clinicians-Only Update License e-form request, our IS Team sends a confirmation email to the staff that submitted the request. The request is then routed to our Billing and Benefits Support Unit (BBSU), who verifies the provider's license, taxonomy, and NPI. Upon BBSU's verification/approval, the QA Credentialing Team approves the request and notifies IS. IS then updates the provider license information in SC (and reflects in CG overnight), as well as sends a confirmation email to the staff that submitted the request. The provider begins using the updated license upon IS Team's confirmation email to the staff that submitted the request.
- At the time the QA Credentialing Team approves the request, they will also proceed to recredential the provider. If the provider's CAQH profile is incomplete and/or if reattestation is not current, QA outreaches the POC requesting that the provider complete their CAQH profile and/or reattest to the accuracy of their profile (Note: Per ACBHD contract, reattestation is required every 120 days). If the provider's CAQH profile is complete AND reattestation is current, QA orders the PSV from CAQH (up to 14 days). Upon receipt, QA reviews the PSV and makes a decision regarding the credentialing application (up to 7 days). If any data elements are flagged and/or information is missing, QA outreaches the POC to request the missing information.
- Note: There is no notification of approval of the credentialing application, as this happens behind the scenes and is separate from the SC Staff ID # Request that was originally submitted.
- A visual workflow for the above process will soon be posted in Section 3 of the [QA Manual](#).

Compliance with Credentialing Requirements

Question 1: Do you have a recommendation for how contracted organizations can best track provider compliance with the CAQH credentialing process? For example, is there a report that organizations can access, showing which providers have completed the process?

Answer 1: Beginning 7/1/26, POCs at organizations who submit SC Staff ID # Requests for new clinicians will be notified via email from QA upon the successful credentialing of their staff.

Prior to 7/1/26, POCs may reach out to the QA team at Mike.Cortright2@acgov.org to request an update regarding the credentialing status of any of their staff.

Given that CAQH communicates with providers directly regarding the status of their CAQH profile based on the email address provided in their CAQH profile (and not with POCs), it's important that

providers update the POCs within their organization in real time to ensure POCs are updated regarding CAQH profile status and completion.

Insurance

Question 1: Would it be easier/possible to send in a general letter stating that all our staff are covered and that the insurance policy can be applied to everyone on the back end? Or is it a requirement to draft a new letter adding in individual staff names as we hire and continue to resend out the letter as staffing changes?

Answer 1: A current Certificate of Insurance (COI)/Professional Liability Insurance (PLI) is required to be uploaded to the CAQH profiles of all ACBHD providers, unless they are covered by Federal Tort Claims Act (FTCA) or are self-insured/do not have insurance. One of these options must be selected within their CAQH profile.

If providers select PLI, ideally they should upload to their CAQH profile one document that contains a cover letter on the organization's letterhead that indicates that they are covered by the policy, as well as the actual policy showing valid dates and valid coverage. Note: ACBHD requires \$1M per occurrence/\$2M aggregate in most instances. Our vendor, CAQH, prefers that these items be contained in the same PDF. This data element will be flagged by CAQH if the requested information is not contained within one document. For any new clinicians that are hired, the cover letter should be updated to reflect inclusion of those new clinicians.

Question 2: It has been our experience that an individual cannot complete their CAQH provider profile unless they are covered by agency liability insurance and have a current COI/PLI to upload. Are there any recommendations for how providers can work with CAQH and ACBHD to try to get their credentialing process started before employment?

Answer 2: Providers can successfully complete their CAQH profile during the pre-hire process and prior to the start of their employment without a current COI/PLI on file. While a current COI/PLI is required for ACBHD to approve a credentialing application, if a provider completes their CAQH profile without uploading a current COI/PLI to their profile, PSV can still be completed by CAQH. When completing their CAQH profile, providers have three (3) options to choose from regarding insurance:

- Share/upload their COI/PLI,
- Indicate they are covered by FTCA,² or Updated 9/11/26
- Indicate they are self-insured/do not have insurance.

² FTCA provides liability coverage for providers that offer services through entities that are supported by the [Health Resources and Service Administration \(HRSa\)](#). Select the 'I am covered by FTCA' option if you are operating with an FTCA exempt health center. The FTCA notice verifies that a health center and its providers are eligible and covered for acts within the scope of employment, per FTCA rules. While the FTCA notice itself does not list individual providers, the accompanying cover letter will. Updated 9/11/26.

If a provider does not yet have the COI/PLI from their organization at the time they are completing their CAQH profile,

- They should select the option within their CAQH profile indicating they are self-insured/do not have insurance.
- They will then be prompted to upload a letter explaining why they do not have insurance.
- The letter should include their name, the date, their CAQH Provider ID, the start date of their employment at the specified organization, and that they will have a COI/PLI in place as of the start date of their employment at the specified organization.
- CAQH will review the information and proceed to approve their profile and consider it complete, as long as everything else within their profile is satisfactory to CAQH.
- QA will then order the PSV from CAQH and outreach to the organization's POC to obtain the current COI/PLI.
- Upon receipt of the current COI/PLI, QA will approve the provider's credentialing application.

When uploading the COI/PLI to their CAQH profile, it should be one PDF that contains a cover letter on the organization's letterhead that indicates that they are covered by the policy, as well as the actual insurance policy showing valid dates and valid coverage. Note: ACBHD requires \$1M per occurrence/\$2M aggregate in most instances. This data element will be flagged by CAQH if the requested information is not contained within one document.

Attestation/Re-Attestation

Question 1: What guidance can you give to providers in completing the attestation section of their CAQH profile?

Answer 1: Providers must submit attestation of the information entered in their profile to complete their profile. During this step they can complete a final review of their information for accuracy – correct errors, if possible.

Question 2: Should the agency do the 120-day re-attestation or does each provider have this responsibility?

Answer 2: Each provider has the responsibility to re-attest every 120 days. This is a contract requirement to ensure a provider's data is maintained and is accurate for health plan use. See Appendix A for CAQH's re-attestation reminder email schedule.

Question 3: Is there a way for practice managers/POCs at CBOs/organizations to be notified when re-attestation is due for their providers?

Answer 3: Please outreach to CAQH directly to inquire. CAQH outreaches directly to providers via the contact information they provide within their profile. Each agency could create and maintain a spreadsheet to track employees' expiration every 120 days from the last attestation. Since CAQH

communicates directly with providers, it's critical that providers communicate with the POCs at their organizations, as needed.

Tips on CAQH Profile Sections

Question 1: What happens if a provider does not upload their current license/registration to their profile?

Answer 1: The license data element will be flagged by CAQH if they are unable to verify a valid CA license to practice. QA will outreach to the POC requesting documentation of CA license.

Question 2: What guidance can you give to waived psychologists who are unlicensed in completing the required license number field when completing their CAQH profile?

Answer 2: Waivered psychologists should enter the word “unlicensed” in the license number field. They will then be able to proceed with completing their CAQH profile. This guidance may change if the requirements for unlicensed waived psychologists changes. [Updated 9/11/26](#)

Question 3: What happens if a provider does not include their education information within their profile?

Answer 3: The education data element will be flagged by CAQH if they are unable to verify education by source. QA will outreach to the POC requesting documentation of graduation or enrollment, i.e., transcript, degree, confirmation letter, etc.

Question 4: What happens if a provider does not include sufficient employment information within their profile?

Answer 4: The employment data element will be flagged by CAQH if work history does not include five (5) years. Providers need to include, in their profile, either work history details (employer name, job title, and dates worked) so it reflects five (5) years, or an explanation for the employment gap, even if they did not work in the healthcare field. Providers cannot note “Work in non-healthcare field” in their profile; they must note employer name, job title, and dates worked. If QA outreaches to the POC for this information, the information can either be shared with QA via email or added to their profile (they must then attest to the accuracy of their profile). [Updated 9/11/26](#)

Question 5: What additional information do providers need to know when completing the employment section of their CAQH profile?

Answer 5: The ‘gaps in work history’ data element will be flagged by CAQH if there are work history gaps greater than six (6) months. Providers need to ensure they include an explanation of any work gaps greater than six (6) months. If QA outreaches to the POC for this information, the information can either be shared with QA via email or added to their profile (they must then attest to the accuracy of their profile).

Question 6: What guidance can you give to providers in completing the disclosure section of their CAQH profile?

Answer 6: A ‘Yes’ answer to any disclosure question, especially relating to a felony/conviction, will be flagged by CAQH for review by the QA team. Per DHCS guidance³, providers must provide sufficient explanation of the conviction in order to determine that the offense would not prohibit ACBHD from contracting or employing with the provider.

At a minimum, the explanation should include the year(s) of conviction and the nature of the felony charge(s). Examples of convictions that may result in credentialing denial: patient abuse or neglect; felony convictions for health-care-related fraud, theft, or other financial misconduct; and felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances. If the

QA will generally approve a credentialing application if the disclosed incidents/conviction pertains to issues/cases that occurred more than ten (10) years ago AND have since been resolved/closed AND the provider’s professional license/certification is in good standing/has no restrictions AND they are not excluded by any state/federal authority from participation.

If the felony/conviction is within the past five (5) years and the provider was very brief in sharing the date(s) and nature of the conviction within their profile, QA will outreach the POC and request a statement from the provider describing the circumstances contributing to the past felony/misdemeanor, as well as their current situation, i.e., length of sobriety, steps they’re actively taking to maintain sobriety, and any other information they feel is relevant for consideration during their credentialing application review process. If providers proactively include this information in their profile, this can expedite the credentialing process.

Question 7: What guidance can you give to providers in uploading documents to their CAQH profile?

Answer 7: The following are common reasons document uploads may fail (taken from CAQH Provider and Group Notification Plan):

- Inconsistency between COI/PLI insurance number entered in CAQH profile and policy number on document (this is frequently observed) Updated 9/11/26
- Inconsistency between expiration date in CAQH profile and expiration date on COI/PLI document (this is frequently observed) Updated 9/11/26
- Expired or missing COI/PLI
- Illegible/blurry scans
- Document being password protected
- Size limit exceeded
- Incorrect file format

³ [MHSUDS IN 18-019](#).

- Missing signature date
- Invalid signature date (more than 120 days ago or in the future)
- Staff name missing from PLI/does not specifically identify staff as the insured
- Staff name missing from document
- Record not being created in profile for the document
- Incorrect document type/name selected from dropdown list in Documents section
- Document not being a required document for credentialing based on the CAQH application
- Document not recognized
- Document that should not be uploaded (i.e., opt out/opt in forms, death certificates, retirement letters, auth. forms)

Question 8: What is the Authorization, Attestation, and Release (AAR) form?

Answer 8: When initially completing a data profile and attestation, a signed release form is required for the data profile to be complete.

Question 9: What guidance can you give to providers in completing the authorization section of their CAQH profile?

Answer 9: Healthcare organizations using CAQH require authorization to access a provider's self-reported and attested information to conduct processes, such as credentialing, provider directory updates, and claims processing.

Providers must select one of the authorization options available on the Authorization Setting page to grant organizations access to their self-reported and attested information.

- Select the Yes option (global authorization) to allow access to your data profile for all healthcare organizations that indicate to CAQH that you are an affiliated provider or are in the process of becoming an affiliated provider. This is the recommended selection.
- Select the No option to review each organization's request to view your information individually.

Question 10: Other county Mental Health Plans (MHPs) complete the credentialing process without requiring the same level of personal and sensitive staff information. What is the regulatory or statutory basis for collecting Date of Birth, Gender at Birth, SSN and City/State/Country of birth?

Answer 10: The ACBHD credentialing process follows Federal and State regulations and State Contracts. Specifically,

- **Date of birth** is required for credentialing and exclusion monitoring.
- **Gender at Birth** is not required for credentialing or exclusion monitoring but is required for state reporting purposes.
- **Social Security Number (SSN)** is required for credentialing and exclusion monitoring.

- **City / state / country of birth** is not required for credentialing or exclusion monitoring but is required for state reporting purposes.

References for collection of DOB, SSN and gender include:

- [Mental Health Plan Contract 2025-2026](#) - Exhibit A, Attachment 13 – Program Integrity – DHCS boilerplate.
 - Exclusion monitoring requires verification against the Social Security Death Master File (SSDMF) in addition to all other listed sources/agencies.
- [APL 22-013](#) – Credentialing, references multiple state and federal regulations on footnotes throughout the APL.

Question 11: We complete DHCS-required exclusion checks and can provide documentation confirming the checks, dates, databases used, and results (with personal information redacted). Can ACBHD use our screening process for credentialing?

Answer 11: CBOs are required to conduct their own screening per their contract with Alameda County. Final Rule changes require the County to also perform these checks and screenings for all contractors and subcontractors. ACBHD can no longer only accept a CBO's screening process.

Question 12: One of our staff had selected Applied Behavioral Analyst (ABA) as their provider type when they completed their CAQH profile. When they went through the credentialing process, they were contacted by QA and was asked to update their provider type to a different provider type. Why is this necessary for ABAs? Updated 9/11/26

Answer 12: If the QA Review Team is reviewing a credentialing application for a provider with any of these four (4) provider types – Advance Practice Nurse (APN), Applied Behavioral Analyst (ABA), Doctor of Dental Surgery (DDS), or Massage Therapist (MT) - they will outreach the point of contact (POC) at the organization and ask that they have the provider log into CAQH and update their CAQH profile by reselecting one of the options available, based on License/Degree Type in SmartCare. These four provider types are provider types that ACBHD does not credential. Providers and POCs should review [ACBHD Provider Memo 2025-17](#), REVISED Guidance Regarding Provider Types Required for Credentialing.

If a provider has selected APN, they should reselect an appropriate provider type based on their credential with the CA Board of Nursing and the nursing types in ACBHD's system - NP, NP-F, PMHNP, CNS, RN, or LVN. If they are not one of the available nursing types or equivalent clinical trainee in SmartCare, they should select another provider type in ACBHD's system for which they meet eligibility requirements.

Effective and/or Credentialing Approval Dates

Question 1: What is the effective date for a provider to provide services, and can it be backdated to hire date?

Answer 1: The credentialing approval date is the date that the QA team approves the credentialing application. It is not backdated to the hire date.

Notifications: CAQH Profile Completion, Credentialing Approval, Re-credentialing

Question 1: Moving forward, will you automatically notify us as soon as an individual is credentialed?

Answer 1: As of 7/1/26, yes, ACBHD's QA team will provide real-time notification to organizations/POCs via email when a provider has successfully been credentialed by ACBHD.

Question 2: Does the POC get a notification when providers have completed their profile in CAQH?

Answer 2: No, POCs do not get notified by CAQH when a provider completes their CAQH profile. CAQH communicates directly with providers, based on the contact information providers enter into their profile. Providers will be notified by CAQH that their profile is complete, and providers can then inform the POC at their organization. The agency does not have to wait for CAQH profile completion to submit a SC Staff ID # Request, as starting 7/1/26, system access will not be granted to providers until credentialing has been approved.

CAQH communicates directly with providers if there are issues with their CAQH profile. Please see Appendix C for Provider Profile Statuses.

Question 3: Does the provider email need for their CAQH profile to be their personal email address or their organizational email address?

Answer 3: Supplying a personal email address when completing the contact information section of their CAQH profile may be quicker if the organizational email is not available until after hire. The same applies with regard to the phone number.

Question 4: What is the current process for notifying us when one of our staff is due for their 3-year re-credentialing cycle?

Answer 4:

- A. ACBHD currently does not notify the individual provider or the CBO of an upcoming re-cred event. After the initial credentialing is placed with CAQH, they are set up on an auto-schedule within CAQH every three (3) years. CAQH has their own schedule of communication to providers to alert them of various things (i.e., upcoming re-cred, attestation expiration, document expiration, etc.) CAQH begins to notify the provider five (5) months prior to the re-cred to correct any deficiencies. CAQH has their own internal escalation which would eventually notify the office manager or supervisor listed in the profile.
- B. In order for a provider's CAQH profile to be in good standing at "re-attestation," they should be updating and re-attesting every 120 days to avoid an expired attestation. This

requirement is to ensure their profile is ready for PSV at any time. Unfortunately, we have noticed that some providers simply log in and click to re-attest without actually updating their application information and disclosure questions.

- C. If you have access to CAQH, you can download the most recent Provider and Group Notification Plan from their resources page which details their communications and timing of such.

Question 5: I work at a CBO and would like to get notified whenever credentialing applications for any of our new staff get approved. How can I get notified? Updated 9/11/26

Answer 5: Currently, email notifications are being sent to the person who submitted the SC Staff ID # New Clinician e-form request when a new clinician's credentialing application gets approved, in addition to the points of contact (POC) that QA maintains for given CBOs/organizations. If you would like to be added to QA's POC lists, please send an email to Credentialing@acgov.org with your request. QA will then add you to their POC list.

Question 6: How long does it take for CAQH to review and approve a document that's been uploaded by a provider? How long does it take for CAQH to review and designate a profile as being "complete" after the provider has made edits to their profile? How will a provider know if/when a document they upload gets approved by CAQH? How will a provider know when their profile has been designated as being "complete" by CAQH? Updated 9/11/26

Answer 6: It typically takes up to 48 hours for CAQH to review and approve a document that's been uploaded by a provider, as well as to review and designate a profile as being "complete" after the provider has made edits to their profile. Providers will get contacted by CAQH via email (the email address that's on file in their CAQH profile) regarding any issues or outstanding requests with regard to their profile. Providers will also get contacted if providers have questions about the status of their profile and why it's not yet been considered "complete" by CAQH, they should contact the CAQH Help Desk directly:

- Use the Chat feature in the [CAQH portal](#)
- Live chat support is available through the portal Monday – Friday, 8:30 AM – 6:30 PM (EST).
- Automated chat support is available 24/7
- Please have your CAQH Provider ID available
- Call toll-free at 888-599-1771
- Phone support is available Monday – Friday 8:00 AM – 8:00 PM (EST)

SmartCare Staff ID #s

Question 1: Who can agencies go to for updates regarding SC Staff ID #s?

Answer 1: The SC team would be the best people to answer that question. They can be reached at ACBHSmartCare@acgov.org.

Question 2: We would appreciate any policy, contractual language, regulatory guidance, or official communication that specifically identifies the need for the new requirements effective 7/1/26.

Answer 2: As noted in [this provider memo](#) the changes are based on DHCS' requirements published in [DHCS MHSUDS 18-019](#) and [BHIN 24-001](#).

Additionally, per ACBHD-contracted organizations' FY 26-27 [contract language for MH and/or SUD providers](#), organizations shall maintain a pre-hire practice to ensure that staff with a provider type/designation subject to credentialing complete a valid provider profile in the CAQH portal prior to gaining access to ACBHD systems and prior to service provision.

The SmartCare ID requirements are also noted within ACBHD-contracted organizations' FY 26-27 [contract language for MH and/or SUD providers](#):

- Contractor shall ensure that employees, volunteers, Board Members, owners, agents, and subcontractors of Contractor, both clinical²³ and non-clinical, who are providing and/or supporting services under this Agreement are included in Contractor's Staff Roster on file with ACBHD. Contractor shall submit a SmartCare Staff ID Number Request e-Form to Alameda County Health (AC Health) Information Systems (IS) as soon as practicable but in no event more than five business days of any staffing changes, including but not limited to, changes in name, job title, license discipline, license number, expiration and taxonomy code.

Lastly, ACBHD policy [1603-3-2](#), Credentialing and Re-Credentialing Verification for ACBHD Mental Health and Substance Use Service Providers, also speaks to the credentialing requirements, consistent with DHCS regulations.

Question 3: As we continue preparing for the 7/1/26 requirement that the credentialing process begin prior to employment, would it be acceptable to list a personal email address and phone number on the SC Staff ID # Request form?

Answer 3: Yes.

Active Staff Roster Report

Question 1: When we ran the Active Staff Roster Report, there appears to be several staff that are listed under the incorrect Program/Reporting Unit (RU). We were told that we needed to complete an E-form for each correction, but we're wondering if we can send a file instead.

Answer 1: The provider should contact ACBHD's IS Team at ACHSupport@acgov.org or at 510-817-0076 to inquire if it's possible to submit a file instead of submitting a separate SC Staff ID # Request for several of their staff if they want to update program/RU information for several of their staff.

Question 2: Can you please confirm that a SC Staff ID # is required for ALL staff? Not just clinicians – but housekeepers, RDOs, Cooks, transportation workers, etc.

Answer 2: Per consultation with AC Health's Office of Compliance Services (OCS):

1. A Staff ID # is not required for non-clinical staff.
2. Exclusion Screening (OIG and DHCS) at the time of hire, and annually thereafter, is sufficient for non-clinical staff (e.g., cooks, housekeeping, and other support roles).

Both OIG and DHCS make their exclusion databases publicly available. Please find the links below:

- **DHCS Suspended and Ineligible List (S&I List)** - [Provider Suspended and Ineligible List \(S&I List\) - Dataset - California Health and Human Services Open](#)
- **U.S. Department of Health & Human Services (HHS) Office of Inspector General (OIG)** - [Search the Exclusions Database | Office of Inspector General](#)

Finally, CBOs/organizations must maintain records by printing, dating, and signing them, and placing them in employee files. CBOs/organizations must also be able to furnish this documentation (i.e., evidence of compliance with the exclusion screening requirements) upon request by AC Health OCS or the ACBHD Contracts Unit (CU) (if applicable).

Access to SmartCare or to Clinician's Gateway

Question 1: I'm looking to find out the status of a provider's access to SmartCare (SC) or Clinician's Gateway (CG). Who should I reach out to? Updated 9/11/26

Answer 1: If the situation has nothing to do with the submission of an exclusion notification due to the provider's non-compliance with ACBHD's credentialing requirements and reinstatement of that provider upon completion of their CAQH profile, you should reach out to ACBHD's IS Team to inquire about the status of a provider's access to CG or to SC. ACBHD's credentialing process with CAQH is separate from a provider's access to SC or CG for entering services, claiming, etc. If the provider's access to CG or SC was suspended due to non-compliance with ACBHD's credentialing requirements, the point of contact (POC) for the organization should have received an email from the QA team regarding next steps to take to have the provider's access reinstated.

Approval Letters

Question 1: Sometimes we receive approval letters when our staff are credentialed, but we don't receive them for all our staff. Why is this? Updated 9/11/26

Answer 1: Approval letters are sent only in situations where QA has requested additional information, clarification, or documentation from the provider/POC, or where QA has conferred with ACBHD's Credentialing Committee. The approval letter is sent via email to the organization's POC(s) and includes the provider if the provider communicated with QA directly regarding missing/needed information.

Staff Who've Left Organizations

Question 1: Do we need to take any action when a staff ends their employment at our organization with regard to their credentialing? Updated 9/11/26

Answer 1: When a credentialed staff leaves your organization, you should complete the [SmartCare Staff Expire Request](#) e-form, if you have not done so already. This form allows requests to expire up to 10 staff. This is required so our IS Team can appropriately suspend access to ACBHD systems for those departed staff. It's a requirement, per contract with ACBHD. With regard to that staff's credentialing status, you should also contact QA to inform them of that staff's departure. Upon notification, QA will proceed to cancel any future credentialing orders/PSVs for the provider, then will remove the provider from ACBHD's roster of providers with CAQH.

PAVE (Provider Application and Validation for Enrollment)

Question 1: If we have a provider who transfers from another county in California to Alameda County and they're already enrolled in PAVE, is there anything they need to update in their PAVE portal prior to billing for services in Alameda County?

Answer 1: QA are not subject matter experts in PAVE. It is a state requirement, and we have instructed CBO providers to enroll as Ordering/Referring/Prescribing (ORP) providers, and we have not heard that registration is tied to a specific County. But it may be different if they enrolled as an individual provider in PAVE (not ORP). We can share the below information:

Effective July 1, 2021, DHCS requires specific provider types who render SMHS within County Mental Health Plans (MHPs) (this includes County staff and Provider Network) to successfully enroll in their PAVE web portal. This enrollment process satisfies the obligations under the Federal Cures Act (42 CFR 438.602(b)).

The following SMHS provider types must enroll in PAVE:

- Certified Nurse Practitioner
- Licensed Clinical Social Worker (LCSW)
- Psychologist
- Licensed Educational Psychologist
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Nurse Practitioner (supervised)
- Physician Assistant (supervised)
- Physician (MD and DO)
- Registered Pharmacist

PAVE Resources and Information:

- ACBHD [Provider Memo](#) (11/2021): Provider Application and Validation for Enrollment (PAVE) Requirement
- ACBHD [Provider Memo](#) (3/2021): Update and FAQs – Provider Application and Validation for Enrollment (PAVE)
- DHCS [BHIN 20-071](#): SMHS PAVE Enrollment Requirements – CURES Act
- DHCS webpage, [PAVE 101 Training Slides](#)

Question 2: What is Alameda County’s definition of PAVE enrollment? Is it when an application is submitted, or when it is approved?

Answer 2: Alameda County’s definition of enrollment is when an application is approved. An example would include a screenshot of the provider’s status on the PAVE Portal, or a copy of the letter from DHCS’ Provider Enrollment Division indicating they have approved the provider’s enrollment in the Medi-Cal program. For additional questions re: PAVE that cannot be answered via the resources above, please send an email to QATA@acgov.org.

Question 3: If we have a new hire or existing hire with a license, does the PAVE Medi-Cal enrollment need to be completed/approved before we submit a request to Alameda for a SC Staff ID #, Staff Update, etc.?

Answer 3: Although there is overlap between PAVE enrollment (i.e., approval) and credentialing requirements, they are separate and distinct. Credentialing ensures that providers are licensed, registered, waived, and/or certified as required by State and Federal law. PAVE requirements are designed to reduce the number of providers who do not meet CMS provider enrollment requirements from participating in the MHPs’ provider networks (per [BHIN 20-071](#)).

The ACBHD credentialing process, to include SC Staff ID # issuance for service rendering and claiming, does not include and is not dependent on PAVE enrollment.

The ACBHD hiring process requires PAVE enrollment (i.e. approval) verification prior to official hiring offer letter issuance. This ensures all who should be PAVE-enrolled are. CBOs may implement this policy or may implement an alternative policy that ensures PAVE enrollment (i.e. approval) and keeps record. DHCS does not currently deny claims if PAVE enrollment is yet to be completed. However, DHCS has future plans to apply edits to their reimbursement system based on the PAVE requirement. DHCS already audits Counties to ensure compliance (which may include CBO documented processes and evidence of PAVE enrollments/approvals for staff).

See Answer 1 in this section for PAVE resources and information.

Question 4: If we have a new hire licensed provider that does not have a PAVE application submitted and/or approved, can we credential them as a Registered AMFT, ASW, APCC or MHRS, since it doesn’t require PAVE?

Answer 4: PAVE enrollment and Credentialing are two distinct processes. The ACBHD credentialing process, to include SC Staff ID # issuance for service rendering and claiming, does not include and is not dependent on PAVE enrollment.

Currently, DHCS does not deny claims if PAVE enrollment is yet to be completed.

Question 5: Is the PAVE application required to be validated/approved or just submitted to be credentialed?

Answer 5: It must be approved.

Question 6: While a new hire process is pending, can another PAVE CAQH registered provider sign off on their services?

Answer 6: Currently, we are only proceeding with PAVE approved providers and billing can only be done by providers with approved credentialing.

Appendix A: High-level Steps for Profile Creation (from CAQH Quick Reference Guide)

Register with the Provider Data Portal	Complete the Application and Review Data	Authorize Access to Your Information
If you have been invited to join the Provider Data Portal by a health plan, hospital, or other participating organization, you may have received a welcome letter with your Provider ID Number. As a new user, you also have the option to self-register through the Provider Data Portal: https://proview.caqh.org/pr. Upon completion of the self-registration process, you will receive a welcome email with your unique Provider ID Number. Once you have received your Provider ID Number, follow the next steps to complete your registration: 1. Navigate to: https://proview.caqh.org/pr. 2. Click Register Now. 3. At the bottom of the page, click the here link on "If you already have a CAQH Provider ID, please click here." 4. Enter your Provider ID Number. 5. Enter your authentication data (SSN, National Provider Identifier (NPI), DEA, UPIN, and License Number). 6. Create a unique username and password. 7. Choose and answer three security questions. 8. Acknowledge the Terms of Service. 9. Click Create Account.	10. Select Profile Data from the top navigation menu. 11. Enter the requested information within each section. - Use Go to previous section or Save & Continue to page forward or backward within your application. - It's important to click on the Save & Continue button to save your information. If you close the browser. Without clicking this button, you will lose your information. 12. Select Review & Attest to review your profile and to make any required fixes to your information. During review, you can do any of the following: - Select View Errors to view both required and suggested fixes. Required fixes are items that must be fixed to complete your profile. Suggested fixes are items that appear irregular or inconsistent within your profile information. - Select View Documents to view the status of all uploaded supporting documents, as well as any missing or expired documents. - Double-click on the image in View Your Data Summary to review a summary of your profile information. - Generate a replica of a state-specific application by clicking Download Your State Application, selecting the state, and clicking Download. 13. Authorize customers to grant them access to your information.	Only you can authorize who has access to your information. For new users, access the Authorize page from the left navigation. 1. On the Authorize page, you have two options to select which listed organization(s)** you would like to receive your information: - All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider. -OR- - Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below: Select one and click Save to proceed to the next step in the process. 2. Click Review & Attest. 3. Proceed to the Next Steps — All Users section of this document. NOTE: **If a Participating Organization you wish to authorize does not appear, please contact that organization and ask to be added to their provider roster.

Verify Your Data Entry – Review and Attest	Submit Supporting Documents	Authorize Access to Your Information
Complete the following steps to verify the accuracy of your information and complete your attestation. 1. Select Review & Attest from the top navigation bar. 2. Click View Your Data Summary to display a summary of the data you entered. 3. Review your data summary to make sure it is complete. You may save or print your data summary. - If you need to make changes, click Profile Data from the top navigation bar to select the section that needs to be revised. 4. Select Attest to certify that you have carefully reviewed all information contained within your profile and that all information provided by you is true, correct, and complete to the best of your knowledge.	After you complete your attestation, DataSpring enables you to upload any required supporting documents directly into the system. You can also upload your documents as you are completing your application. To do so, follow these steps: 1. The Documents or Review pages will inform you what documents are needed to complete your application. 2. Upload the supporting documents (e.g., DEA certificates, W-9 forms, etc.) directly to DataSpring. Once your application is complete and your supporting documents are reviewed for accuracy, your information will be available to the organizations you authorized. You will need to check with each individual organization to determine your credentialing status.	Every 120 days (180 days for providers practicing in Illinois), you will receive a notification from DataSpring to re-attest that all the information in your profile is still correct. To complete this requirement, follow these steps: 1. Navigate to: https://proview.caqh.org/pr at least every 120 days (180 days for IL Providers). 2. Log in to your account. 3. Select Review & Attest on the Home page. 4. Review and update your data as needed. 5. Click Attest. 6. Upload any applicable supporting documents.

Updated 9/11/26

Appendix B: Re-attestation Reminder Email Schedule (from CAQH Provider User Guide)

Re-attestation is required by Practitioners every 120 days (180 days for Illinois Practitioners) in the CAQH Provider Data Portal to ensure your data is maintained and accurate for health plan use. DataSpring will email you to remind you when you are due for re-attestation. System-automated emails will be sent to your primary method of contact email, and if on file, the additional email contacts, at the following intervals (message frequency and timing differ for Illinois Practitioners):

- 15 days prior to expiration
- 10 days prior to expiration
- 5 days prior to expiration

If no re-attestation has occurred, you will be put in Expired status on the day after the re-attestation was due. Practitioners in Expired status will receive the following notices:

- Day after Practitioner is placed in expired status
- 14 days after expired
- 28 days after expired
- 42 days after expired – final notice

Verify your primary method of contact email in the [Personal Information](#) section. It is important to keep this email accurate and current so that you receive these important messages. You can also enter two additional email addresses in this section that will be copied on system-generated messages.

Updated 9/11/26

Appendix C: Provider Profile Statuses (from CAQH User Guide)

Provider statuses are defined below and may be automatically changed or manually changed by the Solutions Center. DataSpring assigns statuses based on the triggering events below.

Table 1: Provider Status

Status	Triggering Event	Activity Type
New Provider	When a new provider record is created.	Automatic
Initial Outreach	When the system sends a Welcome Email. NOTE: Effective 06/08/2020, DataSpring is no longer sending registration kits via USPS.	Automatic
Undeliverable	When a Welcome Letter is returned from USPS as "Undeliverable" due to a bad mailing address, and no alternate Email or Mailing Addresses are available. NOTE: Effective 06/08/2020, DataSpring is no longer sending registration kits via USPS.	Manual
Alternate Outreach	- When the current Provider Status is Initial Outreach, and the provider changes Primary Email Address at registration. - When the current Provider Status is Initial Outreach, and the Welcome Email bounced back, the Welcome Letter is resent via a new email if one is received.	Automatic Automatic
First Provider Contact	- When a new provider registers and logs into the portal with a username and password. - When a new provider contacts the Solutions Center.	Automatic Manual
Profile Data Submitted	When a provider attests for the first time, and all required documents are not yet approved. May also be referred to as "Application Data Submitted".	Automatic
Initial Profile Complete	When a provider has attested for the first time, and all required documents are approved. May also be referred to as "Initial Application Complete".	Automatic
Re-Attestation	When a provider attests after the first attestation.	Automatic
Expired Attestation	- When the Provider does not have Primary Practice State = IL, and the provider has not attested within the last 120 days. - When the Provider has Primary Practice State = IL, and the provider has not attested within the last 180 days.	Automatic
Provider Retired	When DataSpring is notified that a provider is retired.	Manual
Provider Deceased	When DataSpring is notified that a provider is deceased.	Manual
OptOut	When DataSpring has verified that a provider no longer wishes to participate in the CAQH Provider Data Portal.	Manual

Updated 9/11/26