

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT AMENDMENT #1**

**CREDENTIALING AND RE-CREDENTIALING FOR CALIFORNIA COUNTY BEHAVIORAL HEALTH PLANS (“Program”)**

This Agreement Amendment (“Amendment”) amends Agreement No. 12327-FC-CRED-25\_26 (“Agreement”), a contract by and between the California Mental Health Services Authority (“CalMHSA”) and Fresno County (“Participant”) for CalMHSA to provide Credentialing and Recredentialing on behalf of California County Behavioral Health Plans. This Amendment shall be effective upon execution.

The Agreement hereby 1) extends the Agreement term’s end date from June 30, 2026, to June 30, 2028, 2) increase the maximum amount payable under this Agreement by \$76,440.00, making the new maximum amount payable under this Agreement \$243,405.81 and 3) modify terms under Exhibit A –Detailed Program Description, Obligations, Restrictions, II. Obligations: CalMHSA Shall, and modify Attachment B- Credentialing and Recredentialing Cost by Provider Type, at no additional cost.

**Modifications:**

Exhibit A- II. Obligations: CalMHSA Shall (Previous Terms):

**CalMHSA shall:**

To support Participants to comply with the above-mentioned regulations, CalMHSA shall:

- Verify that CertifyOS conducts provider credentialing that meets DHCS requirements and NCQA standards and guidelines to ensure that providers have valid credentials.
- Periodically check, via file audits, to confirm that CertifyOS is verifying the required items through a primary source and documenting these in a primary source verification (PSV) file, as applicable by the provider type.
- Verify that CertifyOS tracks and conducts provider recredentialing that meets DHCS requirements and NCQA standards and guidelines, at a minimum every three years.
- Confirm that CertifyOS integrates the respective Participant’s Credentialing Platform with each participating County’s NPDB account within two (2) weeks after such Participant adds CertifyOS as an Authorized Agent to its respective NPDB county account and provides CertifyOS with the County’s NPDB Data Bank ID, allowing for primary source verification and validation of providers credentialing data.
- Track and verify that CertifyOS maintains its certification as an NCQA Credentials Verification Organization (CVO), in all 11 certification options, throughout the term of the Agreement.
- Verify that CertifyOS provider credentialing and recredentialing policies and procedures are compliant with DHCS credentialing regulations and NCQA credentialing standards and guidelines.
- Oversee CertifyOS performance on behalf of the Participant by reviewing and ensuring that specific service level agreements and/or key performance indicators are reported monthly to CalMHSA to

ensure compliance with previously agreed metrics during the term of the Agreement. Furthermore, CalMHSA and CertifyOS will meet periodically, at a mutually agreeable date/time, to discuss matters related to credentialing functions.

- Assist the Participant during the CertifyOS Credentialing Platform implementation and confirm that the Participant implements a separate, secure instance of the credentialing platform and receives platform and process user training.
- Verify that customer support for Participant and providers by CertifyOS is available Monday through Friday from 8:00 AM to 6:00PM, Pacific Standard Time. Customer support must be provided via email, or other designated channels.
- Confirm that Participant has the credentialing platform dashboard functionality available with real-time data to ensure transparency of credentialing activities performed by CertifyOS.
- Confirm that Participant has access to and can download CertifyOS credentialing platform built-in reports, including individual provider PSV files.
- Confirm that CertifyOS makes available to Participant its Virtual Credentialing Committee management module, within the credentialing platform, which allows for adjudication of files presented to the committee.
- Verify that CertifyOS assist Participant with federal and/or state audit preparation, including reporting, that involves provider credentialing and recredentialing activities.
- Verify that all provider information obtained through the credentialing and recredentialing activities is secured and protected from unauthorized access in accordance NCQA and industry standards, including multi-factor authentication (MFA) for remote user access, in addition to standard data security and management protocols.

II. Obligations: CalMHSA Shall (Updated Terms):

**CalMHSA shall:**

To support Participants to comply with the above-mentioned regulations, CalMHSA shall:

- Verify that CertifyOS conducts provider credentialing that meets DHCS requirements and NCQA standards and guidelines to ensure that providers have valid credentials.
- Periodically check, via file audits, to confirm that CertifyOS is verifying the required items through a primary source and documenting these in a primary source verification (PSV) file, as applicable by the provider type.
- Verify that CertifyOS tracks and conducts provider recredentialing that meets DHCS requirements and NCQA standards and guidelines, at a minimum every three years.
- Confirm that CertifyOS integrates the respective Participant's Credentialing Platform with each participating County's NPDB account within two (2) weeks after such Participant adds CertifyOS as an Authorized Agent to its respective NPDB county account and provides CertifyOS with the County's NPDB

Data Bank ID, allowing for primary source verification and validation of providers credentialing data.

- Track and verify that CertifyOS maintains its certification as an NCQA Credentials Verification Organization (CVO), in all 11 certification options, throughout the term of the Agreement.
- Verify that CertifyOS provider credentialing and recredentialing policies and procedures are compliant with DHCS credentialing regulations and NCQA credentialing standards and guidelines.
- Oversee CertifyOS performance on behalf of the Participant by reviewing and ensuring that specific service level agreements and/or key performance indicators are reported monthly to CalMHSA to ensure compliance with previously agreed metrics during the term of the Agreement. Furthermore, CalMHSA and CertifyOS will meet periodically, at a mutually agreeable date/time, to discuss matters related to credentialing functions.
- Assist the Participant during the CertifyOS Credentialing Platform implementation and confirm that the Participant implements a separate, secure instance of the credentialing platform and receives platform and process user training.
- Verify that customer support for Participant and providers by CertifyOS is available Monday through Friday from 8:00 AM to 6:00PM, Pacific Standard Time. Customer support must be provided via email, or other designated channels.
- Confirm that Participant has the credentialing platform dashboard functionality available with real-time data to ensure transparency of credentialing activities performed by CertifyOS.
- Confirm that Participant has access to and can download CertifyOS credentialing platform built-in reports, including individual provider PSV files.
- Confirm that CertifyOS makes available to Participant, upon request, the option to use its Virtual Credentialing Committee management module within the credentialing platform, which allows for adjudication of files presented to the committee.
- Verify that CertifyOS assist Participant with federal and/or state audit preparation, including reporting, that involves provider credentialing and recredentialing activities.
- Verify that all provider information obtained through the credentialing and recredentialing activities is secured and protected from unauthorized access in accordance NCQA and industry standards, including multi-factor authentication (MFA) for remote user access, in addition to standard data security and management protocols.

Attachment B- Credentialing and Recredentialing Cost by Provider Type (Previous terms):

**Participation Agreement**

Attachment B– Credentialing and Recredentialing Cost by Provider Type

PROVIDER TYPE	APPLICABLE PLAN	CREDENTIALING COST**
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12327-FC-CRED-25\_26-AM1  
 Credentialing and Recredentialing for California County Behavioral Health Plans  
 Participation Agreement Amendment  
 March 4, 2026

Certified/Registered Alcohol and Other Drug Counselors (AOD Counselors)	DMC-ODS/State Plan	\$33.00
Licensed Practitioner of the Healing Arts (LPHA)*	MHP/DMC-ODS/State Plan	\$33.00
Licensed/Waivered Psychologist	MHP/DMC-ODS/State Plan	\$33.00
Nurse Practitioner (NP)	MHP/DMC-ODS/State Plan	\$141.00
Physician Assistant (PA)	MHP/DMC-ODS/State Plan	\$61.80
Licensed/Registered Pharmacist	MHP/DMC-ODS/State Plan	\$33.00
Registered Nurse (RN)	MHP/DMC-ODS/State Plan	\$69.00
Clinical Nurse Specialist (CNS)	MHP	\$93.00
Licensed Vocational Nurse (LVN)	MHP/DMC-ODS/State Plan	\$69.00
Occupational Therapist (OT)	MHP/DMC-ODS/State Plan	\$33.00
Licensed Psychiatric Technician (PT)	MHP/DMC-ODS/State Plan	\$33.00
Certified Medical Assistant (CMA)	MHP/DMC-ODS/State Plan	\$33.00
Certified Medi-Cal Peer Support Specialist	MHP	\$33.00
<b>United States Medical Graduate Physician</b>		
Physician (Medical Doctor - MD)	MHP/DMC-ODS/State Plan	\$102.20
Physician (Doctor of Osteopathy - DO)	MHP/DMC-ODS/State Plan	\$132.20
Licensed Psychiatrist	MHP/DMC-ODS/State Plan	\$132.20
<b>International Medical Graduate Physician</b>		
Physician (Medical Doctor - MD)	MHP/DMC-ODS/State Plan	\$202.20
Physician (Doctor of Osteopathy - DO)	MHP/DMC-ODS/State Plan	\$232.20
Licensed Psychiatrist	MHP/DMC-ODS/State Plan	\$232.20

\*LPHA in this context includes licensed or registered clinical social workers, marriage and family therapists or professional clinical counselors.

\*\*Note that any relevant pass-through fees not already included in the cost above may be added to the total credentialing fee as applicable. While the total credentialing fees listed in Attachment B may vary, these should not exceed the amounts currently listed in the table above.

Attachment B- Credentialing and Recredentialing Cost by Provider Type (Updated terms):

Attachment B– Credentialing and Recredentialing Cost by Provider Type

PROVIDER TYPE	APPLICABLE PLAN	CREDENTIALING COST**
Certified/Registered Alcohol and Other Drug Counselors (AOD Counselors)	DMC-ODS/State Plan	\$33.00
Licensed Practitioner of the Healing Arts (LPHA)*	MHP/DMC-ODS/State Plan	\$33.00
Licensed/Waivered Psychologist	MHP/DMC-ODS/State Plan	\$33.00
Nurse Practitioner (NP)	MHP/DMC-ODS/State Plan	\$141.00
Physician Assistant (PA)	MHP/DMC-ODS/State Plan	\$61.80
Licensed/Registered Pharmacist	MHP/DMC-ODS/State Plan	\$33.00
Registered Nurse (RN)	MHP/DMC-ODS/State Plan	\$69.00
Clinical Nurse Specialist (CNS)	MHP	\$93.00
Licensed Vocational Nurse (LVN)	MHP/DMC-ODS/State Plan	\$69.00
Occupational Therapist (OT)	MHP/DMC-ODS/State Plan	\$33.00
Licensed Psychiatric Technician (PT)	MHP/DMC-ODS/State Plan	\$33.00
Certified Medical Assistant (CMA)	MHP/DMC-ODS/State Plan	\$33.00
Certified Medi-Cal Peer Support Specialist	MHP	\$33.00
<b>United States Medical Graduate Physician</b>		
Physician (Medical Doctor - MD)	MHP/DMC-ODS/State Plan	\$102.20
Physician (Doctor of Osteopathy - DO)	MHP/DMC-ODS/State Plan	\$132.20
Licensed Psychiatrist	MHP/DMC-ODS/State Plan	\$132.20
<b>International Medical Graduate Physician</b>		
Physician (Medical Doctor - MD)	MHP/DMC-ODS/State Plan	\$202.20
Physician (Doctor of Osteopathy - DO)	MHP/DMC-ODS/State Plan	\$232.20
Licensed Psychiatrist	MHP/DMC-ODS/State Plan	\$232.20

\*LPHA in this context includes licensed or registered clinical social workers, marriage and family therapists or professional clinical counselors.

\*\*Note that any relevant pass-through fees not already included in the cost above may be added to the total credentialing fee as applicable. While the total credentialing fees listed in Attachment B may vary, these should not exceed the amounts currently listed in the table above.

\*\*\* All NPDB pass-through fees will be billed on an annual basis.

All other terms or provisions in the initial Agreement No. 12327-FC-CRED-25\_26 ("Agreement"), not amended by this Amendment shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereby confirm acceptance of the terms of this Amendment by causing their duly authorized officers or representatives to execute this Amendment as set out below.

**PARTICIPANT: FRESNO COUNTY**

Signed: \_\_\_\_\_  
Title: Chairman of the Board of Supervisors of  
          the County of Fresno

Name (printed): Garry Bredefeld  
Date: \_\_\_\_\_

**CalMHSA**

Signed: \_\_\_\_\_  
Title: Executive Director

Name (printed): Dr. Amie Miller, Psy.D., LMFT  
Date: \_\_\_\_\_

For accounting use only:

Org No.: 56302019  
Account No.: 7295  
Fund No.: 0001  
Subclass No.: 10000