

Contra Costa County Behavioral Health - Credentialing Documentation Help Sheet

New Provider New to Contra Costa County Mental Health Plan?	<ul style="list-style-type: none">• Complete a Credentialing /Privileging Form and ShareCare ID Request Form
Three Year Recredentialing Due for 3 year recredentialing?	<ul style="list-style-type: none">• Complete a Recredentialing Application
Existing Provider Requesting a New Credentialing Classification Obtained a new professional license, additional education, or additional work experience?	<ul style="list-style-type: none">• Complete a Recredentialing Application
Existing Provider With Name Change Changed legal name since last credentialing?	<ul style="list-style-type: none">• Complete the Credentialing Change Form
Existing Provider With a Facility Add or Change Need to add and/or remove facilities?	<ul style="list-style-type: none">• Complete the Credentialing Change Form
Returning Provider Returning to Contra Costa Mental Health Plan after a period of inactivity in the plan?	<ul style="list-style-type: none">• If the time away from the plan has been less than 30 days, complete a Credentialing Change Form.• If the time away from the plan has been more than 30 days and the provider is still within their 3 year credentialing period, complete a Recredentialing Application.• If the time away from the plan has been more than 30 days and the provider is no longer within their 3 year credentialing period, complete a Credentialing /Privileging Form and ShareCare ID Request Form.
Terminated Provider Need to terminate a provider in ShareCare because they are no longer employed with your agency/program?	<ul style="list-style-type: none">• Complete the Staff Termination Worksheet

All forms can be downloaded from our website at: <https://cchealth.org/mentalhealth/provider/>