

Policy



DEPARTMENT: Trillium Behavioral Health	DOCUMENT NAME: Paneling Non-Licensed Outpatient Behavioral Health Practitioners
PAGE: 1 of 4	REPLACES: NA
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PRODUCT TYPE: Medicaid and OHP	REFERENCE NUMBER: NA

A. Purpose

To ensure network participation requests for qualified non-licensed behavioral health outpatient service practitioners are processed in an efficient and timely manner.

B. Policy

Trillium Behavioral Health (TBH) is responsible for collection of the TBH Request to Panel Form used to gather information needed to processes network participation requests for non-licensed behavioral health outpatient service practitioners employed by a provider organization that is contracted with Trillium Community Health Plan (TCHP).

1. Network Participation:

- 1.1.** To request network participation for a non-licensed employee, the contracted provider organization must complete and submit a TBH Request to Panel Form and attest by date and signature to the accuracy of all information in the form. It is the sole responsibility of the provider organization to produce all necessary information and documentation in a timely manner; as required to process.
- 1.2.** The contracted provider organization is responsible for assuring the practitioner meets qualifying criteria as well as training and supervision requirements as defined by Oregon Administrative Rule. The practitioner shall possess valid professional certificates if any are required under any federal, state, or local law, rule or regulation to provide outpatient behavioral health services to Oregon Health Plan (OHP) members.
- 1.3.** Board registered intern practitioners shall be supervised under an active board approved plan of practice and supervision. Behavioral health practitioners exempt from board licensure or registration shall be supervised and employed by or contracted with a provider organization certified by the Health Systems Division of the Oregon Health Authority (OHA) to provide behavioral health services and meet

qualifications for their designation type as determined by the employer organization. All non-licensed practitioner types must be employed by a Trillium contracted provider organization.

1.4. Types of Board Registered Intern Practitioners:

1.4.1. Marriage and Family Therapist Registered Intern

1.4.2. Professional Counselor Registered Intern

1.4.3. Clinical Social Work Associate

1.5. Types of Exempt Practitioners:

1.5.1. Qualified Mental Health Professional (QMHP);

1.5.2. Qualified Mental Health Associate (QMHA);

1.5.3. Mental Health Intern (MH Intern);

1.5.4. Peer Support Specialist (PSS), and

1.5.5. Substance Use Disorder Counselor (SUD).

C. Procedure

1. Request to Panel Form Received

1.1. TBH secures Request to Panel Form.

1.2. TBH reviews the form for completeness and verifies existence of sufficient information needed for network participation.

1.2.1. When the form is not complete:

1.2.1.1. If the form does not have the required signature or if any of the required items are missing or insufficient, the form may be returned to the provider organization for completion or, at TBH discretion, an email may be directed to the organization contact person to request the missing information.

1.2.1.2. The Request to Panel Form will not be processed until all needed information is received.

1.2.2. When the form is complete:

1.2.2.1. The following verifications will be performed as applicable and query images will be saved.

1.2.2.1.1. For all practitioner types:

1.2.2.1.1.1. CMS National Plan and Provider Enumeration System (NPPES) to confirm registered National Provider Identifier (NPI) and Taxonomy Code(s).

1.2.2.1.1.2. OHA weekly enrollment Provider File to confirm the practitioner's current Medicaid provider enrollment status.

1.2.2.1.2. For QMHP and/or Board Registered Intern practitioners:

1.2.2.1.2.1. Oregon Board of Licensed Counselors and Therapists to confirm board status; and/or

1.2.2.1.2.2. Oregon Board of Licensed Social Workers to confirm board status; and/or

1.2.2.1.2.3. Oregon Board of Psychologist Examiners to confirm board status.

1.2.2.1.3. For SUD practitioners:

1.2.2.1.3.1. Addiction Counselor Certification Board of Oregon (ACCBO) to confirm certification.

1.2.2.1.4. For Peer Support Specialists:

1.2.2.1.4.1. Oregon Health Authority (OHA) Traditional Health Workers Registry to confirm certification and specialty.

1.2.2.2. OHP Encounter Only Provider Enrollment

1.2.2.2.1. Encounter Only provider enrollment will be performed when:

1.2.2.2.1.1. An eligible practitioner is not enrolled, or

1.2.2.2.1.2. The enrollment information on file with OHA needs to be updated.

1.2.2.2.2. Encounter Only Provider Enrollment will not be completed when:

1.2.2.2.2.1. The practitioner has a valid and current enrollment, or

1.2.2.2.2.2. The provider organization has performed a Fee-For-Service enrollment.

2. TBH Provider Database

2.1. TBH staff add the practitioner information into the TBH Provider Database (aka Q-List) to reflect these elements:

2.1.1. Last name, first name, middle name, gender, SSN, DOB, NPI number, Taxonomy code, Medicaid ID number, Medicaid ID effective date, degree type, degree discipline, date degree earned, certification type, certification number, certification effective date; specialty type, network effective date; name of employer organization; any language spoken other than English.

3. TBH Electronic Practitioner File

3.1. The Request to Panel Form, verification queries, verification checklist and other documentation reviewed will be scanned and saved in PDF format to the Provider Files folder on the Lane County I-Drive.

4. TBH Provider Updates Roster

4.1. TBH staff add the practitioner information into the TBH Provider Updates Roster to reflect these elements:

4.1.1. Date submitted, last name, first name, gender, specialty type, Alt Spec 1 Code, panel effective date, NPI number, Taxonomy code, DOB, SSN, degree type, degree discipline, practitioner OHP ID number, OHP ID effective date, ACCBO certification type, ACCBO certification effective date, other language spoken, provider organization name, provider organization Tax ID, provider organization NPI, practice location address, network end date.

4.2. TBH staff submits the TBH Provider Updates Roster weekly to the Trillium Community Health Plan Credentialing Specialist and Contracts Coordinator who work with TCHP Provider Data Management staff to complete practitioner set up.

D. Definitions

Word / Term	Definition
Certificate of Behavioral Health Treatment Services	"Certificate of Behavioral Health Treatment Services" means the document issued by the Health Systems Division of the Oregon Health Authority that identifies and declares provider certification. A letter accompanying issuance of the certificate shall detail the scope and approved service delivery locations of the certificate.
Oregon Health Authority (OHA)	The Oregon Health Authority of the State of Oregon.
Practitioner	Professional who provides healthcare services (e.g., Board Registered Intern, Non-licensed QMHP, QMHA, MH-Intern, PSS)
Provider	Institution or organization providing services for health plan members (e.g., behavioral health agency)

E. Regulatory or Administrative Citations

Name	Citation Reference
Oregon Administrative Rule	410-172-0660 to 410-172-0670
Oregon Administrative Rule	309-008-0100 to 309-008-1600
Oregon Regulatory Statute	430.637(6),(8),(9)
Oregon Regulatory Statute	430.638

F. Related Material

Name	Location
TBH Request to Panel Forms	TBH Database

G. Revision Log

Type	Date
Updated and merged Policy and Procedure into one document.	4-10-18
Updated Regulatory Citations	4-10-18