

# Delegated Credentialing

This training tool can be used by Behavioral Health Organizations offered credentialing delegation agreements with CareOregon. It is intended to be a tool to help guide organizations on credentialing requirements.



CareOregon®

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[www.careoregon.org](http://www.careoregon.org)



# Licensed vs unlicensed definitions

## **Licensed BH providers include:**

Practitioners eligible for full credentialing process outlined on the credentialing delegation agreement.

- BCaBA, BCBA LPC, LCSW, LMFT, PMHNP, Psychologist (PhD or PsyD)
- MD, DO (psychiatrist)
- PA under supervision of a psychiatrist
- LAc working at a substance use disorder office

## **Unlicensed BH providers include:**

- CADCs
- CSWAs
- QMHAs
- QMHPs (exceptions above)
- Peer Support Specialists
- Behavioral Analyst Interventionists
- Behavioral Health Registered Interns (all types)

# Policies & Procedures

- Delegate shall have written policies and procedures for collecting evidence of credentials, screening the credentials, reporting credential information and recredentialing of their staff including (if applicable to the type of practice/facility): Behavioral Health and Substance Use Disorder Providers, consistent with 6402 of the Patient Protection and Affordable Care Act, 42 CFR§ 438.214, 42 CFR §455.400-455.470 (excluding §455.460), and OAR 410-141-3510. These procedures shall also include collecting proof of professional Liability Insurance, whether by insurance or a program of self-insurance.

# Register for a National Provider Identifier (NPI)

- All billing (licensed and unlicensed) providers are required to have an NPI
- Register for NPI by visiting NPPES website
  1. Click Link: <https://nppes.cms.hhs.gov/>
  2. Create an account and off you go



# Register for a DMAP ID (OR Medicaid)

- *All individual rendering practitioners (licensed and unlicensed), who will appear on a claim as a submitting, rendering, or attending practitioner, must be enrolled with OHA (Oregon Health Authority) in order to be eligible to receive Medicaid funds.*
1. Fill out a [Practitioner Oregon Medicaid ID Application](#)
  2. Please return this form to [providerupdates@careoregon.org](mailto:providerupdates@careoregon.org) or to the Provider Data fax line at 503-416-1437.



# Credentialing Application

## **Initial Credentialing:**

- Licensed practitioner must complete an [Oregon Practitioner Credentialing Application](#)

## **Recredentialing:**

- Licensed practitioners are required to be recredentialed every three (3) years.
- Licensed practitioner must complete an [Oregon Practitioner Recredentialing Application](#)

### ***Per the delegation agreement:***

*Provider shall maintain records documenting academic credentials, training received, licenses or certifications, and reports from the NPDB. This includes keeping a copy of credentialing applications.*

# Medicaid Exclusion Checks

Medicaid Exclusion sites need to be verified at time of initial credentialing and recredentialing.

1. Visit [Office of Inspector General \(OIG\)](#) site and search by Name
  - Click [here](#) for search tips
  - Print a copy for your file as proof of verification
2. Visit [System for Award Management \(SAM\)](#) site
  - Click Search Records
  - Click Advanced Search – Exclusion
  - Click Single Search
  - Click [here](#) for search tips (go to Quick Start Guides for Exclusions)
  - Print a copy for your file as proof of verification

# Licensure Verification

- All licensed practitioners are required to have an 'active' license. This needs to be verified at time of initial credentialing and at time of recredentialing.
- Delegate shall verify licensure through primary source verification to ensure that the professional holds a valid, current license at the time of the credentialing decision.
  1. Visit appropriate licensing board website
  2. Verify license is current
  3. Print a copy for your file as proof of verification



# Board Certification (if applicable)

- Delegate shall retain a copy of any board certifications in the practitioners credentialing file

This needs to be verified at time of initial credentialing and at time of recredentialing.



# DEA (if applicable)

1. Ensure a copy of practitioners DEA is in the credentialing file. DEA needs to be valid in the state that they are practicing in.
2. Practitioner can obtain a copy by visiting [DEA website](#)

This needs to be verified at time of initial credentialing and at time of recredentialing.



# National Practitioner Data Bank (NPDB)

- At time of credentialing and recredentialing, delegates must run a NPDB report for each licensed practitioner.
- Print a copy for your file as proof of verification
- If you do NOT have an NPDB account, click [here](#) to register.



# Professional Liability Insurance

- All practitioners are required to have professional liability insurance that includes limits of 1M per claim and 3M aggregate.
- Insurance must be active and current at time of credentialing.
- Keep a copy of the insurance information in the credentialing file.



# Job Description

- Delegate shall have job descriptions for unlicensed practitioner types that meet [OAR 309-019-0125](#)\*. Must include the following details:
  - Education
  - Experience
  - Competency
  - Supervision required

\*Delegate is responsible for staying up to date on any OAR changes and ensure they are following the requirements.



# Ongoing Monitoring Activities

- Delegate shall perform the following monthly checks:
  - Exclusion checks for all employees, contractors, volunteers, interns and persons with 5% or more ownership and any other persons providing, arranging, or paying for behavioral health services paid in whole or in part with Medicaid dollars, against the OIG and SAM.
  - License checks to ensure that license remains active
- Delegate shall maintain monthly verification logs



# Record Keeping and Reporting requirements

- Delegate shall maintain credentialing documentation to demonstrate compliance in paper or digital form.
- A roster of all behavioral health and substance use licensed and unlicensed practitioners (including Traditional Healthcare Workers) is required to be sent by the 10<sup>th</sup> of the month.
  - [Columbia Pacific Roster Template](#)
  - [Jackson Care Connect Roster Template](#)

Send rosters to: [providerupdates@careoregon.org](mailto:providerupdates@careoregon.org)



# Questions

## Contracting contact:

- [ContractManager@careoregon.org](mailto:ContractManager@careoregon.org)

## Credentialing contact:

- Joan Evan at [evanj@careoregon.org](mailto:evanj@careoregon.org)

## Provider Relations Specialist:

- Click [here](#) to view assignment list