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Applicability Greater
Oregon
Behavioral
Health, Inc.

GOBHI Behavioral Health Out-Of-Network Credentialing Policy

I. Policy Statement and Purpose

- A. GOBHI requires all Non-Participating Providers serving members to receive an initial and periodic credentialing review. This review will ensure that members are receiving care that meets appropriate clinical standards for the services being provided. Additionally, these reviews will ensure that Providers who are serving all GOBHI members are eligible to receive Medicaid reimbursement for services.
- B. The purpose of this policy is to establish consistent credentialing standards for Out-of-Network providers in accordance with applicable Oregon Administrative Rules (OARs) and the most Coordinated Care Organization (CCO) contract with the Oregon Health Authority (OHA). This policy defines credentialing requirements for out-of-network providers requesting authorization for member services.
- C. Scope
 - 1. This policy applies to all non-contracted provider programs ("Program Providers") and to their employed or contracted staff providing billable services to GOBHI members ("Individual Providers") (jointly, "Providers") requesting prior approval for out-of-network behavioral health services including:

- a. Mental Health services
 - b. Substance Use Disorder services
 - c. Co-occurring services
2. This policy applies to determine if an Out-of-Network Provider is qualified to provide services. Credentialing under this policy is a pre-requisite step and determines the Provider's eligibility to serve GOBHI members. However, successful credentialing does not constitute a guarantee of service authorization or reimbursement. All services remain subject to the clinical necessity and administrative requirements outlined in the EOCCO Non-Participating Provider Referral and Service Authorization Request Policy.

II. Definitions

- A. **Certificate of Approval or ("COA"):** The documentation issued by the Oregon Health Authority that identifies and declares Program Providers as certified to provide behavioral health services pursuant to OAR 309-008 and related rules . This includes a letter that accompanies issuance of the certificate that shall detail the scope and approved service delivery locations.

III. Procedure

A. Credentialing Out-of-Network Providers

1. Out-of-Network Providers must meet all requirements identified in applicable Oregon Administrative Rules. For all out-of-network Providers not previously approved or requiring re-verification, GOBHI Credentialing will complete the following checks:
 - a. National Provider Identifier Registry – Verification of active provider National Provider Identifier (NPI) number for all providers included on the provider roster
 - b. Oregon Provider identification number
 - c. US Office of Office of Inspector General Exclusion List – Verification of Medicaid eligibility
 - d. SAM.Gov – Verification of Medicaid eligibility
 - e. Licensed Providers– verification of an active license in good standing from one of the following Oregon State Licensure Boards, as applicable
 - i. Oregon Board of Licensed Professional Counselors and Therapists
 - ii. Oregon Board of Licensed Clinical Social Workers
 - iii. Oregon Medical Board
 - iv. Oregon Board of Psychology
 - v. Oregon Nursing Board
 - f. Program Providers that use Unlicensed Individual Providers --
 - i. Verification of a Certificate of Approval from Oregon Health

Authority (OHA). The COA must not be expired, suspended or subject to conditions.

- ii. Certification of all unlicensed staff with Mental Health and Addiction Certification Board of Oregon (MHACBO)
 - iii. Providers not certified by MHACBO will be subject to full credentialing verification including primary source verification
- g. Verification of enrollment with OHA to provide services to Medicaid clients
 - h. For all Program Providers requesting to utilize unlicensed staff, including Qualified Mental Health Associates (QMHA's), unlicensed Qualified Mental Health Professionals (QMHPs), peer support providers, and certified recovery mentors (CRM), a Certificate of Approval (COA) is required in compliance with Oregon Administrative Rules. The approved COA status must be consistent with the type of service being requested (Mental Health, Substance Use Disorder, etc.).
2. All providers who are billing for services of Individual Providers must submit a roster of all Individual Providers to be evaluated during this review process. This must include all current staff eligible to provide billable services under the entity Tax ID and/or NPI number. Verification will be completed on all Individual Providers to ensure eligibility to receive Medicaid reimbursement.
 3. Credentialing reviews for out-of-network providers will be documented in the GOBHI health records to ensure accuracy of decision making across all teams.

B. Relationship to Service Authorization for EOCCO Members

1. Once an Out-of-Network Provider has successfully completed the credentialing checks listed above, they may then request member-specific clinical authorization and administrative requirements outlined in the EOCCO Non-Participating Provider Referral and Service Authorization Request Policy.

C. Re-credentialing Out-of-Network Providers

1. Out-of-Network Providers who are approved to provide services to members must submit an updated roster for re-verification twice per calendar year, at six-month increments. GOBHI reserves the right to deny authorization for services to any provider who fails to submit these required updates.

D. Provider Exclusions

1. Out-of-network Providers who are found to be excluded from receiving Medicaid reimbursement via the Office of Inspector General (OIG) or System for Award Management (SAM) credentialing review will be ineligible to provide out-of-network services.
2. Out-of-network Providers who are utilizing unlicensed Individual Providers (QMHP, QMHA, peer, CRM) who do not have a current COA or who have a COA that is not consistent with the services being requested will not be eligible to provide out-of-network services.

E. Prohibited Providers

1. GOBHI reserves the right to deny authorization to out-of-network Providers who were found to be ineligible for contracting and remaining an in-network provider, for any reason.
2. GOBHI maintains sole authority to determine whether members are receiving services that meet all clinical standards, including documentation expectations, compliance with Oregon Administrative Rules, compliance with evidence-based practice standards, contract compliance, and for any and all other standards of practice.
3. Providers who do not meet these standards may be prohibited from providing services to EOCCO members.

- F. At GOBHI, we acknowledge and address the historical and ongoing injustices and discrimination faced by individuals based on age, color, disability, gender, gender identity, language, national origin, race, religion, and sexual orientation. We firmly believe that the diverse cultures, ethnicities, backgrounds, and experiences of our staff and the individuals we serve are invaluable assets in shaping and improving our policies and procedures for the advancement of diversity, equity, and inclusion (DEI) practices in our daily work.

IV. Related Policies & Procedures, Forms and References

- A. EOCCO Non-Participating Provider Referral and Service Authorization Request Policy
- B. OAR 309-008-0100 through 309-008-1600
- C. OAR 410-120-1260
- D. OAR 410-172-0620
- E. OAR 410-172-0630
- F. OAR 943-120-0310
- G. OAR 943-120-0320

V. Affected Departments

- A. Compliance and Quality Improvement
- B. Credentialing

Approval Signatures

Step Description	Approver	Date
Policy Owner	Samuel Shea: GOBHI	5/27/2026

Applicability

GOBHI

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