ADDICTIONS AND MENTAL HEALTH DIVISION

Kate Brown, Governor

Oregon Health Authority

500 Summer St NE E86
Salem, OR 97301-1118
Voice: 503-945-5763
Fax: 503-378-8467
TTY: 800-375-2863
www.oregon.gov/OHA/mentalhealth

**Date:** July 28, 2015

**To:** Licensed and/or Certified Behavioral Health Agencies

**From:** Justin Hopkins, Quality Management Administrator, Oregon Health Authority JH

**Subject:** **ACTION REQUIRED** - Behavioral Health Document Bank

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**Overview:**

House Bill (HB) 2020, which passed during the 2013 legislative session, directed the Oregon Health Authority (OHA) to convene a committee to advise OHA on criteria for administrative rules that would govern the standards for conducting a uniform assessment of behavioral health agencies. The underlying intent of HB 2020 was to reduce the administrative burden on both providers and Coordinated Care Organizations (CCOs) associated with performing duplicative credentialing reviews of behavioral health agencies. Each CCO has a responsibility to credential their contracted provider agencies. From the provider organization's perspective, they experience a credentialing review from up to 16 CCOs, all of which have very similar qualities. From a CCO's perspective, they are gathering information about a provider organization that has been gathered by up to 15 other CCOs for the purpose of credentialing.

The committee created by HB 2020 recommended that CCOs rely on OHA's regulatory process to perform the uniform assessment since OHA already has the responsibility to perform site reviews for behavioral health agencies. In addition to gathering existing program documentation, the workgroup proposed that OHA expand the amount of information that is collected to include credentialing documents required by CCOs, and to subsequently make the documentation available to CCOs through a centralized database. The workgroup identified the following additional items to be uploaded to the database:

(1) A current program description that reflects the type and scope of behavioral health services provided by the applicant;
(2) Provider policies and procedures regarding the provider's credentialing practices of individual clinicians;

(3) Statements of a provider's liability insurance coverage;
(4) An attestation from the Authority verifying that the provider has passed a screening and meets the minimum requirements to be a Medicaid provider;
(5) Reports detailing the findings of the Authority's site review of the provider;
(6) The provider's Medicaid Vendor Identification Number issued by the Authority;
(7) Copies of the provider's policies and procedures regarding seclusion and restraint practices; and
(8) Copies of the provider's Code of Conduct.

In January 2014, OHA updated the Oregon Administrative Rules relevant to its regulatory process to reflect this change.

What does this approach accomplish?

- It provides a centralized data warehouse for CCOs to securely access documents about behavioral health provider organizations for the purpose of credentialing, without having to contact the provider organization to request information.
- It allows CCOs to rely on an established regulatory process to collect the information they need for the purpose of credentialing (saves CCOs time and resources).
- It prevents the provider from having to submit the same information to 16 unique CCOs for the purpose of credentialing (saves the provider time and resources).

HB 2231, which passed during the 2015 legislative session, directs OHA to complete this database and to have it operational by October 15, 2015. OHA is in the process of ensuring the database is fully populated with PDFs of the eight documents outlined above for every licensed and/or certified behavioral health agency in Oregon.

**In order to ensure the database is current and complete, OHA needs your help! Please follow the instructions below to make sure that your agency's information is included in the database.**

**Steps to Submit Updated Provider and Program Information:**

The *Provider Information Request Form* and the *Program/Facility Information Request Form* are attached to this memo. However, for your convenience we also offer the option to fill in and e-mail the forms electronically.

**NOTE:** To ensure consistency and accuracy of the information submitted, both provider and program/facility forms **must be filled out by the provider.** Each provider must submit at least one *Program/Facility Information Request Form* with their completed provider form.

**How to Find the Forms Online:**

- Go to our website, http://www.oregon.gov/oha/amh/pages/bh-metrics.aspx. Click on the *Provider Information Request Form* and *Program Information Request Form* links. (A copy of this memo will also be posted for your convenience.)
- E-mail a copy of the completed form to BHA.DocumentSupport@state.or.us or mail a printed copy to:

  Oregon Health Authority
  Attn: Geri Mulholand
  500 Summer Street N.E., E-86
  Salem, OR 97301

**Filling in the Information Request Forms:**

- Except for the "TTD" field, **all fields in the forms are required information.**
- When entering addresses, the only abbreviations allowed are for initials, directional (N., S., S.E., etc.), and "Blvd."
  - All abbreviations must be followed by a period (i.e. "W.C. Fields" or "N.W. 1st Avenue," not "WC Fields")
- You may enter up to 10 contacts for each provider and program/facility. Each form provides room for up to three contacts. Use a separate sheet of paper for additional contacts.

**Providers are required to submit this information no later than August 31, 2015.** Thank you, in advance, for your prompt response to this request.

If you have any questions, please e-mail Geri Mulholand at Geralyn.T.Mulholand@state.or.us or call her at 503-945-5840.

## Exhibit F – Insurance Requirements

**Required Insurance**: Contractor shall obtain, at Contractor's expense, the insurance specified in this Exhibit F, prior to performing under this Contract, and shall maintain it in full force and at its own expense throughout the duration of this Contract. Contractor shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are reasonably acceptable to OHA.

1. **Workers' Compensation**: All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017, and shall provide worker's compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Contractor shall require and ensure that each of its Subcontractors complies with these requirements.

2. **Professional Liability**: Covers any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract. This insurance shall include claims of negligent Provider selection, direct corporate professional liability, wrongful denial of treatment, and breach of privacy. Contractor shall provide proof of insurance with not less than the following limits:

   Per occurrence limit for any single Claimant of not less than $2,000,000, and
   Per occurrence limit for multiple Claimants of not less than $4,000,000.

3. **Commercial General Liability**: Covers bodily injury, death and property damage in a form and with coverages that are satisfactory to the State. This insurance shall include personal injury liability, products and completed operations. Coverage shall be written on an occurrence basis. Contractor shall provide proof of insurance with not less than the following limits:

   **Bodily Injury/Death**

   A combined single limit per occurrence of not less than $2,000,000, and
   An aggregate limit for all claims of not less than $4,000,000.

   AND

   **Property Damage**:

   A combined single limit per occurrence of not less than $200,000, and
   An aggregate limit for all claims of not less than $600,000.

4. **Automobile Liability**: Covers all owned, non-owned, or hired vehicles, this coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for "Commercial General Liability" and "Automobile Liability"). Contractor shall provide proof of insurance with no less than the following limits:

**Bodily Injury/Death**

A combined single limit per occurrence of not less than $2,000,000, and
An aggregate limit for all claims of not less than $4,000,000.

AND

**Property Damage**:

A combined single limit per occurrence of not less than $200,000, and
An aggregate limit for all claims of not less than $600,000.

5. **Additional Insured**: The Commercial General Liability insurance and Automobile Liability insurance required under this Contract shall include the State of Oregon, its officers, employees and agents as Additional Insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

6. **Notice of Cancellation or Change**: Contractor shall assure that no cancellation, material change, potential exhaustion of aggregate limits or non–renewal of insurance coverage(s) occurs without 60 days prior written notice from Contractor or its insurer(s) to OHA. Any failure to comply with this clause constitutes a material breach of Contract and is grounds for immediate termination of this Contract by OHA.

7. **Proof of Insurance**: Contractor shall provide to OHA information requested in Part VII "Contractor Data and Certification" of the Contract Document, for all required insurance before delivering any goods and performing any services required under this Contract. Contractor shall pay for all deductibles, self-insured retentions, and self-insurance, if any.

8. **"Tail" Coverage**: If any of the required liability insurance is on a "claims made" basis, Contractor shall either maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of this Contract, for a minimum of 24 months following the later of (i) Contractor's completion and OHA's acceptance of all Services required under this Contract, or, (ii) The expiration of all

warranty periods provided under this Contract. Notwithstanding the foregoing 24-month requirement, if Contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then Contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace for the coverage required under this Contract. Contractor shall provide to OHA, upon OHA's request, certification of the coverage required under this Section 8.

9. **Self-insurance**: Contractor may fulfill one or more of its insurance obligations herein through a program of self-insurance, provided that Contractor's self-insurance program complies with all applicable laws, provides coverage equivalent in both type and level to that required in this Exhibit F, and is reasonably acceptable to OHA. Notwithstanding Section 7 of this Exhibit F, Contractor shall furnish an acceptable insurance certificate to OHA for any insurance coverage required by this Contract that is fulfilled through self- insurance. Stop-loss insurance and reinsurance coverage against catastrophic and unexpected expenses may not be self-insured.

OREGON HEALTH AUTHORITY

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Oregon Health Authority

# Oregon Health Authority
# Provider Information Request Form

**Provider Information**

**Provider Name** _____

**Corporate Address** _____

**City** _____ **State** ____ **Zip Code** (5 digits) _____

**County** _____

**Phone (ext.)** _____

**Mailing Address** _____

**City** _____ **State** ____ **Zip Code** (5 digits) _____

**Phone (ext.)** _____ **Fax** _____

**TTD** _____

**Contacts**

**Contact Name** _____

**Title** _____

**Phone (ext.)** _____ **Cell** _____

**E-mail Address** _____

**Contact Name** _____

**Title** _____

**Phone (ext.)** _____ **Cell** _____

**E-mail Address** _____

**Contact Name** _____

**Title** _____

**Phone (ext.)** _____ **Cell** _____

**E-mail Address** _____

E-mail Completed form(s) to BHA.DocumentSupport@state.or.us or mail printed copies to:
Addictions and Mental Health Division
Attn: Geri Mulholand
500 Summer Street N.E., E-86
Salem, OR 97301

OREGON HEALTH AUTHORITY

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# Oregon Health Authority
# Program/Facility Information Request

**Provider Information**

**Provider Name** _____

**Program/Facility Name** _____

**Location Address** _____

**City** _____ **State** ___ **Zip Code** (5 digits) _____

**County** _____

**Phone (ext.)** _____

**Mailing Address** _____

**City** _____ **State** ___ **Zip Code** (5 digits) _____

**Phone (ext.)** _____ **Fax** _____

**TTD** _____

**Contacts**

**Contact Name** _____

**Title** _____

**Phone (ext.)** _____ **Cell** _____

**E-mail Address** _____

**Contact Name** _____

**Title** _____

**Phone (ext.)** _____ **Cell** _____

**E-mail Address** _____

**Contact Name** _____

**Title** _____

**Phone (ext.)** _____ **Cell** _____

**E-mail Address** _____

E-mail Completed form(s) to BHA.DocumentSupport@state.or.us or mail printed copies to:
Addictions and Mental Health Division
Attn: Geri Mulholand
500 Summer Street N.E., E-86
Salem, OR 97301