



Date: November 5, 2021

To: Coordinated Care Organizations
Dental Care Organizations

From: Dave Inbody, CCO Operations Manager

Subject: Clarification and waiver of certain credentialing requirements for “moderate” and “high” risk Providers

This communication is to clarify the Oregon Health Authority’s (OHA) requirements for credentialing of “moderate” and “high” risk Providers based on OHA’s discovery of incorrect information in the 2021 Coordinated Care Organization (CCO) and Dental Care Organization (DCO) contracts and subsequent correction of that information in the 2022 contracts. Hereafter in this communication, CCOs and DCOs are referred to collectively as Managed Care Entities (MCEs).

While this communication applies to all MCEs and subject Providers, the timing is intended to assist CCOs and Ground Emergency Medical Transportation (GEMT) Providers in their preparation of contracts retroactive to January 1, 2021, as required for the [GEMT Supplemental Payment Program](#).

Pursuant to [42 CFR § 455.450](#), OHA, as the State Medicaid Agency, is responsible for screening Providers prior to enrollment in Oregon’s Medicaid program. The screening functions vary based on the risk category for the Provider type as designated by the Centers for Medicare and Medicaid Services (CMS). In [42 CFR § 424.518](#), CMS identifies the Provider types in the “limited”, “[moderate](#)”, and “[high](#)” risk categories. OHA adheres to the Provider types and risk categories designated by CMS in § 424.518.

Exhibit B, Part 4, Section 5, Paragraph b of the 2021 contracts describes the (incorrect) requirement for the MCE, as part of its credentialing process, to provide OHA with documentation that a Provider designated as “moderate” or “high” risk by CMS has undergone a fingerprint-based background check and site visit within the previous five years at the time of the Provider’s enrollment in Oregon’s Medicaid program. Additionally, Exhibit B, Part 4, Section 4, Paragraph b states that the MCE may not execute contracts with such Providers unless the Provider has been enrolled in Oregon’s Medicaid program.

In the 2022 contract, the requirements expressed in Exhibit B, Part 4, Section 5, Paragraph b have been corrected as follows:

- OHA, not the MCE, is responsible for fingerprint-based background checks and site visits for “moderate” and “high” risk Providers.
- Background checks required by CMS only apply to “high” risk Providers, not “moderate” risk.
- Since the MCE may not contract with such Providers unless the Provider has been enrolled in Oregon’s Medicaid program, the MCE should confirm such enrollment by consulting OHA’s

Provider Enrollment files. These files are updated weekly and provided on the OHA [webpage](#) for tools for health plans.

The above corrections to the 2022 contract reflect longstanding CMS requirements and OHA practice.

Regarding GEMT Providers in particular, in [42 CFR § 424.518\(b\)\(1\)\(i\)](#), ambulance service suppliers, which is the category for GEMT Providers, are designated by CMS as “moderate” risk Providers.

OHA hereby waives the credentialing requirements in Exhibit B, Part 4, Section 5, Paragraph b of the 2021 contracts relating to “moderate” and “high” risk Providers. Instead, MCEs should follow the corrected requirements described in the 2022 contracts. This waiver does not relieve the MCE of any other requirements relating to Provider credentialing described in the contract.

Questions?

If you have questions about this communication, please contact Cheryl Henning, CCO Contracts Administrator and Interim DCO Contracts Administrator, at Cheryl.L.Henning@dhsoha.state.or.us.

If you have questions about the GEMT Supplemental Payment Program, please contact the GEMT Program at GEMT.Program@dhsoha.state.or.us.

If you have questions about Provider enrollment, please contact OHA’s Provider Enrollment Unit at Provider.Enrollment@dhsoha.state.or.us.

Thank you for your continued support of the Oregon Health Plan (OHP) and the services you provide to OHP members.