**Instructions for Out of Panel (OOP) Provider Requests**

*OHP Chemical Dependency and Mental Health Treatment Services for YCCO Members*

While OOP authorizations are not the norm, there are occasions in which this is the best option for a Yamhill CCO member. Below are step-by-step instructions to facilitate a request, which does not guarantee appro. Each case is considered in and of itself and, if denied, an explanation for that denial will be provided.

1. Verify YCCO eligibility.
2. If you are a provider delivering services to a YCCO member and you have ***not* been through the credentialing process** as an OOP Provider, please contact the Utilization Management team at 503-474-6884 or [bhauthorizations@co.yamhill.or.us](mailto:bhauthorizations@co.yamhill.or.us).
3. For credentialed YCCO providers, please write on the authorization request form in the “Description of service requested” the reason for YCCO member seeking OOP services.
   1. Examples of why a member might be choosing to engage with an OOP provider include, but are not limited to:
      1. Geographic barriers. The member may live near, or be able to travel to, an OOP provider with greater ease than getting to an in-panel provider.
      2. Expertise at the OOP provider. Some providers have specialty care that others do not and accessing this specialty service is in the best interest of the member.
4. Fill out a Behavioral Health Authorization Request form, which can be found at [www.yamhillcco.org](http://www.yamhillcco.org) under Providers 🡪 Policies and Forms. Scroll down to the Behavioral Health Provider Forms and they are under Chemical Dependency or Mental Health section.
   1. The OOP Request Authorization Forms can also be used for Funding and/or Time extension requests.
   2. Along with the request form, please send a current assessment and service plan **signed** (signature, electronic signature, or date stamp are acceptable but not typed names) along with printed name for verification.
      1. Required signatures: CADC for Chemical Dependency requests or licensed provider with at least 60 hours of CE for SUD; QMHP for Mental Health (see OAR 309-019-0125 for more details); LMP for Withdrawal Management Services.
5. If you are submitting a request for extension, please complete the additional two questions on the authorization request form. Extensions and discharges are evaluated based on the following criteria:

|  |  |
| --- | --- |
| **Continued Service / Stay Criteria** | **Discharge / Transfer Criteria** |
| 1. The Ct. is making progress, but has not yet achieved the goals articulated in the individualized tx plan. Continued tx at the present level of care is assessed as necessary to permit the Ct. to continue to work towards his/her tx goals. 2. The Ct. is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working towards the goals articulated in the individualized tx plan. Continued tx at the present level of care is assessed as necessary to permit the Ct. to work towards his/her tx goals. 3. New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the patient’s new problems can be addressed effectively. | 1. The Ct. has achieved the goals articulated in his/her individualized tx plan, thus resolving the problems that justified admission to this level of care. 2. The Ct. has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the tx plan. Treatment at another level of care or type of service is therefore indicated. 3. The Ct. has demonstrated a lack of capacity to resolve his/her problems. Treatment at another level of care or type of service is therefore indicated. 4. The Ct. has experienced an intensification of his/her problems, or has developed a new problem, and can be treated effectively only at a more intensive level of care. |

1. Send the Behavioral Health Authorization Request form and signed Assessment and Service Plan to Utilization Management Team either fax at **503-474-3850** or via **secure email** to [bhauthorizations@co.yamhill.or.us](mailto:bhauthorizations@co.yamhill.or.us) (Subject lines are NOT encrypted so please do not use PHI.)
2. To view the status of claims and authorization, after the authorization request form has been submitted, please refer to PH Tech’s CIM. If you do not have access to CIM3 with YCCO, please send an email to [bhauthorizations@co.yamhill.or.us](mailto:bhauthorizations@co.yamhill.or.us).
3. Yamhill CCO credentialed providers must adhere to all current OAR’s applicable to the services they provide.
4. Agency providers agree to ensure their staff is properly credentialed, verify they are eligible to provide Medicaid reimbursable services, and can provide proof of this verification upon request.
5. If the authorization is approved, instructions for submitting claims and billing are provided on authorization approval form that will be sent back to you with a reference number.

*Thank you for your work with our members!*