

Medicaid Provider Validation FAQ

What is the new Medicaid Provider Validation process?

This is a new application process that certain providers will need to complete initially, and then repeat (at least) every three years. This process includes verification of applicable certification, education/training, Medicaid enrollment, sanctions, etc.

Why was this implemented?

This process was implemented as part of a requirement by the Oregon Health Authority. It creates oversight of all contracted providers (that PacificSource pays claims for) who would not go through the full credentialing process.

What types of providers does it affect?

This validation/re-validation process will be completed for all contracted providers who are Medicaid eligible and who don't otherwise qualify for full credentialing. Some of these provider types include traditional health workers, certified alcohol and drug counselors, qualified mental health professionals and associates, and Interpreters.

Do participating providers who are considered "in-network" still need to complete this process?

Yes, providers can remain participating at this time, but you will need to complete this initial validation and re-validation process to remain participating. You will receive three written requests to complete this process, and if you do not respond after these requests your participation may be terminated. The letters that you receive will include this information.

How will this affect claims payment for existing and new providers?

Existing providers will remain as participating, and will not have claims impacted unless the providers do not respond to three written requests by completing this validation process. New providers will be required to undergo this process **prior** to becoming participating, similar to the credentialing process.

What is the turnaround time for this process?

Normal turnaround time is around 30 days (depending on completeness of the application), but can change due to volume, staffing levels, time of year, etc. Please contact your Provider Service Representative at **(541) 246-1457** or a Credentialing Representative at **(541) 225-3747** for current turnaround times.

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Questions?

We're happy to help. Contact your PacificSource Provider Service Representative.

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What if I submit my application and additional information is requested?

Any required information that is not provided will be requested. This is NOT a formal rejection, nor does it require a full re-submission of an application. We will hold the rest of the application and combine it with the missing information requested to complete the application.

Items needed for the validation process include a completed validation application, evidence of a criminal background check, name of a clinical supervisor (if required), and a copy of professional liability insurance.

Where should Medicaid ID Enrollments be sent?

Medicaid ID enrollments and re-enrollments can continue to be sent to our Medicaid Provider Operations team at **MedicaidProvNet@PacificSource.com**.

NOTE: There is a check box on the validation application where a provider can indicate that they would like PacificSource to enroll them with the state, and in this case, you do not need to send a separate request to the Medicaid Provider Operations team for Medicaid ID enrollment.

For providers currently working under a group that holds a Certificate of Approval (COA) to operate as a Behavioral Health Facility

We have found that providers working under a COA can benefit from having a brief onboarding conversation to ensure we have a good understanding of how you plan to bill. This brief conversation will help us ensure we have you set up in our system appropriately. To begin this conversation, please contact your Provider Service Representative.