



CREATING FREEDOM FROM ADDICTION

De Paul Treatment Centers, Inc.
PO Box 3007
Portland, OR 97208

April 10, 2013

Dear Chair Greenlick, Vice Chairs Keny-Guyer and Thompson, and Committee Members,

De Paul Treatment Centers would like to affirm our support of House Bill 2020. De Paul provides residential and outpatient drug and alcohol treatment and treatment for co-occurring mental health disorders to men, women, adolescents and families from across the state. We serve more than 2,000 patients every year at three locations in Multnomah and Washington counties. Most of De Paul's clients are OHP eligible or will become OHP eligible in January 2014. In 2012, we served residents of 26 Oregon counties.

When the CCOs become responsible for residential treatment in July, we anticipate that we will need to contract with all 15 CCOs in the state. In addition to the two CCOs in the tri-county area, we have already added six other CCOs to our billing system because of members we serve in our adult or adolescent residential treatment programs.

De Paul has been credentialed by a variety of OHP and private insurance carriers. The credentialing process is time consuming for our staff and for the credentialing agency. Each credentialing packet includes background information about De Paul including tax ID and NPI numbers, all of De Paul's licenses (substance use disorder treatment as well as mental health treatment for three locations), proof of liability insurance, program descriptions for all eleven De Paul programs, detailed information about De Paul's medical director, the full three year credentialing packet from CARF- a national accrediting agency, various agency policies and procedures, tax forms, and a list of De Paul's 80 clinicians including credentials and NPI numbers.

The list above describes the most basic credentialing packet that takes staff the better part of a day to assemble. For some insurance companies, we have had to individually credential each outpatient clinician which requires the clinicians to complete a detailed history. This takes each clinician up to six hours to complete, and we have more than 30 clinicians who need to undertake the process.

Requiring our staff to take on hours of work to complete the same process for 15 different CCOs will unnecessarily strain our already limited resources. Additionally, a representative from each CCO will need to go through the submitted information to approve De Paul or ask for additional information. Thus the CCOs will collectively spend 14 times the amount of time and money credentialing the same organization if this bill is defeated.

House Bill 2020 represents an easy way to set the stage for achieving the triple aim. By allowing De Paul and other behavioral health providers to complete the resource-heavy credentialing process once instead of with each individual CCO, more time and money can be taken away from back office duties and dedicated to caring for the patients who need treatment.

Sincerely,

Stacy Blumberg, MBA
Director of Marketing and Development
De Paul Treatment Centers, Inc.