

Purpose: Moda Health has expanded coverage for certain supervised behavioral health providers, also known as the Supervised Behavioral Health Provider Program (SBHP Program). This Frequently Asked Questions (FAQ) document offers information, instructions, and resources relating to the program.

Terms to Define

- **Behavioral Health (BH):** substance use disorder and mental health services
- **Centers for Medicare & Medicaid Services (CMS):** the federal agency responsible for operations and oversight of Medicare and Medicaid programs. Up until July 2001, CMS was Health Care Financing Administration (HCFA).
- **Council for Affordable Quality Healthcare Identification (CAQH ID):** a unique identification number for healthcare providers used for credentialing.
- **National Provider Identifier (NPI):** a unique 10-digit identification number assigned by CMS for billings and claims.
- **Participating Provider:** a provider group, clinic, facility, agency, practice, or BH organization which is contracted with Moda Health
- **Supervised Behavioral Health Provider:** a behavioral health provider who has completed their master's degree in a behavioral health-related field and is working towards full licensure under a plan registered with their state board. Due to the variation of state regulations and terminology, the specific provider types are outlined further in this document.
- **Supervised Behavioral Health Provider Program (SBHP):** a program to expand Moda Health's covered providers to include supervised mental health providers who meet specific requirements.
- **Tax Identification Number (TIN):** an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws.

***Note regarding the Oregon Certificate of Approval (COA):** Moda Health's SBHP program is not intended for organizations with a Certificate of Approval (COA) from the Oregon Health Authority. If your organization has a COA, QMHPs, QMHAs and Peers are eligible for coverage outside of the SBHP program. Please check your contract fee schedule to ensure it includes QMHPs. If it does not, please contact Moda Health at one of the email addresses listed at the end of this document about updating your contract.

Frequently Asked Questions

What is changing?

Moda Health has expanded the scope of Participating Providers to include supervised BH providers working toward independent clinical licensure who work in contracted provider groups.

Why is Moda doing this?

Moda Health values the benefits of supervised BH providers' contributions to the mental well-being in our communities. With the shortage of behavioral health providers in the US, the SBHP program will support Moda Health members access services more readily. Along with expanding access to BH services the inclusion of diversity of providers can be a primary resource to health services for communities of color, marginalized communities, and those underprivileged.

Supervised Behavioral Health Program: FAQs



What providers are covered in the SBHP program?

Moda Health now covers the types of providers listed below when working for a contracted provider group. Because state regulations and terminology vary, the term “supervised BH provider” refers to the following provider types:

State of Alaska:

- Pre-Licensed Clinician (New License Type: Associate Counselor—not yet available, and no distinguished title currently)
- Marital and Family Therapist Associate
- Psychological Associate

State of Idaho:

- Counselor Intern
- Marriage and Family Therapist Intern
- Psychologist: “Service Extender” (State Board of Psychologist Examiners)

State of Oregon:

- Professional Counselor Associate
- Marriage and Family Therapy Associate
- Psychologist Resident
- Clinical Social Work Associate

State of Texas:

- Professional Counselor Associate
- Psychologist Associate
- Marriage and Family Therapist Associate
- Licensed Master Social Worker

State of Washington:

- Mental Health Counselor Associate
- Marriage and Family Therapist Associate
- Social Worker Associate
- Psychological Associate

What makes a BH Associate or BH Resident eligible for the SBHP Program?

To be eligible for enrollment in the SBHP program:

- The supervised BH providers must be employed by a Participating Provider group.
- The supervised BH providers have a board-approved supervision plan in place (if required by the State Board)
- The licensed providers within the Participating Provider group are credentialed with Moda Health

When does this new coverage begin?

Supervised BH providers will be listed as participating providers in the Moda Health plan handbook. Participating providers who hire supervised BH providers should verify that their contract fee schedule includes reimbursement for supervised BH providers. Contracted entities may request a contract update from their Moda Health contractor if one is needed via ContractRenewal@ModaHealth.com.

Supervised Behavioral Health Program: FAQs



What is the process of enrollment for the SBHP program at Moda Health?

Participating Providers will need to have their contract amended. Providers will need to provide Moda Health with the following documents:

- The full roster of all providers in your group, including CAQH ID and NPI
- An executed contract amendment
- Submit the above documents to: ContractRenewal@ModaHealth.com

When will my supervised BH providers be eligible for reimbursement?

Supervised BH providers will not be eligible for reimbursement until:

- All the above-mentioned paperwork is completed and submitted by the Participating Provider
- Moda Health has entered the provider into the directory and
- The Participating Provider has confirmed that the supervised BH provider is input into Moda Health claims systems
- Timeline: this may take up to 90 days.

You may check to see if a supervised BH provider is registered with Moda Health and eligible to provide services and submit claims. Search Moda Health’s [Find Care](#) for the provider in question.

At what rate will the supervised BH providers be paid by Moda Health under the SBHP program?

Once the provider group has the SBHP agreement added to their contract, supervised BH providers listed on the current provider roster will be eligible for reimbursement. Please see your contract for more information on reimbursement.

What are the steps to ensure a supervised BH provider bills for services rendered appropriately?

Supervised BH providers will use their own assigned NPI. The billing should be submitted under the Participating Provider TIN, on a CMS 1500 form to include the following:

- Box 24 Supervised BH Provider’s NPI
- Box 25 Participating Provider TIN
- Box 31 Supervised BH Provider’s Name and/or Signature
- Box 33 Participating Provider name

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER (A-L)	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSOT Family Plan	I. ID QUAL.	J. RENDERING PROVIDER NPI #
From	To			CPT/HCPSCS	MODIFIER						
											Supervised BH provider
											NPI
											NPI
											NPI
											NPI
											NPI
25. FEDERAL TAX I.D. NUMBER			26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use		
Participating Provider			SSN	EIN			\$	\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH #					
Supervised BH provider						Participating Provider					
SIGNED			a.			b.			a.		
DATE			b.			d.					

Is the billing process the same as “Incident To” billing (sometimes called “Supervisory Billing”), where the rendering provider is listed as the supervising provider?

No. Moda Health does not allow for supervisory billing for coverage of pre-licensed professionals. Moda Health follows CMS rules. CMS rules do not allow “incident to” or “supervisory” billing in this scenario. Claims should not be submitted with the supervising provider listed as rendering provider. Practitioners must bill under their own name and NPI. For further information, please refer to our [Reimbursement Policy Manual](#).

Are there codes or services which a supervised BH provider cannot bill?

Supervised BH providers may bill the same codes as fully licensed providers unless the licensing board determines a particular service is out-of-scope.

Can a supervised BH provider see any Moda Health member?

This program applies only to Moda Health’s commercial plans including individual and exchange plans. Because Moda Health plans have different networks, please confirm the supervised BH provider is in-network for a specific member. Call Customer Service at 888-217-2363 or check [Find Care](#).

Does a supervised BH provider need to be “Contracted” by Moda Health?

No. They are covered under the Participating Provider’s contract. If that provider is not contracted with Moda Health, the supervised BH provider’s services are not eligible for reimbursement.

Does the Supervised BH Provider need to be “Credentialed” by Moda Health?

No. Supervised BH providers will not be credentialed until they are fully licensed and clinically independent.

What do I need to do when the Supervised BH Provider obtains full licensure?

The following steps are required to ensure continuity of care for Moda Health members and proper reimbursement, once the supervised BH provider obtains full licensure:

1. Email within 60 days of obtaining clinical license to: Credentialing@ModaHealth.com AND BHLicenseUpdates@ModaHealth.com
2. Email subject line needs to read: “*Transition to licensed provider*”
 - Include:
 - The name of the supervised BH provider
 - The supervised BH provider’s NPI
 - The Tax ID the supervised BH provider will be using
 - A copy of the supervised BH provider’s state license
 - Plus, one of the following:
 - The supervised BH provider’s CAQH ID or,
 - A completed [Oregon Practitioner Credentialing Application](#) or,
 - A completed [Idaho Credentialing Application \(modahealth.com\)](#)
3. Processing time shall be the lesser of the State-required timeframe or 120 days if no State regulation exists.

Please note:

- Late submissions to credentialing may result in network termination (extensions may be possible).
- Leaving the Participating Provider ends in-network status and contracting/credentialing requirements apply.
- See Moda Health’s [Pathway to Provider Participation](#) page for details.

How will claims be paid during the transition noted above?

Claims will continue to pay at the supervised BH provider rate until Moda updates the provider's status. After that, payments switch to the licensed provider rate. This is based on the adjudication date, not the service date.

As a newly licensed provider, supervised BH providers remain eligible for in-network reimbursement during the credentialing period. If credentialing is denied, this eligibility ends immediately.

What if a supervised BH provider cannot continue working with their Board-approved supervising provider?

Services cannot be billed when:

- The licensing board's approved supervision plan is not in effect; or
- When there is no oversight by the Participating Provider named in the supervision plan; or
- When the identified supervising provider in the supervision plan is not in place.

Other supervised BH provider questions?

For general questions related to the contract:

Provider Relations: ProviderRelations@ModaHealth.com

For questions related to a specific member's care:

Behavioral Health Care Coordinators: BehavioralHealth@ModaHealth.com

To request a contract amendment:

Contract Renewals: ContractRenewal@ModaHealth.com

For questions related to benefits or specific claims:

Medical Customer Service: Medical@ModaHealth.com