

# BH Qualified Directed Payments (QDP)

CPCCO & JCC Webinar

May 23<sup>rd</sup>, 2023

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# BH Qualified Directed Payments

# Summary

## Tiered Uniform Rate Increase

Eligible Service Types	
ACT (Assertive Community Treatment)	Supported Employment Services (SE)
OP MH Treatment & Services	OP SUD Treatment & Services



Includes non-inpatient  
withdrawal management

Two tiers based on the details of a provider's total patient service revenue:

- 30% increase for “Primarily Medicaid”
  - *Defined as having at least 50% of total patient service revenue derived from providing Medicaid services in prior calendar year.*
- 15% increase for “Primarily Non-Medicaid”
  - *Defined as having less than 50% of total patient service revenue derived from providing Medicaid services in the prior calendar year.*

*\*\*\*\*All rate increases received in 2022 will count towards the total 15% or 30% increase effective January 1, 2023. This increase is in addition to any other ICD and/or CLSS QDP rate increases.*

# Updates

## Tiered Uniform Rate Increase

- Amendments have been sent!
  - *Signatures and responses were due back by 4/15*
- Tier 1/Tier 2 Fee schedule was provided in amendment mailing
  - *Please note: The fee schedules attached to your QDP contract amendment contained **incorrect modifier information**.*
  - *Modifiers AF & AS were erroneously included on the fee schedule provided with your amendment. **Modifiers are NOT needed.** Your provider type(s) as registered with OHA will drive your payment level, no modifier needed.*
- Rate increases for new claim submissions will be in place **on or before May 31<sup>st</sup>**. We will then work to reprocess any claims with 2023 dates of service processed before the changes were implemented – there is nothing you need to do.

# Updates

## Tiered Uniform Rate Increase

- Reprocessing for retroactive reimbursement to 01/01/2023
  - *We will turn our focus to reprocessing of underpaid claims for dates of service back to 01/01/2023 once configuration is implemented **on or before 5/31***
  - *No action is required by you – we will automatically reprocess claims that have already been submitted*

# Summary

## Integrated Co-occurring Disorder (ICD)

Outpatient ICD	Residential ICD <i>Includes codes H0018 &amp; H0019</i>
<p><i>Add on payment that is <b>10%</b> of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service for:</i></p> <ul style="list-style-type: none"><li><i>• Qualified Mental Health Associate (QMHA)</i></li><li><i>• Peer</i></li><li><i>• SUD Treatment Staff</i></li></ul> <p><i>Add on payment that is <b>20%</b> of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service for:</i></p> <ul style="list-style-type: none"><li><i>• Qualified Mental Health Professional (QMHP)</i></li><li><i>• Licensed Health Care Professional (LHCP)</i></li><li><i>• Mental Health Intern</i></li></ul>	<p><i>Add on payment that is <b>15%</b> of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service</i></p>

# Updates

## Integrated Co-occurring Disorder (ICD)

- As shared previously, JCC and CP are adopting the OHA's requirement for use of modifiers on ICD claim submissions
  - Modifier details can now be found in the fee schedules. Here are additional details on the modifiers:
    - The two OHA modifiers for OP ICD will be used (HH and HO)
    - Additionally, a CareOregon specific modifier will be used (U2) for ICD residential
  - Please ensure you're submitting the appropriate modifiers, as required. Please refer to their [ICD Billing Guide](#) to learn how to receive the enhanced rate on billed services.
  - The updated fee schedules now include ICD rates
- Provider self-report non-claims based payment details:
  - ICD add-on payments will be issued outside of QNXT for dates of service:
    - **1/1/23 – 4/30/23** for **OP ICD** and
    - **1/1/23 – 6/30/23** for **Residential ICD**
  - 1<sup>st</sup> self-reports for OP & Residential ICD will be due 6/15/23
  - Eligible providers will receive contract amendments by mid-June with details on the provider ICD self-report process and non-claims-based payments

# Summary

## Culturally & Linguistically Specific Services (CLSS)

CLSS organizations, programs, and individuals, and bilingual service and sign language providers that are approved by the OHA and provide the following services:	
<ul style="list-style-type: none"><li>• <i>Assertive Community Treatment (ACT)</i></li><li>• <i>Supported Employment Services (SE)</i></li><li>• <i>Applied Behavior Analysis (ABA)</i></li><li>• <i>Wraparound</i></li><li>• <i>OP MH</i></li><li>• <i>OP SUD and Non-Inpatient Withdrawal Management</i></li></ul>	<p>Add on payment for CLSS Providers:</p> <ul style="list-style-type: none"><li>• <b>Rural:</b> 27% of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service</li><li>• <b>Non-Rural:</b> 22% of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service</li></ul>



# Online Resources

## ➤ CPMCO Webpage

- [Behavioral Health Qualified Directed Payments \(careoregon.org\)](https://careoregon.org)

## ➤ JCC Webpage

- [Behavioral Health Qualified Directed Payments \(careoregon.org\)](https://careoregon.org)

## ➤ Online question intake form

- <https://app.smartsheet.com/b/form/aec66227864a459fa26ad50158080e07>

***\*\*\*Posted FAQs will be updated monthly, if we have new information to share***

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## Behavioral Health Qualified Directed Payments

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### Behavioral Health Qualified Directed Payment (QDP/BHDPs) overview

Effective January 1, 2023, the Oregon Health Authority (OHA) implemented a statewide rate increase for Medicaid Behavioral Health providers. As a CCO, we must increase our rates through four Behavioral Health Directed Payments (BHDPs) to improve equitable access to quality services for Columbia Pacific CCO enrollees through a more sustainable behavioral health workforce.

These BHDPs are:

1. Tiered Uniform Rate Increase Directed Payment
2. Co-occurring Disorder (COD) Directed Payment
3. Culturally & Linguistically Specific Services (CLSS) Directed Payment
4. Minimum Fee Schedule Directed Payment

Click on the arrow next to the sections below to see more information about what each behavioral health directed payment entails.

Tiered Uniform Rate Increase Directed Payment	▼
Co-occurring Disorder (COD) Directed Payment	▼
Culturally & Linguistically Specific Services (CLSS) Directed Payment	▼
Minimum Fee Schedule Directed Payment	▼

Provider support ▼  
Pharmacy resources  
Health-related services ▼  
Care Coordination  
Coronavirus (COVID-19) information  
Provider Portal  
Provider updates  
Traditional health workers

# Online Resources

## ➤ CPHCO Webpage

- [Behavioral Health Qualified Directed Payments \(careoregon.org\)](https://careoregon.org)

## ➤ JCC Webpage

- [Behavioral Health Qualified Directed Payments \(careoregon.org\)](https://careoregon.org)

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***\*\*\*Posted FAQs will be updated monthly, if we have new information to share***

## Noncontracted providers

Noncontracted providers may only be eligible for the "Minimum Fee Schedule Directed Payment." Noncontracted providers do not qualify for the other BHDPs listed above and **should not** submit a Primarily Medicaid Provider Attestation form. Please review details for the Minimum Fee Schedule Directed Payment under the heading above to see if this applies to you.

For more information on how to contract with CareOregon, please review requirements and our submission form on our [Provider Support page](#).

## Submit your questions

Columbia Pacific CCO appreciates and values our provider network for the care given to our members and community. We realize that this is a new and complex methodology. For questions, [please submit your information to our team of experts](#).

## Provider Updates & FAQs

The following documents provide more information about Directed Payments:

- OHA's BH Directed Payment Guidance Document
- OHA's BH Directed Payment Frequently Asked Questions
- OHA's Behavioral Health Rate Increase information Page
- Columbia Pacific CCO FAQ

## Additional Resources

- Primarily Medicaid Provider Attestation (to be eligible for 30% increases)
  - Completed Primarily Medicaid Provider Attestation forms are to be submitted through a secure email to Columbia Pacific CCO [BH\\_attest@careoregon.org](mailto:BH_attest@careoregon.org).
- OHA's CCO Behavioral Health Directed Payment Webinar 12/12/22



503-488-2822 or 855-722-8206 or TTY 711

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You can get this information in other languages, large print, braille or a format you prefer. You can also ask for an interpreter.  
This help is free. Call 503-488-2822, 855-722-8206 or TTY 711. We accept relay calls.  
You can get help from a certified and qualified health care interpreter.

# Questions?

Can also submit to our team of experts in our online question intake form!

<https://app.smartsheet.com/b/form/aec66227864a459fa26ad50158080e07>

# Medicaid Essentials

- Learning Modules
  - The Quality Administrator team has created 7 learning modules which target common pitfalls regarding clinical and documentation practices
  - Perfect for upskilling leadership and staff
  - Designed with adult learning theory principles
- Availability
  - Medicaid Essentials will be held twice per year
  - Free CEUs available
  - Hosted via Microsoft Teams
  - 25 spots available per module
- Who to contact
  - Clinical Operations Manager
    - Sarena Mestas
    - [mestass@careoregon.org](mailto:mestass@careoregon.org)



## Free CEUs for each module

### Learning Modules

The Quality Administrator Team has created a variety of learning modules with the aim at reducing misalignment with the Oregon Administrative Rules (OARs), support essential clinical practices, and support quality of care for our members.

### LEARNING MODULES

Learning Module Name	Summary of Content	Intended Audience	Duration	Date and Time
<b>Medicaid 101</b>	A summary of Medicaid clinical and documentation elements, reviewing golden thread and why it's an important clinical intervention, and how to better understand medical necessity.	QMHPs, Licensed Clinicians, Clinical Leadership, QMHAs, Peer Supports, CADCs	3.5 hours	September 21, 2023 9:00 a.m. until 12:30 p.m.  Register <a href="#">Here</a>
<b>Safety Planning</b>	A review of the clinical rationale for collaborating with a client to create safety plans, how to do safety plans, comprehensive resources, and how to align with OARs.	QMHPs, Clinical Leadership, Licensed Clinicians, CADCs, QMHAs, Peer Supports	1 hour	September 26, 2023 12:00 p.m. until 1:00 p.m.  Register <a href="#">Here</a>

Learning Module Name	Summary of Content	Intended Audience	Duration	Date and Time
<b>Measurable Objectives</b>	A review of how to incorporate client's goals into measurable objectives, how to incorporate client feedback into writing objectives, the clinical rationale for measurability in treatment, and how to align with OARs.	QMHPs, Clinical Leadership, Licensed Clinicians, CADCs	2.0 Hours	September 25, 2023 1:00 p.m. until 3:00 p.m.  Register <a href="#">Here</a>
<b>Assessment</b>	An in-depth overview of clinical components that go into writing a solid assessment, creating alignment with OARs, and how to use the assessment as a guide throughout clinical services.	QMHPs, Clinical Leadership, Licensed Clinicians, CADCs	3 Hours	September 14, 2023 9:30 a.m. until 12:30 p.m.  Register <a href="#">Here</a>
<b>Discharge Planning</b>	An overview of how to evaluate treatment stagnation, how to determine tapering down process, medical necessity overviews in relation to client progress, and OAR alignment.	QMHPs, Clinical Leadership, Licensed Clinicians, CADCs	1.5 Hours	September 27, 2023 11:00 a.m. until 1:00 p.m.  Register <a href="#">Here</a>
<b>Crisis Codes</b>	An overview of the clinical elements that constitute a crisis, how to capture clinical elements during a crisis, reviewing crisis codes, and how to effectively document when using a crisis code.	QMHPs, QMHAs, Clinical Leadership, Licensed Clinicians, CADCs	2 Hours	September 13, 2023 9:00 a.m. until 11:00 a.m.  Register <a href="#">Here</a>

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# Thank you

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