

# BH Qualified Directed Payments (QDP)

CPCCO & JCC Webinar

March 31<sup>st</sup>, 2023

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# Cost-Study Overview

# Cost-Study Overview

## Results & Implementation

- Cost-study is wrapped-up – thank you for your participation!!
  - *Provided us with ample data on provider costs associated with service delivery*
  - *We completed a comparative analysis between rate increases from QDP & projected rate increases from data gathered in the cost-study*
  - *As part of our commitment to providing sustainability, **we are going above the required QDP rate and utilizing the cost-study rate when higher***
- Cost-study rates are being implemented at the same time as QDP rates
  - *You will begin to see these, wherever applicable, incorporated with the QDP rate adjustments.*
    - ***Example:** E/M and ABA services*

# 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 needed by 04/15 when indicated!*
- Tier 1/Tier 2 Fee schedule was provided in amendment mailing
  - *Will be posted online in secure location for future reference*
- Rate increases for new claim submissions will be in place as of April 15<sup>th</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

- As of 04/15, tier 2 rates will be applied to new claims submissions with DOS 01/01/2023 and after, for:
  - Any providers that had a Certificate of Approval (COA) prior to January 1<sup>st</sup>, 2023
    - *No attestation required to receive tier 2 rates in 2023!*
  - *All SUD providers will receive tier 2 rates and do not need to submit an attestation.*
    - *No attestation required to receive tier 2 rates in 2023!*
  - Any other providers whose attestations were submitted and approved from CareOregon prior to March 31<sup>st</sup>, 2023

***Please note: May take up to 60 days to begin seeing these rates once your attestation is approved!***

# 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 04/15*
  - *No action is required by you – we will automatically reprocess claims that have already been submitted*

### For 2024...

- *ALL PROVIDERS will be required to submit an attestation to continue receiving tier 2 rates in 2024*
- *We ask that these be **submitted in the 4th quarter** of 2023 via the same process currently outlined on our BH QDP webpage ([CPCCO](#) and [JCC](#))*



# 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)

- The OHA clarified that withdrawal management services do not qualify for ICD rate increases
- You do not need to notify us of your ICD designation
  - We will proactively verify this information with OHA quarterly
  - Once updated in our system, we will reprocess any previously submitted claims, as needed
- Outpatient ICD amendments have been sent to our contracted providers included on OHA's Approved ICD Programs list ([Approved Integrated Co-occurring Disorders \(ICD\) Programs by County \(oregon.gov\)](#))
  - You have 30 days from date of letter to sign (if needed) and/or reject the amendment

# Updates

## Integrated Co-occurring Disorder (ICD)

- Payments will be made through our standard claims process
  - Claims status & remittance are available in CareOregon Connect
  - Please access using [OneHealthPort](#)
- JCC and CP are adopting the OHA's requirement for use of modifiers on ICD claim submissions
  - 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.

# 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>

# Updates

## Culturally & Linguistically Specific Services (CLSS)

- You do not need to notify us of your CLSS designation
  - We will proactively verify this information with OHA quarterly
  - Once updated in our system, we will reprocess any previously submitted claims, as needed
- OHA will let you know if you have been designated as a “rural provider”
  - Provided to you by OHA, via the CLSS application process
  - This information will be included in our quarterly review
- Payments will be made through our standard claims process
  - Claims status & remittance are available in CareOregon Connect
  - Please access using [OneHealthPort](#)

# Question & Answer

Some helpful FAQs (from our website & online question intake form!)

- *“What happens if I submit the attestation for Tier 2 reimbursement after March 31<sup>st</sup>, 2023?”*
  - *Attestations submitted after March 31<sup>st</sup> will be processed. If approved, rates will be retroactively effective to the first day of the quarter in which the attestations was submitted.*
    - ***EXAMPLE:** If submitted on May 15<sup>th</sup>, and later approved, rates would be made retroactively effective to April 1<sup>st</sup>, 2023.*
- *“For the tiered payment requirements, will that be considered at the program level or at the organizational level?”*
  - *This will be considered at the organizational level*
- *“If I am an organization, can I submit the attestation as an organization, or does each provider need to fill-out the attestation?”*
  - *Attestations should be submitted at the organizational level.*

# Question & Answer

Some helpful FAQs (from our website & online question intake form!)

- *“How long should I expect for my attestation to be reviewed?”*
  - *You should expect to receive a response on whether you will receive Tier 1 or Tier 2 rates within 2 weeks of receipt of a full request.*
- *“When can I bill the new rates?”*
  - *Providers should always bill their usual and customary rate. JCC & CPCCO, like all Medicaid plans, set claims to pay at the contracted rate, or the provider’s billed rate (usual and customary), whichever is lower. Providers should have their charges independently reviewed to ensure they are accurate and appropriate according to usual and customary rules and guidelines. We cannot pay more than what is listed on the charge of the claim.*
  - *For additional information on usual and customary billing, please review:*
    - [OHA’s Professional Billing Guide for Providers](#)
    - [OHA’s Guidance on how to submit and adjust claims to OHA](#)

# Online Resources

## ➤ CPMCO Webpage

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

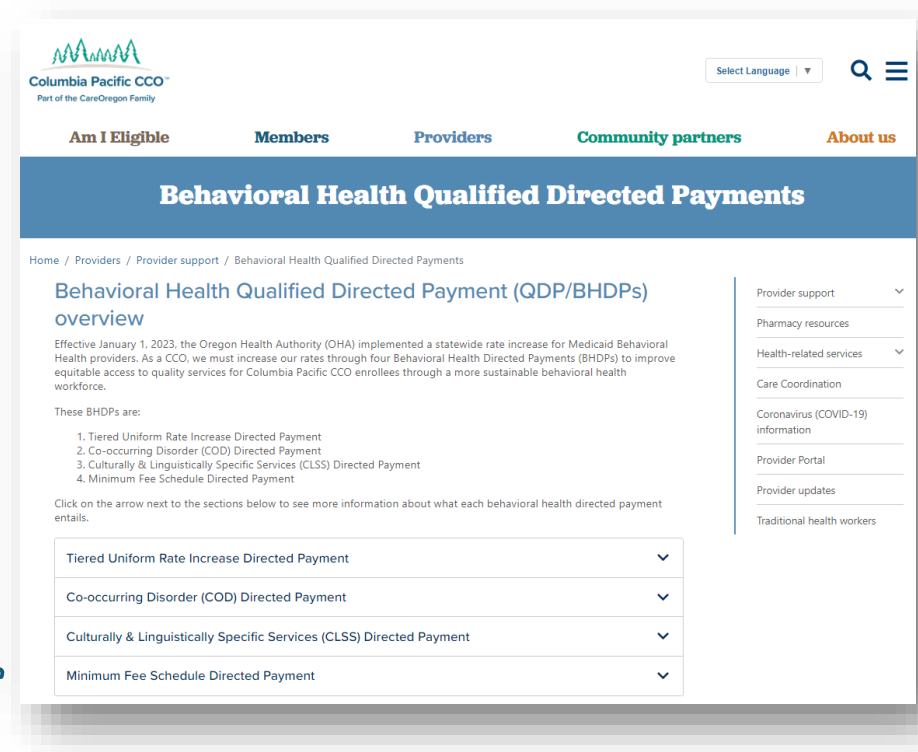
## ➤ JCC Webpage

- [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***



The screenshot shows the Columbia Pacific CCO website. The header includes the logo, "Part of the CareOregon Family", a language selector, and navigation links for "Am I Eligible", "Members", "Providers", "Community partners", and "About us". The main heading is "Behavioral Health Qualified Directed Payments". Below this is a breadcrumb trail: "Home / Providers / Provider support / Behavioral Health Qualified Directed Payments". The page title is "Behavioral Health Qualified Directed Payment (QDP/BHDPs) overview". The text explains that effective January 1, 2023, the Oregon Health Authority (OHA) implemented a statewide rate increase for Medicaid Behavioral Health providers. It lists four BHDPs: 1. Tiered Uniform Rate Increase Directed Payment, 2. Co-occurring Disorder (COD) Directed Payment, 3. Culturally & Linguistically Specific Services (CLSS) Directed Payment, and 4. Minimum Fee Schedule Directed Payment. A table at the bottom lists these four BHDPs with dropdown arrows. A sidebar on the right contains a "Provider support" menu with links to "Pharmacy resources", "Health-related services", "Care Coordination", "Coronavirus (COVID-19) information", "Provider Portal", "Provider updates", and "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)

## ➤ Online question intake form

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

***\*\*\*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>

# Thank you

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