

BH Qualified Directed Payments (BH QDP)

Billing & Admin Meeting
March 30th

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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

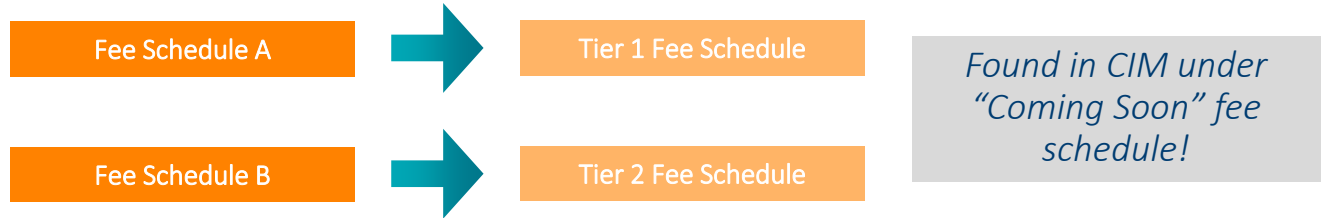
Two tiers based on the details of a provider’s total patient service revenue:

- 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 its total patient service revenue 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 COD and/or CLSS QDP rate increases.*

Updates

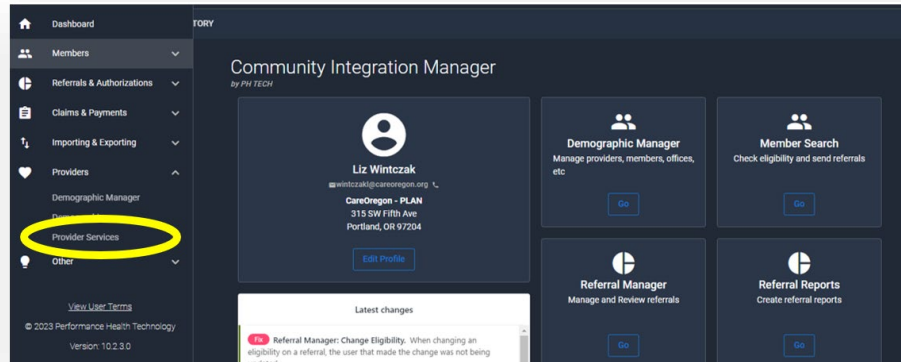
Tiered Uniform Rate Increase



- *Amendments have been sent to providers with **custom** rates!*
 - *You have 30 days from date of letter to sign (if needed) and/or reject the amendment*
- *Rate increases for new claim submissions **were in place as of March 9th**. We are now working to reprocess any claims with 2023 dates of service processed before the changes were implemented– there is nothing you need to do.*
 - *Increases for 2023 case rate payments issued prior to these configuration changes will be issued outside of CIM*

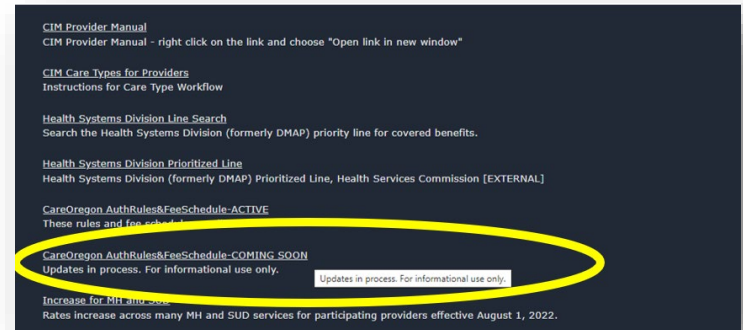
Updates

- Tier 1 and Tier 2 Rates can be found in CIM via Provider Services



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

- At the coming soon link



Updates

Tiered Uniform Rate Increase

- As of 03/09, tier 2 rates are being applied to new claims submissions with DOS 01/01/2023 and after, for:
 - Any providers that were on fee schedule B prior to January 1st, 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 non-SUD providers or providers not on fee schedule B who meet the criteria set forth by OHA for the tier 2 rates AND received approval for a submitted attestation from CareOregon by 03/31/2023.

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
 - *As of today (03/30) our focus has moved to reprocessing of underpaid claims for dates of service back to 01/01/2023*
 - **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](#)

Summary

Integrated Co-Occurring Disorder (ICD)

Outpatient ICD	Residential ICD <i>Includes codes H0018 & H0019</i>
<p><i>Add on payment that is 10% 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"><i>• Qualified Mental Health Associate (QMHA)</i><i>• Peer</i><i>• SUD Treatment Staff</i> <p><i>Add on payment that is 20% 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"><i>• Qualified Mental Health Professional (QMHP)</i><i>• Licensed Health Care Professional (LHCP)</i><i>• Mental Health Intern</i>	<p><i>Add on payment that is 15% 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
- The OHA's ICD application is now available on the [OHA's Integrated Co-occurring Disorders page](#)
- Outpatient ICD amendments have been sent to **contracted providers who are included on OHA's Approved ICD Programs list** ([Approved Integrated Co-occurring Disorders \(ICD\) Programs by County \(oregon.gov\)](#))
 - *These are notifications only - you have 30 days from date of letter to reject the amendment*

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:

- *Assertive Community Treatment (ACT)*
- *Supported Employment Services (SE)*
- *Applied Behavior Analysis (ABA)*
- *Wraparound*
- *OP MH*
- *OP SUD and Non-Inpatient Withdrawal Management*

Add on payment for CLSS Providers:

- **Rural:** 27% of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service
- **Non-Rural:** 22% of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service

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*
- *The OHA’s CLSS application is now available on the [OHA’s BH Rate Increase page](#)*

Question & Answer

From our online intake form!

- *“How do I get reimbursed for the rate change? I have billed just a handful of sessions already this year but at the old rate. How would I be able to recoup the difference for the sessions that have already been billed and paid for this year so far?”*
 - *CareOregon's claims like all Medicaid plans, are set to pay at the contracted rate, or the provider's usual and customary - whichever is lower. At this time providers should be aware that their charges should be reviewed to assure they are at, or above, contracted rates. We cannot pay more than what is listed on the charge of the claim.*
- *“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.*
- *“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.*

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 31st, 2023?”*
 - *Attestations submitted after March 31st will be processed. If approved, rates will be retroactively effective to the first day of the quarter in which the attestation was submitted.*
 - ***EXAMPLE:** If submitted on May 15th, and later approved, rates would be made retroactively effective to April 1st, 2023.*
- *“Do noncontracted providers qualify for tier 2 payment increases, CLSS, or ICD?”*
 - *No, these QDPs are only applicable to contracted providers.*
- *“How do I know if I qualify as a CLSS or ICD providers?”*
 - *Providers must apply through OHA directly. OHA will let you know if you qualify via the application approval process. You may review OHA resources for criteria and additional details on their [Behavioral Health Rate Increase help page](#).*

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 complete request.*
- *“When can I bill the new rates?”*
 - *Providers should always bill their usual and customary rate. CareOregon, 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

➤ CareOregon Website

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

➤ Online question intake form

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

➤ CareOregon QDP FAQs

- [Available on our QDP page, here!](#)

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

The screenshot shows the CareOregon website interface. At the top, there is a navigation bar with the CareOregon logo, a language selector, and a search icon. Below the logo, there are navigation links for "Am I Eligible", "Members", "Providers", "Community", and "About us". The main heading is "Behavioral Health Qualified Directed Payments". Below this, there is a breadcrumb trail: "Home / Providers / Metro area behavioral health providers / Behavioral Health Qualified Directed Payments". The main content area is titled "Behavioral Health Qualified Directed Payment (QDP/BHDPs) overview". It contains a paragraph explaining that effective January 1, 2023, the Oregon Health Authority (OHA) implemented a statewide rate increase for Medicaid Behavioral Health providers. It lists four Behavioral Health Directed Payments (BHDPs): Tiered Uniform Rate Increase Directed Payment, Co-occurring Disorder (COD) Directed Payment, Culturally & Linguistically Specific Services (CLSS) Directed Payment, and Minimum Fee Schedule Directed Payment. Below this list is a table with four rows, each corresponding to one of the BHDPs, with a dropdown arrow next to each row. On the right side of the page, there is a sidebar with a list of links: "Provider support", "Physical health providers", "Metro area behavioral health providers", "Pharmacy resources", "MEDS Ed - Primary care education", "Best practice guidelines", "Traditional health workers", "COVID-19 provider information", and "Health-related services".

Questions?

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

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

Thank you!