

BH Qualified Directed Payments (BH QDP)

Billing & Admin Meeting
June 29, 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 its total patient service revenue from providing Medicaid services in the prior calendar year.*

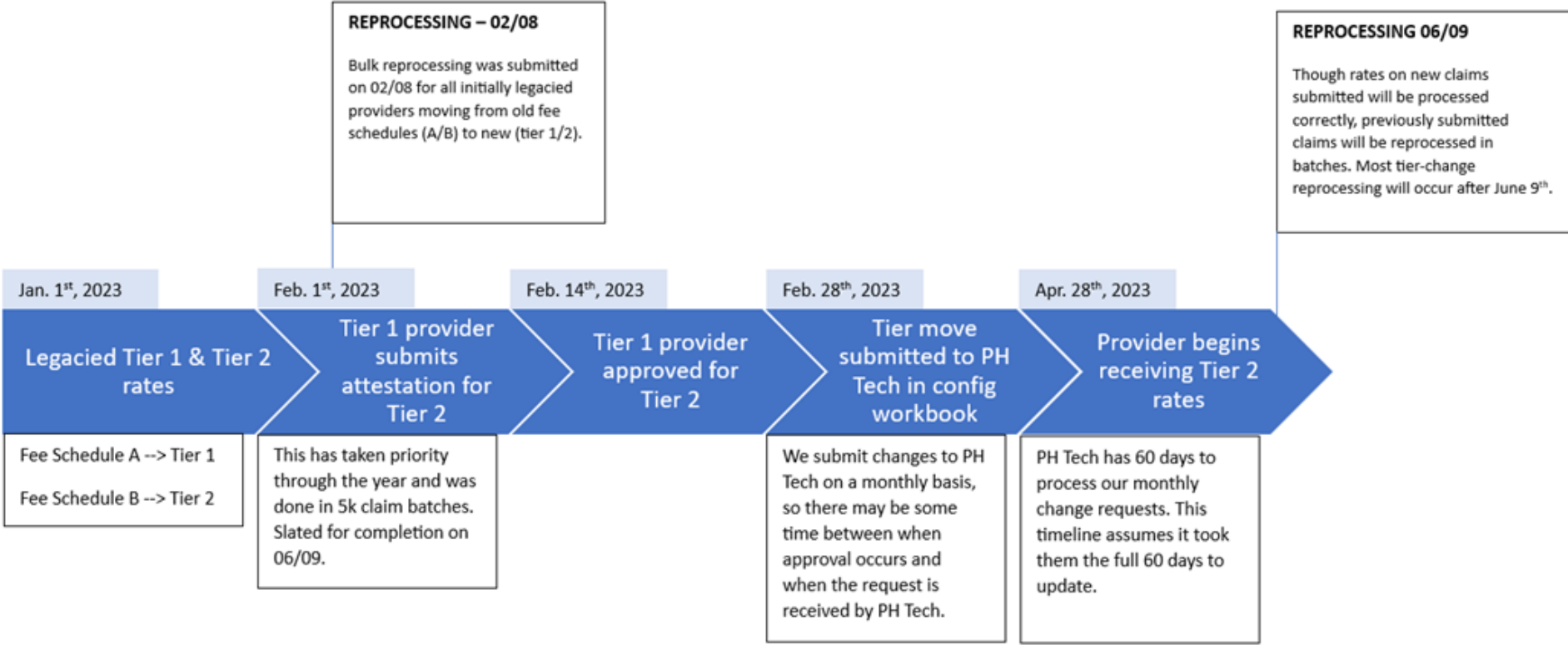
*****All rate increases received in 2022 will count towards the total 15% or 30% increase effective January 1, 2023. This increase is in addition to any other ICD and/or CLSS QDP rate increases.*

Updates

Tiered Uniform Rate Increase

- Reprocessing for retroactive reimbursement to 01/01/2023
 - *No action is required by you* – we will automatically reprocess claims that have already been submitted
 - *06/09: Reprocessed bulk request for legacied providers (Feb request)*
 - *06/16: Reprocessed request for specialty contracts (March request)*
 - *Ongoing: Working on reprocessing of tier changes (April request)*
- See timeline on next slide related to tier changes & reprocessing

Rate Increase and Claim Reprocessing Timeline



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)

Effective for dates of service January 1, 2023 through September 30, 2023:

- **Participating/contracted CLSS providers** must submit quarterly reports of the total revenue received for CLSS services based on the reporting schedule shown in the next slide.

CareOregon will pay Provider the difference between the claims payment and the enhanced CLSS rate if applicable, based on the CLSS fee schedule.

- If approved, Provider will receive payment within 45 days of receipt of the quarterly reports
- You do not need to notify us of your CLSS designation

Updates

Culturally & Linguistically Specific Services (CLSS)

Quarterly reports must include the following information: member name, member ID#, date of service, rendering provider and total claim payment received.

Reporting Schedule:

Dates of Service	Quarterly Report Due Date
Q1: January 1, 2023 to March 31, 2023	July 15, 2023
Q2: April 1, 2023 through June 30, 2023	August 15, 2023
Q3: July 1, 2023 through September 30, 2023 and claims payment not captured in the prior quarterly report	November 15, 2023

******Please submit reports as outlined above to CareOregon's Contracting team using secure email at contractmanager@careoregon.org.**

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)

How do eligible providers get paid the increased rate?

- Reimbursement for ICD claims submitted for dates of service January 1, 2023 – September 30, 2023, will be made through a lump sum payment outside of claims based on provider self-report as outlined in your contract amendment
 - *Final batch of amendments sent last week!*
- You do not need to notify us of your ICD designation

Updates

Integrated Co-occurring Disorder (ICD)

How do eligible providers get paid the increased rate?

- All ICD claims must contain at least 2 OHA ICD approved diagnoses. Please refer to the OHA's [ICD Billing Guide](#) for these details.
- ICD claims must include ICD modifiers as appropriate, but do not add a second detail line for these modifiers when billing CareOregon.
 - *All non-residential ICD claims beginning June 1, 2023, must include OHA approved modifier(s). Please refer to the OHA's [ICD Billing Guide](#) for these details.*
 - *All residential ICD claims beginning June 1, 2023, must include a U2 modifier. See CareOregon's Behavioral Health Fee Schedule for details.*

Question & Answer

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

- *Will CareOregon allow us to bill one line for the ICD/CLSS service with the appropriate added modifiers, OR will CareOregon be requesting separate lines - one for main procedure with non-enhanced rate, one line with same service details, but with ICD or CLSS modifiers and the rate differential?*
 - *We are asking providers to submit one line with all the appropriate modifiers.*
 - *We understand there could be instances where 3 or even 4 modifiers might be listed.*

Online Resources

➤ CareOregon Website

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

➤ Online question intake form

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

The screenshot shows the CareOregon website interface. At the top, there is a navigation bar with the CareOregon logo on the left and a search icon on the right. Below the logo, there are five menu items: "Am I Eligible", "Members", "Providers", "Community", and "About us". The main heading of the page 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 text is a list of these four BHDPs, each with a dropdown arrow. On the right side of the page, there is a sidebar with a list of dropdown menus: "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>

Behavioral Health Systems Integration (BHSI)

Billing & Admin Meeting
June 29th



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BHSI Agenda

- Refresh on objectives, benefits, and key dates
- Update on Provider Collaborative sessions
 - Overview of progress
 - Hot topics
- Training Overview
- FAQ updates
- Wrap up / questions / next steps

Objective and Benefits

CareOregon will transition Metro behavioral health claims and authorization administration from CIM/PH TECH to CareOregon's internal operating systems in 2023. This change includes behavioral health and all other services on CIM (e.g., dental, NEMT).

Several of your current processes will be impacted by this change, including eligibility, authorization, claims, payment and reporting.

Top benefits:

- Ease of benefit integration with physical health, whole-person view
- Efficiency gains through elimination of parallel workstreams/systems
- Reduced number of authorizations by decreasing the number of levels of care that are required to be submitted in CareOregon's portal, and eliminating other uses of authorizations from the CIM environment

**Provider impact
analysis underway**

- Different groups of providers will experience different impacts
- More detailed impacts and benefits to be shared

Key dates and activities

Activity	When
System development and testing	<i>In progress through August</i>
Provider change management campaign (provider collaboratives, newsletters, town halls with Q&A, informational webpage)	<i>In progress through December</i>
Provider impact analysis	<i>February through May</i>
Dashboards, reporting, analytics development	<i>In progress</i>
CareOregon begins to provide system change details to providers	<i>Beginning in April</i>
CareOregon Connect Soft Launch	<i>Early September</i>
Provider Training	<i>August through September</i>
Cutover from CIM to QNXT, Connect	<i>October 1, 2023</i>
Run out period	<i>Following cutover, exact dates TBD</i>

Provider network change management

A comprehensive provider network communication and change management program is underway.

Provider Change Management and Communication

Timeline of Key Activities



Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct	Nov-Dec
Network Awareness Campaign	■				
Provider Collaboratives	■	■	■	■	■
Provider Impact Analysis	■				
Monthly E-News, FAQs, and website updates	■	■	■	■	■
Provider Town Halls	■	■	■	■	■
CareOregon begins to provide system change details to providers		■	■		
Provider Training			■	■	
Provider Readiness Assessment			■	■	
Provider Support (financial, technical)			■	■	■

Provider Collaboratives

Purpose:

CareOregon is partnering closely with providers to understand impacts of the BHSI changes to ensure the best possible preparation, transition, and outcomes.

Discussions focus on provider authorization and billing processes and highlight provider risk areas, training needs, and testing needs.

Summary of Progress:

- We concluded initial Provider Collaborative meetings this week!
 - 20 Provider Organizations Volunteered
 - 100% of initial Collaboratives are complete
- Discussions have been very informative and helped shape FAQs and billing/admin content
- BHSI Provider Training development is in progress and CareOregon will continue engaging with providers to collaborate and problem solve as we prepare for 10/1/2023 Connect go-live

Thank you to the many providers that have participated in these collaborative discussions!

Provider Collaboratives

Hot Topics

#	Topic	Current Status	Auth Submission Details
1	Auth number Required on claims	<p>The authorization number must be submitted on the claim for appropriate processing and payment.</p> <p>Connect will provide a “request number.” This is the number that must be in the prior authorization box on the claim.</p> <p>In addition, claims must be billed with one authorization number per claim.</p>	<ul style="list-style-type: none">For Providers who submit professional and institutional claims electronically, the “Request Number” issued by CareOregon Connect should be listed in REF02 field of Loop 2300 in the REF-Prior Authorization segment<ul style="list-style-type: none">EXAMPLE: REF*G1*12345678~, where the number “12345678” is the Request Number from ConnectOn 1500 paper claim forms, list the “Request Number” in Box 23 – Prior Authorization Number.On a UB04 paper claim, list the number in Box 63 – Treatment Authorization Codes

Interim Transition Support:

- We understand that routing auth numbers accurately to claims is a barrier for some providers. CareOregon is working to develop an interim solution to help match authorizations where possible to limit denials during this transition period. The interim solution will be in place through June 2024.
- Providers should continue to work towards accurate submission of the authorization number on claims to reduce denials and ensure faster claim processing and payment.
- Providers already submitting authorization numbers on claims should continue to do so.

Provider Collaboratives

Hot Topics, continued...

#	Topic	Current Status
2	Claim message function in CIM	<ul style="list-style-type: none">• Messaging / email functionality will not be available initially in Connect. All support needs can be directed to our Customer Service Team at (503)416-4100 or 800-224-4840, option 3 for providers.• The Provider Customer Service Team is staffing up and providing additional training to team members in advance of the 10/1 go live.• Provider Relations will continue providing support with escalated / global claim issues similar to triage and resolution support though CIM Zen Desk process
3	837 direct claims submission options	<ul style="list-style-type: none">• CareOregon does not have a current process to accept direct 837s, and some providers are not currently setup with a clearinghouse for behavioral health claims.• Discussions are underway with Change Healthcare (CO's clearinghouse) to identify options. A potential solution is in review.
4	PaySpan transition	<ul style="list-style-type: none">• As of now, you can sign up for the no-fee CareOregon e-payment center administered by Zelis. See the FAQ on our website here for more details.• You're provisioned! No need to register, just complete enrollment (cuts the time in half)
5	Electronic Remittance Advice (835s)	<ul style="list-style-type: none">• Providers should enroll for ERA/835s with CareOregon's ePayment Center (outlined above) - no fee associated
6	270/271 Electronic Eligibility Verification – HSO CIM	<ul style="list-style-type: none">• Health Share has confirmed that Providers will continue to have access to 270/271 electronic eligibility, and new Providers can continue to enroll

BHSI Provider Training

Training Details Coming Soon!

Mid-August

End of September



Provider Training

- Provider training plans and materials are currently in development
- Plans to be previewed with provider collaborative participants for feedback
- Training will be provided in various formats from mid-August through end of September

How will we train?

Training will be provided in various formats

- Live online training sessions
- Recorded content
- Written resource materials

What will the training cover?

- Member eligibility look up
- Notifications and authorizations
- Claims status and inquiry
- Claim appeals
- Payments and remits
- Reporting

BHSI FAQ Updates

- The BHSI FAQs contains key information about the BHSI transition
- The FAQs can be found on the Metro Area Behavioral Health Providers Webpage: <https://www.careoregon.org/providers/metro-area-behavioral-health-providers>
- Review new updates from FAQs

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Metro area behavioral health providers

Home / Providers / Metro area behavioral health providers

[Click here to learn more about BH Qualified Directed Payments \(BH QDP\)](#)

Welcome to the Metro Area Behavioral Health Provider Resources page. We at CareOregon are happy to have all of you in the Metro Area Specialty Behavioral Health Network and look forward to our partnership!

- Download the Metro Area Behavioral Health **Provider Manual**.
- Click here for the CIM Behavioral Health **Provider Portal**.
- **OneHealthPort** subscribers click here to login.
- Behavioral Health Documentation Standards

To ensure access for our members, CareOregon has both qualified in-network and out-of-network providers for substituted behavioral health services provided.

Provider support ▾
Physical health providers ▾
Metro area behavioral health providers ▾
Pharmacy resources ▾
MEDS Ed - Primary care education ▾
Best practice guidelines

CareOregon System Integration (BHSI) ^

In 2023, CareOregon will transition Metro behavioral health claims and authorization administration from CIM/PH TECH to CareOregon's internal operating systems. Follow this link to see the full announcement: [CareOregon system integration news](#).

We will be providing the latest information on the transition at the BH Billing and Admin Meetings. If you'd like to participate, send a request through the [provider question form](#).

In addition, the latest news and information on the BHSI project can be found here.

- CareOregon BH Billing & Admin recorded meeting - April 27th
- CareOregon BH Billing & Admin presentation - March 30th
- **BHSI FAQs**

We would appreciate a few minutes of your time to complete a brief survey to help inform our testing, training, and communications. The survey will help us understand the impact of the changes to your organizations. Click on this link to access the survey: [provider survey](#).

We want to hear from you! Submit your questions through the [provider question form](#).

How can you Stay Up to Date?

You have many options:

- Submit questions through the [Provider Question Form](#)
- Monthly Billing & Admin forums (next meeting is July 27th, 3:00-4:30)
- Monthly Behavioral Health E-Newsletter
- BHSI Section on the [Metro Area Behavioral Health Provider Page](#) on CareOregon Website

Questions?

What else do you want to know?

Thank you!



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