

# BH Qualified Directed Payments (BH QDP)

Billing & Admin Meeting  
July 27, 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
  - NEW UPDATES:
    - April's reprocessing request expected to be completed by Mid-August

# 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)

**NEW:** Claims billed with CLSS modifier may have been denied. CareOregon has corrected this issue and is working to reprocess claims.

CareOregon will pay Provider the add on rate if applicable based on the CLSS fee schedule.

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

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

# 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 |
|---|---------------------------|
| January 1, 2023 to March 31, 2023   | July 15, 2023             |
| April 1, 2023 through June 30, 2023   | August 15, 2023           |
| 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](mailto:contractmanager@careoregon.org).

# Summary

## Integrated Co-Occurring Disorder (ICD)

| Outpatient ICD  | Residential ICD  |
|---|--|
| <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>Includes codes H0018 &amp; H0019</i></p> <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)

- ICD add-on payments will be issued outside of CIM for dates of service 1/1/23 - 9/30/23. Contract amendments have been sent to eligible providers with details on the provider ICD self-report process and non-claims based payments.
- All non-residential ICD claims beginning June 1, 2023, must include OHA approved ICD diagnoses and modifier. Please refer to the OHA's [ICD Billing Guide](#) for details.
- All residential ICD claims beginning June 1, 2023, must include an OHA approved ICD diagnosis and a U2 modifier. See CareOregon's Behavioral Health Fee Schedule and the OHA's [ICD Billing Guide](#) for details.

# 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". 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 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  
July 27th



CareOregon®

# BHSI Agenda

- Refresh on objectives, benefits, and key dates
- BHSI: Provider Hot Topics
- Provider BHSI 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>   |
| <i>Run out period</i>  | <i>Finalizing contract: aiming for 18+ month runout period</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)                         |         |         | ▶       | ▶   | ▶       |



# BHSI: Provider Hot Topics

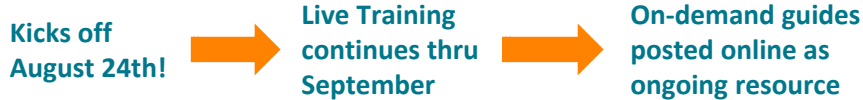
| # | Topic                                       | Current Status   |
|---|---|--|
| 1 | <b>837 direct claims submission options</b> | <ul style="list-style-type: none"><li>• CareOregon has identified a direct 837 submission solution <i>for those providers who currently submit 837 files directly to PHTECH.</i></li><li>• The CareOregon sponsored tool will allow for direct 837 file upload and tracking.</li><li>• CareOregon is finalizing terms and timelines and expect provider set-up by mid-September 2023.</li><li>• More details coming soon for impacted providers.</li></ul>   |
| 2 | <b>Auth number required on claims</b>       | <p>The authorization number must be submitted on the claim for appropriate processing and payment. Connect will provide a “request number.” This is the number that must be in the prior authorization box on the claim. In addition, claims must be billed with one authorization number per claim.</p> <p><b>Interim Transition Support:</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Providers should continue to work towards accurate authorization submission to ensure the most seamless processing and payment.</li><li>• Providers already submitting authorizations on claims should continue to do so.</li></ul> |

# BHSI: Provider Hot Topics

## Hot Topics, continued...

| # | Topic  | Current Status  |
|---|--|---|
| 3 | <b>Claim message function in CIM</b>                         | <ul style="list-style-type: none"><li>• 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.</li><li>• The Provider Customer Service Team is staffing up and providing additional training to team members in advance of the 10/1 go live.</li><li>• Guidance on how to get help will be covered in detail in upcoming Live training sessions.</li><li>• Provider Relations will continue providing support with escalated / global claim issues similar to triage and resolution support though CIM Zen Desk process</li></ul> |
| 4 | <b>PaySpan transition</b>                                    | <ul style="list-style-type: none"><li>• As of now, you can sign up for the CareOregon e-payment center administered by Zelis</li><li>• You're provisioned! No need to register, just complete enrollment</li><li>• Please review the <a href="https://careoregon.org/e-payment-remittance-faq">Electronic Payment &amp; Electronic Remittance Advice FAQs (careoregon.org)</a> for more information and guidance</li><li>• <b>Goal to enroll providers by end of August.</b></li></ul>  |
| 5 | <b>Electronic Remittance Advice (835s)</b>                   | <ul style="list-style-type: none"><li>• Confirmed that Providers can enroll for ERA/835 with ePayment Center (ePC), with no fee</li></ul>   |
| 6 | <b>270/271 Electronic Eligibility Verification – HSO CIM</b> | <ul style="list-style-type: none"><li>• Health Share has confirmed that Providers will continue to have access to 270/271 electronic eligibility, and new Providers can continue to enroll</li><li>• To make a request to have the 270/271 file exchange setup, Providers can email <a href="mailto:edi.support@phtech.com">edi.support@phtech.com</a> (this creates a ticket to the PH Tech EDI Team).</li></ul>   |

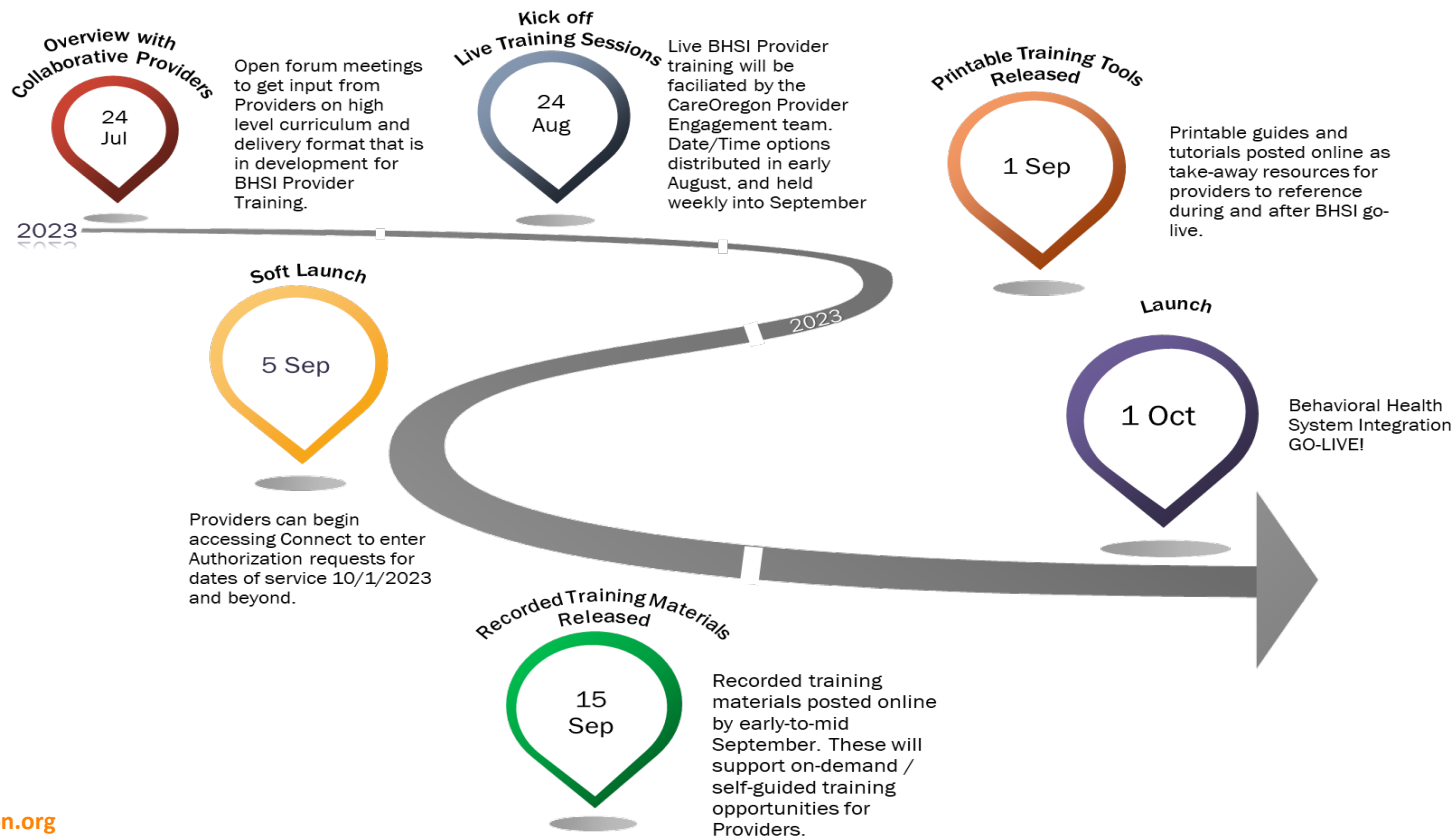
# BHSI Provider Training: Highlights



## Provider Training Highlights

- ❖ Provider training plans and materials are currently in development
- ❖ Training will be provided in various formats from end of August through end of September
- ❖ On-demand guides and recorded materials will be posted online, in printable and video formats

# BHSI Provider Training: Milestones



# BHSI Provider Training: Options & Content

CareOregon's team of subject matter experts is currently developing training content, which will be provided in various formats to optimize the knowledge transfer experience for Providers.

#1



## Live virtual training sessions (kick-off August 24<sup>th</sup> thru September)

- ❖ Provider Engagement team will administer and host all live trainings
- ❖ Exact dates/times TBD
- ❖ Trainings planned for 2x a week into September
- ❖ Any additional live training needs will be assessed as we approach the October 1<sup>st</sup> go-live
- ❖ *FYI: Our intention is to record a Live training and post online as an on-demand option for onboarding & refresher training*

# BHSI Provider Training: Options & Content

CareOregon's team of subject matter experts is currently developing training content, which will be provided in various formats to optimize the knowledge transfer experience for Providers.

#2



**Recorded Video Connect education segments** will be available **online** in September & will cover content such as:

- ❖ General system navigation, including how to check eligibility & run reports and more.
- ❖ Authorizations / Notifications
- ❖ Claims / Claims follow up

# BHSI Provider Training: Options & Content

CareOregon's team of subject matter experts is currently developing training content, which will be provided in various formats to optimize the knowledge transfer experience for Providers.

#3



**Online Written Guides** will be available in September.

- ❖ These will be **on-demand** and **printable** & will cover content such as:
  - ❖ Help and Support options
  - ❖ Individual module guides for auths/notifications, claims
  - ❖ Remittance Advice (RA)
  - ❖ Claims coding
  - ❖ Reports available in CareOregon Connect
  - ❖ Navigating in CareOregon Connect
  - ❖ Level of Care (LOC) Crosswalk reference tool
  - ❖ And more...

# 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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Am I Eligible   Members   Providers   Community   About us

## 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](#).



# BHSI Provider FAQ Updates



[INPATIENT ONLY – DUALY ENROLLED] Currently, we have scenarios where we receive two separate CareOregon Authorizations for a single episode of care. One Authorization is for secondary coverage for the initial dates of service covered by Medicare, and then a second authorization for primary coverage for the dates of service after the Member's Medicare benefits are exhausted. Will this process continue? If yes, how should we submit these claims if only 1 Authorization # can be on a claim?

For CareOregon Members who are dually enrolled, only a single authorization is required for both programs. Even if Medicare benefits are exhausted during the episode of care, the authorization will continue to cover the Medicaid only portion of the service.

## Will the GB modifier be required in QNXT?

GB modifiers will not be required once we have transitioned to QNXT, for dates of service 10/1/23 and after.

With the combination of the Adult and Child outpatient authorizations, will the system be set up to assign the correct rate based on age?

QNXT will be set up to pay the correct case rate based on the Member's age as of the date of service reflected on the claim. QNXT calculates age in months:

- Child = 0 to 215 months (0-17 years)
- Adult = 216 months+ (18+ years)

# BHSI Provider FAQ Updates



Updated format of CIM to QNXT Service Type Crosswalk in FAQ!

Coming Soon: Printable PDF version will be posted online!!! Stay Tuned.

| CareOregon Behavioral Health Service Type Crosswalk – Substance Use Disorder Service Category |                                       |
|---|---------------------------------------|
| Prior to 10/1/2023  | 10/1/2023 Forward                     |
| Assessment & Transition   | SUD Assessment                        |
| General Outpatient – Adult  | SUD General Outpatient                |
| General Outpatient – Child  |                                       |
| MAT OTP   | SUD Medication Assisted Treatment OTP |
| MAT Induction Only  |                                       |
| MAT OBOT  |                                       |
| MAT OTP   |                                       |
| Medication Assisted Treatment (MAT)   |                                       |
| MAT   | SUD Residential                       |
| Adult A&D Residential Treatment 7/1/16  |                                       |
| Child A&D Residential Treatment 7/1/16  |                                       |
| Parent/Child A&D Residential Treatment 7/1/16   |                                       |
| Dual Diagnosis Adult Residential  |                                       |
| Dual Diagnosis Youth Residential  |                                       |
| Medically Monitored A&D Residential 7/1/16  | SUD Day Treatment                     |
| Day Treatment SUD- Adult  |                                       |
| Day Treatment SUD – Child   | SUD IOP Intensive Outpatient          |
| IOP – Adult   |                                       |
| IOP – Child   | SUD Withdrawal Management             |
| Withdrawal Management   |                                       |
| WM FFS  |                                       |

| CareOregon Behavioral Health Service Type Crosswalk – Mental Health Service Category |  |
|--|--|
| Prior to 10/1/2023   | 10/1/2023 Forward  |
| ABA Assessment 7/1/16  | Applied Behavior Analysis ABA  |
| ABA Treatment – 7/1/16   |  |
| ABA IBU  |  |
| Crisis Services  | Crisis Services CMHP   |
| Foster Care Crisis Response and Coordination   | Child Welfare Resource Support Network   |
| EASA FFS   | Early Assessment and Support Alliance EASA   |
| EASA Case Rate   | MH General Outpatient  |
| CANS Assessment – FFS 7/1/16   |  |
| DBT 7/1/16   |  |
| Medication Management FFS  |  |
| Outpatient FFS Assessment 7/1/16   |  |
| Outpatient FFS 7/1/16  |  |
| Eating Disorder Partial-IOP  | Eating Disorder Partial IOP  |
| Eating Disorder 7/1/16   | Eating Disorder Treatment  |
| Eating Disorder Less Intensive OP  |  |
| Transcranial Magnetic Stimulation (TMS)  | TMS Transcranial Magnetic Stimulation Partial Hospital IOP   |
| Partial Hospital-IOP 7/1/16  |  |
| Oregon Intercept 7/1/16  | Intensive Treatment HBS  |
| Community Based Int Treatment HBS  |  |
| Day Treatment 7/1/16   | PDTS Psychiatric Day Treatment Services  |
| ACT  | Assertive Community Treatment ACT  |
| Level A Child Global   | Level A  |
| Level A Adult Global   |  |
| Level A Child FFS 7/1/16   |  |
| Level A Adult FFS 7/1/16   |  |
| Level A Adult Global SPMI  | Level A Adult SPMI   |
| Level C Child Global   | Level C  |
| Level C Adult Global   |  |
| Level C Adult 7 Child FFS 7/1/16   |  |
| Level C Adult FFS 7/1/16   |  |
| Level D Adult ICM Global   | Level D Adult ICM  |
| Level D Child Initial HBS Global   | Level D Child  |
| Assessment Plus Two Crisis Stabilization Assessment                                  | Assessment Plus Two  |
| Crisis Stabilization Treatment   | Crisis Stabilization Treatment   |
| Supported Employment   | Supported Employment   |
| Adult Respite Child Respite 7/1/16   | Respite  |
| Medication Management for CR Providers   | Services previously under this service group have been combined with Service Types: Levels A-D and Assessment plus Two |
| Eating Disorder Residential  | Eating Disorder Residential  |
| ECT Anesthesia Fees 7/1/16   | Electroconvulsive Therapy ECT  |
| ECT Treatment 7/1/16   |  |
| Psych Testing and Consultation 7/1/16  | Psychological Testing  |
| DBT IOP  | DBT IOP  |
| Child Sub-Acute 7/1/16   | Subacute   |
| PRTS/Sub-Acute Case Rate   | PRTS Psychiatric Residential Treatment Services  |
| PRTS/Sub-Acute FFS   |  |
| Culturally Specific  | Culturally Specific  |
| Level B Child Global   | Level B  |
| Level B Adult Global   |  |
| Level B Child FFS 7/1/16   |  |
| Level B Adult FFS 7/1/16   |  |
| Level B Adult Global SPMI  | Level B Adult SPMI   |
| Level C Adult Global SPMI  | Level C Adult SPMI   |
| Level D Adult TAY Global   | Level D Adult TAY  |
| Level D HBS Global   | Level D Child  |

# 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 August 31st, 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!



CareOregon®