Behavioral Health Qualified Directed Payments (BH QDP)

Frequently Asked Questions

General

When will rates be effective?
BH QDP rates will be made retroactively effective to January 1st, 2023.

When can I bill the new rates?
Providers should always bill their usual and customary rate. CareOregon, like all Medicaid plans, sets 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

What is the expected date of the reprocessing to be completed?
Reprocessing of claims incurred in 2023 will occur during 2nd Quarter 2023.

How will we know which fee schedule (tier 1 or 2) we're on?
Please review the fee schedule available in CIM to identify which one you are on. Please note, it can take up to 60 days for this fee schedule to be updated from the time the attestation is approved.

See additional FAQs below associated with the attestation process and how rates are assigned in 2024.

Do I need to be contracted to receive these increases?
Eligible providers must be contracted to receive increases under the following BH QDPs:

- Tiered Uniform Rate Increase
- Co-occurring Disorder (COD)
- Culturally & Linguistically Specific Services (CLSS)

Noncontracted providers of substance use disorder (SUD) residential, applied behavioral analysis (ABA), and mental health children's wraparound services are eligible to receive increases under the Minimum Fee Schedule directed payment. This does not apply to providers that have single-case agreements.

Where do I access Health Share/CareOregon BH's fee schedule?
Fee schedules are available in CIM, our online provider portal.

Will those fee schedules show the difference between the 2 tiers?
Yes, tier 1 and tier 2 fee schedules will be available to providers able to access CIM.

What happened to the rate increases that resulted from CareOregon's cost-study?
These rates are being implemented at the same time as the QDP rates. You will begin to see these incorporated with the QDP rate adjustments, as applicable. The cost-study provided CareOregon with ample data on provider costs associated with service delivery. We did a comparative analysis between rate increases from QDP and projected rate increases from data gathered in the cost-study. To honor CareOregon's commitment to providing sustainability we are going above the required QDP rate and utilizing the cost-study rate when higher. Examples of this can be seen with E/M and ABA services.

Where can I submit questions I have for CareOregon that aren't answered here?
- Please first review additional provider updates and resources on our BH QDP page!
- If you still need help, we welcome you to submit your questions in our online questions intake form.

If I qualify for multiple BH Qualified Directed Payments, how would I calculate the payment I should expect, and what fee schedules would those increases be based on?

Please refer to OHA's Behavioral Health Rate Increase support and information page for details on how BH QDPs stack and apply.

Tiered Uniform Rate Increase

Do I need to submit an attestation?
For 2023:
- Any providers that were on fee schedule B prior to January 1st, 2023, do not need to submit an attestation to receive tier 2 rates in 2023.
- All SUD providers will receive tier 2 rates and do not need to submit an attestation.
- Any non-SUD providers or providers not on fee schedule B who meet the criteria set forth by OHA for the tier 2 rates need to submit the attestation to CareOregon. See the FAQ below for information on where to submit the attestation form.

For 2024 and beyond:
- 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.

Will tiered payments 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.

What is the general CareOregon process and policy for submitting OHA-approved attestations?
Our process is outlined under the "Tiered Uniform Rate Increase Directed Payment" section of our BH QDP webpage.

What is the expected turn-around-time for CareOregon to process these attestations, once submitted to BH_attest@careoregon.org?
Please allow 2 weeks for processing once submitted. You may follow-up at that email address for status. You will receive a confirmation email once processing is complete, and a determination is made.

What documentation should I submit with the OHA-approved attestation template for consideration?
The OHA-approved Provider Medicaid-Focused Attestation Form outlines required documentation and guidelines. Additional questions can be answered by reviewing:

- OHA's BH Directed Payment Guidance Document
- OHA's BH Directed Payment Frequently Asked Questions

If I am in the process of registering for CLSS with OHA, should I wait to send in my Primarily Medicaid Provider Attestation?
No, go ahead and submit your tier 2 attestation to CareOregon.

CLSS (Culturally & Linguistically Specific Services)

How do I know if I qualify as a CLSS provider?
Providers must work with OHA to apply. OHA will make this determination.

How do I apply to be a CLSS provider?
Providers must apply with OHA directly.

How do I notify CareOregon that my CLSS application was approved by OHA?
You do not need to notify CareOregon of your eligibility once approved. We will proactively verify this information with OHA on a quarterly basis. Once updated in our system, we will automatically reprocess any previously submitted claims, as needed.

How do I know if I received the "rural provider" designation?
You will be notified of this through the OHA's CLSS application process.

Do I have to submit a specific modifier to be reimbursed for these services?
Though OHA has issued guidance requiring the use of a modifier when billing for ICD, CareOregon has not yet implemented this policy. We will communicate guidance for this shortly.

For information on the OHA guidance, please refer to their ICD Billing Guide.

How should I expect to receive these payments?
These will be paid outside of CIM.

Where can I get more information on CLSS?
Please review the OHA's FAQs here.

ICD (Integrated Co-occurring Disorders)

How do I know if I qualify as an ICD provider?
Providers must work with OHA to apply. OHA will make this determination.

How do I apply to be an ICD provider?
Providers must apply with OHA directly.

How do I notify CareOregon that my ICD application was approved by OHA?
You do not need to notify CareOregon of your eligibility once approved. We will proactively verify this information with OHA on a quarterly basis. Once updated in our system, we will automatically reprocess any previously submitted claims, as needed.

Do I have to submit a specific modifier to be reimbursed for these services?
Though OHA has issued guidance requiring the use of a modifier when billing for ICD, CareOregon has not yet implemented this policy. We will communicate guidance for this shortly.

For information on the OHA guidance, please refer to their ICD Billing Guide.

How should I expect to receive these payments?
These will be paid outside of CIM.

Where can I get more information on ICD?
Please review the OHA's FAQs here.