BH Qualified Directed Payments (BH QDP)

Provider Town Hall February 23rd





Summary

Tiered Uniform Rate Increase

Eligible Service Types	
ACT (Assertive Community Treatment)	Supported Employment Services (SE)
OP MH Treatment & Services	OP SUD Treatment & Services



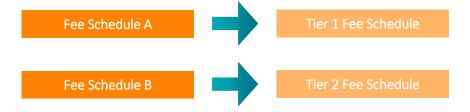
Two tiers based on the details of a provider's total patient service revenue:

- 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



- Providers who were Fee Schedule B providers prior to 1/1/23 will automatically receive Tier 2 rates for calendar year 2023
 - We'll let you know when you should fill out the attestation later this year so you can retain this status in 2024
- All SUD providers will receive Tier 2 increases
- We anticipate these rate increases will be in place in March. Any claims with 2023 dates of service processed before the changes are implemented will be proactively reprocessed there is nothing you need to do.
 - o Increases for 2023 <u>case rate</u> payments issued prior to these configuration changes will be issued outside of CIM
 - Cost Study analysis was also compared to QDP increases. CareOregon is utilizing rates determined from the Cost Study if they were higher. E.g.. ABA rates.

Summary

Integrated Co-Occurring Disorder (ICOD)

Outpatient COD	Residential and Non-Inpatient Withdrawal Management COD Includes codes H0010, H0011, H0018, H0019 & H2013
Add on payment that is 10% of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service for: • Qualified Mental Health Associate (QMHA) • Peer • SUD Treatment Staff Add on payment that is 20% of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service for: • Qualified Mental Health Professional (QMHP) • Licensed Health Care Professional (LHCP) • Mental Health Intern	Add on payment that is 15% of the OHA's Medicaid FFS Behavioral Health Fee Schedule in effect on the date of service

Updates

Integrated Co-Occurring Disorder (ICOD)

- ICOD increases will most likely be issued outside of CIM more to come soon!
- The OHA's ICOD application is now available on the OHA's Integrated Co-occurring Disorders page

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:

Add on payment for CLSS Providers:

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

- 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)

- CLSS increases will most likely be issued outside of CIM more to come soon!
- The OHA's CLSS application is now available on the OHA's BH Rate Increase page
 - o CLSS application will include rural designation by the OHA

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.

Online Resources

- CareOregon Website
- Behavioral Health Qualified Directed Payments (careoregon.org)
- ➤ Online question intake form
- https://app.smartsheet.com/b/form/aec66227864a459fa26ad 50158080e07

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



