

BH Qualified Directed Payments (BH QDP)

Billing & Admin Meeting
June 1, 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.*

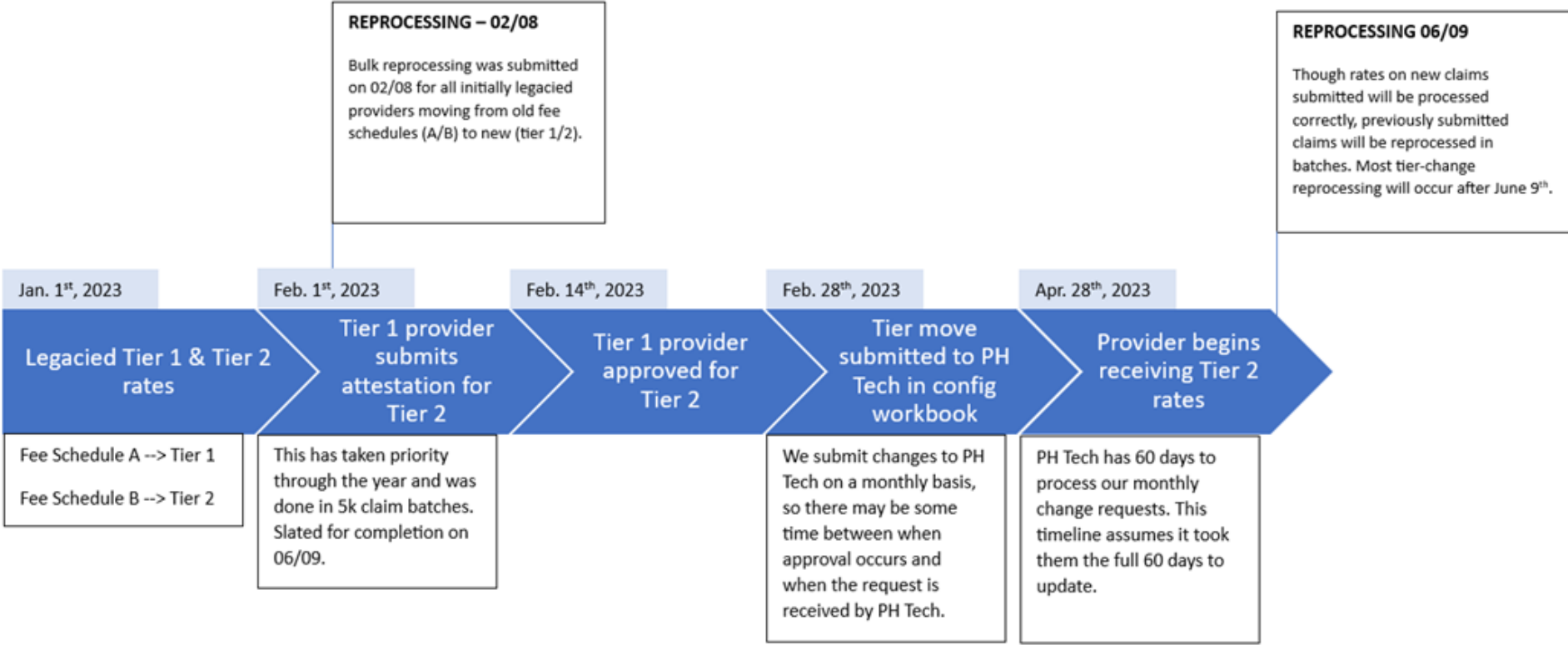
*****All rate increases received in 2022 will count towards the total 15% or 30% increase effective January 1, 2023. This increase is in addition to any other ICD and/or CLSS QDP rate increases.*

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
- See timeline on next slide

Rate Increase and Claim Reprocessing Timeline



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)

- 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
- 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.
- ICD add-on payments will be issued outside of CIM for dates of service 1/1/23 - 9/30/23. Eligible providers will receive contract amendments with details on the provider ICD self-report process and non-claims based payments. Providers can expect to receive the contract amendment within the next 30 days, by mid-June.

Online Resources

➤ CareOregon Website

- [Behavioral Health Qualified Directed Payments \(careoregon.org\)](https://www.careoregon.org/behavioral-health-qualified-directed-payments)

➤ Online question intake form

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

The screenshot shows the CareOregon website page for Behavioral Health Qualified Directed Payments (QDP/BHDPs) overview. The page features a navigation bar with links for 'Am I Eligible', 'Members', 'Providers', 'Community', and 'About us'. The main heading is 'Behavioral Health Qualified Directed Payments'. Below the heading, 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 includes a paragraph explaining that effective January 1, 2023, the Oregon Health Authority (OHA) implemented a statewide rate increase for Medicaid Behavioral Health providers. As a partner with Health Share of Oregon CCO, they must increase their rates through four Behavioral Health Directed Payments (BHDPs) to improve equitable access to quality services for CareOregon/Health Share enrollees through a more sustainable behavioral health workforce. The page lists four 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. A table below the text lists these four BHDPs with dropdown arrows next to them. 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>

Behavioral Health Systems Integration (BHSI)

Billing & Admin Meeting
June 1st



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BHSI Agenda

- Refresh on objectives, benefits, and key dates
- Update on Provider Collaborative sessions
 - Overview of progress
 - Hot topics
- CareOregon Connect
- FAQ document walkthrough
- 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/March/April/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:

- 20 Provider Collaborative Volunteers
- 12 Completed
- 8 Scheduled or Planned
- Discussions have been informative and helped shape FAQs and billing/admin content. Learnings are highlighting positives as well as risk areas

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

Provider Collaboratives

Hot Topics

| # | Topic | Current Status |
|---|---|---|
| 1 | 837 direct claims submission options | <ul style="list-style-type: none">• CareOregon does not have a current process to accept direct 837s• Discussions are underway with Change Healthcare (CO's clearinghouse) to identify options. A potential solution is in review. |
| 2 | 270/271 Electronic Eligibility Verification – HSO CIM | <ul style="list-style-type: none">• 270/271 should work with connection to Health Share's CIM• Validation meeting with Health Share next week |
| 3 | Auth number on claims | <ul style="list-style-type: none">• 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. Claims submitted without a prior authorization number will be denied. |
| 4 | BH performed in Primary Care setting | <ul style="list-style-type: none">• Currently evaluating options to uniquely identify the provider's place of service and appropriate contract terms |
| 5 | 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. |

CareOregon Connect

- Connect is CareOregon's provider portal
- For services 10/1 and forward CareOregon Connect will be used to request notifications/authorizations, check claim status, etc.
- Access will be provided in early September
- Full training will be available. Today, a brief process example will be shared

Connect Process Example - Auth Submission

BHSI FAQ Walkthrough

- The BHSI FAQs contains key information about the BHSI transition
- A refreshed FAQ document is posted each month with new questions flagged with “NEW”
- The FAQs can be found on the Metro Area Behavioral Health Providers Webpage:
<https://www.careoregon.org/providers/metro-area-behavioral-health-providers>

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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 now both qualified in-network and out-of-network providers for substance behavioral health services provided

Provider support ▾
Physical health providers ▾
Metro area behavioral health providers ▾
Pharmacy resources ▾
MEDS Ed - Primary care education ▾
Read 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](#).

Questions?

What else do you want to know?

How can you Stay Up to Date?

You have many options:

- Submit questions through the [Provider Question Form](#)
- Monthly Billing & Admin forum (next meeting is June 29th at 3PM)
- Monthly Behavioral Health E-Newsletter
- Provider Collaboratives
- BHSI Section on the [Metro Area Behavioral Health Provider Page](#) on CareOregon Website

Thank you!



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