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# Behavioral Health Rate Investment

## *Fee-For-Service Proposal Update*

Presenters:

Dave Baden, Chief Financial Officer

Shawna McDermott, Behavioral Health Strategic Operations Director

Donny Jardine, Medicaid Transformation Programs Manager

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# This webinar is intended to:

- Provide an overview of the Oregon Medicaid behavioral health rate increase proposal that the OHA will be submitting to CMS for approval.
- Describe the goals and intended outcome of the rate increases.
- Provide time for questions about the proposal.

# OHA Health Equity Definition

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not **disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.***

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

## **Sustainable investment in Behavioral Health Rates are expected to create the financial conditions to:**

- Reduce behavioral health inequities and elevate quality and accountability.
- Result in community centered engagement and person directed services.
- Result in better care coordination for people with intensive BH Service needs.
- Incentivize culturally responsive & linguistically specific services.
- Improve workforce diversity & increase staff retention.
- Improve parity of rates within Medicaid and compared with other payers.

# FFS Behavioral Health Rate Increase: Policy Priorities

**Adult Mental Health  
Residential**

**Substance Use  
Disorder Residential**  
(Adult & Children)

**Children's Intensive  
Psychiatric Treatment  
Services**

**Community Centered and  
Person Directed Services**

**Mental Health and SUD Parity**

**Funding Alignment to Professional  
Qualification and Complexity of Service**  
(screening, assessment, evaluation)

# FFS Behavioral Health Rate Increase: GF Funding Estimates

<b>Adult Mental Health Residential</b>	<b>\$8,260,611</b>
<b>Other Mental Health Residential</b>	<b>\$2,496,978</b>
<b>SUD Residential</b>	<b>\$313,505</b>
<b>SUD Non-Residential</b>	<b>\$1,573,493</b>
<b>Children's Intensive Psychiatric Treatment Services</b>	<b>\$2,467,140</b>
<b>Peer Delivered Services</b>	<b>\$586,837</b>
<b>Culturally &amp; Linguistically Specific - Overall</b>	<b>\$1,467,337</b>
<b>Culturally &amp; Linguistically Specific - Rural</b>	<b>\$41,685</b>
<b>Mental Health Outpatient</b>	<b>\$4,573,470</b>
<b>Administrative Exams</b>	<b>\$429,671</b>
<b>Applied Behavior Analysis</b>	<b>\$24,151</b>

\* Services Excluded: Personal Service Workers, Adult Foster Homes, CCBHC, FQHC wrap around payment.

# Rate Increase Reference Spreadsheet

	A	B	C	G	H	I	K	L	M
1	Service Type	Code	Fee Schedule Description	Rendering Providers	Rate	Last Update	Percent Increase	Proposed Rate	Reason
11	SUD	G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified healthcare professional who can report on evaluation and management services.	Certified SUD Program	\$11.04	1/1/2022	0%	\$11.04	Pays RBRVS, no change. Gets annual reviews/increases.
12	SUD	G9012	Other specified case management service not elsewhere classified	Certified SUD Program	\$127.19	1/1/2022	0%	\$127.19	No increase as code recently received an increase and pays higher than the other case management codes.
13	SUD	H0001	Alcohol and/or Drug Assessment	Certified SUD Program	\$164.85	10/1/2019	30%	\$214.31	Increased from 10% to 30% based on provider feedback. Upcoming ASAM implementation requirements will likely result in providers spending more time with individuals. Increasing 30% is intended to bolster the workforce and facilitate more rapid access into treatment.

# Mental Health Residential

- Average 30% increase for Adult Mental Health Residential which includes:
  - 45% increase to Secure Residential Treatment Facility Class 1 to reflect higher intensity of services
  - An average 22% rate increase for Other Mental Health Residential
- Note: Adult Foster Homes receive rate increases through the collective bargaining process and are not included in this rate increase work.



# Substance Use Disorder Services

- Average 32% increase for SUD Residential
  - Provides larger increases for assessment, counseling and residential services.
- Average 26% increase for SUD Non-Residential
  - Increases to improve parity with mental health outpatient.
  - Did not provide increases for services currently paying higher than for mental health outpatient and for other payers.

# Children's Intensive Psychiatric Treatment Services

- Average 37% increase for Children's Intensive Treatment Services (ITS)
- ITS are specialized, demanding – both emotionally and physically – challenging work environments. There has been a workforce and program sustainability issue for many years that has been deeply exacerbated by the COVID crisis as well as increasing regulatory expectations.
- A rate study was conducted to address funding challenges faced by ITS providers, such as longstanding workforce sustainability concerns, to improve the financial viability of participating providers. Stakeholders were engaged in this study.
- The rate increases provided aim to bolster the workforce by promoting ongoing participation of Medicaid providers and expansion of new providers.

# Peer Delivered Services

- Average 36% increase for Peer Delivered Services
  - Increase the self help/peer services [H0038] rate 40% to support increased wages for peer support specialists.
  - When self help/peer services [H0038] is provided in a residential based setting/community for complex care, there is an additional 35% increase (total of 75%)
- Increases intended to incentivize peer services to bolster workforce due to historically low rates and more closely align rates with other service types.

# Culturally and Linguistically Specific Services

- 22% increase through a differential; additional 5% increase in **rural areas**
  - This allocation provides the opportunity to increase engagement and change the experiences of individuals receiving services and supports OHA's goal to eliminate health inequities by 2030.
  - OHA will continue to engage those who represent and experience the greatest health inequities, including culturally specific providers, to develop definition, guidance documents, and Oregon Administrative Rules.
- OHA will host a webinar on August 11<sup>th</sup> to provide more detailed information about the culturally and linguistically specific differential

# Mental Health Outpatient

- Average 29% increase for MH Outpatient services
  - Psychosocial Rehabilitation Services were doubled, positively affecting enhanced care services.
  - Screening, assessment and evaluation services are being increased appropriate to the service and providers qualified to deliver them.
  - Group services increased to reflect the complex nature of the service being provided to multiple recipients/families.
  - Administrative Exam assessments and evaluations are paid higher than the corresponding MH outpatient services; rates increased to maintain the intended differential.

# Applied Behavior Analysis

- Average 13% increase for Applied Behavior Analysis
  - No increases for rates that received increases during the 2021 and 2022 legislative sessions (three total).
  - Larger increase on ABA assessment and service planning to provide parity with mental health assessment and service planning.
  - Provide increases for family treatment guidance and medical team conferences for parity with other payers and reimburse for the level of complexity and provider types delivering the services.

# Provider and Community Feedback

OHA asked for provider feedback in early June regarding the initial rate proposals. Comments received included:

- **General:** Information about provider experiences with code utilization and/or suggestions for how OHA should go about rate increases in general.
- **Medication Administration and Admin. Exams:** Matching increases for codes that represent the same clinical activity
- **SUD assessment:** Considering the multiple OAR requirements of treatment admission, administration components and pending ASAM implementation
- **SUD/MH Counseling:** Capitalizing on group cohorts and peer connection

# Provider and Community Feedback

Code and Description	Initial Increase	Final Increase
<b>H0001</b> – Alcohol and other drug assessment	10%	30%
<b>H0005</b> – Alcohol and/or drug services; group counseling by a clinician	10%	17%
<b>90849</b> – Alcohol and/or drug services; group counseling by a clinician	21%	30%
<b>T1502</b> – Alcohol Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	0%	40%
<b>96131</b> – Psychological testing evaluation by qualified health care professional, additional 60 minutes; paired with 96130	0%	10%
<b>96137</b> – Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes; paired with 96136	0%	10%



# Overlap with other work/funding streams

## Public Health Emergency (PHE) Funding:

- For MH residential providers who are receiving the PHE-related 10% rate increase, they will continue to receive the 10% rate increase on top of any additional rate increases included in the fee schedule *while the public health emergency continues to be in effect.*

## Co-Occurring:

- Provides 2 enhancements: If provider is certified as a co-occurring organizational provider, they receive a 10% increase on top of the rate on the fee schedule. If they qualify as a co-occurring masters level counselor, they receive an additional 10%. This will be effective 1/1/2023.

# Overlap with other work/funding streams

## 988 Mobile Crisis:

- H2011 (crisis intervention) is the main code that pays for a multidisciplinary team providing crisis services.
  - HB5202 funds will be used to increase rates for H2011 across service types.
- OHA is currently working with Optumas, in conjunction with CMHPs and CCOs, to conduct a rate study for mobile crisis services and set the final codes.
  - Once finalized rates will be retroactively billable to April 1, 2022.
- Mobile crisis rate setting will be coordinated with the Mobile Crisis SPA currently in the process of CMS approval. This is part of the 988 BH Crisis System enhancement efforts under HB2417 (2021).

# Overlap with other work/funding streams

## SUD 1115 Waiver:

- Allows the state to leverage federal funds for the treatment of SUD when provided in an SUD IMD as well as to leverage federal funds for community integration services, specifically Employment and Housing supports services for at risk Medicaid clients.
- Codes H0018 and H0019 received rate increases out of the SUD waiver that were effective 1/1/2022.
  - Increases outlined in this proposal are on top of the SUD waiver increase.

# Overlap with other work/funding streams

## Planning with CCOs:

- Currently, OHA is modeling scenarios for increasing reimbursement for behavioral health providers who contract with CCOs effective January 2023.
  - Payments are governed under 42 CFR § 438.6(c) and called a “Directed Payment.”
  - This modeling will be informed by the FFS rate increases.
- If approved by CMS, this would increase the CCO capitation rates and direct CCOs to increase reimbursement to their behavioral health providers.

## Planning with FQHC, RHC and CCBHC:

- Core focus and intent of BH Rate Increase is to support providers that do not have a structured mechanism to align costs and payment.
- FQHC, RHC and CCBHC can continue to sync through available options.

# Medicaid Billing Guidance

**Option 1: Wait to bill for services rendered** until after OHA receives approval for rate increases from CMS and MMIS has been updated

- Ensures MMIS pays the correct rate
- No additional administrative burden due to denied claims
- To the degree feasible, this is the recommended approach

# Medicaid Billing Guidance

## Option 2: **Bill at the Proposed Rate increase**

- Use the Rate Increase reference spreadsheet to determine the Proposed Rate
- Providers will initially receive the current rate
- Once the new rates are approved by CMS and updated in MMIS, OHA will complete a System Mass Adjustment Process (SMAP)
  - OHA is unable to pay more than the provider's billed amount for services provided, even if the allowed amount is higher than the billed amount
  - SMAP allows OHA to pay the new approved amount with minimal manual processing

Note: Some codes are not appropriate for the SMAP and will require manual configuration

# Medicaid Billing Guidance

## Option 3: **Bill at the Current Rate... and then Adjust to the New Rate**

- Once the new rates are approved by CMS and updated in MMIS, use the web portal or 1036 form to adjust rates
  - Web Portal: May adjust billed amounts for up to 18 months after the date of service
  - 1036 Form: Requires OHA claims to enter manual adjustments (which takes additional time to reconcile)

Note: For Adult mental health residential services, OHA may need to adjust the Plan of Care through our contracted IQA, which may result in additional delays.

# Medicaid Approval Timeline

- OHA plans to submit the Medicaid State Plan amendment (SPA) to CMS by August 15
- CMS has 90 days to review and approve the SPA
- We will provide notice and guidance, and system update timelines once CMS approval is granted
- Provider will then be able to retroactively bill or rebill for services rendered after July 1 and receive the new rates



Thank you for attending!

Questions?

# Rate Increase Summary: SUD codes

Service Type	0% - 10%	11% - 20%	21% - 30%	> 30%
SUD	90887, 98966, 98967, 98968, G2012, G9012, H0002, H0006, H0022, H0050, H2032, Q3014, T1013	H0005, H0010, H0011, H0014, H0015, H0016, T1006	90849, H0001, H00018 (IMD, non- IMD, specialty services), H0019 (IMD, non-IMD, specialty services), H0023, H0039, H2010, H2011, H2014, T1016	97810, 97811, 97812, 97813, 97814, H0004, H0012, H0013, H0018, H0019, H0032, H0033, H0038, H0048, H2036, T1502

# Rate Increase Summary: MH Outpatient codes

Service Type	0% - 10%	11% - 20%	21% - 30%	> 30%
MH Outpatient	90836, 90838, 90839, 90840, 90867, 90868, 90869, 90882, 96131, 96133, 96136, 96137, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 98966, 98967, 98968, 99211, G2012, H2000, Q3014, T1013, T2023, T2010, T2011	90833, 90837, 90838, 90882, H0036,	90785, 90792, 90832, 90837, 90887, 96130, 96132, G0176, G0177, H0023, H0034, H0039, H0046, H2000, H2010, H2023, T1016,	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90846, 90847, 90849, 90853, 90887, G0176, G0177, H0004, H0031, H0032, H0036, H0039, H2010, H2014, H2018, H2023, H2032, T1016

# Rate Increase Summary: Other codes

Service Type	0% - 10%	11% - 20%	21% - 30%	> 30%
Peer Services				G0177, H0029, H0046, H2014, H2023, T1016, H0038
Admin. Exams	96133, 96137, 99211, H0048	96136		
ABA	97153, T1013, 97155, 97156	97154, 97157, 99368	99366	97151, 97152,