



Behavioral Health Qualified Directed Payments (BHQP)

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 for 2023 dates of services will occur during 2nd Quarter 2023.

Will we have access to fee schedules for tier 1 and tier 2 rates? How will we know which one we are on?

Yes, the fee schedule will be provided. For 2023, providers will receive the following rates:

- All mental health providers that had a certificate of approval (COA) prior to January 1st, 2023, will receive Tier 2 rates automatically in 2023.
- All SUD providers will receive tier 2 rates.
- All mental health providers that do not hold a COA will receive Tier 1 rates. If you meet the criteria set forth by OHA for the tier 2 rates, then you must submit the attestation to CareOregon to receive tier 2 rates.

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 in order to receive increases under the following BH QDPs:

- Tiered Uniform Rate Increase
- Integrated Co-occurring Disorders (ICD)
- 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.

What happened to the rate increases that resulted from Jackson Care Connect's cost-study?

These rates are being implemented at the same time as the QDP rates. You will begin to see these, wherever applicable, incorporated with the QDP rate adjustments. 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 coding and ABA services.

Where can I submit my questions 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.](#)

Tiered Uniform Rate Increase

Do I need to submit an attestation?

For 2023:

- Any providers that had a certificate of approval 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 that do not hold a certificate of approval 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 Jackson Care Connect process and policy for submitting OHA-approved attestations?

The 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 Jackson Care Connect to process these attestations once submitted to [BH attest@careoregon.org](mailto:BH_attest@careoregon.org)?

Please allow 2 weeks for processing. You will receive a confirmation email once processing is complete, and a determination is made. You may follow-up at that email address for status.

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 apply to be a CLSS provider?

Providers must [apply with OHA directly](#). Once enrolled, providers must notify the contracted CCO(s) of their OHA HSD approval and include supporting documentation.

How do I know if I received the “rural provider” designation?

You will be notified of this through the OHA’s CLSS application process.

Where can I get more information on CLSS?

Please review [the OHA’s FAQs here](#).

ICD (Integrated Co-occurring Disorders)

How do I apply for ICD with OHA?

Providers need to [apply with OHA directly](#). Once enrolled, providers must notify the contracted CCO(s) of their OHA HSD approval and include supporting documentation.

How should I expect to receive these payments?

These will be paid through CareOregon’s claims platform. Claims are viewable in CareOregon Connect, via [OneHealthPort](#).