

OHP Fee-For-Service Behavioral Health Fee Schedule

The [Medicaid Fee-For-Service Behavioral Health Fee Schedule](#) outlines the Oregon Health Authority's (OHA) policy on maximum allowable fees for providers enrolled to deliver behavioral health services to Oregon Health Plan members on a fee-for-service (FFS) basis.

How does OHA set the FFS behavioral health rates?

The rates are reviewed on a case-by-case basis and often set or revised through federal or state legislative changes. Generally, rates as approved by legislators are 70% of Medicare rates.

Rates for new services are set after review of other state Medicaid fee schedules, Medicare rates, if applicable, and analysis with other partners such as OHA Actuarial Services and OHA's Health Policy and Analytics Division.

Oregon's Medicaid State Plan indicates that the behavioral health fee schedule is the FFS rate methodology, so any changes to the fee schedule must be approved by the Centers for Medicare & Medicaid Services (CMS) through a State Plan Amendment. This differs from the medical-dental fee schedule which uses rates approved by CMS for Medicare.

- The currently approved rate methodology became effective with the October 2019 fee schedule, which increased rates for substance use disorder outpatient services by 16% and mental health outpatient services by 4%.
- Updates to the fee schedule since October 2019 are to correct errors or update supplemental information included in the fee schedule (such as contact information and website references).

The Medicaid Behavioral Health Policy team aims to ensure the rates are appropriate for the service and its delivery, including the professional licensure or certification of practitioners.

Are CCOs required to pay for services according to the FFS fee schedule?

OHA acknowledges that many CCOs strive to align their reimbursement structures with OHA's. However, CCOs are not required to implement the FFS Behavioral Health Fee Schedule as posted by OHA.

OHA encourages CCOs to use the flexibilities provided by contract to determine the appropriate codes and rates to use for reimbursement to contracted providers, based on your area's demographics and the services you provide to your members. This will ensure there is an appropriate pathway to payment for the services you provide.

However, CCOs must pay FFS rates to non-contracted providers as described in [OAR 410-120-1295](#).

How can CCOs provide feedback about the rates?

OHA welcomes feedback about the fee schedule and will provide responses as appropriate. To send feedback, please email the Medicaid Behavioral Health Policy team at ffs.bh@dhsosha.state.or.us.

Existing feedback is being reviewed and will be taken into consideration as this work moves forward.