Certified Community Behavioral Health Centers Billing Guidance

Use this billing guide as a supplement to the information available of the Certified Community Behavioral Helath Clinics (CCBHC) web page.

Contents

Covered Services for OHP Members

To receive your CCBHC blended, daily rate for services delivered to OHP members, you must submit the claim with at least of the procedure codes shown on the CCBHC Services Billing Matrix posted on the CCBHC website.

All other non-CCBHC services provided and billed will be reimbursed in accordance with the reimbursement methods in place to bill the fee schedule rate.

Client Eligibility and Enrollment

CCBHCs are responsible for verifying member eligibility before billing. Prior to billing, your CCBHC must also demonstrate whether the member is enrollled in a Coordinated

Care Organization (CCO), or if they are open card (fee-for-service). Lastly, CCBHCs should verify if the member has other private health insurance, and bill the other insurance (including Medicare) prior to billing OHP. The protocols are the same as billing requirements to bill fee schedule rates.

The OHP eligbility verification page explains how to verify eligibility using the MMIS Provider Web Portal, Automated Voice Response (AVR), or electonric data interchange (EDI) 270/271 transaction.

- Provider Web Portal
  - Real-time elibility
  - Web based system
  - Get access- call Provider Services (800) 336-6016
  - MMIS Provider Web Portal
- Automated Voice Response (AVR)
  - (866) 692-3864
  - Telephone based system
- Electronic Data Interchange (EDI)
  - Electronic information exchange
  - HIPAA-compliant batch transactions and eligibility requests

Billing OHA Directly- Open Card Members

When an OHP member is eligibile, but not enrolled in a CCO, they are cosnidered to be open card. Similar to current billing operations, CCBHCs will bill OHA directly for services provided to open card members (rather than billing a CCO).

- CCBHC Encounter Code- T1040: Bill this CCHBC encounter procedure code on the top level of every CCBHC open card member claim with your PPS encounter rate as the billed amount; this code is not necessary on CCO claims.
- CCBHC Services Billing Matrix: On additional lines of the claim, use the most appropriate procedure code(s) as shown on the matrix. On all lines with procedure codes from the matrix, bill the usual and customary charge for the service.

- MMIS will adjust paid amounts to your PPS rate for all CCBHC services provided to the OHP member on the date of service.
- For information about electronic billing, go to ehte Electronic Data Interchange page.

Supplemental Wraparound Payments- CCO Members

OHA will supplement payments received by the CCBCH from CCO enrolled OHP memers by issuing a supplemental wraparound payment. Bill the CCO or other payer as you normally would.

- On a quarterly basis, submit all CCBHC service encounters that were paid by the CCO to OHA by completing the Supplemental Wraparound Data Sumission Template. Send a request for secure e-mail to HSD Settelements to submit the completed form when encountrs have been submitted to MMIS by your CCO.
- Report all payments received from CCOs, other managed care plans, Medicare, and other payers for CCBHC services delivered within the quarter.
- Capitaiton payments, risk witholds, global payments, and other lump sums received for CCBHC services are to be reported for the quarter in which they are recevied.

Prior Authorization- See the Behavioral Health Fee Schedule

The protocol is the same as billing requirements for non-CCBHC billing. The management column (column N) on the behavioral health fee schdeule indicats which services require prior authorization.

For CCO members, follow prior authorization requirements by the specific CCO as usual.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the CCBHC team at CCBHC.Grant@odhsoha.oregon.gov.