

Federal Criteria & Oregon Standards

Question: *In Demonstration Year 2, are the primary care services associated with Oregon Standard 4 required to be provided by an RN or MD?*

Answer: No. Primary care services are not required by an RN or MD. However, the provider must be operating within their scope and licensure.

Billing & Payment Methodology

Question: *In Demonstration Year 2, does our PPS rate cover the primary care visits (associated with Oregon Standard 4)?*

Answer: The PPS rate covers services associated with the federal requirements, such as primary care screening and monitoring. The PPS rate does not include services associated with Oregon Standard 4 (onsite primary care). Those services should be billed as they would have been prior to the CCBHC demonstration.

Question: *Can wraparound templates be submitted anytime? Can they cover multiple quarters?*

Answer: The submissions of the encounter data (templates) are by quarter (calendar quarter) for CCBHCs. A projected timeline for encounters occurring in 2017 is listed below.

Calendar Quarter 2 (April – June 2017)

- December 2017 – Clinic submits encounter and payment data to MAP
- January 2018 – MAP sends wraparound payment and list of unmatched encounters
- February 2018 – clinic returns EOBs for unmatched encounters, MAP sends follow up wraparound payment.

Calendar Quarter 3 (July – September 2017)

- March 2018 – Clinic submits encounter and payment data to MAP
- April 2018 – MAP sends wraparound payment and list of unmatched encounters
- May 2018 – clinic returns EOBs for unmatched encounters, MAP sends follow up wraparound payment.

Calendar Quarter 4 (October – December 2017)

- June 2018 – Clinic submits encounter and payment data to MAP
- July 2018 – MAP sends wraparound payment and list of unmatched encounters
- August 2018 – clinic returns EOBs for unmatched encounters, MAP sends follow up wraparound payment.

Question: *Is there a hard cut-off deadline for submitting our wraparound templates?*

Answer: There is no hard cut-off date for submitting wraparound templates during the CCBHC demonstration.

Question: *We submitting our wraparound template several weeks ago, when can we expect payment?*

Answer: As of November 2017, the current processing and payment turnaround time is approximately 45 days.

Question: *Are wraparound requests ever partially paid? For example, If a wraparound template is submitted and has errors, is it sent back to the clinic to be reprocessed? Or, are the valid claims paid, while the errors are corrected?*

Answer: – Generally, excluding errors, a batch of encounter will be paid for all those encounter that are reconciled against the same CCO reported encounters in MMIS. Any unmatched encounters are paid as a follow up wraparound based on submitted copies of EOBs for those encounters OHA was unable to find.

Any other front errors, such as pending encounters, or zero paid encounters (where there is not capitation), or counting too many lines of encounter data (by not rolling up the multiple services for any one reimbursable encounter) may require additional follow up.

Question: *Who needs to track wrap payments? For example, if a wraparound template is submitted, a payment is made by OHA, then the CCBHC has additional reconciliation with their CCO, who is responsible for submitting any follow up?*

Answer: Regarding the tracking of wraparound payments. OHA always hopes CCBHCs can submit a complete period, but if down the road there are additional encounters by the CCO (usually due to pending payments), a CCBHC would simply submit them separately. These payments will be processed independently of other quarters. Tracking of these additional encounters is the responsibility of the CCBHC.

Data Collection & Analysis

Question: *If an individual comes in for services, has an assessment, and the CCBHC determines the individual does not meet the criteria for medical necessity, does the CCBHC still include that individual in the metrics?*

Answer: If the individual receives services and an assessment from the CCBHC, then the individual counts as a CCBHC consumer and should be counted in the metrics, regardless of the outcome of that assessment. Additional information regarding who is considered a CCBHC consumer may be found by accessing the link below.

<http://www.oregon.gov/oha/HPA/CSI-BHP/CCBHC%20Documents/SAMHSA-Clarification-When-Is-A-Person-A-CCBHC-Consumer.pdf>

CCBHC Frequently Asked Questions
November 3, 2017

Question: Regarding DEM-REP-12, BMI-SF, the technical specifications instruct us to calculate the client's age as of the date BMI was collected. If a client's BMI was not collected, which service date should we use to calculate their age?

Answer: OHA strongly encourages each CCBHC to capture and report on each measure following the guidance provided by SAMHSA. In the event BMI was not collected at a recent visit, the CCBHC should use the age at the last time the BMI was collected, within the last six months. If BMI was not collected, the CCBHC should use the age of the last day of the measurement year.

Question: Regarding TSC, the technical specifications instruct us to calculate the client's age as of the date of tobacco cessation service. If a client's tobacco use is unknown, which service date should we use to calculate their age?

Answer: OHA anticipates each CCBHC will meet the federal requirements, inclusive of capturing and reporting on each requirement measure in a manner that follows the guidance provided by SAMHSA. In the event tobacco usage is unknown, the CCBHC should use the age of the last day of the measurement year.

Question: Regarding ASC, the technical specifications instruct us to calculate the client's age as of the date of screening service. If a client is not screened, which service date should we use to calculate their age?

Answer: OHA anticipates each CCBHC will meet the federal requirements, inclusive of capturing and reporting on each requirement measure in a manner that follows the guidance provided by SAMHSA. In the event an alcohol screening was not conducted, the CCBHC should use the age of the last day of the measurement year.