HEALTH SYSTEMS DIVISION
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To: Oregon Health Plan behavioral health providers
Coordinated care organizations (CCOs)

From: Donny Jardine, Medicaid Behavioral Health Policy and Programs manager
Dave Inbody, CCO Operations director

Subject: Medicare is the primary payer for some outpatient behavioral health services for Medicare-Medicaid members, effective January 1, 2024

As of January 1, 2024, Medicare is the primary payer for the following behavioral health services provided to Medicare members:

- Behavioral health services rendered by Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) as defined by the Centers for Medicare & Medicaid Services (CMS). In Oregon, this will include services rendered by Licensed Marriage and Family Therapists. It may also include services rendered by Licensed Professional Counselors.
- Intensive Outpatient Program (IOP) services furnished by hospital outpatient departments, community mental health centers, rural health clinics, federally qualified health centers, or opioid treatment programs as described in the November 2023 news release from CMS.

Why is this happening?

The Mental Health Access Improvement Act expanded Medicare coverage to include these BH professionals in Medicare coverage services as of January 1, 2024. The Medicare Learning Network's guide to Medicare and Mental Health Coverage includes details on these changes to coverage, reimbursement and eligible provider types.

What should you do?

MFT and MHC providers who meet federal education and experience requirements should enroll in Medicare. This document lists the education and experience requirements, and how to enroll. It may take up to 60 days to complete Medicare enrollment.

Clinics and programs with newly Medicare-eligible providers rendering behavioral health services should ensure all applicable staff enroll in Medicare and bill Medicare as primary coverage as Medicaid is the payer of last resort.

Behavioral health services billing tips:

- Bill Medicare as primary for OHP members with the BMM or BMD benefit package. You can verify this coverage in the MMIS Provider Portal at https://www.or-medicaid.gov.
- For members with Medicare Advantage, communicate with the plans prior to rendering services for any authorization or process required.
- Once you bill for Medicare fee-for-service members, claims automatically crossover to CCOs or OHA. The CCO or OHA then covers cost-sharing amounts from Medicaid for Qualified Medicare Beneficiaries (BMM, MED).

- To learn more about billing, review the OHP Keys to Success manual, dual eligible guidance from CMS, and OHP crossover claim guidance. Contact the member's CCO for any additional information on billing or BH wraparound payments.

CCOs:

- Share these Medicare enrollment and billing requirements with your behavioral health providers. Include all provider types listed above.
- If you receive a claim that bills OHP instead of Medicare as primary, verify the provider's Medicare enrollment in PECOS before denying payment.
- Update your claims processing system to no longer automatically bypass the requirement for the provider to first bill Medicare for the newly Medicare eligible behavioral health provider types.
- Ensure your systems pay crossover claims up to the contract allowable. Refer to Oregon Administrative Rule 410-141-3565.
- Apply behavioral health wraparound payments to crossover claims when applicable. Refer to OHP criteria in CCO contracts.

Questions?

- **Providers serving FFS members:** Contact Provider Services (800-336-6016, Option 5). Provider Services is available Monday through Friday between 8 a.m. and 5 p.m.
- **Providers serving CCO members:** Contact the CCO.
- **CCOs:** For general questions, contact OHA CCO Account Representatives .

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.