



**Date:** December 11, 2023

**To:** Coordinated care organizations (CCOs)

**From:** David Inbody, CCO Operations director  
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**Subject:** CCO billing instructions and related guidance for Mobile Crisis Intervention Services

This guidance document explains how CCOs submit Encounter Data and Community Mental Health Programs (CMHPs) submit claims related to Mobile Crisis Intervention Services (MCIS), follow-up responses, and Stabilization Services. This document also includes guidance on CCO directed payments to CMHPs and steps the parties should take to ensure CMHPs are paid as directed under CCOs' contracts with OHA. Further information on CCO risk corridors and identify/enrolling members is also provided. A similar guidance document has been issued to CMHPs.

### Why is this happening?

OHA is providing this guidance to CCOs and CMHPs to support them in implementing MCIS.<sup>1</sup> This information expands upon guidance provided by OHA for Fee-For-Service (FFS) billing for MCIS.

### Billing Guidance

CCOs and CMHPs are required to follow the FFS billing processes and related guidance for MCIS. FFS guidance can be found [HERE](#). A supplemental Q&A document may be found [HERE](#). This requirement is in place to ensure OHA is able to identify these services for the mobile crisis risk corridor and directed payment provisions in the 2024 CCO contract and exclude all other services from these CPT and modifier combinations. CMHPs should therefore refer to the FFS guidance document when determining what CPT code and modifiers to use when billing for a MCIS, and CCOs should ensure these billing practices are carried over into encounter data reported to OHA.

Following is additional billing guidance for certain situations.

#### Billing for Non-Participating/Out of Area Providers

Because MCIS are emergent/urgent services, CCOs must pay Medicaid-enrolled providers for the provision of MCIS, even in the absence of a provider contract<sup>2</sup>. This includes situations in which a member experiences a crisis event outside of the CCO service area. Note that, as part of the stabilization process, CCOs and CMHPs can work to transition the member back to the CCO.

<sup>1</sup> See Exh. C, Sec. 6, Para. e (3) in the [2024 CCO Medicaid contract](#).

<sup>2</sup> See Exh. B, Pt. 2, Sec. 4, Para. a (1 & 3) and Exh. B, Pt. 8., Sec. 5, Para. a in the 2024 CCO Medicaid contract and OAR [410-141-3840](#).

### Certified Community Behavioral Health Clinics (CCBHC) Billing

CCOs are subject to the same MCIS billing guidance and directed payments for CCBHC-covered mobile crisis claims as would apply to any other MCIS provider. The CCBHC will bill the CCO at the negotiated mobile crisis rate (or potentially \$0 if services are covered under an APM) and the CCO will pay the CCBHC at that rate. CCOs are not required to pay at the Prospective Payment System (PPS) rate. OHA makes wraparound payments to CCBHCs based on actual encounters and CCBHC encounter rates, net direct CCO payments. CCBHCs are required to use the new modifiers distinguishing crisis service type in accordance with the above billing guidelines.

### Culturally and Linguistically Specific Services (CLSS) Billing

When billing for MCIS delivered by CLSS approved providers, CCOs must reimburse providers at the applicable enhanced rate and bill according to the CLSS billing guide. CCOs are required to reimburse CLSS-approved *contracted* providers at the enhanced rate but are not required to reimburse *non-contracted* providers at the enhanced rate, though they may do so if they choose and must submit encounter data to OHA accordingly.

### Institutional Settings

At present, OHA does not have authority to pay for Medicaid services to people presently housed in institutions such as local jails, as Medicaid membership is suspended during incarceration. See the FFS supplemental Q&A document for additional discussion.

## **Directed Payments**

Under the 2024 CCO contract, CCOs are required to pay two directed payments to CMHPs for mobile crisis:

- 1) A tiered increase (typically 30% for CMHPs) based on January 2022 payment rates, including alternative payment methods (APMs) such as per-member, per-month (PMPM) payments.
- 2) A minimum directed payment based on state FFS rates.

To accomplish this, CCOs and CMHPs must first identify mobile crisis payments distinct from all other payments. Some CCOs and CMHPs have historically agreed to payments for all BH crisis services under a single APM; starting in 2024 there will need to be a separately identified mobile crisis payment.

Next, CCOs must ultimately pay CMHPs a minimum amount based on actual mobile crisis encounters (both MCIS as well as old standard mobile crisis) priced at FFS rates. This minimum payment standard only requires an annual reconciliation, which would need to be made after year-end once actual encounters are known. However, interim reconciliation estimates are allowed, and may be appropriate to ensure adequate cash flows to CMHPs.

### Example: Identifying the APM Component, and Settling the Directed Payments

Following is an example in which a CCO and CMHP identify their mobile crisis APM component, and settle their directed payment requirements:

- 2022 comprehensive BH crisis services APM from the CCO to the CMHP was \$5 PMPM
  - Directed payment 1): 2024 APM must be at least \$6.50 PMPM (30% increase)
- CCO and CMHP negotiate going into 2024 that the mobile crisis payment component will be \$3 PMPM (out of the \$6.50 PMPM covering all BH crisis services)
- Actual mobile crisis PMPM payments for 2024 eventually total \$2m
- Total mobile crisis claims in 2024 (priced using FFS rates) total \$2.5m
  - Directed payment 2): CCO owes CMHP \$0.5m at the end of year

Example: Reporting Mobile Crisis Directed Payments on Exhibit L6.91

Exhibit L6.91 is the tab in which CCOs report on BH directed payments. CCOs will be required to break out payments for MCIS from other payments to CMHPs. Following is an abbreviated illustration of reporting for a CMHP in L6.91.

Provider Category	Provider Name	Units	2023 pmts at January 2022 - Base w/o Directed Pmt level	DP 1	DP 4	Total Base + DP
Mobile crisis	CMHP1	5,000	300,000	90,000	137,850	527,850
All other services	CMHP1	100,000	7,000,000	2,100,000	-	9,100,000

**Risk Corridor**

Risk corridor settlements are a payment mechanism between OHA and CCOs that provide additional payment in the event that actual mobile crisis costs deviate from the projections in CCO capitation rates. This guidance document is a companion to the risk corridor, whose provisions are documented in the 2024 CCO contract<sup>3</sup>. Briefly, mobile crisis revenue in CCOs’ capitation rates is compared with a calculation of mobile crisis expenses based on 1) the number of reported encounters for mobile crisis billed pursuant to OHA’s [FFS billing guidance](#), and 2) repriced using State Plan payment rates. OHA and CCOs then settle up on a portion of the difference between mobile crisis revenue and mobile crisis expenses.

The risk corridor is designed to underwrite the possibility that actual mobile crisis utilization in 2024 exceeds expectations, by compensating CCOs for the additional costs under the FFS-based directed payment described in the previous section. However, OHA’s calculation of the risk corridor component in capitation rates is separate from CCO-CMHP negotiations. Therefore, payment *to the CCO* from the risk corridor settlement is not directly tied to FFS-based directed payment requirements *from the CCO*.

Interim Settlements from OHA to CCOs

Under the 2024 CCO contract, CCOs may apply to OHA for an interim risk corridor settlement if mobile crisis expenses are expected to substantially exceed mobile crisis revenue. CCOs wishing to apply for an

<sup>3</sup> See Exh. C, Sec. 6, Paras. e-h in the 2024 CCO Medicaid contract.

interim settlement should contact [actuarial.services@oha.oregon.gov](mailto:actuarial.services@oha.oregon.gov). Applying CCOs will need to demonstrate that mobile crisis expenses are expected to exceed mobile crisis revenue by providing an estimate of both revenue and expenses based on emerging 2024 data. CCOs will also need to demonstrate and attest that the amount of overage is expected to be material to CCO cash flow and operations, and that an interim settlement will be important to ensure the CCO's financial resources to pay timely for mobile crisis and other covered services. OHA may request additional information to substantiate the extent and necessity of an interim settlement, and CCOs may provide supplementary information in support of the importance of the interim settlement request. Final risk corridor settlements will be paid net of any interim settlements.

## **Questions?**

If you have questions related to billing, or to the general content of this memo, please contact [988bhcs@oha.oregon.gov](mailto:988bhcs@oha.oregon.gov).

For questions related to the Directed Payments and Risk Corridor, please contact [Actuarial.Services@odhsoha.oregon.gov](mailto:Actuarial.Services@odhsoha.oregon.gov).

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