

**Date:** February 18, 2025

**To:** Coordinated Care Organizations (CCOs)

**From:** David Inbody, CCO Operations director  
Samantha Byers, Adult Behavioral Health Director

**Subject:** CCO billing instructions and related guidance for Mobile Crisis Intervention Services

This guidance document explains how CCOs submit Encounter Data and 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 is also provided. A similar guidance document has been issued to CMHPs.

**This document updates guidance last issued on December 11, 2023. The updates in this guidance are limited to technical references and a reflection of [2025 behavioral health directed payments](#), as documented on OHA's [CCO Contract Forms web page](#).**

## Why is this happening?

OHA is providing this guidance to CCOs and CMHPs to support them in ongoing implementation of 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 2025 CCO contract and exclude all other services from these CPT and modifier combinations. CMHPs should therefore refer to the FFS

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<sup>1</sup> See Exh. C, Sec. 6, Para. e (3) in the [2025 CCO Medicaid contract](#), pp. 223.

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 area. Note that, as part of the stabilization process, CCOs and CMHPs can work to transition the member back to the CCO.

#### Multi-Payer Guidance

OHA addresses discussion of billing when other payers (e.g. commercial) are involved in the FFS supplemental Q&A document. Please note that Medicare does not cover mobile crisis services at this time.

#### 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 Alternative Payment Methodology (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 housed in institutions such as local jails, as Medicaid membership is suspended during incarceration. See the FFS supplemental Q&A document for additional discussion.

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<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 2025 CCO contract (p. 59) and OAR [410-141-3840](#).

## Directed Payments

Under the 2025 CCO contract<sup>3</sup>, CCOs are required to pay a minimum Directed Payment (DP) to their MCIS providers that is the greater of:

- 1) State Plan BH FFS fee schedule rate for CY2025; or
- 2) The CCO contracted rate for 2024 plus a reasonable inflation factor.

For newly contracted providers in 2025, CCOs are expected to pay at least the OHP FFS fee schedule rate. Paying at this level can be accomplished by consulting with the published FFS rate schedule and demonstrating that the contracted providers are being compensated at a level at or above the MCIS rate. Meanwhile, for continued contractual arrangements that remain in place after 2024, a reasonable inflation factor should be applied to the contracted rate for 2025.

CCOs that utilize APMs may continue to use such arrangements but must demonstrate and document that the APM aligns with 2025 DP requirements. As with 2024, for 2025 CCOs must separately identify mobile crisis payments that may be a part of agreements with their CMHPs.

CCOs must ultimately pay CMHPs a minimum amount based on actual mobile crisis encounters 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.

## 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 2025 CCO contract<sup>4</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, for both upside and downside portions of the difference.

The risk corridor is designed to underwrite the possibility that actual mobile crisis utilization in 2025 is meaningfully different than expected utilization. In the case of higher than expected utilization, the risk corridor ensures that OHA will compensate CCOs for a portion of the

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<sup>3</sup> See Exh. C, Sec. 1, Paras. D(2)(a) and (h) in the 2025 CCO contract, pp. 213-215

<sup>4</sup> See Exh. C, Sec. 6, Paras. e-h in the 2025 CCO contract, pp. 223-225.

additional costs. In the event that utilization is lower than expected, OHA will recover funds from CCOs with the exception that directed payments (including APMs) are considered allowable expenses and are therefore excluded from calculation of the recovery amount. Utilization expectations are based upon mobile crisis revenue as outlined above.

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 2025 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 interim settlement should contact [actuarial.services@odhsoha.oregon.gov](mailto:actuarial.services@odhsoha.oregon.gov). Applying CCOs will need to demonstrate that expected mobile crisis expenses are expected to exceed mobile crisis revenue by providing an estimate of both revenue and expenses based on emerging 2025 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.