

Date: February 6th, 2024

To: Joint Committee on Addiction and Community Safety Response

From: Stick Crosby

Subject: HB 4002

Dear Co-Chairs Senator Kate Lieber, Representative Jason Kropf, and committee members,

With the current efforts to criminalize drug use in Oregon, there has been a lot of false information about the access and funding for mental health and substance use disorders. Should the legislature take any actions related to criminalization without addressing the funding blocks in the current system, we will end up in the same situation we were in before Measure 110 was passed by Oregonians. There have been major administrative burdens created by the Oregon Health Authority that are restricting funding from getting into communities to treat substance use disorder and treatment.

### **Funds available to Oregon providers**

The 2023 Behavioral Health Directed Payment (BHDP) program was renewed in 2024. The program has been in place since 2023, and it involves a managed care-directed payment arrangement that provides a tiered percentage increase payment to qualified network and contracted BH providers for services delivered during the 2023 contract year.

The first tier of payment increases depends on whether the provider primarily serves Medicaid or non-Medicaid patients. Medicaid dominant providers receive a 30% increase, while non-Medicaid dominant providers receive a 15% increase. This increase is added to the rates that the CCOs already have for eligible behavioral health providers, starting from January 1, 2022.

In addition, the OHA created the Integrated Co-Occurring Disorder Directed Payment program. This increases rates for a billing entity approved under the COD rules for outpatient and residential services. These rates are as follows:

- 10% increase for covered non-residential services provided by providers below a master's level.
- 20% increase for covered non-residential services for QMHP level providers.
- 15% increase for SUD residential services providers, intensive outpatient, and partial hospitalization service providers.

Lastly, there is the Culturally and Linguistically Specific Services Directed Payment. The payment increase for qualifying providers and services is 22% and 27% of the Medicaid fee schedule rate for rural providers.

Providers treating OHP members for Behavioral Health Services have access to different methodologies and percentage rate increases. However, applying these methodologies involves administrative burden either for the provider or the Coordinated Care Organization. If a provider meets certain criteria, such as being a master's level clinician who offers culturally appropriate services in a rural area, they can increase the base rate by 177%.

Further information:

- BH-Directed-Payment-Guidance-2024\_Final. (n.d.). <http://www.oregon.gov>.  
[https://www.oregon.gov/oha/HSD/OHP/CCO/BH-Directed-Payment-Guidance-2024\\_Final.pdf](https://www.oregon.gov/oha/HSD/OHP/CCO/BH-Directed-Payment-Guidance-2024_Final.pdf)
- Integrate Co-Occurring Disorder Treatment Guide. (n.d.). Oregon.gov.  
<https://www.oregon.gov/oha/HSD/AMH/docs/ICD-Billing-Guide.pdf>

### **Oregon Qualified Directed Payment Administrative Burden**

**Predominantly Medicaid Attestation:** Each Coordinated Care Organization (CCO) in Oregon, along with the state, is required to track whether a healthcare provider predominantly serves Oregon Health Plan members. This is particularly significant in a diverse state like Oregon, especially in Southern Oregon, where a provider may serve at least two CCOs in Jackson County, and some of our treatment programs are among the best in the state, serving members from all CCOs. The attestation process may need to be conducted for sixteen CCOs and the state of Oregon.

**Integrated Co-Occurring Disorder:** OHA provider organizations must obtain approval for payment methodologies used for Integrated Co-Occurring Disorder (ICD) treatment, as per OAR 309-19-0145 and OAR 309-018 0160. To qualify for approval, the provider organization and website must complete 48.5 hours of training provided in the ICD-Core-Trainings.pdf, available on oregon.gov. The program is different from the historically implemented program by OHA, as it mandates care to providers who are already licensed to provide these services.

**Culturally and Linguistically Specific Services Directed Payment:** The CLSS program requires eligible providers or provider organizations, as per the CLSS eligibility requirements, to notify the CCO with which they contract and provide OHA documentation supporting their eligibility for enhanced payments. Eligible providers can be Culturally and Linguistically Specific Service (CLSS) Organizations, Programs, or Individual Providers, or Bilingual Service or Sign Language Providers.

### **Traditional Health Insurance Billing**

When submitting a claim for services provided to Oregon Health Plan members, it must be done on CMS 1500 or through Electronic Data Interchange (EDI). EDI is an automated data exchange system that follows standardized formats and specific data content rules for transmitting information related to claims for services. This includes the Member's report, the provider's information, and the services provided in the form of a CPT code by the provider. For instance, a 30-minute psychotherapy session would be billed as a 90832. Currently, under the OHP rates 90832 would be reimbursed at \$119.10. In addition, Medicare, Oregon Medicaid, and Commercial Insurers require diagnosis codes, modifiers, and additional codes to indicate the services and complexity of services provided. For instance, T1013 (Signed or Spoken Language Interpreter Services) would be included to signify Interpreter Services. Physical health providers, such as Primary Care providers, must include this code to receive additional reimbursement for having an interpreter visit during the encounter.

### **Recommendations**

To reduce administrative burden, maintain program integration, and release funds to the Behavioral Health community, the following policy recommendations should be added to House Bill 4002:

Remove the predominantly Medicaid provider attestation, as it does not enhance, or track services provided. Instead, use the existing billing system to calculate the number of hours a Behavioral Health clinician provides services to eligible Medicaid patients, accounting for holidays, PTO, and documentation. If a provider offers more than 708 hours of services in a year, they should receive a bonus payment equal to this rate increase. This could also be a prospective review and increase the base rates for these providers the following year. This methodology is in alignment with existing contracting strategies in the industry.

Remove the requirement for providers to complete additional training on top of existing licensure and program requirements for Integrated Co-Occurring Disorders. Instead, allow Behavioral Health clinicians to work within their scope and licensure and add modifiers to the payment methodology to track services.

Modify the existing Cultural Competence Continuing Education Training Opportunities certified by the Office of Equity and Inclusion to include any additional requirements. Apply these funds to CPT code T1013 with an additional modifier for when the provider is bilingual. Providers who speak or sign the patient's language should add the modifier to T1013 and be reimbursed at a higher percentage.

Mandate that the OHA allows for interpreters and interpreter agencies to bill as providers utilizing T1013 as the code is intended. Then, these funds would go directly to the Interpreters working in behavioral health settings to increase access to services.

### **Summary**

These proposed solutions are not the only way to obtain funding for critical community service providers. However, it is evident that the Coordinated Care Organizations, Behavioral Health Service Providers, and the Oregon Health Authority have not been able to distribute the funding effectively. Although the OHA has received the necessary funding, they have not yet integrated the program into their existing systems. It is essential to collaborate with policymakers and community members to implement these programs to make the distribution of funds more efficient and reduce the paperwork involved.

Should you have additional questions or clarification on any of my written testimony, please do not hesitate to contact me.

Respectfully,

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