Minnesota CCBHC Prospective Payment System (PPS) FAQ

This FAQ only applies to the 6 CCBHCs that have been part of the federal CCBHC demonstration. Minnesota also has 2 CCBHCs which receive SAMHSA grants through September 30, 2020.

1. What is the current status of CCBHC PPS continuation?

**Answer:** The federal demonstration project authorizing Minnesota’s CCBHC program has been extended by Congress to December 20, 2019. In addition, CMS has granted Minnesota authority to continue CCBHCs in its Medicaid program under an 1115 waiver. The waiver:

- Authorizes continuation of services and payment while the state develops a state plan amendment (SPA) for long-term federal authority
- Minnesota must submit a SPA by June 30, 2020

The CMS cover letter for Minnesota’s 1115 waiver approval makes it clear that CMS intends to allow continuity in service delivery between the expiration of the demonstration program and the approval of all required SPAs.

As a condition of the 1115 waiver, DHS is not allowed to make wrap payments directly to the CCBHCs for people who are in managed care. Under the demonstration, DHS had the option of making these payments directly to CCBHCs or through the MCOs. The waiver requires these payments to be made through the MCOs. DHS is proceeding with MCO contract amendments effective for service dates on or after September 1, 2019. This will ensure that the state will have a legal basis to pay supplemental wrap payments for managed care enrollees.

2. Will the current CCBHC funding structure continue for service dates on or after September 1, 2019?

**Answer:** Yes, the current CCBHC funding structure will continue, with the following changes:

- For service dates after 9-1-19, the Managed Care Organizations (MCOs) will pay the wrap payment for individuals in managed care. The state is increasing the MCO capitation by the actuarial value of the wrap payments. Each month the MCOs will pay the CCBHCs the amount the state indicates is owed in the wrap payment (see more below).
- The wrap payment will eventually be replaced by a new structure which will pay the full PPS from MMIS and the MCOs when an eligible claim is filed. This change is currently budgeted to begin 1-1-21 but may change as implementation is coordinated with the MCOs (subject to MNIT workload priorities).

3. Will the MCOs be required to pay the same amount in wrap payment as the state would have paid? On the same schedule?

**Answer:** Yes, the amount of wrap payment paid by the MCO will be the same amount as the state would have otherwise paid. The payment schedule will be monthly. The first MCO wrap payments will be
made in November December, based on encounter claims submitted by the MCOs to DHS in September and October. MCOs will be required to pay the amount specified by DHS within 30 days after receipt of a report generated by DHS and its contractor. The first state report will go to the MCOs by mid-October November.

How will CCBHCs know the basis of the MCO wrap payment?

Answer: Each CCBHC will continue to receive monthly detail reports listing all claims processed for their CCBHC. The report will continue to identify which claims are managed care, which MCO paid the claim, and how the wrap payment was calculated. The CCBHC can sort the monthly report by MCO to determine each MCO’s wrap payment due to the clinic. DHS is working with the CCBHCs to determine precise report formats that ensure they have the data they need.

4. How will the MCOs know the basis of the wrap payment that they are required to make?

Answer: The MCOs will receive a monthly detail report similar to reports received by the CCBHCs, as well as a summary report listing the amount to pay to each CCBHC – by managed care product.

Will the wrap payments continue to be calculated in the same way as during the demonstration?

Answer: For service dates during the Congressional extension, yes, wrap payments will continue to be calculated in the same way as they were during the original demonstration period. At the time the Section 223 Demonstration ends, the wrap payment calculation will include the following minor changes:

- Claims where Medicare is the primary payer will no longer be eligible for a wrap payment.
- Claims where state-only Medical Assistance (Program IM) is the payer will be eligible for a wrap payment, as well as claims paid by programs NM, RM, and EH.

5. Could the state add each clinic’s own claim number in the monthly detail report? CCBHCs are asking for this to link all records relating to a CCBHC claim.

Answer: This question was raised early in the demo and determined not feasible. This would require a new data element in the encounter files that are submitted by the MCOs to the state. Since CCBHCs are a small part of total MCO volume, it would not be cost-effective to add this new data element. We recommend CCBHCs sort the monthly reports by recipient ID and date of service as a temporary replacement option until such time as the PPS rate is paid in full from MMIS.

6. Could each MCO have a contact person specifically for CCBHC wrap payment questions?

Answer: DHS is discussing this request with the MCOs. DHS recognizes that the solution needs to be something more than the usual provider help desk due to the unique nature of these wrap payments. We have asked the MCOs for CCBHC contact information, beyond their usual help desk. We cannot guarantee that each MCO will designate a specific individual, but there will be a process for each MCO. We will share that with the CCBHCs, along with guidance as to what kinds of questions to direct where.
10/10/19 update – items changed since 9/3/19 are underlined

7. **What expectations will be set for the MCO in making a directed payment?** We currently ask the MCO to review a claim and we are told it could be up to 90 days. This would not be acceptable. We should ensure we have specific guidelines around the CCBHC claims until it is moved into the system and paid via a PPS rate for each agency.

**Answer:** The MCOs will be expected to pay the wrap payment amount directed by DHS. The CCBHC will receive a monthly detail report as will the MCOs. DHS will continue to be the point of contact for any questions about the wrap amount calculated in the report. If an MCO does not pay the amount directed in the detail report and the CCBHC does not receive a timely response from the MCO, the CCBHC can contact DHS for assistance.

8. **Will the MCO wrap payments be paid separately from the usual claims payments?**

**Answer:** The MCO-CCBHC remittance advice will identify the CCBHC wrap payment.

9. **Will the CCBHCs have to submit a separate claim to the MCOs for the wrap payment?**

**Answer:** No, the original claim from the CCBHC to the MCO, coupled with the wrap payment report from the state, will be treated as the claim documentation for CCBHC wrap payments.

10. **Will the CCBHC monthly wrap payment reports continue to come as one file, or separated by dates of services?**

**Answer:** CCBHCs will continue to receive one file.

11. **How long will the state continue the current payment structure for demo dates of service?**

**Answer:** As additional claims are processed for demo dates of service, DHS will continue to make wrap payments for those claims using the same structure that was in place during the demo. DHS expects a final close-out within 18 months of the demo end date, i.e. by 3/13/21 (assuming the demo ends 9/13/19). When claims processing for demo dates drops off significantly (likely around the 6-month mark, or March 2020), DHS is considering a quarterly processing option for remaining claims that come in for demo dates of service.

12. **How will future PPS rates be determined?**

**Answer:**

- For July 1, 2019 through June 30, 2020, rates are calculated as follows: DY2 rate for each CCBHC plus the projected Medicare Economic Index (MEI) inflator. For this time period, the inflator has been calculated at 3.009%.
- For July 1, 2020 to December 31, 2020, rates will be adjusted again (trended forward) by the Medicare Economic Index (MEI) inflator for that time period.
- For dates of service after January 1, 2021, rates will be based on the legislative and federal response to the recommendations of the CCBHC Rates Methodology workgroup.
- The current plan is to begin using a calendar year rate period for 2021.
- PPS rates are not affected by demo extensions or MCO payments.
13. Will DHS maintain a consistent data format for the monthly clinic and MCO reports?

**Answer:** DHS is consulting with the CCBHCs and the MCOs regarding the format and content of the data – with the goal of getting this right the first time and not making changes later. If significant issues are identified later, DHS will consult with the CCBHCs and the MCOs before making any changes.

14. What if Congress passes another CCBHC extension?

**Answer:** For Minnesota, another Congressional extension would likely facilitate federal approval for an ongoing State Plan Amendment by providing more recognition for CCBHC as a unique set of integrated behavioral health services under Medicaid. It will also delay implementation of the minor changes in wrap payment calculation that are described above.

15. Could DHS stop MCO directed payment if Congress passes another CCBHC extension?

**Answer:** No, Minnesota has proceeded with MCO contract amendments and has incorporated the cost into the MCO capitation rates in order to comply with 1115 waiver requirements.

**Will H0014 (outpatient withdrawal management) remain outside of MCO contracts?**

**Answer:** Yes, CCBHCs will continue to bill that procedure code directly to DHS and not to MCOs.

16. What about the CCBHC expanded service codes?

**Answer:** CCBHCs should continue to bill for CCBHC expanded service codes, including those which use the Q2 modifier, the same way that they have been billing during the demo.

17. What about additional CCBHCs being approved for a PPS rate?

**Answer:** Neither state law nor the 1115 waiver authority limit the number of CCBHCs. Minnesota’s state budget assumes inclusion of the two SAMHSA-funded clinics effective October 1, 2020, when their SAMHSA funding is expected to end. The state budget also includes start-up grant funding and Medicaid match for 3 additional clinics in 2021.

The current congressional extension of the Project 223 demonstration continues to limit the Project 223 demonstration to the initial 6 clinics. If Congress continues to extend the 223 demo without allowing additional clinics in the demo, DHS may enroll additional clinics under the state’s 1115 waiver. CMS has indicated that both authorities may be used concurrently.