

CCBHC Supplemental Payment System

CCBHCs can receive payment through the normal claims process for new and expanded behavioral health services identified in the [CCBHC scope of services](#) and according to the [CCBHC Rate Schedule \(PDF\)](#). If the member is in managed care, these claims are paid by the Managed Care Organizations (MCO)s, with the exception of H0014. Withdrawal Management Level 2, is paid through Fee-For-Service (FFS) for all MA members.

In addition to claims payments, CCBHCs receive a supplemental payment based on a cost-based PPS rate for each clinic.

CCBHCs do not submit a separate claim for the wrap payment. DHS and a contractor calculate the monthly wrap payment by analyzing all claims processed for a CCBHC during the preceding month for CCBHC procedure codes. DHS determines the wrap payment by the following formula:

- The full PPS rate is assigned to each qualifying encounter (that is, one service date per client)
- The PPS rate is offset by all payments for all CCBHC services on that date of service for that client, including MMIS-FFS, MCO payments, Medicare, spenddown, family deductibles, third party liability, etc.
- The difference between the PPS rate and the payments is the wrap payment per person per date of service
- The net result in the third bullet above may be positive or negative. All of these amounts are added together for each CCBHC for a given month. Since the PPS rates are, on average, greater than the current payment levels, we expect the total wrap payment per CCBHC will always be positive.
- Wrap payment amounts are continually adjusted back to July 1, 2017 for the current Demonstration clinics if previously processed claims are replaced or changed in any way that affects the wrap calculation.

Based on the claims paid, DHS (not the MCO) makes a monthly supplemental wrap payment for dates of service up to August 31, 2019. The MCOs make a monthly supplemental wrap payment for dates of service on or after September 1, 2019. DHS makes the wrap payment for recipients who are on MA but not in managed care.

Supplemental payments are calculated and paid according to the [CCBHC 2020 Wrap Payment Timeline \(PDF\)](#)