



Date: June 30, 2023

To: Certified Community Behavioral Health Clinics (CCBHCs)

From: Donny Jardine, Medicaid Behavioral Health Policy manager
Medicaid Programs

Subject: Per member, per day reimbursement changes effective Jan. 1, 2023

Starting Jan. 1, 2023, Oregon Health Authority (OHA) began processing only one Prospective Payment System (PPS) payment per member, per day regardless of the number, type, or actual cost of CCBHC services provided. This means:

- Providers only receive one payment for members with who receive substance use disorder, mental health and/or primary care services on the same day.
- When completing cost reports, CCBHCs must not count multiple service types per member, per day as multiple encounters.

This does not prohibit CCBHCs from receiving payment for non-CCBHC services provided on the same day. To learn more about CCBHC services, view the CCHBC Billing Guide and Demonstration Service Billing Matrix on OHA's [CCBHC web page](#).

Why is this happening?

The CCBHC PPS rate is intended to cover actual costs across daily visits per member. OHA adjusts this rate for the Medicare Economic Index (MEI) and will rebase the rate every 3 years as required by federal regulations.

What should you do?

Please continue to report all services provided to a member each day. Review encounters reported in Demonstration Year (DY) 4 cost reports to OHA and ensure cost reports are accurate and reflect one encounter per service user per day. Please submit any corrections to your DY 4 cost reports by **July 14, 2023**, to Katie Rosenthal.

Questions?

If you have any questions about this announcement, please contact Katie Rosenthal at Katie.M.Rosenthal@oha.oregon.gov or 503-931-2037.

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