

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024193 NOVEMBER 26, 2024

FSSA announces new CCBHC pilot program

The Indiana Family and Social Services Administration (FSSA) announces that the state has been awarded participation in the Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration Program. The demonstration is currently limited to eight sites in Indiana.

Beginning Jan. 1, 2025, CCBHC providers enrolled in the Indiana Health Coverage Programs (IHCP) may submit claims for dates of service (DOS) on or after Jan. 1, 2025, to Gainwell Technologies for adjudication. At the start of the demonstration, CCBHC services will be carved out of managed care and reimbursed as fee-for-service (FFS) for all eligible members.

What is a CCBHC?

A CCBHC is a specially designated clinic that provides a comprehensive range of mental health and addiction services and is in compliance with the state's criteria, developed by the Division of Mental Health and Addiction (DMHA). CCBHCs serve all individuals regardless of their diagnosis, insurance status, place of residence or age. CCBHC is a proven outpatient model that:

- Ensures access to high-quality behavioral health care, including 24/7 crisis response
- Meets strict criteria regarding access, quality reporting, staffing, and coordination with social services, justice and education systems
- Receives funding to support the real costs of expanding services to fully meet the need for care in communities



In 2022, *House Enrolled Act (HEA) 1222* directed the DMHA to develop a plan to strengthen the use of CCBHCs statewide by implementing the CCBHC model at the state level. The CCBHC is a proven outpatient model that ensures evidence-based mental health and addiction care for any individual's needs within its community. State-level implementation of the CCBHC model is the key to building the comprehensive behavioral health system to better support Hoosiers.

In 2023, *Senate Enrolled Act (SEA) 1* allowed the DMHA to apply for participation in the expansion of a community mental health services demonstration program. The legislation provided the DMHA \$100 million in state fiscal year (SFY) 2024 and \$50 million in SFY 2025, through the state biennium budget to establish the next step for improving the state's mental health care system.

In June 2024, the U.S. Department of Health and Human Services named Indiana as one of 10 new states selected to join eight states that were already participating in the CCBHC Medicaid Demonstration Program. The state will launch the CCBHC demonstration with eight CCBHC pilot sites in January 2025.

Enrollment

The Indiana Health Coverage Programs (IHCP) has created a new provider specialty to identify CCBHCs. CCBHCs will be enrolled in the IHCP under the following:

- Provider Type 11 – *Behavioral Health Provider*
- Provider Specialty 623 – *Certified Community Behavioral Health Clinic*

The following enrollment specifications apply:

- Group classification only
- Moderate risk level (both initial enrollment and revalidation)
- No application fee required
- Certified Community Behavioral Health Clinic certificate from the FSSA DMHA required
- Unique National Provider Identifier (NPI) required for separate enrollment as a CCBHC, if the provider is already enrolled as a community mental health center (CMHC) (provider specialty 111) or federally qualified health center (FQHC) (provider type 08, specialty 080)



For CCBHC providers designated by DMHA, enrollment applications may be submitted electronically through the [IHCP Provider Healthcare Portal](#) (IHCP Portal) or by paper using the [IHCP Group and Clinic provider enrollment packet](#) at in.gov/medicaid/providers.

Billing and reimbursement

IHCP-enrolled CCBHCs will receive a facility-specific prospective payment system (PPS) rate based on an approved CCBHC submitted cost report. Three code sets have been developed for the CCBHC demonstration sites. The “triggerable” code list will include all encounters appropriate for a CCBHC that will trigger a PPS rate payment. The “overlap” codes list will include services that appear on both the “triggerable” CCBHC code list and the FQHC valid encounter code list. The “non-triggerable” code list is for services that are expected to be provided by a CCBHC that do not trigger a PPS rate payment.

Beginning Jan. 1, 2025, the CCBHC will submit claims for DOS on or after Jan. 1, 2025, to Gainwell as follows:

- Services must be billed on a professional claim (*CMS-1500* or electronic equivalent)
- Providers must use the NPI assigned to the CCBHC for **provider specialty 623**.
- To be reimbursable, all CCBHC claims **must** include the following:
 - Exactly **one** unit of Healthcare Common Procedure Coding System (HCPCS) code **T1040** – *Medicaid certified community behavioral health clinic services, per diem*, along with the appropriate place of service (POS) code
 - At least one “triggerable” procedure code from the valid CCBHC encounter code list, along with the appropriate modifier combinations and POS code
 - All other services provided to the member on that same date
 - If multiple POS codes are used on the claim, the POS for the **T1040** service detail can be any of those POS codes.

Remember: *The T1040 is a per diem, and all encounters will not be reimbursed separately.*

- All encounter services on the CCBHC claim must include the **Q2** modifier, along with any other applicable modifiers. The Q2 modifier does not need to be included on the **T1040** service detail. If services are provided by the designated collaborating organization (DCO), then the V2 modifier will be used in place of the Q2 modifier.
- The **T1040** service detail must include the facility's PPS rate, and all encounter services **must** also include charges. The charge field cannot be blank for any service detail. Apart from the T1040, which must contain the PPS rate, all other charge fields, at a minimum, must contain at least \$0.00. If any charge field is left blank, the claim will be denied.



If the claim meets all the CCBHC requirements, then the claim will pay the PPS rate.

Any claim submitted under a CCBHC NPI that does not include the procedure code **T1040** will be denied. Claims submitted with procedure code **T1040** that do not include at least one of the triggerable codes from the valid encounter code list published on the [Myers and Stauffer website](#) will be denied.

Claims billed for only non-triggerable codes should not be submitted under the CMHC NPI. These claims should be billed under the CCBHC NPI. Providers will see the claim as denied as these services are built into the PPS rate.

Providers that are enrolled as both a CCBHC and a CMHC should not submit separate claims for the same service provided to the same member on the same date. If this happens, the CMHC payment will be recouped and the CCBHC will be paid the PPS rate.

Medicaid Rehabilitation Option (MRO) services are to be billed under the CCBHC when the provider is both a CCBHC and a CMHC.

For services that include both CCBHC “triggerable” and “FQHC overlap” encounter codes, the higher of the two PPS rates (the FQHC rate or the CCBHC rate) will be paid to the CCBHC. This rule does not apply if the FQHC, with the higher PPS rate, is the DCO.

For CCBHCs that are also CMHCs, claims for services that do not appear on the “triggerable,” “overlap” or “non-triggerable” code sets, but are services that are under the Indiana Medicaid State Plan or waiver services, will be submitted under the CMHC NPI.

Taxonomy codes are only required for the billing provider on the claim (**field 33b** on the *CMS-1500* claim form, or equivalent field on the IHCP Portal or 837P electronic transaction). CCBHCs should use whatever taxonomy code is appropriate for the services that are provided.

Secondary/Coinsurance Submissions

For claims billed to a primary payer under an NPI **other than** the CCBHC, providers will bill the secondary claims per the guidance in the [Third-Party Liability](#) provider reference module at in.gov/medicaid/providers. These secondary claims will need to also have the procedure code **T1040** with the PPS rate on that claim line. Coinsurance claims will need to have the original crossover coinsurance claim voided out before submitting a coinsurance claim under the CCBHC NPI and will also need to include the T1040 procedure code.

For hospital outpatient department (HOPD) claims, both the professional explanation of benefits (EOB) and institutional EOB must be attached to the secondary/coinsurance claim with only **one iteration** of any procedure code with **one unit** for each code, and the total for each code from both EOBs along with the **T1040**.

Claims submitted to Medicare or a Medicare Advantage Plan under the CCBHC NPI need to include the procedure code **T1040** so that it is present when the claim crosses over to Medicaid. Claims submitted to a commercial payer under the CCBHC NPI do not need to include the **T1040** (optional), because these types of claims do not cross over automatically. Secondary claims must be submitted following the instructions in the *Third-Party Liability* provider reference module, with procedure code **T1040** included.

Managed care considerations

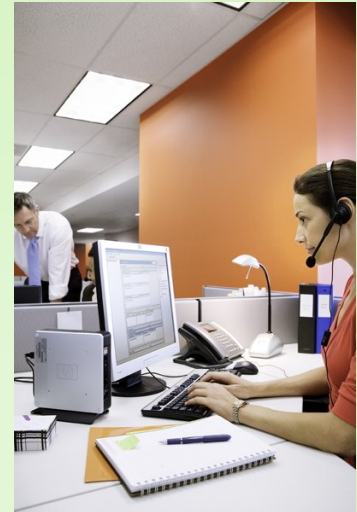
CCBHC services will be carved out of managed care. Managed care entities (MCEs) should deny any claims that are received from a CCBHC provider (provider specialty 623). Claims from CCBHC providers with the provider specialty 623 should be submitted directly to Gainwell for reimbursement consideration.

Questions/resources

CCBHC pilot sites are asked to send all **claim questions** or **claim issues** to only one designated email address. This will ensure that these types of questions and/or issues are being handled appropriately and tracked. Emails will be answered directly by OMPP subject matter experts (SMEs) who will work with Gainwell directly to resolve. Please do not send these types of emails to any other location or email address. The following dedicated mailbox has been created for the CCBHC pilot sites to handle questions and issues regarding claims and reimbursement:

OMPPCCBHCReimbursement@fssa.in.gov.

For **policy-related questions**, please continue to use the DMHA mailbox. DMHA SMEs will respond to those questions and add questions and responses to the frequently asked questions (FAQ) document. Please use the following email address to ask questions related to CCBHC policy: CCBHCQuestions@fssa.in.gov.



QUESTIONS?

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