

Directed Payment Program for Behavioral Health Services

Frequently Asked Questions



What is the Directed Payment Program for Behavioral Health Services (DPP BHS)?

The Texas Health and Human Services (HHS) Directed Payment Program for Behavioral Health Services (DPP BHS) is a new value-based payment program for Certified Community Behavioral Health Clinics (CCBHC) to incentivize them to continue providing services to Medicaid-enrolled individuals that are aligned with the CCBHC model of care.

DPP BHS payments are distributed through two components to enrolled Community Mental Health Centers (CMHC) who meet program requirements. Superior facilitates these payments to participating providers treating our members.

Component 1: (65% of the funding)

Component 1 is a lump sum payment from Superior to specified providers:

- Superior must make HHS-calculated payments to a DPP BHS-participating CMHC when reporting requirements, as outlined in 1 Tex. Admin. Code §§ [353.1320](#) and [353.1322](#), have been achieved.
- Payments are processed via Superior's Accounts Payable Department.

Component 2: (35% of the funding)

Component 2 is a rate increase paid at the time of claim adjudication on certain codes:

- Superior must provide a monthly uniform dollar increase and a uniform percentage rate increase for all or a subset of services performed in the Superior network as outlined in 1 Tex. Admin. Code § [353.1320](#).
- Payments are processed via Superior's Claims Platform and Payment System.

Note: Superior will issue DPP for qualifying Medicaid Claims for STAR, STAR+PLUS, and/or STAR Kids. STAR Health is excluded from DPP.

How does Superior determine the payment amount for Component 1?

Superior determines the payment amount by utilizing the payment information provided by HHS. This payment information can be found on the HHS website at: [Directed Payment Program for Behavioral Health Services](#).

Why do Component 1 payments come from Centene Corporation and not Superior?

Centene Corporation is the parent company of Superior HealthPlan. All Component 1 funds dispersed will be issued by Centene.

I have been receiving Paper checks for Component 1. Can Component 1 payments be issued electronically?

Component 1 payments are issued through our Accounts Payable department, and not through Superior's claims system. Providers can request an Automated Clearing House (ACH) set up. ACH is a U.S. financial network used for electronic payments and money transfers. ACH payments are a way to transfer money from one bank account to another.

To start the process, please reach out to the Behavioral Health Account Management Team at AM.BH@SuperiorHealthPlan.com. It is important you specify you are requesting ACH set-up for Component 1 payments. As part of the process, you will be asked to provide your bank account number, routing number, as well as a voided check, bank letter or deposit slip to confirm the account number. An authorized representative from your company will be asked to sign and complete the ACH request form. Superior may require additional information throughout the set-up process. Until ACH set-up is completed, you will continue to receive paper checks.

Who do we reach out to if we are missing Component 1 DPP payments?

If you have trouble locating a payment, please reach out to the Behavioral Health Account Management team at AM.BH@SuperiorHealthPlan.com.

Note: All DPP Component 1 payments through April 2022 have been issued.

How is Superior handling underpayments or overpayments on Component 1?

We are adding to, or offsetting against, future scorecard payments.

Sample Scenario: Sept-December payments were \$4,000 per month, totaling \$16,000 on the initial Scorecard. The March payment totals \$5,000 once the initial scorecard was revised if:

- A. The initial Scorecard resulted in an overpayment of \$2,000. Superior reduced the March payment by \$2,000 to offset the overpayment. Therefore, the March payment was \$3,000 ($\$5,000 - \$2,000 = \$3,000$). Offsetting will continue against future payments until the overpayment is satisfied.
- B. The initial Scorecard resulted in an underpayment of \$2,000. Superior added the amount due to the March payment. Therefore, the March payment was \$7,000 ($\$5,000 + \$2,000 = \$7,000$).

What does it mean to be certified or non-certified?

While both certified and non-certified providers receive an enhanced payment, certified providers receive a higher percentage increase for Component 2 payments. For SFY 2022 non-certified is 46.5296% and certified is 51.0036%. Most certifications are valid for 3 years.

Who determines if a provider is certified or uncertified?

HHS determines if the enrolled provider is certified or uncertified. To see a list of eligible provider status history, please refer to the Component 2 Rate Increase Percentages section of the HHS website at: [Directed Payment Program for Behavioral Health Services](#).

Note: Superior may take up to 60 days from posting date to reflect these changes.

Can you confirm the qualified codes for Component 2?

The most recent list of codes is posted on the Component 2 Rate Increase Percentages section of the HHS website at: [Directed Payment Program for Behavioral Health Services](#). As of 4/21/22 the codes are 90791, 90792, 90834, 90837, 96372, 99213, 99214, 99215, H0005, H0020, H0034, H2011, H2014, H2017, T1017.

Component 2 enhanced payments are paid to eligible providers for STAR, STAR+PLUS and STAR Kids members.

What date was Superior's claims system updated to process Component 2 DPP claims?

As of April 7, 2022, Component 2 claims should be processing at the correct rate, and percentages listed in March Files.

Superior's Component 2 payments are causing confusion. Can you clarify what is being paid?

Superior has been updating and auditing its claims payment system to ensure Component 2 payments are being issued appropriately and timely. Some key factors that impacted prior payments were changes to rates, and some payments capping at billed charges inappropriately. The necessary adjustments should be addressed by June 1, 2022, based on March data. Superior continuously updates its system based on updates posted by HHS.

Who do we reach out to if we are missing Component 2 DPP payments?

Please reach out to the Behavioral Health Account Management team at AM.BH@SuperiorHealthPlan.com. Providers are asked to wait to send inquiries until after June 1, 2022 so the scheduled adjustments can complete.

How long does it take Superior to reprocess claims due to changes or updates posted by HHS?

Superior follows the guidance of 8.1.4.8 Provider Reimbursement in the Uniform Managed Care Contract that allows MCOs 60 Business Days to make the necessary system changes as well as to retroactively adjust claims.

How can I identify the Component 2 DPP payment amount?

The Explanation of Payment (EOP) will reflect the DPP Payment:

- Superior EOPs use the code EXdP or EXdN to identify the amount of DPP paid per claim.
- EXdP will be in the first EX code position on all DPP BHS claims.
- When applicable, EXdN will also be appended to reflect a non-certified payment amount.

An 835 Electronic Remittance Advice (ERA) will reflect OA(94) - Processed in Excess of charges.

I receive payment via paper checks from Superior. Is there a way for me to receive electronic funds transfer for Component 2 payments?

As Component 2 payments are included with claims payment and issued through the claims processing system, providers are encouraged to sign up with PaySpan for EFT. PaySpan works with many clearinghouses to send out the return 835 ERA as well. For assistance with PaySpan registration, call 1-877-331-7154, Option 1, or register at payspanhealth.com/nps. You may need your National Provider Identifier (NPI), Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

Who do we reach out to if we are missing Component 2 DPP payments?

Component 2 payments are paid in addition to the allowed amount on the claim and will be reflected on your Explanation of Payment. The most up-to-date rates and processing instructions, as well as a provider category (Certified or Uncertified), should be reflected on payments processed on or after April 7, 2022. Superior is reprocessing claims that either capped at billed charges in error, or paid the initially released rate, or incorrect provider category. Those projects have not yet finalized. Superior expects these projects to complete before June 1, 2022, if not sooner.

If I operate in multiple MCO regions, which MCO(s) will pay the Component 1 add-on payment?

MCOs pay Component 1 payments as directed by HHS.

If I operate in multiple MCO regions, which MCO(s) will pay the Component 2 percentage increase payment?

Superior will pay Component 2 as outlined above. For questions about other MCO payments, please work directly with that MCO.

Who should I contact if there are in-network or out-of-network questions?

For questions regarding participation in the DPP, please contact HHS by submitting the [HHS online form](#). For questions related to network participation with Superior, please contact the Behavioral Health Account Management team at AM.BH@SuperiorHealthPlan.com.

Who should I contact if I have an NPI credentialing issue?

For questions regarding Medicaid enrollment, please visit the HHS webpage: [Medicaid Provider Enrollment](#). For inquires related to credentialing status with Superior, contact the Behavioral Health Account Management team at AM.BH@SuperiorHealthPlan.com.