

Directed Payment Program for Behavioral Health Services

Frequently Asked Questions



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

The Directed Payment Program for Behavioral Health Services (DPP BHS) is designed to promote and improve access to behavioral health services, care coordination, and successful care transitions for individuals enrolled in STAR, STAR+PLUS and STAR Kids. Two classes of providers are eligible to participate: (1) Community Mental Health Centers (CMHCs) and Local Behavioral Health Authority (LBHAs) with the Certified Community Behavioral Health Center (CCBHC) certification, and (2) CMHCs and LBHAs without CCBHC certification.

DPP BHS payments are distributed through two components of the managed care capitation rates:

- **Component 1:** is equal to 65% of the total program value and provides a uniform dollar increase paid monthly.
- **Component 2:** is equal to 35% of the total program value and provides a uniform rate increase applied to certain CCBHC services and is paid at the time of claim adjudication.

How does Superior determine the payment amount for Component 1?

Superior determines the payment amount by utilizing the payment information provided by Texas Health and Human Services Commission (HHSC). This payment information can be found on the HHSC 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.

How is Superior handling underpayments or overpayments on Component 1?

For underpayments, Superior will send a separate payment via check or ACH (depending on the provider's setup).

For overpayments, Superior will work with the provider to determine their preference of whether they would prefer to reimburse Superior or if they would prefer Superior to offset against future scorecard payments. If we do not hear back from the provider, we will proceed with offsetting against future scorecard payments.

Sample Scenario: September-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. Most certifications are valid for 3 years.

Who determines if a provider is certified or uncertified?

HHSC 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 HHSC website at: [Directed Payment Program for Behavioral Health Services](#).

Note: Superior may take up to 60 Calendar Days from posting date (date the report is posted) 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 HHSC website at: [Directed Payment Program for Behavioral Health Services](#). As of 7/29/2024, the codes are 90791, 90792, 90834, 90837, 92507, 96372, 97110, 97530, 99212, 99213, 99214, 99215, H0005, H0020, H0034, H2011, H2014, H2017, Q3014, T1017.

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

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

Superior has updated and audited its claims payment system to ensure Component 2 payments are being issued appropriately and timely. Superior continuously updates its system based on updates posted by HHSC.

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.

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

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; or
- OA (45) - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).

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 (recently acquired by Zelis) 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](tel:1-877-331-7154), Option 1
- 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.

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 HHSC.

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 HHSC by submitting their online form by clicking *Submit our Form* at the top right of the [HHSC PFD DPP Behavioral Health Services webpage](#). 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 *Medicaid Provider Enrollment* section on the HHSC webpage: [Medicaid and CHIP Enrollment and Revalidation](#). For inquiries related to credentialing status with Superior, contact the Behavioral Health Account Management team at AM.BH@SuperiorHealthPlan.com.