



CCBHC Learning Lunch Collaborative: DCOs

April 6, 2023

Presented by Macomb County Community Mental Health CCBHC

Macomb County Community Mental Health Administration, 22550 Hall Rd. Clinton Township MI, 48036

Macomb County Community Mental Health programs and services are supported and funded, in part, by the Michigan Department of Health and Human Services and the Macomb County Board of Commissioners and are administered by the Macomb County Community Mental Health Board. MCCMH services are CARF accredited.

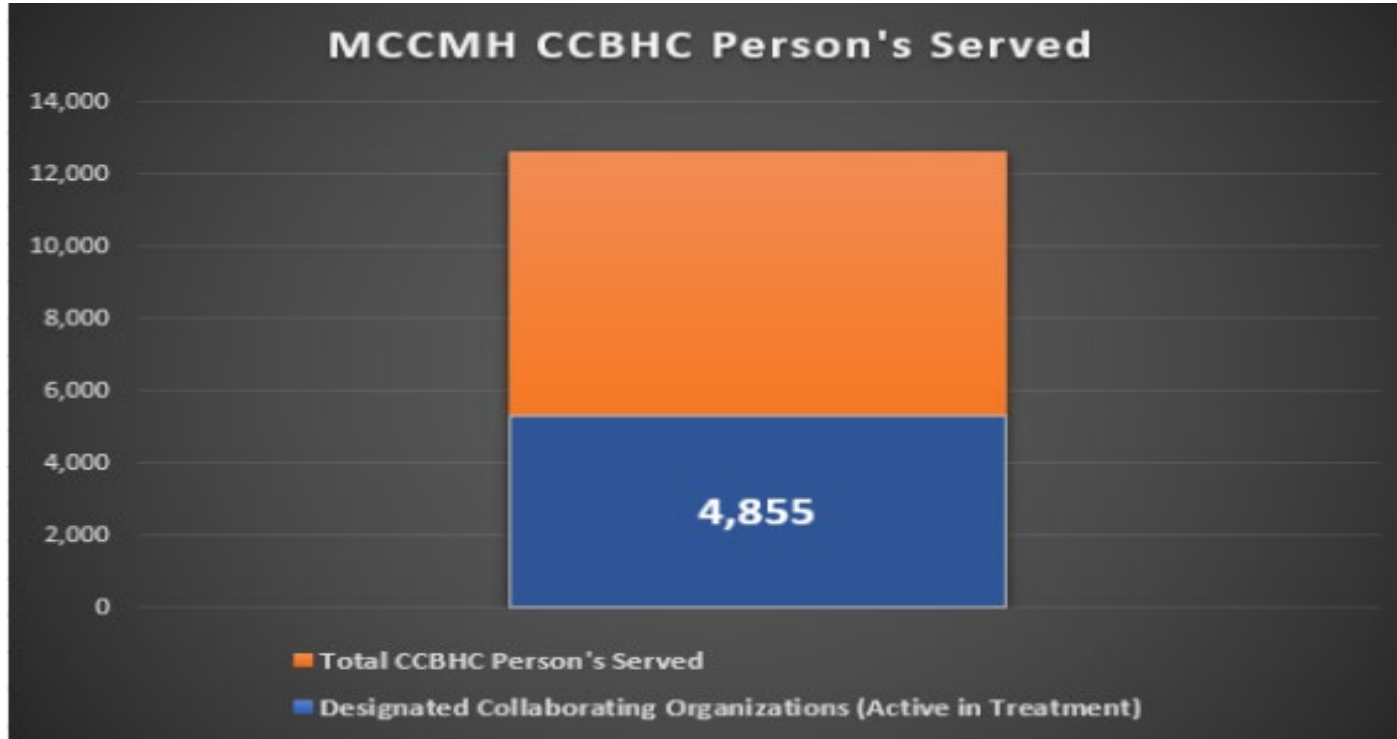


PRESENTERS:

- **Anne Bicego, CCBHC Clinical Administrator**
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- **Sabrina Kudzia, Behavioral Health Analytics Administrator**
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- **Ken Melvin, CPA, Deputy Chief Financial Officer**
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- **Tony Gaglio, CPA, MBA, Finance Director**
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Nearly 5,000 individuals are actively engaged in treatment through our Designated Collaborating Organizations





Why Use DCOs?

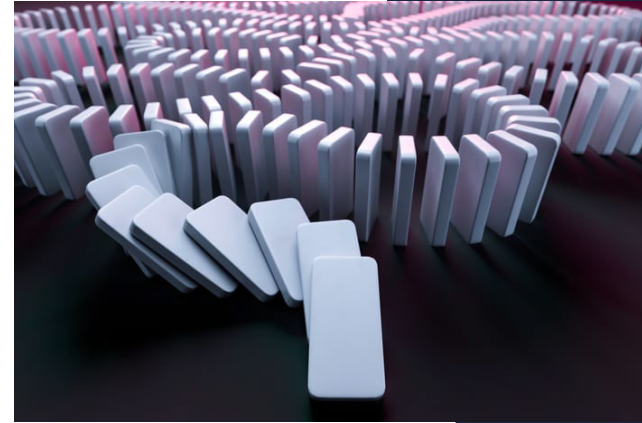
- **Services outside our scope**
- **Services outside our capacity**





IDENTIFYING DCO PARTNERS

- **SAMHSA CCBHC Expansion grant**
 - Required physical health screenings needed primary care providers
 - 24-hour crisis services required additional clinical support
- **CCBHC State Demonstration project**
 - Continued need for primary care providers for physical health screening
 - Continued need for after-hours crisis support services
 - Contracted Providers enlisted to meet capacity needs





DCO Clinical Challenges



- **Care Coordination**
- **Confusion around CCBHC eligibility and the “CCBHC State Demonstration Consumer” banner in the EMR**
- **Confusion over program identification (PID) assignments in the EMR**
- **Qualifying diagnosis needed on every SAL for proper billing**



Clinical Oversight

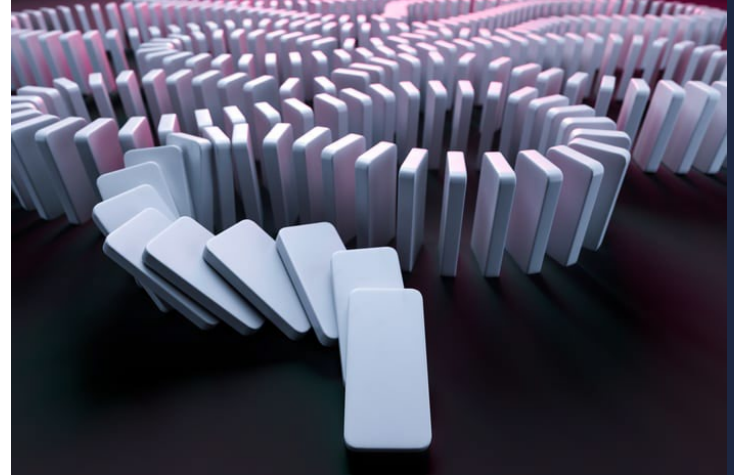
- Primary Providers vs. DCO Providers
 - MCCMH credentialing standards
 - Training requirements
 - Documentation in FOCUS
 - EBPs programs and standards





Financial Statistics

- **DCO T1040s – 25,640**
- **Number of Services Provided (in Units) – 64,185**
- **DCO Claims paid - \$6,160,376**





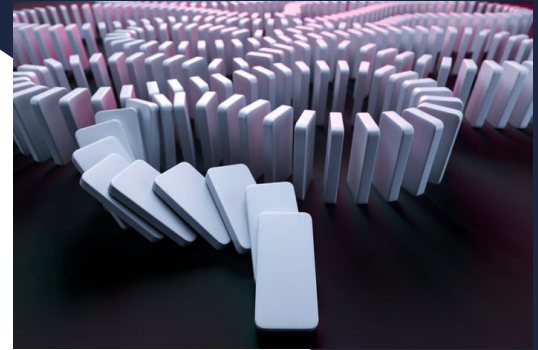
Financial Considerations

- **General CCBHC Considerations:**
 - Limited number of codes
 - PPS-1 financial implications
- Contracting
- EMR Changes
- Billing
- Credentialing and Enrollment
- MCCMH is PIHP/CMHSP and CCBHC Makes us unique in how this works





Contracting



- **Starting with our Primary Providers**
 - **Must be approved by MDHHS. (Section 3.B)**
 - **Currently have 13 DCOs**
 - **These entities were chosen as they provide many of the CCBHC eligible codes**
 - **May expand to other providers including SUD providers in the future**
 - **Due to some of the challenges and additional administrative burden of being a DCO, MCCMH approved a 10% across the board rate increase for our DCOs**
 - **Additional work with our CVO as it pertains to documentation and billing**
 - **Loss of revenue related to 3rd party billings**



EMR Challenges

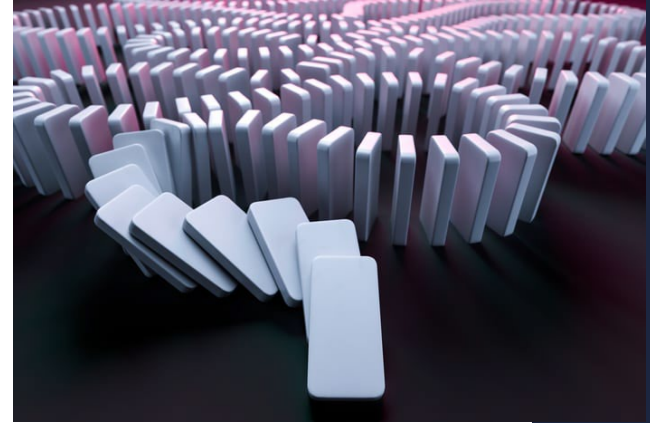
- **New Provider IDs (PIDs) necessary on both the direct-operated and claims side**
- **New fee schedules and setup work for the PIDs**
- **Adjustment to SAL and claim edits to accommodate the change**
- **Updating HIE criteria for the new PIDs**
- **Training and informing providers of new PIDs and auditing for service errors in “traditional” PIDs**
- **Plan for sufficient lead-time and planning**
- **Coordination with EMR vendor**





Billing

- **Financially and clinically responsible for DCO staff**
 - **All efforts should be exhausted to bill other sources**
 - **Billings to third parties are under the CCBHC NPI, etc.**
 - **Encounters include the DCO NPI in service facility location**





Credentialing and Enrollment

- Clinically and Financially Responsible
 - Must credential DCO staff same as Direct
 - DCO staff must be enrolled with third parties such as Medicare and commercial carriers
 - MCCMH engaged a Credentials Verification Organization (CVO)
 - Phase I - Helping with credentialing & privileging not only DCO staff, but other Directs as well
 - Phase II – assisting with enrollments

Questions?

