

Fee-for-Service Initiative



DBHDD

**TIER 3
MEDICAID & STATE FUNDED
PROVIDERS**

Fee-for-Service Initiative

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is phasing in changes to the way it pays providers for delivering state-funded behavioral health services.

These changes begin July 1, 2016, and include a migration to a fee-for-service payment structure for specific DBHDD provider categories.

Some Tier Three providers deliver Medicaid-billable DBHDD specialty services (non-core) and also hold a grant-in-aid contract to deliver state-funded specialty services. The following information only applies to Tier Three providers who currently hold a contract for state funded services.

July 1, 2017 Transition

Limited roll-out of Fee-for-Service effective July 1, 2016 to include:

- ❖ Adult MH Core Benefit Package
- ❖ Adult AD Core Benefit Package
- ❖ Substance Abuse Intensive Outpatient Program
- ❖ Psychosocial Rehabilitation - Individual and Group
- ❖ Peer Support – Individual, Group, and Whole Health and Wellness
- Phased transition of other Specialty Services beginning in calendar year 2017

Tier Three Provider Funding

- **Maximum Reimbursement Limits**
 - Providers will only be reimbursed for claimed services up to the amount of their current contract for affected services (i.e. their maximum reimbursement limit).
 - Maximum reimbursement limits are being assigned to Tier Three state-funded specialty service providers as a statewide budgetary control mechanism. This limit provides a reasonable assurance that the state allocation for community behavioral health services is not exceeded on an annual basis.
 - Initial limits for FY17 will be based upon FY16 contracted values and other selected services transitioning to FFS on July 1, 2016.
 - Maximum reimbursement limits will be reviewed for potential adjustment to allow for possible redirects of funding at mid-year and year-end.
 - Reviews will be based upon actual utilization data collected.

Tier Three Provider Funding

- **No Minimum Reimbursement Limits**
 - No minimum reimbursement limits will be set for Tier Three providers.
 - Provider revenues will be based solely on reported claims
- **Future FFS Transitions**
 - Remaining services not transitioning to FFS on July 1, 2016 will transition to FFS or to fully-costed reimbursement beginning in calendar year 2017

Questions?

Please submit any questions to FFS.Questions@dbhdd.ga.gov