CCBHC/MCO Base Contract Checklist

Updated 4/25/2024

	To be Completed by MCO	
MCO CCBHC Contract	**Contract Section and Page #**	**Comment**
PPS-2 Rates: Does the contract reflect or is it consistent with state defined provider and population specific PPS-2 rates for an attributed population as defined by EOHHS and outlined in Section III of the CCBHC Billing Manual		
Quality Reporting: Is the contract consistent with state defined Quality Reporting requirements as outlined in the CCBHC Quality Manual (under development)		
Attribution: Does the contract reflect or is it consistent with the Attribution methodology as defined by EOHHS and outlined in Section II of the CCBHC Billing Manual.		
Client Choice: Is the contract consistent with requirements to allow Members to choose to change CCBHC service providers at any time?		
Care Coordination Agreements: Is the contract consistent with requirements for all CCBHCs to have specific care coordination agreements as outlined in the CCBHC Certification Standards.		
Designated Collaborating Organizations: Does the contract specify the CCBHC-specific participating DCOs and specify the services to be provided and service agreements with those DCOs in accordance with the requirements specified in Section V of the CCBHC MCO Operations Manual. CCBHCs must provide confirmation to the MCO that there is a legally binding contractual agreement between each participating CCBHC and each of its DCOs that outlines the DCOs requirements to: -Comply with payment rules -Comply with shadow claim submission requirements -Adhere to payment arrangements between the CCBHC and DCO for services rendered by the DCO on behalf of the CCBHC -Collect and maintain all documentation necessary for CCBHC data collection and reporting as required by the MCO, RI Medicaid, and BHDDH Does it support the requirement for state notification of any material change in the CCBHC/DCO relationship within 10 days?		
Billing Restrictions: Does the contract reflect Billing Restrictions, as outlined in Section III., G. Billing Restrictions of the CCBHC Billing Manual		
Provisions for Payment – PPS Codes and Modifiers: Does the contract reflect or is it consistent with the requirement for the use of the EOHHS established PPS-2 rate codes and associated CCBHC specific modifiers for each participating CCBHC, as specified in Section III of the CCBHC Billing Manual. EOHHS requires these		

specific billing codes and population modifiers to be used across all MCOs and FFS Medicaid.		
Detailed Claims and Shadow Billing MCO Reporting: Does the contract reflect that CCBHC services billed through Rhode Island's CCBHC Program, but covered and paid by Rhode Island MCOs, must be sent to EOHHS. MCOs are required to report encounter data consistent with requirements in the MCO manual to verify financial liability incurred for services rendered by CCBHCs.		
Reporting: Does the contract reflect or is it consistent with Section IV of the CCBHC MCO Ops Manual Reporting requirements.		
Prior Authorization: Does the contract reflect that MCOs shall not conduct prior authorization for CCBHC or crisis services for attributed members, as outlined in Section III of the CCBHC Billing Manual?		
Program Integrity: Does the contract reflect or is it consistent with Section IV of the CCBHC MCO Ops Manual Program Integrity requirements.		
Sub-contractor Compliance: Does the contract describe a monitoring plan and/or how the MCO will oversee the CCBHC as a managed care sub-contractor (compliance, marketing, member choice).		
Delegation of Functions: Does the contract include delegation of MCO functions such as care management etc.? If yes, is there an established process to assess capacity of sub-contractor for said function?		
System Readiness: Does the contract include commitments to a provider system testing/readiness process that incorporates state defined user testing scenarios and a commitment to provider training		