

DCO Attribution & Billing Processes
09/20/2024

CCBHCs and DCOs must work together to ensure that members are appropriately attributed to a CCBHC, and the DCO invoices and bills correctly in alignment with member attribution. See below for guidance on how CCBHCs and DCOs should coordinate on attribution and billing in different scenarios.

I. Process for when a CCBHC refers an attributed member to a DCO for a contracted service

1. The DCO provides the service to the member.
2. The DCO invoices the CCBHC per the protocol and rate established in their DCO contract.

II. Process for when a member who is attributed to a CCBHC goes to a DCO for a service that the CCBHC did not make a referral for

1. The CCBHC attributed member receives a CCBHC service from a DCO, which the DCO is contracted with the CCBHC to provide.
2. The DCO confirms that the member is attributed to the CCBHC with whom they are contracted for the provided service, and confirms that the CCBHC approves the DCO to provide the service.
3. The DCO invoices the CCBHC per the protocol and rate established in their DCO contract.

Policy: A DCO is contracted with a CCBHC to provide a specific service. For any CCBHC member who goes to the DCO to receive the medically necessary contracted service, the DCO should confirm that the CCBHC approves the DCO to provide the service and agrees with the level of care and invoice the contracted rate to the CCBHC.

III. Process for when a person who is not attributed to a CCBHC goes to a DCO for a CCBHC service for which the DCO is contracted with a CCBHC to deliver (Note: This process applies to both crisis and non-crisis services)

1. The DCO provides the CCBHC contracted service to the client.
2. The DCO educates the client about the CCBHC services available and confirms whether the client is in need of and wishes to enroll in the CCBHC program.
 - a. If the client needs additional CCBHC services and wishes to enroll in the CCBHC program:
 1. The DCO obtains data-sharing consent from the client in compliance with federal and state regulations. (**Note: The State recommends providers obtain written consent to keep on record for auditing purposes**).
 2. The DCO works with the CCBHC to formally attribute the member to the CCBHC.
 3. The DCO invoices the CCBHC per the protocol and rate established in their DCO contract.
 - b. If the client does not need additional CCBHC services or does not wish to enroll in the CCBHC program:
 1. For non-crisis services and adult crisis services (e.g., non-MRSS):
 - a. DCO bills the insurer directly in accordance with established service and billing guidelines.

2. For MRSS crisis services provided by a DCO:
 - a. Cost of the service is covered by the established monthly contracted CCBHC and DCO rate for MRSS services.

IV. Process for when a CCBHC attributed member is discharged or transferred from the CCBHC that a DCO contracts with

1. The CCBHC informs the DCO of the member's discharge or transfer from their care.
2. The DCO works with the member to determine if they wish to continue receiving services from the DCO.
 - a. If the member DOES wish to continue receiving services:
 1. If the DCO is contracted with the client's new CCBHC to provide the service, the DCO would continue to provide the service and invoice the contracted rate to the new CCBHC after ensuring the member is attributed and the new CCBHC is in agreement.
 2. If the DCO is not contracted with the new CCBHC to provide the service, the DCO continues to provide the service and bills the insurer directly for the service in accordance with established service and billing guidelines.
 3. If the client has decided to disenroll from the CCBHC program, the DCO continues to provide the service and bills the insurer directly for the service in accordance with established service and billing guidelines.
 - b. If the member does NOT wish to continue receiving services:
 1. The DCO must follow established procedures to properly transition the member out of their care (e.g., ensure a smooth transition of care to another provider, document client choice to withdraw from service).

V. Process for when a DCO provides a CCBHC covered service to an uninsured client who is attributed to a CCBHC

1. An uninsured client receives a CCBHC service from a DCO.
2. The DCO receives payment from the client, through grant funding, and/or other available assistance for uninsured individuals.
3. The DCO informs the CCBHC the amount it received in Step 2.
4. The CCBHC pays the DCO the contracted rate less the amount it received on behalf of the client.