

Participation Model Overview

The Department of Health Care Services (DHCS) has created two models for Local Educational Agencies (LEAs) and public Institutions of Higher Education (IHEs) to participate in the CYBHI Fee Schedule program. LEAs and IHEs may enroll in the CYBHI Fee Schedule program individually, or as part of a consortium.

A consortium model may be beneficial for LEAs and IHEs that can share or already have shared administration services for claims submission and reimbursements. LEA or IHEs that share a common designated community-based school-linked provider and practitioner base may also benefit from participating in a consortium.

In a consortium, one Lead LEA or one Lead IHE serves as an intermediary between the participating consortium members and the State's third-party administrator, Caredon Behavioral Health (CBH). The specific consortium model may vary depending on which program requirements (e.g., data sharing, submitting claims, receiving reimbursement) are delegated to a Lead LEA or IHE by its participating members. For example, the Lead LEA or IHE may be responsible for collecting and submitting required pre-requisite documentation and claims, as well as receiving and distributing payments on behalf of consortium members.

Joining as an Independent LEA / IHE

In this model, independent LEAs / IHEs join the CYBHI Fee Schedule program as individual participants. Independent LEAs are responsible for meeting the CYBHI Fee Schedule program participation requirements, including:

- » **Having a Type II National Provider Identifier (NPI)** as a Health Insurance Portability and Accountability Act (HIPAA)-covered entity
- » **Completing a DHCS Provider Participation Agreement (PPA)** with Medi-Cal enrollment
- » **Executing a two-party Data Use Agreement (DUA)** with Caredon Behavioral Health (CBH)

- » **Establishing a secure File Transfer Protocol (sFTP)** connection (e.g., ProviderConnect) with CBH
- » **Submitting a Standard Provider Import (SPI) file** to CBH
- » **Collecting and submitting student health insurance** information to CBH using the student batch registration file
- » **Setting up an Availity account** to track claims and manage reimbursements

This option may be suitable for LEAs / IHEs that have existing infrastructure in place to submit claims and receive reimbursement (e.g., from existing contracts with health insurers) or plan to develop such infrastructure in the near future.

Participating in a Consortium Model

In this model, LEAs / IHEs can partner with other LEAs / IHEs as they join and utilize the CYBHI Fee Schedule program. In a consortium, one Lead LEA / IHE serves as an intermediary between the participating consortium members (participating member LEAs / IHEs) and CBH. The specific consortium model may vary depending on which program requirements (e.g., data sharing, submitting claims, receiving reimbursement) are assigned to a Lead LEA / IHE by its participating members. Additional participating members can be added at any time by notifying DHCS and completing onboarding requirements and will be added to the cohort of their Lead LEA / IHE.

A consortium model may be beneficial for LEAs / IHEs that can share or already have shared administrative services (e.g., a County Office of Education (COE) managing the student information system or electronic health records system for the LEAs in its region). LEAs / IHEs that share a common designated community-based school-linked provider and practitioner base may also benefit from participating in a consortium (e.g., multiple LEAs in a rural county refer students to the same community-based provider).

Only the Lead LEA / IHE is required to be Medi-Cal enrolled and have a Type II NPI in a consortium if the participating members will not submit claims to or receive reimbursement directly from CBH. Therefore, the consortium model can provide a path for LEAs / IHEs that do not plan to enroll in Medi-Cal to participate in the CYBHI Fee Schedule program.

Upon identifying the consortium Lead LEA / IHE and participating members, Leads and participating members must complete the following minimum steps; additional requirements based on the division of responsibilities between Lead and participating member LEAs / IHEs are described below.

Lead LEAs / IHEs are responsible for meeting specific CYBHI Fee Schedule program participation requirements, including:

- » **Having or obtaining a Type II National Provider Identifier (NPI)** as a HIPAA-covered entity
- » **Completing a DHCS Provider Participation Agreement (PPA)** with Medi-Cal enrollment
- » **Executing a two-party Data Use Agreement (DUA)** with CBH
- » **Establishing a secure File Transfer Protocol (sFTP)** connection (e.g., ProviderConnect) with CBH
- » **Collecting attestation letters** from participating member LEAs / IHEs and submit them to DHCS
- » **Setting up an Availity account** to track claims and manage reimbursements

Additionally, participating member LEAs / IHEs are responsible for some program participation requirements, including:

- » **Completing a PPA:**
 - Signing a **PPA with Medi-Cal enrollment** if the participating member will submit claims or receive reimbursement directly from CBH
 - Signing a **modified PPA without Medi-Cal enrollment** if the Lead will submit claims and receive reimbursement directly from CBH (detail to follow)

Operationally, Lead LEAs / IHEs and participating members must collaborate to design the consortium model and designate responsibility for three primary program requirements (detail to follow). Lead LEAs / IHEs should inform DHCS and CBH how these responsibilities will be shared to confirm that all consortium members have completed the correct requirements:

- » **Data-related program requirements** (e.g., SPI and student batch registration file submissions)
- » **Claims-related program requirements** (e.g., claims submissions)
- » **Reimbursement-related program requirements** (e.g., reimbursement management)

Note: *In addition to supporting participating members, Lead LEAs / IHEs will also complete data-related, claims-related, and reimbursement-related activities on behalf of their own LEA / IHE.*

Data-related Program Requirements

Table 1: Data exchange requirements

Responsible Entity	Program Requirements
If Lead is responsible for sending data-related files to CBH on behalf of participating member(s):	» Participating member(s) send files (e.g., SPI file, student batch registration) to Lead » Lead collects and submits its own files and files from participating member(s) to CBH
If participating member(s) are responsible for sending files to CBH:	» Lead and participating member(s) sign tri-party DUA with CBH » Participating member(s) set up individual sFTP connections with CBH (e.g., ProviderConnect) » Lead and participating member(s) submit their own files (e.g., SPI file, student batch registration) directly to CBH

Claims-related Program Requirements

Table 2: Claiming process requirements

Responsible Entity	Program Requirements
If Lead is responsible for submitting claims to CBH on behalf of the participating member(s):	» Lead and participating member(s) coordinate to prepare claims » Lead submits claims to CBH through Availity account
If participating member(s) are responsible for submitting claims to CBH:	» Participating member(s) obtain Type II NPI » Lead and participating member(s) prepare claims separately » Participating member(s) set up Availity account » Lead and participating member(s) submit claims to CBH through their own Availity accounts

Reimbursement-related Program Requirements

Table 3: Reimbursement process requirements

Responsible Entity	Program Requirements
If Lead is responsible for receiving reimbursements from CBH on behalf of the participating member(s):	» Lead and participating member(s) agree how funds should be distributed (e.g., Lead distributes funds to participating member(s) within 30 days of receiving funds from CBH) » Lead is listed as the billing provider on all claims » Lead receives reimbursement from CBH and distributes funds as agreed » Optional: Lead sets up Payspan account with CBH for electronic funds transfer (EFT) after receiving first paper check
If participating member(s) are responsible for receiving reimbursements from CBH:	» Participating member(s) obtain Type II NPI » Lead and participating member(s) list themselves as the billing provider on their own claims » Lead and participating member(s) receive reimbursements directly from CBH for their own claims » Optional: Lead and participating member(s) set up Payspan account with CBH for EFT after receiving first paper check

Additional Processes Beyond Core Participation Requirements

Lead and participating member(s) may also choose to partner on additional processes, such as:

- » Onboarding support (e.g., consortium peer-to-peer discussions)
- » Infrastructure management (e.g., shared electronic health record system)
- » Vendor management (e.g., shared vendor for third-party billing services)

Lead LEAs / IHEs do not need to inform DHCS about these additional decisions. However, if a consortium uses any third-party vendors, these vendors may need to complete additional requirements (e.g., signing a third-party DUA with CBH).

Please contact CBH via email at CYBHITPA@carelon.com for additional guidance on vendor documentation requirements.