Policy and Design Workgroup
Meeting Synopsis – Draft 10-26
September 11, 2023

A. **Completed Action Items** since last meeting

1. What events will trigger changes in SERI Behavioral Health Emergency Service that must be implemented by commercial carriers?

OIC revised/confirmed the following language:

For the scope Behavioral Health Emergency Services, coding requirements for commercial carriers would mirror Medicaid SERI guidance and would be reflected as such on any updates to the SERI spreadsheet. Changes to Medicaid can be triggered by legislation, but also may be triggered by state plan amendments, CMS rule changes, 988 crisis system changes, etc.

2. BH-ASO Phased implementation

The OIC will assess calendar year 2024 implications for Network Access Requirements for those Regions where the BH-ASO / Agency either;

i.) Does not have the capability to implement the consensus recommendation,

ii.) Intends to implement the consensus recommendation, but will not be ready to implement by January 1, 2024,

iii.) Intends to and is ready to implement the consensus recommendation, but cannot reach mutually agreeable contract terms with a commercial carrier and the carrier's action is consistent with the conditions in their AADR.

In any of these situations, a commercial carrier should seek contracting arrangements directly with MCR Agencies / Providers in the associated Region.

OIC revised/confirmed the following language:

AADRs for 2024 can be submitted through the portal starting October 1, 2023. The requirement for an AADR will be:

- Demonstrated good faith effort to contract with Mobile Crisis Response and behavioral health emergency services Agencies / Providers, as defined in RCW 48.43.005.
- Demonstrated good faith participation in the OHP Policy & Design Workgroup
- Demonstrated good faith participation in HCA's Behavioral Health Crisis Services Financing workgroup through to submission of their final report to the legislature in 2024 .

09-11 Discussion

King County BH-ASO (1 region), Thurston-Mason BH-ASO (1 region) and Carelon BH-ASO (3 regions) will be implementing HB1688 in 1Q2024. Per the consensus recommendations, carriers will contract directly with the BH-ASO for all Mobile Crisis Response services in their designated region(s). Carriers will not contract with Mobile Crises Response Agencies / Providers in the BH-ASO's designated region(s) until they have exhausted good faith efforts to contract with the BH-ASO and demonstrated as such to the OIC per their requirements.

Per the consensus recommendation (https://1688bhcs.com/consensus-recommendation/ bottom of page)

> *OIC will assess implications for Network Access Requirements for those Regions where the BH-ASO / Agency either;*
>
> *c.) Intends to and is ready to implement the above consensus recommended "Path for Plan Year 2024", but cannot reach mutually agreeable contract terms with a commercial carrier and the carrier's action is consistent with the conditions in their AADR.*
>
> *In any of these situations, a commercial carrier should seek contracting arrangements directly with MCR Agencies / Providers in the associated Region*

In regions other than the 5 listed above, carriers will contract directly with Mobile Crises Response Agencies / Providers.

B. Outstanding Action Items since last meeting

1. Taxonomy Codes on 837 claims.

    Q: Can the HCA assigned 'Local' taxonomy code can be submitted on the 837-claim, rather than the assigned NPPES taxonomy code.

    I have checked with X12, which is the Standards Organization responsible for the HIPAA transactions and code sets. It appears that if a Taxonomy Code is submitted on the 837-claim in the Taxonomy field, that code must be a NPPES Taxonomy code in order for the claim to be HIPAA compliant.

    I am awaiting an official interpretation from X12.

    However, a non NPPES Taxonomy Code can be submitted in the NTE field (a notes field). There is an NTE field at the Claim level and Line level in the 837

09-11 Actions:

- ***I will*** work as requested by HCA to follow up with X12 (https://x12.org/) the HIPAA mandated standards setting organization for the 837-claims transaction and the National Uniform Claim Committee (https://www.nucc.org/) who establishes and manages national standard content and data definitions for claims, including taxonomy codes, with the following requests:
  - Whether including a state taxonomy code is a compliant use of the X12 837 transaction, and
  - How Washington State requests additions to the national set of taxonomy codes
- ***BH-ASO representatives will*** determine and let me know whether they are able to submit the MCR provider's nationally assigned NPPES taxonomy number on the 837.

2. Process for Communicating about Future changes to SERI Coding and Crisis Facilities

   09-11 Action: ***Teresa will*** confirm the following process:

   a. HCA Communications will create a Gov Delivery list-serve specific to SERI Spreadsheet updates. Commercial Carriers will be responsible to subscribing to that list service.

   b. HCA will also send a notice to AWHP regulatory committee, Regulatory@awhpnw.org, with a cc to OIC staff.

   c. HCA will maintain a website "landing page" for SERI, that will include the code spreadsheet. HCA is working with our communications team to format/design the spreadsheet and publish on the SERI page, likely its own heading. The link to the landing page is here: https://www.hca.wa.gov/billers-providers-partners/program-information-providers/service-encounter-reporting-instructions-seri

   HCA will be communicating an update about SERI in early October which will be an initial test of the above communication process.

C. New Considerations

1. Are involuntary stays at crisis facilities considered Behavioral Health Emergency Services and thus allowable codes to be covered by commercial carriers?

   Medicaid's Managed Care Organizations (MCO) and BH-ASOs view all involuntary stays as medically necessary and covered services. Medicare does not.

Answer: Yes involuntary stays as well. The statutes at 48.43.005 and 48.43.093 require coverage of E&T facility services and make no distinction between voluntary and involuntary stays.

2. ***Brainstorming***: Moving the workgroup process towards a non workgroup-intensive process for addressing HB1688 implementation questions if/as they arise.

   The 1688 workgroup was set up to identify policy and design issues related to HB1688 and to make recommendations to the OIC and HCA. The recommendations continue to be posted on https://1688bhcs.com/. Over the past several months, few new policy and design issues have surfaced. Most of the questions that are being discussed in workgroup meetings have related to implementation of previously defined recommendations. As such, this appears to be an opportune time to begin defining and transitioning from a workgroup intensive process to a broader communication process for identifying, addressing/ answering implementation questions. The workgroup will continue to be convened as necessary and appropriate.

   09-11 Action: Towards that end:

   1. All workgroup members will continue to reserve on their calendars the dates/times for the already scheduled meetings.
   2. As new questions/issues arise about HB1688, workgroup members will send them to me.

      I will categorize the questions by type to better understand what is surfacing and if/how they should get addressed.
   3. For questions that are outside scope of the workgroup, I work with OIC and HCA to determine how it should be handled/addressed.
   4. For questions that are within scope of the workgroup and can be addressed outside of a workgroup meeting, I will
      a. Get it answered/addressed.
      b. Communicate the question / answer to workgroup members and post the Q&A on the web site.
      c. Initiate a process of notifying the following associations/agencies of the in-scope Q&A: AWHP (for communication to carriers), to BH-ASO association (for communication to BH-ASOs) and to HCA (for communication to providers) and the OIC.
   5. For those in-scope questions that need to be addressed by the workgroup, I will draft an agenda and convene the workgroup at the next scheduled date / time.

      As a scheduled meeting gets closer, if there are no questions to be addressed by the workgroup, that meeting will be cancelled.

C. Next Scheduled Meeting: October 2nd 1:30 – 3:30