

Policy and Design Workgroup
Meeting Synopsis – updated October 23
July 31, 2023

A. Completed Action Items since last meeting

1. Contracting for only Credentialing by the BH-ASO

If a BH-ASO will not be contracting with a commercial carrier for implementation of the consensus recommendation for Mobile Crisis Response (MCR), would there be value in a commercial carrier contracting with the BH-ASO for credentialing of the MCR Agencies / Providers in that Region?

A: Commercial Carrier are interested in contracting with BH-ASOs for credentialing of Mobile Crisis Response (MCR) Agencies only as a companion to contracting with the BH-ASO for billing services per the Consensus Recommendation.

2. Use of General Funds by BH-ASOs and Crisis Facilities

HCA has confirmed answers to the below questions

- a. For Mobile Crisis Response encounters, can BH-ASOs use their non-Medicaid funding *to cover member cost share* that is not paid by the commercial carriers, regardless of income of the person? If so, are there any limitations or restrictions?

A: Yes. This funding does not have any limitations or restrictions. They might require that the facility receive a denial from the primary insurance company before payment is made

- b. Can BH-ASOs use their non-Medicaid funding *to expand the capabilities of their systems and processes* for fee-for-service billing and eligibility determination? If so, are there any limitations or restrictions?

A: Yes. Per review of proviso language, the BH-ASOs can use existing funds to improve their system capabilities. This would be improving the crisis system to allow for other insurance to cover crisis services based on legislation. Up to 5% can be used on utilization and quality management, up to 10 % of administration. Improving system capabilities could be either bucket.

- c. Can a crisis facility use their non-Medicaid funds that they receive from a BH-ASO contract *to cover member cost share* (deductible, co-pay) that is not paid by the commercial carriers? If so, are there any limitations or restrictions?

A: Yes. As of right now, BH-ASOs are allowed to cover all costs related to a stay at a Crisis Facility. Since most facilities bill on a per diem basis, the costs would all be inclusive for the stay. Any deductible or copay could be covered by the BH-ASO. Some facilities are instructed to wait for a denial by the primary insurance carrier and

then pay for the stay. It depends upon the contract that the BH-ASO has with the facility.

- d. Can a crisis facility use their non-Medicaid funds they receive from a BH-ASO contract *to expand the capabilities of their systems and processes* for fee-for-service billing and eligibility determination? If so, are there any limitations or restrictions?

A: Yes. As mentioned above, the BH-ASO is a per diem rate paid to the facility for services. There is not a contract requirement that the per diem covers only stay related costs. The facility is allowed to utilize the funding as necessary to provide services for the individual. If the facility has a budget specific to systems implementation or administration or however they might label it within their financial statements, it would be part of the overall costs. If the facility has excess and it is considered profit or retained earnings or additional cash flow, they could utilize that as they see fit. The contracts limiting the ability to fund certain items would be highly unusual as a business practice.

3. SERI Spreadsheet

- a. Teresa confirmed modifiers in SERI spreadsheet <<*Attached*>>
- b. Teresa recommended how best to indicate the relevant date of last change for a service on the 'BH Codes for Crisis Service's spreadsheet so that a carrier can refer to the appropriate version of the SERI document.

HCA proposes a "change log" section. HCA is working with the communications team to format or design the spreadsheet. Once finalized, this will be placed on the SERI landing page - <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/service-encounter-reporting-instructions-seri>

Meeting Discussion:

- The SERI Spreadsheet will continue to mirror the allowable codes for Medicaid covered behavioral health crisis services.

For Mobile Crisis Response, codes for involuntary treatment investigations completed by DCRs, as ITA investigations are not a Medicaid covered service and thus not an allowable code for Behavioral Health Emergency Services.

Action Item: OIC

What about are involuntary stays at crisis facilities? Are they 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.

- The ‘look and feel’ of the SERI spreadsheet may look different when it is posted on the HCA web site, but the content will be the same.
- The SERI Guide is typically updated once a year by HCA and with a 90-day implementation timeframe. However, not all SERI Guide updates will be applicable to Behavioral Health Crisis Services and, as such, will not appear on the SERI spreadsheet.
- For the scope Behavioral Health Emergency Services, implementation requirements for commercial carriers would mirror Medicaid benefit 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.

4. BH-ASO Phased implementation timeframes

The following BH-ASOs have defined their implementation timeframes for implementing the Consensus Recommendation.

BH-ASO Region	Planned Implementation Date	Considerations
Carelon - Pierce	Jan 1 2024	Dependent upon timely contract negotiation with commercial carriers so that systems can be configured before implementation date
Carelon - Southwest	Jan 1 2024	
Carelon - North Central	Jan 1 2024	
King County	Jan 1 2024	Goal is to have all the contracts executed and be on our way to submitting claims by Jan 1.
Thurston Mason	Jan 1 2024 – March 1, 2024	The implementation timeframe takes into account start-up/testing, etc.

As yet, there are no implementation timeframes for the other BH-ASO Regions. In these Regions, a commercial carrier should seek contracting arrangements directly with MCR Agencies / Providers.

B. Outstanding Action Items

1. BH-ASO Phased implementation

- a. 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.

Meeting Discussion:

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

- Demonstrated good faith effort to negotiate with Mobile Crisis Response Agencies / Providers.
- Demonstrated good faith participation in the Policy & Design Workgroup
- Demonstrated good faith participation in HCA's Behavioral Health Services workgroup.

2. Taxonomy Codes on 837 claims.

Meeting Discussion & Follow-up:

If a taxonomy code is submitted on an 837 - claim, it must be a valid NPPES Taxonomy Code (and not a State Local "L" code) in order for the transaction to be HIPAA compliant. Whether or not a taxonomy code is required on an 837 should be determined as part of the BH-ASO – Carrier Contracting discussions. If no contract is in place, a taxonomy code should be submitted on the 837.

- a. All providers are required to obtain a National Provider Identifier (NPI) and at least one NPPES Taxonomy Code. For some behavioral health providers, HCA assigns to them a 'Local' taxonomy code, in addition to the NPPES Taxonomy Code(s) that they have.
- b. Some commercial carriers require Taxonomy Codes to be submitted on 837 – claims in certain circumstances, some suggest that taxonomy codes be submitted on the claim and some have no requirement for taxonomy codes on the claim.

Whether or not a Taxonomy Code needs to be submitted on an 837 and under what conditions can be part of the contract discussions between a BH-ASO and a commercial carrier.

For submitting out-of-network claims, Taxonomy Codes should always be put onto the 837-claim just in case it is required by the commercial carrier.

- c. A questions has been raised as to whether or not 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, it must be a NPPES Taxonomy code in order for the claim to be HIPAA compliant.

Action Item: I have asked for an official interpretation from X12.

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

How will commercial carriers be informed on an ongoing basis, about billing changes related to Behavioral Health Crisis Services; e.g., SERI changes, changes in list of Crisis Facilities, etc.?

Meeting Discussion:

Action Item: *Teresa will* confirm the following process

1. 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.
2. HCA will also send a notice to AWHP regulatory committee, Regulatory@awhpnw.org, with a cc to OIC staff.
3. 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>

D. Next Scheduled Meeting: August 21st 1:30 – 3:30