Policy and Design Workgroup
Meeting Synopsis
April 17, 2023

Legend: Completed, Pending

A. The June Meeting is scheduled for Tuesday June 20 10-12 PST.

B. Web Site Live: https://1688bhcs.com

Please let me know ASAP if there is anything missing or in error.

C. Outstanding Action Items

1. Billing
   a. Isabel confirmed that claims submitted by the King County BH-ASO on behalf of a Crisis Facility would report the BH-ASO as the 'Billing Provider' and report the Facility as the 'Rendering Provider'. (Similar to the Medical Model.) Carrier discussions with King County will identify the conditions under which claims from Crisis Facilities in King County will be submitted as "in-network" or "out-of-network".

      Update:

      - ***Commercial Carriers*** confirmed that their systems will be able to process claims from King County BH-ASO where King County BH-ASO is recorded as the Billing and the Crisis Facility is recorded as the Rendering Provider.

      - ***BH-ASOs will provide*** their Tax IDs and Billing address to Carriers as part of the contract negotiation process. BH-ASOs do not expect to send non-par claims to commercial carriers for Mobile Crisis support of for facility-based emergency services.

   b. For Professional Services (those that are reported on an 837P), the allowable Places of Service for each Behavioral Health Crisis Service will be negotiated between the Carrier and the BH-ASO / Facility at the time of contracting. In the case of 'out-of-network' claims, the allowable Places of Service for Behavioral Health Crisis Service will be defined in the BH Codes for Crisis Services spreadsheet.

      Update:

      The linked BH Codes for Crisis Services spreadsheet has been updated for allowable Places of Service (837P) and Bill Type Codes (837I)

c. Adjudication of Out-of-Network Behavioral Health Claims

Update:

Jennifer K will review/refine/confirm the following::

Between January 1, 2023 and the completion of commercial carrier contracting with the BH-ASO in each applicable region, agencies that are licensed by the Washington state Department of Health that provide Mobile Crisis Services may submit claims for these services to the responsible commercial carrier as an "out-of-network" or "nonparticipating" provider . ***The carrier will accept and adjudicate these claims. If the carrier does not meet network access requirement (i.e., an AADR is in place), the member responsibility amount that is determined by the carrier can be no more than if the service were received in-network. If the carrier does meet network access requirements (i.e., no AADR is in place, payment will be consistent with the Fee-for-Service methodology outlined in RCW 48.49.020***. (Note: Regional differences in out-of-network billing practices by agencies should be expected.)

2. Contracting

Jane B will forward the list of the self-funded plans that have opted into the Balance Bill Protection Act along with the name of the Carrier that administers them.

- https://www.insurance.wa.gov/self-funded-group-health-plans
- RCW provisions for self-funded groups that opt into the Balance Bill Protection Act

3. 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.?

Decision:

Commercial Carriers will sign up for HCA's list service pertaining to SERI changes. SERI changes will include any/all changes to the BH Codes for Crisis Services spreadsheet.

- ***Teresa will*** provide a link to this list serve

- ***Bill and Teresa will*** determine how best to indicate on the BH Codes for Crisis Services spreadsheet the relevant date of last change for a service, i.e., so that a carrier can refer to the appropriate version of the SERI document.

D. Confirming Previous recommendations

Billing

Submission of 837I / 837P by a Crisis Facility for Withdrawal Management Services

For Withdrawal Management Services, clinically managed or medically managed, the SERI guide allows for a provider to submit the claim either on an 837P with the designated HCPC code OR on an 837I with the designated Rev Code and HCPC code. The rationale for this flexibility is that some providers' EHR have been programmed to submit an 837P and they don't have the financial resources to pay the vendor to upgrade the system so that it can submit an 837I.

Carriers have identified challenges with accepting 837P for these services from out-of-network Facilities.

Decision: For Withdrawal Management Services, clinically managed or medically managed, claims will be submitted on an 837I unless otherwise contractually negotiated between the Carrier and the Facility. Out-of-network Crisis Facilities for Withdrawal Management will submit claims on an 837I. Any 837P submissions will be denied

As a result … the following changes were made in broader section:

a) Room/board "per diem" within a facility along with a SERI defined set of "included" clinical services, would be included in the payment for the service code that is submitted on a claim, i.e., the "included" services would not be billed separately from the per diem. ~~Depending upon the facility type, the service code may be reported on an 837I or 837P~~.

b) Clinical services in addition to SERI defined "included" clinical services" may be provided in the facility by agency providers.

These services, typically E&M codes, may be billed separately from the per diem on an 837P using the provider's NPI, subject to any specific contract expectations. The associated per diem would be billed on an 837I ~~or 837P~~, using the agency's NPI).

E&M codes on a claim along with a SERI defined covered emergency service are also considered covered emergency services.

These E&M services may be provided by an employee of the Crisis Facility, or a contractor of the Crisis Facility, or an "external" provider who has treatment privileges at the Crisis Facility. For all three situations, AADR reporting requirements are analogous to those of a Hospital ER department, i.e. the goal is

that coverage of BH crisis facility services are comparable to those provided in a hospital ER department.

Update: Language revisions accepted

E. New Considerations

1. Applicability of 1688 to Facility-based emergency services, in-state & out-of-state

Discussion:

Question to CMS:

If an out of state BH crisis services facility is in a state that has determined that these are "emergency services" under the NSA by licensing BH crisis facilities as free-standing emergency departments, would a carrier in Washington state be required to cover BH crisis services provided by an OON BH crisis services facility in that state.

Answer from CMS:

The plan or issuer would have to cover out-of-state BH crisis services in compliance with the NSA's emergency service protections if—

- The services meet the definition of "emergency services;"
- The services are provided with respect to a visit to a facility that meets the definition of an "emergency department of a hospital" or an "independent freestanding emergency department; (facility separately licensed to provide emergency services)" and
- The plan or issuer provides or covers any benefits for services in an emergency department of a hospital or with respect to emergency services in an independent freestanding emergency department.

No Surprise Act: FAQ Q10 – Definition of Emergency Services in a Behavioral Health Crisis Facility

2. 837 Claims Processing

Discussion:

a. BH-ASO are figuring out the process of submitting claims and would like to get a sense for how carriers will be receiving claims, e.g., clearinghouses used by carriers.

Carriers – can you let me know your organizations expectations for receiving claims from BH-ASOs, including which clearinghouses your organization uses.

Click here for table of Carriers – Claims Clearinghouses

b. BH-ASOs submitting claims on behalf of Agencies

Will BH-ASO's submit Mobile Crisis Response claims as Billing Provider with Agencies as Rendering Provider?

Note: BH-ASOs will submit the claims and payments will be made to the BH-ASOs

Action Item Due by May 8: ***BH-ASOs will*** confirm whether or not their system, by January 1, 2024, can submit Mobile Crisis Response claims as Billing Provider with the Agencies as Rendering Provider: _____

c. Transaction Method for Fee-for-Service billing and payment

Discussion:

- A claim with a $0.00 "billed amount" will denied
- Carriers will pay the lower of the "billed amount" and their "allowed amount", i.e., their contracted fee amount
- As part of contract negotiations, BH-ASO and Carriers will agree upon how the actual payment will be sent/received.

Action Item Due by May 8: ***BH-ASOs will*** confirm whether or not their system, by January 1, 2024 will be able to submit 837s and process 835 as the fee-for-service payment method:

- Will have the capability to put a different billed amount for each commercial carrier: _____

OR

Will have the capability to put the same non-$0 bill about for all claims: _____

- Will have the capability to process 835-Remittance Advice from the carriers: _____

3. Denial Reasons. (Chris - Kaiser)

Potential reasons for denials to consider (might be worth reviewing with providers, BH-ASOs, and HCA to minimize reasons for denial)

- Invalid/incorrect primary or secondary modifiers (need HCA to confirm final list of modifiers that will be used; referencing SERI for now)
- Many missing Attending Physician Last Name
- Denied per CMS guidelines for practitioner credentials reported (need HCA to confirm final list of practitioner credentials; referencing SERI for now)

- Procedure code bill type inconsistent with place of service (requested Bill Type Codes from HCA during SERI orientation)
- Date of Service subsequent to termination of coverage (should this be redirected to state?)

Action Item Due by May 8: ***Carriers will*** provide me with other common reasons for claim denial

F. Next Meeting: May 8th. 1:30-3:3