Policy and Design Workgroup
Meeting Synopsis
March 6, 2023

A. Memorial Day Meeting Rescheduled to Wednesday May 31st 9:30 – 11:30

B. Coming Attraction: 1688 Behavioral Health Crisis Web

A 1688BHCS website will be launched shortly. The objective is for the site; 1) to be an information resource for Carriers, BH-ASOs, Agencies and Facilities that are not actively engaged in the P&D Workgroup and 2) to be a repository of the work done and decisions made by the P&D workgroup (past and future). As such, all the content will be familiar to you. This site will be dynamic - the content will be refined and updated as the Workgroup does the work.

Discussion

A workgroup roster with names and email addresses will be included in the site content.

C. Need to Update a previous Consensus Recommendation

Our previous Consensus Recommendation identified that Facilities, and not the BH-ASO, would contract directly with commercial carrier for facility-based crisis services. The Recommendation continued with

"HCA, BH-ASOs and Facilities will work collaboratively and in good faith to consider if/how BH-ASOs might provide an administrative function for Facilities. Discussions will include whether the billing methodology would be fee-for-service or capacity-fixed rate. If / as a process is viable, Commercial Carrier will be brought into the discussion."

In our 02/13 meeting, King County BH-ASO identified that they may be contracting with the commercial carriers on behalf of the facilities. Carelon Behavioral Health (previously Beacon) has also expressed interest in contracting with commercial carrier on behalf of facilities.

Discussion

Our recommendations need to be updated to identify that, depending on the Region, there may be 2 contracting options for carriers as it relates to facility-based services. In some regions, the only option will be for carriers to contract directly with the facility. In other regions, the carrier may have the option of contracting with a BH-ASO on behalf of facilities and/or contracting directly with the facilities. Our workgroup is NOT recommending one option over the other. Our workgroup is recommending key elements

of each option to optimize standardization in each option across the Regions where they are applicable.

For the option where a commercial carrier contracts with a BH-ASO on behalf of the facilities, here are the policy / operational recommendations.

1. A fee-for-service billing methodology will be followed unless the BH-ASO and the Commercial Carrier agree upon a fixed-cost methodology. Rates (Fee-for-Service or Fixed Cost) will be negotiated between the BH-ASO and the Commercial Carrier.
2. Commercial Carrier will delegate credentialing to the BH-ASO.
3. Facility will be responsible for determining eligibility at time-of-service and BH-ASO will confirm eligibility and coverage prior to notifying Carrier about a facility admission and submitting a claim to the Carrier.
4. The BH-ASO will notify the Commercial Carrier about facility admission.
5. The decision about whether or not to collect the patient's cost share from the patient / member will be left to the BH-ASO/Facility.
6. Any expectation about the BH-ASO's involvement in Care Coordination, to include Next Day Appointments, will be agreed upon between the Carrier and the BH-ASO.
7. Claims (837s) will be submitted to the Commercial Carrier by the BH-ASO on behalf of the facilities and any reimbursement (835) will be made to the BH-ASO.
8. The fee paid to the Facility by the BH-ASO is negotiated between the Facility and the BH-ASO.

If a contract for administrative services is in place between a facility and a BH-ASO AND the facility or the BH-ASO does not have a contract with the commercial carrier that provides coverage to the person in crisis, that BH-ASO may submit claims for that facility, as an 'out of network provider", to the responsible commercial carrier. The Carrier will accept and adjudicate these claim using the Fee-for-Service methodology outlined in RCW 48.49.020.

Action Items:

- ***Isabel will*** confirm that claims would be submitted by the BH-ASO as the 'Billing Provider' and the Facility would be reported as the 'Rendering Provider'. Similar to the Medical Model
- ***Commercial Carriers will*** confirm that their systems will be able to process "out-of-network' claims reported in this way.

D. Outstanding Action Items

1. Billing – Action Items

MCO representatives in the Work Group and Respondent Group will be asked to submit send to me an example(s) 837P, with PHI removed, that they receive for

encounter notification. I will distribute them to the Carriers in the Work Group and Respondent Group.

Update: ***Amy is*** waiting to receive an example 837P from her claims department.

2. Responsibility for Identifying Carrier – Action Items Pending

For Mobile Crisis Services, the BH-ASOs will collectively decide whether the BH-ASO will be responsible for identifying the commercial carrier or whether the agency will be responsible.

Update:

The recommendation is for the BH-ASO to be responsible for identifying if/which commercial carrier provides coverage for the person in crisis. There is a concern that the process for determining eligibility has not been defined and it needs to be easy to do.

3. Contracting – Action Item Pending

Jane D. will ask the Association of Washington Health Plans (AWHP) to outreach to their membership in order to prepare a list of Commercial Carriers and their Contracting Contact Person that can be sent to BH-ASOs so they might better prepare for the discussions.

Update: AWHP understands the need for this list and is in process of getting it done.

E. New Considerations

1. Billing

<<Attachments: ' BHCS SERI Emergency Services' & 'BH Codes for Crisis Services'>>

Under HB1688, covered emergency services include mental health and substance use disorder services that are provided by Mobile Crisis Teams and/or by qualified staff in the following facilities.

a) Hospital Based Emergency Room with stabilization/post stabilization in an Inpatient Unit,

b) Evaluation and Treatment Facility,

c) Crisis Stabilization Unit,

d) Crisis Triage Facility,

e) Withdrawal Management Facility

These covered services are referred to as Behavioral Health Crisis Services.

The attached 'BHCS SERI Emergency Services' document (an extract from the SERI Guide) defines the set of covered Behavioral Health Crisis Services along with the conditions under which they are covered. The attached 'BH Codes for Crisis Services' document provides additional detail about the range of "included" clinical services and the code(s) that will be used on an 837P or 837I. (The material in these two documents is extracted from the most current version of the SERI Guide - https://www.hca.wa.gov/billers-providers-partners/program-information-providers/service-encounter-reporting-instructions-seri - which should be used as the master reference so that any/all future changes are not missed.)

Claims for any/all of the specific Behavioral Health Crisis Services that are provided by agencies, facilities and providers that are appropriately certified/licensed by DOH will be processed as emergency services by commercial carriers in compliance with HB1688. The SERI guide is the minimum set of Place of Service codes allowed; additional codes may be negotiated between the ASO or facilities and the carrier (as seen on the excel spreadsheet).

Notes:

a) Within 1688, the 5 facilities that are identified above are all considered Crisis facilities and any/all of the SERI specified services (procedure / revenue codes) provided in any of those facilities are considered covered Behavioral Health Crisis Services.

b) 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 in the SERI Guide and 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.

c) 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. (Depending upon the location, the associated per diem would be billed on an 837I or 837P, using the agency's NPI)

d) Clinical services in addition to SERI defined "included" clinical services" may be provided in the facility by non-agency providers who are credentialed separately by the carrier. 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. (Depending upon the location, the associated per diem would be billed on an 837I or 837P, using the agency's NPI.)

   Per RCW 48.43.005 (18) (b) –Examination and treatment are covered services only to the extent they are within the capabilities of the staff and facilities available at the behavioral health emergency services provider. As such "d" is not a covered service.

Discussion

1. ***Action Item: Jane B and Teresa will*** consider how best to communicate to commercial carriers about relevant changes to the SERI Guide.
2. The SERI Guide, and the BH Codes for Crisis Services spreadsheet specifically, will be used as the 'Definitive Guidance' for which codes will be used to identify covered emergency services. Other than E&M codes, only the codes on the spreadsheet should appear on a claim and that code(s) should be considered the complete and exhaustive definition of the relevant covered emergency service.

   The use of any different or additional codes may be negotiated between commercial carriers, BH-ASO and facilities, but that would be considered outside the scope of the 'Definitive Guidance'.
3. 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 aligned with those of a Hospital ER department.
4. 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.

   Action Item: Carrier representatives will confirm whether or not their systems will be able to accept either an 837P or an 837I for a Withdrawal Management Service claim.

F. Next Meeting: March 27, April 17, May 8, May 31, June 19