Policy and Design Workgroup
Meeting Synopsis (updated 04-04-23)
March 27, 2023

Legend: Action Item Change in previous language. Completed Action Item /Decision

A. The June 19th (Juneteenth) meeting will be rescheduled.

B. Outstanding Action Items

1. Billing

   a. ***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.

   b. ***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 will*** confirm 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*** send to me their Tax IDs and Billing address so that Carriers can program their systems to accept claims.

2. Contracting

   AWHP, via Jane D, provided 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.

   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.

3. Future changes to SERI Coding and Crisis Facilities

Jane B will consider how best, on an ongoing basis, to communicate to commercial carriers about billing changes related to Behavioral Health Crisis Services; e.g., SERI changes, changes in list of Crisis Facilities, etc. The approach will likely be a 'GovDelivery" notice of the change along with the link to where to find specifics.

D. Confirming Previous recommendations

1. ***Contracting with BH-ASOs***:

- Can a Carrier's Network Access Requirements be met through contracting with a BH-ASO?

  From previous documents:

  Yes.

  HCA has confirmed that there is no conflict with RCW 71.24 that would prevent a BH-ASO from contracting with a commercial carrier for Behavioral Health Crisis Services within their assigned Region.

  OIC has confirmed that the BH-ASO can act as a provider network in their designated Region assuming that the BH-ASO has contracts with a sufficient number of behavioral health emergency services providers. The BH-ASO would not be considered a Health Care Benefits Manager (HCBM) and as such are not subject to specific HCBM regulatory requirements.

- 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. (A contract for administrative services must be in place between a facility and a BH-ASO).

- A BH-ASO in one Region can contract with another BH-ASO to provide services for them in their region, e.g., for administrative services for Crisis Facilities. December 12, 2022.

2. ***Behavioral Health Crisis Services and their Billing***

Under E2HB1688, 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 **Crisis Facilities**;

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

b) Evaluation and Treatment Facility (including Secure Withdrawal Management Services),

c) Crisis Stabilization Unit,

d) Crisis Triage Facility,

e) Withdrawal Management Facility

The above 5 facilities 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.

The specific Behavioral Health Crisis Services are a subset of those services defined in HCA's SERI Guide - https://www.hca.wa.gov/billers-providers-partners/program-information-providers/service-encounter-reporting-instructions-seri. That subset of services is defined in the spreadsheet 'BH Codes for Crisis Services'.

The 'BH Codes for Crisis Services' spreadsheet along with the associated information in the SERI Guide 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'.

Claims for any/all of the Behavioral Health Crisis Services, i.e., the subset of SERI Guide services specified in the BH Codes for Crisis Services spreadsheet, that are provided by Agencies, Facilities and Providers who are appropriately certified/licensed by DOH will be processed as emergency services by commercial carriers in compliance with HB1688.

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.

Action Item: Bill will work with Teresa and others to recommend Place of Service related submission requirements for out-of-network claims.

Notes:

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.

E. New Considerations

1. Contracting

a. Consensus recommendation and rationale for Fee-for-Service and the rationale. <<see attached 'Rationale for FFS Recommendation'>>

There was consensus endorsement of the recommendation with the following refinement:

Ongoing Effort (long term); *In recognition of the 24/7 nature of crisis services and the best practice use of capacity-based payment methodologies for these services, BH-ASOs and Commercial Carriers will work collaboratively and in good faith to capture the utilization & cost data necessary to determine if/how best to transition to a capacity-based payment model for crisis-related services rather than fee-for-service billing.*

b. Number of Commercial Carrier members by county<<See attached 'Commercial Carriers Members by County 2022'>>

Here is the explanation of the fields on that report:

https://www.insurance.wa.gov/sites/default/files/documents/health-insurance-enrollment-data-call-instructions.pdf

c. 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 using 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.)

Action Item: Jane B will refine ***the above sentence*** to reflect the applicability of AADR requirements first and the NSA requirements second.

2. New Facility

2SSB 5120 has passed out of the House HCW Committee and is scheduled for a hearing in House Appropriations Committee on March 31.

This law creates a new type of BH crisis facility, called a 23-hour crisis relief center. That legislation amends the definition of "behavioral health emergency services provider" in RCW 48.43.005 to add a reference to "23-hour crisis relief center as defined in RCW 71.24.025" and strike the reference to "triage facility". It's my understanding that the reference to "triage facility" is stricken because DOH licenses these types of facilities as crisis stabilization units.

It is anticipated that licensing of a 23-hour facility could be done as early as mid 2024. Currently there are no 23-hour facilities.

For the 23-hour facility, SERI will likely use the same stabilization codes; S9484-if the person is there less than 4 hours and S9485 for per diem. HCA is looking at the prescribing codes (professional codes) being billed separately.

3. Billing

a. Submission of 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.

F. Next Meeting: April 17