HB1688 Policy and Design Workgroup
Meeting Synopsis
December 13, 2023

A. Outstanding Questions / Issues

1. Transport from ED to Crisis Facility

   Question: Is transport from ED to an E&T or withdrawal unit considered an emergency service?

   Status: OIC – under review

2. Contracting directly with Mobile Crisis Response (MCR) providers rather than BH-ASO

   Question: Can commercial carriers pursue contracting directly with MCR providers prior to good faith effort to contract with the appropriate BH-ASO?

   Status: Completed

   - Consensus Recommendation is for commercial carriers to contract with BH-ASO for Mobile Crisis Response Services
   - Regulations are for Commercial Carriers to file an AADR if a contract will not be in place. AADR will describe the effort of commercial carriers to get a contract in place. The AADR are publicly posted.

B. New Question / Issue

Question:

There are two new CPT Codes identified in the 2024 Behavioral Health Service Encounter Reporting Instructions (SERI) for crisis services. Will these codes be added to the codes that can be used under 1688 or are these codes not authorized to be used for 1688?

- H2019 for stabilization teams who do in-home stabilization. There are also 3 modifiers for this code
- H0038 this is the Certified Peer services code for MCT.

Status:

The landing page for SERI (Service Encounter Reporting Instructions (SERI) | Washington State Health Care Authority) has a crisis code guide for 1688.

Current instructions

- **SERI v2024 (effective on or before January 1, 2024)**
- **Crisis code guide for private insurance plans** (updated October 2, 2023)

These two codes were added to the crisis code guide in October.

- H0038 is associated with the mobile crisis teams as part of that initial crisis response and initial follow up.
- H2019 is for stabilization teams, which is post initial crisis response.

Discussion:

- The gov delivery process is being used to inform commercial carriers about changes to the 'SERI' guide and to the 'Crisis code guide for private insurance plans.'
- HCA tries to allow 90 days from publishing changes until the implementation date

C. Discussion Topics

1. Communicating with Enrollees about access to Mobile Crisis Response Services

   Question: In addition to Carriers' Provider Directories, what are the communication pathway(s) through which information about Mobile Crisis Response service can be shared by health carriers with their enrollees?

   Considerations:

   a. BH-ASO & Agencies would like people in crisis to access mobile crisis support through the regional crisis line and not the Agency / Provider Directory (i.e., use the crisis line and not provider directories)

   b. Providers and Health Plans have nationally legislated requirements (See Appendix - No Surprise Act) to maintain accurate and timely information for their providers in their provider directories.

   c. OIC -

      The health carriers are required to publish in both printed/online provider directories information about each contracted provider which includes the provider's location and phone number [WAC 284-170-260(5)(a)].

      The health carriers also must comply with RCW 48.43.765 (Brennan's Law) and WAC 284-170-285 that *requires a health carrier to prominently post information about access to mental health treatment and substance abuse treatment including resources for persons experiencing a mental health crisis, including information on the national suicide prevention lifeline. Health carriers must maintain a web page*

entitled "Important Mental Health and Substance Use Disorder Treatment Information" that include this information.

I was a rule team member on WAC 284-170-285 and remember the concerns that a dedicated/prominent webpage is so important because individuals or their family members should not have to go into the provider directory to get help. Individuals in crisis should have a quick and easy pathway to help and services.

Health carriers, however, still must put providers in the provider directory.

Discussion:

There is general agreement that enrollees/members of commercial carrier plans should be clearly directed to call 988 or a regional crisis line whenever they need access to crisis support, inclusive of Mobile Crisis Support Mobile Crisis Support.

The enrollee / member should never directly contact the Mobile Crisis Support provider.

The question is …

How can this "message" be most effectively communicated to people in crisis and their family members, given the following considerations

- Providers and carriers must meet federal and state requirements to maintain current information in their provider directories about all of their network providers
- Commercial carrier have different contents, formats and structures for their provider directories.
- In those cases when a provider only provides Mobile Crisis Services, that provider could instruct the carrier to put 988 / regional crisis line as their phone number.
- In those cases when a provider provides Mobile Crisis Services in addition to other services, it is not clear that a) all the carrier's system could differentiate between different phone numbers for different reasons, and b) that members in crisis would be able recognize the distinction and act accordingly.

Action Items:

1) ***Jennifer will*** research and determine if/what is the regulation pertaining to the information that is to be put into a commercial carrier's provider directory when the commercial carrier has contracted with the BH-ASO for mobile crisis services.

2) Given the above considerations, ***all workgroup members will*** send me their answer to the question …

How best can the message be clearly and consistently communicated to commercial carrier members and their families to contact 988 / regional crisis line when they are in crisis?

2. Use of national taxonomy code 390200000X - Student on the 837-claim

Question: Will 837 claims be submitted to commercial carriers with national taxonomy code 390200000X – Student for rendering or billing provider? If so, how will the claim be adjudicated?

a. Do BH-ASOs intend to submit Mobile Crisis Services claims with taxonomy code 390200000X - Student for the rendering or billing provider? If so, to what extent?

   Note: By HCA policy, claims for a student cannot be billed under their supervisor's credentials.

b. How will commercial carriers adjudicate an 837 - claim with taxonomy code 390200000X - Student for the providing or billing provider? (Under CMS guidelines, Medicare will not reimburse for services provided by a student.)

Action Items:

a. SUPDT will not be billed as a rendering provider. The only possible provider type that might be billed as a rendering provider with a national taxonomy code 390200000X – Student is Master Level Intern.

b. ***Teresa will*** check to see if HCA would be willing to map the cross walk for Master Level Intern from national taxonomy code 390200000X - Student to national taxonomy code 101Y00000X – Counselor

   Completed: HCA cross walks the Master Level Intern to 390200000X – Student for other programs, so cross walking it to 101Y00000X – Counselor does not appear to be a viable option

c. ***Commercial Carrier will*** determine if their systems can be programmed to adjudicate a claim submitted with a national taxonomy code 390200000X - Student for services

   - Provided by Master Level Interns
   - That have an NPI
   - With the certification: Registered Agency Affiliated Counselor, or if previous experience they could be a Certified Agency Affiliated Counselor. (Agency Affiliated Counselor | Washington State Department of Health)

- For procedure code(s): H2011, S9484, H2019 (Service Encounter Reporting Instructions (SERI) | Washington State Health Care Authority. Please refer to Crisis Code Guide for Private Insurance Plans, found on the SERI webpage.)

Appendix – No Surprises Act Legislation

Summary: ***Payers*** ***are required to*** update and verify provider directories every 90 days at least and develop a protocol for removing providers that can't be verified

‘‘SEC. 2799A–5. PROTECTING PATIENTS AND IMPROVING THE ACCURACY OF PROVIDER DIRECTORY INFORMATION. ‘‘(a) PROVIDER DIRECTORY INFORMATION REQUIREMENTS.— ‘‘(1) IN GENERAL.—For plan years beginning on or after January 1, 2022, each group health plan and health insurance issuer offering group or individual health insurance coverage shall— ‘‘(A) establish the verification process described in paragraph (2); ‘‘(B) establish the response protocol described in paragraph (3); ‘‘(C) establish the database described in paragraph (4); and ‘‘(D) include in any directory (other than the database described in subparagraph (C)) containing provider directory information with respect to such plan or such coverage the information described in paragraph (5). ‘‘(2) VERIFICATION PROCESS.—The verification process described in this paragraph is, with respect to a group health plan or a health insurance issuer offering group or individual health insurance coverage, a process— ‘‘(A) under which, not less frequently than once every 90 days, such plan or such issuer (as applicable) verifies and updates the provider directory information included on the database described in paragraph (4) of such plan or issuer of each health care provider and health care facility included in such database; ‘‘(B) that establishes a procedure for the removal of such a provider or facility with respect to which such plan or issuer has been unable to verify such information during a period specified by the plan or issuer; and ‘‘(C) that provides for the update of such database within 2 business days of such plan or issuer receiving from such a provider or facility information pursuant to section 2799B–9. ‘‘(3) RESPONSE PROTOCOL.—The response protocol described

Summary: ***Providers*** ***and health care facilities must*** maintain business processes to submit provider directory information at specified times to support plans and issuers in maintaining accurate, up to date provider directories

‘‘SEC. 2799B–9. PROVIDER REQUIREMENTS TO PROTECT PATIENTS AND IMPROVE THE ACCURACY OF PROVIDER DIRECTORY INFORMATION. ‘‘(a) PROVIDER BUSINESS PROCESSES.—Beginning not later than January 1, 2022, each health care provider and each health care facility shall have in place business processes to ensure the timely provision of provider directory information to a group health plan or a health insurance issuer offering group or individual health insurance coverage to support compliance by such plans or issuers with section 2799A–5(a)(1), section 720(a)(1) of the Employee Retirement Income Security Act of 1974, or section 9820(a)(1) of the Internal

Revenue Code of 1986, as applicable. Such providers shall submit provider directory information to a plan or issuers, at a minimum— ‘‘(1) when the provider or facility begins a network agreement with a plan or with an issuer with respect to certain coverage; ‘‘(2) when the provider or facility terminates a network agreement with a plan or with an issuer with respect to certain coverage; ‘‘(3) when there are material changes to the content of provider directory information of the provider or facility described in section 2799A–5(a)(1), section 720(a)(1) of the Employee Retirement Income Security Act of 1974, or section 9820(a)(1) of the Internal Revenue Code of 1986, as applicable; and (4) at any other time (including upon the request of such issuer or plan) determined appropriate by the provider, facility, or the Secretary.