

**Policy and Design Group
Meeting Synopsis
February 13, 2023**

A. Reschedule Memorial Day Meeting & Other possible conflicts

Decision: Optimal alternative scheduling day/time is Wednesday 9:30-11:30.

B. Confirmation of Past Decisions

The ***SERI Guide*** will be the definition of the codes and conditions that will be used to bill for Behavioral Health Crisis Services. Orientation following the meeting

Table of Contents - <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri>

- Mental Health Service Modalities:
 - Crisis Services, starting on page 18
 - Evaluation and Treatment Services, starting on page 23
 - Stabilization Services, starting on page 66
- SUD Service Modalities
 - Withdrawal Management, starting on page 116
 - Secure Withdrawal Management, starting on page 118
- Room and Board, page 140

NOTE: Spreadsheet with list of SERI codes and Place of Service is being updated

C. Outstanding Action Items

1. Billing – Action Items

- ***Non-Emergency Room facility representatives*** in the Work Group and Respondent Group will be asked to identify how, on a claim (837) they identify that the service being billed is an emergency service that would be covered under HB1688 as opposed to a non-emergency service.

Update: ***Bill*** will work with a smaller group to identify how the non-ER facility-based services that are covered under 1688 will be identified on a claim.

- ***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 provider will be responsible.

Update: Pending

C. New Considerations

1. Contracting

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

King County is an exception. The King County BH-ASO may be contracting with the commercial carriers on behalf of the facilities.

- b. BH-ASOs have requested a list of Commercial Carriers and their Contracting Contact Person in order to understand how many there are and to better prepare for the discussions.

Action Item: Jane D. will ask the Association of Washington Health Plans (AWHP) to outreach to their membership in order to prepare such a list.

- c. BH-ASO Standardization Inventory

Contracting	BH-ASOs and Commercial Carriers will consider if/where there may be opportunities for simplicity by standardizing the contracting process across commercial carriers as was done across MCOs.
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The below is the initial request from the BH-ASO for standardization across Commercial Carriers. Other requests are likely forthcoming.

i. Information Systems

- 837P for encounter submission

There will be conventional use of some of the fields. Use of NTE segment, zip code, and subscriber number.

- 835 Remittance Advice for response files
- Secure File Transport Protocol (SFTP) folders for delivering the files – either set up on our end or their end

ii. Fiscal

Fee-for-Service is the current “contracting floor”. Others fee mechanism are encouraged, with some version of a fixed cost method being the ultimate goal. Towards this end a standard data sharing agreement is likely to be needed.

2. Billing & Payment - Collection of Member Cost Share

Decision

The decision about whether or not to collect the patient’s cost share from the patient / member will be left to the BH-ASO/Provider for Mobile Crisis Service and to the Provider for Facility treatment. This includes IRS-defined High Deductible Health Plans (HDHP), with/without a Health Savings Account, as well as all other types of plans.

When a claim is submitted to the Commercial Carrier, the Carrier will adjudicate the claim based upon the patient’s benefits and will reimburse the Carrier’s contracted amount. The Carrier’s payment amount will not include the amount due from the patient to the provider/BH-ASO for deductible, co-pay, co-insurance or any other cost share. As an example, if the patient has a HDHP and has not met their deductible, e.g., \$6,500, then the deductible amount must be met from the patient before the Carrier’s is responsible for any payment. For non-HDHP, on average the deductible amount for single coverage is \$1,740.

Per the Consensus recommendation, BH-ASOs will pay providers the current fixed cost amount regardless of the payment amount from the Commercial Carrier.

3. 1477 - Next Day Appointments (NDA)

The details about 1477 - NDAs are being addressed in a separate workgroup led by Matt Gower at HCA. As part of that work, HCA is developing a process and set of contacts for use by the Regional / 988 Crisis Lines to make a 1477 - Next Day Appointment (NDA) with a provider that can deliver services outside of the Behavioral Health Crisis System. This process and contact list is also available to mobile crisis teams within the Behavioral Health Crisis System for making 1477 – NDAs.

Providers within the Behavioral Health Crisis System will determine if subsequent appointments with the person presenting in crisis will be made with providers within the Behavioral Health Crisis System or with providers outside of the System. If a Behavioral Health Crisis System provider makes a determination that a person should be seen by a provider outside of the Behavioral Health Crisis System, then they will use the 1477 - NDA process and contact list to make that appointment.

D. Next Meeting: March 6, March 27, April 17, May 8, May 3, June 19