

HB1688 BHES Workgroup: Consensus Recommendation

Goal: To the extent possible, maintain the Behavioral Health Crisis System as it currently exists so that 1) the inclusion of Commercial Coverage is seamless from the perspective of the patient and ideally of the provider and 2) and new/additional administrative burden and/or cost to the provider is minimized.

Recommendation for Mobile Crisis Response Services

Synopsis: Effective immediately, the necessary work will be undertaken so that no later than plan year January 1, 2024 the BH-ASOs will submit Fee-for-Service bills to, and be reimbursed by, Commercial Carriers for the Mobile Crisis Response Service that is provided to their members by the BH-ASOs' contracted Agencies. In the interim, the contracted Agencies, as Out-of-Network providers, may submit Fee-for-Service bills to, and be reimbursed by, Commercial Carriers.

Process / Functions	Path for Plan Year 2024
<i>Regulatory Requirements</i> <ul style="list-style-type: none">• Contracting• Network Access Reporting• Interim access to and coverage of Behavioral Health Mobile Crisis Response Services	Commercial Carriers will contract with BH-ASOs, assuming that the BH-ASO has contracts with a sufficient number of behavioral health emergency services providers. Reporting will be consistent with updated rulemaking that is outlined below. Between January 1, 2023 and the completion of Commercial Carrier contracting with the BH-ASO in a region, Commercial Carriers will accept and process Fee-for-Service, "out-of-network" claims for Mobile Crisis Response services which are submitted by DOH Licensed Agencies. (Note: Regional differences in out-of-network billing practices should be expected.)
<i>Credentialing</i>	As part of contracting process, Commercial Carriers will delegate credentialing of the Agencies to the BH-ASOs.
<i>Billing / Reimbursement Methodology</i>	<ul style="list-style-type: none">• BH-ASOs will implement Fee-for-Service billing of Commercial Carriers using behavioral health crisis services HCPCs codes.• BH-ASO will pay providers the current fixed cost amount.• BH-ASOs and HCA will determine how to address the encounter/payment reporting in those situations when retrospective billing of a commercial carrier results in a payment and a General Funds payment had already been made to the Agency.

<i>Determination of Commercial Carrier Eligibility and Coverage</i>	Each region will determine whether BH-ASO or Agencies are responsible for identifying the Commercial Carrier that is responsible for coverage of the mobile crisis response service for the individual.
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Process / Functions	Path for Plan Year 2024
<i>Collection of Patient Cost Share</i>	Patient Cost Share will not be collected – see Issue Below
Issues	
General	If other issues exist besides those listed below, the BH-ASOs will prepare a list of them for the OIC/HCA to consider
Regulatory	HCA will determine if /when a BH-ASO will contract with a Commercial Carrier to provide administrative services for a region(s) that is not currently “assigned” to that BH-ASO. Otherwise, there may be Health Care Benefit Manager (HCBM) implications.
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.
Billing & Reimbursement	All stakeholders will work collaboratively and in good faith to identify and determine how to address the impacts caused by the noncollection of patient cost-share. Of specific note are the possible Federal implications of not collecting from patients with High Deductible Health Plan (HDHP) and a Health Savings Account.
Dependencies	
Contracting	<ul style="list-style-type: none"> • Confirm that BH-ASOs have the statutory authority to contract with commercial carriers (RCW 71.24.045) • HCA’s allocation of General Fund Dollars to the BH-ASOs will remain the same • The additional administrative costs to the BH-ASOs of taking on these responsibilities for Commercial Coverage will be considered and determination will be made as to how these additional costs will be reimbursed. • If/as necessary, the BH-ASO & HCA contract(s) will be updated.

Infrastructure/Process	<ul style="list-style-type: none"> • HCA will clearly define the set of BHCS HCPS codes (SERI) that Commercial Carriers are required to cover per HB1688. • HCA will provide to the Commercial Carriers; a) a list of DOH licensed Agencies with Tax ID# s and b) emails of BH-ASO contact person (to facilitate communication) • A technology/tool will be developed/made available that will simplify the process of querying multiple Commercial Carriers to determine eligibility and coverage. • A process will be developed for BH-ASO s/ Agencies to a Request Next Day Appointment, if/when appropriate, from the responsible Commercial Carrier. • Revenue Cycle Systems for BH-ASOs and secure infrastructure to send 837Ps to Commercial Carrier and receive 835s and Payments will be required.
Process / Functions	Path for Plan Year 2024
Ongoing Effort	BH-ASOs and Commercial Carriers will work collaboratively and in good faith to capture utilization / cost data to determine the viability of fixed-cost rates rather than Fee-for-Service billing.

Recommendation for Crisis Triage, Stabilization and Detox Services

Synopsis: For plan year January 1, 2023, Commercial Carriers will contract with Facilities to provide HB1688 required services to their members. Contracted Facilities (as innetwork providers) and non-contracted DOH licensed Facilities (as out-of-network providers) will submit Fee-for-Service bills to, and be reimbursed by, Commercial Carriers.

Process / Functions	Path for Plan Year 2023
Regulatory Requirements <ul style="list-style-type: none"> • Contracting • Network Access Reporting 	Commercial Carriers will contract directly with Facilities in order to meet Network Access Requirements. Commercial Carriers will do all required reporting consistent with the updated rulemaking that is outlined below.
Credentialing	As part of contracting, Commercial Carriers will credential Facilities at the level of DOH licensure.
Billing / Reimbursement Methodology	Facilities will submit Fee-for-Service bills to Commercial Carriers using behavioral health crisis services HCPCS codes, either as innetwork providers or as out-of-network providers.

<i>Determination of Commercial Carrier Eligibility and Coverage</i>	Facilities are responsible for identifying the Commercial Carrier that is responsible for coverage of the Stabilization services for the individual.
<i>Collection of Patient Cost Share</i>	Facilities are responsible for collecting Patient Cost Share
Issue	<ul style="list-style-type: none"> For those Facilities that are currently capacity funded, HCA/BHASOs and Facilities will discuss if/how any financial shortfalls that may result from Fee-for-Service billing will be addressed. The scope of contractual obligations of BH-ASOs related to Facilities within the BH system needs to be more clearly defined.
Dependencies	
Infrastructure/Process	<ul style="list-style-type: none"> HCA will clearly define the set of BHCS HCPS codes (SERI) that Commercial Carriers are required to cover per HB1688. HCA will provide to the Commercial Carriers; a) a list of DOH licensed Facilities with Tax ID# and b) emails of Facility contact person (to facilitate communication and as an audit trail for contacting efforts)
Process / Functions	Path for Plan Year 2023
	<ul style="list-style-type: none"> Facilities and Commercial Carriers will set up Discharge Planning Processes as appropriate.
Ongoing Effort	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.

Network Access Reporting

Based upon rulemaking (R2022-02 Implementation of E2SHB 1688) WAC 284-170210(2)(b) will be updated as follows:

“Documentation of good faith efforts to contract may include includes, but is not limited to:”

This change permits the carrier to have information including or additional to a contract negotiation log. Based upon that, and in recognition of the work that the carriers and the BHES Workgroup as doing right now, OIC confirmed to the carriers that for PY2023 they

could use the following types of “good faith efforts” in addition to outreach to providers/facilities to demonstrate to the commissioner they are working towards obtaining a contract for PY2024:

- a. Participation dates/level with working group (for example – X person attends the meetings for Carrier)
- b. Project plan for PY2022 that includes work to date and any items that are resolved
- c. Project plan for PY2023 to get to contract (could involve contracts with providers directly or via BH-ASO)
- d. List of individuals internal/external they are working with (identify BHASOs, Providers, etc).

The AADR must follow standard requirements to waive coinsurance and must ensure the member incurs no greater cost than if a contract were executed. This could mean paying billed charges.

The carriers did request clarification if these principles applied to both mobile team crisis providers as well as facilities. The carriers may have contracts or are in a better position to obtain contracts with the facilities at this point. I confirmed that the principles applied because the rule applies to both situations. It will be a business decision if the carrier wants to file 1 AADR to address BH Emergency Services as a whole service or if they want to submit separate AADRs to address the unique challenges specific to each service delivery in the BH Emergency delivery system (meaning Mobile Crisis Team and Facility).