Policy and Design Workgroup
Meeting Synopsis. Updated: June 12, 2023
May 31, 2023

A. Outstanding Action Items

1. SERI Spreadsheet

   Teresa-Bill will confirm a) modifiers in SERI spreadsheet and b) DOH licensure for SERI services in SERI spreadsheet

2. Future changes to SERI Coding and Crisis Facilities

   How will commercial carriers be informed on an ongoing basis, about billing changes related to Behavioral Health Crisis Services; e.g., SERI changes, changes in list of Crisis Facilities, etc.?

   Decision:

   Commercial Carriers will sign up for HCA's list service pertaining to SERI changes. SERI changes will include any/all changes to the BH Codes for Crisis Services spreadsheet.

   - ***Teresa will*** provide a link to this list serve
   - ***Bill and Teresa will*** determine how best to indicate on the BH Codes for Crisis Services spreadsheet the relevant date of last change for a service, i.e., so that a carrier can refer to the appropriate version of the SERI document.

3. Member Cost-Share

   HCA: Can BH-ASOs use non-Medicaid funding to cover member cost share that is not paid by the commercial carriers, regardless of income?

   Yes, This funding does not have income limitations attached to it.

B. Strategic Decision – 1688 Implementation for Mobile Crisis Response (MCR)

1. Findings
   a. ***Eligibility / Benefits Determination Technology Options:***

   <<Attachment: Synopsis_BHCS Technology WG_5.22>>

   The Technology Workgroup identified a number of options, all of which are problematic but for different reasons. The workgroup took two options off the table. The following options remain:

i. A new "Centralized Eligibility API" option: This option would meet the Mobile Crisis Response Services business need but would have to be designed / built / deployed at significant cost / time for the centralized application. Organization-specific interfaces to the application and operation workflows would need to be developed by the BH-ASOs and by all but a few commercial carriers. Development and implementation of such a solution is projected to be 12-18 months out at least. The business case for building / deploying this technology for implementation of HB1688 is questionable as the return on investment, if any, is likely to be well into the future.

ii. Existing "270-271 transaction exchange / web portal queries" option: The requisite IT system capabilities are currently available to only a subset of the BH-ASOs / Agencies, and some enhancement of these capabilities may be required to adapt them to the Mobile Crisis Response Services business need, i.e. inquiring of multiple health plans with minimal member information. Implementation of this option in the January 2024 timeframe is possible.

For BH-ASOs that would have to upgrade or don't have the IT capability, it is unlikely that revenue generation from commercial carriers will offset the costs to upgrade / purchase.

iii. MCO-like "Populating BH-ASO Repository" option: Only a very few BH-ASOs are interested / capable of implementing this option and it would require agreement with commercial carriers. Meeting the Mobile Crisis Response Services business need would be in direct proportion to the number of "impact" commercial carriers that participate with a BH-ASO in this option. Implementation of this option in the January 2024 timeframe is possible.

Note: Order of Magnitude: Time / Cost to upgrade the IT systems and operational workflows of all BH-ASOs who are willing to do so is likely to be less than the cost to design / build/ deploy a "Centralized Clearinghouse" solution. But those cost may not be offset by commercial carrier revenue to them.

b. ***BH-ASOs / Agency Readiness***

i. Fee-for-Service Billing: 3 BH-ASO's representing 57% of the covered lives have the IT / workflow capability to electronically fee-for-service bill and process payments using the 835 transaction. The other 5 BH-ASOs either have IT systems and operational processes that don't support 837P & 835 processing or would need resources to make the necessary enhancements.

Even the 3 most ready BH-ASOs amy need time and some financial resources to implement IT system capabilities and put workflow processes in place. The implementation timeframes will likely be different for each one.

ii. Eligibility & Coverage Determination: Only 3 BH-ASO's representing 57% of the covered lives have the internal IT / workflow capability to query

commercial carriers to determine eligibility without needing a "centralized clearinghouse" solution. They are likely to implement option 1.a.ii or 1.a.iii (above).

These BH-ASOs will likely need time and some financial resources to implement system capabilities and put workflow processes in place. The implementation timeframes will likely be different for each one.

Commercial Eligibility Clearinghouses are used by some Behavioral Crisis Agencies / Facilities. Most of them request eligibility information from one designated carrier at a time. A few offer some form of "broadcast inquiry" capability to multiple health plans, but that has been reported to be prohibitively expensive to use as a standard practice.

2. Recommendation – Phased Implementation of the HB1688 consensus recommendation for Mobile Crisis Response (MCR)

   a. BH-ASOs / Agencies declare their implementation timeframe and move accordingly. Some BH-ASOs may be unable to implement due to a lack of IT system capability and/or work flow processes.

      Action Item: Can General Fund dollars, contracted to the BH-ASOs by HCA, be used to expand the capabilities of their systems and processes for fee-for-service billing and eligibility determination?

      Per review of proviso language, the BH-ASOs can use existing funds to improve their system capabilities. This would be improving the crisis system to allow for other insurance to cover crisis services based on legislation. Up to 5% can be used on utilization and quality management, up to 10 % of administration. Improving system capabilities could be either bucket.

   b. "Fee-for-Service" will be the default approach for billing AND "270-271 transaction exchange / web portal queries" will be the default approach for determining eligibility. BH-ASOs and Commercial carriers could implement different approaches in a Region, e.g,. some form of capitation, BH-ASO repository, if both mutually agree.

   c. Further consideration of the "Centralized Eligibility API" will be pended.

   d. OIC will assess implications for Network Access Requirements for those Regions where the BH-ASO / Agency either;

      i.) Does not have the capability to implement the consensus recommendation,

      ii.) Intends to implement the consensus recommendation, but will not be ready to implement by January 1, 2024,

iii.) Intends to and is ready to implement the consensus recommendation, but cannot reach mutually agreeable contract terms with a commercial carrier and the carrier's action is consistent with the conditions in their AADR.

In any of these situations, a commercial carrier should seek contracting arrangements directly with MCR Agencies / Providers in the associated Region.

Action Item: Matthew Gower will provide me with the most updated list of MCR Agencies / Providers and I will post it on the https://1688bhcs.com web site.

Posted on the 1688 web site at:
https://www.dropbox.com/s/l5hhh4rhymlai7t/2.%20Mobile%20Crisis%20Team%20List.xlsx?dl=0

e. For BH-ASOs that implement the consensus recommendation, data metrics will be defined and captured to evaluate infrastructure costs and commercial carrier revenue. After a to-be-determined time, these metrics will be used in determining longer term approach that would apply statewide.

Action Item: Bill will forward the following question to the commercial carriers … If a BH-ASO will not be contracting with a commercial carrier for implementation of the consensus recommendation for MCR, would there be value in a commercial carrier contracting with the BH-ASO for credentialing of the MCR Agencies / Providers in that Region?

C. New Considerations

Parameters for payment of post-stabilization services

Discussion at the May 8th meeting indicated that it makes good sense for representatives from crisis agencies / facilities and commercial carriers to work together to; 1) more clearly define post-stabilization services, and 2) to determine the trigger and end points for these services. It was also suggested that the value of this work is broader that behavioral health crisis services, extending into medical emergency services.

Given the operations nature and objectives of the Policy and Design Workgroup and its limitation to behavioral health crisis services, such an effort is outside the scope of the workgroup (and there is limited bandwidth to facilitate it).

Discussion

Federal rule making or guidance may be forthcoming to provide direction in this area.

D. Next Meeting: June 20th. 10:00 – 12:00