

Behavioral Health HealthChoices
COVID-19 System Impact Meeting
Meeting Minutes

4/17/2020 1:00 pm – 2:00 pm

Primary Contractors in Attendance:

Beaver, Bedford/Somerset, Behavioral Health Association of Rural Pennsylvania, Blair, Bucks, Cambria, Capital Area Behavioral Health Collaborative, Carbon/Monroe/Pike, Chester, Crawford, Dauphin, Fayette, Franklin/Fulton, Lancaster, Lehigh, Lycoming/Clinton, Mercer, Montgomery, Northeast Behavioral Health Care Consortium, Northampton, Philadelphia, Southwest Behavioral Health Management, York/Adams.

Managed Care Entities in Attendance:

Beacon Health Options, Community Behavioral Health, Community Care Behavioral Health, Magellan Behavioral Health, PerformCare

Other Entities in Attendance:

Allan Collaunt Associates, BerryDunn, Deerfield Data Management, The Panto Group, University of Pittsburgh Medical Clinic, Xeo Health, OMHSAS

Questions and Answers

Can a Behavioral Health Managed Care Organization (BH-MCO) or County share this summary powerpoint with contracted Providers?

Yes. The contents of this webinar have all been released and can be shared.

Quicktip #240 indicates that the Department will be enrolling providers temporarily where appropriate. And the Department will not close locations awaiting revalidation. Have these tasks been accomplished, and are they reflected in the weekly 414 files received to date?

Yes. The tasks associated when a provider that has a revalidation due as of March 1, 2020 until the end of the public health emergency will not have an automatic closure in the event the provider is not revalidated by the required date. Temporarily enrolled providers will not appear

in the PRV 414 files and providers that are continuing to operate beyond their revalidation date will appear in the PRV 414 as an enrolled provider.

If the provider is submitted with the CARC code the provider information will be included in the next PRV 414.

Assuming the 414 files are up to date, how will the BH-MCO know that the CARC code needs to be applied, since it will just appear that the locations are open?

The Claim Adjustment Reason Code (CARC) code has been asked to use in encounters where one of the three following conditions applies:

- 1. Provider is not currently enrolled in PROMISe that may include service locations that are closed*
- 2. Prior Authorizations requirements normally in place have been bypassed by the MCO*
- 3. Ordering, Referring, Prescribing (ORP) are not enrolled when processing the claim*

Therefore in these instances the provider would not appear to be open, the BH-MCO would know if prior authorizations for a specific service have been bypassed, and if the ORP is not enrolled.

Many ORP providers do not exist in our BHMCO network (e.g. PCPs), so how are we to know if the encounter requires a CARC value?

Correct. BH-MCO use of ORPs is significantly different than Physical Health. Therefore, for BH-MCO the ORP may be included though not required. In many instances, this direction will not apply to BH-MCO encounters.

Will diagnosis code V07.1 in the primary position cause Behavioral Health edits to fail?

In some services that is correct. However, please note that the new COVID-19 diagnosis code of U07.1 is not required to be in any specific position in the professional or institutional encounter. It may be included as the primary or it may be included in any other the secondary positions. OMHSAS is requesting this information is included if the individual has a positive COVID-19 diagnosis.

Will the inclusion of a CAS02 CARC of 279 on a behavioral health encounter cause PROMISe to bypass the typical provider validation that occurs with respect to 700 level edits?

The CARC code is designed to ensure the provider information can be accepted by PROMISe. It does not impact the 700 series edits. The use of the CR modifier in professional encounters

and the DR condition code in institutional encounters have been designed as both informational and functional as their inclusion will ensure the 700 series edits that have been adjusted to Pay and List are being used as requested.

Can the BH-MCO add the modifier on the submitted encounter if the provider doesn't include it on the original claim?

Typically the system requires that in most instances the claim matches the encounter. The encounter is considered the pseudo-claim in the Program Standards and Requirements. However, this information is very valuable and inclusion of these codes in the encounter when they are not included in the provider claim is perfectly acceptable.

Can we require the provider to include the CR modifier and/or the DR condition code?

Yes. OMHSAS supports the use of these codes during the pandemic emergency.

Do you want the BH-MCO to hold claim encounters until they have the CR Modifier and DR Condition Codes loaded into their system?

OMHSAS does not support the holding payment of claims for system changes. Though it is understandable that some encounters may be better held until the system changes occur.

What date of service are required to have the CR or DR applied?

OMHSAS is requesting the use of the CR modifier and DR condition code for dates of service of March 1, 2020 to through the end of the public health emergency. Please note, that if encounters have already been submitted for dates of services on and after March 1, 2020 without the requested code inclusions, OMHSAS is not requiring those encounters to be adjusted or voided then resubmitted with the codes.

We continue to receive closures each day that don't meet the defined requirements. We are not closing them, is that appropriate?

Any individual with pending or active MA eligibility and MCO coverage as of March 18, 2020 cannot be closed unless the closure reason meets one of the exception reasons. In the event that an individual has been closed during this time period, the Department is working diligently to reopen those individuals including resuming MCO coverage if applicable. Therefore, the MCO not closing them and providing services in good faith is perfectly acceptable.

Is training available for eCIS? I've heard that it is much more difficult to get around the system to find the information required by BHMCOs.

A BH-MCO eCIS guidance document was provided and will be included with the follow-up documentation. If you have any questions related to the eCIS transition please contact OMHSAS at RA-PW-BHMCOSecurityR@pa.gov.

In the March eligibility, we noticed a decrease in the TANF eligible counts and an increase in the MAGI eligible counts. What would explain the apparent shift?

Delinking of Cash and MA occurred as part of a statewide conversion over the weekend of February 15, 2020 and was applied to State Blind Pension, TANF, and GA Refugee Cash categories only. The following State Blind Pension, TANF, and GA Refugee Cash budgets were delinked from MA: B 00/80, C 00/04/06/07/08/09/53/57/58/71, D 02, U 00/04/06/07/08/09/53/57/58/71. Systems Notice #SYS-2019- Eligibility Cash-MA Delinking was sent out to MCO's on October 4, 2019.

What do we do when a service already has four modifiers on a professional encounter and adding a fifth modifier on the professional encounter would cause the encounter to deny?

There are two services this impacts that OMHSAS is requesting the submitting entity to shift the modifiers to remove the first modifier that is the pricing modifier and input the CR modifier for professional services as the last modifier.

These two services are:

Provider Type	Provider Specialty	Proc. Code	Mod1	Mod2	Mod3	Mod4	Description
11	113	H0035	U7	HB	UA	GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Adult)
21	222	T1017	UB	HE	HK	UC	Targeted Case Management (BCM - MH Svc During Non-Psych Inpatient Admission)

If we are adding the new diagnosis code to the header of the encounter is there anything else that is needed?

Yes. If adding the new diagnosis code to the header of the encounter (HI segment) then please add the corresponding diagnosis pointer to the SV1 segment in the service line.

Can you clarify, the exceptions listing for members on or after 3/18/20 that meet qualifying criteria to close eligibility?

Yes. The Department currently has three exceptions that an individual may have their eligibility terminated during the public health emergency. This includes:

- *Participants who decide to disenroll from MA*
- *Participants who permanently move out of PA*
- *Participants who pass away*

Additional exceptions are also being included that will be published and provided as soon as possible.

Can the state identify those individuals impacted and share with the plans.

Yes. We do have a current listing and will be getting updated listings. Please contact us at RA-PWELIGDISCREPANCY@pa.gov to request the most updated list. All lists will be shared through the External Docushare Website to which all BH-MCOs currently have access.

Are there any restrictions to the suspension of provider revalidations 99-18-11.

There are no restrictions to the suspension of the provider revalidations. There is a consideration that needs to be included that once the public health emergency is ended provider revalidations would be active and need to be submitted.