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Sent: Tuesday, October 23, 2018 2:01 PM
To: Credible Documentation
Subject: Credible Payer and Billing News: October 2018

CREDIBLE

Behavioral Health Software



Credible Payer and Billing News: October 2018

DEAR CREDIBLE,

Welcome to October's summary of Payer and Billing News!

October was an eventful month for most billing specialists with the fiscal year-end, rate changes, and new initiatives going live. As always, the Billing and Financial Services Department at Credible is here to support your Agency in your billing needs.

Payer Announcements

Arizona

- **Integrated Care is live in AZ!** In order to support AZ Partners with this initiative, Credible provided the following webinars:
 - August 27, 2018 – **Billing Integrated Care**
 - September 24, 2018 – **Billing Integrated Care**
 - October 22, 2018 – **Ask the Guru: Integrated Care**. This webinar allowed for direct Q&A related to Integrated Care functionality and billing with Credible subject matter experts.

Arkansas

- Are you ready for PASSE? In order to assist Partners in the transitions to MCOs, Credible will provide three (3) webinars during November and December to provide guidance on the necessary configuration changes.
- Basic considerations in preparation for PASSE include:
 - Ensure both Agency and clinician credentialing is completed for each PASSE payer.
 - Obtain the PASSE provider manual and **837 Companion Guides** from each payer.
 - If your Agency is new to billing with PASSE payers, ensure EDI relationships are established with each payer and/or clearinghouse.
 - Block out sufficient time to address configuration changes. Configuration changes will impact **Biller Payer**, **Billing Matrix**, **Billing Office Claim Config**, and other areas.
 - Participate in payer testing with the PASSE payers in order to ensure accurate configuration and claims.

Pennsylvania

- With October's release of the **Value Behavioral Health/Beacon ORP** initiative, Partners are now able to populate ORP information from the client episode for both L2300 (claim) and L2420 (service) loops.
- As of January 1, 2019, **Electronic Visit Verification (EVV)** is required for Personal Care claims. The Commonwealth delayed penalties for implementation until January 1, 2020.
 - Timeline
 - January 1, 2019: PA Guidance for implementation will be released to providers by DHS
 - Spring 2019: DHS to provide training
 - Summer 2019: Implementation of EVV
 - Please see [this article](#) for additional information.
 - The EVV system will collect:
 - Type of service provided
 - Individual receiving the service
 - Date of the service
 - Location of the service delivery
 - Time the service begins and ends

Washington

- Beginning in January 2019, Pierce County will begin the transition of billing claims from BHOs to Managed Care.
 - As the transition from BHO to MCO progresses in 2019 toward a 2020 go-live, additional support will follow.
 - Important: Conduct claims testing early so there is time to identify and correct claims rejections and reconfigure BHO/MCO data systems as needed.
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Changes to E/M Coding

- In effort to reduce the burden of documentation placed on the physician, CMS has proposed changes to the 2019 E/M fee schedule. This proposal suggests a blending of new patient visit levels into a single level at a rate of \$135.00. Under the proposal, established patient visits would also merge to one level at a rate of \$93. Providers would then use add-on coding for specialty areas and primary care.
- A final ruling is anticipated in early November.

Should you have any questions, please open a task ticket or contact a Partner Service Coordinator at 301-652-9500 for assistance.

Thank you for reading, and thank you for your Partnership!

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Mission: Improve the quality of care and lives in Behavioral Health
for clients, families, providers and management.

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