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Subject: Credible Payer and Billing News: December 2018



Behavioral Health Software



Credible Payer and Billing News: December 2018

DEAR CREDIBLE,

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

December 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

Arkansas

- The Provider-led Arkansas Shared Saving Entity (PASSE) GoLive has been delayed until March 1, 2019, to allow PASSE payers the ability to better prepare for the transition.
- In the upcoming weeks, your PASSE payer(s) will begin scheduling billing trainings. Credible will be in attendance at these trainings, and provide Partners with instructions regarding configuration changes based on the information from the payers.
- The 12/15/18 to 12/31/18 black-out period regarding authorizations was rescinded due to the delayed GoLive.
- Please be reminded, there is no longer retro-eligibility for tier 2 and tier 3 services under the current OBHS regulations. Members become eligible on the date of their assessment.
- Credible will be providing two Arkansas webinars in mid-January regarding configuration changes needed to support PASSE. Additional information and research with the PASSE payers is underway to finalize configuration updates needed to support PASSE.

Maryland

- Beginning May 1, 2019, Maryland DHS will require rendering provider NPIs to be included on all claims submitted by Outpatient Mental Health Clinics.
 - o Please be sure to enroll your rendering providers independently with Medicaid.
 - Services by Licensed Graduate (LG) and Licensed Masters (LM) professionals cannot enroll with Medicaid to practice independently. Services provided should be billed under a supervising physician's MPO.
 - For information regarding rendering configuration, please see Credible Help under "Allow Supervising Physician Selection".

Pennsylvania

- Community Health Choices (CHC), a managed LTSS program, launches in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties on January 1, 2019.
- CHC provides managed care for individuals who are dually eligible for Medicaid and Medicare and require long-term services either in a nursing facility or in their home.
- The three MCOs participating in CHC include: Keystone First Community HealthChoices, PA Health and Wellness, and UPMC Community Healthchoices.
- The Commonwealth's county phased rollout began in January of 2018 and now has approximately 80,000 participants.
- In other news, Governor Wolf announced on November 8 a \$10 million dollar grant to improve health care integration for Substance Use Disorder and Mental Health Treatment. For more information visit www.dhs.pa.gov.

Virginia

- Looking ahead to 2019? Virginia has been approved to expand Medicaid Eligibility criteria to an additional 400,000 people with the goals of wellness and prevention.
- Family Planning services will be covered for people up to 200% of the Federal Poverty Level.
- Plan First clients at or below 138% of the Federal Poverty Level will automatically be enrolled in expanded Medicaid by DMS.
- Expanded eligibility criteria goes into effect on January 1, 2019.

Washington

- Apple Health (Medicaid) Managed Care will begin to cover behavioral health services in 2019. Service coverage will shift from BHO to Managed Care.
 - Impact on Partners: You will shift your billing from a State Report to 837 claim file. Claim files will be submitted to each contracted Managed Care payer (MCO).
 - On January 1, 2019, Washington State Health Care Authority will implement Integrated Managed Care (IMC) in the following Regional Service Areas:
 - Greater Columbia
 - North Central
 - Southwest
 - Spokane
 - King
 - Pierce
 - North Sound will implement IMC in the spring 2019.
- As of January 1, 2019, Coordinate Care and United Health Care will no longer provide Apple Health coverage for the Spokane region. The three insurance companies providing coverage in the Spokane region in 2019 will include Amerigroup, Community Health Plan of Washington, and Molina Healthcare.

2019 Medicaid Changes

- 37 states are expanding Medicaid to date; 14 states have opted not to expand.
- The Henry J. Kaiser Family Foundation reports that Medicaid enrollment growth was flat in FY 2018 (declining -0.5%). To see the full report, visit kff.org.
- As of 2020 and beyond, the Federal Government, as a part of the Affordable Care Act, will cover 90% of the cost of Medicaid Expansion.
- Currently most states reported financing the state share of expansion costs with the federal funds dollars or increased taxes:
 - o AZ, LA, OR, PA, and VA New Provider Tax/Fee
 - o AR, IL, IN, OR, PA Increase of Existing Provider Tax/Fee
 - CA, MT, NY, PA Reallocation of previously funded populations into the expansion group
 - AR, CA, CT, IA, IL, KY, LA MA, MD, MN, MT, NJ, NY, OH, OR, PA, VT, WA, WV
 Expansion costs covered with State General Fund
 - IL Local government funds
 - IN Increase in cigarette taxes
 - KY Increases in drug rebates
- Also expected in 2019 is a nationwide implementation of the Transformed Medicaid Statistical Information System (T-MSIS), designed to provide oversight and performance evaluation of State Medicaid and CHIP programs.

Have a new initiative impacting your state? Want to make sure that Credible and other Partners are aware of the upcoming changes impacting your agency? In Partnership, Partners often have the inside knowledge of state and community changes that may impact your use of your EHR.

Please provide your PRM with any updates related to upcoming billing and industry changes and Credible will be happy to support you during the implementation.

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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