Behavioral Health HealthChoices
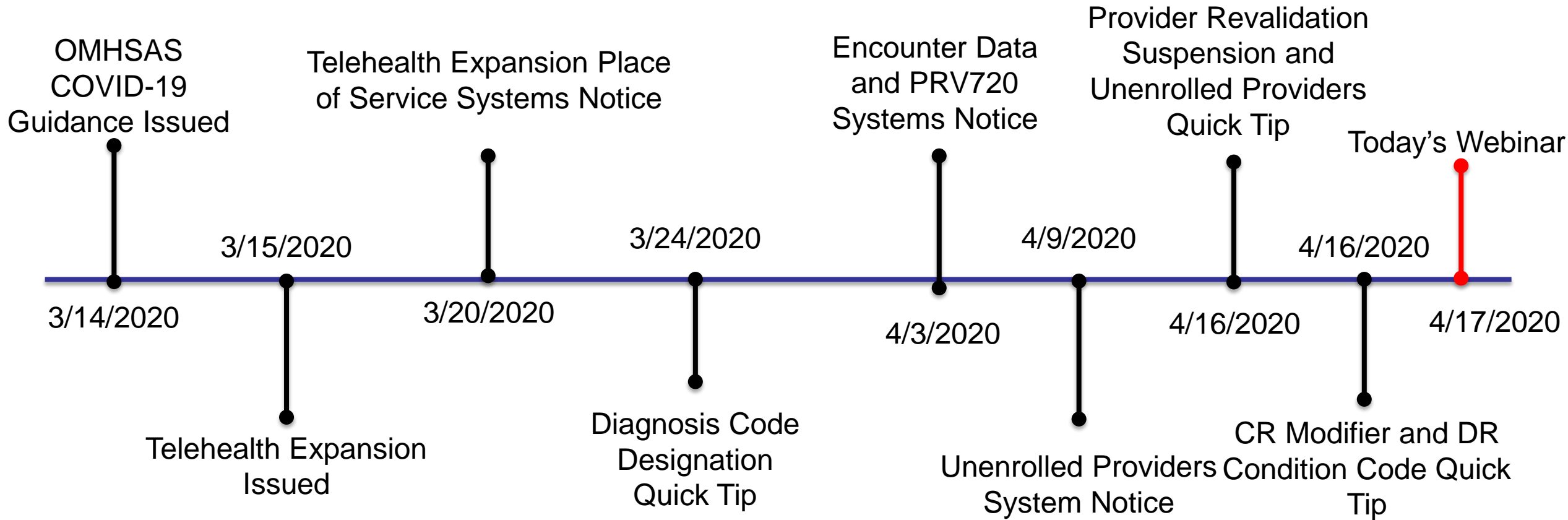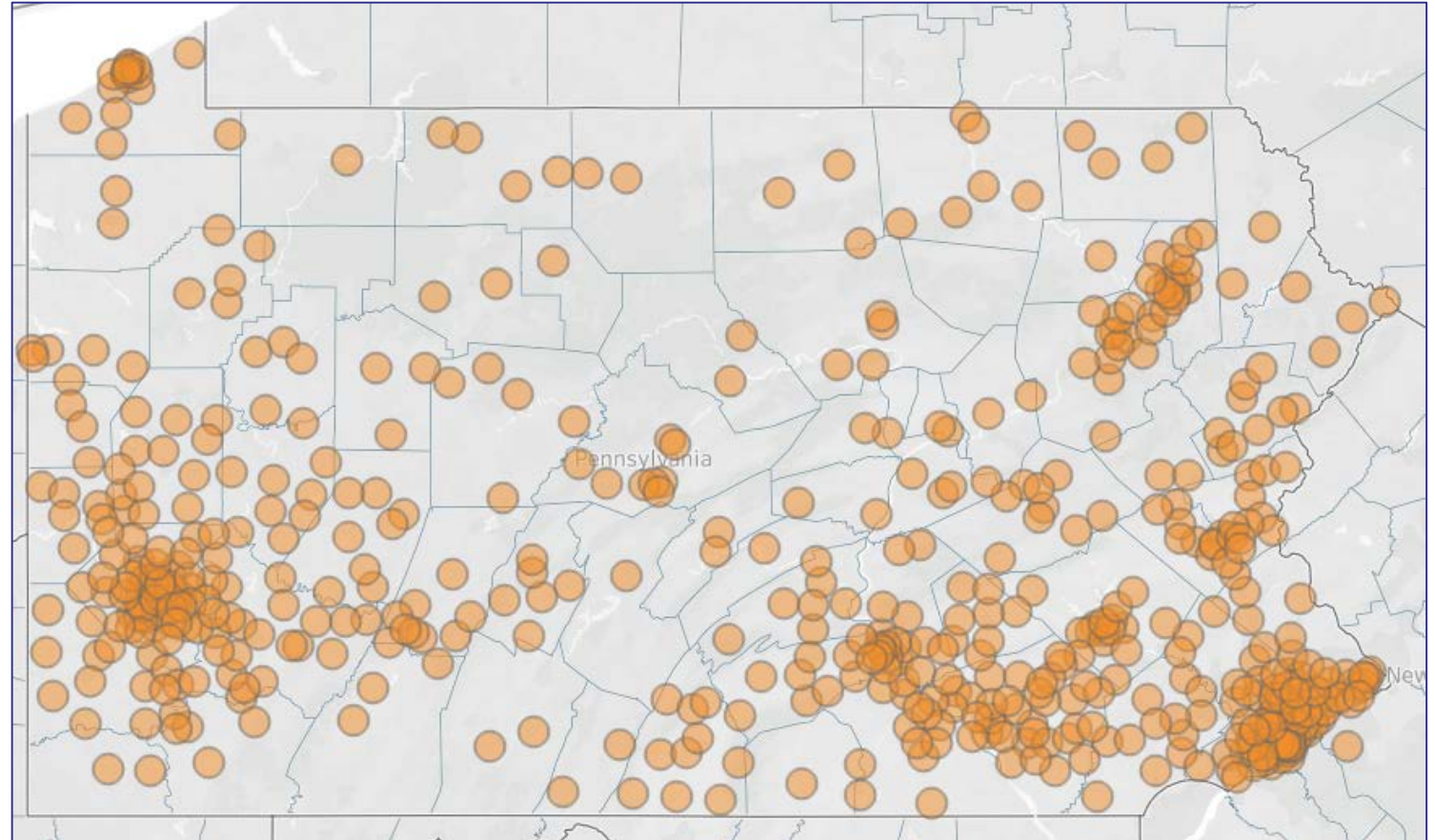
COVID -19 System Updates

4/17/2020

Welcome to today's BH-MCO Meeting
The meeting will begin at 1:00 pm

- Attendance for today's meeting is gathered through the attendee report from the webinar, therefore there will not be an attendance "roll call"
- All phone lines will be on mute during the webinar
- Using the question window, please submit any questions at any time
- OMHSAS will take a brief pauses to answer any questions submitted through the question window
- OMHSAS will attempt to answer as many questions as possible during the webinar
- In the event a question is not answered OMHSAS will include the questions and answers in the meeting minutes
- At the conclusion of this quarter's webinars all questions and answers will be sent to all attendees

Systems Changes Timeline

OMHSAS COVID-19 Guidance Issued — 3/14/2020

Telehealth Expansion Issued — 3/15/2020

Telehealth Expansion Place of Service Systems Notice — 3/20/2020

Diagnosis Code Designation Quick Tip — 3/24/2020

Encounter Data and PRV720 Systems Notice — 4/3/2020

Unenrolled Providers System Notice — 4/9/2020

Provider Revalidation Suspension and Unenrolled Providers Quick Tip — 4/16/2020

CR Modifier and DR Condition Code Quick Tip — 4/16/2020

Today's Webinar — 4/17/2020

OMHSAS COVID-19 APA Dashboard

- Primary Contractors and/or their respective BH-MCOs provided details on the location of Alternative Payment Arrangements (APA) developed due to the COVID-19 pandemic

- The map includes the zip code of each individual provider service location that has a COVID-19 APA

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- Issued on March 14, 2020

- Guidance contains six recommendations and various links on responding to the COVID-19 pandemic

- No additional systems impact

OMHSAS Telehealth Expansion

- Issued on March 15, 2020

- Permitted the delivery of behavioral health services using telehealth that may not have been included in the Telehealth bulletin (OMHSAS 20-02)

- Services that fall into the Telehealth expansion require the submission of the attestation form in OMHSAS 20-02 within 5 days of providing telehealth services

- Services delivered through telehealth based on the expansion should reflect the same code combinations as if the service was delivered in-person

- The telehealth informational modifier (GT) is only to be used for services established with the GT modifier

Telehealth Place of Service for Behavioral Health Services Systems Notice:

There have been some questions regarding the expansion of Telehealth services and the appropriate Place of Service (POS) Code to be used for these services. If a BH Managed Care encounter is submitted with a POS 02, the encounter will deny for the edit "Place of Service Invalid" as POS 02 is not a valid code in PROMISe.

If providers in the Managed Care Delivery System submit Telehealth claims with a POS 02 please crosswalk that code with POS 99 for encounter data processing or use the POS code that would have been used if the service was delivered face to face.

If the provider is Fee for Service (FFS) please use the POS that is permitted for the service that typically would have been used if the service was delivered face to face.

- Issued on March 20, 2020

- The place of service code '02' is currently not eligible in PROMISe, therefore the encounter will deny for the edit "Place of Service Invalid".

- If providers submit Telehealth claims with a POS 02 please crosswalk that code with POS 99 for encounter data processing or use the POS code that would have been used if the service was delivered face to face.

Brief Pause for Questions

Brief pause to answer any questions submitted

Any questions that we are not able to answered will be included in follow-up communications with the asking individual

All questions and answers from both webinars will be provided in a document provided following the meetings

ICD 10 Diagnosis Code

PROVIDER QUICK TIPS

New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19) Effective April 1, 2020

This guidance is being issued to supplement the guidance issued on March 17, 2020 through Provider Quick Tip # 228, available here.

On March 11, 2020 the Novel Coronavirus Disease, COVID-19, was declared a pandemic by the World Health Organization. On March 13, 2020 a national emergency was declared in the United States concerning the COVID-19 Outbreak.

Because of these developments, and the urgent need to capture the reporting of this condition in our nation's claims and surveillance data, the Centers for Disease Control and Prevention (CDC) under the National Emergencies Act Section 201 and 301, announced a change in the effective date of new diagnosis code U07.1, COVID-19, from October 1, 2020 to April 1, 2020. This off-cycle update is unprecedented and is an exception to the code set updating process established under HIPAA.

As a result of the CDC's announcement, providers should use the new diagnosis code U07.1, COVID-19, beginning April 1, 2020.

This announcement is an update to the CDC's official diagnosis coding guidance issued on February 20, 2020, and subsequent interim coding guidance issued for health care encounters related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the ICD-10-CM Official Guidelines for Coding and Reporting (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available.

Additional information is also available on the CDC website and through CMS.

Information on MA Program coverage related to COVID-19, to include an FAQ document, can be found on the Department of Human Services website here.

The Pennsylvania Department of Health has a dedicated page for COVID-19 that provides regular updates. Click here for the most up to date information regarding COVID-19.

- Issued on March 24, 2020

- CMS has developed an new ICD 10 code that can be used for individuals that have or had COVID-19

- The Department is asking that for all individuals that have COVID-19 that this diagnosis code (U07.1) is included within any diagnosis position

- This diagnosis code does not have to be in the primary position

SYSTEMS NOTICE SYS-2020-XXX

Encounter Data

COVID-19 Encounter Data Updates

Overview: On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing guidance to advise Behavioral Health (BH) County Contractors and Managed Care Organizations (MCO)s where Prior Authorization requirements were waived and for claims accepted and paid from providers not currently enrolled in the PA Medicaid program for services related to COVID-19.

For the Department to identify the submission of the respective encounters, County Contractors and MCOs are to use a newly designated CARC code of 279. This will be effective March 1, 2020 in accordance with CMS' approval of the Department's waiver.

Background: It is the Commonwealth's intention to streamline and facilitate the County Contractors and MCOs ability to process incoming claims for COVID-19 related services. This would require the MCOs to process claims from providers who are not currently enrolled in the PA Medicaid program OR have been previously enrolled and have only closed service locations. This notice also requires the MCOs to follow DHS guidance on bypassing Prior Authorizations during the pandemic emergency. This would include billing and rendering providers as well as Ordering, Referring, Prescribing providers which may currently be validated upfront within MCO processing systems. Once the MCOs process the claims, the subsequent encounters submitted to PROMISe would typically set edits indicating that the service location is closed or not enrolled. CARC code 279 are now being recognized to ensure the encounters can be identified by DHS staff to illustrate all medical services which were processed under these special circumstances.

Encounter Submission Details:

For 837 encounters: Claim Adjustment Reason Code (CARC) '24' is the only CARC which crosswalks to a carrier indicator of '9 – Service was Approved/Accepted by the MCO'. As an existing rule, the MCO payment should be contained within the first payor loop/CAS segment and the services paid should still be illustrated with CARC 24. Following the MCO payment CAS, we are requesting a second CAS segment be added to the encounter with a CAS02 CARC of 279 and a CAS03 amount of $0.00. CARC 279 should be used for ORP, servicing, or billing provider not enrolled, and any prior authorization being waived based on DHS direction. PROMISe processing will continue the path of existing edits/validations of an MCO Paid/Approved service.

- Issued on April 3, 2020

- Requests the identification of encounters where COVID-19 impacted the provider being enrolled in MA or the prior authorization review not being completed

- Using the identified Claim Adjustment Reason Code (CARC) 279 will allow for the encounter to process and be identified for data reporting

- CARC 279 should be used for ORP, servicing, or billing provider not enrolled, and any prior authorization being waived based on DHS direction

- The use of the CARC code will ensure the submitted encounters with the impact provider's information is accepted by PROMISe

Provider Enrollment Quick Tip

- Issued on April 15, 2020

- Includes details on removal of requirements related to new providers and currently enrolled providers

- All providers with revalidations due during the pandemic time period will remain active in PROMISe

- However, please note that if the provider has not revalidated OR submitted a revalidation application, the provider's service locations will close in PROMISe the day the emergency disaster declaration ends.

Encounter Data Systems Notice – PRV720

SYSTEMS NOTICE SYS-2020-XXX

Provider Files

Temporary Suspension of PRV720 Provider Revalidation File

Background: On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Medical Assistance Programs (OMAP) is issuing guidance to advise MCOs to accept and process claims from providers not currently enrolled in the PA Medicaid program.

Details: The PRV720 Monthly Provider Revalidation file (PRV720M.XX.zip) is sent the 1st of each month to all MCOs and provides the upcoming revalidation dates for all providers/service locations. Because of the COVID-19 pandemic emergency, DHS is no longer terminating providers whom haven't completed their revalidation. This file will not be provided until further notice. Many MCOs systematically load this file into their upfront validations and claims processing systems as well as use the information to assist DHS in informing providers of the revalidation process. DHS does not want to create additional confusion by providing these revalidation dates since the Department is suspending the termination of providers based on the lack of revalidation.

If you have any questions, please contact provider@pa.gov.

- Issued on April 3, 2020

- Announces the suspension of the PRV720 monthly file that identified revalidation dates for providers

- File will be suspended as the requirements to revalidate providers has been suspended during the pandemic

Use of the CR Modifier or the DR Condition Code

SYSTEMS NOTICE SYS-2020-XXX

Encounter Data

COVID-19 Modifier CR and Condition Code DR

Overview: On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Mental Health and Substance Abuse Services (OMHSAS) in collaboration with the Office of Medical Assistance Programs (OMAP) is issuing guidance to advise providers to accept and identify claims that are or may be impacted by specific payer/health plan policies related to the COVID-19 emergency disaster. To identify the submission of the respective encounters, County Contractors and MCOs are to use a procedure code modifier of 'CR' in professional encounters and a condition code 'DR' in institutional encounters.

This will be effective March 1, 2020 in accordance with CMS' approval of the Department's waiver.

Background:

Modifier 'CR' stands for 'catastrophe/disaster related' and can apply for 837 professional related claims/encounters.

Condition code 'DR' stands for 'disaster related' and is required to be used to identify claims/encounters that are or may be impacted by policies related to a national or regional disaster. The DR condition code is used only for institutional billing.

Details:

The following instructions will identify the loops/segments where the Department would expect to see the "CR" modifier or the 'DR' condition code on the encounter submission.

For Professional encounters:

```
Modifier (detail)
Loop 2400
SV1 01-3 (1st modifier)      SV1*HC:99211:CR
SV1 01-4 (2nd modifier)      SV1*HC:99211:RL:CR
SV1 01-5 (3rd modifier)      SV1*HC:99211:RL:TP:CR
SV1 01-6 (4th modifier)      SV1*HC:99211:RL:TP:LT:CR
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- Issued April 9, 2020

- Using the modifier and condition code to identify a service provided that has been impacted by COVID-19

- These impacts are defined as:
  - Provider is not actively enrolled in PROMISe
  - Provider is delivering the service through telehealth under the OMHSAS Telehealth expansion related to the pandemic
  - The Ordering Referring and Prescribing practitioner is not enrolled in PROMISe
  - Prior Authorization has not been completed for a service that Prior Authorization would be required to be completed

- The use of the CR modifier and DR condition code will ensure the effected encounters will be accepted In PROMISe

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PROVIDER QUICK TIPS   #243

Use of the CR Modifier and DR Condition Code for COVID-19 Disaster/Emergency Related Claims

- Issued on April 16, 2020

- The CR modifier for professional encounters and DR condition code for institutional encounters are required when:
  - When Telemedicine is being provided by practitioners who would not previously have been able to provide services using telemedicine.
  - When providing services at alternate sites.
  - For services that otherwise would have required prior authorization but due to the COVID-19 emergency disaster declaration do not require prior authorization.
  - For services that would have otherwise required copays for COVID-19 services.
  - Due to non-enrolled ordering, referring or prescribing providers
  - When the provider is not yet enrolled as a new provider or is enrolled past their revalidation date

Brief Pause for Questions

Brief pause to answer any questions submitted

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Family First COVID-19 Response Act

- In response to the Family First COVID-19 Response Act signed into law on March 18, 2020, the Office of Income Maintenance (OIM) put a No Closure of Medical Assistance (MA), Long Term Care (LTC), and Home and Community based Services (HCBS) Program Budgets process in place.

- OIM issued guidance to the County Assistance Offices (CAO) to keep all Individuals with active or pending MA eligibility on 3/18/2020 opened during the time period of the declared national emergency

- Currently there are three exceptions:

  - Participants who decide to disenroll from MA – This can be seen on the 834 where the MA term date is three days after the file date

  - Participants who permanently move out of PA – This can also be seen on the 834 where the MA term date is three days after the file date

  - Participants who pass away – Date of Death is sent on the 834 and Managed Care will term end of the month. Date of Death will be present in the first segment of the 834 for the record.

- The Department and OMHSAS are requesting that MCOs continue covering services for those individuals in good faith who were closed on or after March 18, 2020.
  - The three exceptions indicated on the previous slide are valid MA closure reasons
  - Additional exceptions such as an individual is entering a facility that provides comprehensive care such as nursing facilities and correctional facilities are being developed by OIM

- CAOs are in the process of reopening MA eligibility for individuals.

- The Department, OMHSAS, and other business partners are also adjusting MCO enrollment to remove any gaps in MCO enrollment to ensure the adjusted individuals are included in capitation

- Questions regarding MA eligibility and managed care enrollment, please contact us at RA-PWELIGDISCREPANCY@pa.gov.

CIS to eCIS Transition Update

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eCIS Transition Update

WHAT HAS CHANGED?
The move from CIS to eCIS for viewing client data was originally scheduled to be completed in two phases, but will now be completed over four phases. Phase 1 took place on February 18, 2020 and resulted in the transition of client data from 11 counties to the eCIS platform. Phase 2 is now scheduled for May 18, 2020 and will transition client data for three more counties. Client data for the remaining counties will be transitioned in the June through July timeframe. More details will be provided once the schedule is finalized.

The phases are scheduled as follows:

- ✓ Phase 1: February 18
     Bedford, Blair, Bucks, Chester, Delaware, Lackawanna, Lebanon, Monroe, Washington, Westmoreland, and York
- ☐ Phase 2: May 18
     Berks, Lancaster, and Philadelphia
- ☐ Phase 3: Summer 2020
- ☐ Phase 4: Summer 2020

For more information about the transition visit the eCIS Registration Information page.

DOES THIS AFFECT REGISTRATION?
All business partners and their users are still required to register for eCIS access. The registration process also remains the same and is outlined in the Registration Guide. We encourage business partners to register as soon as possible to ensure access to necessary client data.

HOW DOES THIS IMPACT CLIENT DATA ACCESS?
Data will be incrementally transitioned by county over the four phases. Each phase will result in more data being transferred from CIS to eCIS. Depending on the clients you serve, you may need to use both systems until Phase 4 when all data has been migrated to eCIS and access to CIS is deactivated.

MORE INFORMATION
If you have questions, please visit the eCIS Registration Information page or reach out to your DHS Program Office Contact.

- Phase 2 was originally scheduled for April 20, 2020 but is now scheduled for May 18, 2020 and will transition client data for Berks, Lancaster and Philadelphia counties.

- Client data for the remaining counties will be transitioned in the June through July timeframe. More details will be provided once the schedule is finalized.

- eCIS Transition Notice and Implementation Phases document was sent to each registered Delegated Administrator on 4/14/2020 for staff distribution.

MMIS Release A – 834 Eligibility File

- Thank you for submitting information requested for Release A. If you have not already done so, please submit that information by Tuesday, April 21, 2020. It is very important that we have this information to proceed without unexpected issues during implementation.

- We are also requesting who currently receives your 834 file – County, BH-MCO, vendor, etc. We need to explain this process to the Release A workgroup and want to make sure we do not miss a step.

- Please send all information or requests/inquiries related to Release A to RA-PWOMHSAS834ISSUES@pa.gov.

- OMHSAS plans to discuss Release A at the Encounter Data Validation quarterly meetings in May.

SeGOV

- Users are registered based on their IP Address

- As users are more frequently working remotely, the IP Address may prevent users from accessing SeGOV

- Remote users could still access SeGOV through a VPN that will use the IP Address that is registered

- If you can not login to SeGOV, please contact your IT staff to resolve the connection

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Pre / Post Comparison

Action	Prior to Pandemic	Temporarily during Pandemic
Telehealth	OMHSAS established specific services that can be delivered by telehealth. These service include the 'GT' modifier.	Any behavioral health service can be delivered by telehealth. GT modifier is not acceptable for use in other code combinations unless the service was already established as a telehealth service prior to the pandemic. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.
Telehealth Place of Service	OMHSAS established specific services that can be delivered by telehealth. These services also included POS requirements for FFS claims and recommendations for encounters.	All other services are to use the POS 99 (Unlisted Other) or the POS that would have been used had the service been provided in-person.
COVID Diagnosis	Did not exist	Please use the COVID-19 ICD-10 Diagnosis code effective April 1, 2020 for any individual served that has tested positive for COVID-19.

Pre / Post Comparison

Action	Prior to Pandemic	Temporarily during Pandemic
Provider Enrollment	All providers have to be enrolled in PROMISe to provide services.	Enrollment is not required to provide services. Instead unenrolled or closed providers may provide services. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.
Provider Revalidation	Affordable Care Act (ACA) required providers are revalidated every five years from the effective date. Those providers not revalidated within that time frame are closed automatically by DHS.	Providers that are not revalidated by the required revalidation date are not closed. However, the applications to revalidate those providers will need to be submitted to prevent closure after the pandemic. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.

Pre/Post Comparison

Action	Prior to Pandemic	Temporarily during Pandemic
Prior Authorization	Some services have established prior authorization requirements before they can be delivered and subsequently paid.	Entities that manage prior authorization are being asked to relax prior authorization requirements. OMHSAS will be issuing guidance on prior authorization in April. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.
Ordering, Referring, Prescribing (ORP)	Individual practitioners that are considered an ORP practitioner is required to be enrolled and have a valid PROMISe Provider ID number.	Individuals practitioners that are considered an ORP practitioner are not required to be enrolled or have a valid PROMISe Provider ID number. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.
Identification of COVID-19 Impacted Providers	Did not exist	Use of the CARC code and for professional encounters those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.

Pre/Post Comparison

Action	Prior to Pandemic	Temporarily during Pandemic
Eligibility	Reviewed at a minimum of every six months. If individual's circumstances changed resulting in ineligibility, (e.g., income over the limit, renewal documentation not received) the CAO would close Medical Assistance.	Individuals that are enrolled as of March 18, 2020, including those with pending eligibility determinations, will remain eligible through the pandemic. Exceptions do apply.
SeGOV	All users had a specific IP Address to enter SeGOV.	All users still have a specific IP Address, however in the environment of remote working, the IP Address may have changed and the user will have difficulty in accessing SeGOV.

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Department of Human Services COVID-19 Page

https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-2020.aspx

OMHSAS COVID-19 Resource Account

ra-pwomhsascovid-19@pa.gov

Provider Quick Tips

https://www.dhs.pa.gov/providers/Quick-Tips/Pages/default.aspx

We appreciate everyone taking the time to join today's webinar.

Please contact us with any questions or concerns

RA-PWOMHSAS837ISSUES@pa.gov