



**Behavioral Health Clinical Advisory Committee
(BHASC) Agenda
July 8, 2020
8:00- 9:30 AM**

Chair: Lucy Zammarelli, LaneCare, Lucy.zammarelli@lanecountyor.gov

Administrative Leader: Leilani Brewer, LaneCare, Leilani.brewer@lanecountyor.gov

§	Agenda Topic	Presenter	Duration
1	Introductions and Announcements –Leilani will do a roll call for introductions: Please share 2-3 words that describe your state of mind today! Please share announcements for your agency in the chat box, including any links for events if you have them. (1) Click here for a letter from The National Council for Behavioral Health announcing Panacea Life's online store which provides reduced cost PPE. (2) Click here for the updated PSCS Provider Relief FAQ	Lucy/ Group	10 minutes
2	Discussion of Minutes (attached to invite)	Lucy/ Group	5 minutes
3	Trillium CAP Report PSCS CAP Report	Lucy Britni/Ryan	10 minutes
4	Intensive In-Home Behavioral Health Treatment (IIBHT)	Lucy/Britni/Others	10 minutes
5	Discussion of Workgroup Reports a) Early Childhood Mental Health Workgroup(ECMH) b) Substance Use Disorders Workgroup(SUDS) c) Adult/Severe Persistent Mental Illness/Crisis (Adult SPMI) d) Older Adult/People with Disabilities Workgroup (OA/PD) e) Young/Transition Age Workgroup (TAY) f) Community Resilience Workgroup (CRW)	a) Britni/Anne b) Elisabeth c) Shawn d) /Kay e) Virginia f) Lucy	30 minutes/ (5 minutes each)
6	Healthcare Integration Collaborative	Britni	5 minutes
7	Lane County Pain Guidance & Safety Alliance	Lucy	5 minutes
8	System of Care Update	Cindy	5 minutes

*Going forward if you would like to promote your agencies events or trainings please bring information to scheduled meetings as Trillium administrative staff will no longer be able to accommodate listserv email distributions.

**In order to assist with meeting compilation, this meeting will be recorded. Once the minutes have been reviewed by chairs or approved by committee, the recording will be deleted.



COVID-19 Provider Relief Plan and Other Frequently Asked Questions

July 1, 2020*

This document aims to answer the most common provider-community questions in response to the COVID-19 Provider Relief Plan. The Provider Relief Plan supports contracted providers through the crisis and helps to reduce administrative and financial burdens.

Providers must check a member's eligibility and benefits prior to rendering care. A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits is subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.

*This FAQ will be revised when information is updated.

Medical Authorizations and Referrals

Q. For which services will PacificSource be suspending prior authorizations?

A. PacificSource is suspending prior authorization (PA) and referral requirements related to medical necessity for dates of service March 27 through August 31, 2020, for services included on the Prior Authorization Grid. To determine if a service formerly required preauthorization, consult our Prior Authorization Grid (<https://authgrid.pacificsource.com/>).

Q. Does the suspension of the prior authorization requirement apply to all PacificSource members, including ASO (self-funded) groups?

A. Yes. It applies to all PacificSource Medicare, Medicaid, fully insured commercial, and the majority of ASO members. Please contact our Customer Service team for confirmation of prior authorization and referral requirements for ASO members.

Q. Do I still need to submit a prior authorization to determine if PacificSource will cover a service that is not covered under the Oregon Health Plan (OHP)? What if I need to put in a retro authorization for OHP?

A. Yes. Prior authorizations are still required for all benefit coverage exceptions. We are also allowing retro authorizations 90 days from the date of service. One way this can be identified is by using LineFinder. LineFinder is an online tool to assist providers in determining what is covered by OHP. OHP generally updates the information quarterly.
(<https://intouch.pacificsource.com/LineFinder>)

Q. How will I know if I have received an extension on an existing medical (not pharmacy-related) authorization that is for dates of service after September 1, 2020?

A. All existing authorizations for dates of service after September 1 will be extended through December 31 dates of service.

Q. If I submit an authorization to be reviewed as a courtesy for benefit eligibility, will PacificSource review it or will it be automatically approved? Will I receive a notification of approval or denial?

A. Yes. We will review it and will respond with a notification of approval or denial.

Q. If the patient has not been seen in the last 30 days, will they need a new prescription for durable medical equipment?

A. We are following CMS and state guidance, which allows leniency for needed prescriptions for covered services.

Q. Are prior authorizations still required for services done through AIM, such as genetic testing and advanced imaging (CT/MRI, etc.)?

A. No. Prior authorization requirements have been suspended for dates of service through August 31, 2020.

Pharmacy Authorizations

Q. Are prior authorizations still required for medication and pharmacy services covered under the medical benefit?

A. PacificSource will extend most prescription and medical drug prior authorizations, which expired on June 30, 2020, for an additional 90 days. New CMS and state regulations will be incorporated into our processes as released. New requests will follow standard prior authorization procedures for medical and prescription drugs.

Noncontracted Providers

Q. Does the Provider Relief Plan apply to me as a noncontracted provider *residing within* the PacificSource service areas (Idaho, Montana, Oregon, and Washington)?

A. Yes. The Provider Relief Plan is applicable to noncontracted providers that are caring for our members in the service areas as mentioned above.

Q. Does the Provider Relief Plan apply to me as a noncontracted provider *outside* of the PacificSource service areas (Idaho, Montana, Oregon, and Washington)?

A. No. The Provider Relief Plan is not applicable to noncontracted providers that are residing outside of our service areas as mentioned above.

Inpatient Notification and Concurrent Review

Q. What is the difference between inpatient (IP) notification and concurrent review?

A. Concurrent review is done to ensure an ongoing stay is supported by medical necessity criteria. IP notification is simply giving PacificSource notice of admission so that we are able to facilitate transitions of care and better support members and providers. PacificSource will suspend the concurrent review process for dates of service from March 27 through August 31, 2020.

Q. Are inpatient notifications still required for hospitals, long-term acute-care hospitals, acute rehabilitations, residential treatment centers, intensive outpatient programs, partial hospitalization treatment programs, and skilled nursing facility stays?

A. Yes. In order to assist with care management and discharge planning, the Notice of Medicare Non-Coverage (NOMNC) is required where appropriate and in compliance with CMS.

Appeals

Q. Will there be appeal rights if no prior authorization was sent and a claim is denied?

A. Yes. Appeal rights will continue to be in place and reviewed in line with applicable policies at the time of service. Flexibilities will be extended for timely submission according to CMS guidance.

Credentialing, Recredentialing, and Contracting

- Q. We are a contracted provider group with PacificSource. Will PacificSource allow new practitioners to be temporarily added and covered under our contract during COVID-19? Do our providers need to go through the full credentialing process before seeing PacificSource members?**
- A.** PacificSource will allow providers to be temporarily added to your contract until August 31, 2020, using an abbreviated application process. This temporary participation status allows these providers to see members for dates of service through September 30. If your provider anticipates seeing PacificSource members after October 1, please complete the full credentialing application process.
- Q. Will PacificSource provide administrative relief from practitioner recredentialing during the COVID-19 pandemic?**
- A.** Yes. PacificSource will suspend outreach for recredentialing through August 31, 2020.
- Q. We are a contracted provider group with PacificSource and we are moving our hospital-based providers into the clinic setting temporarily to assist during the COVID-19 period. Do we have to credential them with PacificSource?**
- A.** No. if the provider bills under their same NPI and TIN as their hospital-based services, PacificSource will process under your current contract regardless of service location.
- Q. We are a contracted provider group with PacificSource and we are moving our providers into different clinic locations. Do we have to inform PacificSource of these changes in order to be covered under our current contract?**
- A.** If the provider is continuing to bill under their same contracted NPI and TIN, PacificSource will pay under their current contract regardless of location. If the location is being billed under a different TIN, please contact your Provider Service Representative so we can update our system accordingly and expeditiously.
- Q. How will PacificSource handle licensing requirements for providers coming out of retirement to help during COVID-19?**
- A.** If a nonlicensed or retired provider submits a claim during the COVID-19 period, we'll review it according to state guidelines to see what the board requires. PacificSource recommends submitting an abbreviated credentialing application for these providers in advance if you are adding to your existing contract.

Quality Improvement Activities

- Q. What else is PacificSource doing to reduce the administrative burden of providers during COVID-19?**
- A.** PacificSource is suspending most chart retrieval and provider survey requests through August 31, 2020. Please contact our Population Health team to help answer questions or address changes related to quality-improvement activities. You can reach them at populationhealth@pacificsource.com.

COVID-19 Place-of-Service Guidelines

Question	Answer
Are ED services provided in tents and patient cars covered? If so, how should they be billed?	<p>Yes. Tents and/or patient cars located in close proximity to the ED in which ED staff provide COVID care or non-COVID care will be considered extensions of the ED.</p> <p>Claims for that care should use Place of Service Code – 23 Emergency Room – Hospital, with Modifier CR for professional billing and Condition Code DR for institutional billing.</p>
Are outpatient services provided in patient cars covered? If so, how should they be billed?	<p>Yes. Patient cars located in the parking lot of a clinic in which clinic staff provide COVID care or non-COVID care will be considered extensions of the clinic. Claims for that care should use Place of Service Code as follows:</p> <ul style="list-style-type: none"> • 15 – Mobile: If the car is used as a drive-up COVID testing site where a specimen is taken • 11 – Office: If the clinic is not hospital owned • 19 – Off Campus – Outpatient Hospital: If the clinic is hospital-owned but not on the hospital campus
Are services provided in nonlicensed space and/or nonlicensed beds covered? If so, how should they be billed?	<p>Claims for services to COVID and non-COVID patients provided in nonlicensed space and/or nonlicensed beds should be submitted with the Place of Service Code most closely associated with the staff/function being performed in that space/bed (as if the space/bed was licensed).</p>
What provider-patient interaction methods will be considered telehealth, and how should they be billed?	<p>Methods of interactions between providers and COVID and non-COVID patients outlined in the announcement would be considered telehealth, and should be billed appropriately in accordance with CMS guidelines.</p> <p>Please see our FAQ regarding COVID-19 for Providers: Reimbursement, Telehealth, and More (at PacificSource.com/providers).</p> <p>For more, see the Health and Human Services (HHS) statement about telehealth: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</p>
Will a phone call with a patient be considered telehealth if there is no video feed (and just voice interaction over the phone)? If so, how should it be billed?	<p>Yes. Please see our FAQ regarding COVID-19 for Providers: Reimbursement, Telehealth, and More (at PacificSource.com/providers).</p>
Will telehealth be a covered service for patients new to that provider?	<p>PacificSource is following CMS expanded-coverage guidelines, which allow telehealth visits for both new and established patients.</p>

Provider Manual

The Commercial, Medicaid, and Medicare Provider Manual is available to [download here](#). Or go to the Providers > Medical section at PacificSource.com.

Who to Contact

For general questions related to COVID-19, our Provider Service team is ready to talk through your concerns.

Provider Service

Idaho and Montana: (541) 246-1459, or toll-free (855) 247-7579

Oregon and Washington: (541) 246-1457, or toll-free (855) 247-7575

To verify member eligibility and benefits, please contact our Customer Service team.

Commercial Customer Service

(888) 977-9299

cs@pacificsource.com

Medicaid Customer Service

(800) 431-4135

CommunitySolutionsCS@pacificsource.com

Medicare Customer Service

(888) 863-3637

MedicareCS@pacificsource.com

For questions related to preauthorizations and inpatient notifications, please contact our Health Service team.

Commercial

(888) 691-8209

Medicaid

(800) 431-4135

Medicare

(800) 735-2900

Dear friends:

The arrival of COVID-19 has brought with it many unexpected challenges. Accessing personal protective equipment (PPE) to keep your staff and patients safe shouldn't be one of them.

We continue to hear from our members that finding and purchasing PPE remains difficult. To help you help others safely, we have partnered with [Panacea Life](#) to deliver a variety of PPE at reduced rates.

To take advantage of this opportunity, [visit Panacea Life's online store](#). For product details, including shipping information, please click on each item. This store will be regularly updated based on available inventory. You do not have to be a National Council member to purchase from the website.

Your safety – and that of your community – is our top priority. We hope these resources will help you increase your service delivery at a time when it is needed most. Have questions? [Contact us](#).

And on behalf of everyone at the National Council, thank you for your heart and hard work during these challenging times. We appreciate you.

Regards,

Chuck Ingoglia

President and CEO

National Council for Behavioral Health