

Integrated Managed Care Inpatient Hospital FAQ

This guidance document updates frequently asked questions from providers about authorization and payment for Involuntary and Voluntary inpatient hospital services.

This document does not apply to free standing Evaluation and Treatment Facilities (E&T). E&Ts should refer to Service Encounter Reporting Instructions and Mental Health Billing Guide.

Involuntary & Voluntary Inpatient Hospital Treatment

Admission date occurred prior to 1/1/2020

• Contact Health Care Authority at hca.wa.gov.

Admission date occurred 1/1/2020 or after

1. What if a Designated Crisis Responder petitioned for involuntary treatment?

Client type	Billing instructions
For a non-Medicaid client who is: • A U.S. citizen not covered by Apple Health	Bill the responsible Behavioral Health-Administrative
(Medicaid)	Service Organization (BH-ASO) directly whose region includes the individual's residence in the billing transaction. For voluntary stays, contact the responsible BH-ASO for authorization.
• Covered by Apple Health - Enrolled with a Managed Care Organization (MCO)	Bill the Manage Care Organization (MCO).
• Covered by Apple Health - Not enrolled with an MCO	
 Client is Alaska Native/American Indian (AI/AN) 	Bill the Health Care Authority (HCA) - no Prior Authorization is needed.
 If client is not AI/AN and not enrolled with an MCO, they are fee-for-service. 	See the Mental Health (MH) billing guide for Expedited Prior Authorization (EPA) information.
For a non-Medicaid client who is: Not a U.S. citizen	Refer to the Emergency medical billing guide.



2. What if client is back-dated as Apple Health eligible covering the admit date — who is responsible for payment?

Reminder – before billing always check for Apple Health coverage to see if coverage has changed.

Apple Health is responsible from the date of eligibility.

- If the client's MCO enrollment covers the date of admission, submit the claim to the MCO for payment.
- If the client's MCO does not cover the date of admission and client is covered fee-for-service at time of admission, submit the claim to HCA via ProviderOne—follow the directions regarding EPA found in the Mental Health billing guide.
- If the client's back-dated Apple Health enrollment begins after the date of inpatient hospital admission, HCA will pay for covered days. (The BH-ASO can be billed for uncovered initial days.)
 - o Bill entire stay to HCA, including dates the client was not eligible, by submitting to HCA with two revenue lines (example 0124)
 - Bill covered service and report non-covered services on a separate line.
 - One service line for the non-covered days (for days not covered by HCA, (enter claim note: billed and paid by the BH-ASO)
 - One service line for the days HCA is to cover.
- For further assistance refer to the <u>Mental Health billing guide</u> or contact HCA customer service at 1-800-562-3022.

3. For involuntary inpatient hospital treatment - what if client is from out-of-state?

- If an individual is an out-of-state resident but was detained in Washington state, is not Apple Health eligible, and does not have any other active insurance coverage, you would submit to the BH-ASO in the Region the client was detained. You will want to include documentation showing your efforts to determine there is no other active insurance coverage and documentation showing the client is an out of state client as well as the paperwork showing the county of detainment.
- If an individual was sent to Washington state for medical care by another state and is Medicaid eligible in that state, that State should be billed for care.
- If an individual opts to come to Washington with the intent of establishing residency and is Medicaid eligible—assist the client in enrolling the client in Apple Health.

4. If the client becomes Apple Health eligible with a MCO after the BH-ASO pays for services - does the provider have to bill the MCO?

- Yes, only if the MCO enrollment includes the admission date. Service provider must notify the BH-ASO and reimburse the payment. See the Integrated Managed Care Inpatient FAQ.
- If the MCO enrollment does not include the admission date you will bill HCA using the split line process. Service provider must notify the BH-ASO and reimburse the payment.



5. What if the client has a primary insurance and is not Apple Health eligible?

• Bill the BH-ASO with the primary insurance Explanation of Benefits (EOB). The BH-ASO will process the claim and return a decision. The BH-ASO will only consider payment up to the HCA Non-Medicaid fee-for-service allowable rate. This will be considered payment in full, and you may not bill the client.

6. What if you cannot obtain client information and they are considered John/Jane Doe?

- Reach out to the BH-ASO right away and they will work with you in assisting to make every effort to identify the individual and confirm where they reside.
- 7. Who should you bill for professional services (billed on a CMS1500 claim form or electronic 837) related to an Inpatient Hospital Involuntary Treatment Act (ITA)/Voluntary Admission?

HCA is the payer for these services – do not bill the BH-ASO.

- The BH-ASO needs to inform HCA of the ITA stay by submitting an email/ticket to ProviderOne for every stay that is covered by the BH-ASO.
- Once ITA eligibility is established with HCA provider will bill HCA for any associated professional fees.
- Wait to bill, until at least 20 days after discharge, to allow time for the BH-ASO to submit the ticket.
- You will need to inform the BH-ASO of the discharge before they can submit an email/ticket to HCA.
- If your claims are denied due to client eligibility, verify with the BH-ASO they have submitted an email/ticket to HCA.

More information

- Mental Health billing guide
- How providers can identify the correct payer