



Partnership Access Lines (PAL)

Your questions answered

What is PAL?

PAL is an acronym for the Partnership Access Lines program, a shorthand term for four services that assist providers with managing their patients' psychiatric needs and help connect people to care.

The four PAL program services are:

- **Partnership Access Line (PAL):** Operated by Seattle Children's Hospital for more than 10 years, this line supports primary care providers with questions about children's mental health care such as diagnostic clarification, medication adjustment or treatment planning.
- **Mental Health Referral Service for Children and Teens:** A two-year pilot program that began January 1, 2019 and operated by Seattle Children's Hospital, it connects patients and families with available evidence-based outpatient mental health services in their community.
- **Perinatal Psychiatry Consultation Line for Providers (PAL for Moms):** A two-year pilot program that began January 1, 2019 and operated by the University of Washington, this service supports providers caring for patients with behavioral health disorders who are pregnant, postpartum, or planning pregnancy.
- **Psychiatry Consultation Line (PCL):** A new program in operation since July 1, 2019 and operated by UW, PCL provides 24/7 support to prescribing providers from primary care clinics, community hospitals, emergency departments, substance use treatment programs, evaluation and treatment programs and municipal and county jails caring for adult patients with mental health and/or substance use disorders.

What is the PAL carrier assessment?

In 2020, the Legislature passed a bill that directed HCA to collect a covered lives-based assessment from Washington health insurers in order to keep PAL services up and running.

House Bill 2728 was the culmination of a years-long partnership among the Legislature, providers, health plans, advocates, HCA, and the Children and Youth Behavioral Health Work Group, among others.

HCA convened a Children's Mental Health Work Group advisory group consisting of representatives from the UW, Seattle Children's Hospital, managed care organizations (MCOs), organizations connecting families to children's mental health services and providers, health insurance carriers, and the Office of the Insurance Commissioner (OIC). In 2019, the advisory group recommended an alternative funding model for the behavioral health consultation and referral services: PAL, Mental Health Referral Service for Children and Teens, PAL for Moms, and the PCL.

The assessment excludes administrative costs of the PALs lines.


Who will be assessed?

The assessment applies to both self-insured and fully insured health plans. This includes the following entities:

- Health carriers;
- Self-funded multiple employer welfare arrangements; and
- Employers or other entities that provide health care in this state, including self-funding entities or employee welfare benefit plans.

Who will administer the assessment?

HCA has contracted with KidsVax, who will act as the third-party administrator to calculate and administer the assessments. These assessments will be



deposited into a newly created account to support important behavioral health PAL programs.

KidsVax will begin reaching out to assessed entities in summer 2021 with more information.

How will health plans be charged?

Health plans will be charged a percentage of the costs for the PAL services in proportion to lives covered.

Plans will be expected to submit quarterly covered lives reports within 45 days after the end of each quarter, with the first quarter of measurement from July 1 to September 30, 2021. Invoices will then be issued upon filing the covered lives report.

KidsVax will begin reaching out to assessed entities in summer 2021 with more information.

When will assessed entities be required to submit the first covered lives report?

Entities will be asked to complete a baseline-setting covered lives report to be submitted sometime in late August or early September. This baseline report will lead to a null, \$0 assessment and is necessary for program implementation.

The first regular covered lives report will be for the period of July 1 to September 30, 2021 and must be submitted within 45 calendar days after the end of the quarter.

KidsVax will begin reaching out to assessed entities in summer 2021 with more information.

When will assessed entities receive their first quarterly invoice for their assessment amount?

Invoices will be issued upon filing the covered lives report and are due upon receipt. However, entities will have a 30-day grace period to deliver payment.

KidsVax will begin reaching out to assessed entities in summer 2021 with more information.

Does the assessment apply to tribes?

Self-funded tribal member-only plans are not subject to the PAL assessment.

However, tribal governments may be subject to the assessment if they are not funded by contract health services or purchased/referred care (CHS/PRC) funds.

Are out-of-state employers that cover Washington-based employees subject to the assessment?

Yes. The assessment is for insured people who are Washington State residents. See RCW 71.24.064 for more information.

Are health carriers acting as third-party administrators expected to pay the assessment on behalf of their self-funded clients?

HCA must collect a proportional share of program costs, excluding administrative costs for entities that are not for covered lives under contract with HCA as Medicaid managed care organizations.

Will KidsVax manage contracts with University of Washington and Seattle's Children's Hospital for PAL services?

No. HCA will continue to directly contract with UW and Seattle's Children's Hospital for the services.

Will providers be charged for using PAL services?

No. The service is free for providers.

Will HCA bear any of the costs?


The state must cover the cost for clients covered under Medicaid or state medical assistance programs.

Must an entity file reports even if it does not provide medical benefits and therefore has zero covered lives?

Yes.

However the entity may be eligible to file an Annual or Permanent Zero Covered Lives report rather than quarterly reports. Annual or Permanent Zero Covered Lives reports are appropriate for entities such as those administering eye care or dental benefit only plans.

- **Annual Zero Covered Lives report**
If the entity has zero covered lives and will continue to have zero covered lives for the balance of the year, it should file an Annual Zero Covered Lives report during the first quarter of the calendar year. No other report will be due until the first quarter of the following calendar year.
- **Permanent Zero Covered Lives report**
If the entity has zero covered lives and expects to never have covered lives, it should



file a Permanent Zero Covered Lives report to eliminate the need for further compliance follow up so long as it continues to have no covered lives.

Are entities that provide Medicare Supplement plans to Washington residents required to report covered lives?

Yes, health plans providing Medicare Supplement plans are required to include these people in their covered lives reports.

Where can I learn more?

- Visit HCA's [Partnership Access Lines webpage](#) for more information.
- Questions and comments should be sent to HCAPALAssessment@hca.wa.gov.
- To sign up for regular updates, [join our mailing list](#).