



PUBLIC HEALTH

**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

PPHF Public Health Reimbursement Project
**Maximizing Reimbursement from WA
Medicaid**
June 25 & 26, 2013

Training Goals

Medicaid Basics

Medicaid Managed Care Plans

ACA Enhanced Rates

Billing for Immunizations

Tips and Trouble-Shooting Medicaid Billing and Payments

Continue to contact Medicaid, Health Care Authority and ProviderOne for assistance.

PPHF Public Health Reimbursement Project

Phase I

Cost Benefit Assessment

- **January 1, 2013 – March 31, 2013**
- **Complete a cost benefit assessment.**

Training

- **March 1, 2013 – June 30, 2013**
- **Complete a 4 part training on billing essentials**

Phase II

Implementation

- ***August, 1 2013 – July 15, 2014***
- **Complete an application if interested;**
- **Develop and document an implementation plan, implement billing practices**

Washington Medicaid

The nation's single largest source of health insurance for children and adults.

Some people are eligible for both Medicare and Medicaid.

Eligibility and enrollment through the Department of Social and Health Services or Health Care Authority.

Medicaid Expansion

- **More clients will be eligible for Medicaid.**
- **New income and deduction requirements.**
- **Income will be calculated differently.**
- **Streamlined application process.**
 - **Washington Connection:**
<https://www.washingtonconnection.org/home/>
 - **HealthPlanFinder:** <http://www.wahealthplanfinder.org/>

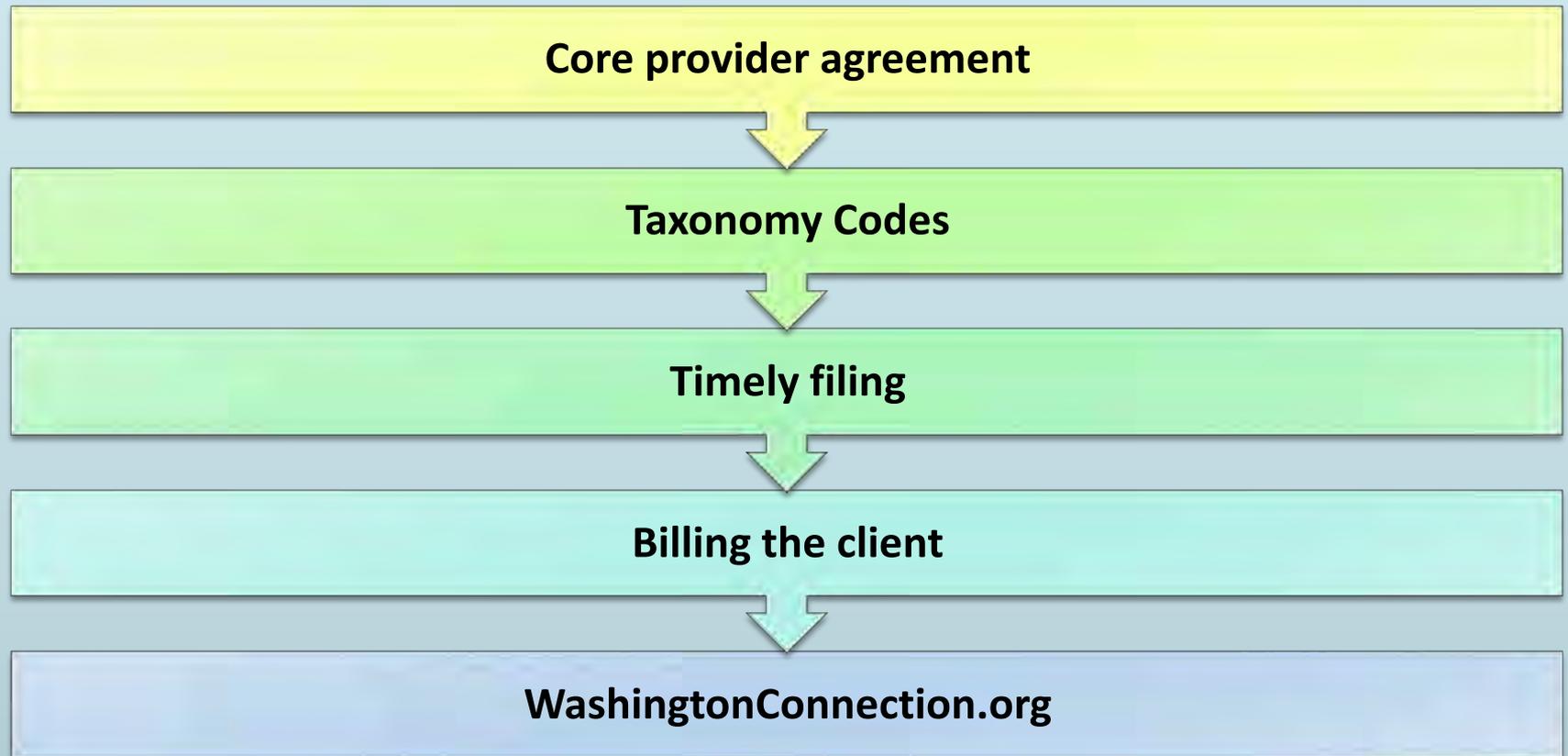


Medicaid Basics

Grays Harbor County Public Health and Social Services

Jeannie Hampton

Medicaid Basics



Core provider agreement

Providers are required to verify coverage prior to providing care.

Medicaid is payer of last resort (Medicare and private insurance should be billed first)

Can turn clients away if:

- Office does not accept managed care plan.
- Provider is not an enrolled Medicare provider
- Provider is not enrolled in private insurance company contracts.

Taxonomy Codes

Effective Jan 2013 – providers must use a pre-assigned 10-digit taxonomy code.

Code defined by CMS.

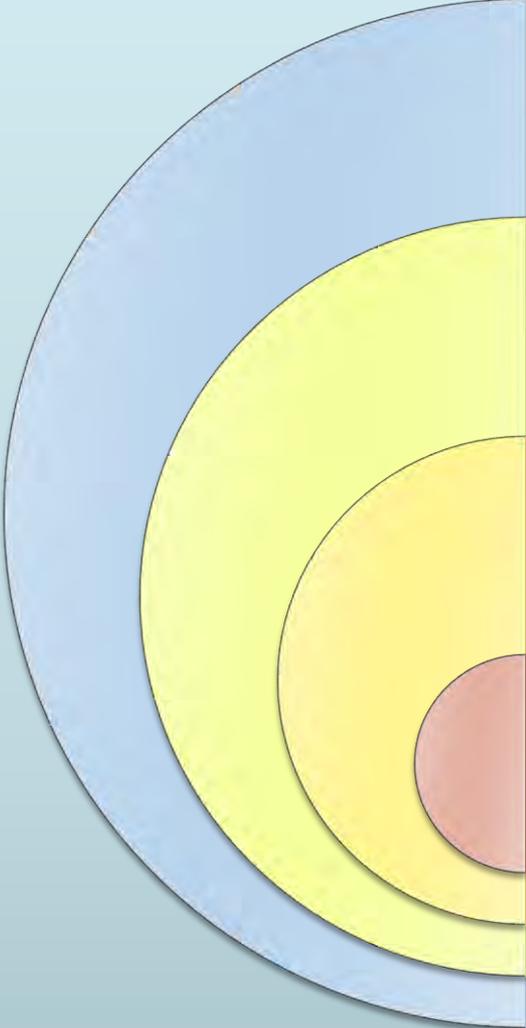
What if you have more than one code?

- Use the one associated with ProviderOne.

You can add a code to your ProviderOne file.

Cross over claims to Medicare need Medicare approved codes.

Timely filing



Bill within 1 year of the DOS.

Providers are allowed 2 years to get claims paid or adjusted.

For delayed eligibility, bill within 1 year of the eligibility determination date.

Crossover and pharmacy claims have different timeliness guidelines.

Billing the client

Form 13-879 - [WAC 182-502-0160](#)

The client did not provide Medicaid information.

The bill counts toward the client's spenddown.

The client was reimbursed by a third party.

The client refused to complete and sign forms and intake information.

The client chooses to receive services outside of the MCO network without authorization.

Services were provided to Take-Charge Family Planning Services Only.

WashingtonConnection.org



•Online application for applying for services and assistance from state, local and federal sources.

•Community Partnership Program

- Host Organization
- Assisting Agency

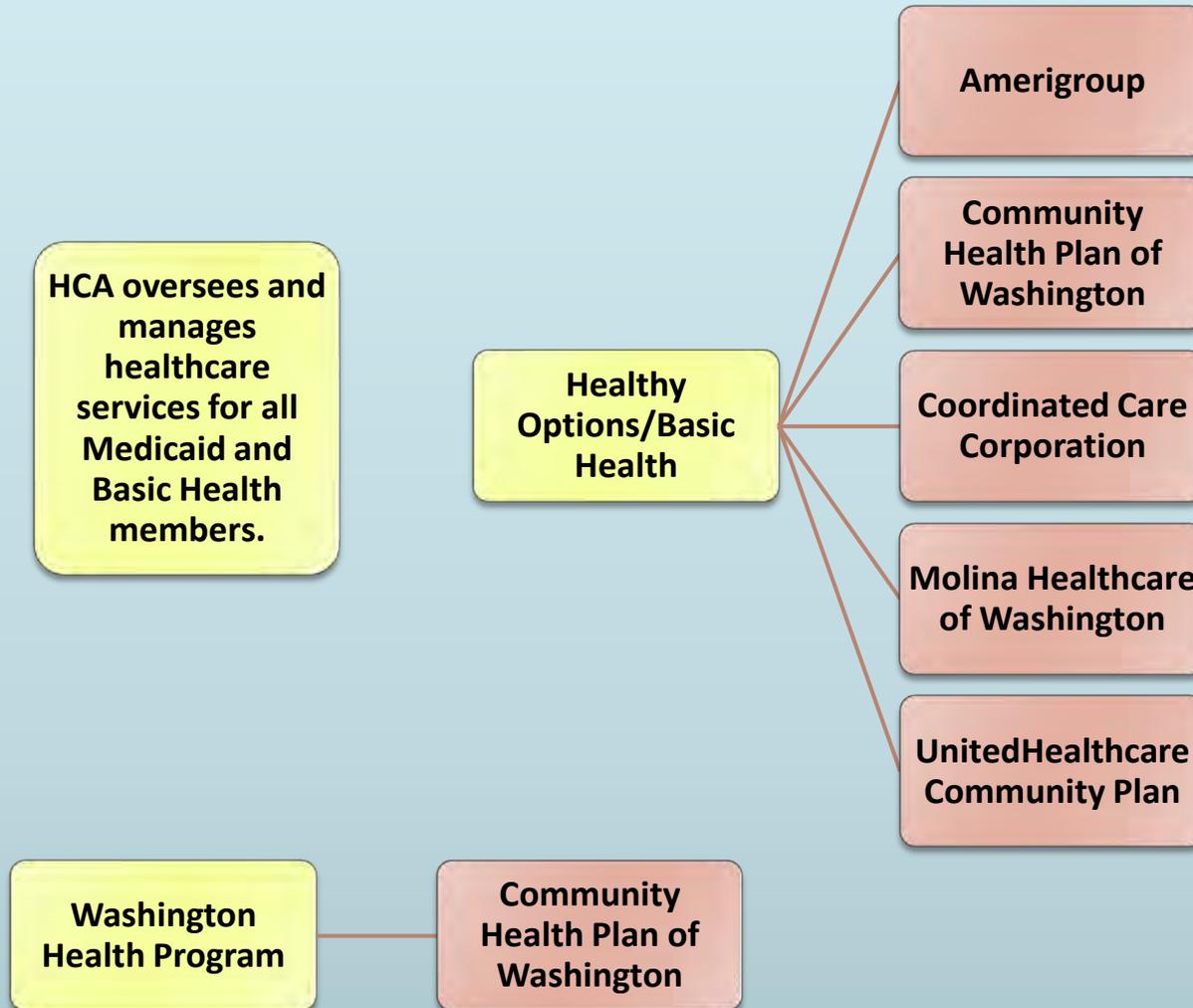
<https://www.washingtonconnection.org/home>

Medicaid Managed Care Organizations (MCOs)

Benton-Franklin Health District

Bonnie Hall

Medicaid Managed Care Organizations (MCO)



Medicaid Managed Care Organizations (MCO)

Contracting with the Managed Care Plan (MCOs)

- ProviderSource
- Contract

Basic Health Program

Low cost health care.

State sponsored.

Premium payments are income based.

Available statewide.

Clients can receive some services with no out-of-pocket cost. For example,

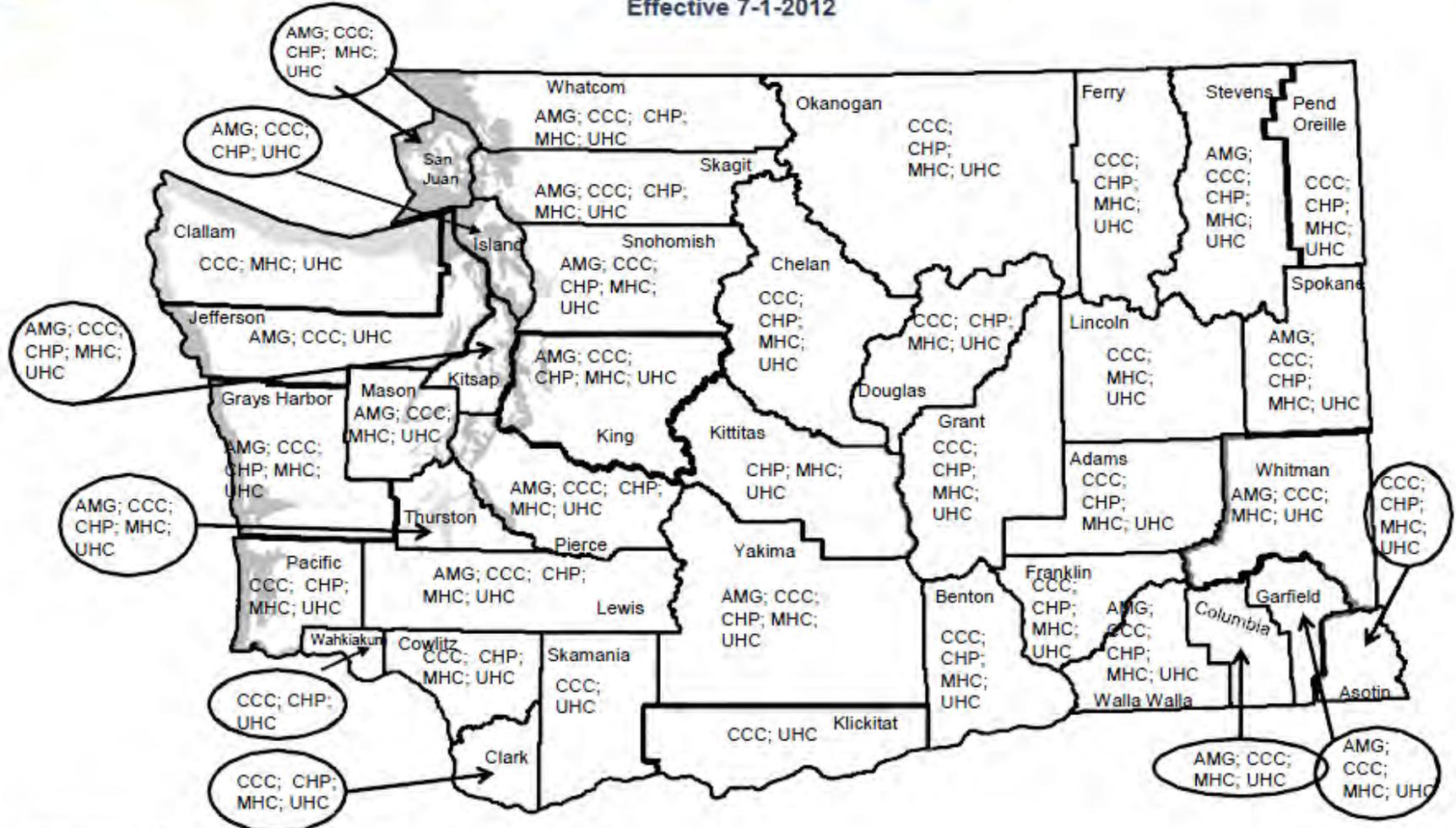
- Preventive care (immunizations, screenings, tests)
- Office visits - \$15 copay
- Link to contact information and plan availability by county (page 2)
<http://www.basichealth.hca.wa.gov/documents/2013PlansPremiums.pdf>

Healthy Options

- ▶ Medical program that provides no cost healthcare services for people on Medicaid.
 - ▶ TANF families and children up to age 19
 - ▶ Pregnant Women (eligible for Medicaid)
 - ▶ Children's Health Insurance Program (CHIP)
- ▶ Prepaid system.
- ▶ 120,000 new non-Medicare enrollees are expected to be added.
 - ▶ Eastern WA – July
 - ▶ Western WA – September
 - ▶ Clark, King and Pierce - November

Basic Health Service Areas

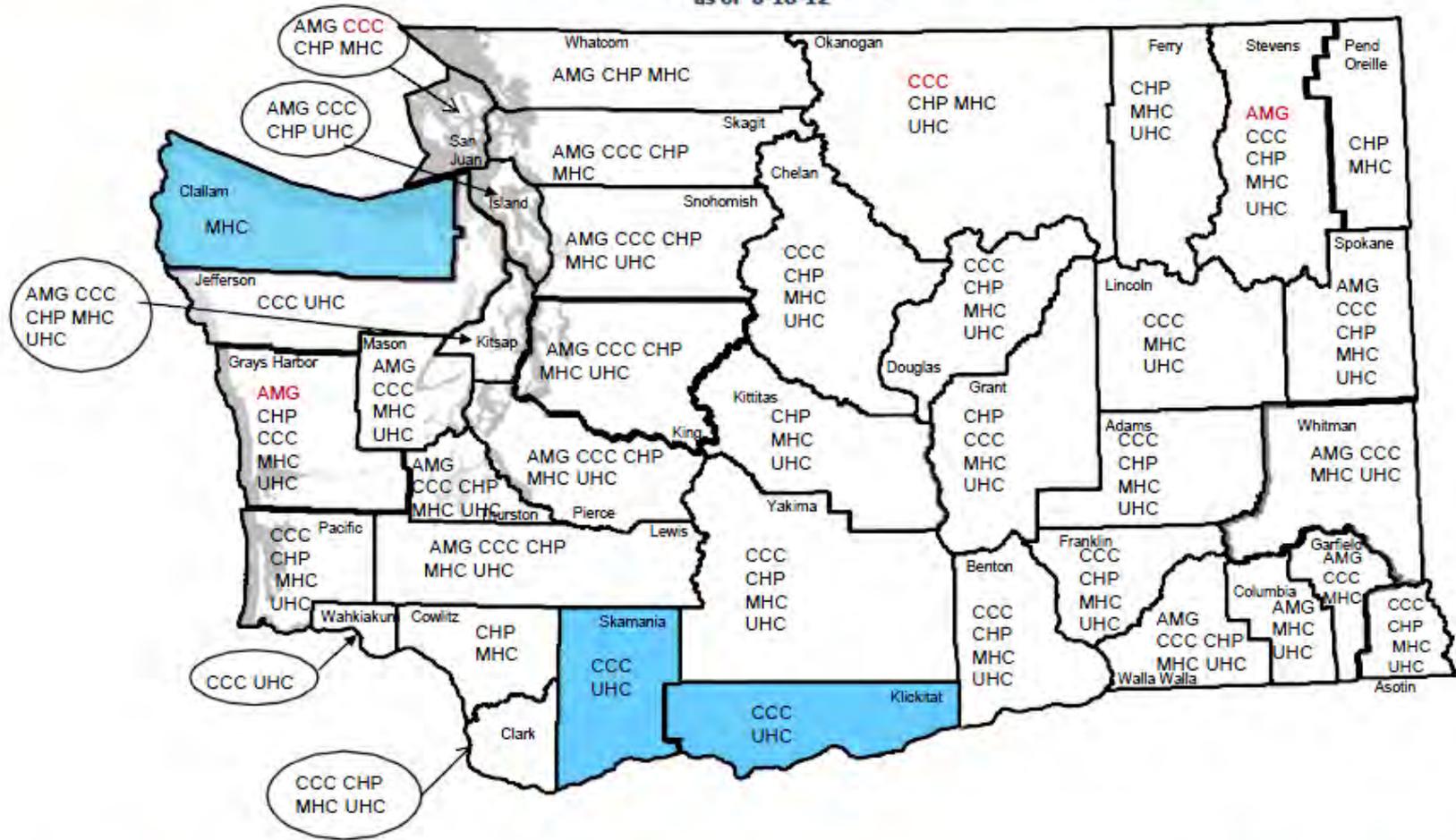
Effective 7-1-2012



Amerigroup - AMG
 Coordinated Care Corporation - CCC
 Community Health Plan of Washington - CHP
 Molina Healthcare - MHC
 UnitedHealthcare Community Plan - UHC

Washington State
 Health Care Authority

Effective 8-1-2012 Service Areas for Healthy Options, Children's Health Insurance Program, Healthy Options Blind/Disabled, and Healthy Options Foster Care Programs as of 6-18-12



County enrollment in managed care is voluntary.

Washington Health Program

Eligible Clients

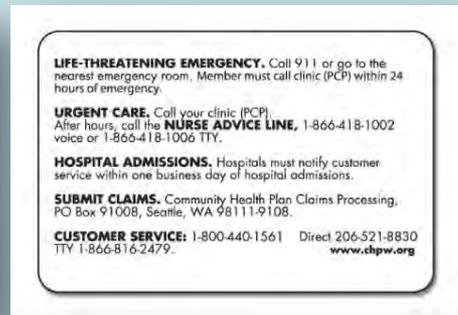
- Care is provided through the Community Health Plan of Washington.
- WA resident.
- May not have other coverage.

Clients may self refer to providers in or out-of-network.

- Preventive Care
 - In Network – paid in full
 - Out of Network – Applies to deductible then paid at 50%

ID Cards

- ▶ Community Health Plan of Washington
- ▶ Coordinated Care



ACA Improving Payment for Primary Care Providers - CMS 2370-F

PPHF Public Health Reimbursement Grant Coordinator
Carri Comer

ACA Primary Care Payment Increase

CMS 2370 – F

Improving Payments for Primary Care Services

- Increases Medicaid payments to equal Medicare Part B payments for some primary care services.
- States will receive 100 percent federal matching funds for the increase in payments.
- 2 year rate increase
- Applies to evaluation and management (E&M) and vaccine administration services.

ACA Primary Care Payment Increase

Services

- E&M codes 99201 through 99499
- Vaccine administration codes 90471, 90472, 90473 and 90474

Rates

- List of services and rates
http://www.hca.wa.gov/medicaid/Pages/aca_rates.aspx
- Examples
 - Office Visit 99211-25
 - Was: Adult - 11.06 Child - \$16.90
 - Now: \$21.78
 - New VFC vaccine administration cap
 - Was: \$15.60
 - Now: \$23.44

ACA Primary Care Payment Increase

Providers

Fee for service and managed care providers.

Specific Providers

- Family medicine
- General internal medicine
- Pediatric medicine practitioners

New providers (at least one month of paid claim history).

Non-physician practitioners, such as ARNPs and PA-Cs qualify under the supervising physician.

ACA Primary Care Payment Increase

Process

Physician must self attest to covered specialty or subspecialty.

Self attest to board certification.

Self attest that 60% of their Medicaid claims were for eligible services.

Must complete, sign and submit the attestation form.

Link to form

http://www.hca.wa.gov/medicaid/Pages/aca_rates.aspx

Fax at (360) 586-7498 or

Email to prvrates@hca.wa.gov

ACA Primary Care Payment Increase

Attestation

- Must submit attestation form.
- HCA may
 - Request more information.
 - Ask you to complete the 60% paid claims method
- The designated providers do not automatically qualify.
- E&M
- Vaccine Administration
- Specific to each provider not clinic

▶ VFC Vaccine Administration Fee Matrix

VFC Vaccine Administration Fee Matrix

VFC eligible child vs. Insured child.

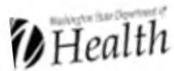
Enhanced rate approved provider vs. non-approved provider.

Expected reimbursement amounts.

Patient charges.

Link to Matrix:

http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-220_WashingtonVaccineAdministrationFeeMatrix.pdf



Washington State Childhood Vaccine Program CMS Regional Vaccine Enhanced Administration Fee Changes* Effective January 1, 2013

	VFC Eligible Child*			Insured Child	
	Non-Medicaid VFC-Eligible Child	Medicaid-Enrolled Child	Medicaid-Enrolled Child	State-Insured Child (S-CHIP, CHP)	Privately-Insured Child
Who can bill for enhanced vaccine admin fee?	All provider types and sites.	Provider approved** at approved site for enhanced admin fee.	Provider not approved for enhanced admin fee.	Provider who has a core provider agreement with Health Care Authority.	Not applicable. See insurance plan contract language for agreed upon admin fee.
What can a provider bill?	May request from a parent/guardian an admin fee up to \$23.44 per vaccine dose†.	Bill Medicaid the usual and customary rate. New regional rate is \$23.44 per vaccine dose†.	Bill Medicaid the usual and customary rate. New regional rate is \$23.44 per vaccine dose†.	Bill Health Care Authority the usual and customary rate. New regional rate is \$23.44 per vaccine dose†.	Usual and customary admin fee for the specific insurance plan.
What can a provider charge the patient?	\$23.44 per vaccine dose† can be requested of the parent/guardian.	\$0.00	\$0.00	\$0.00	Usual and customary admin fee per the specific insurance plan.
What can a provider expect to receive?	\$23.44 per vaccine dose†, but must waive admin fee for established patients if parent/guardian is unable to pay.	\$23.44 per vaccine dose†.	\$5.96 per vaccine dose†.	\$5.96 per vaccine dose†.	See insurance plan contract for agreed upon language.

*VFC eligibility = a child less than 19 years old who meets one of the following criteria: Medicaid eligible, underinsured, uninsured, Alaskan Native/American Indian. VFC federal law prohibits provider refusal to vaccinate an established patient if the parent/guardian cannot pay the admin fee.

**ACA rate rule, governed by Medicaid, requires approval to receive the enhanced vaccine admin fee. Full details and application for consideration can be found at www.hca.wa.gov/medicaid/pages/aca_rates.aspx. Specialties considered for enhanced fee approval are pediatricians, family practitioners, and general internist. ARNPs and PAs will be considered under an approved medical specialty only.

†per vaccine dose = per shot, intranasal or oral vaccine administered; not per antigens in the dose administered.

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY call 711).

Billing

Enhanced rate

- Qualifying provider NPI
- Modifier – AG
 - Placed in second position if more than one modifier
 - 99211-25-AG
 - 90707-SL-AG

Claims submitted after January 1, 2013, without the modifier should not be corrected and resubmitted.

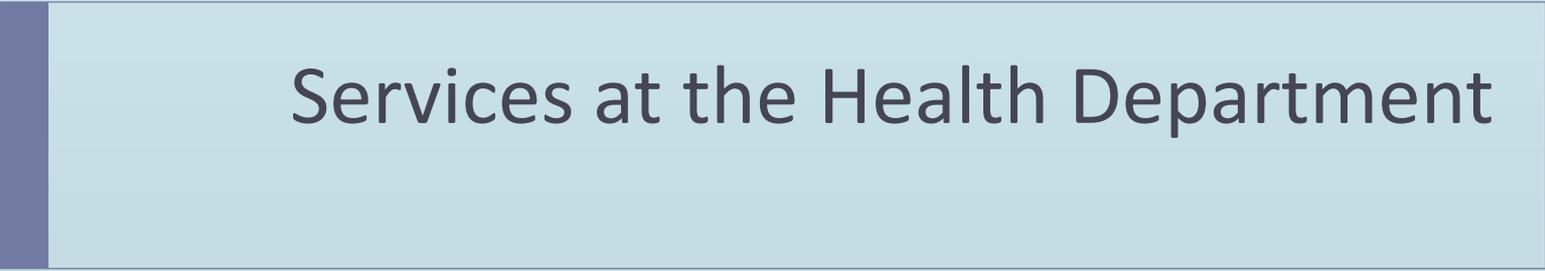
Reimbursement

Bill Medicaid and private insurance based on their guidelines.

Medicaid always pays the provider the lower of the submitted charges or the published rate.

HCA system change planned for mid-July 2013.

Reimbursement for claims paid at enhanced rates to providers who are ineligible will be recouped.



Services at the Health Department

Spokane Regional Health Department

Paula Maxwell

Services at the Health Department

Services that may be provided by the health department without a referral:

- Family planning services and birth control
- HIV and AIDS testing/screening
- Immunizations
- Sexually transmitted disease treatment and follow-up care
- TB screening and follow-up care

Spenddown

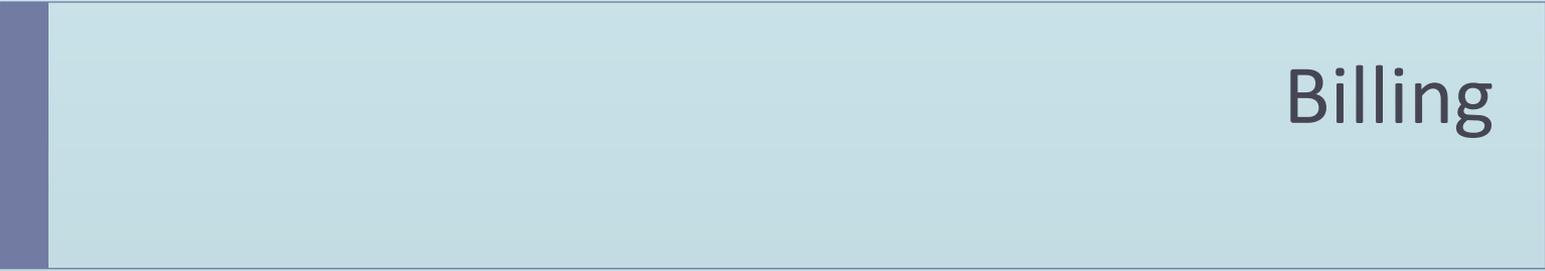
What is a spenddown?

Who has one?

How to find out if a client is on a spenddown.

- ProviderOne
- Aces
- Client award letter

Should you charge the client?



Billing

Jessica Syska

Jefferson County Public Health Department

Billing

Claims should be submitted electronically

- ProviderOne
- Clearinghouse
- Direct Data Entry

Bill Medicaid Managed Care Plans directly.

Addition resources are available from Health Care Authority

- ProviderOne Billing and Resource Guide
- Medicaid Provider Guide

Billing and Coding Immunizations

	Vaccines for Children (VFC) ≤18 Years of Age	Adults ≥19 Years of Age
Vaccine	Not Billable - state supplied	Billable
Administration	Billable	Billable
Office Visit	99211-25 <i>Should only be charged if a separate evaluation was performed.)</i>	99211-25 <i>(Should only be charged if a separate evaluation was performed.)</i>
Coding	Submit vaccine code plus SL (AG) modifier to report administration	Administration code (90471-90474) Vaccine Code
Coverage	All ACIP recommended vaccines	Specific Vaccines Only

Immunization Coding for Medicaid - Children

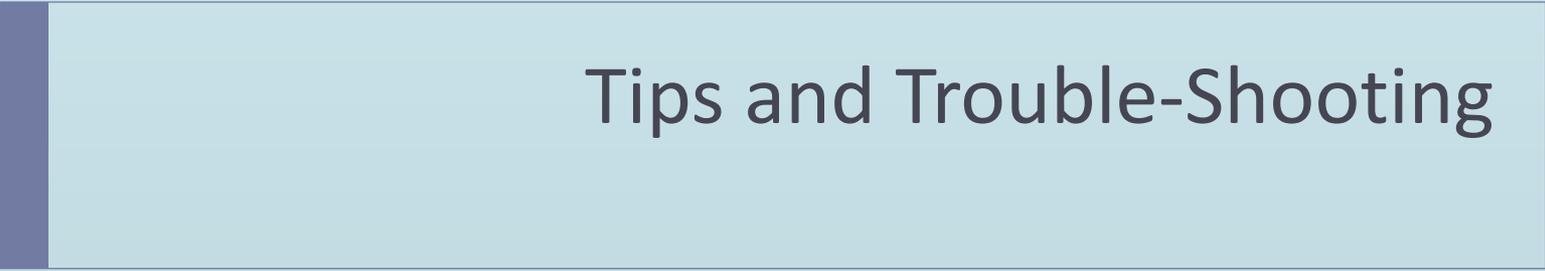
Provider Status	Enhanced	Standard
Office Visit	25-AG	25
Administration (use vaccine code)	SL-AG	SL

Immunization Coding for Medicaid - Adults

▶ Examples

Provider Status	Enhanced	Standard
Office Visit	99211-25-AG	99211-25
Administration	90471-AG 90472-AG	90471 90472
Vaccine	Vaccine code	Vaccine code

Note: Medicaid will pay providers for an office visit when vaccines are given at an immunization clinic since a brief E/M is required. Use code 99211-25.



Tips and Trouble-Shooting

Walla Walla Health Department

Nancy Wenzel

Tips and Trouble-shooting

Coordinating Benefits - Medicare

HCA does not consider Medicare Part B or Part C plans insurance.

The service must be covered by both Medicare and Medicaid.

Claim must be submitted exactly how it was submitted to Medicare.

Not all claims are forwarded to Medicaid from Medicare or managed care plans.

Submitting Claims

Crossover claims.

Roster billers

Not all Medicare to Medicaid claims are cross over claims.

You may need to submit 2 claims; one professional and one crossover.

Tips and Trouble-shooting: Medicare Part C Plans

Providers are required to bill part C plans.

Bill the Part C plan first and follow the billing guidelines of the plan.

Pay up to the Medicaid allowed amount.

Medicare Advantage Plans (Part C) may not auto-forward claims to Medicaid.

No EOMB needed for crossover claims if manually entered into ProviderOne.

Submit claims within 6 months from the Part C plan payment date.

If Medicare or the Part C plan does not cover the service, the claim may be denied.

Tips and Trouble-shooting: Coordinating Benefits - Medicaid Managed Care

The following managed care plans are always the secondary payer

- Healthy Options,
- Medical Care Services
- Washington Health Program
- Basic Health

Care Across State Lines

WAC 182-501-0175

Medicaid clients may receive care out of state in WA state-recognized cities only:

Idaho

- Coeur d'Alene
- Moscow
- Sandpoint
- Priest River
- Lewiston

Oregon

- Portland
- The Dalles
- Hermiston
- Hood River
- Rainier
- Milton-Freewater
- Astoria

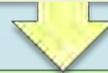
What you can do now

- ▶ Review your fee schedule to support enhanced rates from Medicaid for office visits and vaccine administration.
- ▶ Cross over claim billing denials
- ▶ Begin the contracting process with Medicaid Managed Care plans.
- ▶ Collect from spenddown clients at the time of service.
- ▶ Use the OICP Vaccine Administration Fee Change Matrix.

Next Steps

Phase 2

Award notices next week



Implementation Plan

August 2013



Mini-Webinars with Medicaid

Fall 2013



Work with Mentors

Ongoing



Project Website

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/PublicHealthReimbursementProject.aspx>



-
- ▶ Carri Comer
 - ▶ Washington State Department of Health
 - ▶ Office of Immunization and Child Profile
 - ▶ Prevention and Public Health Funds
 - ▶ Reimbursement Grant Coordinator



- ▶ Project Website:
- ▶ [http://www.doh.wa.gov/PublicHealthandHealthcareProviders/
PublicHealthSystemResourcesandServices/LocalHealthResourc
esandTools/PublicHealthReimbursementProject.aspx](http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/PublicHealthReimbursementProject.aspx)
- ▶ Phone: (360) 236-3731
- ▶ Email: carri.comer@doh.wa.gov

Resources

- ▶ CPT codes and descriptions are copyright 2013 by the American Medical Association. All rights reserved.
- ▶ Washington State Local Health Jurisdiction Immunization Billing Resource Guide
 - ▶ www.jeffersoncountypublichealth.org/pdf/LHJ_Billing_Resource_Guide.pdf
- ▶ Washington State Health Care Authority
 - ▶ www.hca.wa.gov
 - ▶ www.hca.wa.gov/medicaid/healthyoptions/pages/index.aspx
 - ▶ www.basichealth.hca.wa.gov/
- ▶ Amerigroup
 - ▶ www.myamerigroup.com/english/medicaid/wa/pages/washington.aspx
- ▶ Community Health Plan of Washington
 - ▶ www.chpw.org
- ▶ Coordinated Care Corporation
 - ▶ www.coordinatedcarehealth.com/
- ▶ Molina Healthcare of Washington, Inc.
 - ▶ www.molinahealthcare.com
- ▶ UnitedHealthcare Community Plan
 - ▶ www.uhccommunityplan.com/

Disclaimer

- ▶ This information is provided as a tool to assist Washington State Local Health Jurisdictions (LHJ). Every reasonable effort has been made to ensure the accuracy of the information; however, the LHJ has the ultimate responsibility for correct submission of claims.
- ▶ The Washington State Department of Health bears no liability for the results or consequences of the misuse of this information. The official Medicaid program provisions are contained in the relevant laws, regulations, and rulings and should be referenced in their entirety.

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