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.

**Phase II: Training**
- Complete a 4 part training on billing essentials

**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/](https://www.washingtonconnection.org/home/)
Medicaid Basics

Grays Harbor County Public Health and Social Services
Jeannie Hampton
Medicaid Basics

Core provider agreement

Taxonomy Codes

Timely filing

Billing the client

WashingtonConnection.org
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)

HCA oversees and manages healthcare services for all Medicaid and Basic Health members.

Healthy Options/Basic Health

- Amerigroup
- Community Health Plan of Washington
- Coordinated Care Corporation
- Molina Healthcare of Washington
- UnitedHealthcare Community Plan

Washington Health Program

Community Health Plan of Washington
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)
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
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

Healthy Options

- **Name:**
- **Group:**
- **Member ID:**
- **PCP Name:**
- **PCP Phone:**

- **MEDICAL AND BEHAVIORAL HEALTH:**
- **Preferred Provider Organization (PPO):**
- **Provider:**

Basic Health

- **Name:**
- **Group:**
- **Member ID:**
- **PCP Name:**
- **PCP Phone:**

- **MEDICAL AND BEHAVIORAL HEALTH:**
- **Preferred Provider Organization (PPO):**
- **Provider:**

PPHF Public Health Reimbursement
Project 2013 Medicaid Billing
ACA Improving Payment for Primary Care Providers - CMS 2370-F

PPHF Public Health Reimbursement Grant Coordinator
Carri Comer
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](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 eligible child vs. Insured child.**

Enhanced rate approved provider vs. non-approved provider.

Expected reimbursement amounts.

Patient charges.


<table>
<thead>
<tr>
<th>VFC Eligible Child*</th>
<th>Medicaid-Enrolled Child</th>
<th>State-Insured Child (S-CHIP/CHP)</th>
<th>Privately-Insure Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who can bill for enhanced vaccine admin fee?</td>
<td>All provider types and sites.</td>
<td>Provider approved** at approved site for enhanced admin fee.</td>
<td>Provider who has a core provider agreement with Health Care Authority.</td>
</tr>
<tr>
<td>What can provider bill?</td>
<td>Medicare the usual and customary rate. New regional rate is $23.44 per vaccine dose.</td>
<td>Bill Health Care Authority the usual and customary rate. New regional rate is $23.44 per vaccine dose.</td>
<td>Not applicable. See insurance plan contract language for agreed upon admin fee.</td>
</tr>
<tr>
<td>What can provider charge the patient?</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>What can provider expect to receive?</td>
<td>$23.44 per vaccine dose.</td>
<td>$5.96 per vaccine dose.</td>
<td>$5.96 per vaccine dose.</td>
</tr>
</tbody>
</table>

*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.bca.wa.gov/medicaid/pages/aca_rates.aspx](http://www.bca.wa.gov/medicaid/pages/aca_rates.aspx). Specialties considered for enhanced fee approval are pediatrics, family practitioners, and general internists. ARNPs and PAs will be considered under an approved medical specialty only.

**Per vaccine dose = per shot, intranasal or oral vaccine administered; not per antigen in the dose administered.**

If you have a disability and need this document in a different format, please call 1-800-525-0337 (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

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

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

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

<table>
<thead>
<tr>
<th><strong>Provider Status</strong></th>
<th><strong>Enhanced</strong></th>
<th><strong>Standard</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit</td>
<td>25-AG</td>
<td>25</td>
</tr>
<tr>
<td>Administration (use vaccine code)</td>
<td>SL-AG</td>
<td>SL</td>
</tr>
</tbody>
</table>
Immunization Coding for Medicaid - Adults

Examples

<table>
<thead>
<tr>
<th>Provider Status</th>
<th>Enhanced</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit</td>
<td>99211-25-AG</td>
<td>99211-25</td>
</tr>
<tr>
<td>Administration</td>
<td>90471-AG</td>
<td>90471</td>
</tr>
<tr>
<td></td>
<td>90472-AG</td>
<td>90472</td>
</tr>
<tr>
<td>Vaccine</td>
<td>Vaccine code</td>
<td>Vaccine code</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Idaho</th>
<th>Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coeur d’Alene</td>
<td>Portland</td>
</tr>
<tr>
<td>Moscow</td>
<td>The Dalles</td>
</tr>
<tr>
<td>Sandpoint</td>
<td>Hermiston</td>
</tr>
<tr>
<td>Priest River</td>
<td>Hood River</td>
</tr>
<tr>
<td>Lewiston</td>
<td>Rainier</td>
</tr>
<tr>
<td></td>
<td>Milton-Freewater</td>
</tr>
<tr>
<td></td>
<td>Astoria</td>
</tr>
</tbody>
</table>
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/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
- Washington State Health Care Authority
  - www.hca.wa.gov
  - 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.