

Washington State Health Care Authority

HCA Tribal Affairs Billing Work Group

June 10, 2014

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Agenda

New Business

- Monthly Data
- Encounter only pays if there is a qualifying billing code on the same claim
- Helpful hints for billing with Baby on Mom's ID
- E&M **was** not covered during the surgical follow-up period

Old Business

- Providers of Mental health services for children need 2 years experience
- Managed Care Carrier codes are not required

Weekly FAQ and Open Discussion

Old Business Pended, but not Forgotten

March, 2014 Claims Data (I/T/U)

	March, 2014 dollars	March, 2014 claim count	March, 2014 clients
Medical	\$1,533,538	5,443	3860
Dental	\$573,457	1,790	1512
Mental Health	\$1,252,886	2,713	1365
Chemical Dep	\$1,855,878	2,382	1011
Nursing Facility	\$53,653	14	13
POS	\$337,965	11,181	3370
totals	\$5,607,377	23,480	8666*

Note: U claims are not easily sorted into Medical vs Mental health. At this time U claims for non-CD, non-Dental are added to the medical category

* Client count will not be the sum from the categories due to 'overlap' (clients can be in more than 1 category)

Encounter Payment Criteria

- T1015 Line will only pay if there is a qualifying billing code on the same claim & the qualifying code is paying
 - What is a qualifying billing code? It is easier to say what is **not** a qualifying code:
 - Blood draws (36400-36425, 36511-36515)
 - Radiology (70000-79999, D0210-D0460, D0501)
 - Laboratory (80000-89999)
 - Immunizations (90281-90749)
 - Drugs (J, Q & S-codes)
 - Other (drug screen H0049. Cancer/PAP screen P3000-P3001)

Encounter Payment Criteria

Some claims prior to April, 2014 may have paid without a qualifying code on the same claim.

During the annual mass adjustment (in process) claims are being processed according to the 'qualifying code' rule

Baby on Mom's ID

If Medicaid client has a baby and the baby does not have a P1 client ID yet, it is ok to bill using the P1 client ID of the parent/guardian (usually mom)

Bill using the Baby's name, birthday and gender

Use claim note SCI=B (or answer 'yes' to the P1 portal question "is this claim for a Baby on Mom's client ID?")

More information in the P1 Billing and Resource Guide

An encounter for a Baby is payable along with a visit for the parent – these are different clients/claims

If you get a Baby or Mom claim deny as a duplicate please let mike know

This issue should be resolved mid-summer, 2014

E&M not covered during the surgical followup period

- Some surgery codes have a 10, 45 or 90 day post-op/followup period
- E&M services/encounters (without mod 24) during a surgical follow-up period have historically denied
- CMS update for 2014 is to allow E&M/encounters during a surgical follow-up period to pay
- Rationale – an encounter is a single day's service and it is not fair to bundle prior services into today's service

Children's Mental Health

- Providers of children's mental health services must have attestation that they have 2 years experience working with kids
- Psychologists and Psychiatrists are exempt
- Attestation required for WAC 182-531-1400
- Copy of Attestation form will be on Tribal Affairs website
- If you get a B7 denial please contact mike first

Managed Care Carrier codes

- Clients who are in Medicaid Managed Care will have the Managed Care plan as their primary payer for Medical services.
- HCA pays secondary to the Managed Care Plans
- When billing in the ProviderOne screens there is no carrier code required.
- What is required:
 - Payer/Insurance Organization Name (eg, Molina, CCC, Amerigroup, CHPW, UHC)
 - COB Payer paid amount (the amount paid by the Managed Care plan)
 - Claim note AI/AN MC Tribal Encounter (not syntax sensitive)

Billing Guide update

- Let mike know if you want to have your voice heard or be able to review the billing guide.
- Tentative changes to billing guide:
 - Remove Tribal modifiers
 - Codeset for CD and for mental health (medical is too large of a code-set and dental is limited)
 - 1-stop cheat sheet with all the billing taxonomies and references to the ‘parent programs’

Open Questions and Open Discussion

- Please feel free to ask to be unmuted or use the questions pane
- If you think of questions or issues for the Billing workgroup later please send to Mike or Karol
- Questions that had “stay tuned” for an answer will stay on the log until answered

Open Discussion Q&A

Private Insurance

What is the correct way to submit the non-Native match for non-Native claims with primary insurance.

Stay tuned

Mike-opinion – leave the private/primary insurance out of the IGT/match process and just bill with the insurance payment on the HCA claim and the claim payment will be reduced by the primary insurance payment. Stay tuned for formal answer

Pharmacists

What about PharmD's? encounter or FFS? Are we lobbying for pharmacists to be able to get encounter rate for med therapy management?

PharmD's are not encounter eligible at this time. What services can a pharmacist render on a professional/HCFCA claim? Stay tuned

Open Discussion Q&A

Managed Care Wraparound

What if managed care denies the claim?

Stay tuned, in the interim can you email/fax mike denials?

Open Discussion Q&A

New Clients

Newly eligible are codes N05, so are presumptive SSI, which are 25%. We may not know who is who

NonNative CD and matching is being reviewed by DSHS staff, staying on Agenda until resolved

Update 06/10/2014 – ABP and presumptives will pay at 100% of encounter rate, no matching funds required. ETA on update TBD

P1 System may require an additional modifier... TBD...

please share your thoughts and concerns

Open Discussion Q&A

Children's Mental Health

Any updates on Tribal sites doing an attestation regarding the experience for Mental Health Counselors?

See slide #12. if you get a B7 denial contact Mike first.

Mental Health coding

RSN modalities are pending review (eg, 'Crisis Services')

Open Discussion Q&A

Spend-down

We're having huge issues with spend-downs, especially the childrens' prior to 10/1/13. Any contact info with be appreciated
Spend-down claims applied to spend-down amount or do we need to send in an invoice to spend down dept?

Stay tuned

June 10, we're closer. Need to make sure that HCA answer does not break any federal rules.

Open Discussion Q&A

IUD payable separately outside of Encounter?

Not sure if this was already asked but can we bill for the implants separately also?

Yes, IUDs and Implants are payable outside of encounter (needs to be on different claim, otherwise System will try to bundle it into the encounter payment)

UPDATE 06/10/2014 – State Plan – “pharmaceuticals/drugs are outside the encounter rate and are reimbursed under the fee-for-service....” (needs to be on different/separate claim)

What about other supplies/services that may have a cost that is greater than the Encounter rate?

Good question, working on answer that may cover this question most of the time without visiting issue code-by-code

Open Discussion Q&A

Suboxone

Can the Suboxone prior-authorization process be made easier? It seems to take months for it to process through the approval process.

I assume that this is for form 13-720. stay tuned

Please feel free to contact Mike at any time with claims/billing issues. We are here to help

Open Discussion Question Log from previous TBWG

Mental health is exempt from healthy options
THANK YOU, this avoided a potential disaster

Is there a way to get the medical claims to pay directly
even if they have an MCO since they are Native and not
required to have an MCO?

Stay Tuned, pilot project is starting with the FQHC folks

Open Discussion Question Log from previous TBWG

Billing managed care and receiving denials for non-network. WAC is not honored cannot bill medicaid wrap around without payment from HO

Meeting with HCA and MCO folks soon

Can an individual seeking MH services as clinical family opt out of Managed Care?

No, only AI/AN clients can opt out of managed care

Old Business – What clients are eligible for the encounter payment?

Yet to be finalized. A table that indicates which clients are:

Never eligible for the encounter rate

Eligible for certain encounters

(eg, CHIP not eligible for CD encounter)

Eligible for encounter

Old Business - Mental Health

- **Service Modalities that have been coded**
 - Brief Intervention – refer to Individual, Family, and Group
 - Family Treatment – 90846, 90847
 - Group Treatment – 90849, 90853
 - Individual Treatment Services – 90785, 90832, 90833*, 90834, 90836*, 90837, 90838*
 - Intake Evaluation – 90791, 90792*, E&M*
 - Medication Management – M0064*, E&M*
 - Psychological Assessment** – 96101, 96110, 96111, 96116, 96118, 96119

* services rendered by Psych MD, Psych ARNP or Psych Mental Health Nurse Practitioner-board certified

** Assessment/testing has limits/PA/EPA criteria , refer to Mental health billing guide

Old Business - Mental Health

- Service Modalities pending code decision
- Medication Monitoring (Medication training and support)
 - MD, P-ARNP, PMHNP-BD visit for drug monitoring is currently M0064 or bundled into E&M
- Crisis Services
- Day Support
- Peer Support
- Stabilization services
- Therapeutic Psycho-Education

Thank you

Send TBWG comments and questions to:

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