
MAINTENANCE LEVEL 2

M2-MJ Billing Assistance Workload Transfer

PLACEHOLDER

RECOMMENDATION SUMMARY TEXT

The Health Care Authority (HCA) requests 5.5 FTEs and \$936,000 (\$501,000 GF-State) in the 2016 Supplemental to address the additional customer service volumes due to the transfer of the social service calls formerly handled by the Department of Social and Health Services (DSHS) Billing Assistance Social Service (BASS) unit to the HCA's Medical Assistance Customer Service Center (MACSC). Funding is needed to cover the costs related to the additional volume of social service calls to the toll-free line. This is a placeholder request until it has been determined the actual workload impact of assisting Form-1099 providers (i.e. Adult Family Homes, Homecare Agencies, Supported Living, Assisted Living etc.).

PACKAGE DESCRIPTION

The Medical Assistance Customer Service Center (MACSC) unit assumed responsibility of the social service calls formerly handled by the DSHS BASS unit effective September 1, 2015. Coverage of topics includes but is not limited to:

- Claims adjudication;
- Billing reconciliation;
- Payment errors;
- Clarification on medical vs social service billing protocol (for those able to bill both medical and social services);
- Serve as liaison between providers and Aging and Long Term Services Administration (AL TSA) coordinators (i.e. accounting, contracts, rates, social service prior-authorizations, policies and sharing of current communication and billing guides);
- Provider security access to ProviderOne resolution;
- Update the HCA Medicaid Provider Billing guides;
- Track monthly telephonic, email metrics and other ancillary service information in determining workload impact.

This placeholder request provides the HCA with the FTEs to support the increase in calls and requests for information for the social service calls formerly handled by the DSHS BASS unit.

Kate LaBelle, Financial Services: 360-725-1846 or kate.labelle@hca.wa.gov

Clyde Takeuchi, Eligibility Policy and Service Delivery: 360-725-1310 or clyde.takeuchi@hca.wa.gov

FISCAL DETAILS/OBJECTS OF EXPENDITURE

	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
1. Operating Expenditures:			
Fund 001-1 GF-State	\$ 247,000	\$ 254,000	\$ 501,000
Fund 001-C GF-Federal Medicaid Title XIX	\$ 215,000	\$ 220,000	\$ 435,000
Total	\$ 462,000	\$ 474,000	\$ 936,000

	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
2. Staffing:			
Total FTEs	5.0	6.0	5.5

	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
3. Objects of Expenditure:			
A - Salaries And Wages	\$ 224,000	\$ 269,000	\$ 493,000
B - Employee Benefits	\$ 94,000	\$ 117,000	\$ 211,000
C - Personal Service Contracts	\$ -	\$ -	\$ -
E - Goods And Services	\$ 142,000	\$ 86,000	\$ 228,000
G - Travel	\$ 2,000	\$ 2,000	\$ 4,000
J - Capital Outlays	\$ -	\$ -	\$ -
N - Grants, Benefits & Client Services	\$ -	\$ -	\$ -
Other (specify) -	\$ -	\$ -	\$ -
Total	\$ 462,000	\$ 474,000	\$ 936,000

	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
4. Revenue:			
Fund 001-C GF-Federal Medicaid Title XIX	\$ 215,000	\$ 220,000	\$ 435,000
Total	\$ 215,000	\$ 220,000	\$ 435,000

NARRATIVE JUSTIFICATION

WHAT SPECIFIC PERFORMANCE OUTCOMES DOES THE AGENCY EXPECT?

The DSHS discontinued assisting the Form-1099 social service providers on August 31, 2015 due to lack of funding to continue the BASS unit support. The HCA MACSC section assumed the responsibility of assisting these providers effective September 1, 2015.

The new permanent customer service FTEs provided by the Legislature for the 2015-2017 biennium did not take into account the workload assumption of the Form-1099 social service providers.

Social service callers that do not reach out to the call center may submit claims that could be rejected and/or denied due to: ProviderOne security access issues; non-compliant billing submission errors; payment/reconciliation errors which may affect the social service providers' cash flow and personal livelihood.

The requested FTEs will increase the call center capacity in assisting the Form-1099 social service providers. The HCA requests 6.0 FTEs based on historical call data provided by the DSHS.

PERFORMANCE MEASURE DETAIL

Activity Inventory

H002 HCA Direct Operations

IS THIS DECISION PACKAGE ESSENTIAL TO IMPLEMENT A STRATEGY IDENTIFIED IN THE AGENCY'S STRATEGIC PLAN?

Yes. The decision package supports the HCA's ability to:

- Improve the services available under Medicaid in order to better serve our customers, the most vulnerable populations in Washington State;
- Improve our policies and processes, working with our provider partners and community organizations to improve outcomes, reform our approaches to standardizing care and making quality improvements; and
- Ensure continued responsiveness to the assumption of the DSHS BASS unit workload by the HCA MACSC office.

DOES THIS DECISION PACKAGE PROVIDE ESSENTIAL SUPPORT TO ONE OR MORE OF THE GOVERNOR'S RESULTS WASHINGTON PRIORITIES?

Yes. This directly supports Governor Inslee's Results Washington – Goal 4: Healthy and Safe Communities, and Goal 5: Effective, Efficient and Accountable Government. The public has expectations that government will be responsive to their calls and questions. Funding this request provides resources for the HCA to continue to meet the expectation of answering calls in a timely manner and providing quality customer service.

WHAT ARE THE OTHER IMPORTANT CONNECTIONS OR IMPACTS RELATED TO THIS PROPOSAL?

This request will have a positive impact on stakeholders. The HCA will be able to respond to the Form-1099 social service providers regarding benefits, assisting them with provision of care and billing for that care, and partnering with them to resolve issues while maintaining clients within a community setting.

WHAT ALTERNATIVES WERE EXPLORED BY THE AGENCY, AND WHY WAS THIS ALTERNATIVE CHOSEN?

There were no alternatives explored as the DSHS discontinued assisting the Form-1099 social service providers on August 31, 2015. The HCA MACSC section assumed the responsibility of assisting these providers effective September 1, 2015.

WHAT ARE THE CONSEQUENCES OF NOT ADOPTING THIS PACKAGE?

If this request is not adopted, the HCA will not have the staffing levels needed at MACSC to timely answer calls for social service providers, which will delay their payment. Most of these providers are small businesses that rely on this monthly payment as their sole source of income. This would create a disincentive for such providers to continue assisting clients under the state's care.

The staffing requested will allow the MACSC to provide timely responses to social service providers regarding benefit; assisting them with billing for that care, and partnering with them to resolve issues.

WHAT IS THE RELATIONSHIP, IF ANY, TO THE STATE CAPITAL BUDGET?

None

WHAT CHANGES WOULD BE REQUIRED TO EXISTING STATUTES, RULES, OR CONTRACTS TO IMPLEMENT THE CHANGE?

None

EXPENDITURE AND REVENUE CALCULATIONS AND ASSUMPTIONS

REVENUE CALCULATIONS AND ASSUMPTIONS:

Revenue is based on anticipated federal matching for the identified work.

EXPENDITURE CALCULATIONS AND ASSUMPTIONS:

The costs identified are to cover the expense of staff, increased toll-free phone line charges, workstation establishment, and estimates for building rent, computer leasing, and other goods and services based on an average per FTE.

DISTINCTION BETWEEN ONE-TIME AND ONGOING COSTS:

Costs to establish a workstation for staff is considered one-time. All other costs are ongoing and will continue into the future.

BUDGET IMPACTS IN FUTURE BIENNIA:

Administrative costs will be on-going.