Washington State Health Care Authority

Monthly Medicaid Meeting

February 25, 2015

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Agenda

- Medicaid Administrative Claiming (MAC) Training Dates
- Updated Tribal Billing Guide on April 1, 2015
  - Psychiatrist Services: Medical or Mental Health?
  - RSN Modality Services and Encounter Rate
- WAC Amendments and Federal Tort Claims Act
- Legislative Session: Bills Requested by HCA or Governor
- PCCM, MAC, and Tribal Health Homes
- Upcoming Roundtable & Consultation
- 2015 Tribal Affairs Calendar
- MCO-Tribal Meetings
- Open Items
- Medicaid SPAs and Waivers

Medicaid Administrative Claiming

- Training Sites for RMTS Implementation
  - Suquamish (February 24, 2015)
  - Cowlitz (February 27, 2015)
  - Swinomish (March 6, 2015)
  - HCA (March 13, 2015)
  - Spokane (March 19, 2015)
- Training Plan for the Remainder of 2015
  - RMTS Calendar and Participant Management (Webinar May, 2015)
  - RMTS Claiming (Webinar June, 2015)

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Tribal Billing Guide

- Last published on January 1, 2011
  - Tribal billing changed on October 1, 2012
- Target publication date: April 1, 2015
- Current draft available for Tribal review
- Final edits expected by end of February

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Tribal Billing Guide

Question: Should psychiatrist services be categorized as medical encounter type or mental health encounter type?

- Categorized as medical for at least past 5 years
  - Previously in Physician Billing Guide
- May make sense to change to mental health
  - 85% of Tribal claims billed psychiatric services as mental health encounter
  - Now in Mental Health Billing Guide

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Tribal Billing Guide

Mental health services above access-to-care standard (RSN modalities)

- Prior to October 1, 2012, RSN modality claims paid the encounter rate
- Since October 1, 2012 (when Tribal billing model changed),
  - Certain RSN modality claims paid
  - Other RSN modality claims stop paying
- CMS confirmed RSN modality claims payable

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Tribal Billing Guide

RSN modality services that have been paying:

- 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 prior auth. limits (EPA criteria); refer to Mental Health Billing Guide.

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Tribal Billing Guide

RSN modality services that stopped paying:

- Medication Monitoring (RSN Code H0033, H0034)

  Note: This is different from Medication Management
- Crisis Services (RSN Code H0030, H2011)
- Day Support (RSN Code H2012)
- Peer Support (RSN Code H0038)
- Stabilization Cervices (RSN Code S9484)
- Therapeutic Psycho-Education (RSN Code H0025, H2027)

Target date to start paying again: April 1, 2015

Will seek waiver of timeliness rule if necessary

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WAC Amendments & FTCA

WAC 182-502-0012

- Unrelated amendment proposed
- In external review, received Tribal comment on FTCA
- Referred to me for review

Now amending:

WAC 182-502-0006

WAC 182-502-0012

WAC 182-502-0016

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WAC Amendments & FTCA

FTCA-related amendments to WAC 182-502-0006

(4)(a) To enroll as a nonbilling provider with the medicaid agency, a health care professional must, on the date of application:

(iv) Have current professional liability coverage, individually or as a member of a group, to the extent the health care professional is not covered by the Federal Tort Claims Act, including related rules and regulations;

(4)(b) The medicaid agency does not enroll a nonbilling provider for reasons which include, but are not limited to, the following:

(ii) The health care professional:

(H) Does not have sufficient liability insurance according to ~~(a)(i) of this~~ subsection (4)(a)(iv) for the scope of practice, to the extent the health care professional is not covered by the Federal Tort Claims Act, including related rules and regulations; or

(6) Continuing requirements. To eligibility, a nonbilling provider must:

(g) Maintain professional liability coverage requirements, to the extent the nonbilling provider is not covered by the Federal Tort Claims Act, including related rules and regulations;

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WAC Amendments & FTCA

FTCA-related amendments to WAC 182-502-0012

(1) The medicaid agency does not enroll a health care professional, health care entity, supplier, or contractor of service for reasons which include, but are not limited to, the following:

(b) The health care professional, health care entity, supplier or contractor of service:

(viii) Does not have sufficient liability insurance according to WAC 182-502-0016 for the scope of practice, to the extent the health care professional, health care entity, supplier or contractor of service is not covered by the Federal Tort Claims Act, including related rules and regulations.

FTCA-related amendments to WAC 182-502-0016

(1) To continue to provide services for eligible clients and be paid for those services, a provider must:

(j) Maintain professional and general liability coverage requirements, if not covered under agency, center, or facility, in the amounts identified by the medicaid agency or by the Federal Tort Claims Act, including related rules and regulations;

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Current Legislative Session

Bills Requested by HCA or Governor's Office

- **HB 1437/SB 5084**: Modifying All-Payer Claims Database
  - Requires the OFM to use a competitive process to select lead organization to coordinate and manage all-payer claims database.
  - Requires all health carriers, in addition to Medicaid and PEBB, to submit claims data to database.
  - Modifies standards for reports and release of claims data based on whether data contain proprietary financial information or direct or indirect patient identifiers.
- **HB 1652/SB 5590**: Medicaid Managed Care and Non-Participating Providers
  - Repeals sunset provision in RCW 70.47.522.
- **SB 5466**: Clarifying Employee Eligibility for PEBB Benefits
  - Amends seasonal employee eligibility standard to "at least 80 hours per month over period of 6 consecutive months"
  - Clarifies higher education faculty eligibility for PEBB benefits
- **Proposed**: Maintain Hospital Safety Net Assessment
  - Repeals sunset date of July 1, 2017 and phase down terms in RCW 74.60.

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PCCM, MAC, and Tribal Health Homes

Primary Care Case Management

- Payment: $3 per AI/AN Medicaid client per month (PMPM)
- Lower administrative requirements

Medicaid Administrative Claiming

- Payment: Expected to be more than $3 PMPM
- Administrative requirements

Tribal Health Homes

- Available for Medicaid clients with PRISM ≥ 1.5 outside King/Snohomish counties
- Payments:
  - $67.50 per month for non-face-to-face service
  - $342 per month for face-to-face service
- Administrative requirements

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Roundtable, Consultation, & Other Dates on State Health Reform

February 13, 2015 – Send Letter on Roundtable/Consultation

February 20, 2015 – Send ACH-Tribal Coordination Proposal

Late February/Early March – Send list of non-Medicaid mental health services and model for Medicaid/non-Medicaid services

<<Update: RFP Criteria Cannot Be Shared>>

March 16, 2015 – Roundtable (10:30 am – 3:30 pm)

April 3, 2015 – Send Draft Early Adopter MCO Contract

April 17, 2015 – Consultation (10:00 am – 3:30 pm)

April 17, 2015 – Comments Due on Early Adopter MCO Contract

May 2015 – Target Date for 1115 Waiver Submission to CMS

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2015 HCA Tribal Affairs Meeting Schedule

Tribal Billing Workgroup (TBWG) Second Wednesday (*unless noted) 9:00-10:00 AM	**Medicaid Monthly Meeting (M3)** Fourth Wednesday 9:00-10:00 AM
February 11	**February 25**
March 11	**March 25**
April 8	**April 22**
May 13	**May 27**
June 10	**June 24**
July 8	**July 22**
August 12	**August 26**
September 9	**September 23**
October 14	**October 28**
November 12 (*Thursday)	**November 25**
December 9	**December 23**

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MCO-Tribal Meeting on February 13, 2015

AGENDA

I. Questions related to Contracts between MCOs and Tribes

A. MCO accepts terms in Indian Addendum? (see *http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Model_QHP_Addendum_Indian_Health_Care_Providers_04-25-14.pdf*)

B. MCO provider insurance requirements take into account coverage for Tribes under the Federal Tort Claims Act?

C. MCO provider credentialing requirements:
   1. Take into account Tribal privilege to credential Tribal provider under any state's credentialing standards?
   2. Do not require Tribal providers to have hospital privileges?

D. MCO accepts facility-level credentialing, with roster of Tribal providers?

E. MCO works with Tribes on utilization management for Tribal PCP referrals to specialists?

F. MCO works with Tribes to build Tribal capacity to use MCO data analytics to support Tribal care management?

G. MCO provides financial support for on-site Tribal case management/care management?

H. Benefits for having a contract between a Tribe and an MCO?

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MCO-Tribal Meeting on February 13, 2015

AGENDA (continued)

II. Questions related to Medicaid Requirements of MCOs

A. MCO incorporates Tribal clinics in its network to meet network adequacy requirements?
B. MCO refers AI/AN clients to Tribal clinics/Urban Indian clinics for culturally competent care?
C. MCO supports culturally competent care among specialist providers?
D. MCO provides adequate network of specialists, including in border communities (such as Portland)?
E. MCO meets mental health parity requirements (no mental health visit limits)?
F. MCO adequately trains staff on federal and state rules applicable to AI/ANs and Tribes so as to minimize MCO non-compliance due to administrative error?
   1. What kinds of services are contracted out by MCOs (such as vision care)?
      Request for each MCO: Please provide vision care vendor information, including name, contact information, mailing address, and payer ID number (to facilitate correct billing of vision claims)
   2. MCO imposing prior authorization requirements for MCO-member AI/ANs who receive care at Tribal clinics?
   3. MCO requiring Tribal clinics to contract with MCOs before claims are paid?
   4. Will MCO provide single point of contact for Tribes to report issues to MCO (with sufficient resources for single point of contact to resolve issues correctly)?

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Open Items

- Replies to AIHC briefing papers/questions
- Expansion of AI/AN exemptions from Medicaid estate recovery
- Amendment to HCA Tribal Consultation Policy
- Review of AIHC Medicaid eligibility materials
- Expansion of HCA resources on AI/AN eligibility
- Foster care medical and Tribal foster care
- IHS services and Medicaid spenddown
- Encounter eligibility for certain pharmacist services

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Medicaid State Plan Amendments and Waivers: Notices Since December 17, 2014

SPA # or Waiver # (Date of Letter)	Brief Description
SPA 15-0003 (12/10/2014)	Updates to Alternative Benefit Plan (Medicaid expansion group) to reflect following changes that were already made to Categorically Needy benefits: • Add Applied Behavior Analysis to EPSDT • Add Naturopathic Physicians and Licensed Social Workers as "other licensed practitioners" • Add SBIRT • Add Individuals with Disabilities Act part C services under School-Based Health Care Services program • Add telemedicine as delivery system for fee-for-service
SPA 15-0005 (12/10/2014)	Clarifying amendment that fluoride treatment limits for clients under 21 years of age are per client per provider/clinic.
SPA 15-0010 (12/24/2014)	Update language regarding effectives dates for fee schedules for Physician/Professional Services and Dental Services reduce frequency of SPA submissions simply to change fee schedule effective date.

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Medicaid State Plan Amendments and Waivers: Notices Since December 17, 2014

SPA # or Waiver # (Date of Letter)	Brief Description
SPA 15-0006 (1/7/2015)	Renumbered SPA 14-0041 (Inpatient Sole Community Hospital Payments) for 2015 CMS submission.
SPA 15-0007 (1/7/2015)	Renumbered SPA 14-0042 (Outpatient Sole Community Hospital Payments) for 2015 CMS submission.
SPA 15-0008 (1/7/2015)	Renumbered SPA 14-0032 (FQHC Policy Clarification) for 2015 CMS submission.
SPA 15-0009 (1/7/2015)	Renumbered SPA 14-0033 (FQHC Policy Clarification) for 2015 CMS submission
SPA 15-0011 (1/7/2015)	Consolidation of Health Home SPAs 13-08 and 13-17 into one SPA covering 37 counties in Washington State to comply with Section 2703 of Affordable Care Act, with revisions to reflect improvements to program.

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Medicaid State Plan Amendments and Waivers: Notices Since December 17, 2014

SPA # or Waiver # (Date of Letter)	Brief Description
SPA 15-0013 (2/5/2015)	Update types of practitioners who may prescribe Complex Rehabilitative Technology to include ARNPs, PACs, and NPs.
SPA 15-0014 (2/5/2015)	April 1, 2015 fee schedule updates and technical change to how fee schedules are described in state plan to reflect that fee schedules are "state-developed".

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Thank you

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