

# Washington State Health Care Authority

## Monthly Medicaid Meeting

March 25, 2015  
Jessie Dean  
Office of Tribal Affairs

## Agenda

- Washington Prescription Drug Program (WPDP)
- Electronic Health Records (EHR)
- ACH-Tribal Engagement Coordination
  - Expectations of Accountable Communities of Health
  - Potential Feasibility Study
- New Tribal Billing Guide (TBG)
- RSN Modalities
- Seeking Questions and Issues: Mental Health + OB-GYN
- Health Innovation Leadership Network (HILN)
- Roundtable, Consultation and Other Dates related to State Health Reform (Healthier Washington)
- New HCA Tribal Affairs Website and Bulletin
- Miscellaneous



## WPDP: Eligibility and Benefits of the WPDP Discount Card Program

- No annual fee ... It's FREE!
- Everyone in Washington is eligible to join
  - No income restriction
  - No age restriction
- Excellent discounts:
  - Average 80% on generic drugs
  - Up to 20% on brand name drugs
- No formulary restrictions:
  - All drugs are eligible for a discount
  - Some vaccinations and immunizations also covered
- Over 1,100 network pharmacies in Washington and 54,000 Nationwide
- Mail order service available through Postal Prescription Services
- "Specialty" drugs available through Ardon Health Pharmacy



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## WPDP: How does the program work?

- WPDP is not subsidized by State funds
- WPDP is a member of the NW Prescription Drug Consortium with Oregon Prescription Drug Program
- More than 1,100 Washington pharmacies have chosen to contract with the WPDP
- Pharmacies that choose to contract with us agree to accept the discounted rates
- To get the discount, the card must be used at one of our participating pharmacies

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## WPDP Discount Card Program Operations

- Total members enrolled : 223,957
- Member savings over last 12 months: \$10 million
- Program highlights from last month (*February 2015*):
  - Average savings per utilizing member: \$128
  - Average savings per prescription: \$67 or 75%
  - Percentage of prescriptions filled generic: 94%

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## WPDP: How to join

- Only need to enroll once
- Enroll online at [www.rx.wa.gov](http://www.rx.wa.gov)
  - English or Spanish
- Complete one of the postage-paid enrollment forms
- Download an enrollment form
  - English or Spanish
  - Complete a separate enrollment form for each person applying and send it to the address shown on the form
- Call toll-free 1-800-913-4146



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## WPDP: Not an insurance program

- WPDP members receive specially discounted prices on their prescription drug purchases
- WPDP is a Health Care Authority sponsored program but should not be confused with Apple Health or Medicaid
- WPDP can not be used in conjunction with any insurance or other discount programs; it is a “stand alone” discount card
- WPDP will not help you with your co-payment expense
- WPDP is not “creditable coverage” for Medicare Part D

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## WPDP: Mail Order Helps Increase Access

- Mail order service is helpful for those without transportation or those who do not live near a participating pharmacy
- Mail order prescriptions are delivered to the home or other locations within 4 to 7 business days from when the order is received
- WPDP discount card holders who use medications regularly find they save time and money by using mail order
- There are no delivery charges for WPDP mail order
- Members can get up to 3-month supply at a time
- You don't have to have a credit card to use this service

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## WPDP: Benefits of using *www.rx.wa.gov*

 <p><b><u>Enroll Online</u></b></p> <ul style="list-style-type: none"> <li>• Enroll in English or Spanish in less than one minute</li> <li>• Downloadable application also available in English and Spanish</li> </ul>	 <p><b><u>Pharmacy Locator</u></b></p> <ul style="list-style-type: none"> <li>• Search for network pharmacies using address, city, state, zip code or pharmacy name</li> <li>• Printable maps also available via MapQuest</li> </ul>
 <p><b><u>Drug Price Look Up</u></b></p> <ul style="list-style-type: none"> <li>• Look up the current discount price of medications</li> <li>• Prices can change daily based on Average Wholesale Price</li> <li>• Can be used for mail order service</li> <li>• Provides comparative information: Generics vs. Brand</li> </ul>	<p><b><u>Order Enrollment Materials</u></b></p> <ul style="list-style-type: none"> <li>• Postage-paid, self-addressed enrollment mailers available in 8 languages</li> <li>• Tri-fold informational brochures in English and Spanish</li> <li>• Promotional flyers in English only</li> <li>• PDF version of flyers in Spanish and Russian available on request</li> </ul> 

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## WPDP: Other Prescription Resources

- **Partnership for Prescription Assistance:** 1-888-477-2669  
[www.pparx.org](http://www.pparx.org)
  - A program to help low income, uninsured individuals access free or low cost medications through the pharmaceutical companies.
- **RxOutreach:** 1-800-769-3880 [www.rxoutreach.org](http://www.rxoutreach.org)
  - Mail order program for low income, uninsured individuals to access reduced cost medications from a set formulary of drugs.
- **Copays Assistance Programs:** 1-866-512-3861 [www.copays.org](http://www.copays.org)
  - Patient Advocate Foundation offers information on pharmaceutical copayment assistance for underinsured people with chronic illnesses. Each disease category has specific medical and financial criteria to meet and benefits vary.

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## WPDP: Questions?

- Ray Hanley, Senior Manager
  - Phone: 360-725-0869
  - Email: [ray.hanley@hca.wa.gov](mailto:ray.hanley@hca.wa.gov)
  - Website: [www.rx.wa.gov](http://www.rx.wa.gov)
- Moda Health handles all customer service inquiries:
  - 1-800-913-4146 for enrollment
  - 1-800-913-4311 for other customer service
- 1-800-552-6694 for PPS Mail Order
- 1-855-425-4085 for Ardon Health Specialty Drugs



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## Electronic Health Records

Christine Chumley, Health Record Technology (HIT) Program Manager

CMS UPDATE:

Intent to engage in rulemaking activity for the 2015 reporting year

- Shortening the reporting period to 90 days
- Aligning both hospital and provider reporting periods to a calendar year
- Modifying other aspects of the program to reduce complexity and less the reporting burden

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## EHR: CMS and ONC Release NPRMs on Stage 3 Requirements and 2015 Edition Certification Criteria

- On Friday, CMS released a notice of proposed rulemaking (NPRM) for [Stage 3](#), the next step in the implementation of the [Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs](#). Concurrently, ONC also announced the proposed [2015 Edition certification criteria](#) for health IT products. Both proposed rules focus on the interoperability of data across systems, and make the EHR Incentive Programs simpler and more flexible.

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## EHR: Where to Go for Help

Need EHR help?

Please contact our team at: [HealthIT@hca.wa.gov](mailto:HealthIT@hca.wa.gov)

- Security or log in issues with ProviderOne? Please contact: [ProviderOneSecurity@hca.wa.gov](mailto:ProviderOneSecurity@hca.wa.gov) for assistance with your P1 password or when you have a change in staff resulting in a new System Administrator for your office.
- Please remember that if you do not have your own security credentials granting you access to the EHR domain in ProviderOne, our staff is not able to discuss any information with you.
- CMS EHR Help Desk: 1-888-734-6433 Option #1
- CMS Account Security and to update your accounts contact person: 1-866-484-8049 Option #3
- Website for Health IT: [HealthIT.wa.gov](http://HealthIT.wa.gov)

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## ACH-Tribal Engagement



### Expectations of ACHs for Tribal/UIO Engagement

- High Priority of ACH Initiative. Both Federal and State governments consider Tribal/UIO engagement a high priority.
- Government-to-Government Relationship. ACHs must respect the State-Tribal relationship as sovereigns in partnership and engage with both elected Tribal leadership and Tribal/UIO Health Directors.
- State as Party to the Relationship. ACHs must cc HCA on any written communication to any Tribe/UIO. At the request of a Tribe/UIO, HCA will participate in any ACH meetings.

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## ACH-Tribal Engagement



### Expectations of ACHs for Tribal/UIO Engagement (cont'd)

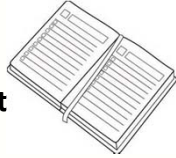
- Engage Tribes/UIOs. ACHs must reach out to each Tribe/UIO in region.
- Tribal/UIO Representation on Oversight Body. Any ACH oversight body should have at least two Tribal government/UIO representatives.
- Consider and Value Tribal Input. ACHs are responsible for considering and incorporating the input of all partners within the region, including Tribal governments/UIOs.

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## ACH-Tribal Engagement




### Proposed Feasibility Study of ACH-Tribal Engagement

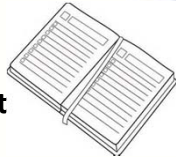
- Budget. \$300,000 (from study start through 2018)
- **Looking for feedback on the following:**

Topic	Examples	Proposed Responsible Party
Requirements for ACH-Tribal engagement	<ul style="list-style-type: none"> <li>• New ACH requirements</li> <li>• Protocols for ACH-Tribal engagement</li> </ul>	HCA
Outreach and education	<ul style="list-style-type: none"> <li>• Meetings of ACHs and/or Tribes/UIHOs to discuss:                             <ul style="list-style-type: none"> <li>➢ Health concerns</li> <li>➢ Social services</li> </ul> </li> <li>• Materials to help Tribes/UIHOs understand ACHs</li> </ul>	HCA + ACHs

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## ACH-Tribal Engagement



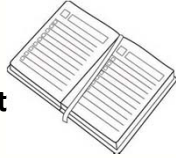
### Proposed Feasibility Study of ACH-Tribal Engagement (cont'd)

Topic	Examples	Proposed Responsible Party
Development of Resources for Tribes/UIHOs to Engage with ACHs	<ul style="list-style-type: none"> <li>• Templates for efficient and effective reporting to Tribes/UIHOs, AIHC, and NPAlHB</li> <li>• Lists of data types to:                             <ul style="list-style-type: none"> <li>➢ Identify disparities in AI/AN health access/outcomes, and</li> <li>➢ Measure effectiveness of efforts to address disparities in AI/AN health access/outcomes</li> </ul> </li> <li>• Plan for preparing briefing papers on known AI/AN disparities and strategies</li> </ul>	Study Grantee

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## ACH-Tribal Engagement




### Proposed Feasibility Study of ACH-Tribal Engagement (cont'd)

Topic	Examples	Proposed Responsible Party
Development of Statewide Tribal/UIHO ACH-Engagement Learning Collaborative	<ul style="list-style-type: none"> <li>• Plan for statewide learning collaborative to share successes/best practices and possibilities for improvement in:                             <ul style="list-style-type: none"> <li>➢ ACH-Tribal engagement and collaboration with regional partners</li> <li>➢ Identification of regional AI/AN health concerns</li> <li>➢ Coordination of health care and social service efforts, both Tribal and non-Tribal, to address AI/AN health concerns</li> <li>➢ Monitoring and assessment of process and outcomes data to assess efforts</li> </ul> </li> </ul>	Study Grantee

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## ACH-Tribal Engagement




### Proposed Feasibility Study of ACH-Tribal Engagement (cont'd)

Topic	Examples	Proposed Responsible Party
Exploration of AI/AN Data Analysis Function	<ul style="list-style-type: none"> <li>• Outreach and study of Tribal/UIHO interest in, and the potentials for, analysis of AI/AN health data</li> <li>• Initial plan for data analysis function</li> </ul>	HCA/DOH
Quarterly Reports to Tribes/UIHOs and HCA	<ul style="list-style-type: none"> <li>• Format and protocols for quarterly reporting</li> <li>• Quarterly reports to Tribes/UIHOs and HCA</li> </ul>	Study Grantee
Sustainability Plan	<ul style="list-style-type: none"> <li>• Plan with                             <ul style="list-style-type: none"> <li>➢ Sources of potential funding</li> <li>➢ Creation of entity or the establishment of any functions in existing entity</li> <li>➢ Governance plan</li> </ul> </li> </ul>	Study Grantee

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## New Tribal Billing Guide Coming




**TRIBAL HEALTH PROGRAM  
Provider Guide**


April 1, 2015



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## TBG: Comparisons



	Old Tribal Billing Guide	New Tribal Billing Guide
Publication Date	January 1, 2011	April 1, 2015
Number of Pages	97	43
ProviderOne System Date	ProviderOne instructions before October 1, 2012	ProviderOne instructions since October 1, 2012
Approach of Guide	More inclusive, including some policy from source programs	More streamlined + No policy changes from Old Guide
Approach Advantages	More comprehensive information (still required working with source program Billing Guides)	Easier to access and greater ability to keep current
Approach Disadvantages	Less accessible and more difficult to keep current	Requires working with source program Billing Guides

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## TBG: Psychiatrists


**Encounter Category for Psychiatric Services**

**(Old TBG categorized psychiatric services as a medical encounter)**

**Can services qualify in two different encounter categories?**

Yes. The IHS encounter category for a billed service is based on the provider guide that describes the service. Some providers are licensed to provide services described in multiple provider guides that translate to multiple permitted encounter categories. For example, psychiatrists are licensed to provide services found in both the [Mental Health Services Provider Guide](#) and the [Physician-Related Services/Health Care Professional Services Provider Guide](#), which translate to either a mental health encounter or a medical encounter. In these situations, the Tribal health program may choose one of the permitted encounter categories based on the billing taxonomy the Tribal health program uses on the claim. No service performed may be billed more than once.

Summary: If the service is described in two or more source program Billing Guides that fall into two or more encounter categories, the billing taxonomy used by the Tribal Clinic on the claim will determine the encounter category.

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## TBG: New Instructions

**For Mental Health Services above the access-to-care standards (RSN Modalities)...**

**If service meets requirements for IHS encounter, Tribal Clinic will receive encounter rate.**

For the following mental health services that are above the RSN Access-to-Care Standard, the Tribal provider must verify that the requirements for use of the EPA number 87001349 are met. This EPA number is applicable only to clients who have an elective exemption from Medicaid Managed Care under [42 U.S.C.1396u-2](#) or who are clinical family members. For Tribal clinics, the typical basis for the elective exemption under 42 U.S.C. 1396u-2 is that the client is AI/AN. In addition, clinical family members are encouraged to receive treatment at Tribal clinics to promote better health outcomes.

Mental Health Services above the RSN Access-to-Care Standard						
Modality	HCPCS code and modifier (HE for AI/AN or SE for non-AI/AN)	Description	Provider types (see table below for explanations)	EPA (see EPA Code and Criteria Table below)	Rate	Place of service
Crisis Services	H0030 HE or SE	Behavioral health hotline service (not encounter eligible)	01, 02, 03, 04, 05, 09, 10, 12	EPA 870001349	\$10.00	05, 06, 07, 08

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## TBG: New Instructions

**For Mental Health Services above the access-to-care standards (RSN Modalities)**


Explanation of Provider Type Codes	
Code	Definition
01	RN/LPN
02	ARNP/PA
03	Psychiatrist/MD
04	MA/PhD
05	Below Master's Degree
06	DOH Credentialed Certified Peer Counselor
09	Bachelor Level with Exception/Waiver
10	Master Level with Exception/Waiver
12	Other (Clinical Staff)
14	Non-DOH Credentialed Certified Peer Counselor

**EPA Code and Criteria**

EPA code	Service Modality	Criteria
870001349	Crisis Services, Day Support, Medication Monitoring, Peer Support, Stabilization services, Therapeutic psych-education	Either: (1) client has elective exemption from Medicaid Managed Care under <a href="#">42 U.S.C.1396u-2</a> (e.g., client is AI/AN); or (2) client is a clinical family member.

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## TBG: RSN Modalities

**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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## TBG: RSN Modalities



### RSN modality services that will start paying:

- Medication Monitoring (RSN Code H0033, H0034)
- Crisis Services (RSN Code H0030, H2011)
- Day Support (RSN Code H2012)
- Peer Support (RSN Code H0038)
- Stabilization Services (RSN Code S9484)
- Therapeutic Psycho-Education (RSN Code H0025, H2027)

Target date to start paying again: April 1, 2015

Retroactive payment for services since October 1, 2012

We have requested waiver of timeliness rule – Stay tuned

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## Seeking Questions and Issues

### Mental Health Billing

- Tribal Billing Work Group on May 13, 2015 will focus on billing for Mental Health services, including the newly payable RSN modalities
- **Please send any questions regarding Mental Health billing, coding, or policy to [tribalaffairs@hca.wa.gov](mailto:tribalaffairs@hca.wa.gov) with subject “Mental Health”**
- At the Tribal Billing Work Group on May 13, we will share these questions (anonymously) and any answers from our Mental Health subject matter experts

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## Seeking Questions and Issues

### OB-GYN Services and Billing

- HCA and DOH, together with the AIHC, are trying to understand the issues and concerns of Tribal Clinics and Urban Indian Clinics with OB-GYN services, including billing and service delivery
- **Please send any issues, concerns, questions regarding OB-GYN to [tribalaffairs@hca.wa.gov](mailto:tribalaffairs@hca.wa.gov) with subject "OB-GYN"**
- We will analyze the issues and concerns as we try to come up with next steps to improve maternity and newborn health
- We will reply to any questions

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## Health Innovation Leadership Network

The Governor's Office seeks recommendations for three people to serve 1-year terms on HILN:

- Two Tribal representatives, and
- One Urban Indian Organization representative.

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## Health Innovation Leadership Network

### What is HILN?

- HILN is a public-private network to accelerate Healthier Washington efforts.
- With the award of the CMMI grant, the Governor is creating HILN from the members of the Executive Management Advisory Council (which informed the State Health Care Innovation Plan).

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## Health Innovation Leadership Network

### What is HILN intended to do?

- Monitor, inform and accelerate Healthier Washington progress
- Identify barriers and opportunities for alignment, scale and spread
- Serve as an advisory body

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## Health Innovation Leadership Network

Please let me know if:

- You have any recommendations for representatives
- You have any questions about HILN

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## Roundtable, Consultation, & Other Dates on State Health Reform

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

- Preparing notes from Roundtable
- Will send notes prior to Consultation

### *April 3, 2015 – Send Draft Early Adopter MCO Contract*

- Will send notes on draft Early Adopter MCO Contract prior to Consultation

### **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 Global 1115 Waiver Submission to CMS*

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## HCA Tribal Affairs Website & Bulletin

<http://www.hca.wa.gov/tribal/Pages/index.aspx>

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## 2015 HCA Tribal Affairs Meeting Schedule

**Tribal Billing Workgroup (TBWG)**  
Second Wednesday (\*unless noted)  
9:00-10:00 AM

**April 8**  
**May 13**  
**June 10**  
**July 8**  
**August 12**  
**September 9**  
**October 14**  
**November 12 (\*Thursday)**  
**December 9**

**Medicaid Monthly Meeting (M3)**  
Fourth Wednesday  
9:00-10:00 AM

**April 22**  
**May 27**  
**June 24**  
**July 22**  
**August 26**  
**September 23**  
**October 28**  
**November 25**  
**December 23**

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## Open Items Since Last M3

- 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
- Responses of MCOs to Written Questions for MCO-Tribal Meeting on February 13, 2015

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## Medicaid State Plan Amendments and Waivers: Notices Since February 25, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
SPA 15-0016 (3/9/2015)	This SPA will eliminate Medicaid reimbursement for elective deliveries before the 39 <sup>th</sup> week of gestation.
SPA 15-0017 (3/3/2015)	Renumbered from SPA 14-0023, this SPA will provide early intervention/prevention services for children ages 21 and under who are at risk for abuse or neglect.
SPA 15-0018 (3/11/2015)	Initiated at the request of CMS, this SPA will make the following changes: <ul style="list-style-type: none"> <li>• Replace text describing dental services with cross-reference to Dental SPA</li> <li>• Approximately \$60 more than standard for EPSDT services to foster kids</li> <li>• Copied from EPSDT Billing Guide: Annual screenings for children under 7, screenings every 2 years for children 7 – 20</li> <li>• Autism/developmental screenings available to older children with prior authorization (currently found on page 7 of the EPSDT Billing Guide)</li> <li>• Exception to rule for noncovered services and for extensions of limits</li> <li>• Additional screenings may be covered upon request for exception and prior authorization</li> </ul>

Thank you