Washington State Health Care Authority

Washington Apple Health (Medicaid)

HIV/AIDS Case Management Billing Guide

October 1, 2017

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.

About this guide*

This publication takes effect October 1, 2017, and supersedes earlier guides to this program.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

This document is to be used for billing purposes only. Refer to the Department of Health's (DOH) Statewide Standards for Medical HIV Case Management for a complete guide to the HIV/AIDS Case Management Program.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
Fully Integrated Managed Care (FIMC)	**Effective January 1, 2018,** the agency is implementing a **second FIMC region**, the North Central (NC) region, which includes Douglas, Chelan, and Grant Counties. The agency has updated and consolidated the FIMC information in this guide and provided several hyperlinks to the agency's Managed Care web page, the agency's Integrated physical and behavioral health care web page, and the agency's Regional resource web page.	Notification of new region moving to fully integrated managed care (FIMC)

* This publication is a billing instruction.

How can I get agency provider documents?

To access provider alerts, go to the agency's provider alerts web page.

To access provider documents, go to the agency's provider billing guides and fee schedules web page.

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Resources Available

<table>
<tr><th>Topic</th><th>Resource</th></tr>
<tr><td>Becoming a provider</td><td rowspan="2">Department of Health
HIV Client Services
PO Box 47841
Olympia WA 98501-7841
360-236-3457</td></tr>
<tr><td>Questions about provider participation, case management standards, and reporting requirements</td></tr>
<tr><td>Submitting a change of address or ownership</td><td rowspan="5">See the agency’s Billers and Providers web site.</td></tr>
<tr><td>Finding out about payments, denials, claims processing, or Health Care Authority managed care organizations</td></tr>
<tr><td>Electronic billing</td></tr>
<tr><td>Finding Health Care Authority documents (e.g., billing instructions, provider notices, fee schedules)</td></tr>
<tr><td>Private insurance or third-party liability</td></tr>
<tr><td>Medicaid Assistance Customer Service Center</td><td>800-562-3022</td></tr>
</table>

Program Overview

Purpose

The intended outcomes of Title XIX HIV/AIDS Targeted Medical Case Management are to assist persons living with HIV/AIDS to:

- Gain and maintain access to primary medical care and treatment.
- Gain and maintain access to antiretroviral medications.
- Maintain adherence to treatment and medications.
- Live as independently as possible.

The agency has an agreement with the Department of Health (DOH) to administer the HIV/AIDS Case Management program for eligible clients (WAC 182-539-0300). HIV Client Services oversees the daily operation of the Title XIX HIV/AIDS Case Management Program. HIV Client Services is located in the office of Disease Control and Health Statistics at the Department of Health.

How can I apply to provide HIV/AIDS case management services?

(WAC 182-539-0300)

Only agencies approved by DOH's HIV Client Services can provide HIV/AIDS case management services. To request approval from DOH, complete the Title XIX provider application process and submit the required documents to DOH. See Statewide Standards for Medical HIV Case Management for specifics on provider requirements, or call HIV Client Services at 360-236-3457.

Client Eligibility

Who is eligible for HIV/AIDS case management?

(WAC 182-539-0300)

To be eligible for HIV/AIDS case management services, a client must:

- Have a current medical diagnosis of HIV or AIDS.
- Not be receiving concurrent HIV/AIDS case management services through another program.
- Require assistance obtaining and effectively using necessary medical, social, and educational services; or need 90 days of continued monitoring.
- Have a benefit service package that covers HIV/AIDS case management.

Are managed-care clients eligible?

Yes, if the client meets the above criteria. When verifying eligibility using ProviderOne, if the client is enrolled in an HCA managed care organization (MCO), managed care enrollment will be displayed on the Client Benefit Inquiry screen. HIV/AIDS Case Management services do not require a referral from the client's MCO. Use these billing instructions to bill the agency directly.

Effective July 1, 2017, not all Apple Health clients will be enrolled in a BHO/FIMC/BHSO

On July 1, 2017, some Apple Health clients were not enrolled in a behavioral health organization (BHO), fully integrated managed care (FIMC), or behavioral health services only (BHSO) program. For these clients, substance use disorder (SUD) services are covered under the fee-for-service (FFS) program.

Effective January 1, 2017, some fee-for-service clients who have other primary health insurance were enrolled into managed care

On January 1, 2017, the agency enrolled some fee-for-service Apple Health clients who have other primary health insurance into an agency-contracted managed care organization (MCO).

This change did not affect all fee-for-service Apple Health clients who have other primary health insurance. The agency continues to cover some clients under the fee-for-service Apple Health program, such as dual-eligible clients whose primary insurance is Medicare.

For additional information, see the agency's Managed Care web page, under Providers and Billers.

Effective April 1, 2016, important changes to Apple Health

These changes are important to all providers because they may affect who will pay for services.

Providers serving any Apple Health client should always check eligibility and confirm plan enrollment by asking to see the client's Services Card and/or using the ProviderOne Managed Care Benefit Information Inquiry functionality (HIPAA transaction 270). The response (HIPAA transaction 271) will provide the current managed care organization (MCO), fee-for-service, and Behavioral Health Organization (BHO) information. See the Southwest Washington Provider Fact Sheet on the agency's Regional Resources web page.

New MCO enrollment policy – earlier enrollment

Beginning April 1, 2016, Washington Apple Health (Medicaid) implemented a new managed care enrollment policy placing clients into an agency-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. This policy eliminates a person being placed temporarily in fee-for-service while they are waiting to be enrolled in an MCO or reconnected with a prior MCO.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health Managed Care.

Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Clients currently in fee-for-service or currently enrolled in an MCO are not affected by this change. Clients in fee-for-service who have a change in the program they are eligible for may be enrolled into Apple Health Managed Care depending on the program. In those cases, this enrollment policy will apply.

How does this policy affect providers?

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's Get Help Enrolling page.

- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's new policies.

Behavioral Health Organization (BHO)

The Department of Social and Health Services (DSHS) manages the contracts for behavioral health (mental health and substance use disorder (SUD)) services for nine of the Regional Service Areas (RSA) in the state, excluding Clark and Skamania counties in the Southwest Washington (SW WA) Region. BHOs replaced the Regional Support Networks (RSNs). Inpatient mental health services continue to be provided as described in the inpatient section of the Mental Health Services Billing Guide. BHOs use the Access to Care Standards (ACS) for mental health conditions and American Society of Addiction Medicine (ASAM) criteria for SUD conditions to determine client's appropriateness for this level of care.

Fully Integrated Managed Care (FIMC)

For clients who live in a fully integrated managed care (FIMC) region, all physical health services, mental health services, and drug and alcohol treatment are covered and coordinated by the client's agency-contracted managed care organization (MCO). The Behavioral Health Organization (BHO) will not provide behavioral health services in these counties.

Clients living in an FIMC region will enroll with an MCO of their choice that is available in that region. If the client does not choose an MCO, the client will be automatically enrolled into one of the available MCOs, unless the client is American Indian/Alaska Native (AI/AN). Clients currently enrolled in one of the available MCOs in their region may keep their enrollment when the behavioral health services are added.

> **Effective July 1, 2017, American Indian/Alaska Native (AI/AN)** clients living in an FIMC region of Washington must choose to enroll in one of the agency-contracted MCOs available in that region; or they may choose to receive all these services through Apple Health fee-for-service (FFS). If they do not choose an MCO, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavior health services. For more information about the services available under the FFS program, see the agency's Mental Health Services Billing Guide and the Substance Use Disorder Billing Guide.

For full details on FIMC, including which clients residing in an FIMC region are not enrolled with an MCO and information on complex behavioral health services for foster children in an FIMC region, see the agency's Managed Care web page, the agency's Integrated physical and behavioral health care web page, and the agency's Regional resource web page.

FIMC Regions

North Central Region (NC) – Douglas, Chelan and Grant Counties

Effective January 1, 2018, the agency will implement the second FIMC region known as the NC region which includes Douglas, Chelan, and Grant Counties. Clients eligible for managed care enrollment will choose to enroll in an available MCO in their region. Specific details, including information about mental health crisis services can be found on the agency's Managed Care web page, the agency's Integrated physical and behavioral health care web page, and the agency's Regional resource web page.

Southwest Washington Region (SW WA) – Clark and Skamania Counties

Effective April 1, 2016, the agency implemented the first FIMC region known as the SW WA region which includes Clark and Skamania Counties. Clients eligible for managed care enrollment choose to enroll in one of two available MCOs in this region: Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW).

Apple Health Core Connections (AHCC)

Coordinated Care of Washington (CCW) will provide all physical health care (medical) benefits, lower-intensity outpatient mental health benefits, and care coordination for all Washington State foster care enrollees. These clients include:

- Children and youth under the age of 21 who are in foster care
- Children and youth under the age of 21 who are receiving adoption support
- Young adults age 18 to 26 years old who age out of foster care on or after their 18th birthday

American Indian/Alaska Native (AI/AN) children will not be auto-enrolled, but may opt into CCW. All other eligible clients will be automatically enrolled.

AHCC complex mental health and substance use disorder services

AHCC clients who live in Skamania or Clark County receive complex behavioral health benefits through the Behavioral Health Services Only (BHSO) program in the SW WA region. These clients will choose between CHPW or MHW for behavioral health services, or they will be auto-enrolled into one of the two plans. CHPW and MHW will use the BHO Access to Care Standards to support determining appropriate level of care, and whether the services should be provided by the BHSO program or CCW.

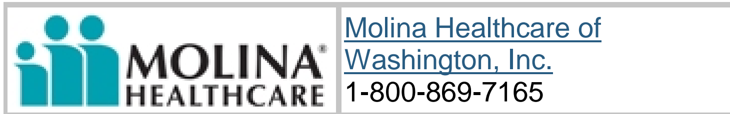
AHCC clients who live outside Skamania or Clark County will receive complex mental health and substance use disorder services from the BHO and managed by DSHS.

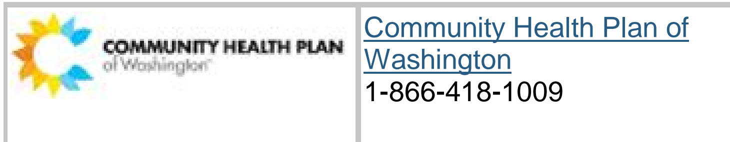
Contact Information for Southwest Washington

Beginning on April 1, 2016, there is not a BHO in Clark and Skamania counties. Providers and clients must call the agency-contracted MCO for questions, or call Beacon Health Options for questions related to an individual who is not eligible for or enrolled in Medicaid.

If a provider does not know which MCO a client is enrolled in, this information can located by looking up the patient assignment in ProviderOne.

To contact Molina, Community Health Plan of Washington, or Beacon Health Options, please call:

	Molina Healthcare of Washington, Inc. 1-800-869-7165

	Community Health Plan of Washington 1-866-418-1009

Beacon Health Options	Beacon Health Options 1-855-228-6502

How can I verify a patient's eligibility?

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. **Verify the patient's eligibility for Washington Apple Health.** For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current ProviderOne Billing and Resource Guide.

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. **Verify service coverage under the Washington Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's Program Benefit Packages and Scope of Services Categories web page.

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
   Washington Healthplanfinder
   PO Box 946
   Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

Billable Services

The agency pays HIV/AIDS case management providers for the following services.

Comprehensive assessment

The agency pays for only one comprehensive assessment per client unless:

- There is a 50% change in need from the initial assessment; or
- The client transfers to a new case management provider.

The assessment must cover the areas outlined in the Statewide Standards for HIV Medical Case Management (see also WAC 182-539-0300).

HIV/AIDS case management – full month

The agency pays for one full-month case management fee per client, per month.

Providers may request the full-month payment for any month in which the criteria listed in the Statewide Standards for HIV Medical Case Management have been met and the case manager has an individual service plan (ISP) in place for 20 or more days in that month. (See also WAC 182-539-0300). Monitoring can be billed under case management – full month.

HIV/AIDS case management – partial month

Providers may request the partial-month payment for any month in which the criteria in WAC 182-539-0300 have been met and an ISP has been in place for fewer than 20 days in that month.

Partial month payment allows for payment of two case management providers when a client changes from one provider to another during the month.

Monitoring

Monitoring is a service reserved for stable clients who no longer need an ISP with active elements, but who have a history of recurring need and will likely require active case management in the future.

Case management providers may bill the agency for up to 90 days of monitoring after the last active service element of the ISP has been completed if the following criteria have been met:

- The provider documented the client's history of recurring need.
- The provider assessed the client for possible future instability.
- The provider contacted the client monthly to monitor the client's condition.

Moving from monitoring to active case management

A client who meets the requirements in WAC 182-539-0300 can shift from monitoring to active case management if there is a documented need to resume active case management.

Coverage Table

When billing HIV/AIDS case management services or monitoring, use the following procedure codes with the appropriate modifier. The agency pays full-month fees during monitoring. Modifiers U8 and U9 are payer-defined modifiers. U8 means "full month" and U9 means "partial month."

> **Note:** Due to its licensing agreement with the American Medical Association, the agency publishes only the official, short CPT® code descriptions. To view the full descriptions, please refer to a current CPT book.

Procedure Code	Modifier	Diagnosis Code	Short Description	Comments
T2022	U8	Limited to diagnosis B20 or Z21	Case management, per month	Full Month. A full-month rate applies when: A. The criteria in WAC 182-539-0300 have been met; and B. An individual service plan (ISP) has been in place 20 days or more in that month. Taxonomy: 251B00000X
T2022	U9	Limited to diagnosis B20 or Z21	Case management, per month	Partial Month. A partial-month rate applies when: A. The criteria in WAC 182-539-0300 have been met. B. An individual service plan (ISP) has been in place fewer than 20 days in that month. Taxonomy: 251B0000X
T1023		Limited to diagnosis B20 or Z21	Program intake assessment	Full Month. A full-month rate applies when: A. The criteria in 182-539-0300 have been met. B. An individual service plan (ISP) has been in place 20 days or more in that month. Taxonomy: 251B0000X

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Billing

Effective for claims billed on and after October 1, 2016
All claims must be submitted electronically to the agency, except under limited circumstances.
For more information about this policy change, see Paperless Billing at HCA.
For providers approved to bill paper claims, see the agency's Paper Claim Billing Resource.

Providers must follow the billing requirements listed in the Health Care Authority's ProviderOne Billing and Resource Guide.

HIV/AIDS case management services require additional documentation. See Case Management: Statewide Standards for HIV Medical Case Management for details.

See the fee schedule for HCA's current maximum allowable fees.