

Medicaid Suspension

The following are the questions/answers recorded during the North Sound Webinar.

With regard to the transition to integrated managed care, will the process become more difficult (honor authorization) when working with Amerigroup, Community Healthy Plan, Coordinated Care, Molina, and United Health care entities?

The process itself should not be any more challenging. Previously you would have sent any authorizations through a single entity being the BHO. Now you need to identify which plan the individual is in and request the authorization from that specific plan that is going to cover that individual. There may be an extra step in it whereas before you would just send them all to the same organization. With this new process, it should make it easier when you are doing the "honor authorizations" to help the individual receive the medical care services they need access to at the same time.

With regard to chemical dependency inpatient treatment, medications are difficult to work with. Often times treatment centers expect the client to come to treatment; however jails do not generally provide medications upon release. The client is in an awkward spot; their insurance is suspended so they cannot get medications with their insurance and jails do not typically provide medications for them. The client is still incarcerated and gets out on a temporary release. They get time served for treatment.

Each jail has unique business practices. If the client is out "temporarily," meaning they are expected to return to the jail, they will remain in suspension status and Medicaid cannot pay for their medication. If the client has been released and needs their medication the day of their release, P1 may still display the client in suspension status. This is because P1 is not updated until mid-night the day of release. In this scenario, call our call center at 800-562-3022. Adjustments to the suspension period can usually be made so that the client can get their medication. If the client is on a temporary release, their suspension cannot be lifted as they are considered still incarcerated and cannot bill Medicaid for their medication. If they are released and not expected to return to jail but need their medication that day and on Medicaid with their status as displaying "suspended" call our call center so the status can be changed and the suspension removed.

Who can I contact regarding how HCA interprets the JBRS data we upload? Our Work Crew and Home Monitoring inmates are being suspended when they should not.

Please contact us at medicaidsuspension@hca.wa.gov to have more discussions. This should not be happening.

If individuals are released on a furlough for a short term, for example 4 hours to go see their own OBGYN, then shouldn't the individual be responsible for their own medical costs?

Technically Medicaid should not be paying for it. It is a temporary release where they are expected to return to jail.



If a person is arrested on Friday night, taken to the hospital prior to being held at the jail but then is released Saturday morning (so just held overnight) is that hospital service covered by HCA or are the benefits suspended and services are not covered?

This situation should not result in suspension. Typically, if a person is incarcerated less than two days, they do not get suspended. If on Medicaid this would be a covered service.

Upon release, it takes at least 24 hours, if not longer to become unsuspended?

It should only take overnight for the suspension to update. If the individual has been released and ProviderOne has not been updated after 24 hours, please call our call center to have it updated at 800-562-3022.

How do Managed Care Organizations (MCO) receive pre-release data?

MCO's do not receive pre-release data. You may receive an 834 file that will list an individual has been incarcerated or suspended or dis-enrolled if it has been over a month. Unless someone reaches out to you, you may not know. You may get some information from a Behavioral Health agency if there is some coordination efforts on some of the special programs where folks can go in prior to release to do discharge planning. The Health Care Authority is also exploring options to address this need.

As a Community Assister Volunteer, am I able to reinstate them online when inmates are released?

When an individual is released from jail, the system is updated automatically. The Jail Booking and Reporting System (JBRS) is the system that jails update and that interface feeds into and updates P1 to show the individual is no longer suspended. It is updated every night. You should not need to take any action. If you have more questions on this, feel free to email us at medicaidsuspension@hca.wa.gov.

Is the state looking at not suspending insurance and just keeping it in place during incarceration as the main obstacle to the seamless transitions for everything is the hoops that are in the way? My county is going broke paying for all the medical.

Based on federal rules; we are not allowed to use Medicaid within the facilities and that is why the suspension process was created. Until or unless the federal regulation changes, we will not be able to use Medicaid dollars while institutionalized. If you are having problems with the transition, please contact us so we make sure we you are not paying for services you do not need to at medicadsuspension@hca.wa.gov.

What do we do when we have a client who is in DOC work release or house arrest? They are technically incarcerated so they are suspended but they are able to come in for appointments and generally are required to attend. We have had times in the past where they are able to call and get it activated. But there have been times where we were told that the suspension was not able to be lifted since they are technically incarcerated.

It is a facility specific answer in most situations. Most state DOC work-release facilities are not considered institutions and individuals can be eligible for Medicaid. Very few county facilities meet the federal requirements that allow Medicaid eligibility. It could be that you had these individuals in different places but you can always email us on a specific case at medicaidsuspension@hca.wa.gov.



If a person has Medicaid and is being brought to the emergency room to be checked before booking, would Medicaid/managed care plan cover this or the jail?

Depends on the medical necessity. If it is a "well check", "transportation check-out", etc., and there is no medical necessity, Medicaid may not pay. The plan should not have to pay that as well. If there is a need, for example if the individual needs care (obvious injury), it is a medical necessity and should be covered. Depending on the jurisdiction, they have different names to a "well check" but overall if it is not a need, services can be denied.

Who covers the "well checks" for medical clearance for incarceration if Medicaid denies?

The jurisdiction that brought in the individual. That could vary too by local agreements.

Pharmacy question: If someone is released and needs their medication before suspension is lifted, can we call the call center to expedite this.

Yes, call 800-562-3022. It usually takes over night for P1 to update and show suspension lifted, but in special circumstances if the individual is in need of their medication the day of their release, there is an exception process in place.

Why do persons lose their insurance when incarcerated? Is this a state or federal decision?

This is a federal decision. They do not actually lose it. They are suspended so their coverage is limited. Prior to the suspension bill Medicaid was terminated but it is no longer the case.

Since care is for the whole month, would provider visits outside of the jail be covered if patient is released 4/15 but visit was on 4/10?

No. Ultimately, the individual was still incarcerated at that time even though coverage is for the entire month.

Our experience is that MCO's are not providing the "honor authorization" and referents as well as IIP providers are frustrated and we are not staffed to generate all authorized requests ourselves after intake, which is against protocol anyway, yet other IIP facilities are doing this against HCA protocol.

This "honor authorization" is a recent process we established a few weeks ago based on experiences with integrating in new regions since January 2019 so it may be a learning curve and if there are additional considerations that we need to take into account, we can refine the guidance document or clarify if needed.

We as a facility have been told not to bill Medicaid for ER visits when coverage shows suspended. Is this a true statement?

The individual may show as suspended when they are in your facility but later the status could change. We recommend to check the status later and bill accordingly.

We as a facility have also been told that managed care plans cannot be billed if Medicaid shows suspended for there is no coverage.

The managed care plan can be responsible for inpatient costs of an inmate in situations described in the managed care contract so billing can be appropriate. In long incarcerations, we do dis-enroll from managed care and any inpatient costs should be billed to HCA FFS.