

Washington State Health Care Authority

HCA Tribal Affairs Billing Work Group

March 11, 2014

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HCA Tribal Affairs Office

Agenda

Tribal Affairs Updates

1. M3 updates & monthly claims data
2. Race and ethnicity in HPF/P1/ACES

New Business

1. Remittance Advice/invoice update
2. Managed Care 101
3. PCCM and Managed care cleanup

Old Business

1. Medicare and Mental Health – claims paying soon
2. Definition of ‘clinical family member’
3. Children’s Mental Health, EOB B7
4. Physical/occupational/speech therapy – completed

Weekly FAQ

1. Updating provider files in P1
2. Public provider directory
3. Suboxone billing
4. Open questions from last month’s TBWG
5. Open discussion

Old Business:

Pending, but not forgotten

1. Pharmacists – what services can they render on Professional claims?
2. MPG update
3. Spend-down

M3 updates

- Enrollment Update
- Tribal Assister Summit – April 7
- CD Match
- Race in HPF/P1/ACES
 - Potential to simplify billing process
- Foster Care Medical

January 2014 Claims Data (I/T)

	Billed	Paid	Denied	% paid
Medicaid (all)	435,770	307,670	128,100	70%
I/T (all)	37,790	26,340	11,450	70%
Medical	8,200	6,190	2,000	75%
Dental	2,600	2,120	475	82%
Mental Health	2,810	2,310	500	82%
Chemical Dependency	8,130	7,880	250	96%
Other	16,050	TBD	TBD	TBD

This is all claims processed in January 2014, regardless of date of service. The format will evolve. Urbans will be included next month.

Top 10 Denial Reasons

From previous month:

- Client is not eligible for this date of service (26)
- Client ID not on file (31)
- Client date of birth mis-match (16/N329)
- Client gender mis-match (16/MA39)
- Service not covered under client's benefit plan (204)
- Claim past timely filing limitation (29)
- Claim payment covered by Managed Care Plan (24)

Top 10 Denial Reasons *(continued)*

From previous month:

- **Rendering taxonomy is missing or not assigned to rendering provider (16/N288)**
- **Billing taxonomy missing or not assigned to Billing provider (16/N255)**
- **Client is covered by Medicare (22)**
- **Diagnosis is not (normally) reimbursable (167)**
- **Duplicate (18)**
- **T1015 not payable without a payable qualifying service (107)**

Remittance Advice/Invoice update

- If the current Remittance has more credits/recoupments than payments then the remittance is in credit balance
- Previously the credit balance would be indicated by the use of invoice/FIN numbers
- Beginning mid-March, 2014 the credit balance invoice/FIN will include the original TCN

Remittance Advice/Invoice update

Prior to March 2014

http://www.providrone.wa.gov/ecams/DisplayAttachmentServlet - Windows Internet Explorer

Prepared Date: 03/15/2013
RA Date: 03/15/2013

RA Number: 3198229
Warrant/EF [Redacted] Warrant/EFT Date: 03/13/2013
Warrant/EF [Redacted] Payment Method: None

Claims Summary Page 2 Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
[Redacted]	Adjustments	\$2844.00	-\$3635.96	\$0.00	\$0.00	\$0.00	-\$3300.00	[Redacted]	41994169	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$294.00
	In Process	\$15472.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		41994170	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$294.00
									41994171	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$294.00
									41994172	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$294.00
									41994173	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$294.00
									41994174	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$294.00
									41994175	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$294.00
									41994176	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$294.00
									41994177	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$316.00
									41994178	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$316.00
									41994179	Provider Initiated	PIOFF Invoice	\$0.00	\$0.00	\$316.00
Total Adjustment Amount												\$0.00		

Remittance Advice/Invoice update

After March 2014

http://test.providerone.wa.gov/uat/DisplayAttachmentServlet - Windows Internet Explorer

Prepared Date: 02/28/2014
RA Date: 02/28/2014

RA Number: [Redacted] 6000 Warrant/EFT Date: 02/28/2014
Warrant/EFT Amount: \$0.00 Payment Method: None

Page 2

Claims Summary Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
[Redacted]	aid	\$200.00	\$19.60	\$0.00	\$0.00	\$0.00	\$19.60	[Redacted]	41983634/ 30131620002889 7000	Provider Initiated	P1OFF Recoupment	\$302.00	\$19.60	\$282.40
[Redacted]	Process	\$86555.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	[Redacted]	41983665/ 30131620002889 7000	Provider Initiated	P1OFF Invoice	\$316.00	\$0.00	\$316.00
[Redacted]								[Redacted]	41983719/ 30131620002889 7000	Provider Initiated	P1OFF Invoice	\$316.00	\$0.00	\$316.00
Total Adjustment Amount												\$19.60		

Done

Unknown Zone | Protected Mode: Off

Washington State
Health Care Authority

Washington Apple Health
Washington's Medicaid Program

March 11, 2014

Washington Apple Health

- Washington Apple Health is the new name for Washington's Medicaid program.
- There are three primary payment methods for Medical services paid by the Health Care Authority (HCA):
 - *Fee for Service*
 - *Primary Care Case Management*
 - *Apple Health Managed Care*

(1) Fee for Service

- Fee for service is the “traditional” way of providing medical services
- A beneficiary sees a doctor and the doctor bills HCA for the service, which is paid at the Medicaid rate (or at the encounter rate for Tribal clinics billing encounter-eligible services)

(2) Primary Care Case Management

- Primary Care Case Management, or PCCM, is a program that is provided in Washington only by tribal clinics or Urban Indian Centers
- PCCM's are paid a \$3 per member/per month fee to manage the beneficiary's health care services
- Services are paid by HCA either FFS or at the encounter rate.

(3) Apple Health Managed Care

- Apple Health Managed Care (AHMC - formerly Healthy Options) provides a wide array of benefits to enrolled beneficiaries for a single premium paid per member per month.
- Services are provided by Managed Care Organizations (MCOs), who contract with health care providers.

Who is eligible for Managed Care?

- **Mandatory Enrollment:**
 - Families, moms and kids
 - SSI Categorically Needy Blind and Disabled, including L21/L22 (COPES waiver clients)
 - Medicaid Expansion beneficiaries
- **Voluntary Enrollment:**
 - American Indian/Alaska Natives
 - Foster Children

AHMC Assignments

- Beneficiaries become eligible for managed care
 - Newly eligible beneficiary either enrolls in managed care or is assigned a plan by HCA
 - Non – AI/AN are assigned to MCOs based on service area and the MCOs' network capacity
 - *If HCA does not know a beneficiary is AI/AN, the beneficiary may be assigned to an MCO. The AI/AN may disenroll to fee for service beginning on the first day of the following month, change to a PCCM clinic in his or her area, OR remain in the MCO*

AHMC Assignments (2)

- AI/AN beneficiaries are not assigned to MCOs if HCA is aware they are AI/AN. The AI/AN may be assigned to the closest PCCM clinic if the beneficiary lives near one.
- If no PCCM clinic is available to the AI/AN, he or she either remains FFS or may choose to enroll in AHMC.

Tribal Clinics and Managed Care

- Tribes may contract with MCO's – MCO's pay the tribe the Medicaid rate for services provided to MCO enrollees
- The tribe then bills HCA for the balance of the encounter rate (wraparound payment)
 - *This is the difference between the Medicaid rate and the encounter rate*

Urban Indian Centers and Managed Care

- Urban Indian Centers are Federally Qualified Health Centers (FQHCs) and receive the FQHC encounter rate from the MCO

Apple Health MC Benefits

Coverage includes:

- Outpatient care such as: Wellness exams, immunizations, maternity care, surgical services
- Pharmacy, including OTC and prescription medications
- Laboratory services
- Inpatient Hospital/Emergency Room
 - *Nursing facility for rehab services*
- Outpatient Mental Health

Pharmacy Coverage

- Pharmacy – each MCO must have a formulary that provides medications in all drug classes
 - *All formularies are not identical*
 - *Because a drug is not on the formulary does not mean it can't be covered – it might mean there is an authorization process or an “exception” process*
 - *All MCOs do not contract with all pharmacies*

Care Coordination Benefits

For high risk enrollees with chronic conditions:

- Care Management, including assessment, care planning and assistance with coordinating services and referrals
- Health education services to help enrollee understand condition and learn self management skills
- Coordinate services between systems

Care Management/ Care Coordination

Care Management services may include:

- Ensuring enrollees are using health care services appropriately – not under- or over-utilizing;
- Ensuring enrollees have access to needed services;
- Assistance in coordinating services that are covered by the managed care program with those that are not, including interpreter services, transportation, etc.

Nursing Facility Care

- AHMC coverage of Nursing Facility (NF) stay for rehab has always been a benefit
- With addition of new SSI population, more enrollees utilizing this benefit
- Managed Care Plan is responsible for authorization and payment of skilled nursing care until enrollee is released or becomes eligible for Long Term Care services

Pharmacy Coverage

Pharmacy – each MCO must have a formulary that provides medications in all drug classes

- All formularies are not identical
- Because a drug is not on the formulary does not mean it can't be covered – it might mean there is an authorization process or an “exception” process
- All MCOs do not contract with all pharmacies

Managed Care Organizations

Effective July 1, 2012



Health Plan Contact Information



Customer Services: 1-800-600-4441
Website: www.amerigroup.com
Provider line - 1-800-454-3730
Website: <http://washington.joinagp.com>



Customer Service: 1-800-440-1561
Website: www.chpw.org
Provider line - 1-800-440-1561
Website: <http://www.chpw.org/for-providers/>



Customer Service: 1-877-644-4613
Website: www.coordinatedcarehealth.com
Provider line - 1-877-644-4613
Website: <http://www.coordinatedcarehealth.com/for-providers/become-a-provider/>



Customer Service: 1-800-869-7165
Website: www.molinhealthcare.com
Provider line - Phone: 1-800-869-7175
Website: <http://www.molinahealthcare.com/medicaid/providers/wa/Pages/home.aspx>



Customer Service: 1-877-542-8997
Website: www.uhcommunityplan.com
Provider Line - 1-877-542-9231
Website: <http://www.uhcommunityplan.com/health-professionals>

Questions

- Apple Health Managed Care
 - <http://hca.wa.gov/medicaid/HealthyOptions/pages/index.aspx>
 - Health Homes: http://www.hca.wa.gov/health_homes.html
 - Managed Care Questions:
 - HCA managed care mailbox:
hcamcprograms@hca.wa.gov
- OR
- Alison Robbins – alison.robbins@hca.wa.gov 360-725-1634
- Questions about wraparound encounter payments after AHMC has made payment
 - Michael.longnecker@hca.wa.gov 360-725-1315

Benefits Inquiry in P1

Potential confusion

- PCCM ≠ Managed Care (MC)
- RSN = Managed Care for MH NonNatives
- RSN ≠ Managed Care for MH for Indians
- *Managed Care* = Managed Care (Molina, etc)

But PCCM, MC and RSN all display under the *Managed Care* heading when providers do a benefit inquiry in P1 (see next slide for screen shot).

PCCM and managed care cleanup

This client has PCCM, Managed care and RSN

Printer Friendly Version
message(s). This is the client's eligibility as of this date, based on information available at this time

Managed Care Information

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID	Plan/PCCM Contact
HM: Health Maintenance Organization	MC: Capitated	MHC Apple Health Adult Coverag	105010207	(800) 869-716
HM: Health Maintenance Organization	MC: Capitated	Peninsula RSN - Mental Health Services Only	105021001	(800) 525-563
HM: Health Maintenance Organization	MC: Capitated	LOWER ELWHA HEALTH CLINIC	101985700	(360) 452-625

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Page ID: pgProvMedicaid(Client) Environment: exams ID: a

NOTE: PCCM and Managed care do not occur during the same date-spans, screen shot does not include the dates

PCCM And managed care cleanup

In the Plan/PCCM Name column from the last slide:

“MHC Apple Health Coverage” = the name of the managed care plan the client is enrolled in. This example is just one – see the next slide for a complete list.

“Peninsula RSN – Mental Health Coverage Only” = This is the name of the Regional Support Network (RSN) for the client to receive mental health services. Non-Tribal providers would refer the client to the RSN for mental health services that meet the access to care standards. Only AI/AN clients and nonnative clinical family members that receive care at Tribal Health providers are exempt from the access to care standards.

“Lower Elwha Health Clinic” = This is the name of the contracted PCCM clinic that the client is enrolled in. This example is Lower Elwha, but it could be any of the 12 PCCM clinics, all are Indian, Tribal or Urban Indian health clinics.

PCCM and managed care cleanup

Managed care plans

Amerigroup

AMG Apple Health Adult Coverage
AMG Healthy Options Foster Care
AMG Healthy Options Blind/Disabled
AMG Basic Health Plus
AMG State Children's Health Insurance Program
AMG Healthy Options

Coordinated Care

CCC Apple Health Adult Coverage
CCC Healthy Options Foster Care
CCC Healthy Options Blind/Disabled
CCC Basic Health Plus
CCC State Children's Health Insurance Program
CCC Healthy Options

United Healthcare

UHC Apple Health Adult Coverage
UHC-Health Homes
UHC Healthy Options Foster Care
UHC Healthy Options Blind/Disabled
UHC Basic Health Plus
UHC State Children's Health Insurance Program
UHC Healthy Options

Community Health Plan of Washington

CHPW Apple Health Adult Coverage
CHPW-Health Homes
CHPW Healthy Options Foster Care
CHPW Healthy Options Blind/Disabled
CHPW General Assistance Unemployable
CHPW Basic Health Plus
CHPW Stat Children's Health Insurance Program
CHPW Healthy Options

Molina Healthcare

MHC Apple Health Adult Coverage
MHC Healthy Options Foster Care
MHC Health Options Blind/Disabled
MHC Washington Medicaid Integration Partnership
MHC Basic Health Plus
MHC State Children's Health Insurance Program
MHC Health Options

Medicare and Mental Health

- Claims should start paying March 17, 2014!



- For more background information refer to slides from TBWG for February 11th

“clinical family” (Mental Health)

Non-Native clients are eligible for Mental Health Encounters only if they are a ‘clinical family member.’ Non-Native, non-clinical family members receive mental health services through the RSN network. RSN’s operate as a MC for MH, and HCA pays a monthly premium to the RSN. If they also receive care at the Tribal facility, it would be a **double payment**.

What is a ‘clinical family member’?

1. Spouse/partner of an eligible AI/AN
2. Client is age 0-18 or an incapacitated adult AND is the natural or adopted child, step-child, foster-child, legal ward, or orphan of an eligible AI/AN
3. A child in common, a foster or custodial child, or an adopted child placed within a family unit in which any member is an eligible AI/AN
4. A non-Native woman who is pregnant with an eligible AI/AN’s child
5. A non-Native adult who has guardianship, custodial responsibility, or is acting as a parent/temporary guardian of an eligible AI/AN minor

Refer to definitions section of current Tribal Billing Guide for further clarification

Children's Mental Health, EOB B7

Last call...if claims deny with EOB B7

Let Mike know. He will check your provider files to make sure everything is set up correctly & will get your claims reprocessed.

Physical/occupational/speech therapy

- System update is completed, claims have been reprocessed – thank you for your patience
- If you have not been paid for PT/ST/OT contact Mike with a claim number and a guess to the number of claims that haven't been paid, we're here to help

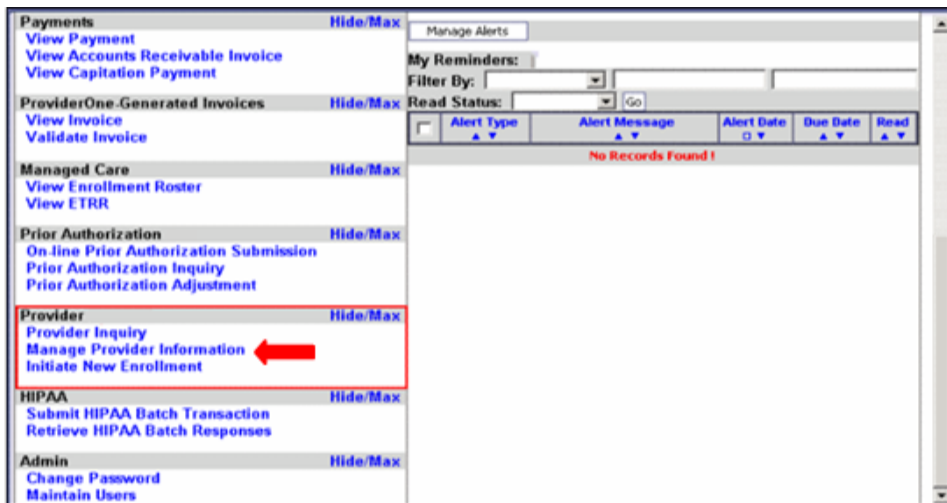
Updating Provider files in P1

PROVIDER FILE MAINTENANCE

Provider File Maintenance

Modifying Provider File Information

- ✓ Log into ProviderOne with the **Provider File Maintenance** or **Supers User** profile.
- ✓ Click on the **Manage Provider Information** hyperlink



Provider Types include:

- ✓ Individual
- ✓ Group
- ✓ Tribal
- ✓ Facilities (FAOI)
- ✓ Servicing

- ✓ Go to web page <http://hrsa.dshs.wa.gov/provider/provideronemanuals.shtml> for the different of provider file update modification manuals.

Provider File Maintenance

Modifying Provider File Information

- ✓ The Business Process Wizard contains the steps for modification. Click on the step hyperlink to modify.

View/Update Provider Data - Group Practice:

Business Process Wizard - Provider Data Modification (Group Practice). In order to finalize submission of your requested changes, you must c

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 2: Locations	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 3: Specializations	Required	06/15/2010	07/22/2010	Complete
<input type="checkbox"/>	Step 4: Ownership Details	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	06/15/2010	07/22/2010	Complete
<input type="checkbox"/>	Step 6: Training and Education	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 7: Identifiers	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 8: Contract Details	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 10: Invoice Details	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 11: EDI Submission Method	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Optional	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 13: EDI Submitter Details	Required	01/19/2011	01/19/2011	Complete
<input type="checkbox"/>	Step 14: EDI Contact Information	Optional	05/10/2010	05/10/2010	Complete
<input type="checkbox"/>	Step 15: Servicing Provider Information	Required	08/31/2011	09/06/2011	Complete
<input type="checkbox"/>	Step 16: Payment Details	Required	09/30/2009	09/30/2009	Complete
<input type="checkbox"/>	Step 17: Submit Modification for Review	Required	09/30/2009	09/30/2009	Complete

Provider File Maintenance

Step 3 from the Steps Screen: Specializations (Taxonomy Codes)

Close Add Update

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

Filter By : And

Status: Active Go

<input type="checkbox"/>	Provider Type ▲ ▼	Specialty/Subspecialty ▲ ▼	Administration ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Operational Status ▲ ▼	Status ▲ ▼
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/V0102-Vascular Neurology	HRSA	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/V0102-Vascular Neurology	MHD	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/S0012-Sleep Medicine	HRSA	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/S0012-Sleep Medicine	MHD	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/S0010-Sports Medicine	MHD	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/S0010-Sports Medicine	HRSA	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/P2900-Pain Medicine	MHD	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/P2900-Pain Medicine	HRSA	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/P0805-Geriatric Psychiatry	HRSA	05/01/1998	12/31/2999	Active	Approved
<input type="checkbox"/>	20-Allopathic & Osteopathic Physicians	84-Psychiatry & Neurology/P0805-Geriatric Psychiatry	MHD	05/01/1998	12/31/2999	Active	Approved

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

- ✓ The first specialization taxonomy code is 20-84-V0102 then add a "X" to all or (2084V0102X).

Provider File Maintenance

Step 11 from the Steps Screen: EDI Submission Method

✓ How are you going to bill us?

The screenshot shows a web browser window titled "EDI Submission Details - Windows Internet Explorer". The address bar contains "ProviderOne Id/NPI : 2857403 / 5522336671" and "Name: Mario Health Center". The main content area is titled "EDI Submission Details:" and includes a note: "You may check multiple Modes of Submission. NPI is required for all selections." Below this, a red warning states: "If Web Batch and/or FTP Secured Batch are selected, you must complete and mail a new ProviderOne Trading Partner Agreement." The "Mode of Submission:" section has four checkboxes: "Web Batch", "Billing Agent/Clearinghouse", "FTP Secured Batch", and "Web Interactive", all of which are currently unchecked. The "Status:" is "In Review". A table lists submission methods and their uses:

Method	When to Use
Web Batch	For upload/download of files in ProviderOne
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
FTP Batch	For submitting files via an SFTP site
Web Interactive	For entering (keying) claims directly into ProviderOne

Below the table, two bullet points provide further details:

- Your EDI submission method is "Web Batch" if you currently upload and download batch files using WaMedWeb. This method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50MB.
- Your EDI submission method is "FTP Secured Batch" if you submit and retrieve batches at a secure web folder assigned to you by DSHS. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.

At the bottom right of the form are "OK" and "Cancel" buttons.

Provider File Maintenance

Step 11 from the Steps Screen: EDI Submission Method

- ✓ Filter By: Status then add % and click

Close Add

EDI Submission Method:

Filter By: Status % And

And Operational Status: Go

<input type="checkbox"/>	EDI Submission Method □ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼	Operational Status ▲ ▼
<input type="checkbox"/>	Billing Agent/Clearinghouse, FTP Secured Batch, Web interactive	05/01/2009	12/31/2999	IN REVIEW	Active

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Provider File Maintenance

Step 13 from the Steps Screen: EDI Submitter Details.

Add Submitter - Windows Internet Explorer

ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Associate Billing Agent/Clearinghouse:

Billing Agent/Clearinghouse ProviderOne Id: *
Start Date: * End Date:
Status: In Review

Note: In the "Authorized Transaction Responses" section, please select 'yes' for any outbound HIPAA transactions that your clearinghouse acquires on your behalf.

Authorized Transaction Responses:

Transaction Response	Authorized	Start Date	End Date
271-Eligibility Response	No	<input type="text"/>	<input type="text"/>
277-Claim Status Response	No	<input type="text"/>	<input type="text"/>
277U-Unsolicited Claims Status Response	No	<input type="text"/>	<input type="text"/>
278-Prior Authorization Response	No	<input type="text"/>	<input type="text"/>
820-Premium Payment	No	<input type="text"/>	<input type="text"/>
834-Benefit Enrollment	No	<input type="text"/>	<input type="text"/>
835-Healthcare Claim Payment Advice	No	<input type="text"/>	<input type="text"/>

<< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS

OK Cancel

<http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx>

Provider File Maintenance

Step 15 from the Steps Screen: Servicing Provider Information

Welcome Jones, John . You have logged-in with EXT Provider File Maintenance profile. Links: --Select--

Path: Provider Portal/ Group Practice Modification
ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Close Add

Servicing Provider List:

Filter By : [] [] And [] []

And Operational Status : Active [Go]

<input type="checkbox"/>	ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	3050186	MARIO, ROBERT	5522447783	12/11/2001	12/31/2999	Approved	Active	
<input type="checkbox"/>	2370695	SOENSON, HERMAN	3334445558	07/01/2008	12/31/2999	Approved	Active	
<input type="checkbox"/>	1000092	GOLDEN, MICHAEL	1234567890	07/01/2008	12/31/2999	Approved	Active	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Provider File Maintenance

Step 15 from the Steps Screen: Servicing Provider Information

- ✓ Adding a Servicing Provider

Windows Internet Explorer

ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Add Servicing Provider:

Provide Servicing Provider ID Details.

ProviderOne ID / NPI:

Provider Name:

Start Date:

End Date:

Confirm Provider OK Cancel

- ✓ Enter the providers NPI number and start date at your clinic
- ✓ Click on the Confirm Provider button

Provider File Maintenance

Step 15 from the Steps Screen: Servicing Provider Information

- ✓ Ending a provider association

The screenshot displays a web application interface for 'Provider File Maintenance'. At the top, a blue header bar contains the text 'Welcome Jones, John . You have logged-in with EXT Provider File Maintenance profile.' and a 'Links: --Select--' dropdown menu. Below the header, a light purple banner shows the current path: 'Path: Provider Portal/ Group Practice Modification' and provider details: 'ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center'. A toolbar with 'Close' and 'Save' buttons is positioned above the main content area. The main content area is titled 'Manage Servicing Provider:' and displays the following information: 'ProviderOne ID / NPI: 2370695', 'Provider Name: SORENSON, HERMAN', 'Status: Approved', 'Start Date: 07/01/2008 *', and 'End Date: 12/31/2999'.

- ✓ Enter an end date then save the change

Provider File Maintenance

Step 15 from the Steps Screen: Servicing Provider Information

- ✓ Viewing a Servicing Providers taxonomy codes

Close Required Credentials Undo Update

Important - Step 11: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data **Individual:** **Servicing Provider Business Process Wizard**

Business Process Wizard - Provider Data Modification **(Individual).** In order to finalize submission of your requested changes, you must complete

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 2: Locations	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 3: Specializations	Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 4: Ownership Details	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 6: Training and Education	Optional	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 7: Identifiers	Optional	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 8: Contract Details	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 9: Federal Tax Details	Optional	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 10: Invoice Details	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 11: EDI Submission Method	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 13: EDI Submitter Details	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 14: EDI Contact Information	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 15: Billing Provider Details	Optional	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 16: Payment Details	Not Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 17: View Union Information	Required	11/06/2010	11/06/2010	Complete
<input type="checkbox"/>	Step 18: Submit Modification for Review	Required	11/06/2010	11/06/2010	Complete

- ✓ Click on Step 3: Specializations to see the taxonomy

Provider File Maintenance

Step 16 from the Steps Screen: Payment Details

- ✓ Displayed is current payment information.
- ✓ To modify click on the “00”.

The screenshot shows a web application interface for 'Payment Details'. At the top, there are 'Close' and 'Add' buttons. Below them is a search area with 'Filter By:' and 'And' dropdown menus. A section labeled 'And Operational Status:' has a dropdown set to 'Active' and a 'Go' button. The main part of the screen is a table with the following data:

<input type="checkbox"/>	Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status
<input type="checkbox"/>	00	MARIO HEALTH CENTER	Paper Check	07/01/2008	12/31/2999	APPROVED	Active

At the bottom of the table, there is a navigation bar with '<<' and '>>' buttons, 'Viewing Page 1', a 'Next >>' button, a text input containing '1', a 'Go' button, 'Page Count', and 'SaveToXLS' buttons. A red arrow points to the '00' in the Location Code column.

Provider File Maintenance

Step 16 from the Steps Screen: Payment Details

- ✓ Switching to Electronic Funds Transfer (preferred)

Payment Details:

Identify Payment Details

Location: 00-MARIO HEALTH CENTER **State Wide Vendor Number:**

Payment Method: Electronic Funds Transfer(Direct Deposit) Paper Check

Start Date: 07/01/2008 *

End Date: 12/31/2999

Status: Approved

Electronic Funds Transfer: ←

Electronic Funds Transfer Details

Bank Name: * **Routing Transit Number:** *

Account Number: * **Account Type:** *

Payment Notification Preference: * **EFT Test Status:**

- ✓ Enter your banking information then click “OK”

Provider File Maintenance

Step 16 from the Steps Screen: Payment Details

- ✓ Fill out the Authorization Agreement for Electronic Funds Transfer form
- ✓ Have the form signed
- ✓ Fax in to 360-725-2144; or
- ✓ Mail to address on the form
- ✓ <http://www.hca.wa.gov/medicaid/providerenroll/pages/enroll.aspx#provider>

Provider File Maintenance

Step 17 from the Steps Screen: Submit Modification for Review

Close Submit Provider Modification

Final Submission:

ProviderOne ID: 2857403 **Enrollment Type: Group Practice**

The requested modifications submitted shall be verified and reviewed by the DSHS.
During this time, you may not make additional changes.

By clicking on the button "Submit Provider Modification", you are agreeing that the
information submitted for modification is correct (Privacy and Confidentiality).

Please use your NPI in all the documentation sent to DSHS. If you do not use an NPI please use your ProviderOne ID.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the the NPI number or ProviderOne ID number in the Provider ID field on the cover sheet.
4. Include the cover sheet, with the NPI number or ProviderOne ID number, when mailing or faxing documentation to the DSHS.

Application Document Checklist:

Forms/Docs □ ▼	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	NO
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp	NO
EDI Required Documentation	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider		NO
Business License	Please provide a copy of all business license.	http://dor.wa.gov/content/home/brck/default.aspx	NO

<< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS

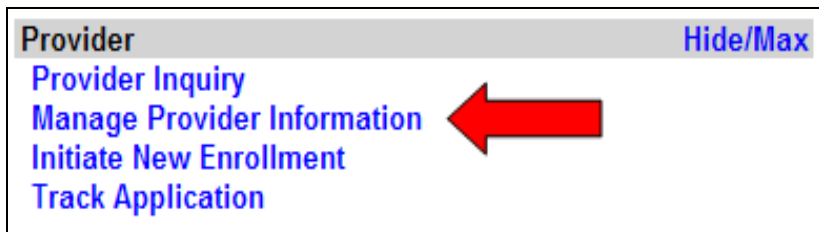
Provider File Maintenance

- More information on provider file maintenance visit this site:
- <http://www.hca.wa.gov/medicaid/provider/pages/provideronemanuals.aspx>
- Find your manual to review.

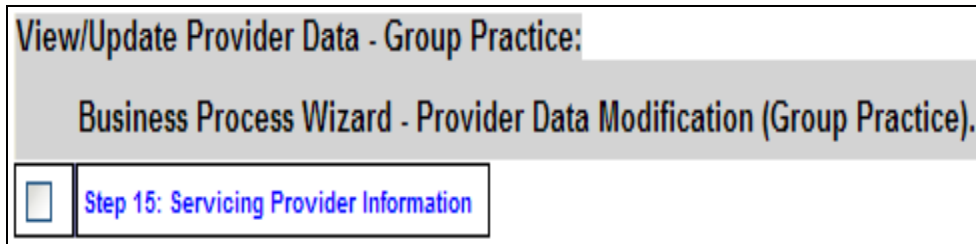
ENROLL a New Rendering Provider

Enroll a New Rendering Provider

Log into ProviderOne using the File Maintenance or Super User profile.



Under Provider click on the hyperlink **"Manage Provider Information"**.



At the Business Process Wizard click on **"Step 15: Servicing Provider Information."**

Enroll a New Rendering Provider

- When the Servicing Provider List opens, click on the “Add” button.

Add Servicing Provider:

Provide Servicing Provider ID Details.

ProviderOne ID / NPI: *

Provider Name:

Start Date: *

End Date:

Confirm Provider OK Cancel

- At the Add screen:
 - ✓ Enter the providers NPI.
 - ✓ Enter their start date at your clinic.
 - ✓ Click on the “**Confirm Provider**” button.

Enroll a New Rendering Provider

- If the provider is already entered into ProviderOne their name will be confirmed.

Add Servicing Provider:

Provide Servicing Provider ID Details.

ProviderOne ID / NPI: *

Provider Name: SMITH, DAVID

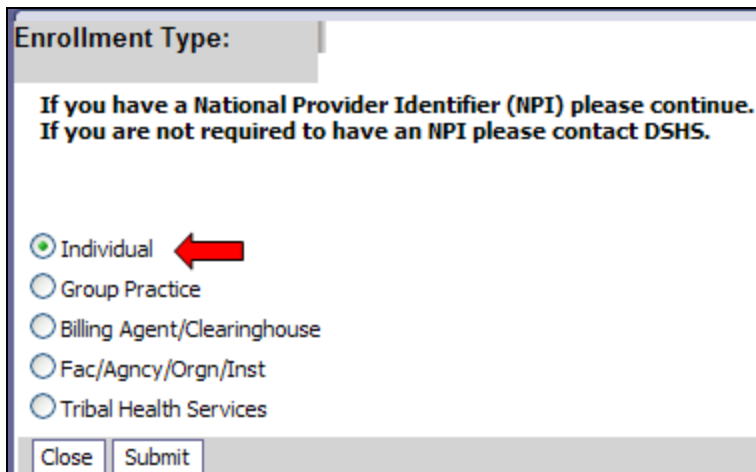
Start Date: * End Date:

- Click the “**OK**” button to add the provider to your list.
- Remember to click “**Step 18: Submit Modification for Review**”.
- The State will then review your request.

Adding a New Rendering Provider

There are two ways to add a new provider to your domain:

- ✓ Follow the steps above. When you **“Confirm”** the provider and they are not in the system follow the steps below to enroll them.
- ✓ At your Portal click on **“Initiate New Enrollment”** hyperlink.



The screenshot shows a web form titled "Enrollment Type:". Below the title, there is a grey box containing the text: "If you have a National Provider Identifier (NPI) please continue. If you are not required to have an NPI please contact DSHS." Below this text are five radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Fac/Agency/Orgn/Inst", and "Tribal Health Services". The "Individual" option is selected, and a red arrow points to it. At the bottom of the form are two buttons: "Close" and "Submit".

- ✓ Click on **“Individual”** to add the rendering/servicing provider to your domain.
- ✓ Click on the **“Submit”** button.

Adding a New Rendering Provider

At the Basic Information page for the rendering provider enrollment:

Basic Information: If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

Tax Identifier Type: FEIN
 SSN

Organization Name: (as shown on Income Tax Return)
Organization Business Name: FEIN:

First Name: (as shown on Social Security Card) Middle Name or Middle Initial:
Last Name: (as shown on Social Security Card) Gender:
Suffix: Title:
SSN: Servicing Type:
Date of Birth:

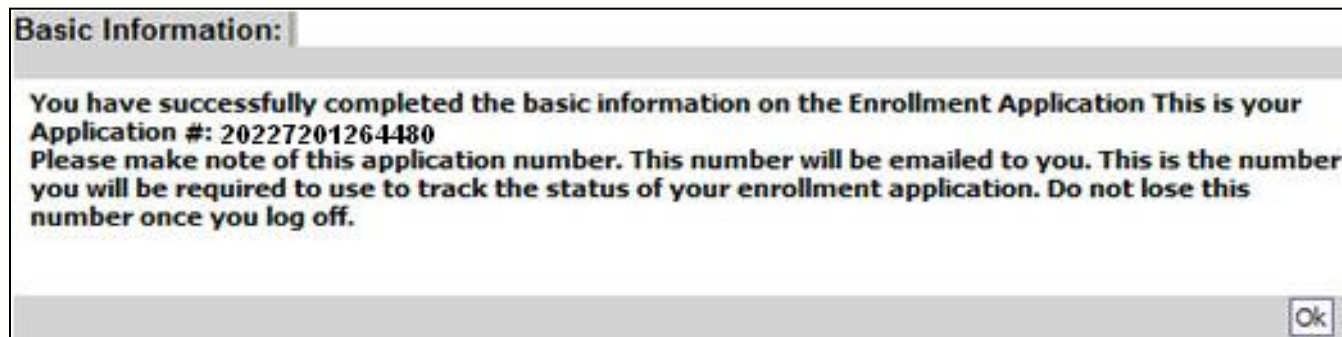
NPI: * UBI:
W-9 Entity Type: * W-9 Entity Type (If Other):
Other Organizational Information: Email Address:
Enrollment Effective Date:
Receive Invoice for Medical Services?: *

Finish Cancel

- ✓ Most important check the SSN radio button!
- ✓ When filling in the rest of the data fields be sure to select “**Servicing Only**” as the Servicing Type.

Adding a New Rendering Provider

- Once the Basic Information page is filled in click the **“Finish”** button.
- The basic information on the enrollment application is submitted into ProviderOne which generates the Application number.



- Be sure to record this application number for use in tracking the status of the enrollment application. Then click **“OK”**

Adding a New Rendering Provider






The Business Process Wizard - Step 1 is complete.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	03/01/2012	03/01/2012	Complete
<input type="checkbox"/>	Step 2: Locations	Not Required			Incomplete
<input type="checkbox"/>	Step 3: Specializations	Required			Incomplete
<input type="checkbox"/>	Step 4: Ownership Details	Not Required			Incomplete
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required			Incomplete
<input type="checkbox"/>	Step 6: Training and Education	Optional			Incomplete
<input type="checkbox"/>	Step 7: Identifiers	Optional			Incomplete
<input type="checkbox"/>	Step 8: Contract Details	Not Required			Incomplete
<input type="checkbox"/>	Step 9: Federal Tax Details	Optional			Incomplete
<input type="checkbox"/>	Step 10: Invoice Details	Optional			Incomplete
<input type="checkbox"/>	Step 11: EDI Submission Method	Optional			Incomplete
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Optional			Incomplete
<input type="checkbox"/>	Step 13: EDI Submitter Details	Optional			Incomplete
<input type="checkbox"/>	Step 14: EDI Contact Information	Optional			Incomplete
<input type="checkbox"/>	Step 15: Billing Provider Details	Optional			Incomplete
<input type="checkbox"/>	Step 16: Payment Details	Not Required			Incomplete
<input type="checkbox"/>	Step 17: View Union Information	Optional			Incomplete
<input type="checkbox"/>	Step 18: Submit Modification for Review	Required			Incomplete

✓ Not all remaining steps are required.

Adding a New Rendering Provider

The steps with the arrows should be filled out.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	03/01/2012	03/01/2012	Complete
<input type="checkbox"/>	Step 2: Locations	Not Required			Incomplete
<input type="checkbox"/>	Step 3: Specializations 	Required			Incomplete
<input type="checkbox"/>	Step 4: Ownership Details	Not Required			Incomplete
<input type="checkbox"/>	Step 5: Licenses and Certifications 	Required			Incomplete
<input type="checkbox"/>	Step 6: Training and Education	Optional			Incomplete
<input type="checkbox"/>	Step 7: Identifiers 	Optional			Incomplete
<input type="checkbox"/>	Step 8: Contract Details	Not Required			Incomplete
<input type="checkbox"/>	Step 9: Federal Tax Details	Optional			Incomplete
<input type="checkbox"/>	Step 10: Invoice Details	Optional			Incomplete
<input type="checkbox"/>	Step 11: EDI Submission Method	Optional			Incomplete
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Optional			Incomplete
<input type="checkbox"/>	Step 13: EDI Submitter Details	Optional			Incomplete
<input type="checkbox"/>	Step 14: EDI Contact Information	Optional			Incomplete
<input type="checkbox"/>	Step 15: Billing Provider Details 	Optional			Incomplete
<input type="checkbox"/>	Step 16: Payment Details	Not Required			Incomplete
<input type="checkbox"/>	Step 17: View Union Information	Optional			Incomplete
<input type="checkbox"/>	Step 18: Submit Modification for Review 	Required			Incomplete

Adding a New Rendering Provider

- Step 3: Specializations

- *Add Taxonomy here.*

- Step 5: Licenses and Certifications

- *Enter license/certification issued by the Department of Health.*

- Step 7: Identifiers

- *If you have a Drug Enforcement Agency (DEA) number enter it here*

Adding a New Rendering Provider

- Step 15: Billing Provider Details
 - ✓ *Add the NPI and Name of clinic that will bill for this rendering provider's services.*
- Step 18: Submit Modification for Review
 - ✓ *Open this and click the Submit Button to send to the State for approval.*
- Send in all required supporting documentation (CPA, Certifications, etc)

Public Provider Directory

- HCA has a 'find a provider' website for clients. Clients can search by county, city or zip code for a provider
- You may not want to have your clinic listed in the public provider directory, following are instructions on how to be removed (the opposite is true if you want to be added)
 - 1. Using your administrator profile**, log in to ProviderOne and under the provider tab click on 'Manage Provider Information'
 - 2. Click on 'Step 2: Locations'**
 - 3. Click on each location** (eg 00 01 02 etc) and toggle (or untoggle) the 'Accept New Client' box on the right side of the screen and then click the 'Save' button
 - 4. Remember that this needs to be completed for each location** (if you have more than one location) and for each NPI/domain.

Public Provider Directory

- This is what the client sees

<https://fortress.wa.gov/hca/p1findaprovider/>

The screenshot shows a web browser window displaying the Washington State Health Care Authority's "P1 Find a Provider" page. The page includes the Washington State Medicaid logo and a banner image of a diverse group of people. Below the banner, the text "Health Care Authority" and "P1 Find a Provider" are displayed, along with links for "New Search", "Provider Help", and "Exit". A "Welcome to the ProviderOne Find a Provider" message is also present. The main content area is titled "Provider Search" and contains two steps: "STEP 1: Select County or City then make a selection from the dropdown list." and "STEP 2: Add the provider's name and/or, specialty. Partial provider name search must consist of at least 2 characters." The search form includes a "Search by:" section with radio buttons for "County", "City", and "Zipcode", a "Specialty:" dropdown menu, and a "Provider or clinic name:" text input field. A "SEARCH" button is located at the bottom of the form. A "Zipcode Search Note" is visible at the bottom of the page.

Public Provider Directory

Step 1

Provider Portal - Windows Internet Explorer
http://test.providerone.wa.gov/uat/CNSIControlServlet

File Edit View Favorites Tools Help

Provider Portal

My Inbox

Welcome Longnecker, Mike. You have logged-in with EXT Provider Eligibility Checker-Claims Submitter profile. Links: --Select--

Path: Provider Portal
ProviderOne Id/NPI : 1000527 / 1023041159 Name: ASSOC OF UNIVERSITY PHYSICIANS

Create Claims from Saved Templates
Manage Batch Claim Submission

Client [Hide/Max](#)
[Client Limit Inquiry](#)
[Benefit Inquiry](#)

Payments [Hide/Max](#)
[View Payment](#)
[View Capitation Payment](#)

ProviderOne-Generated Invoices [Hide/Max](#)
[View Invoice](#)
[Validate Invoice](#)

Managed Care [Hide/Max](#)
[View Enrollment Roster](#)
[View ETRR](#)

Prior Authorization [Hide/Max](#)
[On-line Prior Authorization Submission](#)
[Prior Authorization Inquiry](#)
[Prior Authorization Adjustment](#)

Provider [Hide/Max](#)
[Provider Inquiry](#)
[Manage Provider Information](#)
[Initiate New Enrollment](#)
[Track Application](#)

Manage Alerts

My Reminders:
Filter By: []
Read Status: [] Go

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Page ID: pgProviderPortal(Provider) Environment: UAT ID: app01_82 Server Time: 02/25/2014 08:43:45 PST

(1 item remaining) Waiting for http://test.providerone.wa.gov/uat/CNSIControlServlet...

Local intranet | Protected Mode: Off 100%

Public Provider Directory

Step 2

Business Process Wizard Modification - Windows Internet Explorer

http://test.providerone.wa.gov/uat/CNSControlServlet

File Edit View Favorites Tools Help

Business Process Wizard Modification

ProviderOne My Inbox

Welcome Longnecker, Mike. You have logged-in with EXT Provider Eligibility Checker-Claims Submitter profile. Links: --Select--

Path: [Provider Portal/ Group Practice Modification](#)
 ProviderOne Id/NPI : 1000527 / 1023041159 Name: ASSOC OF UNIVERSITY PHYSICIANS

Close Required Credentials Undo Update

Important - Step 11: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data - Group Practice:

Business Process Wizard - Provider Data Modification (Group Practice). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required	02/28/2013	02/28/2013	Complete		
Step 2: Locations	Required	05/07/2009	05/07/2009	Complete		
Step 3: Specializations	Required	07/01/2008	07/01/2008	Complete		
Step 4: Ownership & Managing/Controlling Interest details	Required	05/07/2009	05/07/2009	Complete		
Step 5: Licenses and Certifications	Required	02/13/2013	02/13/2013	Complete		
Step 6: Training and Education	Optional	07/01/2008	07/01/2008	Complete		
Step 7: Identifiers	Optional	07/01/2008	07/01/2008	Complete		
Step 8: Contract Details	Optional	07/01/2008	07/01/2008	Complete		
Step 9: Federal Tax Details	Required	05/07/2009	05/07/2009	Complete		
Step 10: Invoice Details	Optional	07/01/2008	07/01/2008	Complete		
Step 11: EDI Submission Method	Optional	12/23/2009	12/23/2009	Complete		
Step 12: EDI Billing Software Details	Required	05/07/2009	05/14/2009	Complete		
Step 13: EDI Submitter Details	Required	05/08/2009	05/14/2009	Complete		

Page ID: pgBPWGroupPracticeUpdate(Provider) Environment: UAT ID: app01_82 Server Time: 02/25/2014 08:46:48 PST

Public Provider Directory

Step 3

Provider Location Information - Windows Internet Explorer

http://test.providerone.wa.gov/uat/CNSIControlServlet

File Edit View Favorites Tools Help

Provider Location Information

My Inbox

Welcome Longnecker, Mike - You have logged-in with EXT Provider Eligibility Checker-Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Group Practice Modification/ General
 ProviderOne Id/NPI : 1000527 / 1023041159 Name: ASSOC OF UNIVERSITY PHYSICIANS

Close Save

Location Details:

Location Business Name: ASSOCIATION OF UNIV PH *
 Contact First Name: OF *
 Phone Number: (206) 543-6425 *
 Cell Phone Number:
 Web Page:
 Business Status: Active/Open
 System Status: Approved

Location Code: 00
 Contact Last Name: ASSOCIATION *
 Fax Number:
 WA Tax Revenue Code:
 Start Date: 01/01/1966
 Start Date: 01/01/1966

Location Type: NPI Base Location
 Accept New Client:
 Email Address:
 Communication Preference: ProviderOne Notice

End Date: 12/31/2999
 End Date: 12/31/2999

Add Address

Address List:

Filter By: Go

<input type="checkbox"/>	Address Type	Address	Start Date	End Date	Status
<input type="checkbox"/>	Location	501 Eastlake Ave E Ste 400, SEATTLE, Washington 98109	01/01/1966	12/31/2999	APPROVED
<input type="checkbox"/>	Mailing	PO Box 50095, SEATTLE, Washington 98145	01/01/1966	12/31/2999	APPROVED
<input type="checkbox"/>	Pay-To	PO Box 50095, SEATTLE, Washington 98145	01/01/1966	12/31/2999	APPROVED

<< Prev Viewing Page 1 Next >> 1 GP Page Count SaveToXLS

Page ID: pgLocationGeneral(Provider) Environment: UAT ID: app01_82 Server Time: 02/25/2014 08:47:56 PST

Done Local intranet | Protected Mode: Off 100%

Suboxone billing

- An office visit related to Campral[®], ReVia[®], Vivitrol[®], buprenorphine and Suboxone[®] is covered by HCA
- Provider must be certified/approved to prescribe buprenorphine
- Office visits (99201-99215) are in the medical category
- Diagnosis is in the 304.00-304.03 range
- EPA number 870000050 required
- Physician billing Guide (p. 257) is good resource for more information on Suboxone billing

Open questions from last month

PRIVATE INSURANCE

Do we need to refund HCA when we become aware that a client has primary insurance?

It is not necessary to refund HCA or void a paid claim when you first find out about other primary insurance. The provider should bill the insurance once you have been made aware that there is a primary insurance, and if the insurance company pays on the claim, either refund HCA by check or by adjusting/voiding the HCA claim on file (indicating the insurance payment amount). Providers have voided claims only to bill the insurance and not receive any payment (non-covered or applied to deductible). They then have to rebill us to receive the Medicaid payment back. It is best to hold off on adjusting/voiding until you have received the payment from the primary. COB does invoice paid claims out to the insurance company for recovery once we find out about a primary insurance. If the insurance company pays us, we apply that money to the claim. Once this is done, the claim cannot be voided/adjusted by the provider. It is best to call COB if there are other questions about this process.

Mike comment – sending in a check breaks the integrity of the claim trail, always best to reprocess claims.

If a client has an insurance payment do we enter the insurance payment at document level or line-by-line?

Entering a payment at line or header in P-one is working ok, but it is important not to do both on the same claim. One way or the other will be fine. I will say we still see the majority of claims coming in with the insurance payment at the header level.

Mike comment – document level is best because of the encounter payment model.

More Questions

Why do COB claims take so long to process?

We strive to have the majority of our claims finalized before they become aged (30 days or older). The TPL edits that post and hold a claim are usually farther on the claims 'waterfall' – so we are usually at the end of the line when it comes to getting the claim to finalize out the door as it can post in other areas before coming over to us to work.

What is the correct way to submit the non-Native match for non-Native claims with primary insurance. [No answer yet, staying on question log](#)

SBIRT

For medical and 99408 (99409) can an encounter rate be used? [YES, follow the SBIRT billing guidelines \(Feb 11 TBWG\)](#)

Pharmacists

What about PharmD's? encounter or FFS? Are we lobbying for pharmacists to be able to get encounter rate for med therapy management?

[PharmD's are not encounter eligible, what services are allowed in FFS for PharmD's is an open question, staying on TBWG until fully answered.](#)

More Questions

Managed Care wraparound

Many Tribal clients are in managed care without their knowledge and claims are mostly unbillable, can I bill with this system?

I would like to find out how to bill appropriately for managed care patients

Will we have to hand bill the wraparound as we did in the past?

If we assist a client with disenrolling from managed care does the effective date into regular Medicaid have to go to the first of the next month?

If we provide wraparound services in the community setting can we bill the encounter rate?

[Tribe] is billing the plan BUT NOT the wrap around have billed for BH but that is the hand bill part

I'm very interested if Managed Care plans allow us to refer patients as if we were the primary care provider?

Ideally, there would be a discussion, perhaps HCA facilitated with one Managed Care plan at a time to ask if PCP status is possible

One managed care plan told me they want a minimum of 1,000 Medicaid patients before they'd consider us

What if managed care denies the claim? [Staying on the questions log](#)

[Mike/Karol asked if anybody is currently billing Managed care:](#)

We don't – they usually get rejected by Molina

We are not billing the managed care plans and yes I would like more information

We have never billed managed care. not sure we know we can bill managed care

More Questions

Billing at \$0 or \$0.01

Regarding the using zero amount or \$0.01 instead of the individual charges plus the T1015 code... I recall with the newer billing requirements with outpatient, we were told to keep the full billable charge that the facility charges on its standard fee schedule for compliance so each patient would essentially have the same fee charged. Sure the amount billed appears inflated but the other option is for us to do the math on each claim and only put the T-code amount so it did not exceed the encounter rate.

Billing at \$0 or \$0.01 will artificially decrease expenses on the billing codes, this would have a negative impact on budget forecasting

New Clients

Newly eligible are codes N05, so are presumptive SSI, which are 25%. We may not know who is who

nonNative CD and matching is being reviewed, staying on Agenda until resolved

More Questions

Children's Mental Health

Any updates on Tribal sites doing an attestation regarding the experience for Mental Health Counselors?

the Tribal mental health benefit does not require that an attestation that treating practitioner has any sort of an attestation. Treating practitioner must meet MHP requirements. MHP who determines medical necessity for a child must also be a Child Specialist as per WAC. The attestation requirement and legislative intent should only apply to the medical mental health benefit.

Spenddown

We're having huge issues with spenddowns, especially the childrens prior to 10/1/13. Any contact info with be appreciated

Spend down claims applied to spend down amount or do we need to send in an invoice to spend down dept?

We will have somebody to talk about Spenddown during the April TBWG, in the interim mike shared Spenddown slides with group

More Questions

Medicare Crossovers

Is it still applicable that Medicare crossovers must be received within 6 months of the Medicare paid date? I tried billing some older claims with a date of service still within 1 yr but they denied. Need to look at 6 month time frame from Medicare paid date, correct?

Timeliness rules (for Medicare crossovers)

- 1a. Claim must be received within 6 months of Medicare EOMB date
- 1b. Original TCN proves timely, remember to either reprocess the claim or reference the original TCN in the claim notes if you are outside of the 6 month window
2. Claims with a date of service greater than 2 years old must be received within 6 months of the Medicare EOMB date (no exceptions at this time)

**Briefly mentioned potentially closing overpayment loophole
(eg, encounter can pay and then later a fee for service can pay)**

Some times there are seperately identifiable services from the encounter that should pay and not part of the services that day; patient may be seen for URI and after visit goes to lab for a standing order for

Point noted, update won't be taken lightly and if update proceeds will share so there are no surprises

More Questions

IUD payable separately outside of Encounter

not sure if this was already asked but can we bill for the implants seperately also?

Yes, IUDs and Implants are payable outside of encounter (needs to be on different claim, otherwise System will try to bundle it into the encounter payment)

Open Discussion

- Please feel free to ask to be unmuted or use the questions pane
- If you think of questions or issues for the Billing workgroup later please send to Mike or Karol

Medicaid Provider Guide (MPG): Tribal Health Program

Proposed Timeline:

- Internal revisions have begun
- Draft to circulate: April 2014
- Workgroup: May-July
 - *Volunteers to host?*
- Target date for complete revision: fall 2014

Thank you

Send TBWG comments and questions to:

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