STATE OF WASHINGTON

Tribal Consultation: MCO Practices Issues Extended

May 13, 2022
Hosted by the Health Care Authority via Zoom

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<td>Chehalis Tribe</td>
<td>Denise Ross, Health Director</td>
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<td>Confederated Tribes of the Colville</td>
<td>Tom Sargent, Lake Roosevelt Community Health</td>
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<td>Cowlitz Indian Tribe</td>
<td>Shavon Keller, Billing Supervisor</td>
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<td>Muckleshoot Indian Tribe</td>
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<td>Puyallup Tribe</td>
<td>Lydia Helmholtz, PTHA Billing</td>
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<td>Snoqualmie Tribe</td>
<td>Jean Medina, Program Coordinator</td>
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<td>Squaxin Island Tribe</td>
<td>Gary Goodwin, Billing</td>
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<td>Stillaguamish Tribe</td>
<td>Krista Yandle, Billing Specialist, Kelly Campbell, Business Manager</td>
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<td>Suquamish Tribe</td>
<td>Steven Kutz, Tribal Health Director</td>
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<td>Tulalip Tribes</td>
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<td>Upper Skagit Tribe</td>
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<td>Native Project</td>
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<td>Seattle Indian Health Board</td>
<td>Alicia Finch, Policy Associate</td>
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<td>American Indian Health Commission</td>
<td>Vicki Lowe, Executive Director</td>
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<td>(Commission)</td>
<td>Alisha Adams,</td>
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<td>Heather Erb, Attorney/Consultant</td>
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<td>Kathryn Akeah, Consultant</td>
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<td>Lisa Rey Thomas, Consultant</td>
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<td>Health Care Authority (HCA)</td>
<td>Lou McDermott, Deputy Director, Charissa Fotinos, Medicaid Director</td>
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<td>Jason McGill, MPD Assistant Director</td>
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<td>Archelle Ramos, Regional Tribal Liaison</td>
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<td>Lucilla Mendoza, Tribal BH Administrator</td>
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<td>Mike Longnecker, Compliance and Operations</td>
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<td>Annette Squetimkin-Anquoe, Tribal BH Grants Manager</td>
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<td>Becky Carrell, Section Supervisor of Medicaid</td>
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<td>Gini Britton, Medicaid</td>
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<td>Glory Dole, Section Manager</td>
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<td>Kathy Cleeves, HCA Program Integrity, Melissa Livingston, Regional</td>
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<td>Melissa Rustemeyer, HCA Program Integrity</td>
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<td>Nicole Earls, Regional Tribal Liaison</td>
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<td>Lena Nachand, MTP Liaison</td>
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<td>Amerigroup</td>
<td>Caitlin Safford, Chief of Staff</td>
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<td>Liz Addis</td>
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<td>Vickie LaFromboise, Tribal liaison</td>
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| Community Health Plan of Washington (CHPW) | Erin Hafer, Vice President of Delivery and Health System Innovation  
| Donna Arcieri, Vice President of BPO Operations |
| Coordinated Care | Christina Hinchman, Director  
| Jeanne “JJ” McMinds, Tribal Relations Manager  
| Audrey Silliman, Senior Manager, Strategic Initiatives  
| Jesse Giulio, Director, Claim Support Services  
| Beth Johnson, CEO  
| Jen Carlisle, Senior Director, Compliance  
| Susanne Towill, Senior Director  
| Melanie Abella, Director, Case Management |
| Molina | Mary Wendt, Vice President, Health Plan Operations  
| Laura Lee, Vice President, Provider Network Management and Operations  
| Twila Mallari, Statewide Tribal Liaison  
| Jammi Reese, Operations Encounter Senior Analyst |
| United Health | Jenna Bowman, Indigenous Affairs Manager |

The following documents are attached to these minutes:
- Slides
- Letter from the Commission and the Board Outlining Concerns
- Dear Tribal Leader Letter from HCA dated

Welcome and Introductions
Lucilla Mendoza (HCA) called the meeting to order.  
Stephen Kutz (Suquamish Tribe) gave the blessing.

Opening Statements
AIHC Chairman, Steve Kutz - Thank you for working with us on these issues.
- Remind everyone the last time we talked to everyone that this is really not a tribal issue but a HCA and MCO issue and there are corrective action sections in the HCA contracts with MCOs.
- Remind everyone to ensure that the tribes are not inordinately penalized for the lack of effort to ensure that this was done correctly. There is a section in the contracts about sanctions we feel that the issues are not

AIHC Executive Director, Vicki Lowe
- Make sure that the Tribal billing guide and the manual are in alignment especially for serving NPIs for SUD disorders. We want to create billing guide for serving providers that are not in P1 at this time. Two very specific guides.
- Want to ensure that if start having problems, then things are evolving and in the coding world – the MCOs are not just dealing with Tribes get a commitment
- Mike Longnecker – use him a little more because many times, if you are finding things wrong, he can get you headed in the right direction
- Charlene Abrahamson – Work closely with the clinic and has worked in the BH field. We hope this can lead to better processes and communication and the time it takes to try to sort out different billing matters.

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- Welcome everyone to the conversation appreciate Tribal leaders and representative, hard to untangle and resolve but how we can minimize the extra work so the individuals in the field.

Overview of Consultation 1
HCA: What are the specific unresolved issues?
- Thank Molina for the work to address these issues.
- HCA leadership apologizes on behalf of the state and confirms that it is not on the Tribes but the system.
- HCA is working with Amerigroup but there are challenges. We will be working through these challenges with Amerigroup and Molina.
- To date, all recoupment efforts have been paused.
- Various claim denials – MCO has confirmed that there should not be any recoupment issues underway and if there are any new issues popping up it would be good to understand.
- HCA has seen improvements with Amerigroup – Amerigroup has been under corrective action with HCA regarding this issue.
- Regarding alignment with the billing guide – HCA will talk about this today.
- Along the line of looking at preventative issues together, there is a small working group for that and developing some performance metrics. Glory Dole and Johnny have created a substantive project plan to implement the performance plan.
- One off recoup for other issues are still happening that are separate from the issues discussed at this consultation.

SBE Billing and MCO Recoupment Notices
- HCA Comments:
  o Express sincere apologizes to having these issues. These issues are dating back a while ago and HCA should have been on top of this issue. System challenges have gotten on our way, and we have not been able to be proactive. We are working on this. We have not fully resolved the SBE billing issues.
  o MCOs implemented an automated solution for the ZZ qualifier. There is still an issue in the manual process and still causes some errors on a manual basis.
  o In short, the zz helps with the automotive process – without the zz the end result is unpredictable.
  o ZZ qualifier issue is only tied to paper claims.
- Tribe Comment: It is difficult to send supplemental claims electronically – once they started paying at the encounter, they stopped paying zz/cc modifier. It was not a simple correction, we had to work with NextGen to provide technical assistance regarding the zz claim qualifier. This issue is not for claims that go through the clearing house electronically.
- Molina Comments:
  o Acknowledgement that Molina was paying for claims that should have been denied.
  o Reach out to Wendy specifically. We do not want to focus on the zz qualify as it is just paper claims that has a primary payer so we have to send some documentation. It goes to clearing house, the scan process is not telling the MCO that the zz, qualifier is listed, even though it is there.
  o Appreciate that tribes are adding to their EHR billing systems so that we do not have to do this manual.
We are going to get there, and Molina can key in the taxonomy from the scan. Lydia has helped Mary understand the issues.

- **Tribe Comment:** Several EOPs – recoup 11,000 we cannot post the entire batch until all of the recoup – but does not tell us which claims are recouping on each payment. Show physically looks like a poster.
- **Tribe Comment:** But provider one does it all on one remittance – stands on their own. We do not have this issue with the other MCOs. It should happen all in one transaction. Appreciate and understand that it would be difficult to post. Is there a workaround to this and there is not?
- **Tribe Question:** Is there a workaround to this right now? Can there be one in the future?
- **Molina Response:** I cannot answer this at this time.
- **Tribe Comment:** We have almost $900,000 that needs to be fixed and we need to do something about it soon.
- **Tribal Comment:** In my mind the tribal billers were following billing guides.
- **Tribal Comment:** Way too many claims to process and the MCOs are saying that Tribes should reprocess the claims.
- **HCA Comment:** We do not want to see [Tribes] trying to try to do this on our own. Staff can do better things than reprocess the claims.
- **AIHC Comment:** We want to make sure we have your claims and issues noted and have timely and accurate claims process. How can we get that information to us?
- **HCA Response:** We might have this there. We have two avenues that we can utilize or share with partners in OTA. Together we meet with the MCOs.
- **Amerigroup Comments:**
  - Fixed SUD payment and making sure we have the right ratio of payment. Every time the system gets worked on, something else happens, unless we get the system to bill correctly. June 5 – the system will be updated we will have to do some levels and reprocessing.
  - **Tribe Comment:** We have to do some reprocessing and got reams of paper and were not able to track.
  - All claims with the SUD are required to have the billing and servicing taxonomy.
  - If someone is getting a claim without taxonomy, then we want there to be denials
  - Tribe Comment: Amerigroup is not entering new CPT claims into system – we still have covid vaccines that are not paying correctly – affecting all groups and providers.
  - **Tribe Question:** Why are all providers having to submit the accurate CPT codes but the payers do not have this updated?
  - **Response Amerigroup:** Amerigroup reprocessing is being mapped and it was a miss on our part. This was impacted by our staffing transitions. Internal staff is auditing to make sure this does not happen again.

**HCA - Additional issue to address in the future**
- Consistency that the tribal billing guides
- Alignment issue and performance measures
- Re-procurement – ways to streamline and ways to develop the re-procurement RFP.
- Alignment piece that we need to do some technical work to get aligned. A small group effort will be formed to look into the alignment issues.

**Tribal Leader Comments:** Listening as a tribal leader – and until the issues and discussion I had to go back to my administrative billing department. These issues and concerns had not been raised to our government leadership level. This is really concerning that these things had not been brought to the government level.
In hearing the discussions between managed care and Tribes, although we do need to work with the MCOs and fix glitches, it is still the States obligation that these programs getting paid. All of these issues are not the tribal programs requirements, and it is an issue that the State and the MCO needs to resolve. When asked the question from the team at their tribe, some issues are dated May 9, Feb 9, Jan. in which services are overpaid for services that have already been provided. It sounds to me, like the various systems that the state uses in P1 and claiming process all of that is disconnects between the systems. Before we had managed care, we did not have these issues. We ha the billing guide and if we were training our staff and following the billing guide. Really work directly with the state decision makers to resolve these issues. Tribes are going to be filing law suits against the State if we cannot get this resolved.

**HCA Comment:** When is this going to happen and when is it going to take? We have not gotten to that level of planning yet. **HCA Leadership Comment:** There is a group looking at this and Dr. Fotinos will take this back and prioritize, we will work with Jason is to move this forward. ETA – TBD.

**Closing Statements**

**Tribal Representatives:**
- Regarding coordinated care agreements, network adequacy is an issue.
  - We have spent 2 years seeking a rheumatologist. If we do not have network adequacy and will be looking outside of the state.
  - We recently had a youth needing mental health inpatient services and had a mental health system failed us and we are paying using our PRC funds.

**HCA Comment:** We recommend that we establish a MCO practices issues grid similar to the one created during integration. **Tribe Response:** This is a good idea.

**UIHP Comment:**
- We have the same challenges as the Tribes do. We know that it is an issue. In the last week, Detox has come to pick up two patients and refused to be picked up.
- Schools are not serving kids on FFS and we had to get the ACLU involved. This is a civil rights issue.

**HCA Comments:**
- Next week – SBE group – goals for June on Amerigroup fixes.
- Work on a task force and issues grid.
- Explore recourse further.

**Tribal Response:** I am heartbroken to hear this issue described by [UIHP] – this equals lives. They are very connected. Wanted to bring this to the group as well and how important the work is and getting resolution. And has not been able to get to these issues.

**Tribe Comment:** Managed care plans have to work to build capacity and are under contract and each of the managed care plans work with others and to buy capacity. And the payment is higher than the open coupon pays. The person is eligible until the beginning of the following month. Can we make this interactive – it is something that we have to work together on.

**HCA Comment:**
- Speak to these issues – tribal leaders do not hear about it and we are just trying to work through the issues. We can have you work with a DTLL to explain what we have been working on so that folks have the knowledge and look deeper into their organization.
- Dr Fotinos = lots to work on
- There is important work that is done here, and they know where the root of the problems are. What we do not want to do is let this get down to fare.
- Thank you to all tribal elected leaders and tribal representatives joining this important conversation.

Closing Blessing Adjourned