Washington State Health Care Authority

Tribal Compliance & Operations Work Group and Quarterly Tribe/MCO Meeting

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Washington State Health Care Authority

Agenda

- Payment snapshot for CY 2017
- FAQ and Open Discussion
- Quarterly Tribe and MCO meeting

Payment Snapshot for CY 2017

- Claims data for CY 2017 reviewed in May, 2017
- If you are at 75% or lower I want to help to increase your payment percentage

Category	ALL providers (Feb, 2016)	IHS/638 providers (Feb, 2016)	IHS/638 providers (Jan–May, 2017)
Payment Percentages for Professional and Dental claims			
Medical	77%	84%	89%
Dental	91%	88%	84%*
Mental Health	90%	94%	96%
SUD	56%	94%	97%

* If I delete 1 batch sent in error it is 87%

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Payment Snapshot for CY 2017

Distribution of the payment percentages by billing NPI for services billed for CY 2017

100	98	96	94	89	78
100	98	96	94	89	77
100	98	96	93	89	76
100	98	96	92	89	76
100	98	95	92	88	75
100	98	95	91	86	75
100	97	95	91	85	74
99	97	95	91	85	73
99	97	95	91	85	73
99	97	95	91	83	71
99	97	95	91	83	67
99	97	95	90	82	67
99	96	95	90	82	58
99	96	94	90	80	56
99	96	94	90	80	50
98	96	94	89	79	42
					1

Pended Questions

Q. Our clinicians are required to actively observe clients taking TB and STD medications due to outbreaks. Is this reimbursable?

A. Directly Observed Treatment (DOT) information can be found at DOH's TB site - http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis

DOT is covered by HCA for **Health Departments**. Refer to page 56 of the physician billing guide.

Stay tuned for more information

Pended Questions

Q. How long do we have to retain the billing information in our office?

A. 6 years. Refer to WAC 182 502 0020 for record retention requirements. Partial excerpt below

Providers must:

(1) Maintain documentation in the client's medical or health care records to verify the level, type and extent of services provided to each client to fully justify the service and billing, including, but not limited to:

(a) Client's name and date of birth;

(b) Dates of services;

(c) Name and title of person performing the service;

(d) Chief complaint or reason for each visit; … ….

(q) Specific claims and payments received for services;

(5) Make charts and records available to the medicaid agency, its contractors or designees, and the United States Department of Health and Human Services (DHHS) upon request, for six years from the date of service or longer if required specifically by federal or state law or regulation;

Followup questions received during April TCOW

Q. does the 6 year rule also apply to SUD services? Yes, the DSHS rule mirrors the HCA rule WAC 388 877 0630

Q. What if the audit is going back 10 years? Stay tuned

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Pended Questions

Q. Can nurse only visits (e.g., vaccinations) be billed? How are these billed if the nurses do not get enrolled in P1?

A. Claims are billed under their supervisor's NPI.

Q. Are the services of an RN/LPN eligible for the encounter rate?

A. **IHS/638 clinics** - Nurses (RN/LPN) are not included in the list of IHS-encounter-eligible providers. Services of an RN (and any other provider who is not in the list of encounter-eligible providers) are not encounter eligible, even if under the supervision of an encounter-eligible provider (e.g. the performing NPI on the claim isn't what truly matters).

FQHC – Nurses (RN/LPN) are included in the list of providers who may provide services at an FQHC. (claims are not billed with the RN/LPN's performing NPI).

Q. What if the RN/LPN does not have a supervising provider? Nurse only visits do occur and are generally not signed off on by a provider for things such as immunizations or pregnancy tests, etc.

A. Pending research, stay tuned. All nurses have a supervising provider – the physician or the clinic. Nurses are not licensed independently (and have no NPI).

Pended Questions

Questions/comments during prior billing webinar regarding 100% FMAP

- Has the state thought about how to identify FMAP claims? What would be the incentive of having agreements with outside referring providers and the outside providers
- You can require the referring provider NPI to identify IHS facility referrals
- Will the HCA work with AIHC on developing a boilerplate care coordination agreement?
- We have issues with referrals and outside specialty providers accepting Medicaid or at their limit. It would be nice if FMAP would help with opening doors to specialty clinics. Especially with the tribes in rural areas. Can we look into increasing payment amounts for certain areas?
- Hopefully the 1115 waiver will provide a way to work this out, so outside providers can access the 100% FMAP
- When will Tribes be able to meet with the state to work on FMAP coordination? Tribes received clear instructions to work with the state to implement FMAP
- Is there a template for the FMAP Coordination of Care agreement that we can access?

04/12/2017 – if Tribes convert to TFQHC status (after HCA is ready) then the Tribes may contract with individual providers (and pay the individual providers) and the Tribes may be able to bill for services at the encounter rate.

Stay tuned, feel free to share comments/suggestions/ideas.

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Pended Questions

Q. Why doesn't Medicare pay the All Inclusive Rate on Medicare claims?

A. Stay tuned. Here is the 2017 rate announcement - https://www.gpo.gov/fdsys/pkg/FR-2017-01-18/pdf/2017-01075.pdf

The *Medicare Rate* for 2017 is $349.00 does that mean that the states need to pay the encounters at $349.00 for Medicare dual eligible or does it mean that Medicare should pay $349.00 for Part B service or does it mean something else?

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Questions?

Send comments and questions to:

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If there is a difference between any information in this webinar and current agency documents (e.g. provider guides, WAC, RCW, etc), the agency documents will apply.