

Washington State Department of Health

A Look at Billing Strategies and Experiences

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Transformation and Innovation

Washington Landscape

Washington State Department of Health

- Independently Governed
- Decentralized Relationship with Local Health Jurisdictions

Independent Local Health Jurisdictions (LHJs)

- 35 Jurisdictions over 39 counties
- Led by local government staff

WA State Health Agencies

- Department of Health
- Department of Social and Health Services
- Health Care Authority

State Organizational Structure

- Cabinet Agency (reports directly to the governor)
- State Board of Health

2011

70% of U.S. health departments do not bill health insurance for immunization services.

In **Washington**, 80% of LHJs provide vaccines but **only 30%** of them bill private health plans

Goals

Build Billing Capacity

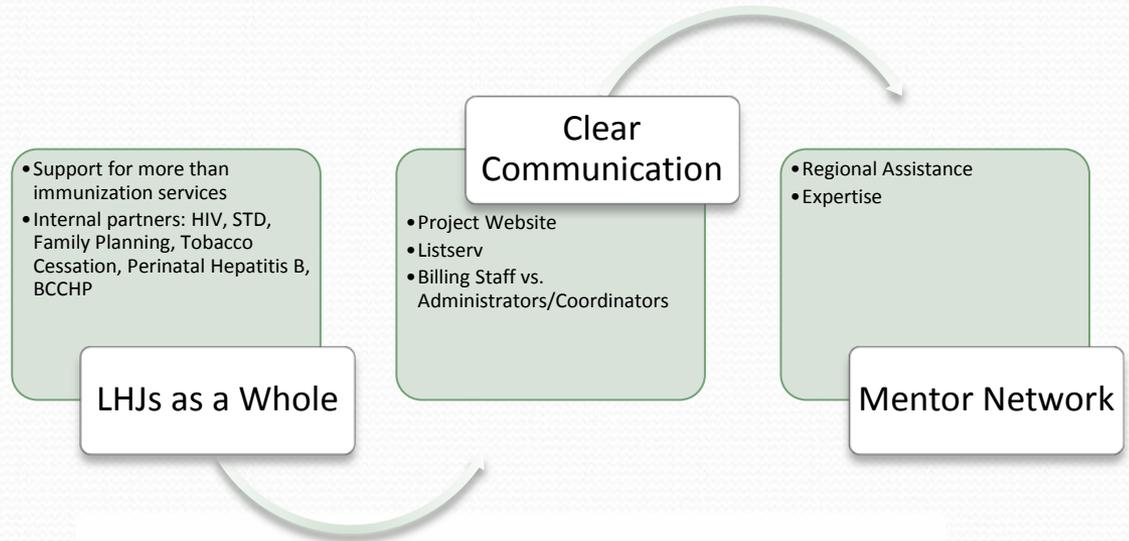
- Training
- Technical Assistance
- Peer Billing Mentor Network

Cost Benefit Assessment Tool

- Cost to Bill

IIS Billing Assessment

Increase Billing by 33%



Department of Health Role

Provide consultation, technical assistance and work with stakeholders.



LHJ Role

Washington State Local Health J Cost Benefit Assessment Tool General Instructions

This four-step guide will help you create your own cost benefit assessment tool for private insurance for services provided at your health center. The services in this tool are listed by the AMA CPT and HCPCS codes. You will need to enter the number of services you provide annually based on Medicaid, Medicare or private insurance) to get cost and benefit.

Training

4 Part Billing Training

Each training will provide information about billing (paper and electronic), credentialing providers, client eligibility verification and medical records. [Go To Webinar.](#)

Participate in training,
bill private health plans,
report progress.

April

Four Part

Cost Benefit Assessment	Billing Basics: Getting Started	Private Insurance Billing
February 25 th	March 19 th & 20 th	April 23 rd & 24 th



- Public Health Reimbursement Project Billing
- Public Health Reimbursement Project Private Insurance Billing
- Public Health Reimbursement Project Navigation
- Public Health Reimbursement Project Maximizing Reimbursement

Version 2

LHJ Implementation Plan and Status Report

Participants in Phase 2 of the Prevention and Public Health Funds Public Health Reimbursement Project will begin or improve billing practices to ensure that all eligible clients are billed for services. The Implementation Plan Template and Status Report is used to identify areas for improvement and a status report every six months.

PPHF Public Health Reimbursement Project
LHJ Monthly Revenue Report
This report should be completed and submitted to the grant coordinator by the 15th of each month and represent activities performed last month. If you did not participate in the activity, leave it blank.

Agency: _____
 Contact: _____
 Report Date: 2/5/2014
 Report Month: Report Health
 Funds Spent to Date: _____
 Project Status: State

Place and "x" in box to select your answer.

Are you currently billing private insurance, Medicaid or Medicare for any services?	Yes	No
Are you currently billing private insurance, Medicaid or Medicare for immunizations?		
Are you approved for the Medicaid enhanced rate for E&M and administration services?		
Are you receiving the enhanced rate from Medicaid?		

Answer the following questions based on all services.

How many claims did you submit last month?	Private Insurance	Medicaid	Medicare
How much revenue did you collect last month?			
How frequently do you bill?	Programs	Programs	Programs

How do you submit claims?
(Select all that apply)

Other billing method: _____

How many...
Private health insurance plans did you bill last month?
Private health insurance plans are you contracted with?
Clients that you vaccinated had private health insurance?
Percent of clients vaccinated with insurance

Report the following based on immunization services only.

How much revenue did you collect from—

Vaccine administration fees?	Amount
Vaccine related office visits?	
Public payers (Medicaid, Medicare, government contracts, etc.)?	
Private payers (insurance companies, MOUs contracts, etc.)?	
Self-paying clients (insured, uninsured, insurance status unknown)?	

Additional Comments:

Comments:

DOH 348-403 (November 2013)

Use 2 Funds: \$0.00

LHJ Implementation Plan and Project Status Report
DOH 348-403 November 2013

Activities planned in a category, please check

Activity Details	Funds Spent to Date	Cost Used
		0%

Example of Report: December 2013

Mentoring LHJs



Note: The following counties form a single health district:

1. Benton and Franklin
2. Chelan and Douglas
3. Ferry, Pend Oreille and Stevens

LHJ Billing Mentors

Benton-Franklin

Contracting and
Negotiating
Contracts with
health plans

Grays Harbor

Revenue and
reimbursement
monitoring,
payment
posting and
client billing

Jefferson

Billing and
coding for
childhood,
adult and travel
immunizations

Spokane

Establishing
billing protocols
and billing for
mass
immunization
clinics

Walla Walla

Credentialing
with payers
using the online
database called
Provider-Source

Stat Tracker

Mentors: Benton-Franklin – Bonnie Hall, Grays Harbor – Lynn Crist and Jeannie Hansen, Jefferson

Assumptions

Reality

Accreditation

Health Reform

Medicaid Enhanced Rates

ICD-10

Technology

Meaningful Use

Medicaid Expansion

Essential Health Benefits

In-Network vs PCP Providers



Distinctions

Immunizations

- Dosage Based Assessment/Washington Vaccine Association
- Immunization related office visit paid to LHJs - Medicaid

Medicaid

- Served Across Three State Agencies
 1. Department of Health
 2. Department of Social and Health Services
 3. Health Care Authority
- ProviderOne

Billing

- OneHealthPort
- ProviderSource

Setup

- Washington State LHJ Immunization Billing Guide
- Surveys
- Public Health Services and Activities Annual Report

Approach

Two Phases

- **Phase 1**
 - Cost Benefit Assessment
 - Training
- **Phase 2**
 - Implementation
 - Technical Assistance

Public Health Activities and Services

SERVICES (2011)		NUMBER OF LHJs PROVIDING SERVICES	NUMBER OF CLIENTS (2011)
PROVIDE PRIMARY CARE		2	51430 (visits)
PROVIDE ORAL HEALTH		16	22399 (47050 visits)
PROVIDE BEHAVIORAL HEALTH		8	4176
IMMUNIZATIONS		24	
	CHILD	29	71479 (doses)
	ADULT	32	48839 (doses)
	FLU	31	32714 (doses)
	TRAVEL	15	10171 (doses)
FAMILY PLANNING		9	17565 (31777 visits)
HIV CARE			
	COUNSELING AND TESTING	28	14914 (visits)
	CASE MANAGEMENT	13	889 (8541 visits)
	HIV TESTS (STATE LAB)		4892
TB			
	SCREEING	32	8915
	TREATMENT	19	14142
	ACTIVE TB TX	19	14142 (visits)
	LATENT TB	16	6581 (visits)
STD			
	TREATEMENT	13	18264 (visits)
	CHLAMYDIA ONLY (STATE LAB)	13	58036

PPHF Public Health Reimbursement Project Activity Overview

Training

Resources

Sustainability

Period of Performance
July 2012- July 2014

Mentoring

Assistance with Credentialing

Reviewing and Negotiating Contracts

Review and Update Billing Policies, Procedures and Fees

Billing and Coding Training

Collaborate with DOH programs and external organizations to develop resources to support billing practices.

LHJ Billing Network

Fact sheets - health plans, credentialing in WA, contracting with health plans vs. Medicaid, negotiating contracts, working with clearinghouses to support billing, Policies that impact access, billing and reimbursement due to ACA

Build and strengthen relationships with Medicaid and health plans

Q& A Session with HCA on Medicaid updates, expansion and HBE

Document best practices, tips and approaches to billing, contracting, coding and increasing revenue strategies

Utilize listserv to share information, resources, tips, and knowledge and learn from peers

Letter templates to communicate with health plans

Contact information for payers (private health plans, Medicaid, Medicaid Managed Care Organizations).

Billing Resource Guide

Assess the use of IIS to support billing.

Assess the use of the WA HIE to support billing

Develop encounter form template for public health providers

PPHF Public Health Reimbursement Project Activity- Phase 1

Training

Resources

Sustainability

Period of Performance
Jan. 2013- June 2013

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LHJs Participated in Phase 1

97%



Goal: 100% Participation



 Participated in at least on Phase 1 Activity

 No Response or Did Not Participate

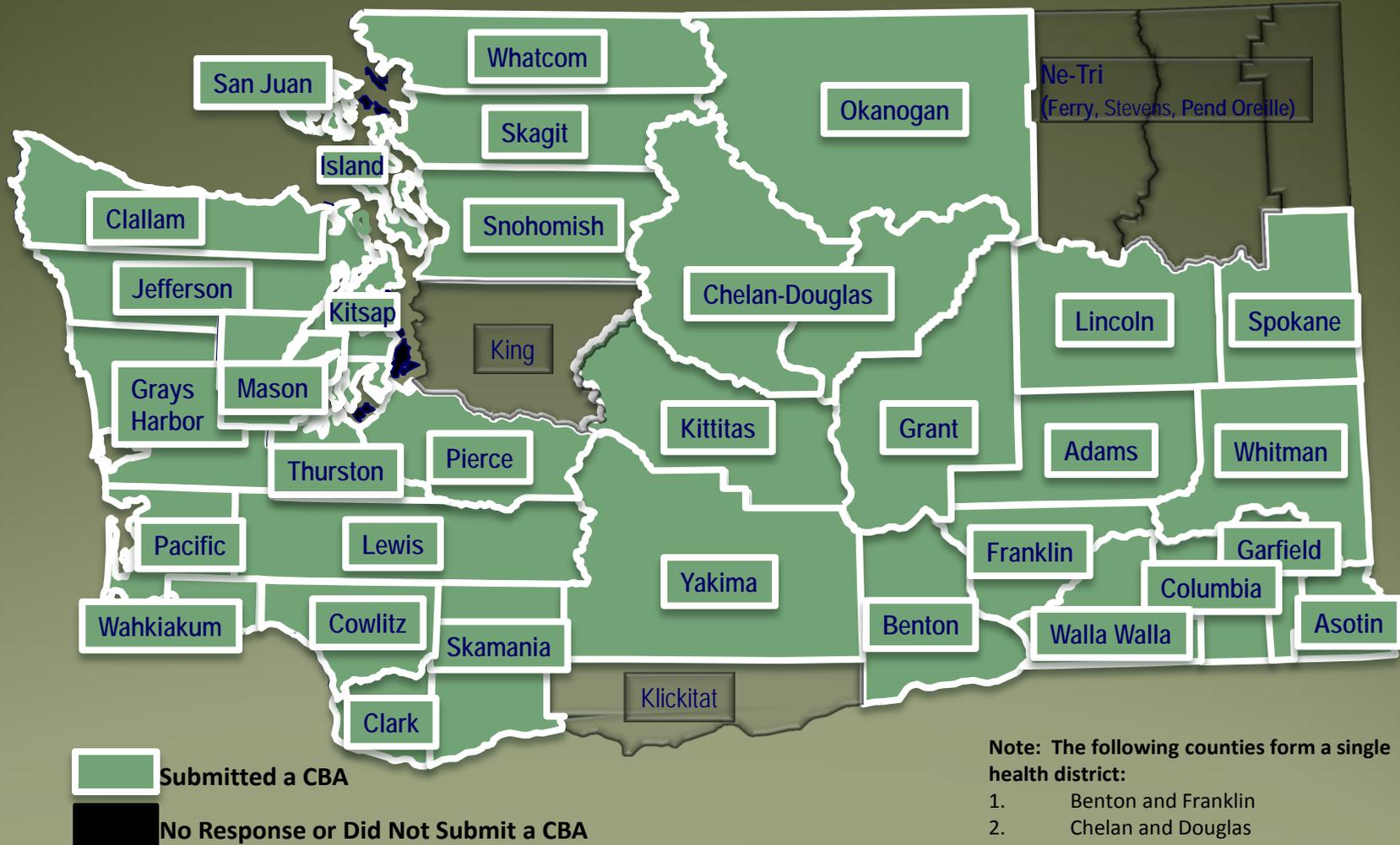
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Stat Tracker

Participated in Phase 1: 34 (97%); Applied for phase 2: 23 (66%); Mentoring LHJs: 5; (14%); Cor

LHJs Submitted a Cost Benefit Assessment (CBA)

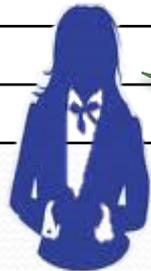


Stat Tracker

LHJs submitted CBA: 30 (86%); Participated in CBA Training: 30 (86%) LHJs submitted CBA: 30 (86%)

Phase 1 Summary

<p>Activity</p> <p>There are 35 Local Health Jurisdictions in WA.</p>	<p>Number of LHJs</p>	<p>Percent of LHJs</p>
Applied for funding to participate in phase 2	23	66%
Participated in at least one activity (Submitted assessment or attended training)	34	97%
Submitted a cost benefit assessment	32	91%
Cost Benefit Assessment Tool Training	30	86%
Billing Basics training	27	77%
Private Insurance Billing Training	27	77%
Navigating Medicare Billing Training	24	69%
Maximizing Reimbursement from WA Medicaid Training	25	71%
At least one (1) training	33	94%
At least two (2) trainings	29	83%
At least three (3) trainings	27	77%
At least four (4) trainings	26	74%
All five (5) trainings	18	51%



All but one LHJ participated in at least one activity.

LHJs Participating in Billing Implementation (Phase 2)

22



PPHF Public Health Reimbursement Project Activity - Phase 2

Training

Resources

Sustainability

Period of Performance
July 2013 - July 2014

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Common LHJ Activities

LHJs (23)

Activity	#	%
Developing Billing Protocols	16	70%
Working with health plans	13	57%
Staff Training on Billing Technology (EMR)	13	57%
Improving Billing Protocols	12	52%
Training on Billing	10	43%
Working with Another LHJ	8	35%

Stat Tracker

Additional Activities: Medical Claim Coding Training – 8 (35%), Contracting with a consultant for

Working with WA Health Care Authority (Medicaid)

Topic	Question/Answer
Coverage/ Benefits	Q. Are Apple Health clients entitled to the same coverage as Medicaid clients? A.
	Q. It is my understanding that the Medicaid guidelines are supposed to be consistent with the Medicaid guidelines. When there is a HCA contract, we are supposed to walk through the contract and determine if there is a HCA contract. If there is a HCA contract, we are supposed to use the HCA contract. If there is no HCA contract, we are supposed to use the Medicaid guidelines. If there is a HCA contract, we are supposed to use the HCA contract. If there is no HCA contract, we are supposed to use the Medicaid guidelines. If there is a HCA contract, we are supposed to use the HCA contract. If there is no HCA contract, we are supposed to use the Medicaid guidelines.

A16	Hemoglobin
156	99393-AG
157	99394-AG
158	99395-AG
159	D0150
160	D0190
161	D0191
162	D1208
163	D1330
164	G0008
165	G0009
166	G0010
167	G0156
168	J1055
169	J7300
170	J7302
171	Q0111
172	Q0112
173	Q2034
174	Q2035
175	Q2036
176	Q2037
177	Q2038
178	Q2039
179	S9430
180	T1002.HD
181	T1002.HD
182	T1017.HD
183	T1020
184	T1020.TS
185	T1022.U8
186	T1022.U9
187	T1023



Working with Health Care Authority

In addition to collaborating on a Q&A webinar to help Medicaid and their managed care plans, Health Care Authority with their managed care plans from local and public health programs, we want to extend this opportunity to provide submit this information by December 18th.

Please answer the following questions and send them to:

1. What impacts would the exclusion of these care plans (not using ProviderOne)?
2. Will your providers be able to create a claim and care contracts?
3. What other barriers to coverage, services or access are there?

Existing MCO Contract Language

Clients enrolled in a Medicaid agency contracted-managed care plan contracted with their plan for:

- Family planning services (excluding sterilizations for clients)
- Abortions
- Sexually transmitted infection (STI) services

WA Medicaid Managed Care Organizations and Local/Public Health Departments

We have compiled questions and concerns identified by DOH programs, LHJs and public health agencies.

Contracting – Is it necessary? Will it be necessary?

- Currently, LHJs and public health agencies enrolled with Medicaid do not need a contract with the MCOs to be reimbursed for services provided to Medicaid eligible clients.
 - Will this change?
- Since the MCOs are also in the exchange, many LHJs are working on contracting with them.
 - While many LHJs are working on contracts with these plans, some of them are slow to respond. Some LHJs have been waiting since July 2013, for a response. This can be discouraging for LHJs as they prepare for health reform changes effective January 1st.
 - Some LHJs have MOUs already in place, is a separate contract needed?
- We've heard that Take Charge will require proof that the client is ineligible for other programs before the application can be completed.

- It is still unclear if minors will have to apply for Medicaid and be denied in order to be on Take Charge. Additionally, there could be an added confidentiality issue if adult dependents seeking to be on Take Charge have to apply for expanded Medicaid (using their own information).

HCA Training



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

Working with Medicaid in 2014
January 29, 2014

Agenda

Medicaid Overview – Gail Kreiger

Population

Fee-for-Service vs. Managed Care

Eligibility



Introduction to Medicaid

Provider Information - **Matt Ashton**

Prior Authorization – **Kerry Davis**

Coordination of Benefits – **Katie Pounds**



Medicaid Managed Care – Barbara Lantz & Bob Longhorn

Contracts and Billing

Services

Information, Processes and Resources



Medicaid Programs

We had 75 diverse participants who varied from county jails, LHJs, planned parenthoods, clinics from Oregon and Idaho and substance use related providers.



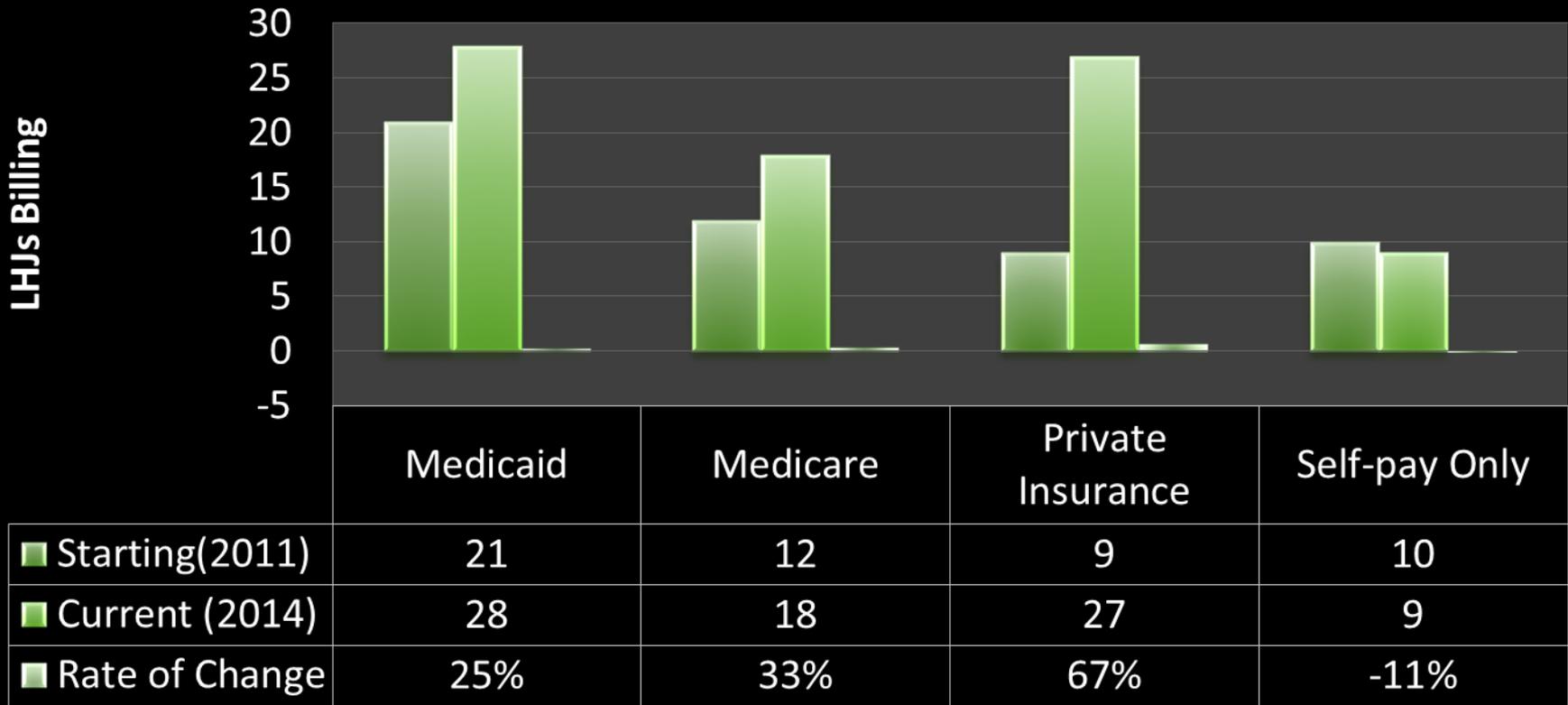
Working with Insurance Commissioner

- Inter-Agency Health Policy Work Group
- Essential Health Benefits
- Hospital and Large Provider Mergers
- ACOs/Private ACOs (ICOs)
- In-network Providers vs. Primary Care Provider (PCP)
- Health Literacy

Trainings

- Cost Benefit Assessment
- Billing Basics
- Navigating Medicare
- Maximizing Reimbursement from Medicaid
- ProviderSource Credentialing Database – For LHJs
 - 2013 & 2014
- Preparing for ICD-10: For Public Health Providers
- Contracting with Insurance
 - Overview of the Affordable Care Act
 - Provider Contracts and Networks for Commercial and Medicaid Plans
 - The Provider Contracting Process

LHJ Billing Practices



Stat Tracker

Participated in Phase 1: 34 (97%); Applied for phase 2: 23 (66%); Mentoring LHJs: 5; (14%); Cor

Notable Successes

- Third-Party Contracting/Billing Functions
 - Tacoma-Pierce County Health Department
- New Care/Payment Model for Care Coordination
 - Seattle-King County Public Health
- Uptake in Clearinghouses, EMRs, and Practice Management Systems

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Washington's Increased Capacity

2011

70% of U.S. health departments do not bill health insurance for immunization services.

2011

In **Washington**, 80% of LHJs provide vaccines but **only 30%** of them bill private health plans

2014

In **Washington**, 80% of LHJs provide vaccines **77%** of them bill private health plans



We surveyed mentors to identify what areas they were most confident in to provide mentoring.

We surveyed LHJs to help prioritize trainings and training format. To our surprise, very few wanted an in person meeting or training.

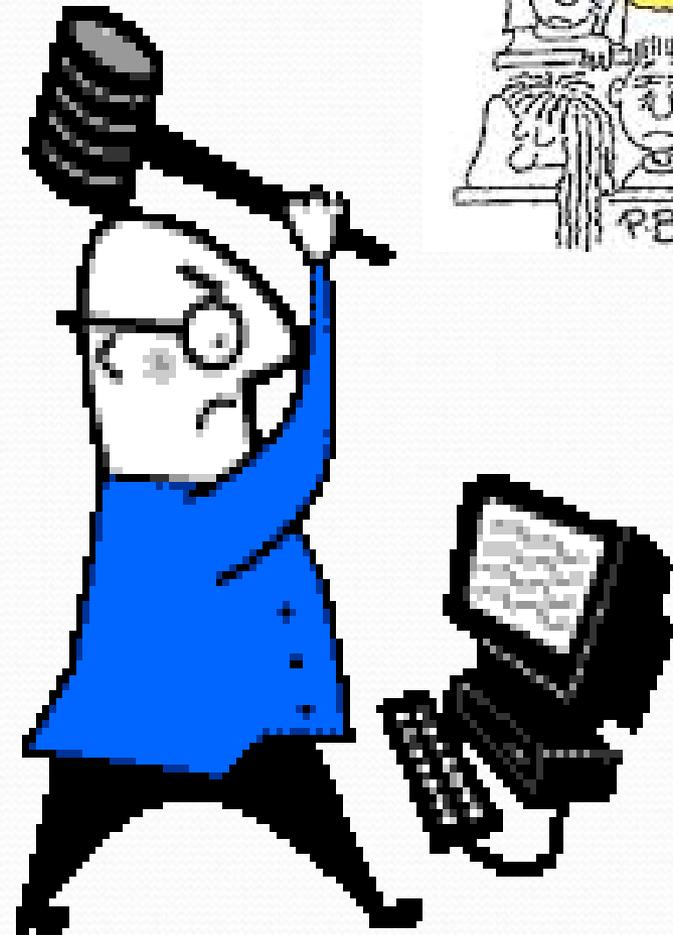


Stat Tracker

Lessons Learned



Lessons Learned



What's Next

- **Developed and funded a temporary position**
- **Payment Reform**
 - New Models of Care and Payment
 - Lead Screening Case Management
 - Wellness and Prevention Alignment
 - Community-Based Contracts
- **New Partners**
 - Health Care Authority
 - Department of Social and Health Services
 - Office of the Insurance Commissioner
 - Medicaid Managed Care Organizations
 - Health Benefit Exchange



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