GCACH Provider Readiness Workgroup
September 6, 2018
2:00 PM – 3:00 PM
Meeting Minutes

1. Attendees: Carol Moser, Shereen Hunt, Caroline Wilson, Sam Werdel, Patrick Flores, Jesse Flores, Yolanda Madrigal, Jim Barth, Martin Sanchez, Jenna Shelton, Jamie Carson, Dana Oatis, Marianne Oliver, Ruben Peralta, Cathy Pipes, Matthew Kuempel, Ed Thornbrugh, Cheri Snowhite, Corey Cerise, Jason Bergman, James Walters, Tracy Graves, Steven Riehl, Jennifer Vincenti, Cody Nesbitt, Mary O' Brien, Candice Welch, Angelina Thomas, Teresa Aussem Lopez, Isabel Jones, Julian Thompson, Ken Dorais, Steve Ghiglione, Alicia Egan, Courtney Ward, Michelle Keys, Demita Warren, Sara Clark, Donna Arcieri, Mark Loes, Diane Halo, Danika Gwinn

2. Go over questions on the Question Tracker – MCOs

   Question: Those providers that didn't have an NPI number prior to IMC, how will that affect their billing now?
   Answer: Please see the NPI fact sheet, SERI Fact Sheet and other NPI toolkit documents released on 9/5/2018. All providers who fall under the provider types listed in the documents should obtain an NPI, enroll that NPI with HCA, and report appropriately on encounters or claims.

   Question: Will we be losing any provider types when the cross walk is done from the current two-digit Provider Type in SERI to the taxonomy numbers? In other words, are there clinical staff that currently provide services that will not be able to provide services under the MCOs? Some bachelor level providers (09-Bachlor level with exception/waiver and 05- Below Masters Degree- Case Managers) are concern that their services will not be reimbursed by MCOs and so they will no longer be needed.
   Answer: No, please see the NPI fact sheet released on 9/5/18. All provider types in SERI have a corresponding taxonomy code.

   Question: If someone becomes eligible mid-month they typically have an open medical coupon and it doesn't show what MCO or BHO they are assigned to until the beginning of the next month and will that stay like that? What would we do in this situation?
   Answer: For the vast majority of clients, if they become eligible mid-month their enrollment will retro back to the first of the month and the provider should be able to see their assigned MCO immediately in P1. If there are specific eligibility types you are asking about, please email: hcamcprograms@hca.wa.gov
   CHPW: Provider One should be updated with the MCO a member is assigned to. If no MCO assigned they should be FFS, covered via the state.

   Question: Will it be the responsibility of SUDs to provide care coordinators after they have integrated with primary care providers? Is this reimbursable?
   Answer: Need to re-word this question for next meeting.

   Is care coordination reimbursable?
   What is the definition of care coordination vs case management?

Question: In regards to patients still being eligible for Medicaid after being released from jail:
Can Medicaid be notified 30 days before a patient is released?
Can MCOs determine if Medicaid is not suspended.
Can the MCOs help with getting patients a bed date? The inpatient issue is that patient doesn't have a bed date and can't be released. Also, they have been sober and it is unclear if they meet medical necessity.
Answer: HCA: No, we do not currently have the ability to notify the MCOs 30 days before release.
Yes, MCO's can see when a client is incarcerated (if that is what the second Q is about…) and it should be reflected within P1 once Medicaid "turns back on." Care coordination can be provided to find beds.

HCA: Would it be helpful to know what MCO they will be assigned to? That way you could work with the health plan to get services pre-authorized or something like that. So that the provider will be able to set up an appointment for the person because the provider then knows that they are going to assigned to this MCO and it gives them some kind of assurance from the MCO that the provider can get paid.

Comment: This would have to be an agreement with the residential providers because they are the ones not approving the bed dates. Outpatient providers are doing the initial assessment and then attempting to schedule but residential not able to give a bed date until funding is in place. So, if there was the assurance that the funding was in place and residential providers were willing to give based on that expected funding then that fix the issue.

Comment: Not sure if it would be the residential provider or the outpatient provider who would reach out to the MCOs. HCA can provide the information about which MCO the will assigned to once they are released. Then we would need further discussion as to who would start the pre-auth process.

HCA is having a meeting with SUD providers, a lot of residential providers are coming, it is next Friday. Isabel will reach out to the person creating the agenda to see if they can put this on the agenda so they can start discussing this.

Question: Question on billing provider types that the MCOs will cover because of SERI but third-party payers will not and services SERI pays for that are not covered by third party payers such as Medicaid. How do we bill electronically with no denial from primary?
Answer: CHPW: Electronically, bill as secondary, with zero in the paid amount from the other insurance. If billing via paper, CHPWs system is set up for certain services and practitioners not to require an Explanation of Benefits before processing.
Will there be something that defines what circumstances don't require EOB before they will process the secondary claim submitted to them?

Yes, they do have a list of types of services. There are very specific ones when Medicare is primary. With other insurances it's a payer by payer and learning what they cover and what they don't and we add it to our list.

Will the H0004 be covered for clinicians that are bachelors level with the wavier for the H Code. Since the can't bill primary would they be able to bill that to the MCOs as a primary instead of a secondary set to zero?
Donna: They will have to look up that specific H Code to understand what the service is but, my answer is if we are contacted with you to pay for that particular service and the member has a primary that never covers that service that code would be added to the list of services that doesn't need an EOB.

3. Non-emergent Transportation Team/Questions

Washington State Health Care Authority

Non-Emergency Medical Transportation (NEMT)

Tracy Graves and James Walters
NEMT Overview
Medicaid Program Operations & Integrity/Community Services
September 5, 2018

Washington State Health Care Authority

NEMT Mission

- Provide access to necessary non-emergency medical services for all eligible Medicaid clients who have no other means of transportation.
- Ensure broker compliance through performance based contracts.
- Maintain program integrity through data driven program management and decision making.

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Washington State Health Care Authority

Broker Transportation

The NEMT program is administered by the Health Care Authority (HCA) through six contracted transportation brokers serving thirteen regions statewide.

Requirements

- Follow all program rules outlined in **WAC(s) 182-546-5000 through 6200**
- Staff a customer service call center located within the regions they serve
- Ensure trips are to Medicaid covered services and for eligible clients
- Pre authorize all transportation requests
- Maintain a network of local transportation providers in their regions
- Select type of transportation mode that is:
  - Appropriate to a client's medical condition and capabilities
  - Lowest cost available
  - Accessible

** Contracted agencies are "true brokers" and cannot provide trips themselves.*

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Washington State Health Care Authority

Broker Map

Paratransit Services
Hopelink
Northwest Regional Council
Human Services Council
People For People
Special Mobility Services

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Broker Responsibility

- Arranges for transportation to healthcare services within a client's local medical community;
- May arrange for transportation outside the local community if justification or medical necessity is provided
  - *Typically the client's primary care provider submits documentation of medical necessity to the broker for a client to access services outside of their local community*

**A client's freedom of access to health care does not require the agency to cover transportation at unusual or exceptional cost in order to meet a client's personal choice of provider. WAC 182-546-5000(4)*

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Eligibility for Transportation

Clients must:

- Have no other transportation resources available to them
- Be Medicaid eligible (or Dual: Medicaid & Medicare)
- Obtain medical services covered by their benefit services package (BSP) that are medically necessary
- Receive services from a Medical Provider that is an HCA enrolled provider or contracted with an HCA contracted managed care plan

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Benefit Service Package – an example would be is the patient has LCP/MNP limited casulity program/medical needy program under this benefit service package physical therapy, occupational outpaitent, and speech therapy is not covered. So if a client is on the LCP/MNP and request transportation for PT would be denied because it is not a covered benefit under their BSP.

Requesting Services

Eligible clients can call their local broker to request transportation for:

- **Scheduled trips:** must request **2** business days in advance of trips (up to 14 days in advance)
- **Urgent Call & Hospital Discharges:** requests accepted depending on available transportation resources. The NEMT program allows trips to urgent care but not to the Emergency Department (ED)

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Modes of Transportation

- Brokers ensure client resources & lowest cost transportation are used first, based on each **client's mobility & personal capabilities.**
- Clients are screened for **most appropriate & cost efficient mode:**
  - **Personal Vehicle** (mileage reimbursement, gas vouchers, gas cards)
  - **Volunteer Drivers** (base rate, mileage reimbursement)
  - **Public Transit** (bus fare, tickets passes, etc.)
  - **Shared Rides/Multiple Passengers**
  - **Wheelchair Van**
  - **Taxi**
  - **Ferries, Water Taxi**
  - **Tickets for commercial bus, rail, air**

**Clients must be safe to transport. The NEMT program cannot accommodate clients that require restraints or must be transported in a prone or supine position*

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Washington State Health Care Authority

Transportation Costs CY2017

- **Total Cost: $86 Million**
  - 87% Service Costs
  - 13% Administrative Costs
- **Total Trips: 3.5 Million; 13,000 trips/day**
  - Serving on average 30,000 clients per month
  - Typically serving the highest utilizers of medical services (Methadone, Mental Health, Dialysis account for 66% of total trips and 49% of total costs)

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Washington State Health Care Authority

NEMT Utilization

July 2018

County	Clients	Trips	Miles	Cost	Cost/Client	Cost/Trip	Cost/Mi	Mi/Trip
Asotin	84	369	7,056	$ 12,043	$ 143.37	$ 32.64	$ 1.71	19.1
Benton	285	2,130	81,589	$ 56,157	$ 197.04	$ 26.36	$ 0.69	38.3
Columbia	12	42	2,184	$ 1,311	$ 109.28	$ 31.22	$ 0.60	52.0
Franklin	132	1,023	37,883	$ 25,130	$ 190.38	$ 24.57	$ 0.66	37.0
Garfield	9	34	2,314	$ 2,020	$ 224.49	$ 59.42	$ 0.87	68.1
Kittitas	101	473	12,415	$ 22,119	$ 219.00	$ 46.76	$ 1.78	26.2
Klickitat	187	965	28,851	$ 53,387	$ 285.49	$ 55.32	$ 1.85	29.9
Walla Walla	101	628	32,046	$ 35,410	$ 350.59	$ 56.38	$ 1.10	51.0
Whitman	123	696	21,787	$ 37,475	$ 304.67	$ 53.84	$ 1.72	31.3
Yakima	939	6,307	145,771	$ 186,711	$ 198.84	$ 29.60	$ 1.28	23.1
TOTAL	1,973	12,667	371,896	$ 431,763	$ 218.84	$ 34.09	$ 1.16	29.4

Of these trips:

- Mental Health including MAT accounts for 21%
- Specialty Care accounts for 25%
- Dialysis accounts for 33%

**Statewide averages: Cost/Client $218.41, Cost/Trip $21.54, Cost/Mi $1.89, Mi/Trip 11.6*

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Washington State Health Care Authority

Broker Contact Information

People For People
Counties: Benton, Columbia, Franklin, Kittitas, Walla Walla, Yakima
Toll Free: 1-800-233-1624

Special Mobility Services
Counties: Asotin, Garfield, Whitman
Toll Free: 1-800-892-4817

Human Services Council
Counties: Klickitat
Toll Free: 1-800-752-9422 (Option 2)

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Washington State Health Care Authority

Questions?

NEMT Program Lead:
Stephen Riehl, 360-725-1441, stephen.riehl@hca.wa.gov

NEMT Program Staff:
Tracy Graves, 360-725-9791, tracy.graves@hca.wa.gov
James Walters, 360-725-1721, james.walters@hca.wa.gov

NEMT Mailbox:
HCANEMTTRANS@hca.wa.gov

NEMT Website:
www.hca.wa.gov/transportation-help

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Question: Some of the patients that are most at risk for having transportation issues have high levels of symptom interference through active use or mental health disorders and they may miss a ride or end up in a category that they are barred from having another ride brokered. Is there an appeal process with HCA and how do we navigate that for this high-risk group?

Answer: Yes, there is an appeal process. Typically, if there are numerous no-shows and it's not necessarily behavioral issues then you should reach directly out to the NEMT team at HCA. Any access problems please reach out to them.

Question: If someone has a no-show issue that becomes a care plan issue with the behavioral health provider and so if they send someone out to make sure and coach the rider would that be a duplication of services or is there a clear distinction between the community support service and the transport service?

Answer: The transportation program only pays for the transportation of the client. This program would not pay for a BH provider staff to be involved in care coordination. It's only for the client. If it is set up for it to be paid only for mileage that is a potential way of reimbursement for a client that is unable to be transported by the normal methods.

Question: In our area we have the Benton-Franklin public transit authority that provides a Dial-a-Ride service. What is the difference the Dial-a-Ride services and People for People services? Does People for People broker those services with Dial-a-Ride? How does that work?

Answer: Yes, that is correct. Dial-a-Ride is one of their sub-contactors for this program.

Question: We have heard the most concerns in the Asotin and Garfield County in terms of transportation services. I notice that it is Special Mobility Services in both those counties. I don't think they have public transportation in Garfield. Is that correct?

Answer: I'm not aware of the public transportation in that county. Special Mobility Services would be setting them up with a different transportation provider such as a rural tax, actually I don't even know off the top of my head which providers that would be. I would have to look it up. The hope is that there is a transit because obviously that is lowest cost or a lot of these areas were under a dollar on the table most are mileage reimbursement. In rural areas there are groups that get together to try to set something up. People are interacting with that broker at the local level.

Danika Gwinn: Garfield county has their own buses and some other cars and they have looked at different avenues to get clients transported simply because of ease. It is pretty difficult for clients those with mental illness and the elderly to work through the system that is in place. Sometimes they don't always have enough notice or struggle with waiting on the phone to get something scheduled. The other piece that happens is that are clients are sent off to medical appointments in Spokane or Tri-Cities and then we are asked for proof as to why they can't see somebody locally. Then we have to go to the primary care provider to get them to respond back to us to give us a document stating that this is why they are having to go outside the area to have a procedure done. Hopefully this has been done in the time frame the broker needs the information. There are quite a few barriers for individuals that we serve struggling to follow these guidelines to get what they need prove that yes, we need to have this paid for. So, a lot of times with mental health we do a lot of care coordination/case management to navigate system of transportation. That is why the local Garfield County Commissioners have actually done a tax to help continue transportation bus in Pomeroy which is located in Garfield County because it is just easier for those community people to do that system.

In Asotin County we face some of the same barriers and Quality Behavioral Health is actually contracted with Special Mobility Services because that's how we make sure a lot of our clients get to services. We actually provide the transportation because it is easier and it ensures that our clients are going to come to appointments. This has been successful. Asotin does have a bus system. At times we have different organizations provide bus tokens for clients. This seems easier then going through what is a burden for the clients to navigate the transportation system.

Question: On one of the slides it mentioned that the primary care provider would have to arrange it, so on the SUD side of things if we made a recommendation to a contracted residential agency would that count for the SUD transportation? Would we be able to broker that or do we have to get them in with their PCP?

Answer: Typically, it is the PCP but not always that way. The SUD is different. The broker just needs to ensure that the medical justification is there. It is relatively new that Behavioral Health Providers are being added to this transportation system.

Question: Would this also include transportation locally to get to outpatient SUD treatment? Would they be able to get monthly bus passes?

Answer: Yes, as long as it is part of their benefits service packet and meets the criteria then yes they can get a bus pass. Actually that's definitely preferable then a taxi. There is also after hours that is provided as well.

Question: How soon can they start using this program?

Answer: You can use it now.

Question: With the bus passes, would the client have to apply or the providers need to assist in that?

Answer: What happens is the broker would have to determine if the bus pass the best option. The client or provider can get things established.

4. Next Meeting is September 20th 3:30-4:30 pm

5. Future Provider Readiness Workgroup Meetings
   October 4th 2-3pm
   October 18th 3:30 – 4:30 pm
   November 1st 2-3pm
   November 15th 3:30 – 4:30pm
   November 29th 2-3pm
   December 13th 2-3pm
   December 27th 2-3pm