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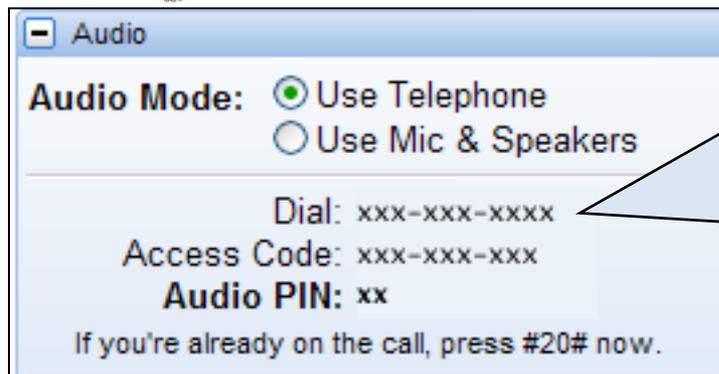
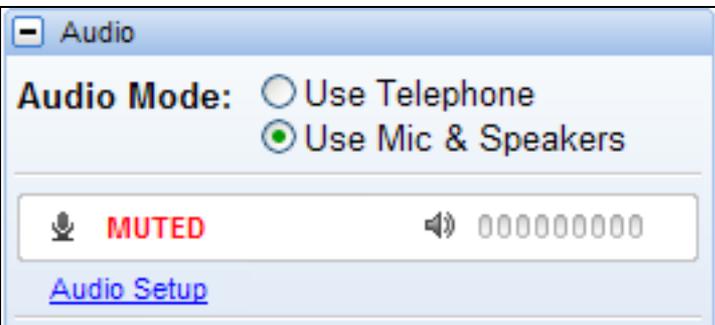
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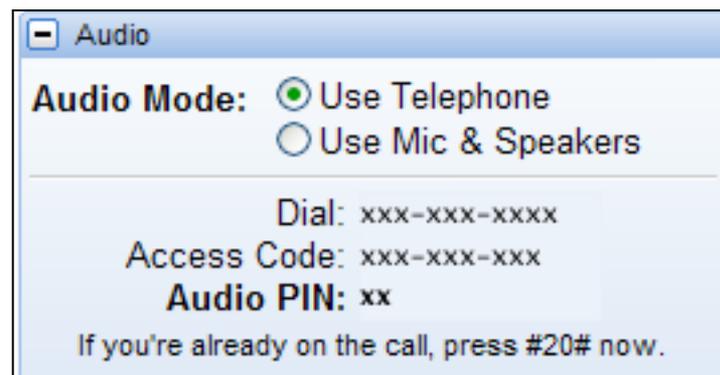




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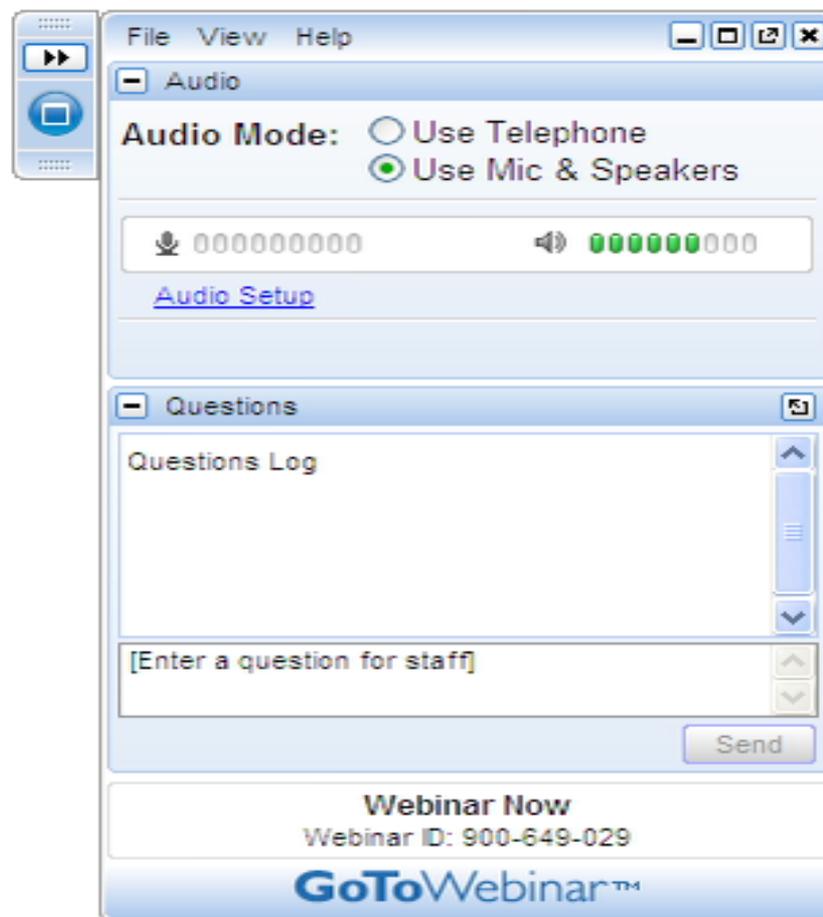
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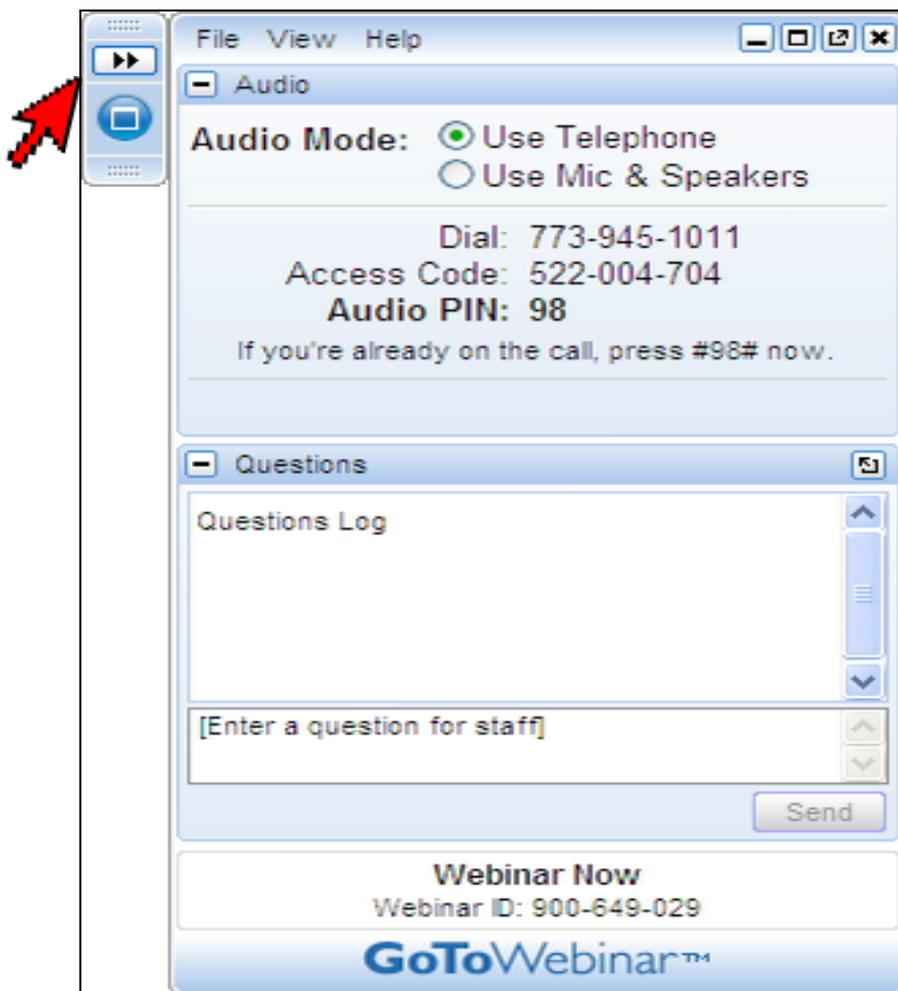
- Attendee Control Panel
- Asking Questions





Attendee Control Panel

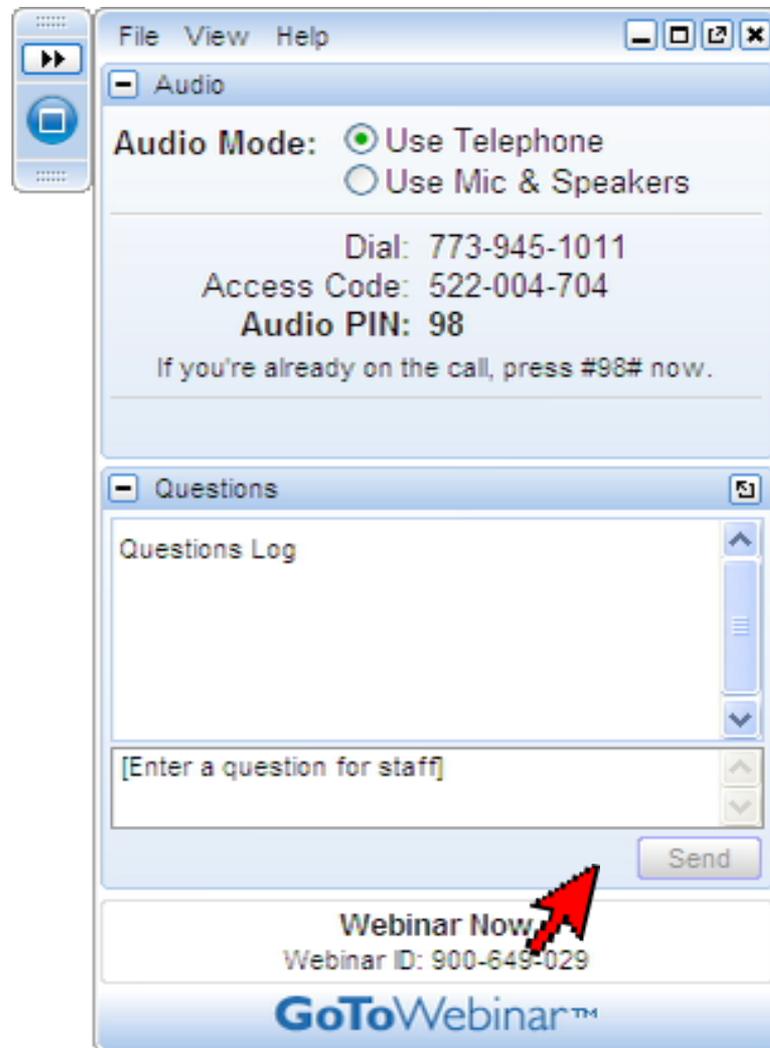
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- Questions will be reviewed for inclusion in future communications from DSHS





TAG Meeting

Introduction:	Dr. Thompson
HCA (Washington State Medicaid)	Dr. Thompson, Chief Medical Officer Amanda Avalos, Feedback Coordinator Jasmine Douglas, Sr. Provider Relations Consultant Madina Cavendish, Cost Reimbursement Analyst Melissa Usitalo, Professional Service Manager Sandy Stith, Officer of Hospital Finance Michael Marchand, HIT Communications Manager
UMP (Uniform Medical Plan)	Eliza Jang, Director of Benefits
HTA (Health Technology Assessment)	Josh Morse, Program Director
LNI (Labor and Industries)	Janet Peterson, Program Manager Erik Landaas, Policy and Payment Manager
CMS (Center of Medicare and Medicaid Services)	Dr. Nancy Fisher, Chief Medical Officer
DOC (Department of Corrections)	Beth Goupillon, Cost Reimbursement Analyst
Open Discussion (Respond to Questions Received, and Q&A)	Gary Monroe, Provider Relations Consultant



Emergency Room and Medical Necessity

Policy:

HCA plans to stop paying for hospital Emergency Department visits for Medicaid clients when it deems those visits "not medically necessary in the ER setting." HCA will continue to pay for visits to the Emergency Department when it determines the Emergency Room setting was the medically necessary place of service for the care. If the ER decides that care is not appropriate for the Emergency Room setting and should be triaged to the primary care office through an EMTALA screening, the HCA managed care plans will pay a screening fee.

Effective: April 1, 2012



Emergency Room and Medical Necessity

Resources:

- Patient Review and Coordination (PRC)

<http://hrsa.dshs.wa.gov/prr/index.htm>

- Emergency Department Information Exchange (EDIE)

<http://www.ediecareplan.com/>

- Prescription Monitoring Program (PMP)

<http://www.doh.wa.gov/hsqa/PMP/public.htm>

- Billing Guide Instructions *Coming Soon* at:

http://hrsa.dshs.wa.gov/download/Billing_Instructions_Webpages/Physician-Related_Services.html



Provider Feedback Reports

- Promoting Data
 - Informed Decision Making
- Improving Clinical Practice
- Maximize available resources



Who receives feedback reports?

- Online access for individual providers and clinic or hospital directors
 - Medicaid prescribers
 - Brand/generic utilization
 - Mental health drugs
 - Emergency Departments
 - Obstetrics



Top Medicaid Claim Denials



<http://hrsa.dshs.wa.gov/provider/webinar.shtml#provider>
Training



Top Medicaid Claim Denials

Top Ten Providers with Claim Denials February 2012

Provider	#of Claims Denied	#of Claims Billed	Denial%
Radiology	5,209	14,570	35.8%
Large Seattle Medical Center	3,903	14,260	27.4%
Pierce County	3,547	34,787	10.2%
Northern Clinic	3,310	7,256	45.6%
Eastern Washington Radiology	2,940	3,397	86.5%
Community Health Center	2,535	4,105	61.8%
Community Health Center	2,382	4,159	57.3%
Seattle Dental	2,151	2,891	74.4%
Emergency Physicians	2,051	4,464	45.9%
Large Seattle Physician Group	1,737	5,816	29.9%
Total	29,765	95,705	



OIG Training

- ❖ Series of short informative videos to help you in your compliance efforts.
 - ❖ Importance of Documentation
 - ❖ Tips for Implementing an Effective Compliance Program
 - ❖ False Claims Act
- ❖ Many More Videos are Available
- ❖ <http://oig.hhs.gov/newsroom/podcasts/>



Office of Rates Development

Melissa Usitalo, and Madina Cavendish

Physician Rates Program Manager: Madina Cavendish: madina.cavendish@hca.wa.gov

DME Rates Program Manager: Ming Wu: ming.wu@hca.wa.gov

<http://hrsa.dshs.wa.gov/rbrvs/>



Office of Hospital Finance

Sandy Stith
Hospital Finance Officer

<http://hrsa.dshs.wa.gov/HospitalPymt/>

Washington State Health Care Authority

Medicaid Electronic Health Record Incentive Program

Michael Marchand
Health IT Communications Manager
Health Care Authority
March 7, 2012

Program Update

- Medicaid Electronic Health Record Incentive Program
 - Current Snapshot
 - Federal Funding Passed through to Provider Community
 - Program Participation and Comparison to other States
 - How Are Incentives Being Used?
 - ONC Acceleration Challenge
 - Preparing for Meaningful Use
 - System and Provider Readiness
 - Operational Readiness and Pre-payment validation

Moving to Data Exchange

Electronic Data

- Information captured manually and automatically in clinical information systems
 - Increased need for data sharing and interfacing across systems
 - Patient care increases with better view of information
 - Realizing value in patient data, clinicians' ability to view a complete health picture

Paper-Based Data

- Information manually captured on paper
- Difficulties with compiling and assessing patient data



Data Exchange

- Interoperable Electronic Health Record technology allows evolutionary use of data
 - Data flows between enterprises
 - More comprehensive picture of patient data at the point of care
 - Leverages current health data standards – but not dependent upon them



Basic EHR Provides a Beginning Point

- Basic EHRs provide a beginning point for use of electronic health records in physician offices and hospitals
- Medicaid providers can receive their first year's incentive payment for adopting, implementing, and upgrading certified EHR technology
 - Must demonstrate meaningful use in subsequent years in order to qualify for additional payments.
- Most organizations need to further upgrade their EHR systems to qualify for meaningful use incentive payments.

EHR Incentive Program: Forecasted vs. Actual

(03/01/2012)

Category	Forecasted EOY 2011	Currently in eMIPP
Total EHR Program Participants	756	2,383
Total Hospitals Participants	52 (89 in WA)	67
Total Professionals Participants	704 (36K in WA)	2,316
Total \$ amount of incentive payments	\$51.8 million	Over \$85 million

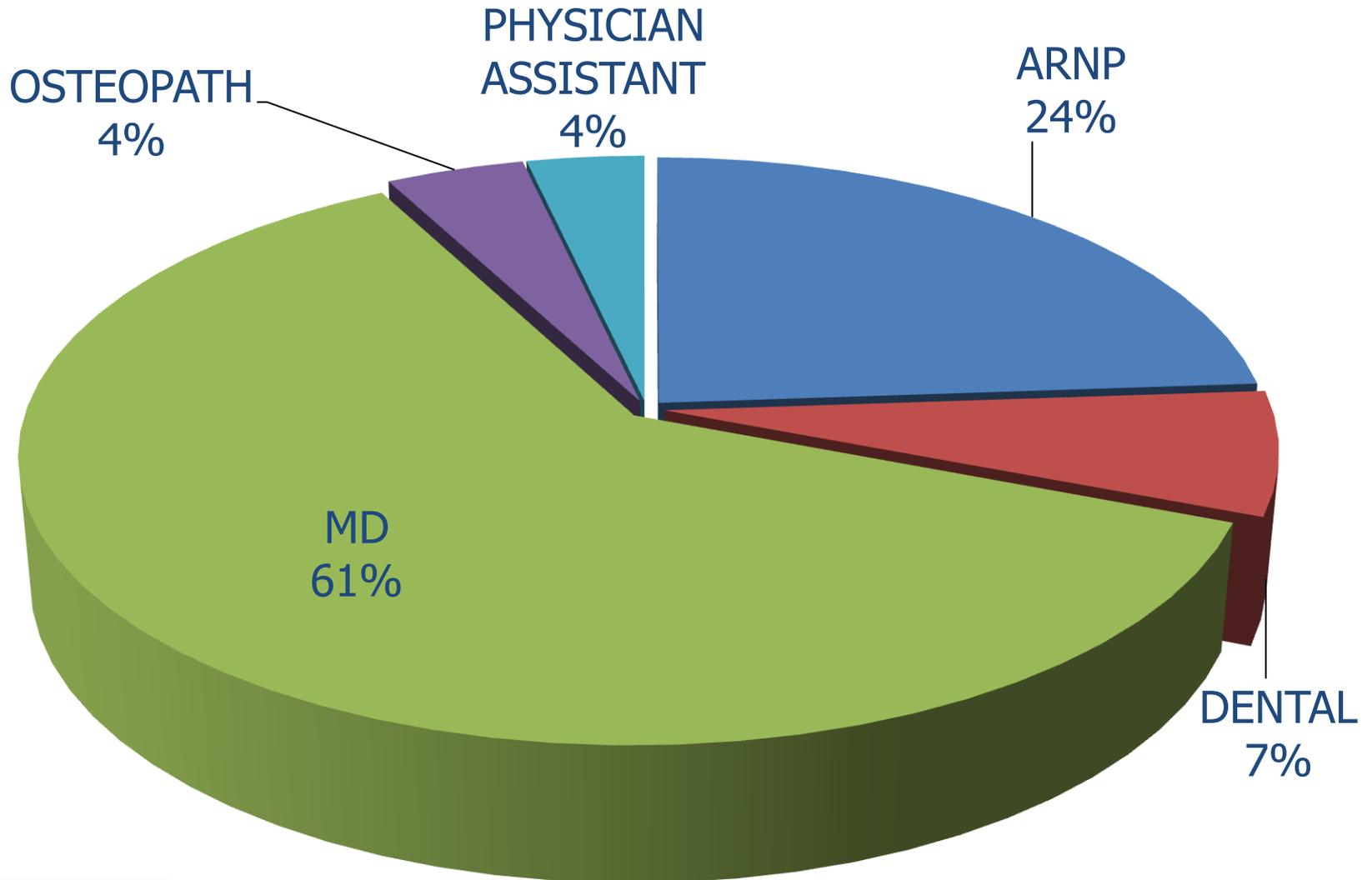
Current Federal Payments passed through to WA Providers

Eligible Hospitals	Eligible Professionals	Overall Total
55	1005	1060
\$47.2 million	\$21 million	\$68.2 million

It is important to continue the flow of incentive payments into Washington State!

**Between 9/15 /2011 and 02/15/2012. Dollar amounts rounded.*

Types of Eligible Professionals Receiving Incentives*



Comparison to Other States

- Washington was the 16th state to launch our program
- Registration is on par with states who launched 6 months earlier
- Of the Western States:
 - Washington launched first - early July
 - Oregon launched in September
 - California launched in October
 - Idaho plans to launch next September
- Washington viewed as having strong provider participation and strong leadership in the various programs –
 - Top Ten in CMS registrants for Medicaid EHR program
 - One of five states asked to work with ONC to accelerate meaningful use adoption

How Incentives Are Being Used

Examples of what incentives mean for Providers

- ✓ Partially offset the costs of adopting EHR systems or upgrading existing software to meet meaningful use
- ✓ Update equipment and add servers
- ✓ Install computers in every exam room
- ✓ Implement new business processes and technology
 - Example: computerized physician order entry within hospitals - practitioners communicate instructions for the treatment of patients to pharmacy, lab or radiology

Early Adopters Report Benefits

- Providers report immediate benefits of EHR within organization
 - ✓ Reduction in errors, availability of records and data, reminders and alerts, clinical decision support, and e-prescribing/refill automation, immediate chart notes and timely billing
- Providers gain more when exchanging data between enterprises
 - ✓ More comprehensive picture of patient path of care; medication management, patient safety, care coordination, reduction in unnecessary testing, efficiency
- Washington Medicaid will benefit greatly from data exchange
 - ✓ Case management for Medicaid patient population receiving care coordination, early identification and intervention with behavioral health populations, better care and use of resources

Early Adopter Feedback

We had tremendous help from the state. They listen to any and all concerns and provided excellent communication to prepare us for attestation. Our EHR was entirely funded by our partner physicians so the federal incentives will go through our income formula. The access to information 24 /7 is an amazing thing! Sharing information with colleagues is easier than before and the possibility of transparency with patients is the best part of this.

– Walla Walla Clinic

The state was most helpful. The webinars were great as were the newsletters. The online user guides were also very helpful and showed step-by-step how to apply. We have used our first round of federal incentives to install computers in every exam room and update equipment. We have multiple offices so the fact that a chart is with you at every location at all times is huge!!

– Northwest Pediatric Clinic, Bellingham

The state provided outstanding assistance. I have subsequently worked with multiple rural hospitals to share with them the information that would be needed to apply. We are using the federal incentives to offset the costs associated with reaching meaningful use objectives and to help purchase future software needed. Migration from paper to EHRs improves the quality of care for patients by providing more complete registration information, reducing medicine-related errors and creating a better health record for exchanging information with other organizations.

– Lake Chelan Community Hospital

Towards Meaningful Use – Measuring Success

Three Components to meeting “Meaningful Use”:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing
 2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care
 3. The use of certified EHR technology to submit clinical quality and other measures
- Providers must report on a core and menu set of objectives that are specific to eligible professionals or eligible hospitals.

Simply put, "meaningful use" means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.

Preparations for Moving to Meaningful Use

- Updating eMIPP - New functionality required
 - Ability for provider to select and complete meaningful use measures from a set of core and menu options
 - Ability for provider to report on Clinical Quality Measures
 - Receipt of Year 2 registrations (must re-apply each year)
 - Ability to submit documentation to support MU attestation
- Forecasting Meaningful Use Readiness – Survey
 - Starting with those already engaged – then will expand
 - Current level of EHR adoption and use
 - # of professionals in the group planning to seek incentives
 - Timing for meeting meaningful use objectives and barriers
 - Interest in joining state Health Information Exchange or other HIE's
- Outlining pre-payment validation approach for meaningful use

Provider Challenges to Reaching MU

- Reporting capability in certified EHR products
 - Difficult to get effective reports from older versions and implementations of certified EHR products
- Change management in large multi facility medical systems difficult
 - Getting people to change how they practice takes a lot
- Ability to roll out new releases of software for multi facility integrated systems (Cerner and Epic)
 - Not enough update windows in a month to install and test them all
 - ICD-10 upgrades and changes mean multiple upgrades to EHR systems over the next few months
- SureScripts has certain limits causing issues for meeting eRx requirements

Questions?

More Information:

www.healthit.wa.gov

Providers can submit program inquiries to:

healthit@hca.wa.gov

Michael Marchand, Communications Manager
Health Care Authority, Health IT Project Team

Michael.Marchand@hca.wa.gov

Administrative Services Provider Question and Answer

 Regence			
JOHN Q. PUBLIC ID NO UDW W799999999	Group No. 12345678	Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.	
00 JOHN Q PUBLIC	MedImpact* RxBIN #003585 RxPCN #38600 RxGroup #38600	Hospital or physicians: File claims with local Blue Cross and/or Blue Shield Plan.	
*Not a BlueCross and BlueShield product		Regence BlueShield PO Box 30271, Salt Lake City, UT 84130-0271	
		Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association	
		Pharmacy benefits administrator - not a BlueCross BlueShield product	
			

<http://www.wa.regence.com/provider/UMP-corner.html>



Washington State
Health Care Authority

Health Technology Assessment Program Update

Josh Morse, MPH

Health Technology Assessment

March 7, 2012

WA HTA Program Purpose

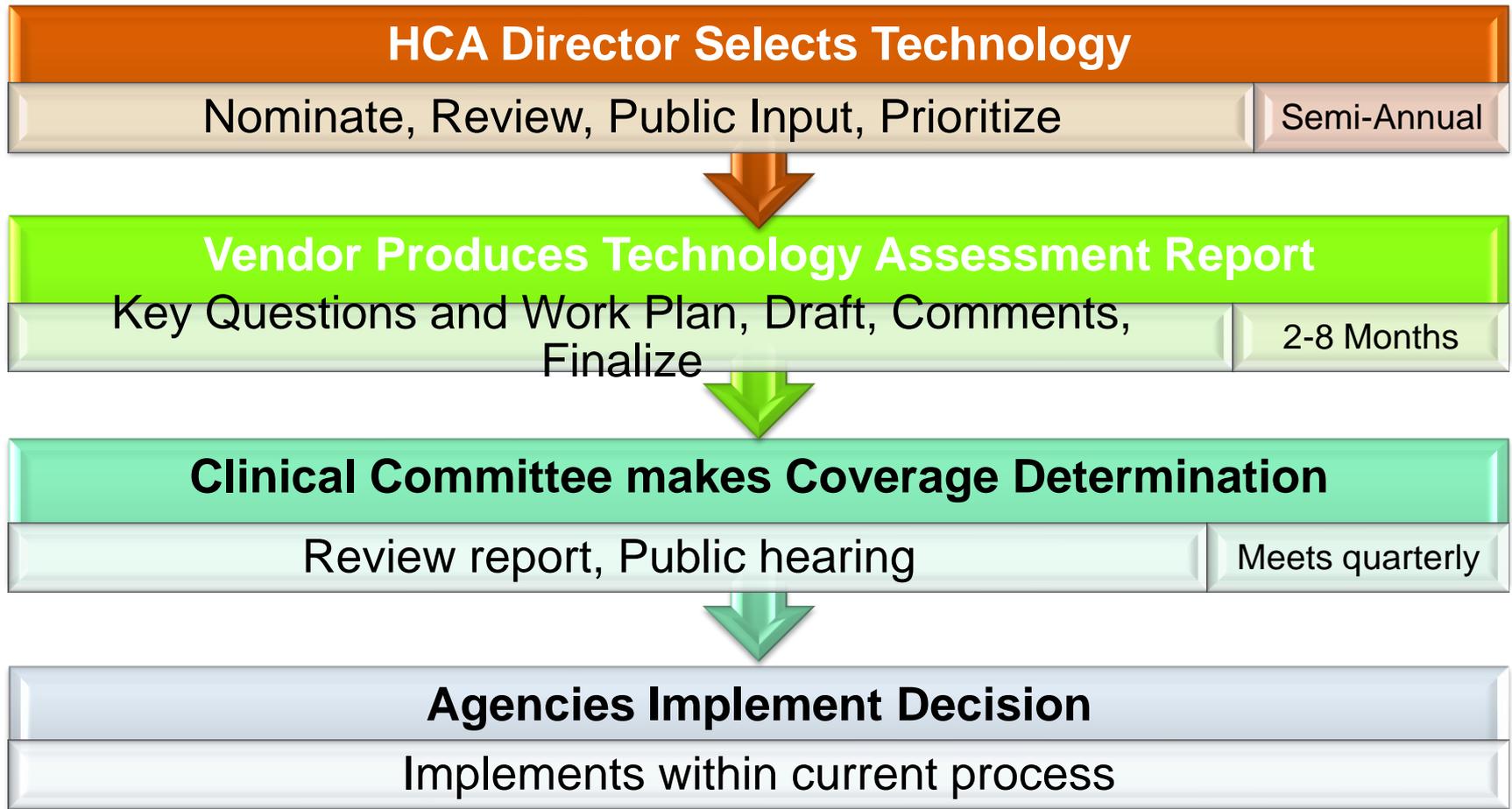
Primary purpose:

To ensure medical treatments and services paid for with state health care dollars are safe and proven to work.

- Provide resources for state agencies purchasing health care.
- Develop scientific, evidence-based reports on medical devices, procedures, and tests.
- Facilitate an independent clinical committee of health care practitioners to determine which medical devices, procedures, or tests meet safety, efficacy, and cost tests.

WA HTA Process

Overview



KEY HTA Products

Pay for What Works: Better Information is Better health
Transparency: Publish topics, criteria, reports, open meeting

Technology Assessment Report: Formal, systematic process to review appropriate healthcare technologies.

Independent Coverage decision: Committee of practicing clinicians make decisions that are scientifically based, transparent, and consistent across state health care purchasing agencies.

Key focus questions:

- Is it safe?
- Is it effective?
- Does it provide value (improve health outcomes)?

Clinical Committee Decision must give greatest weight to most valid and reliable evidence

- Objective Factors for evidence consideration
 - Nature and Source of evidence
 - Empirical characteristics of the studies or trials upon which evidence is based
 - Consistency of outcomes with comparable studies
- Additional evaluation factors
 - Recency (date of information)
 - Relevance (applicability of the information to the key questions presented or participating agency programs and clients)
 - Bias (presence of conflict of interest or political considerations)

WAC 182-55-030: Committee coverage determination

Upcoming Meetings and Topics

March 16, 2012 at Sea-Tac Airport Conference Center

- Morning Session: Sleep Apnea Diagnosis and Treatment
- Afternoon Session: Bone Morphogenetic Proteins for Spinal Fusions

May 18, 2012 at Sea-Tac Airport Conference Center

- Upper Endoscopy for Gastroesophageal Reflux Disease (GERD)
- Robotic Assisted Surgery

September 21, 2012

- Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy
- Intensity Modulated Radiation Therapy

Key Question Comment periods closed for these reviews on March 6.

November 16, 2012

- **Vitamin D Testing: Routine Screening and Monitoring**

- Sleep Apnea Diagnosis and Treatment
- Bone Morphogenetic Proteins
- Upper Endoscopy for GERD and GI Symptoms
- Robotic Assisted Surgery
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- Intensity Modulated Radiation Therapy
- Vitamin D Testing
- Prostate-specific Antigen Testing
- Ablation Procedures for Supraventricular Tachycardia
- Carotid Artery Stenting
- Cervical Level Fusion for Degenerative Disk Disease
- Cochlear Implants (bi- or unilateral)
- Hyperbaric Oxygen Therapy for wound care and brain injury
- Cardiac Nuclear Imaging

WA HTA Process

Stakeholder Engagement

Email distribution list: shtap@hca.wa.gov

HTA Web Pages: <http://www.hta.hca.wa.gov/>

New report on the HTA Program:

<http://www.hta.hca.wa.gov/stakeholder.html>



Workers' Compensation REFORMS



Update on SSB 5801 Implementation: Provider Network & COHE Expansion

Interagency Technical
Advisory Group (TAG),
March 7, 2012

Stay at Work Program ■ Medical Provider Network ■ COHE Expansion
Structured Settlement Agreements ■ More Fraud Prevention
Performance Audit ■ SHIP Grants ■ Rainy Day Fund

www.WorkersCompReform.Lni.wa.gov



2011 Legislation: Substitute Senate Bill 5801

Goals:

- Promote occupational-health best practices
- Reduce disability caused by poorly qualified providers and inappropriate care

Law requires:

- Statewide provider network to treat injured workers
- Expand access to Centers of Occupational Health and Education (COHEs)



Other Key SSB 5801 Requirements

- Designate “Top Tier” and provide incentives for network providers who demonstrate best practices
- Create tracking system for occupational-health best practices in COHEs and Top Tier
- Develop best practices spanning full recovery period (not just the first 12 weeks)

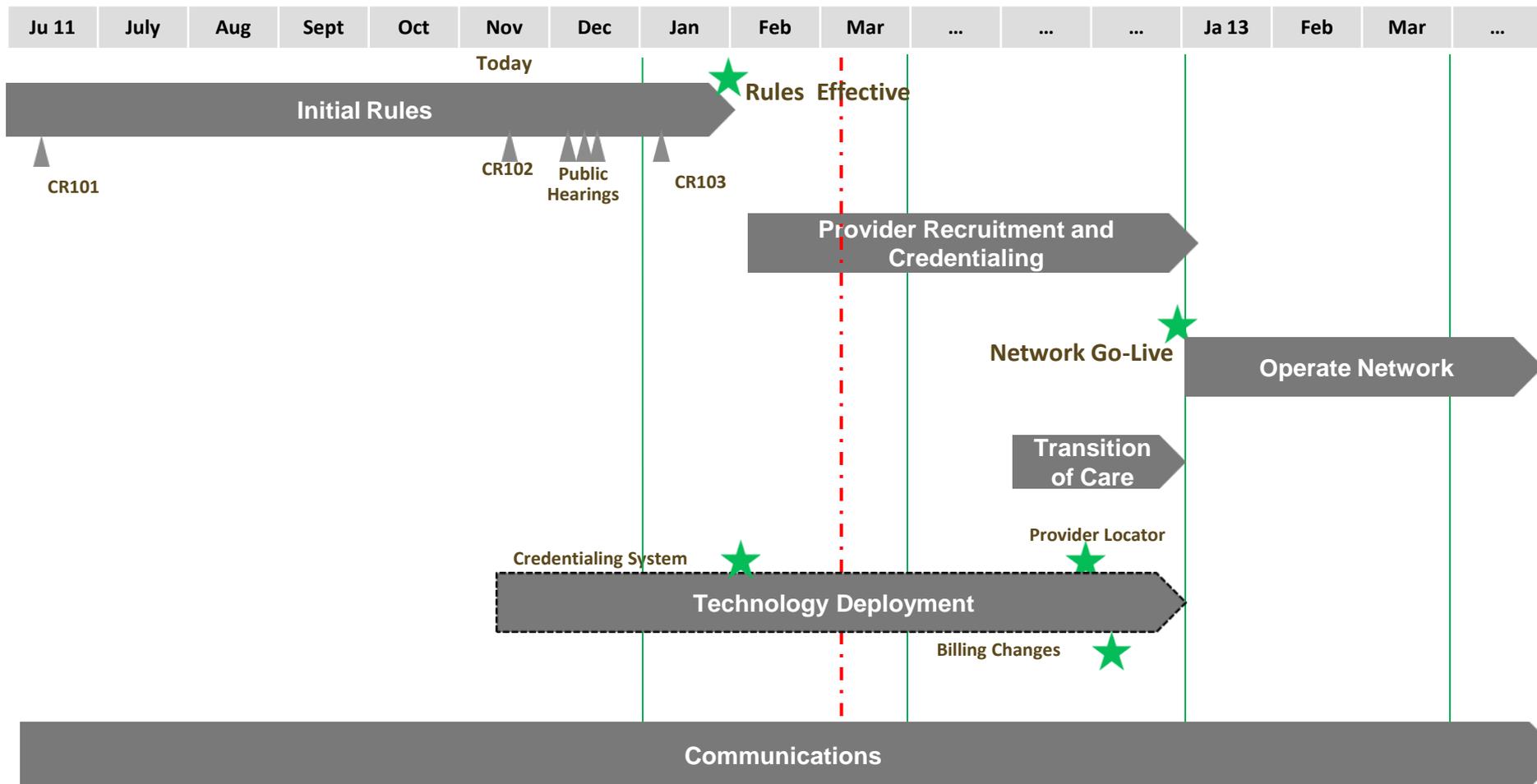


Medical Provider Network

- Will serve injured workers covered by both State Fund (L&I) and self-insured employers
- L&I manages network
- Starting January 1, 2013, injured worker must receive care from network providers, except for initial visit
- Large network, accepting all providers meeting standards
- Worker chooses provider from within network
- Easy enrollment – application process similar to other insurers



Medical Provider Network – Implementation Timeline





Medical Provider Network

Key Policy Decisions and Rules

- New rules on network standards are final
 - WAC 296-20-01010 through 296-20-01100, posted on www.leg.wa.gov
- Standards are being phased in by provider type.
 - First phase is: physicians, chiropractors, naturopathic physicians, podiatrists, dentists, ARNPs, optometrists, and physician assistants. Applies to in-state care only.
 - Other provider types can continue to treat injured workers until they are required to join the network
- • Risk of harm: The dept may permanently remove a provider from the network or take other appropriate action when
 - There is **harm**, AND
 - There a **pattern of low quality care**, AND
 - **The harm is related to the pattern of low quality care**
- • Starting January 1, 2013, injured workers can see non-network providers for their initial visit only



Medical Provider Network

Network Application Process

See www.JoinTheNetwork.Lni.wa.gov

Three parts to complete:

- Washington Practitioner Application
- Network Provider Agreement
- W-9 Tax form

Three ways to enroll:

- Apply online through ProviderSource, also known as OneHealthPort
- Print out materials and FAX or mail them to L&I
- If in a “delegated group”, enroll through their clinic or healthcare organization.

Current L&I providers **must** reapply!



Medical Provider Network

Enrollment Plan

- Early January – Announcement was mailed to all potential providers
- Mid-February -- Application web site went “live”
- Through August – Recruitment mailings to approximately 3,000 providers a month (regional approach)
- March through April – Establish “delegation” contracts with clinics or other organizations experienced in credentialing to NCQA standards



Centers of Occupational Health & Education

COHE Expansion – Target Dates

Date	Activity
July 2011 – October 2012	Pilot new standards & measures with existing COHEs
December 2012	Publish RFP for new COHEs
July 2013	New COHE contracts begin
December 2013	Expand COHE access to 50% of injured workers
July 2015	Additional COHEs added
December 2015	All injured workers have COHE access



COHE Expansion / Top Tier

Top Tier providers and incentives

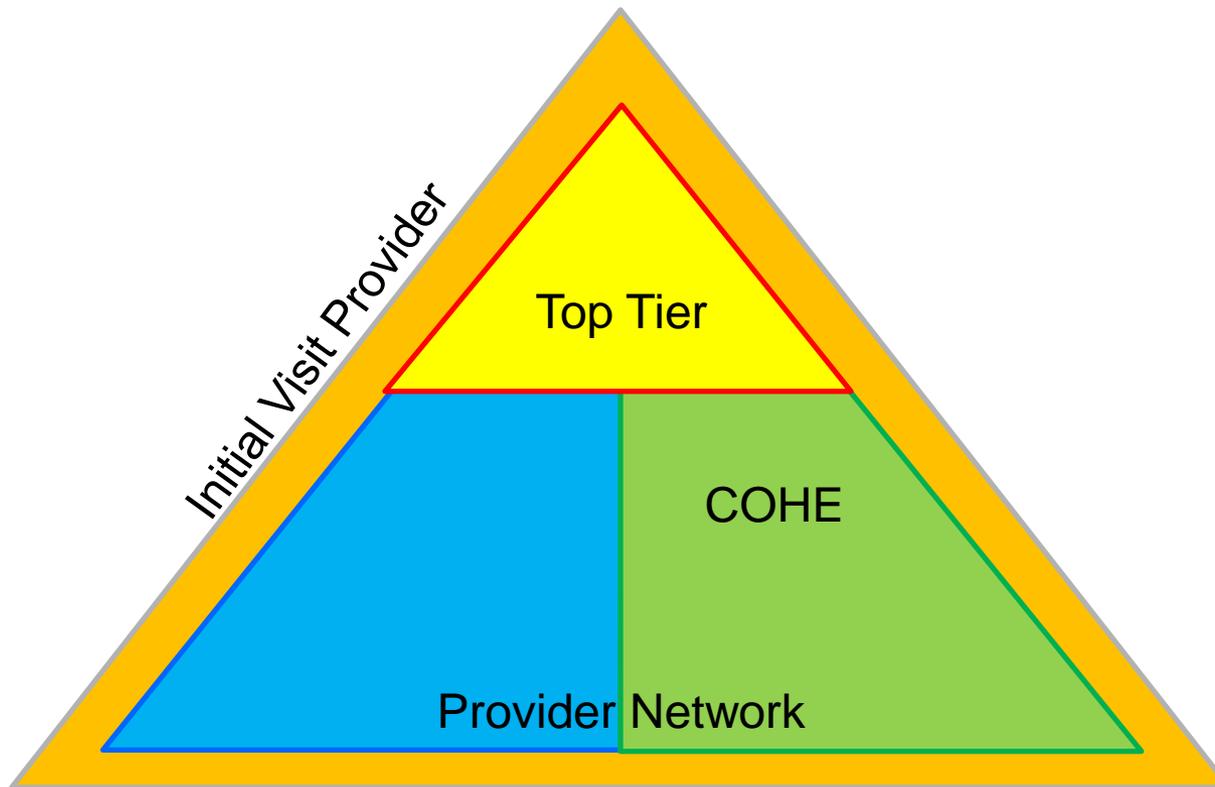
- L&I network providers who use occupational best practices
- Financial and non-financial incentives
- Best practices and incentives under development
- May include some COHE best practices
- Working with UW to identify best practices on:
 - Chronic pain
 - Hand-offs between surgeons and primary care
 - Other patient needs



COHE Expansion / Top Tier

Conceptual Model

Top Tier, COHE and Provider Network





Questions?

Contact: Janet Peterson
Janet.Peterson@Lni.wa.gov



ACA: Quality, Quality, Quality

Washington Technical Advisory Group

Nancy L. Fisher, MD, MPH

Chief Medical Officer, Region X

March 7, 2012

Updates

- Accountable Care Organizations
- Comprehensive Primary Care Initiative
- Provider Medical Identity Theft Prevention
- Million Hearts Campaign
- PQRS Measure Reporting Issue

PQRS Measure # 235

- Hypertension Plan of Care /2012
- Inactive codes: G8675-80, CPTII (4050F)
- Correction on HCPCS tape in April 2012
- Consider substitute measure OR
- Report more than 50% of eligible visits from April thru Dec 2012



Offender Healthcare Providers Services

State Department of Corrections (DOC) provides medically necessary health care to offenders incarcerated in our facilities. The [Offender Health Plan \(OHP\)](#) defines which services are medically necessary and available to offenders, as well as the services that are limited or not available. The [DOC Pharmaceutical Management and Formulary Manual](#) should also be followed when prescribing medications to offenders. The plan nor the formulary are a contract or a guarantee of services to offenders.



This website is designed as a centralized site of information for those who provide offsite healthcare services to DOC offenders.



Live Question and Answer

- ❖ Respond to questions received prior to TAG
- ❖ Answer Real Time Questions
 - ❖ To ask a question please type in questions
 - ❖ We will read and answer questions aloud



Nursing Homes Medicare Secondary Claims

- ✓ **Bill Medicaid a claim using class code 24 and 29**
 - **Claim will be paid at “Zero” (\$0.00)**
- ✓ **Bill Medicare**
- ✓ **Adjust the paid Medicaid claim using ProviderOne (if the Medicare payment is less than the Medicaid rate)**
 - **Do not change anything on the claim**
 - **Add the claim note “Billing for Medicare Co-insurance”**
 - **The Medicare EOB must be attached to the claim**
 - **Attach an electronic copy of the EOB or**
 - **Print the cover sheet and fax/mail in with EOB**
 - **The adjustment must be done within 6 months of the Medicare process date to be timely**



Reference Guides Medicaid (HCA)

- See the Provider Training web site for links to recorded Webinars, E-Learning, and Manuals
<http://www.dshs.wa.gov/provider/training.shtml>
- General reference is the ProviderOne Billing and Resource Guide
http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html
- Fee Schedule web page
<http://hrsa.dshs.wa.gov/RBRVS/Index.html>
- Hospital Rates web page
<http://hrsa.dshs.wa.gov/HospitalPymt/Index.htm>



Ending the Webinar

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Questions?

<https://fortress.wa.gov/dshs/p1contactus/>