



# TAG Meeting

November 30, 2011

- **9:30 – 9:40 Introduction**
- **9:40 –10:40 HCA (Washington State Medicaid)**
- **10:40-11:05 LNI (Labor and Industries)**
- **11:05-11:20 HTA (Health Technology Assessment)**
- **11:20-11:35 UMP (Uniform Medical Plan)**
- **11:35-11:50 CMS (Center of Medicare and Medicaid Services)**
- **11:50-12:05 DOC (Department of Corrections)**
- **12:05-12:30 Open Discussion**



# Washington State Health Care Authority

## Non Emergent Care Resources

Dr. Jeff Thompson Chief Medical Officer of Medicaid



# Available Resources

- Case Management (PRC)
- Electronic Care Management
- Prescription Monitoring Program



# Case Management

## Patient Review and Coordination (PRC)

- A health and safety program available to assist Washington Medicaid fee-for-service patients with inappropriate use of ER, medical and narcotic services. (Managed care plans operate their own PRC program)
- Patients placed in PRC are assigned a primary care provider (PCP), one pharmacy and one hospital for all their non-emergency care.
- For the last several years we have placed our highest users of the emergency department in this vital program.



Provider Determines if Patient meets qualification for referral?

Each shape is a direct hyperlink .

PRC  
Home Page

If Yes, the provider completes:  
Referral form

Once approved

Staff  
Assignment

PCP  
Assignment



# Electronic Care Management



Emergency Department Information Exchange

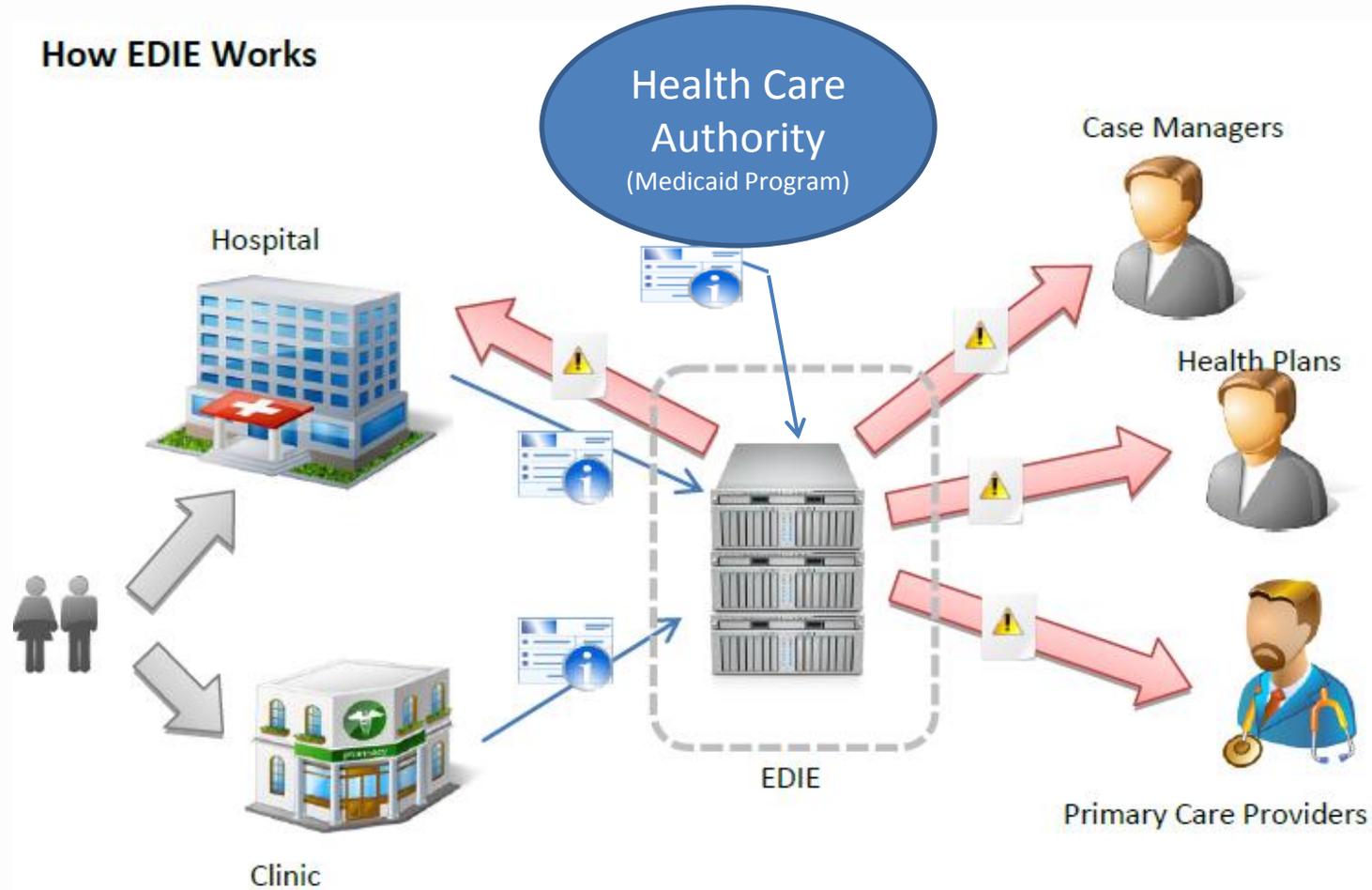
(EDIE)

- An internet delivered service that enables care providers to better identify and treat high utilization and special needs patients.

[http://www.ediecareplan.com/edie\\_main.html](http://www.ediecareplan.com/edie_main.html)



## How EDIE Works





## Notification Methods





# Prescription Monitoring Program

- A Washington State Department of Health implemented prescription monitoring program.
- Practitioners will have access to patient information before they prescribe or dispense drugs.
- Allows a practitioner to look for duplicate prescribing, possible misuse, drug interactions, and other potential concerns.



# Prescription Monitoring Program

**Data Collected:**  
Patient Name, DOB,  
Prescriber information,  
and specific prescription  
information.

**Reporters:**  
Licensed Pharmacies  
and  
Practitioners

**Prescription Review**  
*Prescribe health Dispense safely*

**Drugs Monitored:**  
Schedule II, III, IV and V controlled  
substances.

For a list of these medications please visit  
<http://apps.leg.wa.gov/RCW/default.aspx?cite=69.50>

October 7, 2011=Dispensers  
start submitting data

January 2012=Practitioners  
and other authorized users can  
access the data



# PMP Fact Sheets

Washington residents in understanding the new program:

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

<http://www.doh.wa.gov/hsqa/PMP/documents/publicfactsheet.pdf>

Prescribers and Pharmacists become familiar with the program:

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

<http://www.doh.wa.gov/hsqa/PMP/documents/providerfactsheet.pdf>



# Questions?

## Department of Health (DOH)

Phone:

360.236.4700

Email:

[hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)

Website:

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

## Electronic Care Management (EDIE):

**Email:**

[info@collectivemedicaltech.com](mailto:info@collectivemedicaltech.com)

Website:

[http://www.ediecareplan.com/edie\\_main.html](http://www.ediecareplan.com/edie_main.html)

## Patient Review & Coordination Program (PRC):

**Fax:**

(360) 725-1969

**Toll Free:**

1-800-562-3022 ext. 15606

Address:

OQCM/PRC Referral

PO Box 45530

Olympia, WA 98504-5532

Website:

[http://hrsa.dshs.wa.gov/prr/Contact\\_Us.htm](http://hrsa.dshs.wa.gov/prr/Contact_Us.htm)



# 5010 Update

Washington State Medicaid will enforce the HIPAA version 5010 and NCPDP version D.0 rules beginning January 1, 2012. A recent announcement from CMS regarding a 90-day grace period on enforcement of new rules will **not** affect Washington's implementation plan.

In order to avoid an interruption in payment, Providers, Pharmacies, and billing agents/clearinghouses should be testing now to ensure a successful transition to the new formats. For more information, check the Health Care Authority's HIPAA website.

## Questions?

Email:

<https://www.waproviderone.org/edi>

Website:

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



# New Web Site for your “One Stop Shopping”



The screenshot shows the Washington State Medicaid website. At the top left is the logo and name. A navigation bar contains links: Providers home, Training, Fact Sheets, Links, Claims and Billing, New Provider, ProviderOne, and ProviderOne Manuals. A search bar is on the top right. The main content area is titled "Medicaid Providers" and includes a "News" section with a list of updates: "Emergency rooms: New limitations on non-emergency visits" with sub-links for "News Release on new limits", "Non-emergency diagnosis codes list", "Expedited Prior Authorization criteria", and "Exemptions to non-emergency benefit limits". Below this is a news item from September 22, 2011, about budget cuts. A sidebar on the right lists "You may also want to visit:" with links to budget cuts, billing guides, email newsletters, coordination of benefits, and providers access. At the bottom, four highlighted boxes announce: "ProviderOne Maintenance Schedule Update! (Updated 06/24/2011)", "Medicaid's Customer Service Center.", "New Electronic Health Record Incentive Program", and "Electronic Funds Transfer". A left sidebar lists various service categories like Client Services, Provider Services, and News.



# “One Stop Shopping” the Links Page



---

Providers home
Training
Fact Sheets
Links
Claims and Billing
New Provider
ProviderOne
ProviderOne Manuals

[Programs and Services Directory](#)

**Client Services**

[Eligibility](#)

[Health Care for Children](#)

[Healthy Options](#)

[Maternity and Infants](#)

**Provider Services**

[Billing Instructions](#)

[Durable Medical](#)

[Equipment](#)

[Hospital Payments](#)

[Professional Payments](#)

[Enrollment Reports](#)

[Forms](#)

**News**

[Publications](#)

[Reports](#)

[Budget](#)

[Health Care Authority](#)

[Medicaid State Plan](#)

[WACs and Proposed Changes](#)

## Medicaid Provider Services Links

Here are some information links that may be useful to a Medicaid Provider:

<p><a href="#">Alien Emergency Medical Program (AEM)</a></p> <p><a href="#">Authorization Services</a></p> <p><a href="#">Billing Instructions</a></p> <p><a href="#">Coordination of Benefits</a></p> <p><a href="#">Dental Services</a></p> <p><a href="#">Department of Social and Health Services (DSHS)</a></p> <p><a href="#">DSHS Division of Behavioral Health &amp; Recovery (DBHR)</a></p> <p><a href="#">Document Cover Sheets</a></p> <p><a href="#">Drug Use Assistance</a></p> <p><a href="#">Durable Medical Equipment</a></p> <p><a href="#">Electronic Health Record Incentive Program</a></p> <p><a href="#">Emergency Rooms</a></p> <p><a href="#">Federal EOB and Taxonomy Code list</a></p> <p><a href="#">Federally Qualified Health Centers and Rural Health Clinics</a></p> <p><a href="#">Frequently Asked Questions (FAQ)</a></p> <p><a href="#">Health Care Programs &amp; Services</a></p> <p><a href="#">Healthy Options (Managed Care)</a></p> <p><a href="#">HIPAA Home Page</a></p> <p><a href="#">Hospital Payments</a></p> <p><a href="#">Interpreter Services</a></p> <p><a href="#">Kidney Disease Program</a></p>	<p><a href="#">Medicaid News</a></p> <p><a href="#">Medicaid Rule Making Actions</a></p> <p><a href="#">Medicaid State Plan</a></p> <p><a href="#">Mental Health Services</a></p> <p><a href="#">NPPES</a></p> <p><a href="#">Numbered Memos</a></p> <p><a href="#">Pharmacy Information Site</a></p> <p><a href="#">Professional Services Rates</a></p> <p><a href="#">ProviderOne Billing and Resource Guide</a></p> <p><a href="#">Provider Enrollment</a></p> <p><a href="#">ProviderOne Log-In</a></p> <p><a href="#">ProviderOne System Manuals</a></p> <p><a href="#">Patient Review &amp; Coordination Program</a></p> <p><a href="#">Regional Support Networks (RSN)</a></p> <p><a href="#">Substance Abuse Help</a></p> <p><a href="#">Swipe Card Readers</a></p> <p><a href="#">Tribal Health</a></p> <p><a href="#">Washington Administrative Code (WAC)</a></p>	<p>You may also want to visit:</p> <p><a href="#">Budget Cuts for 2011 and how they affect the Medicaid Program</a></p> <p><a href="#">Fact Sheets</a></p> <p><a href="#">Providers access</a></p> <p><a href="#">ProviderOne Billing and Resource Guide</a> for billing and detailed authorization information</p> <p><a href="#">Email Distribution</a> list to get the latest information specific to your business</p> <p><a href="#">Coordination of Benefits</a></p> <p><a href="#">Scope of Care</a> client coverage eligible for services</p> <p><a href="#">Tribal services information</a></p> <p><a href="#">Contact</a> the Customer Service Center</p>
--	--	---



# “One Stop Shopping” the Training Page




[Providers home](#)
[Training](#)
[Fact Sheets](#)
[Links](#)
[Claims and Billing](#)
[New Provider](#)
[ProviderOne](#)
[ProviderOne Manuals](#)

[Programs and Services Directory](#)

**Client Services**

[Eligibility](#)

[Health Care for Children](#)

[Healthy Options](#)

[Maternity and Infants](#)

**Provider Services**

[Billing Instructions](#)

[Durable Medical Equipment](#)

[Hospital Payments](#)

[Professional Payments](#)

[Enrollment Reports](#)

[Forms](#)

**News**

[Publications](#)

[Reports](#)

[Budget](#)

[Health Care Authority Medicaid State Plan WACs and Proposed Changes](#)

## Training

The **Medicaid Program** offers a variety of learning opportunities for providers. These include live webinars, E-learning lessons, tutorials, and manuals.

Review your **E-Learning** by clicking on the link for:

- [Institutional Fee for Service](#) Claims
- [Professional Fee for Service](#) Claims
- [Dental Fee for Service](#) Claims

[ProviderOne manuals](#) are organized into chapters that explain how to use different features of the system.

[Webinars](#)

[Contract All](#) | [Expand All](#)

[Professional services and Dental](#)

[Basic information about ProviderOne](#)

[Enroll and maintain a provider file](#)

[Verify client eligibility](#)

[Prior authorization](#)

[Submit fee for service claims \(professional, dental, institutional\)](#)

[Obtain and read the remittance advice and warrant Information](#)

## Definitions

A **live Webinar** is simply a online semi-interactive training. It usually includes some type of slide show and other visual material, a sound track that lets the user listen

You may also want to visit:

[Budget Cuts](#) for 2011 and how they affect the Medicaid Program

[ProviderOne Billing and Resource Guide](#) for billing & detailed authorization information

[Receive the latest information](#) in your email. Join the Medicaid list for providers.

[Coordination of Benefits](#)

[Providers access](#)

[Scope of Care](#) client coverage eligible for services

[Tribal services information](#)

[Contact](#) the Customer Service Center



# “One Stop Shopping” Webinar List

The Department had produced and recorded the following self help Webinars:

- **Billing Using Taxonomies on Claims**
- **How to Navigate the Interactive Voice Response (IVR) System**
- **How to Bill Successfully in ProviderOne - Medical Providers**
- **How to Bill Successfully in ProviderOne - Dental Providers**
- **How to Bill Successfully in ProviderOne - Tribal Providers**
- **How to Bill Medicare Crossover Claims in ProviderOne**
- **Adjusting Claims in ProviderOne**
- **Submit Nursing Home Institutional Claims using Templates**
- **Submit a Professional Claim with Primary Insurance other than Medicare.**
- **Submit an Institutional Claim with Primary Insurance other than Medicare**
- **Submit a Dental Claim with Primary Insurance.**
- **Submit a Dental Claim denied by the Primary Insurance**
- **Submit Prior Authorization for Medical and Dental Services**
- **Submitting Authorization Requests for Pharmacy Services**
- **Billing a Client**
- **Submitting Paper Claims**



# Top Medicaid Claim Denials

1. **Taxonomy is missing or not assigned to the provider**
  - Taxonomy not loaded in ProviderOne
  - Taxonomy not attached to provider
  - Taxonomy not being billed to Medicare correctly
2. **Client not eligible or assigned to managed care**
  - Check eligibility upon visit
  - Reduce costs bill the correct payer the first time
  - Be sure to send coverage information to labs
3. **Client/patient date of birth mismatch**
  - Most of the time caused by wrong client ID on claim
4. **Unnecessary comments on the claim (not a denial)**
  - Clog up payment system
  - Delays payments
    - “Please pay my claim”
    - “Description of services billed”



# Top Medicaid Claim Denials

Claim Denial October 2011	# of Claims	Percent of total
<b>Taxonomy</b>		
1. Billing Provider Taxonomy is missing or not assigned	66,444	44%
<b>Eligibility</b>		
1. Claim payment covered by Managed Care Plan	23,860	16%
2. Client is not eligible for this date of service	18,319	12%
3. Service not covered under client program	11,474	8%
Recipient date of birth mismatch	17,211	12%
Claim has comments that may affect adjudication*	40,648	27%
<b>Commercial Insurance</b>		
1. Claim contains another payer payment	12,188	8%
<b>Total</b>	<b>149,496</b>	
* This is a claim informational reason code not included in claim denial total Totals on this chart only represent the top claim denials and not the total denied claims this time period.		



# Top Medicaid Claim Denials

Top ten providers with claim denials October 2011

Provider Type	# of claims billed*	# of Claims denied	Percent of claims billed
Northern Clinic	13,388	5,574	41%
Mobile Services	4,856	4,856	100%
Large Medical Lab	18,159	3,530	19%
Large Seattle Physician Group	24,373	3,243	13%
Large Seattle Medical Center	19,972	2,981	14%
Emergency Physicians	7,382	2,484	33%
Large Lab	7,304	2,479	33%
Medical Imaging	5,851	2,445	41%
Large Lab	7,976	2,243	28%
Large Seattle Hospital	9,874	1,882	19%
<b>Totals</b>	<b>118,935</b>	<b>31,717</b>	
*Claims billed October 2011			



# Questions?

[ProviderRelations@dshs.wa.gov](mailto:ProviderRelations@dshs.wa.gov)



# Office of Hospital Finance

Sandy Stith and Allen Hall

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



# Hospital Acquired Conditions Policy Update

- Effective July 1, 2011 – All Washington State Acute Care Hospitals must provide Present-on-Admission (POA) Coding.
- Applies to Critical Access Hospitals.
- Hospitals notified by Memorandum 11-30, issued 6/30/2011 and reminder letters to Hospital Administrators on Nov. 8<sup>th</sup>, 2011.
- Hospital not currently reporting encouraged to comply by Jan. 1<sup>st</sup>, 2012 with current HIPAA 5010 submissions.



# Observation/Multiple Visit Policy Update

- Replace the Agency Observation Policy with CMS Extended Assessment and Management composite payment method.
- Clarify the billing policy for situations when more than one outpatient visit occurs on the same day.
- **Effective for dates of service on and after July 1, 2011**, the Agency has adopted the CMS rules for Extended Assessment and Management composites APC 8002 and APC 8003. There will be delays in the technical implementation of these changes. When the changes are completed, outpatient claims containing observation with dates of service on and after July 1, 2011 will be adjusted to reflect the CMS policy.



# Observation/Multiple Visit Key Elements

- **Composite APC 8002**
- Level I Extended Assessment and Management Composite
- 1) Eight or more units of Healthcare Common Procedure Coding System ( HCPCS) code G0378 are billed;
  - a) On the same day as HCPCS code G0379\*; or
  - b) On the same day or the day after CPT codes 99205 or 99215; and
- 2) There is no service with SI=T on the claim on the same date of service or 1 day earlier than G0378
- **Composite APC 8003**
- Level II Extended Assessment and Management Composite
- 1) Eight or more units of HCPCS code G0378\*\* are billed on the same date of service or the date of service after 99284, 99285 or 99291; and
- 2) There is no service with SI=T on the claim on the same date of service or 1 day earlier



# Questions?

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



# Office of Rates Development

Jean Bui, Melissa Usitalo, and Madina Cavendish

Physician rates program manager is Madina Cavendish: [madina.cavendish@hca.wa.gov](mailto:madina.cavendish@hca.wa.gov)

DME rates program manager is Ming Wu: [ming.wu@hca.wa.gov](mailto:ming.wu@hca.wa.gov)

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



# Workers' Compensation REFORMS



## Update on SSB 5801 Implementation: Provider Network & COHE Expansion

Interagency Technical  
Advisory Group (TAG),  
November 30, 2011

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](http://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)



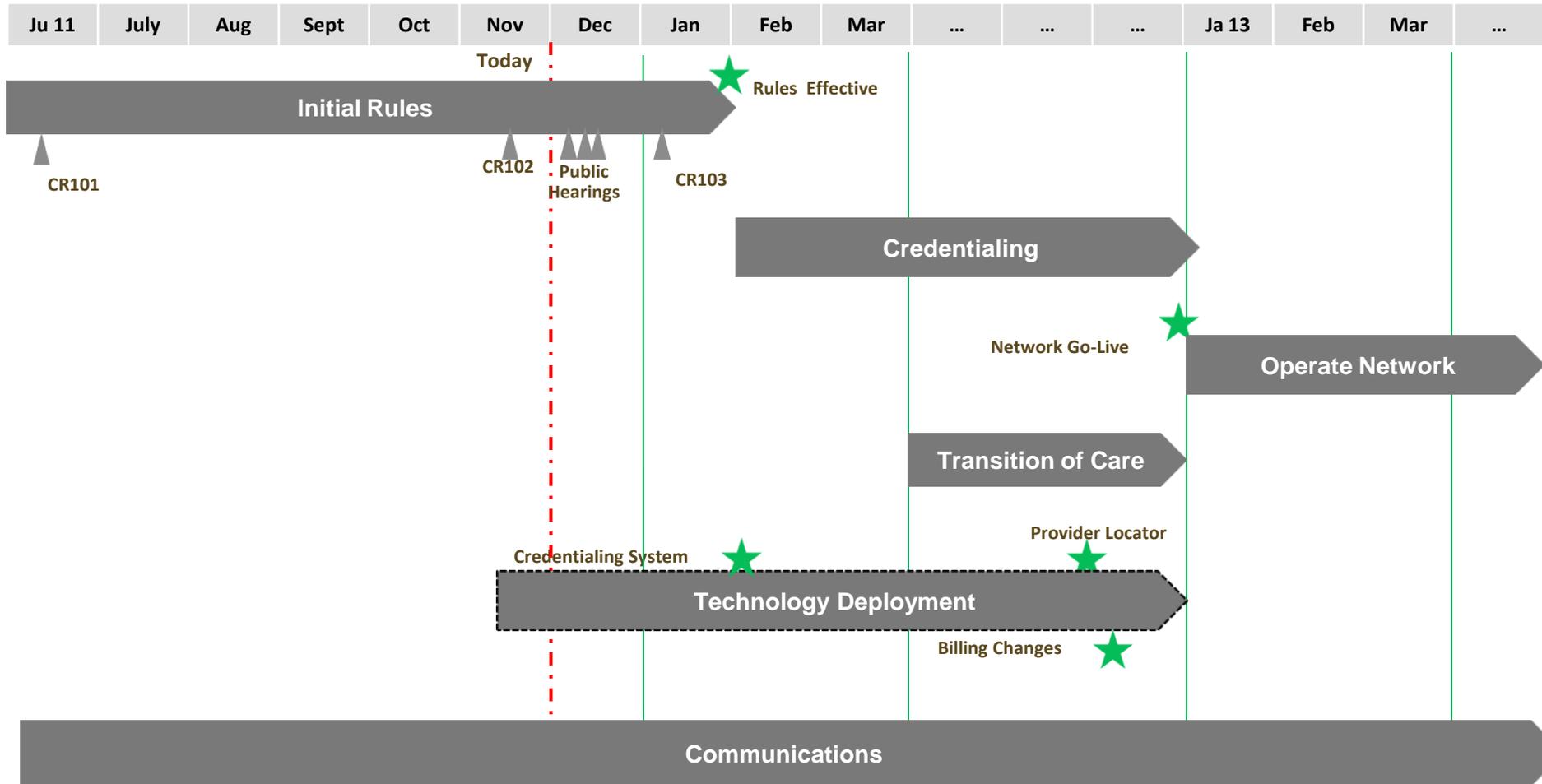
# Medical Provider Network

---

- Will serve State Fund and self-insured injured workers
- L&I manages network
- 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



# Medical Provider Network – Implementation Timeline





# Provider Network Advisory Group

---

- Open meetings
- Members:

Dianna Chamblin, MD (Chair)	Andrew Friedman, MD
Janet Ploss, MD	Robert Waring, MD
Clay Bartness, DC	Ron Wilcox, DC
Cody Arledge	Rebecca Forrester
Rebecca Johnson	Katrina Zitnik
- Proposed rules, meeting notices and meeting materials are posted online at [www.ProviderNetwork.Lni.wa.gov](http://www.ProviderNetwork.Lni.wa.gov)



## Medical Provider Network

---

### Key Policy Decisions and Rules

- Standards phased in by provider type.
  - First phase is MD, DO, DC, ND, DPM, DDS, ARNP, OD, PA; in-state care only
- • Credentialing criteria:
  - Minimum standards ("must haves")
  - Indicators for further review
- • 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**
- • Workers can see non-network providers for their initial visit only



## Medical Provider Network

---

# Key Policy Decisions and Rules

- Minimum Network Standards (“Must Haves”)
  - Complete application & signed contract
  - Professional liability coverage
  - No denial of hospital admitting privileges
  - No exclusion from state or federal program, Medicare or Medicaid
  - No misstatements or omissions
  - Not have a felony conviction
  - Current professional license without restrictions
  - Current Drug Enforcement Administration (DEA) registration without restrictions



## Medical Provider Network

---

# Key Policy Decisions and Rules

Criteria for Further Review / Potential Denial (examples):

- Pending charges or disciplinary action by a licensing board
- Termination or suspension from a health plan, clinic, or facility
- Malpractice claims history
- Material noncompliance with department rules, guidelines, and policies
- Billing fraud or significant billing irregularities
- A pattern of material complaints or allegations

Periodic Recredentialing of Providers



## Medical Provider Network

---

# Key Policy Decisions and Rules

- Key Dates:
  - Filed Proposed Rule (CR102) - November 1, 2011
  - Public Hearings
    - December 8, 2011, SeaTac, 10 am
    - December 12, 2011, L&I Building Tumwater, 5:30 pm
    - December 16, 2011, Spokane, 10 am
  - Rule Adoption (CR103) – January 3, 2012
  - Rule Effective Date - February 3, 2012



## 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

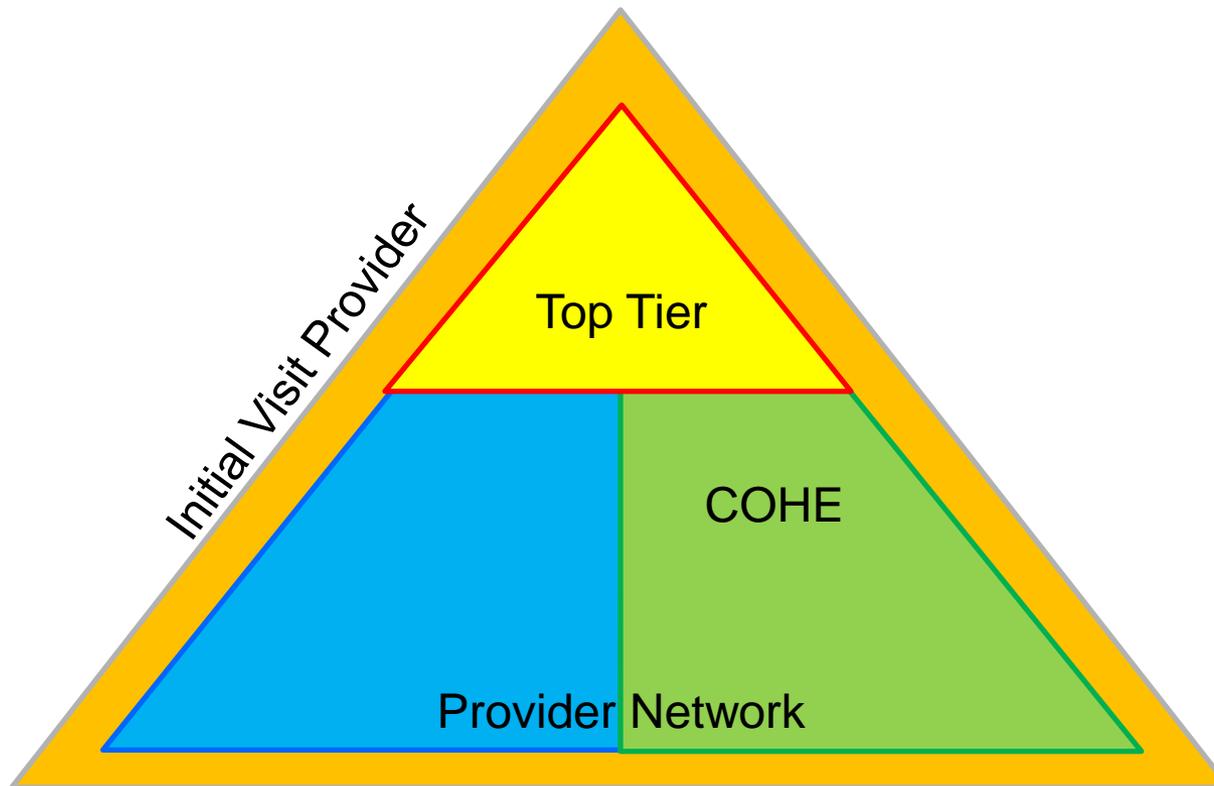
- L&I network providers who use occupational best practices
- Financial and non-financial incentives
- Best practices and incentives under development
- May include some COHE best practices
- Working with UW to identify best practices on:
  - Chronic pain
  - Hand-offs between surgeons and primary care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



## COHE Expansion / Top Tier

# Conceptual Model

Top Tier, COHE and Provider Network





# COHE Expansion / Top Tier – Status Update

---

## Top Tier

- ✓ Developed conceptual model for top tier
- Identify top tier providers, incentives, performance measures – 08/12

## COHE

- ✓ Implemented standardized COHE contract
- Modify COHE contract based on beta testing – 06/12
- COHE RFP and Contract – 07/13
- COHE access for 50% of injured workers – 12/13
- COHE access for 100% of injured workers – 12/15
- Emerging Best Practices
  - ✓ Conducted provider focus group for new best practices
  - Implement pilots
    - Functional Recovery Questionnaire and Functional Recovery Interventions (FRQ/FRI) – 04/13
    - Activity Coaching – 03/13
    - Best Practices – 12/13
  - Disseminate successful best practices – 01/17



# SSB 5801 Implementation

---





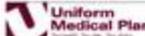
## Health Technology Assessment Program (HTA)

The primary goals are to make

- Health care safer by relying on scientific evidence and a committee of practicing clinicians
- Coverage decisions of state agencies more consistent
- State purchased health care more cost effective by paying for medical tools and procedures that are proven to work
- Coverage decision process more open and inclusive by sharing information, holding public meetings, and publishing decision criteria and outcomes

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

# Administrative Services Provider Question and Answer

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

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

# Updates by Dr. Kimquy Kieu

Region 10 – Seattle		
Alaska Idaho	Oregon Washington	
<p><b>Office of the Regional Administrator</b>            2201 6<sup>th</sup> Ave, Suite 801            Seattle, WA 98121</p> <p>The Seattle Regional Office (Region 10) should be your initial point of contact on any Medicare, Medicaid, or State Children’s Health Insurance Program issue in the following States:  <b>Alaska, Idaho, Oregon, and Washington</b></p> <p><b>Contact Information:</b> Please use the telephone numbers and e-mail addresses listed below.</p>		
Regional Administrator for Seattle/Chicago, John Hammarlund	206-615-2306	<a href="mailto:ROSEA_ORA2@cms.hhs.gov">ROSEA_ORA2@cms.hhs.gov</a>
Deputy Regional Administrator, Seattle Regional Office, Gene Frogge	206-615-2306	<a href="mailto:ROSEA_ORA2@cms.hhs.gov">ROSEA_ORA2@cms.hhs.gov</a>





## 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.



## 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](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

- To close the webinar
  - Click the X button in the control panel

Questions?

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