Integrating Hepatitis C Coverage into Medicaid

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PROJECT GOALS

Strategies that WA state are implementing to improve collaboration and alignment between Medicaid and public health

- Increase our collective HCV prevention effort
- Improve quality of care
- Gain access to treatment
- Ensure that public health investments were being integrated, maximized and leveraged
WA MEDICAID LANDSCAPE
Payment Reform

Pre-ACA
Fee for Service

- Medicaid
- Providers/Practices

Post-ACA
Managed Care

- Medicaid
- Managed Care Organizations
- Providers

Contracts
Provider Guides
CURRENT STATE

• Public Health (PH) is invisible and Medicaid does not understand PH value
• Providers get conflicting information from Medicaid/PH
• Confusion around interpreting services
• Payment policies don’t line up with the provision of care responsibilities
• There is national guidance from USPSTF and CDC and there is still confusion
FUTURE STATE

• Clear collaborative planning process between PH and Medicaid during the development of the contract
  – Ensure information is being shared between MCOs and providers that accurately align with clinical guidance and best practice for hepatitis C
  – Deduplication of PH investments
  – Clear guidance on payment protocols
  – Timely implementation of best practices
PS17-1702
Improving Hepatitis C Care Cascade; Focus on Increased Testing and Diagnosis

Providers
Provider systems
Health plans
Health plan regulators

Lower Intensity / Success (Microscope)
Greater Individual-Level Change
CHC Targeted Screening

Higher Intensity / Success (Telescope)
Greater Systems-Level Change
Medicaid Policy Work
MASTER CONTRACT RATIONALE

• Comprehensive approach to HCV prevention and treatment
  – Access to larger number of providers and patients
  – System-wide approach to improve access to and ensure high quality care
  – Wanted to embed PH clinical expectations within the contractual relationship

• Researched how to influence provider practice
  – Medicaid Master Contract with MCO – contractual relationship between Medicaid and the Managed Care Organizations that defines how all clinical services are provided
  – Medicaid Provider Guides – Actual covered services to meet contractual requirements
    • Services Codes
    • ICD-10
    • Guidelines and links to CDC. USPSTF
    • This is the floor. Can do more but cannot do less

• Build relationship with Medicaid point of contact for access to Master Contract Process
**WHERE DO YOU START? WHAT DO YOU NEED TO KNOW?**

**Master Contract**

This document represents all incorporated amendments, exhibits and attachments from January 2015 through Amendment 9 which is effective July 1, 2017.

**WASHINGTON APPLE HEALTH**
**2017 MANAGED CARE CONTRACT**

**HCA Contract Number:**
**Contractor Contract Number:**
- Competition Exempt

**CONTRACTOR NAME:**
- Organization_Name
- Mailing_Address
- City, State, Zip_Code
- PhoneNo
- EmailAddress

**CONTRACTOR TELEPHONE:**
- PhoneNo

**CONTRACTOR E-MAIL ADDRESS:**
- EmailAddress

**HCA CONTACT NAME AND TITLE:**
- Alison Robbins
- Section Manager

**HCA CONTACT ADDRESS:**
- Post Office Box 45502
- Olympia, WA 98504-5502

**HCA CONTACT EMAIL ADDRESS:**
- alison.robbins@hca.wa.gov

**IS THE CONTRACTOR A SUB-RECIPIENT FOR PURPOSES OF THIS CONTRACT?**
- YES
- NO

**CONTRACT START DATE:**
- January 1, 2015

**CONTRACT END DATE:**
- December 31, 2017

**PRIOR MAXIMUM CONTRACT AMOUNT:**
- N/A

**AMOUNT OF INCREASE OR DECREASE:**

**TOTAL MAXIMUM CONTRACT AMOUNT:**
- Per Member/Per Month

**PURPOSE OF AMENDMENT:**
- Contract for...

**EXHIBITS:** The following exhibits are attached and are incorporated into this Contract by reference.

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**Provider Billing Guide**

**Washington Apple Health (Medicaid)**

**Physician-Related Services/Health Care Professional Services Billing Guide**

October 1, 2017
MASTER CONTRACT PROCESS

1. Locate relevant materials for your state
   - Ask your Medicaid partners for a copy or link
   - Or google to find the master contract with Medicaid
   - Or navigate your way through your local Medicaid’s website

2. Review materials for infectious disease language and activities
   - Read and used control F to find critical key words
   - Look at the table of contents for information that would indirectly affect hepatitis C activities
   - Use the search function to find any information on hepatitis C. If I found hep C (one section) looked above and below that section to see what else you may find
   - Look for other ID profiles. HIV, STD’s etc. was there any outdated or misrepresented information?

3. Document process
   - Document what you find (or didn’t find) and the changes that should be made.
   - Document the gaps, outdated information and misinformation
   - Offer to draft the language that you will ask Medicaid to include or revise moving forward

4. Review related master contract materials
   - provider guides for hepatitis C
HIV

Immunology

HIV testing

The agency pays providers for HIV testing as recommended in the CDC guidelines.

Preventative medicine services

HIV/AIDS counseling/testing
(CPT code 99401) (WAC 182-531-0600)

The agency covers two sessions of risk factor reduction counseling (CPT code 99401) counseling per client, each time tested (i.e., one pre- and one post-HIV/AIDS counseling/testing session). Use ICD diagnosis code Z71.7 when billing CPT code 99401 for HIV/AIDS counseling.

The agency does not pay for HIV/AIDS counseling when billed with an E/M service unless the client is being seen on the same day for a medical problem and the E/M service is billed with a separately identifiable diagnosis code and with modifier 25.

See the agency’s HIV/AIDS Case Management Billing Guide for additional information on HIV/AIDS case management billing.
WHAT DID WE FIND FOR HEPATITIS C??

Master Contract

17.3.5  The following covered services are provided by the state and are not contracted services. The Contractor is responsible for coordinating and referring Enrollees to these services through all means possible, e.g., Adverse Benefit Determination notifications, call center communication or Contractor publications.

17.3.5.17  Immune modulators and anti-viral medications to treat Hepatitis C. This exclusion does not apply to any other contracted service related to the diagnosis or treatment of Hepatitis C:

Provider Billing Guides

Transient Elastography

The agency pays for a transient elastography such as a FibroScan® only for determining if qualifying criteria measures are met for immune modulators and anti-viral medication treatment of chronic Hepatitis C virus (HCV) infection. Transient elastography requires EPA. See Expedited Prior Authorization Criteria Coding List, EPA #870001350.
EXAMPLES OF WHAT WE WANT IN THE CONTRACT/GUIDES

• Mirror the detail level within HIV
  – Timely access to care
  – Care Coordination

• Provider guides
  – In depth guides and practices for activities such as:
    • Add section in for USPSTF recommendations
    • Case management
    • Recommended diagnostics
    • Telemedicine
SUCCESES

• Contract work has garnered the attention of CDC/HMA – interest in providing Technical Assistance to help replicate in other jurisdictions.

• Medicaid has agreed to the following based on our collaboration work –
  • Hepatitis C Affinity Group - pending
    • 3 areas
      • Testing/linkage to care
      • Contract changes
      • Data sharing
  • Leadership support from both DOH and Medicaid
CHALLENGES

• Competing priorities in healthcare
• Identifying the right people at Medicaid – decision makers
• Decision priorities: population health outcomes vs. budget outcomes
• Data: Lack of resources / bandwidth / uncertainty around data availability
• Stigma associated w/ hepatitis C treatment especially with PWID and reinfection/adherence rates
WHERE WE ARE NOW!

- Medicaid will require MCO’s to share copies of the provider guides
- DOH will work with Medicaid to update hepatitis C guidance information
- CDC is working with DOH to provide TA and resources
- DOH and Medicaid are in process to identify people to serve on:
  - Special emphasis workgroups
  - Hepatitis C Affinity group
QUESTIONS?

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