

Hospital Billing Workgroup

November 28, 2023

Agenda

- Introductions
- Workgroup Purpose
- Dosage-Based Assessment (DBA)
 Overview
- Project Plan
- Options Discussion
- Issues List
- Communication Plan Vehicles
- Next Steps / Meeting Frequency



Invited Workgroup Members

Payers

- Delphia Dent Leffew; (Cigna)
- Jennifer Simonson; (Kaiser)
- Valerie Oliver; (Premera)
- Kara Manley; (United)

Hospitals

- Rae Lynn Bidon; (Multicare)
- •; (Swedish)
- Stephanie Dunnihoo; (Seattle Children's)
- Jenny Wallace; (Virginia Mason)

DOH

- Nicole Freeto
- Janel Jorgenson
- Jamilia Sherls-Jones
- Hailey Sly

WVA

- Julia Zell; jzell@wavaccine.org
- Patrick Miller; <u>pmiller@helmsco.com</u>
- Ashley Ithal; <u>aithal@helmsco.com</u>
- Lisa White; <u>Iwhite@wavaccine.org</u>
- Cheri Cagle; ccagle@wavaccine.org



Workgroup Purpose

To confirm that hospitals receiving state supply are compliant with the dosage-based assessment (DBA) process

- HepB
- Nirsevimab (RSV)
- PCV
- Pentacel
- Other

Status reports required to the WVA Executive Committee and Board in February 2024

If the DBA process cannot be used, the workgroup will develop a recommendation for an alternative assessment methodology

Dosage-Based Assessment (DBA) Overview







Project Plan Summary

» November 28 Kick Off Call

- Establish Scope
- Review Issues List
- Capture Discussion
- Finalize Future Meeting Schedules:
 - Mid-Dec Follow Up Call #1
 - Early-Jan Follow Up Call #2
 - Late-Jan Follow Up Call #3

» February 1 Draft Report

- » Board Status Reports
 - February 15 Executive Committee Report
 - February 22 Board Meeting Report



<u>OPTION 1</u> : Hospitals Bill DBA (30+ Hospitals / 200+ Payers)						
OPTION 1 DESCRIPTION	PROS	CONS				
Hospitals receiving state supply for commercially-insured lives will be required to submit a dosage- based assessment (DBA) to payers for remittance to the WVA.	 ✓ Consistent Assessment Methodology ✓ Payers Can Process Without Changes ✓ Most Accurate Payer Attribution ✓ Reversal and Refund Processing the Same ✓ Lowest WVA Administration Costs ✓ Less WVA Compliance Work ✓ WVA Preference 	 Some Hospitals May Have Difficulty Submitting DBAs System Set Up Issues Multiple VFCIDs, TINs, and Billing Operations Based Upon Location/Department 				
OPTION 2 : Hospitals Generate a Monthly Accounting						

to WVA Which in Turn Bills Each Carrier

OPTION 2 DESCRIPTION	PROS	CONS
Hospitals receiving state supply for commercially-insured lives will be required to submit a monthly report to the WVA of doses given by payer and the WVA, in turn, will send an assessment invoice to each payer.	✓ Alternative if Hospitals Cannot Bill the DBA	 ✓ Requires a New Assessment Methodology ✓ WVA Statute Challenges ✓ Expensive to Administer for WVA ✓ Less Accurate Payer Attribution and Likely Just "Top 20" Payers Will Pay Leading to Higher Grid Amount to Spread Cost ✓ Will Not Account for Reversals and Refunds ✓ ERISA Challenges ✓ HIPAA Challenges

Issues List

ID	Issue	Owner	Due Date	Resolution
1.	Can hospitals generate a CMS-1500 bill versus a UB-04 for state- supplied immunizations?	Workgroup		
2.	What will payers do if they receive a UB-04 bill versus a CMS- 1500 given provider's TIN will likely tie to an inpatient setting?	Workgroup		
3.	Can the WA DOH differentiate the VFC ID in their database for the hospitals who bill?	DOH		
3.a	Confirm that each WA DOH VFC ID does not have a unique TIN at the provider location?	DOH		
3.b	Will hospital-owned outpatient practices bill the CMS-1500 under their own TIN?	Workgroup		
4.	Insurance requirements for infants prior to having a payer member ID for the infant?	Workgroup		
5.	Will payers support a non-DBA mechanism as it will be difficult to provide accurate payer attribution?	Workgroup		
6.	What will be the expense of creating an assessment process and accompanying compliance program for a non-DBA alternative assessment mechanism?	WVA		
7.	Are there any impacts of centralized vs. decentralized provider billing services?	Workgroup		



Communication Plan Vehicles

» Workgroup

- Agendas
- Minutes
- Issues List
- Project Plan

» WVA Board Updates

» Websites

- WVA
- WA DOH

» WA DOH Provider Agreement

» WA DOH Vaccine Blurbs

» WVA Materials

- Vaccine Assessment Grid
- Provider Billing Guide Insert
- Payer Compliance Guide

» Provider Notices

- Email
- Physical

» Payer Notices

- Email
- Physical

Next Steps

• Finalize Future Meeting Schedules:

- Mid-Dec Follow Up Call #1
- Early-Jan Follow Up Call #2
- Late-Jan Follow Up Call #3
- Establish Appropriate Hospital Contacts
- Publish Meeting Minutes
- Publish Issues List Summary Document
- Draft Communication Plan



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Hospital Billing Project

- » Issue Summary
 - Certain inpatient hospital facilities currently receive certain vaccines from State supply, but do not submit a dosage-based assessment (DBA), resulting in assessment revenue loss/leakage.

» Solution Summary

- Inpatient hospital facilities will generate a DBA on a CMS-1500 form and submit it to the carriers for reimbursement to the WVA.
- Inpatient hospital facilities will include the administration fee on the UB-04 and submit it to the carriers for reimbursement to the facility.
- Should carriers deny any of the DBAs, the WVA Compliance Program will follow up with the carrier.
- Inpatient hospital facilities will be required to be compliant with the DBA no later than June 30, 2024.



Issues List, Rev. 11.28.2023

ID	Issue	Owner	Due Date	Resolution
1.	Can hospitals generate a CMS-1500 bill versus a UB-04 for state-supplied immunizations?	Providers	Mid-Dec	Workgroup providers will review with their IT teams; a deeper provider assessment will be conducted.
2.	What will payers do if they receive a UB-04 bill versus a CMS- 1500 given provider's TIN will likely tie to an inpatient setting?	Payers	Mid-Dec	Workgroup payers will review with their IT teams; a deeper payer assessment will be conducted.
3.	What is the universe of inpatient providers receiving vaccine from State supply?	DOH	Friday	Nicole will update the list.
4.	What is the associated leakage of the inpatient providers receiving vaccine from State supply?	DOH	Dec 31	
5.	What are the insurance requirements for infants prior to having a payer member ID for the infant?	Payers		TPAs do not have the same 30-day requirement period as commercial payers do.
7.	Using the UB-04 bill CPT and ICD.10 codes, is it possible for payers to create a settlement report and payment to the WVA if the provider cannot generate a CMS-1500-based DBA?	Payers		
8.	What is the accuracy of eligibility screening in the IIS in inpatient settings?	DOH; Hospitals	Dec 31	Need DOH to examine; need to conduct assessments of participating providers.
9.	Does the hospital association have the ability to assist in hospital outreach efforts?	WVA	Dec 15	



Next Steps

- Conduct a payer assessment.
- Conduct a provider assessment.
- Develop a provider implementation tracking tool.
- Determine if the hospital association can assist us.
- Meet with WA DOH regarding project commitment.
- Refine the communications plan.