

WPHP Report

challenges and rewards of this work fuel the passion and commitment required so that our participants may flourish. I will unapologetically confess that I am most certainly biased. As a former WPHP participant myself, I offer my own testimonial as to the merits of this program, an unequivocal endorsement that is rooted in personal experience. And while I have tried to focus on clear and accurate data in describing our program so that readers might arrive at their own conclusions, it is difficult to interpret the words of this series without the benefit of context. In the end, it is our participants and alumni themselves who provide that context – it is their voices and stories that bring hope and meaning to the information that this series has provided. To hear from them, learn more about our program and stay up to date on issues in physician health, please visit us at our recently updated [website](#) and/or follow us on [Facebook](#) and [LinkedIn](#). We look forward to continuing this journey with you!

References

1. Federation of State Physician Health Programs, Physician Health Program Guidelines, 2019. Accessed 2/4/2020 at <https://www.fsphp.org/resources>
2. Federation of State Medical Boards, Policy on Physician Impairment, 2011. Accessed 2/4/2020 at <https://www.fsmb.org/siteassets/advocacy/policies/physician-impairment.pdf>.
3. Earley, P. "Physicians Health Programs and Addiction among Physicians." Chap. 49 In American Society of Addiction Medicine, Principles of Addiction Medicine, edited by S Miller, D Fiellin, R Rosenthal and R Saitz, 671-92. Philadelphia: Wolters Kluwer, 2019.
4. McLellan, AT, Skipper, GE, Campbell, M, and R.L., D. "Five Year Outcomes in a Cohort Study of Physicians Treated for Substance Use Disorders in the United States." *BMJ* 337 (2008): 1-6.
5. Domino, K, Hornbein, TF, Polissar, NL, Renner, G, Johnson, J, Alberti, S, and Hanks, L. "Risk Factors for Relapse in Health Care Professionals with Substance Use Disorders." *JAMA* 293, no. 12 (2005): 1453-60.
6. Knight, JR, Sanchez, LT, Sherritt L, Bresnahan, L, Fromson, JA. "Outcomes of a Monitoring Program for Physicians with Mental and Behavioral Health Problems." *Journal of Psychiatric Practice* 13, no. 1 (2007): 25-32.

Billing hepatitis C medications for Apple Health clients

From [Health Care Authority](#)

All hepatitis C (HCV) medications are paid for by the Apple Health (Medicaid) fee-for-service (FFS) program. Mavyret does not require prior authorization (PA). All other HCV medications require PA. For coverage criteria please see the [Antivirals - Hepatitis C Treatment policy](#).

To bill FFS for an HCV medication prescribed to a client enrolled in an Apple Health Managed Care Plan, include a "2" in the Claim Segment, Prior Authorization Type Code (461-EU) field. All FFS rules apply, including authorization requirements.

If a pharmacy claim for an HCV medication is billed to an Apple Health Managed Care Plan, you will receive the following rejection message:

Apple Health Managed Care Plan	Message Line 1	Message Line 2
Amerigroup	Product Service ID Carve-Out Bill Medicaid Fee for Service.	Excluded NDC, Bill WA FFS BIN 610706 Plan Exclusion
Community Health Plan	Product/services not covered	Bill HCA FFS- Call 800-562-3022
Coordinated Care	Bill to Health Care Authority	Contact HCA at 800-562-3022. Plan Exclusion.
Molina	831 Bill Medicaid FFS	Plan Exclusion bill to Provider One
United Health	Bill Fee For Service	

For questions, please [e-mail us](#).