Bureau for Medical Services Website Update

The Bureau for Medical Services' (BMS) website now features a section on Coronavirus 2019 (COVID-19) alerts, updates, and testing. Providers can find information regarding changes and updates to West Virginia Medicaid programs due to COVID-19. In addition, the BMS website also has a section that provides information on COVID-19 testing for Medicaid members and the uninsured and guidelines on how to apply for testing.

The COVID-19 sections are located on the website's main page within the red banner: https://dhhr.wv.gov/bmsPages/default.aspx.

Aetna Better Health of West Virginia Partners with Mountain Health Promise

Aetna Better Health of West Virginia was selected to serve as the managed care organization (MCO) for the specialized managed care program for children and youth in foster care, Mountain Health Promise (MHP), and the State's Children with Serious Emotional Disturbance (SED) waiver. MHP went live on March 1, 2020.

The implementation of managed care services for West Virginia's child welfare population aims to streamline the administration of services; tailor services to meet the needs of enrolled populations; coordinate care for members; and work to transition members from out-of-state care to community-based treatment. In addition, West Virginia has integrated the oversight of its Socially Necessary Services (SNS) program under this contract to promote a holistic approach to care management for both medical and social services.

"West Virginia is in the midst of a child welfare crisis, and DHHR believes the utilization of an MCO to help provide coordinated care will assist us in trying to address this issue," said Jeremiah Samples, Deputy Secretary for the West Virginia Department of Health and Human Resources (DHHR).

Aetna Better Health of West Virginia (formerly Coventry Health Care and Carelink) has been serving members on the West Virginia Medicaid program since 1996. As of May 1, 2020, there were 20,157 children enrolled in MHP.

As with any new endeavor, there have been issues since going live. Listed on the following page are frequent difficulties and how to resolve them.

Aetna Better Health of West Virginia Partners with Mountain Health Promise (Cont.)

- **Issue: Adopted names revert to biological given names:** We have several data platforms; name reverting occurs when one of our older platforms overwrites the new data on a merge operation. Please resolve by contacting BMS: Tony.J.Richards@wv.gov

- **Issue: Responsible Party, i.e., Mom is not listed as a responsible party only dad is listed:** Currently, the software platform we use only has one field available for a responsible party name, however, if you are engaging a caseworker who can access West Virginia's system, there should be no issue in you speaking with them, since they can confirm that you are listed as person two in that system. Regrettably, it is a data exchange limitation between software platforms and is being addressed for the new system that is due to come out next year. Please resolve by contacting BMS: Tony.J.Richards@wv.gov

- **Issue: Wrong name information:** Similar to the name issue above: West Virginia's system does not send a middle initial as part of file layout, so old information would remain from another data source. Please resolve by contacting BMS: Tony.J.Richards@wv.gov

- **Issue: Medicaid not "working":** Common conflict is when the child is in the care and custody of the Bureau of Juvenile Services and Medicaid is the secondary payer. Usually, the child has come back into our custody and we need to term the previous coverage. Please resolve by contacting BMS: Tony.J.Richards@wv.gov

- **Issue: Wrong Primary Care Provider (PCP) listed on card:** Parent should call MHP Member Services to correct: 888-348-2922

- **Issue: DXC has denied my MHP billing invoice:** Submit MHP billing directly to Aetna:

  > Aetna Better Health of West Virginia
  > Attn: Claims Department
  > P.O. Box 67450
  > Phoenix, AZ 85082-7450
  > 1-888-348-2922
  > Fax: 1-866-810-8476
  > ABH_WV_ProviderRelations@aetna.com

- **Issue: Medicaid runs out at the end of the month:** All MHP accounts renew automatically without the need of a yearly redetermination as with regular children's Medicaid and West Virginia Children's Health Insurance Program (WVCHIP).

Office of Program Integrity Update: Recoupment Response to the Coronavirus Pandemic

Early in the Coronavirus pandemic, BMS offered a "Pause Payment Program" (PPP) to providers who owe repayments to the agency. A provider making payments on a Medicaid disallowance, regardless of repayment mechanism (recoupment against claim payments or check), had payments paused for 60 days. This program became effective April 1, 2020, and ended June 2, 2020.

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Office of Program Integrity Update: Recoupment Response to the Coronavirus Pandemic (Cont.)

At that same time, the Centers for Medicare and Medicaid Services (CMS) instructed its contractors working with state Medicaid program integrity units to cease sending letters to recover Medicaid funds. As a result of the BMS PPP and the CMS contractors' temporary cessation of sending payment recovery letters, the BMS Office of Program Integrity (OPI) also stopped sending payment recovery letters. OPI continued performing audits, desk reviews and all other OPI-related tasks during the PPP timeframe.

On June 2, 2020, BMS PPP ended and OPI began releasing payment recovery letters. In addition, around the first of July 2020, CMS allowed its contractors working with state Medicaid agencies' OPIs to once again send payment recovery letters to providers. Notices regarding the initiation and end of BMS PPP are located at https://dhhr.wv.gov/bms/Pages/Coronavirus-Disease-2019-(COVID-19)-Alerts-and-Updates.aspx.

West Virginia Children's Health Insurance (WVCHIP) Update

On January 1, 2021, the West Virginia Children's Health Insurance Program (WVCHIP) is moving members' care to Mountain Health Trust, a managed care program. Members will select one of three plans under Mountain Health Trust. They will remain enrolled in WVCHIP, and their WVCHIP benefits will not change. WVCHIP providers will bill the member's respective managed care organization (MCO) for the services provided on or after this date.

Providers will continue to bill DXC Technology for services rendered on or before December 31, 2020, utilizing the traditional WVCHIP card for member information for populations under WVCHIP fee-for-service (FFS). To determine whether a WVCHIP member is managed by an MCO and/or what MCO they enrolled with, a provider can:

- Ask to see the member's MCO card
- Go to the provider portal at www.wvmmis.org and look up the member's eligibility
- Call DXC Technology at 1-888-483-0793

During the 90-day transition phase to managed care, the MCO must not require additional prior authorizations for any behavioral health, dental, and/or medical services previously authorized under FFS for 90 days. Authorizations expiring after transition to an MCO will require the provider to submit a new authorization request to the member's respective MCO. Pharmacy benefits will remain covered by CVS.

The MCO is responsible for payment for non-emergency behavioral health, dental, and medical services provided to a member by out-of-network and in-network providers if these services did not require authorization under FFS during the transition period. If these services required authorization and were not authorized under FFS, the MCO may deny payments. The transition period will end March 31, 2021.

WVCHIP respects the member's choice to switch health plans to ensure the highest level of care is received. WVCHIP does not encourage individuals to switch plans; however, the member may switch plans at any time. Please talk with your patients to ensure they list you as their primary care provider and ensure they select a plan in which you are enrolled and participate.

For more information about the Mountain Health Trust program, visit www.mountainhealthtrust.com

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COVID-19 Case Management

As a service to our members, KEPRO has expanded its case management functions to assist fee-for-service Medicaid members and Waiver members who have been tested for COVID-19. KEPRO receives information from DHHR to alert BMS to fee-for-service members who have tested either positive or negative for COVID-19. KEPRO contacts all members with positive results and assesses their needs. Follow-up is provided based on identified needs. For members who test negative, case managers reach out to determine if there are needs related to remaining safe and social distancing. If so, the member can be provided case management for referral to necessary services.

Any WVCHIP or Medicaid fee-for-service member may contact KEPRO at 1-800-346-8272 to request follow-up related to COVID-19 testing.

Health Homes Update: An Innovative Service Meeting the Needs of Members with Chronic Disease During the Pandemic

As a part of the Affordable Care Act of 2010, an innovative and progressive approach to medicine and health care was enacted called Health Homes. The Health Homes program is a comprehensive system of care coordination and care management for Medicaid recipients with chronic conditions. Health Homes provides services to treat the whole person across his/her lifespan through a system of services and supports to address primary, acute, behavioral health, and long-term needs.

In 2014, West Virginia started its first Health Homes program and has since added two additional Health Homes which provide services to over 7,000 Medicaid members across the state. The program's comprehensive approach to medicine along with it is innovative design is improving member overall health and reducing health care cost according to a recent study conducted by West Virginia University researchers.

Health Homes is unparallel to any other Medicaid program in its comprehensive approach to medicine and its program design which provides flexibility to be tailored for any medical or healthcare setting. Unique to the Health Homes program is the ability to provide services without the requirement of a face-to-face meeting, there are no time restrictions or requirements, and anyone with full Medicaid is potentially eligible for the service.

During the COVID-19 pandemic, many providers have readjusted and altered how they provide services to meet CDC guidelines and state rules around social distancing. These rules have limited programs for some service providers while reducing the availability of services throughout the state for some members. During this time of uncertainty, Health Homes is a fully reimbursed Medicaid service opportunity unhindered by the pandemic and social distancing requirements.

Health Homes' innovative and progressive approach to provide services without requiring face-to-face interactions offers an opportunity to manage and coordinate care while maintaining safety for both the member and the provider.

If you are interested in becoming a provider or would like more information, please email Terrance Hamm: Thamm@kepro.com.

In-Home Assessment of Member Suspended Under 1135 Waiver

Due to the COVID-19 pandemic, in-home initial and annual reevaluations can be conducted either face-to-face or by phone. These options are available for Intellectual Developmental Disabilities Waiver (IDDW), Traumatic Brain Injury Waiver (TBIW), Aged and Disabled Waiver (ADW), and Personal Care Services (PCS). If there are special circumstances that make phone evaluation impossible for members with special needs to participate in phone evaluation, please let KEPRO staff know when they contact the member to set up the appointment. Every effort will be made to accommodate members with special needs. If an accommodation cannot be made, member services will continue until a face-to-face assessment can be safely conducted.

The West Virginia Brain Injury Learning Collaborative

The Traumatic Brain Injury Waiver (TBIW) Quality Improvement (QIA) Council Members, BMS, KEPRO, Disability Rights of West Virginia, WVU Center for Excellence in Disabilities (CED) and stakeholders have joined 14 other states to participate in learning collaboratives focusing on person-centered thinking, planning, and practice for people with brain injury. The National Center on Advancing Person-Centered Practices and Systems (NCAPPS), a new initiative from the Administration for Community Living and CMS helps States, Tribes, and Territories implement person-centered thinking, planning, and practice in line with U.S. Department of Health and Human Services policy. NCAPPS Learning Collaboratives bring together "teams" from States, Territories, and Tribal human services agencies to engage in peer-to-peer learning. They provide a framework for teams to learn about, test, and implement specific systems change efforts focused on a global aim. They are guided by best practices and structured to promote and accelerate local efforts.

The West Virginia Brain Injury Learning Collaborative has designed three strategies in an effort to expand and enhance person-centered community-based supports for people with brain injury. Each strategy requires the West Virginia team to develop and implement Plan-Do-Study-Act (PDSA) cycles. PDSA is a model of improvement, selected by NCAPPS, that provides an approach to plan for, measure, test and build knowledge about effective improvement strategies.
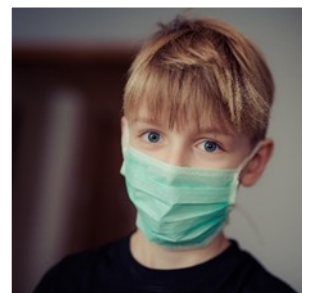
The Brain Injury Learning Collaborative is scheduled to continue through June 20, 2021.

Teresa McDonough, BMS TBIW Program Manager, and Barb Recknagel, KEPRO, have assumed the team role of day-to-day leaders. If you would like to know more about strategies and projects underway, please contact Barb Recknagel at brecknagel@kepro.com.

Bureau for Public Health Update: Keeping Children Healthy During the Coronavirus Pandemic

During the COVID-19 pandemic, it is important that infants, toddlers, preschoolers, and teens continue to receive well-child care and vaccinations to ensure children and communities do not suffer from or experience outbreaks of vaccine-preventable diseases.

Most doctors and clinics are taking extra steps to ensure children and their guardians are protected from COVID-19 by scheduling well visits and sick visits during different parts of the day. Doctors and clinics also keep sick patients separated from others by placing them in different areas of the clinic from those who are there for well-child visits and vaccinations.

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Bureau for Public Health Update: Keeping Children Healthy During the Coronavirus Pandemic (Cont.)

Parents can also keep themselves and children in their care safe by:

- Wearing face cloth coverings or masks (unless breathing difficulties or child is under age 2).
- Washing hands frequently.
- Not touching any surfaces except as necessary.

If available, parents should take disinfecting wipes when visiting a doctor's office or other necessary places to clean frequently touched surfaces, including personal items such as phones.

There are resources for families who are uninsured or have recently lost health insurance. The West Virginia Vaccines for Children program provides free vaccines for uninsured or underinsured children. Visit oeps.wv.gov/immunizations to learn more.

WVCHIP Medical Home

If you are not already enrolled as a WVCHIP Medical Home provider and would like to be, please contact our provider enrollment team to get started. To learn more about the program and benefits of enrollment, join a monthly webinar.

DXC Technology Announces Enrollment and Claims Monthly Webinars

Providers may join DXC for monthly Enrollment and Claims webinars. Please follow the link that will be posted to the DXC Technology portal at www.wvmmis.com to join.

Enrollment Webinars 10am-11am	Claims Webinars 10am-11am
September 2, 2020	September 16, 2020
October 7, 2020	October 21, 2020
November 4, 2020	November 18, 2020
December 2, 2020	December 16, 2020

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The Quality Corner: Office of Quality Management Selected for Third Data Analytics Project

In February 2020, West Virginia Medicaid's Office of Quality Management (OQM) was selected as a participant for a third data analytics project by the CMS Innovation Accelerator Program (IAP). Previous IAP data analytics projects included integration of mortality data into the West Virginia Medicaid data warehouse and technical assistance to learn how to calculate risk adjusted quality measures. This year's IAP focuses on the integration of provider demographics from the National Plan and Provider Enumeration System (NPPES) into Medicaid's data warehouse.

The CMS IAP projects have the singular goal of improving the health and healthcare of Medicaid members through targeted technical support. By supporting these projects, CMS offers support to state Medicaid agencies to facilitate data delivery system reform and innovation. IAP projects offer an opportunity for reform in the functional areas of financial simulations, quality measurement, performance improvement, and data analytics.

The OQM's goals for this 2020 IAP opportunity are:

- To integrate the provider data from the monthly NPPES file into the agency's data warehouse to provide more complete and accurate provider demographics than currently exist;

- To regularly validate the provider demographics in the fiscal agent's provider files; and

- To have an alternate source of provider demographics for West Virginia Medicaid fee-for-service (FFS) and/or MCO provider directories and data queries from internal and external stakeholders. The desired outcomes for this IAP project are to assist through geomapping with identification of disparities in access to care, particularly specialty care in the most rural areas of the state; to ensure medical record requests and provider notifications are directed to the correct address, thereby, saving time and money; and to create new data linkages with uniform provider data. The target date for completion of this IAP data analytics project is slated for September 2020.

Thus far, the 2020 IAP project has led to the identification of data elements needed to enhance future data analytics. The NPPES data, now successfully integrated into the data warehouse, has been compared to provider addresses in the Medicaid Management Information System (MMIS) and used to enhance benchmark provider data. The OQM found that the provider address comparison revealed an approximate 48% match for city identified in MMIS compared to NPPES. Next steps include data integrity checks on all matching provider fields and the propagation of several custom fields in order to maximize the utility and efficacy of this new information stored in the Medicaid data warehouse.

In addition, detailed provider demographics data is now available to internal stakeholders on a scale and granularity that would not have been possible using the NPPES web portal alone. By allowing large scale queries, this data will more easily supplement the data already available, allowing for mass comparison and benchmarking. These accomplishments support future Medicaid audits to validate provider addresses more frequently than every five years through revalidation.

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The Coding Corner

West Virginia Medicaid now requires all unlisted Current Procedural Terminology (CPT) codes to have an authorization. Effective April 1, 2020, any CPT not listed on either table below will require a prior authorization. The table below shows CPT codes that require a prior authorization effective October 2019. Any date of service (DOS) for the below codes prior to that will be processed normally.

19499	30999	40799	50549	60659
20999	31299	40899	50949	60699
21089	31599	41599	51999	64999
21299	31899	41899	53899	66999
21499	32999	42299	54699	67299
21899	33999	42699	55559	67399
22899	36299	42999	55899	67599
22999	37501	43289	58578	67999
23929	37799	43499	58579	68399
24999	38129	43659	58679	68899
25999	38589	47579	58999	69399
26989	39499	47999	59897	69799
27299	39599	48999	59898	69949
27599		49329	59899	69979
27899		49659		
28899		49999		
29799		44899		
29999				

The table below shows CPT codes that require a prior authorization effective April 1, 2020. Any DOS for the below codes prior to that will be processed normally.

90399	Unlisted immune globulin
90479	Unlisted vaccine/toxoid
90999	Unlisted dialysis procedure, inpatient or outpatient
91299	Unlisted diagnostic gastroenterology procedure
92499	Unlisted ophthalmological service or procedure
92700	Unlisted otorhinolaryngological service or procedure
93799	Unlisted cardiovascular service or procedure
94799	Unlisted pulmonary service or procedure
95199	Unlisted allergy/clinical immunologic service or procedure
95999	Unlisted neurological or neuromuscular diagnostic procedure
96549	Unlisted chemotherapy procedure
99199	Unlisted special service, procedure or report

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Telehealth Frequently Asked Questions (FAQs)

Please continue to stay up-to-date on any of the TeleHealth billing that can be found on our portal at www.wvmmis.com. These will be listed under our announcements. Questions may be directed to our call center, 888-483-0793.

Provider Field Representative Map Update

DXC Technology has made changes to its Field Representative Map. Please use this as an avenue to reach your DXC area representative for any additional assistance.

Provider Field Representative Map

Region 1 Representatives
Camilla Carter at ccarter49@dxc.com
Heather Rhodes at hrhodes4@dxc.com

Region 2 Representatives
Brandon Treola at btreola@dxc.com

Region 3 Representatives
Katrena Edens at kedens@dxc.com
Michelle Ramsey at mmiller222@dxc.com

Region 4 Representatives
Gloria Hayes at ghayes23@dxc.com

Region 5 Representatives
Whitney Choyce at wchoyce@dxc.com
Stephanie Houghtaling at shoughtaling@dxc.com

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Contact

DXC Technology
Provider Relations
888-483-0793
304-348-3360
wvmmis@molinahealthcare.com

EDI Help Desk
888-483-0793, prompt 6
304-348-3360

Provider Enrollment
888-483-0793, prompt 4
304-348-3365

DXC PR Pharmacy Help Desk
888-483-0801
304-348-3360

Member Services
888-483-0797
304-348-3365
Monday-Friday, 8:00 a.m. to 5:00 p.m.

DXC Provider FAX
304-348-3380

DXC Claim Form Mailing Addresses
Please mail your claims to the appropriate Post Office Box as indicated below. PO Boxes are at Charleston, WV 25337

PO Box 3765 NCPDP UCF Pharmacy

PO Box 3766 UB-04

PO Box 3767 CMS-1500

PO Box 3766 ADA-2012

Hysterectomy, Sterilization, and Pregnancy Termination Forms
PO Box 2254
Charleston, WV 25328-2254

Provider Enrollment & EDI Help Desk
PO Box 625
Charleston, WV 25337-0625
FAX: 304-348-3380

DXC Mailing Addresses

Provider Relations & Member Services
PO Box 2002
Charleston, WV 25327-002
FAX: 304-348-3380

Provider Enrollment & EDI Help Desk
PO Box 625
Charleston, WV 25337-0625
FAX: 304-348-3380

MCO Contacts

Aetna Better Health of WV
888-348-2922

The Health Plan
888-613-8385

Unicare
800-782-0095

Vendor Contacts

KEPRO
304-3439663

MAXIMUS
800-449-8466

Please send provider enrollment applications and provider enrollment changes to:

**DXC Technology
PO Box 625
Charleston, WV 25337**

DXC Automated Voice Response System (AVRS) Prompt Tree

Please make sure that you are utilizing the appropriate prompts when making your selection(s) on the AVRS system to ensure that you will be connected to the appropriate department for your inquiry. Once you have entered your provider number, the following prompts will be announced:

1. Accounts Payable Information
2. Eligibility Information
3. Claim Status Information
4. Provider Enrollment Department
5. Hysterectomy Sterilization Review
6. EDI Help Desk/Electronic Submission Inquiries
7. LTC Department
8. EHR Incentive
9. BBH

Claims Information

To expedite timely claims processing for DXC, please make sure claims are sent to the correct mailing address as indicated below:

- Facilities and institutional providers billing on a UB04 Claim form:
  PO Box 3766, Charleston, WV 25337

- Medical professionals billing on a CMS 1500 Claims form:
  PO Box 3767, Charleston, WV 25337

- Dental professionals billing on ADA 2012 Claims form:
  PO Box 3768, Charleston, WV 25337

- Pharmacy claim form NCPDP UCF:
  PO Box 3765, Charleston, WV 25337

Suggestions for Web Portal Improvements

We are looking for ways to improve the Provider Web Portal. If you have suggestions on how we can make the portal more user friendly, please contact our EDI helpdesk, edihelpdesk@molinahealthcare.com.

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