

## Substance Abuse Crisis in West Virginia

As everyone is aware, West Virginia is experiencing one of the worst substance abuse epidemics in the nation:

- in 2015, more than 700 people died from drug overdoses.
- 37 per 1,000 live babies were born with neonatal abstinence syndrome between 2014 and 2016.
- The state has the second highest rate of prescription drugs filled 21.8 drugs per capita, compared to 12.7 nationwide.
- Numerous children have been removed from their homes due to parents being substance abuse users.

There is no part of West Virginia nor any citizen that has not been impacted by this epidemic. The state, many towns, cities and private organizations have taken action to address this epidemic:

- In 2015, the West Virginia legislature passed Senate Bill 335 making naloxone, an antidote that can temporarily reverse the overdose effect of opiates and opioids, available to first responders and to relatives, friends, caregivers or a person in a position to assist someone at risk of experiencing an opiate-related overdose. In 2016, the legislature authorized pharmacists and pharmacy interns to dispense naloxone without a prescription in accordance with the Board of Pharmacy protocol.
- Some cities and towns have initiated syringe exchange programs in order to reduce the risk of spreading diseases associated with intravenous drug use such as hepatitis B, hepatitis C and HIV/AIDS.
- In Huntington, West Virginia, a non-profit residential infant recovery center, Lily's Place, was opened to provide short-term medical care to infants suffering from prenatal drug exposure.
- In an effort to keep youth in their home communities when safely possible, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families (BCF) launched Safe at Home West Virginia in October 2015. This program provides wraparound behavioral health and social services to individuals ages 12 - 17 years with specific identified behavioral health needs who are currently in congregate care or at risk of entering congregate care.
- In 2016, the West Virginia Legislature passed Senate Bill 454, known as the Medication-Assisted Treatment (MAT) bill. MAT combines behavioral therapy and medications to treat substance use disorders. Clinics that use MAT must be licensed or registered by the state, provide counseling in conjunction with treatment and test their patients to ensure they are using the medication as intended.

## Substance Abuse Crisis in West Virginia *(Continued from page 1)*

- The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded DHHR's Bureau for Behavioral Health and Health Facilities (BBHFF) a Cooperative Agreement to Benefit Homeless Individuals in partnership with four Continuums of Care (CoC) Organizations: Cabell-Huntington-Wayne CoC, Kanawha Valley Collective CoC, Northern Panhandle CoC and Balance of State CoC. This agreement will be used to enhance the state's infrastructure to provide effective, accessible treatment and recovery support services to the homeless. The goal is to create a more integrated and collaborative system of care for veterans, nonveterans, families and youth experiencing homelessness who have mental health and substance abuse disorders.

The DHHR, Bureau for Medical Services (BMS) has submitted an 1115 waiver to the Centers for Medicare and Medicaid Services (CMS) to promote access to SUD treatment and prevention services. The goal of the SUD waiver is to build a comprehensive continuum of care across the state to more effectively prevent and treat substance use disorders in West Virginia. Features of the waiver include:

- Medicaid fee-for service and Managed Care members will be eligible for SUD treatment services under the waiver.
- The waiver will include strategies focused on SUD prevention and treatment among adolescents.
- At-risk families will be eligible for SUD treatment services to allow for community-based treatment and supports to prevent children from being placed out of home.
- Foster care youth will be able to receive SUD treatment services through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.
- Medicaid will build on existing efforts to raise awareness and address the prevalence of babies born with exposure to substance use.
- Statewide adoption of the screening, brief intervention, and referral to treatment (SBIRT) method to ensure a consistent and effective diagnosis and enrollment process.
- Expanded coverage of withdrawal management in regionally identified settings.
- Short-term, residential substance abuse treatment for Medicaid managed care enrollees.
- Enhanced access to outpatient SUD treatment as appropriate when residential treatment is not required.
- Coverage of methadone and methadone administration as part of the state's opioid treatment program.
- A comprehensive initiative for distributing naloxone and cross-training staff on administration of naloxone as part of the effort to reduce overdose deaths.
- Coverage of a set of clinical and peer recovery support services and recovery housing supports designed to promote and sustain long-term recovery.

*Continued on page 3*

## Substance Abuse Crisis in West Virginia *(Continued from page 2)*

In September 2015, Governor Earl Ray Tomblin launched West Virginia's first ever Behavioral Health Referral and Outreach Call Center which provides resources and referral support 24-hours a day. People who contact the call center is offered education on behavioral health and information on service options in their region, as well as a facilitated referral to an appropriate level of care based on the individual's need in coordination with providers. As of November 6, 2016, the HELP4WV Helpline had received 6,8927 calls. The helpline number is 1-844-HELP4WV (1-844-435-7498).

In order to effectively prevent and treat substance abuse it will take all of West Virginia working together to help our fellow citizens.

## ICD-10 Updates Effective October 1, 2016

Molina has implemented the International Classification of Diseases, Tenth Revision (ICD-10) updates that apply to discharges and patient encounters occurring October 1, 2016, through September 30, 2017. The updates to diagnosis codes (ICD-10-CM) included nearly 2,000 additions and over 400 revisions. Many of these are related to laterality codes. Procedure code (ICD-10-PCS) updates totaled over 3800 with nearly 500 revisions. The related code tables and General Equivalence Mappings (GEMs) are available on the CMS ICD-10 website at <https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html>.

Direct any ICD-10 related claim inquiries to Molina's Provider Relations Unit at 1 888-483-0793.

## Federal Deadline to Complete Cycle 1 Provider Revalidation Has Passed

It's official, the first cycle of the federally required provider revalidation ended at midnight on September 24, 2016. West Virginia Medicaid would like to thank all the providers who completed the revalidation process. As of October 1, 2016, approximately 97% of the 23,000-plus providers enrolled in June 2013, when West Virginia Medicaid's formal revalidation process began, have revalidated.

Providers who have not completed the revalidation process are subject to termination of their provider participation with West Virginia Medicaid. Since the deadline, BMS has been identifying any remaining providers who did not start or started but did not finish the revalidation process. By the end of 2016, action will be taken on the enrollment and/or payment status of these providers.

One aspect of revalidation subject to delayed implementation was the federally required fingerprint-based criminal background check (FCBC) for high-risk providers. West Virginia Medicaid must have the FCBC process fully implemented for high-risk providers, including those who completed Cycle 1 revalidation, by July 1, 2017. See the related article on page seven on the FCBC implementation process in this issue of the *Provider Newsletter*.

## Pharmacy Update-New Opioid Prescribing Guidelines

In response to the Centers for Disease Control (CDC) Opioid Prescribing Guidelines, West Virginia Medicaid will initiate a new program to encourage the safe prescribing of opioid medications on January 17, 2017. This program is designed to help prescribers be aware of the total morphine milligram equivalency (MME) of their patient's opioid prescriptions, especially if any patients may be seeing more than one provider for pain management.

When an opioid prescription is submitted for a Medicaid member in the Fee for Service Program, the member's medication profile will be evaluated to determine the patient's average morphine milligram equivalent dose for the past 90 days from the date of adjudication of the prescription. If the patient's average dose over that period is equal to or exceeds 50 MME, the prescription will require further review and a prior authorization by Rational Drug Therapy. In addition, the patient will be locked into one pharmacy for prescriptions for controlled substances so their therapy can be more carefully managed.

An expert panel of pain specialists in West Virginia has developed guidelines for managing chronic pain, which build upon the CDC Chronic Pain Opioid Guidelines. These are readily available, along with one page handouts (such as an MME handout) at [www.sempguidelines.org](http://www.sempguidelines.org). The Public Employees Insurance Agency will implement the same program in January 2017 and a common prior authorization form has been developed for use in both the PEIA and Medicaid Programs. This form will be available at <http://www.dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/PA-Criteria.aspx>.

The CDC's opioid prescribing guidelines are available at <http://www.cdc.gov/drugoverdose/prescribing/providers.html>

## Pharmacy Update-Unenrolled Prescriber Edit Deadline

While West Virginia Medicaid is aware that the Medicare deadline for the implementation of an unenrolled prescriber edit has changed to a phased-in approach to be fully implemented by 2019, the date for implementation of this edit for West Virginia Medicaid providers remains February 1, 2017. This means that any new or refill prescription that and/were written by a provider who is not enrolled in West Virginia Medicaid on or after February 1, 2017, will be denied.

West Virginia Medicaid has been reviewing the prescriptions being written by enrolled prescribers for over a year. The provider types most frequently seen on the unenrolled prescriber list include nurse practitioners, physician assistants and hospital residents. Please be sure to enroll before February 1, 2017, to ensure that West Virginia Medicaid members can maintain compliance with prescribed medications.

## Centers for Medicare and Medicaid Services (CMS) Social Security Number Removal Initiative (SSNRI)

The Medicare Access and West Virginia Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 required CMS to remove the Social Security Number (SSN) from all Medicare cards. By April 2019, all individuals with Medicare will receive a Medicare card with a new number. Issuing a new randomly generated number, called a Medicare Beneficiary Identifier (MBI), will help to protect the beneficiary's private health care and financial information, as well as federal health care benefit and service payments. The CMS SSNRI webpage indicates that the transition period for the new Medicare cards with MBIs will begin in April 2018 and extend through the end of 2019. West Virginia Medicaid is evaluating the changes required to integrate these changes in HealthPAS. For more information on the CMS SSNRI efforts, go to <https://www.cms.gov/Medicare/SSNRI/Index.html>.

## West Virginia Health Homes Expanding

West Virginia Health Homes for individuals with Bipolar Disorder and at risk of for Hepatitis B and/or C will expand to 49 counties making the program available throughout the state. They will join the Health Homes test pilot sites of: Cabell, Fayette, Kanawha, Mercer, Raleigh and Wayne counties. Another West Virginia Health Homes is underway.

The new Health Homes will target individuals with pre-diabetes or diabetes, obesity (a body mass index of 25 or higher is required), and those at risk of anxiety and/or clinical depression. Individuals identified through a two-year billing with any of the following conditions will qualify for the new Health Home. This Health Home is set to be geographically limited to the southeastern part of the state which includes the following counties: Boone, Cabell, Fayette, Kanawha, Logan, Lincoln, Mason, McDowell, Mercer, Mingo, Putnam, Raleigh, Wayne and Wyoming. The expected "go live" date for the expansion and new West Virginia Health Home will be April, 1, 2017.

Although enrollment has not begun, you may fill out a West Virginia Health Homes provider application, go to <http://www.dhhr.wv.gov/bms/WV%20Health%20Homes/ProviderInformation/Pages/default.aspx>.

## 2017 Spring Provider Workshops Dates Have Been Announced

- April 3, 2017: Martinsburg, WV - Holiday Inn
- April 4, 2017: Wheeling, WV - TBA
- April 5, 2017: Morgantown, WV - The Waterfront Hotel
- April 6, 2017: Parkersburg, WV - Grand Point Conference Center
- April 10, 2017: Roanoke, WV - Stonewall Resort
- April 11, 2017: Charleston, WV - Beni Kedem
- April 12, 2017: Huntington, WV - Saint Mary's Conference Center
- April 13, 2017: Beckley, WV - Tamarack



## Meet the Bureau for Medical Services (BMS) Quality Unit

Dee Ann Price, RN, BMS Director of the Quality Unit, was recently appointed to her position and has a vast background in health care. She utilizes her expertise in the Unit to ensure high-quality and accessible healthcare services to West Virginia Medicaid members.

The Quality Unit is responsible for collecting and analyzing data on West Virginia Medicaid members to ensure they are receiving the highest quality in healthcare with cost-effective and efficient services. In addition to these responsibilities, the Unit must follow technical specifications from the Centers for Medicare and Medicaid Services (CMS). The specifications from CMS target adult and child core measures and the data collected from this process are used to help CMS and West Virginia Medicaid to better understand the quality of healthcare that adults and children enrolled receive from the program. The Unit continues to find ways to improve healthcare rates for members through new projects implemented this year.

The Unit just completed a seven-pilot site project that focuses on access to non-emergency transportation to improve postpartum care rates. The project is expanding statewide and will include behavioral health risk assessment and discharge planning. The Unit will partner with Medicaid's managed care organizations (MCOs) in order to help complete the project. Furthermore, the Unit just concluded the initial phase for improving follow-up care after hospitalization for mental illness. The Unit includes Tim DeBarr, project coordinator and Leon Smith, data analyst. The Unit may be small, but their Price knows her team will work diligently to produce results.

"Tim and Leon make our Quality Unit a success! It is a joy they are a part of the team, says Price.

The BMS Quality Unit is already preparing to meet their goals for next year as they will participate in the CMS Quality Conference in Baltimore, MD. The conference will allow the Unit to come up with new quality strategies to improve health for West Virginians. Moreover, the conference will also help them achieve those goals for next year, which are to work toward reporting additional quality measures, identify additional quality improvement projects (QIPs) and utilizing data tools for ongoing quality reporting so that Medicaid members will continue to receive high-quality and access to health care.



Pictured From Left: Leon Smith, Tim DeBarr and Dee Ann Price

## Provider Enrollment Fingerprint-Based Criminal Background Check

The 2011 federal regulations on provider screening and enrollment required State Medicaid Agencies (SMAs) to implement certain screenings based on a provider's risk-based status. One of these is a fingerprint-based criminal background check (FCBC) for providers in the "high" risk category. Under the federal regulations this category includes "high" risk individual providers and at the organizational level, individuals with five percent or more direct or indirect controlling interest. Managing employees, officers and directors at the organizational level are not subject to the FCBC requirement. The "high" risk categories for West Virginia Medicaid are durable medical equipment, prosthetic and orthotic suppliers (DMEPOS); home health agencies; any provider who has been excluded by the Office of Inspector General (OIG) within the past 10 years; certain providers with a payment suspension history; and any other provider designated as "high" risk by West Virginia Medicaid and/or federal regulations.

An integral part of West Virginia Medicaid's implementation plan is the routing of the provider's FCBC results through WV Clearance for Access Registry and Employment Screening (WV CARES), the state's program that is part of the National Background Check Program (NBCP). WV CARES will view the FCBC results via an interface with the state's criminal investigation bureau's data repository. All aspects of the WV CARES process meet federal Criminal Justice Information Services standards. WV CARES will determine the provider's FCBC status (passed or failed) based upon rules promulgated for this purpose and transmit that determination to Molina for recording in the provider's file.

This summer, the Centers for Medicare and Medicaid Services (CMS) approved the West Virginia Medicaid compliance plan for implementation of the FCBC requirement by July 1, 2017. West Virginia Medicaid providers in the "high" risk category who enrolled or revalidated after August 1, 2015, must be compliant with the FCBC requirement by July 1, 2017, to remain enrolled. Currently, West Virginia Medicaid is comparing a list of its "high" risk providers to the provider information in the Medicare provider enrollment, chain and ownership system (PECOS) data to identify providers who have already met the FCBC requirement.

The federal regulations permit West Virginia Medicaid to rely on the FCBC results completed by Medicare, or another state's Medicaid or Children's Health Insurance Programs (CHIP). Providers who fail to respond to the FCBC requirement will have their Medicaid participation terminated. Providers for whom an FCBC is required for continued enrollment in West Virginia Medicaid will receive notification from Molina in the first quarter of 2017. The notification will include instructions on the process to complete the FCBC, locations in the provider's business area to obtain the FCBC and who to contact with questions. As the implementation moves forward, additional information will be available on the BMS and Molina websites.

## Quality Corner-Partnering to Improve Maternal Health Postpartum Rates

The Bureau for Medical Services (BMS) Quality Unit continues to partner with West Virginia Medicaid's managed care organizations (MCOs) and Delmarva, who is the state's External Quality Review Organization (EQRO) vendor, to improve maternal health. A mandatory Quality Improvement Project (QIP), *Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit*, is being implemented within the Medicaid MCOs.

One of the interventions of the QIP is for the Medicaid MCOs to identify a hospital pilot site to engage discharge planners to work with the Medicaid MCO enrollees and schedule their postpartum visit at the time of discharge. Some hospital pilot sites will schedule the postpartum appointment for the selected Medicaid MCOs population, while others have indicated they will schedule the postpartum appointment for all Medicaid members. The objective for this collaborative QIP is to increase the West Virginia postpartum care rate by seven percentage points by the end of the multi-year QIP project, *Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit*.

## KEPRO Update

KEPRO will begin to prior authorize Non-Emergency Ambulance Transportation in 2017. It is a program designed to provide West Virginia Medicaid members may obtain non-emergency transportation by ambulance to obtain treatment or diagnosis for a health condition if the use of any other transportation could endanger the member's health or well-being. In preparation for the launch this program KEPRO held Focus Groups throughout the state of West Virginia in five different locations.

- Flatwoods: November 7, 2017, 4p.m.- 6p.m.
- Beckley: November 15, 2017, 3p.m.- 5p.m.
- Charleston: November 16, 2017, 4p.m.- 6p.m.
- Martinsburg: November 17, 2017, 4p.m.- 6p.m.
- Morgantown: November 18, 2017, 2p.m.- 4p.m.

KEPRO used these groups as an opportunity to familiarize ambulance transportation providers with the company along with providing information regarding the process, including a description of the three tiers in the program: non-emergency ambulance transportation, case management for frequent emergency ambulance transportation and air ambulance services. These focus groups were completed to start a dialog between KEPRO and the providers to help ensure a smooth transition once prior authorization is launched and to evaluate what the providers need regarding the online portal, training and technical assistance. The goal is to provide a process for prior authorization that is efficient and aids timely access and services for Medicaid members.



## Interpreting Member Eligibility Information on the Molina Web Portal

As a registered trading partner with West Virginia Medicaid, logging into the Molina web portal at [www.wvmmis.com](http://www.wvmmis.com) provides a quick and efficient way to perform a myriad of functions, including checking on a member's eligibility. With the transition into the new Medicaid information system in January of 2016, providers are finding the online member eligibility function to be very useful in their daily practice. Whether or not the patient is a part of the managed care population or considered traditional Medicaid, the Molina web portal gives providers the ability to instantly check their member's enrollment program and their benefits.

Within the *Verify Member Eligibility* section of the web portal, there are a few options a provider can choose to get the information they may be looking for. A simple *Date Span* search can be performed to verify a member's enrollment for a specific date of service. Additional eligibility searches can be performed using either the *HIPAA Category Code* search or the *Procedure/Service and Modifiers* inquiry. It is important to note that just because a *HIPAA Category Code* shows as eligible, that does not mean that every service is eligible. All applicable codes are based on the member's condition at the time of verification.

It is always important to review your searches for accuracy prior to submission. Simple data entry mistakes can lead to inaccurate reporting of member information. Once a search has been performed, the Medicaid system will return a date stamped eligibility verification, which contains the details pertinent to the member's eligibility. In addition to important demographic information, features such as the member's enrollment, copayment, other insurance, PCP/Medical Home, lock-in, spend down and service limitations are all available for provider reference. All features are useful in determining how a provider can best serve their Medicaid patient.

If further clarification is needed, providers may contact the Molina Provider Services Department at 1-888-483-0793, Monday - Friday, 7:00 a.m. - 7 p.m. All providers are encouraged to take advantage of this time-saving online feature today!

## Coding Corner

Most therapeutic, diagnostic, and surgical procedures are represented by a health care procedure codes (HCPCS) Level I current procedure terminology (CPT). Occasionally, a healthcare professional provides a service that is not represented by an existing procedure code. In these cases, an unlisted code is appropriate. For example, when billing 90999 (unlisted dialysis procedure, inpatient or outpatient), this unlisted code should be used only when coding research assures you that no existing procedure code is appropriate.

When 90999 (unlisted dialysis procedure, inpatient or outpatient) is billed, documentation of the service provided must be submitted with the claim for the service to be considered for reimbursement by West Virginia Medicaid or West Virginia CHIP. The documentation should clearly describe the service in detail. Documentation for unlisted services may include office notes, progress notes, etc. New or emerging technology, new techniques or other unusual services should include a clear description of the service, device or technique as well as documentation of Food and Drug Administration (FDA) approval and efficacy studies, if available.

## Coding Corner *(Continued from page 9)*

When billing for Hemodialysis, one of the following codes are appropriate for billing. If one of the codes below does not describe the service provided and all coding research fails to identify an existing code, then the unlisted procedure code 90999 (unlisted dialysis procedure, inpatient or outpatient) should be used.

- 90935 - Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
- 90937 - Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
- 90940 - Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
- 90997 - Hemoperfusion (e.g., with activated charcoal or resin)

Please submit to Molina only documentation that is relevant to the service represented by the unlisted procedure code. Do not send a patient's complete medical record. A patient's medical record may be hundreds of pages long and review of the service in question may be missed in a large record, resulting in the service being denied. If multiple services are reported on the same medical record, highlight or otherwise identify the service represented by the unlisted procedure code.

A comparable service code in a description of the service billed under the unlisted procedure code is acceptable. Provide the specific procedure code that closely represents the work and expense involved in providing the service represented by the unlisted procedure code.

Finally, remember that review of services billed with unlisted procedure codes requires more time than processing of other procedure specific codes. Do not rebill claims with unlisted procedure codes unless you have verified with Molina that the claim was not received. Billing duplicate claims results in processing delays and may result in incorrect payments.

## 2016 Fall Provider Workshops Frequently Asked Questions

1. Why are providers termed for inactivity?

*Providers are termed for claims inactivity to help ensure Medicaid program integrity and to help maintain a current, accurate list of provider information.*

2. Is there a fifth Managed Care Organization (MCO)?

*Yes, West Virginia does have a fifth MCO which is CareSource. The MCO is still in the process of completing its application with the state, therefore, they are not serving members yet. Additional information will be made available to providers as CareSource completes their transition into the West Virginia market.*

3. Is there a "lock in" for member enrollment for the MCOs?

*No, member lock-in to an MCO is not in place at this time.*

The *West Virginia Medicaid Provider Newsletter* is a joint quarterly publication of the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) and Molina Medicaid Solutions.

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### Provider Field Representative Region Map

County Health Departments and ALL School Based Services (All 55 counties)

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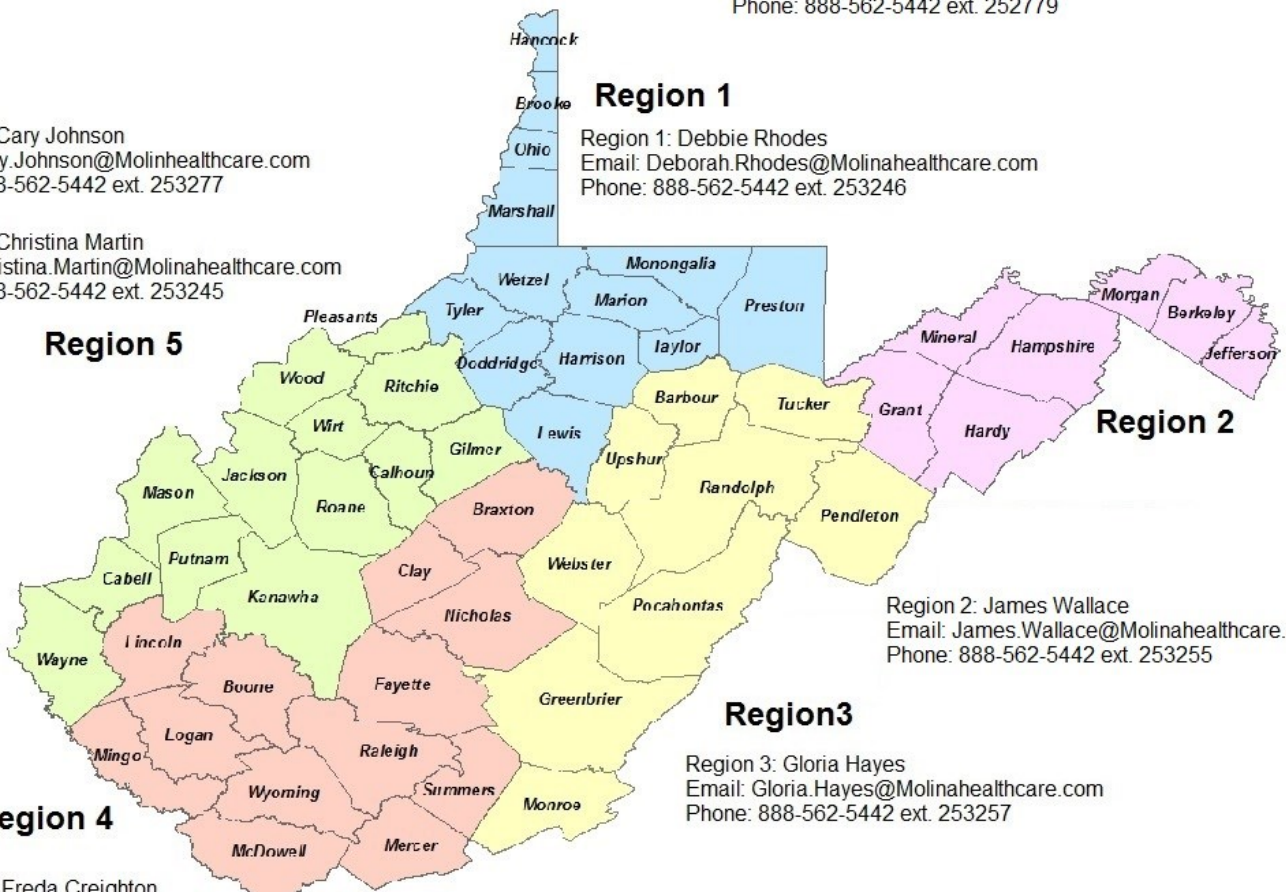
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# Contact

Molina Medicaid Solutions  
Provider Relations  
888-483-0793  
304-348-3360

[wmmis@molinahealthcare.com](mailto:wmmis@molinahealthcare.com) (email)

EDI help desk  
888-483-0793, prompt 6  
304-348-3360

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

Molina 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.

Molina Provider Fax  
304-348-3380

## ***Molina 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 in 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. BHHF

## **Claim Form Mailing Addresses:**

Please mail your claims to the appropriate Post Office Box as indicated below. PO Boxes

PO Box 3765 NCPDF UCP Pharmacy

PO Box 3766 UB-92

PO Box 3767 CMS-1500

PO Box 3766 ADA-2002

Hysterectomy, Sterilization and Pregnancy Termination Forms  
PO Box 2254

Provider Enrollment & EDI Help Desk  
PO Box 625  
Charleston, WV 25337-0625

## **Molina Mailing Addresses:**

Provider Relations & Member Services  
PO Box 2002  
Charleston, WV 25327-002

Provider Enrollment & EDI Help Desk  
PO Box 625  
Charleston, WV 25337-0625

## **MCO Contacts:**

Coventry Health Care of WV  
888-348-2922

The Health Plan  
888-613-8385

Unicare  
800-782-0095

WV Family Health  
855-412-8002

## **Vendor Contacts:**

KEPRO  
304-3439663

MAXIMUS  
800-449-8466

**Please send provider enrollment applications and provider enrollment changes to:**

**Molina Medicaid Solutions PO Box 625, Charleston, WV 25337**

## **Claims and Application Information**

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

- Facilities and Institutional Providers who bill on a UB04 Claims form: PO Box 3766, Charleston, WV 25337
- Medical Professionals billing on a CMS Claims form: PO Box 3767, Charleston, WV 25337
- Dental Professionals billing on ADA 2006 Claims form: PO Box 3768, Charleston, WV 25337
- Pharmacy Claim form NCPDP UCF:

## **Suggestions for Web Portal Improvements**

We are looking for ways to improve the Provider Web Portal. If you have any suggestions on how we can improve the portal to make it more user friendly, please contact our EDI helpdesk at: [edihelpdesk@molinahealthcare.com](mailto:edihelpdesk@molinahealthcare.com).