

### New Medicaid Management Information System (MMIS) Goes Live

On January 19, 2016, Molina will implement the new Medicaid Management Information System (MMIS) for West Virginia Medicaid and West Virginia Children's Health Insurance Program (WVCHIP) members and providers. This new system has been under development and testing for the past five years and includes many updates and new features. The MMIS applies only to WV Medicaid and WVCHIP fee-for-service members and their providers. It does not impact members enrolled in the Medicaid Managed Care Organizations (MCOs) or the claims that providers submit to the MCOs. The new system offers new functionality for members and providers, including enhancements to Molina's web-based provider portal. A few of the key changes to the system and related processes which providers need to be aware of include:

- **Drug Rebates** - Molina will resolve drug rebate disputes. Verification letters will be sent to providers in order to resolve disputes. Providers will need to review the letters and respond.
- **Anesthesia Billing** - Anesthesia services must be billed in minutes to utilize the "MJ" qualifier in the SV103 per the TR3. The new MMIS will not accept anesthesia services billed in units. The only exception from this rule is dentists who may continue to bill in units. The Molina companion guides and paper billing instructions have been updated for this requirement.
- **National Provider Identifier (NPI)** - If a business provides the same services at multiple service locations, the business may enroll under a single NPI with multiple service locations. If a business provides different services at multiple locations, each service location must have its own NPI. Multiple provider types and specialties can no longer be enrolled under the same NPI. Traditionally, Physician Assured Access System (PAAS) providers have been able to bill using either the legacy Medicaid ID or NPI. The new system requires PAAS providers to bill using the NPI. The legacy Medicaid ID will no longer be accepted.
- **Pay-To Affiliation Edit** - In the new MMIS, there will be an Electronic Data Interchange (EDI) edit to verify that there is a valid\active pay-to affiliation for the provider(s) identified on the claim. If there is no valid\active pay-to affiliation on file for the provider(s), the claim will reject on the Business Rejection Report (BRR) on error code 0x9999335 "Pay-To Affiliation Error: No Affiliation Found to Pay-To Provider."
- **Validation of Member's Date of Birth (DOB)** - Member's DOB will be validated to ensure the DOB that is being billed matches the DOB on file. Molina receives member DOB information from the DHHR RAPIDS data. If the DOB is incorrect, the claim will reject. The member must correct DOB information at their local DHHR office.
- **Paper Claim Submission** - Molina will run a monthly report to identify providers who bill on a paper claim form for services that can be billed electronically. Effective on January 19, 2016, no more than 500 paper claims per month may be billed by a provider. If a provider exceeds 500 paper claims in a month, a Molina provider field representative will contact the provider to assist him/her with web portal registration, navigation and electronic billing.
- **Ordering/Referring/Prescribing (ORP) providers** - In June 2014, Molina began displaying "WARN" messages when a procedure or service was ordered or performed by a non-Medicaid enrolled provider. Starting on January 19, 2016, if the ORP provider is not enrolled in WV Medicaid, the claim will be denied. Molina will provide an updated list of enrolled ORP providers weekly on its web-portal at [www.wvmmis.com](http://www.wvmmis.com).

## New Medicaid Management Information System (MMIS) Goes Live (Cont.)

**NOTE:** The ORP will not go into effect for pharmacies until March 14, 2016. After March 14, prescription claims for West Virginia Medicaid members will be denied if the prescriber of the drug is not enrolled with West Virginia Medicaid. Federal regulations stipulate that all services provided for West Virginia Medicaid members must be ordered by enrolled providers. Although a provider may be employed by an entity that bills West Virginia Medicaid for medical services, prescriptions written by an unenrolled provider cannot be covered.

The Molina claims processing system will edit on the NPI number submitted for the prescription claim. This edit (7091) is currently set to warn at the point of sale, i.e., pharmacy, regarding the status of the prescriber with West Virginia Medicaid. On March 14, 2016, the edit will be set to deny. If a claim denies at the pharmacy level due to Edit 7091 (prescriber not enrolled), the patient will be informed that West Virginia Medicaid cannot reimburse for the prescription. Overrides to this edit will be permitted by Rational Drug Therapy only in cases of extreme emergencies.

In order for prescription claims to be paid by West Virginia Medicaid, members will need to be treated by physicians who are enrolled with the program. If a prescriber needs to enroll, please contact Molina Provider Enrollment at 888-483-0793. Prescriber questions may be directed to the Pharmacy Services Program at 304-558-1700 or [DHHRMedicaidPharmacist@wv.gov](mailto:DHHRMedicaidPharmacist@wv.gov). Medicaid members with questions about this new policy may call Client Services at 1-800-642-8589.

- **Molina will begin processing WVCHIP claims** - WVCHIP claims will use the same MMIS applications as WV Medicaid claims. Providers will use their NPI and the WVCHIP member ID on the claims. Member IDs are not changing.
  - WVCHIP claims must be submitted to Molina starting January 1, 2016, based on date of service. For all dates of service prior to January 1, 2016, those claims need to be submitted to HealthSmart. All claims will be held until January 19, 2016, and will begin processing on that date.
  - WVCHIP providers may not submit electronic claims until January 19, 2016. All claims with dates of service January 1, 2016, and thereafter, will be processed by Molina.
  - Pharmacy claims will continue to be processed by Express Scripts, Inc.
  - Prior authorizations still need to be obtained from HealthSmart.
  - If a provider is enrolled with WV Medicaid, they will only need to complete an abbreviated enrollment for WVCHIP. If the provider is not enrolled in WV Medicaid, they will need to complete the full enrollment form. To obtain these forms:
    - Go to [www.wvmmis.com](http://www.wvmmis.com) and complete the provider survey, or
    - Contact Provider Enrollment at 1-888-483-0793 to request that one be mailed.
  - More information regarding this transition is available at [www.chip.wv.gov](http://www.chip.wv.gov) and [www.wvmmis.com](http://www.wvmmis.com).

Molina has developed a new email address specifically for questions/concerns regarding MMIS issues once the new system is implemented. Providers may request assistance by:

- Emailing questions and/or concerns or requesting a site visit from a Molina provider field representative - [WVProviderFieldRepresentative@Molinahealthcare.com](mailto:WVProviderFieldRepresentative@Molinahealthcare.com) or
- Calling one of the numbers on the next page.

## New Medicaid Management Information System (MMIS) Goes Live (Cont.)

Department	Phone Number	Email Address
WV Medicaid Provider Services	(888) 483.0793	<a href="mailto:wvmmis@molinahealthcare.com">wvmmis@molinahealthcare.com</a>
WVCHIP Provider Services	(800) 479.3310	<a href="mailto:wvmmis@molinahealthcare.com">wvmmis@molinahealthcare.com</a>
Provider Enrollment (WV Medicaid and WVCHIP)	(888) 483.0793 extension 4	<a href="mailto:wvproviderenrolment@molinahealthcare.com">wvproviderenrolment@molinahealthcare.com</a>
EDI Helpdesk (WV Medicaid and WVCHIP)	(888) 483.0793 extension 6	<a href="mailto:edihelpdesk@molinahealthcare.com">edihelpdesk@molinahealthcare.com</a>
Member Services (WV Medicaid and WVCHIP)	(888) 483.0797	None
Pharmacy Helpdesk (WV Medicaid and WVCHIP)	(888) 483.0801	None

- The HealthPAS Online Web Portal also has a new look and new features for submitting Direct Data Entry (DDE) claims, pharmacy authorizations, viewing patient rosters and so much more. In order to successfully use all of the features of the Health PAS Online portal, ensure that your computer system meets the following minimum requirements:
  - Reliable online connection
  - Web browsers
    - Internet Explorer 8, 9, 10 or 11
    - Mozilla Firefox 33 or 34
    - Google Chrome 41,42,43 or 44
  - Adobe Reader
  - Microsoft Excel

Please visit the new web portal at [www.wvmmis.com](http://www.wvmmis.com) to familiarize yourself with all of its new functionality and features.

## Change in Prior Authorization Process for ALL Medicaid Providers

Effective October 1, 2015, APS Healthcare began performing ALL medical and long-term care prior authorizations, including clinical services, which were previously performed by a subcontractor. Please contact APS Healthcare at 304-343-9663 or 1-800-346-8272 if you have any questions.

## ICD-10 Update

Health care providers started to use ICD-10 coding on October 15, 2016. Molina is successfully receiving and processing claims using the ICD-10 codes. WV Medicaid continues to have regularly scheduled calls with CMS regarding processing of claims. Molina set up a special ICD-10 claim/call review process to ensure providers' questions are answered quickly and appropriately. If you have ICD-10 questions or concerns, please call 1-888-483-0793.

## Meet the Office of Program Integrity

The Bureau for Medical Services (BMS) Office of Program Integrity (OPI) completes all activities required under Utilization Control, Title 42, Section 456 of the Code of Federal Regulations. Under this section, the OPI unit is required to conduct Medicaid post-payment review of paid claims to ensure services were provided by eligible providers to eligible members. The unit must also confirm services were medically necessary, appropriate to the member's medical condition and were provided in compliance with Medicaid Policy.

Tammy Hypes, Director of OPI, and her team of investigators are dedicated to saving West Virginians money. Their overall goal is to eradicate waste, abuse and fraud which, if not identified, can be costly to BMS and state taxpayers. In order to reach their goals, the unit uses methods such as on-site reviews and thoroughly analyzing claims. Hypes and her team are always ready to tackle any challenge, and their years of experience and dedication benefit the Unit when addressing fraud while promoting Medicaid integrity.

"We have the most tenured staff at BMS who are very loyal to their job. Our staff specialize in specific areas of Medicaid fraud. I am very fortunate to have the staff that I have," Hypes said. Each member concentrates on specific areas in the unit. Susan Johnson and Stuart Epling are both Certified Professional Coders; Epling along with Scott Winterfeld and Sam Stout specialize in the OPI review process as well as serving as audit liaisons to all contractors; and John Hamilton specializes in analyzing and abstracting data.

Medicaid Expansion created a significant amount of additional claim reviews, but Hypes knows her team will do their best to tackle this increase in work load.

"We send staff to all training opportunities and use all of the toolkits that the Centers for Medicare and Medicaid Services (CMS) provides so that we can better serve more West Virginians," Hypes stated.

The Medicare-Medicaid Data Match (Medi-Medi) program is another helpful tool that helps identify potential fraud, waste and abuse. This program allows State and Federal agencies along with other program contractors to work together to analyze billing trends across the Medicare and Medicaid programs.

The newest feature to the program is the addition of Managed Care Organization (MCO) data. "With the new Medicaid population, this new data will help us see more information which will help identify potential patterns now that our claims have increased," Hypes commented. "We can now see what the doctors see along with all MCO members' data that will allow us to look at patient frequency. This will help us analyze the information," Hypes said

The OPI Unit includes staff members Tammy Hypes, Director; Susan Johnson, DHHR Specialist, Senior, CPIC (Certified Program Integrity Professional), CPC (Certified Professional Coder); Sam Stout, DHHR Program Specialist, Senior, M.P.A, MCMP-II (Medicaid Learning Center Certified Medicaid Professional); Scott Winterfeld, DHHR Program Specialist, Senior; Stuart Epling, DHHR Program Specialist, Senior, CPC; John Hamilton, DHHR Program Specialist, Senior; and Paula Duff, Secretary II.



(Pictured from Right) Paula Duff, Susan Johnson and Scott Winterfeld (Not Pictured) Tammy Hypes, Sam Stout, Stuart Epling and John Hamilton

## WV Medicaid Telehealth Policy Clarification

West Virginia Medicaid's Telehealth Policy seeks to improve access to care through coverage of two-way, real time interactive communication, via the use of acceptable interactive telecommunications equipment, between the member at the originating site and the physician/practitioner at the distant site. To better ensure the availability of this service for members, WV Medicaid does not limit telehealth services to non-metropolitan statistical professional shortage areas. Watch for more information on coverage of telehealth services in the upcoming revision of the BMS Provider Manual Practitioner Chapter 519.

## Partnerships to Improve Quality of Care

The Bureau for Medical Services (BMS) Quality Unit is partnering with West Virginia's Medicaid Managed Care Organizations and Delmarva, the BMS External Quality Review Organization (EQRO) vendor, to improve the quality of care for West Virginia Medicaid enrollees. The BMS Quality Unit, Delmarva, and MCOs will be collaborating on Quality Improvement Projects (QIPs)/ Performance Improvement Projects (PIPs) to improve Maternal Health and Psychiatric Services. The teams are also partnering with the Centers for Medicare and Medicaid Services (CMS) Postpartum Learning Series Collaborative to improve Postpartum Care Rates. This collaboration with CMS will enable BMS to look at interventions that are working nationwide to improve Postpartum Care Rates. The BMS Quality Unit is planning to have interventions in place in 2016.

## Coding Corner

Most therapeutic, diagnostic and surgical procedures are represented by a HCPCS procedure code. Occasionally, a healthcare professional provides a service that is not represented by an existing procedure code. In these cases, an unlisted code is appropriate. However, unlisted codes should be used sparingly and only assigned after research proves there is no appropriate existing procedure code.

When an unlisted code is billed, documentation of the service provided is required in order for the service to be considered for reimbursement. The documentation should clearly describe the service in detail. For surgical procedures, a complete operative report is required. Unlisted laboratory and radiology codes should include the physician's order and the lab/pathology/radiology report. Documentation for other 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 FDA approval and efficacy studies, if available.

Please submit only documentation that is relevant to the service represented by the unlisted procedure code. Do not send a patient's complete medical record as it may be quite lengthy. The description of the service in question is easily missed in a large record and may result in services being denied. If multiple services are reported on the same document, highlight or otherwise identify the service represented by the unlisted procedure code.

Always provide a comparison service code when billing an unlisted procedure code. Provide a specific procedure code that closely represents the work and expense involved in providing the service represented by the unlisted procedure code.

Finally, remember that reviewing services billed with unlisted procedure codes takes longer than claims with more specific codes. Please do not rebill claims unless you have verified that the claim was not received. Billing duplicate claims results in longer delays and could cause incorrect payments.

## WV Medicaid Enrolling LCSWs, LPCs and LGSWs

In October 2015, WV Medicaid began accepting enrollment applications for Licensed Certified Social Workers (LCSWs) and Licensed Professional Counselors (LPCs) employed in the Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) settings. These providers must be enrolled under their employer's National Provider Identifier (NPI). Services provided by an LCSW or LPC must be identified on the CMS 1500 Claim Form under the LCSW's or LPC's NPI in Field 24J and the billing provider (employer) must be identified in Field 33A. All FQHC services provided for Medicaid recipients are required to be bill on the UB04 and not the 1500 form.

After receiving requests at the Fall 2015 Provider Workshops to enroll Licensed Graduate Social Workers (LGSWs), WV Medicaid decided to enroll these providers. Initially, enrollment of LGSWs will be limited to those in the FQHC and RHC settings. These providers must be enrolled and bill the same as LCSWs and LPCs. In addition, on the UB04 form, the provider's NPI will go in Field 76 "Attending Provider." The Facility NPI will be in Field 56.

In the first quarter of 2016, enrollment for LCSWs, LPCs and LGSWs will be open to those employed in settings other than an FQHC or RHC. Enrollment applications submitted for these providers in settings other than an FQHC or RHC prior to the acceptance date will not be processed.

Watch the Molina and Medicaid websites ([www.wvmmis.com](http://www.wvmmis.com) or [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)) for the date that enrollment applications for LCSWs, LPCs and LGSWs in settings other than an FQHC or RHC may be submitted.

## Ten HEDIS Measures Set for 2017 Managed Care Contract

The West Virginia Department of Health and Human Resources and the Bureau for Medical Services, through collaboration with the WV Health Innovation Collaborate and SIM Initiative, have selected 10 HEDIS measures to be used in the State Fiscal Year 2017 Managed Care contract. These measures focus on the State's key quality improvement goals in the areas of obesity, behavioral health and tobacco, while continuing to work on other critical health measures. These measures will be subject to the program's payment withhold, by which the managed care organizations will be able to achieve recoupment of funds based on performance in these 10 key areas compared to the national average.

1. Well-child visits in the 3rd, 4th, 5th, and 6th years of life
2. Adolescent well-care visits
3. Follow-up care for children prescribed ADHD medications
4. Follow-up after hospitalization for mental illness (follow-up visit within seven days of discharge)
5. Prenatal and postpartum care—postpartum care
6. Annual monitoring for patients with persistent medications—total
7. Medical assistance with smoking and tobacco use cessation—advising smokers to quit
8. Childhood immunization status—Combo 3
9. Comprehensive diabetes care (CDC) HbA1c<8.0% testing
10. Counseling for nutrition for children/adolescents

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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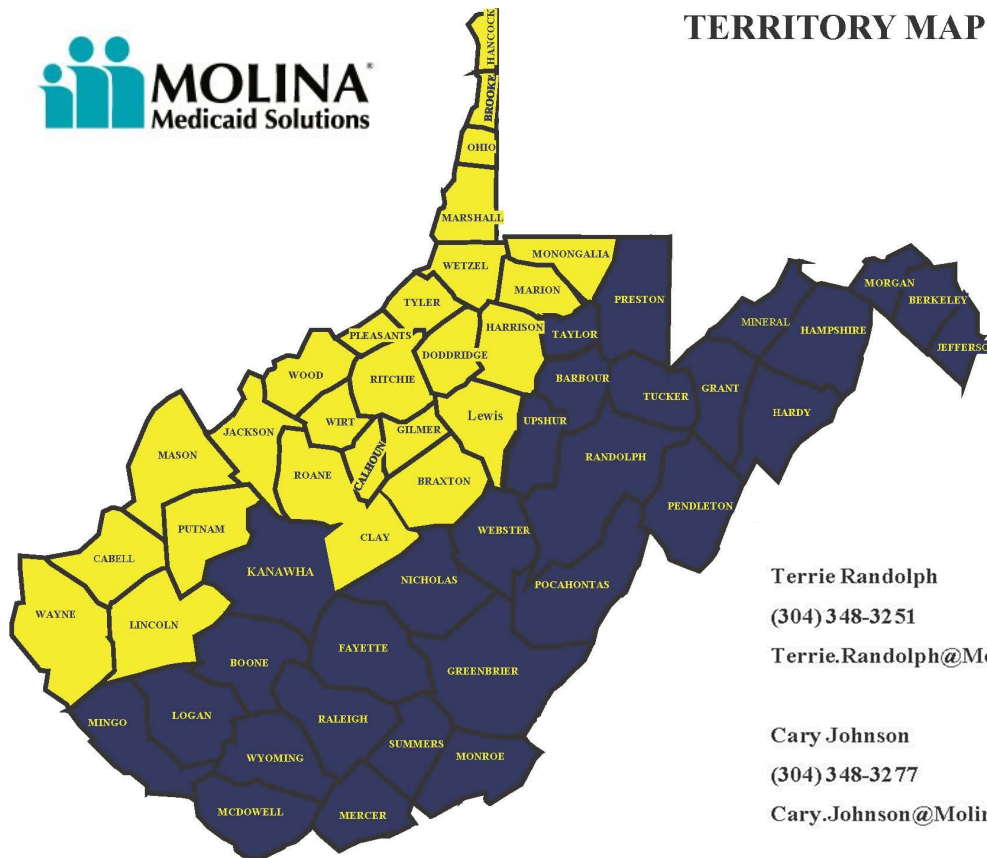
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## Molina Provider Relations TERRITORY MAP



# Contact

Molina Medicaid Solutions  
Provider Relations  
888-483-0793  
304-348-3360  
wvmmis@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, all PO Boxes are at Charleston, WV 25337

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  
Charleston, WV 25328-2254

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

## **Molina 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:**

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:**

APS Healthcare  
304-343-9663

MAXIMUS  
800-449-8466

WVMI  
800-542-8686

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

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

## **Claims and Application Information**

As a participating provider and 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  
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 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).