

### Provider Revalidation Closes on September 1, 2016

Provider Revalidation, as required under the February 2011 Federal Regulations for Provider Screening and Enrollment, is winding to a close. Outreach efforts have been completed with at least four letters sent to each provider's physical address on file with Molina Medicaid Solutions. Providers who have not submitted a revalidation application or who have not completed the process after being placed on pay hold, have had their participation terminated. As of March 31, 2016, approximately 85% of more than 23,000 providers previously enrolled with West Virginia Medicaid have been revalidated.

The federal deadline for revalidation cycle 1 for state Medicaid agencies and the Children's Health Insurance Program is September 25, 2016. West Virginia Medicaid's target dates in order to meet the federal deadline are:

- May 2, 2016 - All providers who have not submitted a complete revalidation application or who are not currently working with Molina to complete their revalidation application will be placed on pay hold.
- June 1, 2016 - All providers placed on pay hold in May and who have not completed the revalidation process will have their participation terminated.
- July 1, 2016 - All complete revalidation applications in-house will be completed by Molina.
- August 1, 2016 - Any incomplete revalidation applications received at Molina after July 1, 2016, will result in the provider being placed on pay hold.
- September 1, 2016 - Molina will begin terminating participation of all Medicaid providers who have not completed revalidation.

This summer, West Virginia Medicaid and Molina Medicaid Solutions will initiate work on the web-based provider revalidation process for revalidation cycle 2 that begins June 2018.

### Spring 2016 Provider Workshops

For the first time, participants attending the Spring 2016 Provider Workshops will have the opportunity to hear from a variety of state-funded insurance representatives and their contractors. Organizers have also added a workshop in Parkersburg due to the number of interested individuals at last year's Spring and Fall Provider Workshops. The workshops will be held from 9 a.m. to 4 p.m. at the following locations and dates:

- April 25 - Parkersburg, Blennerhassett Hotel
- April 27 - Morgantown, Ramada Inn
- May 2 - Beckley, Tamarack
- May 4 - Huntington, St. Mary's Hospital Conference Center
- May 6 - Charleston, Embassy Suites
- May 11 - Wheeling, Oglebay Resort
- May 13 - Roanoke, Stonewall Resort

## Spring 2016 Provider Workshops (Cont.)

The traditional presenters, West Virginia Medicaid and Molina Medicaid Solutions, will be joined by West Virginia Children's Health Insurance Program (WVCHIP), MAXIMUS, the West Virginia Public Employees Insurance Agency (PEIA), HealthSmart, Medicaid's Managed Care Organizations and APS Healthcare. All presenters will provide updates regarding upcoming developments that may impact healthcare provider's practices/organizations. Some of the topic areas include:

- New dental codes
- Drug screening
- ICD-10 transition results
- Medicaid provider enrollment update
- Medicaid program integrity activities
- Managed care services and benefits
- New Molina representatives regions
- WVCHIP income guidelines, eligibility and coverage
- Medicaid Management Information System (MMIS) 5.0 implementation update
- Final rule on access to care
- 24/7 coverage for primary care providers in managed care

Providers are requested to register for the workshop of their choice by going to [www.wvmmis.com](http://www.wvmmis.com) or <https://www.surveymonkey.com/r/2016SpringProviderWorkshops> to ensure a seat.

## Local Health Departments as Medicaid Providers

House Bill 4659 gave local health departments (LHD) the authority to bill for medical services without first getting permission from the West Virginia Department of Health and Human Resources, Bureau for Public Health Commissioner. The bill becomes effective July 1, 2016.

LHDs and any affiliated provider must be enrolled as a West Virginia Medicaid provider in order to be reimbursed for services. Each LHD will be enrolled as a group provider, i.e., pay-to provider. At a minimum, the LHD must have a physician, physician assistant (PA) or advanced practice registered nurse onsite when providing billable services other than immunizations. PAs must be enrolled and supervised by a physician who is an enrolled Medicaid provider and affiliated with the LHD. Practitioners who volunteer services at the LHD, which will be billed to Medicaid, must be enrolled as a Medicaid provider.

Beginning July 1, 2016, LHDs must bill using Current Procedural Terminology (CPT) codes instead of the T10 encounter code using the CMS-1500 form in accordance with the policy governing the provided service. There is no change in billing of immunizations or vaccines or for public health programs such as Right from the Start, Family Planning, etc. The Bureau for Medical Services' draft policy manual for LHDs is posted for public comment until April 30, 2016 at [http://www.dhhr.wv.gov/bms/Public%20Notices/Documents/BMS\\_Proposed\\_Local\\_Health\\_Dept\\_Policy.pdf](http://www.dhhr.wv.gov/bms/Public%20Notices/Documents/BMS_Proposed_Local_Health_Dept_Policy.pdf).

To enroll as a West Virginia Medicaid provider, contact Molina Medicaid Solutions' Provider Enrollment Department at 800-483-0793, option 3, Monday through Friday from 7 a.m. to 7 p.m.

## Meet Molina Medicaid Solutions' Enrollment Department

The Affordable Care Act (ACA) of 2010 established new regulations and requirements for state Medicaid agencies to eradicate fraud, waste and abuse. This has led to new and exciting challenges for the Molina Medicaid Solutions' Provider Enrollment Department. The new implementations may seem tremendous, but the Department is ready to take on their new tasks.

The Provider Enrollment Department is the heart of West Virginia's Medicaid provider enrollment relations as they are responsible for:

- New provider enrollment
- Provider file maintenance
- Provider revalidation

The Enrollment Department, once a team of seven, has increased to 26 members within the past year. The additional staff is attributed to the new requirements implemented under the 2011 federal regulations such as provider revalidations and new provider enrollment and screening requirements. As the number of providers increases, customer service calls go up; the Department currently averages 400 enrollment calls per day.

"Most of our enrollment team members have been with us for less than a year, which makes enrollment more challenging. Enrollment application forms are longer and more comprehensive," says Misty Smith, Molina Provider Enrollment Supervisor. "Good communication skills are important. We are looking to add 10 more staff members in the near future."

When the West Virginia Children's Health Insurance Program (WVCHIP) transferred its dental and medical claims processing to Molina, the Department had to take on additional work to get the WVCHIP providers enrolled. WVCHIP providers were accustomed to a different enrollment process, which was less comprehensive.

The Department has already revalidated more than 20,000 enrolled Medicaid and WVCHIP providers. Although they have more changes heading their way, they are ready to provide the upmost customer service to assist the providers before they are enrolled and after enrollment. The Department works as a team and realizes it takes time to adjust to each other as well as new processes. Nevertheless, they are proud to be a part of the goal which is to eliminate waste, fraud and abuse.



**Molina Medicaid Solutions Provider Enrollment Team**

## Centers for Medicare and Medicaid Services (CMS) Finalizes Mental Health and Substance Use Disorder (SUD) Parity Rule

The SUD rule will strengthen access to mental health and substance use disorder services for West Virginia Medicaid and West Virginia Children's Insurance Program (WVCHIP) members. The rule was finalized following President Barack Obama's visit to the 2016 National Rx Drug Abuse and Heroin Summit.

Under the final rule, insurance plans must disclose information on mental health and substance use disorder benefits upon request, including the criteria for determinations of medical necessity. In addition, the final rule requires states to disclose the reason for any denial of reimbursement or payment for services with regard to mental health and substance use disorder benefits.

"The SUD final rule will allow us the opportunity to design a more flexible service delivery system to help us treat our fellow West Virginians who are struggling with the disease of addiction," says Cynthia Parsons, Program Manager-Behavioral Health and School-Based Health Services.

West Virginia is in the midst of a deadly opioid abuse epidemic and has the highest rate of drug overdose deaths in the country. The goal of the final rule is to assist in the fight against substance abuse and stop the growing epidemic. The final rule comes as an effort to increase access to and improve mental health services and care for low-income individuals.

## Enrolled Providers and Prescription Edit Update

Effective June 1, 2016, all prescriptions written for West Virginia Medicaid members must be written by an enrolled West Virginia Medicaid Provider. Federal regulations stipulate that all services, including prescription drugs, provided for Medicaid members must be ordered by enrolled providers. Although providers may be employed by an entity that bills West Virginia Medicaid for medical services, prescriptions can only be paid if they are written by an individually, enrolled prescriber. Prescriptions will be edited on the National Provider Identifier (NPI) of the prescriber, and Medicaid will be unable to provide coverage overrides for unenrolled prescribers. Therefore, patients will have to pay out-of-pocket.

To enroll as a West Virginia Medicaid provider, please contact Molina Medicaid Solutions' Provider Enrollment Department at 888-483-0793. If you are a physician assistant, the practice or physician with whom you are employed must call Molina to enroll you as an ordering/rendering provider. If you have questions, please contact the Pharmacy Services Program at 304-558-1700 or at [DHHRMedicaidPharmacist@wv.gov](mailto:DHHRMedicaidPharmacist@wv.gov).

## Guide to Medicaid Update

The *Guide to Medicaid 2016* is now available on the West Virginia Bureau for Medical Services' website under the Publications section. The updated guide includes the latest federal poverty level (FPL) income limitations along with other updated information throughout the guide. To view the "Guide to Medicaid," please go to: <http://www.dhhr.wv.gov/bms/BMSPUB/Documents/Guide%20to%20Medicaid%20%202016Final.pdf>.

## Fingerprint-Based Criminal Background Checks (FCBC) Update

On June 1, 2015, the Centers for Medicare and Medicaid Services (CMS) issued guidance on the implementation of Fingerprint-Based Criminal Background Checks (FCBC). These background checks apply to all providers who were enrolled on or after August 1, 2015. Providers enrolled in Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP) who have already had a FCBC, do not have to undergo an additional background check.

CMS followed up in December by issuing additional guidance on the implementation; subsequently, states were given the option to:

- Complete full implementation by June 1, 2016
- Submit a compliance plan by April 15, 2016

The West Virginia Bureau for Medical Services (BMS) continues to work with the West Virginia Clearance for Access: Registry and Employment Screening (WV CARES) Program to conduct FCBCs for each provider designated as "high risk" under the Affordable Care Act (ACA) of 2010. The "high risk" category includes but is not limited to home health, suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) and providers who have been excluded in the past 10 years.

As part of the February 2011 federal regulations on provider enrollment and screening and CMS guidance, a state Medicaid agency must terminate or deny enrollment of a provider if the provider or any person with a 5% or greater direct or indirect ownership interest, who is required to submit fingerprints, does one of the following:

- Fails to submit an FCBC within 30 days of the Medicaid agency's request
- Fails to submit an FCBC in the form and manner requested by the Medicaid agency
- Has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid or CHIP program in the last 10 years.

## Coding Corner

Documentation is required when billing for an assistant surgeon or assistant at surgery for some procedures. Those procedures can be identified by accessing the West Virginia RBRVS fee schedule at <http://www.dhhr.wv.gov/bms/Pages/WV-MedicaidPhysician%27sRBRVSFeeSchedules.aspx>. The procedures requiring documentation are identified by the letter "D" in the "ASST SURG" column of the RBRVS.

An operative note should be included with the claim for surgical assistant services. Failure to include a legible operative note will result in a denial for lack of documentation. The assistant's role in the procedure should be clearly defined in the narrative of the operative note. If the assistant's role is not apparent, the service may be denied because the necessity of the service is not supported by the documentation.

When a nurse practitioner or physician assistant acts as an assistant at surgery, be sure to append the correct HCPCS modifier to the procedure. Modifier-AS indicates physician assistant, nurse practitioner or clinical nurse specialist services for assistant surgery. Modifiers 80, 81 and 82 indicate assistant surgeon services.

## Quality Unit Plans for Second Quality Improvement Project

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) Quality Unit is developing a second Quality Improvement Project (QIP), which is related to the Healthcare Effectiveness Data Information Set (HEDIS) measure: follow-up after hospitalization for mental illness. The Quality Unit will partner with pilot sites to improve the follow-up appointment rate after hospital discharge for a mental health condition. The quality team will collaborate with hospital(s) and provider(s) on discharge protocols and identification of interventions that could potentially improve the follow-up rate for Medicaid members. The QIP will focus on an education packet that will be provided to Medicaid members at the time of discharge. The education packet will emphasize the importance of the follow-up appointment after hospitalization for certain mental illnesses identified in the HEDIS measurement. The quality team plans to have interventions in place the first of June 2016.

The BMS Quality Unit continues to collaborate with the West Virginia Medicaid Managed Care External Quality Review Organization (EQRO) and the current Managed Care Organizations (MCOs) for the first Quality Improvement Project (QIP) maternity care - behavioral health risk assessment and postpartum care visit, which is related to the HEDIS measure prenatal and postpartum care. The planning phase for this project is coming to a completion. The Quality Unit and the MCOs are preparing to implement the QIP in mid-2016.

DeeAnn Price, RN, BA, MBA, former BMS Policy Manager for Professional Services, was recently promoted to Director of the Quality Unit, which resides within the BMS Office of Policy Administrative Services. Staff includes Tim DeBarr, Project Coordinator and Leon Smith, Data Analyst.

### Provider Web Portal Challenges

Molina Medicaid Solutions recognizes that they, along with the provider community have faced many challenges since the January 19, 2016, implementation of the new state claims processing system, HealthPAS 5.0, especially with the online provider enrollment application. Molina will continue to work with all aspects of technology and will make it the most efficient application possible. Please contact Molina if you have questions concerning the use of the Provider Enrollment Application at [www.wvproviderenrollment@molinahealthcare.com](mailto:www.wvproviderenrollment@molinahealthcare.com) or 888-483-0793.

### Reminder: Change in Anesthesia Billing

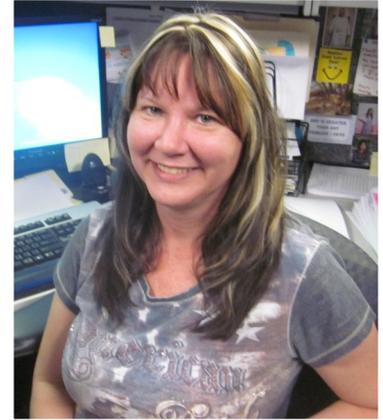
Anesthesia services must be billed in minutes to utilize the "MJ" qualifier in the SV103 per the TR3. The new MMIS will not accept anesthesia services billed in units, i.e., 15 minute time units. The only exception from this rule is dentists who may continue to bill in units. The Molina companion guides and paper billing instructions have been updated for this requirement.

### Physician Assured Access System (PAAS) Program Update

Effective July 1, 2016, the Physician Assured Access System (PAAS) will be discontinued. Members who are currently enrolled in PAAS have received two letters directing them to contact the Managed Care Enrollment Broker, MAXIMUS. If the member does not select an MCO, one will be assigned to them.

## Bureau for Medical Services Appoints New Provider Enrollment Coordinator

Angelita Casto is the new Bureau for Medical Services (BMS) Provider Enrollment Coordinator. As the coordinator, she will ensure that Molina Medicaid Solutions provider enrollment policies and procedures are compliant with related federal and state regulations, law, etc. Casto will also make sure that providers are made aware of changes to enrollment and screening on a timely basis, will monitor statistics regarding enrollment numbers per specialty and participate in Centers for Medicare and Medicaid Services (CMS) calls and trainings as related to provider enrollment. Her position will allow her to partner with the BMS Office of Program Integrity concerning provider adverse actions.



Angelita Casto

If you have questions regarding enrollment, please continue to contact Molina Medicaid Solutions Provider Relations Department at 888-483-0793 or by email: [wvmmis@molinahealthcare.com](mailto:wvmmis@molinahealthcare.com).

## Dental Current Dental Terminology (CDT) Codes Update

Effective April 1, 2016, two CDT codes opened in Medicaid Management Information Systems (MMIS) for tracking purposes only. The new codes are:

- D9986 - Missed appointment
- D9987 - Cancelled appointment

The fee for both codes are set at zero dollars; Medicaid members cannot be billed for these codes.

## Provider Exclusion from Participation in Federal Health Care Programs

The Office of Inspector General (OIG) has the authority to exclude from participation in Medicare, Medicaid, and other federal health care programs those individuals or entities who have engaged in abuse or fraud. If an individual or entity is excluded from participation, this exclusion applies to all states and all federal health care programs, including West Virginia Medicaid. The OIG publishes names of excluded individuals and entities. Access this list and other information relating to the exclusion program from the OIG website at: <http://www.oig.gov/>.

Providers must check all current and future employees, subcontractors, and agency staff for possible exclusion from participation in federal health programs. Failure to verify this information may result in recoupment of monies paid for services provided by an excluded individual or entity. It is the providers' responsibility to ensure they do not bill or receive payment from WV Medicaid or any other federal health care program for services rendered or ordered by an individual on the exclusions list. Providers are advised to self-report any violation of the Federal Exclusion policy to the Office of Program Integrity (OPI) by calling 304 - 558 -1700.

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.

Karen L. Bowling, DHHR Cabinet Secretary  
Jeremiah Samples, DHHR Deputy Secretary  
Cynthia E. Beane, BMS Acting Commissioner

Contributing writers:

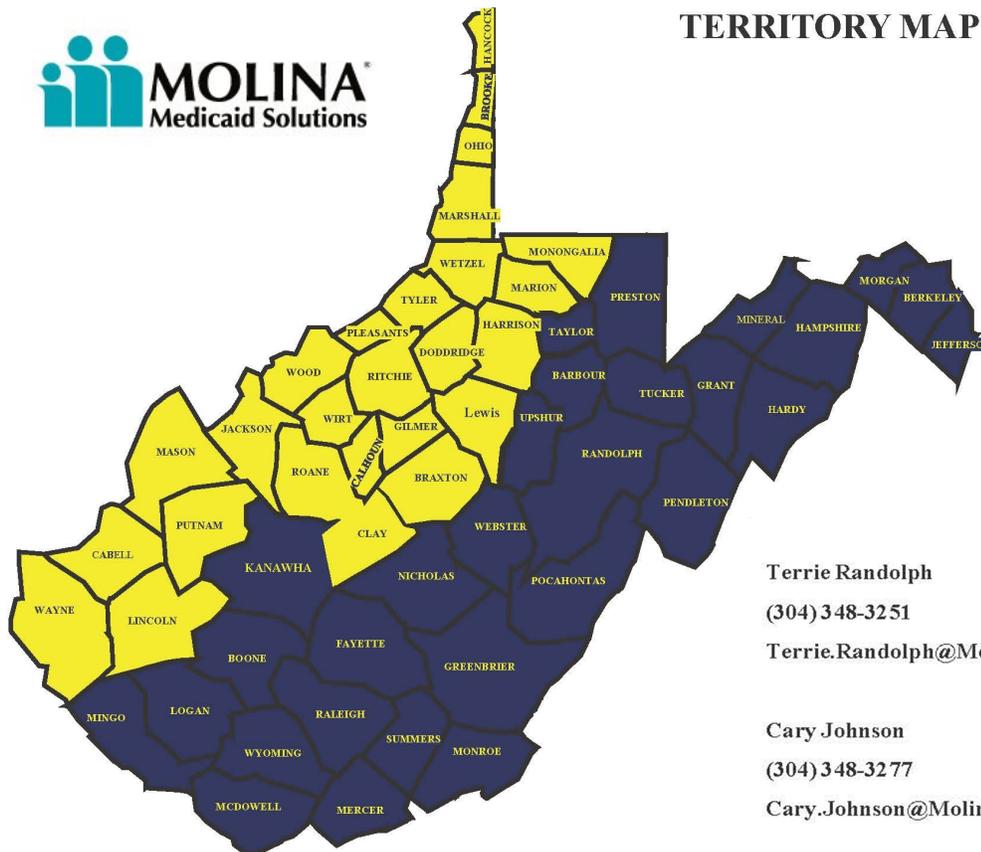
Margaret Brown, BMS

Tanya Cyrus, BMS

Penney Hall, BMS

Joseph Stanley MS CPC, Molina

## Molina Provider Relations TERRITORY MAP



Terrie Randolph

(304) 348-3251

[Terrie.Randolph@Molinahealthcare.com](mailto:Terrie.Randolph@Molinahealthcare.com)



Cary Johnson

(304) 348-3277

[Cary.Johnson@Molinahealthcare.com](mailto:Cary.Johnson@Molinahealthcare.com)



# Contacts

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 help desk at: [edihelpdesk@molinahealthcare.com](mailto:edihelpdesk@molinahealthcare.com).