

## WV Medicaid Cards to be Distributed on a Yearly Basis

Starting in April 2015, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) will no longer be printing monthly Medicaid cards. Members will receive a yearly card in April for 2015. This move is expected to save West Virginia an estimated \$2.5 million a year.

“We know this change is significant for both the Medicaid member and provider,” said Cynthia Beane, Acting BMS Commissioner. “In the future, Medicaid members will have an insurance card similar to private insurance cards. More important, this change from monthly to annual cards will significantly reduce costs to the State.”

BMS has taken a number of steps to ensure both Medicaid members and providers have been informed of this change. For the first year, the Medicaid card will be paper, much like it is today. BMS and the DHHR Office of Management Information Services are looking into alternative forms for future years. New cards will be issued in January of each year starting in 2016.

If a member loses or misplaces his/her card, they can receive a duplicate card by contacting their case worker at the local DHHR office, calling the DHHR Customer Service Center at 1-877-716-1212, or by going on-line to [www.wvmmis.com](http://www.wvmmis.com) to get a Letter of Creditable Coverage. The Letter of Creditable Coverage is valid only for the day it is printed.

The BMS is reminding medical providers that they need to verify that their patient is still a Medicaid member by either going on-line to the provider portal at [www.wvmmis.com](http://www.wvmmis.com) or calling 1-888-483-0793.

## Spring 2015 Provider Workshops

The WV Bureau for Medical Services (BMS) and Molina Medicaid Solutions will be conducting seven Provider Workshops throughout the state from April 13 - 23, 2015. Please join us at one of this year's Spring Provider Workshops to become aware of new developments that may impact you. Workshops are being offered at various locations to accommodate as many providers as possible. For more information on the workshop agenda, locations, date and time, and to register to attend, please go to Molina's website at [www.wvmmis.com](http://www.wvmmis.com).

### Dates and Locations:

- Martinsburg - 04/13 - Holiday Inn
- Wheeling - 04/14 - Oglebay State Park Pine Room
- Morgantown - 04/15 - Lakeview Resort
- Roanoke, WV - 04/20 - Stonewall Jackson Resort
- Huntington - 04/21 - Big Sandy Arena
- Beckley - 04/22 - Tamarack
- South Charleston - 04/23 - Holiday Inn

Agenda topics include, but are not limited to the following:

- Yearly Medicaid Cards
- ICD-10 External Testing
- New Claim Edits on Provider Enrollment
- Provider Revalidation Update
- CHIP Provider Enrollment and Claims Processing Transition

## Provider Revalidation Update

Provider revalidation is drawing closer to completion. Letters were mailed in January 2015 to the last revalidation phase (Phase 10) for “typical” providers. Revalidation for Phase 11 “atypical” providers (health departments, county boards of education and public health agencies) will begin at varying dates in April and May 2015.

Also in April 2015, providers in Phases 1 through 4 that are currently on pay hold for failure to revalidate will have their Medicaid participation terminated. At the same time, a list of providers from Phases 5 through 8 who have not submitted a complete application for revalidation will be posted on the Molina and BMS websites for 2 weeks. After the 2 weeks, Phase 5 through 8 providers who have not completed revalidation will be placed on pay hold.

The Revalidation Phases for “typical” providers and the primary provider types in each phase are listed below. All notifications for these providers have been completed.

## Provider Revalidation Update, *cont.*

Phase 1:	Direct providers
Phase 2:	Directs classified as Groups
Phase 3:	Groups of 50 or less providers
Phase 4:	Groups of 51 or more providers
Phase 5:	Remaining Directs & Groups including, but not limited to Audiologists, Chiropractors, Advanced Practice Registered Nurses (CMN, CNS, CRNA, NP) and Optometrists
Phase 6:	Ambulatory Surgery Centers, Audiology Centers, Case Management Agencies, Home Health Agencies, Homemaker Agencies, Independent Labs, Independent Radiologists, Occupational Therapists, Physical Therapists, Speech Therapists, Renal Centers
Phase 7:	Federally Qualified Health Centers, Rural Health Clinics
Phase 8:	Birthing Center, Dentists, Domestic Violence Centers, DMEPOS, Mental Health Clinics, Mental Health Clinics BHHF, Mental Health Rehabilitation Centers, Mental Health Hospitals < 21, Personal Care Providers, Prosthetic Suppliers, Psychologists
Phase 9:	Pharmacies, LTCs, Hospices, Nursing Care Agencies, Respite providers and Habilitation providers
Phase 10:	Transportation providers, Mental Health Hospitals, Inpatient Hospitals, Podiatrists, Transition Navigators

### Other important Provider Revalidation dates:

- All “typical” providers who have not submitted a complete application for revalidation to Molina by June 30, 2015, will be placed on pay hold.
- All “typical” providers on pay hold who have not completed revalidation on October 1, 2015, will have their Medicaid participation terminated.

## Medical Transportation Management Keeps Non-Emergency Transportation Services Moving

On October 1, 2014, Medical Transportation Management (MTM) started providing Non-Emergency Medical Transportation (NEMT) brokerage services for the WV Department of Health and Human Resources, Bureau for Medical Services. The broker’s goal is to improve coordination and quality of transportation while decreasing costs and helping to prevent fraud, waste and abuse of NEMT services. The transition has been successful as MTM has already scheduled numerous trips, responded to thousands of calls, and identified trips that do not qualify for the program. As of January 1, 2015, MTM has received 89,018 calls, scheduled 50,557 trips, and denied 1,558 trips.

Healthcare providers may work directly with MTM to schedule transportation for Medicaid members at <http://www.mtm-inc.net/transportation-managment/> or call 1-844-549-8353.

## APS Update: WV Medicaid Health Homes Program

A Health Home provides a comprehensive system of care coordination for WV Medicaid members with eligible chronic conditions, bipolar disorder with Hepatitis B or C (or at risk of Hepatitis B or C). Health Home providers coordinate all primary, acute, behavioral health and long-term services and supports to treat the “whole person” across a Medicaid member’s lifespan. Members are free to choose any provider for treatment services; therefore, your current patients can remain with you.

A WV Medicaid recipient may have both a Health Home (Comprehensive Care Management Program) and Home Health Services. These are two distinct and different programs that are available to the member.

## APS Update: WV Medicaid Health Homes Program, *cont.*

The current Health Home member enrollment is approximately 1,000 members.

There are currently eight (8) Health Homes located in Cabell, Kanawha, Mercer, Putnam, Raleigh and Wayne counties. These Health Homes are operated by Cabin Creek Health Systems, FMRS Health Systems, Marshall Health, Pretera Center for Mental Health, Process Strategies, Southern Highlands Community Health Center, WV Health Right, and WomenCare, Inc. (aka Family Care).

The goal of the Health Homes Program is to make you, the provider, aware of relevant changes in a member's condition and to reduce inpatient hospitalizations. Success depends on effective communication! Please respond to those calls and other communications from Health Home Care Coordinators to fully experience the benefits of the Health Homes Program!

### **Billing Tips:**

For Health Homes, there is a 27-day rolling billing period stipulation with the Molina system AND you **MUST** bill on the same date every month. If you bill late in the month, do not bill later than the 28<sup>th</sup> because not all months have 29 or more days.

The high intensity (S0281TF) code may be billed by only one provider in a calendar year (Jan. to Dec.).

Please contact Molina at 304-348-3360 or 1-888-483-0793 for billing questions.

## Pharmacy Update on Preferred Drug List

On April 1, 2015, the preferred agents on the West Virginia Medicaid Preferred Drug List for an epinephrine auto-injector will be Auvi-Q and a generic epinephrine. The current agent is EpiPen, which will require a prior authorization as of April 1, 2015.

EpiPen will only be authorized if the prescriber documents that a patient cannot understand or use either of the preferred agents. Both EpiPen and Auvi-Q injection devices contain 0.3 mg and 0.15 mg of epinephrine. Auvi-Q offers step-by-step voice instructions to guide patients through the injection process. An LED light alerts the patient when Auvi-Q is ready to inject and again when the injection is complete. For more information about Auvi-Q or to see a demonstration including voice instructions, please visit <https://www.auvi-q.com>.

## WV Cares Program Pilot Test Takes Off

The West Virginia Clearance for Access Registry and Employment Screening (WV CARES) is ready to begin providing extra protection for WV Medicaid members who receive long-term care (LTC) services. The Centers for Medicare and Medicaid Services (CMS) awarded more than \$50 million to 25 states, including West Virginia, to fund the creation, support and testing of a state program, as part of the National Background Check Program. The grant has already been successful as the pilot testing of Phase 1 was launched in January.

The WV CARES automated system pilot of Phase 1 is projected to conclude in May 2015 when the program will begin to roll out to all LTC provider types. The testing consists of 25 facilities and approximately 10 providers who are using the fully automated system. The complete system will roll out in two phases. During the first phase, providers will have access to the automated prescreening registry check process, and the second phase will allow the state and federal fingerprint-based background checks to be processed through the WV CARES system for the purpose of employment fitness determination. The system provides a more convenient and thorough prescreening process of employees in LTC settings. If an individual applies for employment with any LTC provider, he/she first must be cleared by the new automated system prescreening process which consists of current required registry checks before being sent for a state and federal fingerprint-based background check. The new process will eliminate the follow-up background checks that LTC providers currently perform as it will automatically perform a background check every three months, thereby avoiding overlooked applications. Once the testing concludes, the full-system roll out will begin increasing the number of participating providers to over 1,000 provider types.

Senate Bill 88, which passed during the 2015 Legislative session and was signed by the Governor in late March, establishes the WV CARES Act and authorizes the WV CARES Program to receive and review the state and federal fingerprint-based background checks and provide an employment fitness determination for potential LTC employees. The WV CARES Act also creates an

## WV Cares Program Pilot Test Takes Off, *cont.*

integrated rap back program with the WV State Police to allow retention of fingerprints and updates of state and federal criminal information on all direct access personnel until such time as the individual is no longer employed or engaged by the covered provider.

If you have any question about the program, please email [wvcares@wv.gov](mailto:wvcares@wv.gov).

## Medicaid Waiver Applications Released for Public Comment

On March 16, 2015, the Bureau for Medical Services released the draft applications for the three 1915(c) waivers: the Aged and Disabled Waiver, and the Traumatic Brain Injury Waiver, for a 30-day public comment period ending April 17, 2015, and the Intellectual/Developmental Disabilities Waiver, for a 30-day public comment period which will end on April 22, 2015.

Changes are being proposed for all three waivers. Below are some of the major changes being proposed for each waiver as well as the number of people each waiver will serve during the next five years.

### **Aged and Disabled Waiver (ADW)**

- In ADW year one, 6,385 people will be served; in year two, 6,151 people will be served; in year three, 5,752 people will be served; in year four, 5,499 people will be served; and in year five, 5,180 people will be served.
- Financial eligibility must be established before applicant is assessed for Medical eligibility for the ADW program.
- Limits mileage 3,600 miles per year (an average of 300 miles per month).
- Replaces the Personal Assistance/Homemaker service with Personal Attendant service. Also, Skilled Nursing, Case Management and Transportation are separate services.
- Increases the time-frame for completion of initial medical evaluations from 30 days to 45 days, after financial eligibility determination.
- Allows WV Licensed Physician's Assistant and Advanced Practice Registered Nurse Practitioners to complete and sign the Medical Necessity Evaluation Request.
- Removes Participated-Directed Goods and Services (PDGS) as a service in the personal option model.

### **Traumatic Brain Injury Waiver (TBIW)**

- In TBIW year one, 74 people will be served; in year two, 70 people will be served; in year three, 66 people will be served; in year four, 62 people will be served; and in year five, 59 people will be served.
- Lowers the age for eligibility from 22 years to three years.
- Expands the eligibility criteria to allow the combination of deficit areas on the Pre-Admission Screen (PAS) from 13 to 17.
- Adds the medical diagnosis of "anoxia" due to near drowning.
- Financial eligibility must be established before applicant is assessed for Medical eligibility for the TBIW program.
- Limits mileage to 3,600 miles per year (an average of 300 miles per month).
- Removes Cognitive Rehabilitation Therapy as a service.
- Allows WV Licensed Physician's Assistants and Advanced Practice Registered Nurse Practitioners to complete and sign the Medical Necessity Evaluation Request.
- Removes Participated-Directed Goods and Services (PDGS) as a service in the personal option model.

### **Intellectual/Developmental Waiver (IDDW)**

- 4,634 individuals will be served each year throughout the five year period of the IDDW.
- Applicants for IDDW services must be at least three years of age.
- Adds two new services: pre-vocational services and supported employment job development.
- Members may only receive two years of facility-based day habilitation services.
- Respite services may not be provided on the same day as another direct care service and is limited to 2,920 15 minute units (730 hours) per year.
- LPN services are limited to two hours a day unless there are extenuated circumstances and the service is not available through the Medicaid state plan.
- Reduces the combined cap on Therapeutic Consultant and Behavioral Support Professional (redefined as Behavioral Support Professional I and II) from 960 15 minute units (240 hours) per year to 768 15 minute units (192 hours) per year.

## Medicaid Waiver Applications Released for Public Comment, *cont.*

- Removed Agency with Choice from available service delivery models.
- Reduces Person-Centered Support Services for children under the age of 18 to a hard cap of four hours a day to coincide with 180 instructional school days and six hours a day for 185 non-instructional school days.
- Reduces Person-Centered Support services for adults over the age of 18 to a hard cap of eight hours a day.

All three waivers include the following proposed change:

- Removes the requirement for the WV Protective Record Services Check (WVPRSC) for employees having direct contact with the person receiving services.

The proposed waivers can be found at <http://www.dhhr.wv.gov/bms/Pages/default.aspx>. Comments are due by 5:00 p.m. on the dates indicated above. Comments on the waivers can be emailed to:

[ADWComment@wv.gov](mailto:ADWComment@wv.gov)  
[TBIWComment@wv.gov](mailto:TBIWComment@wv.gov)  
[IDDWComment@wv.gov](mailto:IDDWComment@wv.gov)

Comments can also be mailed to the WV Bureau for Medical Services, 350 Capitol Street, Room 251, Charleston, WV 25301, Attn: Home and Community Based Services Office.

## BMS Announces New Managed Care Enrollment Broker starting May 2015

The Bureau for Medical Services has announced that MAXIMUS was awarded the Managed Care Enrollment Broker contract. MAXIMUS will begin services on May 29, 2015. Founded in 1975, MAXIMUS employs over 13,000 people and has served over 4,000 clients with the overarching and constant goal of “helping government serve the people.” MAXIMUS’ enrollment broker services have touched one out of two managed care lives in the United States.



A MAXIMUS spokesperson said, “We are excited to bring this extensive experience in choice counseling and outreach to the people of West Virginia. We look forward to fostering new partnerships with various stakeholders, managed care programs, and providers in the Mountain State.”

## Meet the Medicaid Medical Unit



Pictured left to right: Ken Devlin, Dr. Becker and Paula Hamady.

Medicaid expansion vastly increased the Medicaid member population resulting in new and higher demands from the Department of Health and Human Services, WV Bureau for Medical Services (BMS) and providers. As a result of the growing member population, the BMS Medical Unit recently expanded to a team of five medical experts.

Dr. James Becker, MD, BMS Medical Director, leads the Bureau’s Medical Unit and delivers his expertise and services to BMS staff and providers. The Unit covers a wide range of medical issues and is involved with coverage decisions, limits and criteria for coverage, individual case reviews, policy development, and pharmacy reviews.

The Unit also helps guide programs such as Health Homes so they run smoothly and effectively to achieve their individual goals.

Most importantly, the Unit gives providers a voice on important issues, which allows the Medical Unit to review the evidence of the effectiveness and cost of services. Dr. Becker knew that the Medical Unit had to grow in order to respond to the larger number of requests as well as handle complex issues that are brought to the Unit’s attention from providers.

Contact Us! Phone: 304-558-1700 Email: [DHRBMSupport@wv.gov](mailto:DHRBMSupport@wv.gov) Online: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)



## Meet the Medicaid Medical Unit

“Our goal is to help guide coverage decisions in a way that makes the most effective therapies available to the patients who will benefit the most.” said Dr. Becker.

His team includes Ken Devlin, Health Psychologist; Paula Hamady, Nurse Practitioner; Dr. Kelly Melvin, Child Psychiatrist; and Betsy Thornton, Registered Nurse. Dr. Becker’s team is already working closely with other BMS staff and is eager to team up with providers as well. The wealth of knowledge that each team member has allows the Unit to make effective decisions and handle issues in a swifter manner.

“It is my hope that providers will see our team as a valuable resource when they are caring for Medicaid members. We are all, first and foremost, medical providers,” says Dr. Becker.

As the Medical Director, Dr. Becker recognizes that the State is operating with limited funds; therefore, he wants to ensure that goals of the Medical Unit are met and that providers will utilize the new team’s valuable expertise and skills.

## WV Coding Corner

### 2015 Codes and X Modifiers

Four new HCPCS modifiers are being established for claims with dates of service on or after January 1, 2015. They are:

- XE - Separate encounter: a service that is distinct because it occurred during a separate encounter
- XP - Separate practitioner: a service that is distinct because it was performed by a different practitioner
- XS - Separate structure: a service that is distinct because it was performed on a separate organ/structure
- XU - Unusual non-overlapping service: the use of a service that is distinct because it does not overlap usual components of the main service

These modifiers may be used for clinical situations in which two HCPCS/CPT codes are reported by the same provider on the same date of service and that are currently indicated by appending modifier 59 – “Distinct Procedural Service” to a HCPCS/CPT code.

Modifier 59 is one of a number of modifiers designated as Medicaid National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP)-associated modifiers. When an NCCI PTP-associated modifier is appropriately appended to one of the codes in a PTP edit pair that has a Correct Coding Modifier Indicator (CCMI) of 1, the edit is bypassed. Information about PTP-associated modifiers can be found in the *Medicaid NCCI Policy Manual (rev. 11/14)*, which is posted on the Medicaid NCCI website: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>

The information is located in Chapter 1 beginning on page I-20. Additional information about modifier 59 can also be found in a separate *Modifier 59 Article (rev. 10/14)* that is also posted on the Medicaid NCCI website. The general principles described in the modifier 59 article apply to the new X{EPSU} modifiers.

Modifier 59 will remain a valid PTP-associated modifier. Use of the new X{EPSU} modifiers is currently optional. However, providers may choose to use them to specify more clearly the clinical situations in which modifier 59 is now reported.

## ICD 10 Update

WV Medicaid continues to remediate the policies in the BMS Provider Manual in preparation for the October 1, 2015, ICD-10 compliance date. Policies will be released for public comment no later than June 1, 2015.

Molina’s external testing of ICD-10 with providers will begin in June 2015.

For the latest news and information, go to the ICD-10 webpage on Molina’s website at <https://www.wvmmis.com/SitePages/ICD-10%20Transition.aspx>.



# Contact Information

Molina Medicaid Solutions  
 Provider Relations  
 888-483-0793  
 304-348-3360  
[wmmis@molinahealthcare.com](mailto:wmmis@molinahealthcare.com) (email)

EDI Helpdesk  
 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 am until 5:00 pm

Molina Provider Services Fax  
 304-348-3380

Contact BMS at:  
[BMSmedclaimdoc@wvdhhr.org](mailto:BMSmedclaimdoc@wvdhhr.org) (email)

MCO Contacts  
 CareLink  
 888-348-2922

The Health Plan  
 888-613-8385

Unicare  
 800-782-0095

WV Family Health  
 855-412-8002

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

PO Box 3765	NCPDP UCF Pharmacy
PO Box 3766	UB-92
PO Box 3767	CMS-1500

PO Box 3768	ADA-2002
Charleston, WV 25337	

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

Molina Mailing Addresses  
 Provider Relations & Member Services.  
 PO Box 2002  
 Charleston WV 25327-2002  
 Fax # 304-348-3380

Provider Enrollment & EDI Help Desk.  
 PO Box 625  
 Charleston WV 25337-0625  
 Fax # 304-348-3380

Vendor Contacts  
 APS  
 304-343-9663

WVMI  
 800-642-8686

HMS  
 304-342-1604

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

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

**Molina Automated Voice Response System (AVRS) Prompt Tree**  
 1-888-483-0793

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

**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 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).