

## 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 use abusers.

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 (Narcan), 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 such as hepatitis B, hepatitis C and HIV/AIDS associated with intravenous drug use.
- 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.
- 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

*Continued on page 2*

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

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.

- 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 are 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 January 16, 2017, the HELP4WV Helpline had received 8,714 calls. The helpline number is 1-844-HELP4WV (1-844-435-7498).

The DHHR, Bureau for Medical Services (BMS) has submitted a 1115 waiver application to the Centers for Medicare and Medicaid Services (CMS) to promote access to substance use disorder (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 proposed 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 the 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.

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

## Meet West Virginia Department of Health and Human Resources Cabinet Secretary Bill J. Crouch

Bill J. Crouch was appointed Cabinet Secretary of the West Virginia Department of Health and Human Resources in January 2017 by Governor Jim Justice.

Prior to being named Secretary, he had retired from the Health Care Consulting Company that bears his name, Bill J. Crouch and Associates, Inc., providing health care management and consulting services to hospitals, long term care facilities, ambulatory care clinics, physicians, and others.

Secretary Crouch is far from being an agency outsider; employees with longer tenures may remember his contributions as assistant director of the Office of Community Health Services and prior to that, as assistant director of the Division of Maternal and Child Health under the West Virginia Department of Health.

Secretary Crouch also has served as executive director of the West Virginia Health Care Cost Review Authority, now the West Virginia Health Care Authority, which is responsible for regulating acute care hospital's rates, operation of the Certificate of Need program for the state and writing the State Health Plan for West Virginia.

Secretary Crouch is a past associate member of the West Virginia Hospital Association past member of the board of directors of the West Virginia Health Care Association, and past member of the board of directors of the West Virginia Assisted Living Association/Assisted Living Federation of America (ALFA).

He holds a Bachelor of Science degree from Mars Hill College and a Master of Public Health degree from the University of Tennessee.

Secretary Crouch and his wife, Debbie, are the proud parents of two daughters. He enjoys time with his two grandsons, as well as fly fishing West Virginia's beautiful rivers.



## 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 more than 400 revisions. Many of these are related to laterality codes. Procedure code (ICD-10-PCS) updates totaled more than 3,800 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

The first cycle of the federally required provider revalidation ended at midnight on September 24, 2016. West Virginia Medicaid would like to thank all of 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 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.

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 the FCBC implementation process on page seven in this issue of the *Provider Newsletter*.

## 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 prescriptions that 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 unenrolled prescribers for more than 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.

Contact Molina Medicaid Solutions Provide Enrollment at 1-888-483-0793 or 304-348-3365 for enrollment information.

## New Opioid Prescribing Guidelines

In response to the release of the Centers for Disease Control (CDC) Opioid Prescribing Guidelines, West Virginia Medicaid initiated a new program on January 17, 2017, to encourage the safe prescribing of opioid medications. 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 MME 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 of their choice 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 Opioid Prescribing Guidelines. These are readily available, along with one page handouts for prescribers and dispenser (such as an MME handout) at [www.sempguidelines.org](http://www.sempguidelines.org). The Public Employees Insurance Agency (PEIA) 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>

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

The Medicare Access and 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 healthcare and financial information, as well as federal healthcare 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, the Medicaid Management Information System (MMIS). For more information on the CMS SSNRI efforts, go to <https://www.cms.gov/Medicare/SSNRI/Index.html>.

## 2017 Spring Provider Workshops

April 3: Martinsburg, WV - Holiday Inn  
April 4: Wheeling, WV - Oglebay  
April 5: Morgantown, WV - The Waterfront Hotel  
April 6: Parkersburg, WV - Grand Pointe Conference Center

April 10: Roanoke, WV - Stonewall Resort  
April 11: Charleston, WV - Beni Kedem Temple  
April 12: Huntington, WV - Saint Mary's Conference Center  
April 13: Beckley, WV - Tamarack

## West Virginia Health Homes Expanding

West Virginia Health Homes for Medicaid members with bipolar disorder who have or are at risk of hepatitis B and/or C will expand statewide beginning April 2017. New Health Homes entities will join the original test pilot sites of: Cabell, Fayette, Kanawha, Mercer, Raleigh and Wayne counties. The care coordination and management provided by the Health Homes have proven to be beneficial to both members and to the state.

A new Health Homes will target individuals with pre-diabetes or diabetes, obesity (a body mass index of 25 or higher is required), and are at risk of anxiety and/or clinical depression. The Bureau for Medical Services will pilot this Health Homes in a 14 county area targeting the southeastern part of the state: Boone, Cabell, Fayette, Kanawha, Logan, Lincoln, Mason, McDowell, Mercer, Mingo, Putnam, Raleigh, Wayne and Wyoming counties. Members who have been diagnosed with the qualifying conditions will be contacted by letter giving them the option of whether or not to participate in the Health Homes program. This Health Homes Program is also targeted to start in April 2017.

Providers interested in enrolling for the expanded Health Homes and/or the new Health Homes program may complete a West Virginia Health Homes application at <http://www.dhhr.wv.gov/bms/WV%20Health%20Homes/ProviderInformation/Pages/default.aspx>.

## 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, 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 both traditional and MCO Medicaid members. The objective for this collaborative QIP is to increase the West Virginia postpartum care rate by seven percentage points in two or more years.

## 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. This 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?

*There is no member lock-in to an MCO at this time.*

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

The BMS 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 CMS specifications target adult and child core quality 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 in Medicaid receive. 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, which expanded statewide in 2016, includes a behavioral health risk assessment and discharge planning. The unit has partnered with Medicaid's managed care organizations (MCOs) to ensure all Medicaid members are provided with the highest quality of services possible. The unit just concluded the initial phase for improving follow-up care after hospitalization for mental illness and is analyzing the results.

The BMS Quality Unit is headed by DeeAnn Price, RN, BMS Director of the Quality Unit, who has a vast background in healthcare. She utilizes her expertise in the unit to ensure high-quality and accessible healthcare services to West Virginia Medicaid members. The unit also includes Tim DeBarr, project coordinator, and Leon Smith, data analyst. "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 2017 as they participated in the CMS Quality Conference in Baltimore, Maryland. The conference allows the unit to come up with new quality strategies to improve healthcare for West Virginians. Moreover, the conference will also help them achieve their goals for 2017, 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 healthcare.

## 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.



Pictured From Left: Leon Smith, Tim DeBarr and DeeAnn Price

*Continued on page 8*

## Provider Enrollment FCBC (continued from page 7)

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 the West Virginia 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 Program (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.

## KEPRO Update

KEPRO will begin to prior-authorize Non-Emergency Transportation by ambulance in 2017. 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 late 2016, KEPRO conducted focus groups throughout the state to familiarize ambulance transportation providers with the company along with providing information regarding the upcoming 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. The purpose of the focus groups was to help ensure a smooth transition once prior authorization is launched in 2017, and to evaluate what the providers need regarding the KEPRO 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 a member's eligibility. With the transition into the new Medicaid information system in January 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 patients' enrollment program and benefits.

Within the 'verify member eligibility' section of the web portal, there are a few options from which a provider can choose to obtain 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 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, primary care provider/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 his/her 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. - 7:00 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 in the Healthcare Common Procedure Coding System (HCPCS) Level I Current Procedure Terminology (CPT) code. Occasionally, a healthcare professional provides a service that is not represented by an existing procedure code. In those 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 research assures you that no existing procedure code is appropriate.

When billing for Hemodialysis, one of the following codes is 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 healthcare professional
- 90937 - Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

*Continued on page 10*

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

- 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)

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 the West Virginia Children's Health Insurance Program (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.

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 consist of hundreds of pages, 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 may be referenced in the description of the service billed under the unlisted procedure code. Reference 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 codes. Do not rebill claims with unlisted procedure codes unless you have verified with Molina that the initial claim was not received. Billing duplicate claims results in processing delays and may result in incorrect payments.

## Limited Maintenance Now Available on Provider Enrollment Portal

Limited Maintenance is now available on the Provider Enrollment Application (PEA) portal. This new feature will save time for providers, particularly large groups, by limiting the amount of provider data retrieved for specific maintenance activities. Limited maintenance will allow for both the addition and removal of service locations and rendering or ordering/referring/prescribing providers for currently enrolled/active providers with West Virginia Medicaid and West Virginia CHIP. Supporting documentation is required, with all original signatures, and must be submitted through U.S. mail to:

**Molina Medicaid Solutions**  
Attn: Provider Enrollment Department  
P.O. Box 625  
Charleston, WV 25322-0625

If you have any questions, please call Molina's provider enrollment team at 1-888-483-0793, and select option 3.

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.

Bill J. Crouch, DHHR Cabinet Secretary  
 Jeremiah Samples, DHHR Deputy Secretary  
 Cynthia E. Beane, BMS Acting Commissioner

Contributing writers:

Margaret Brown, BMS  
 Tanya Cyrus, MIS  
 Tim DeBarr, BMS  
 Penney Hall, BMS  
 Angela Stanley, Molina  
 Justin VanWyck, KEPRO  
 Joseph White, Molina



### Provider Field Representative Region Map

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

Joy Dalton

Email: Joy.Dalton@Molinahealthcare.com

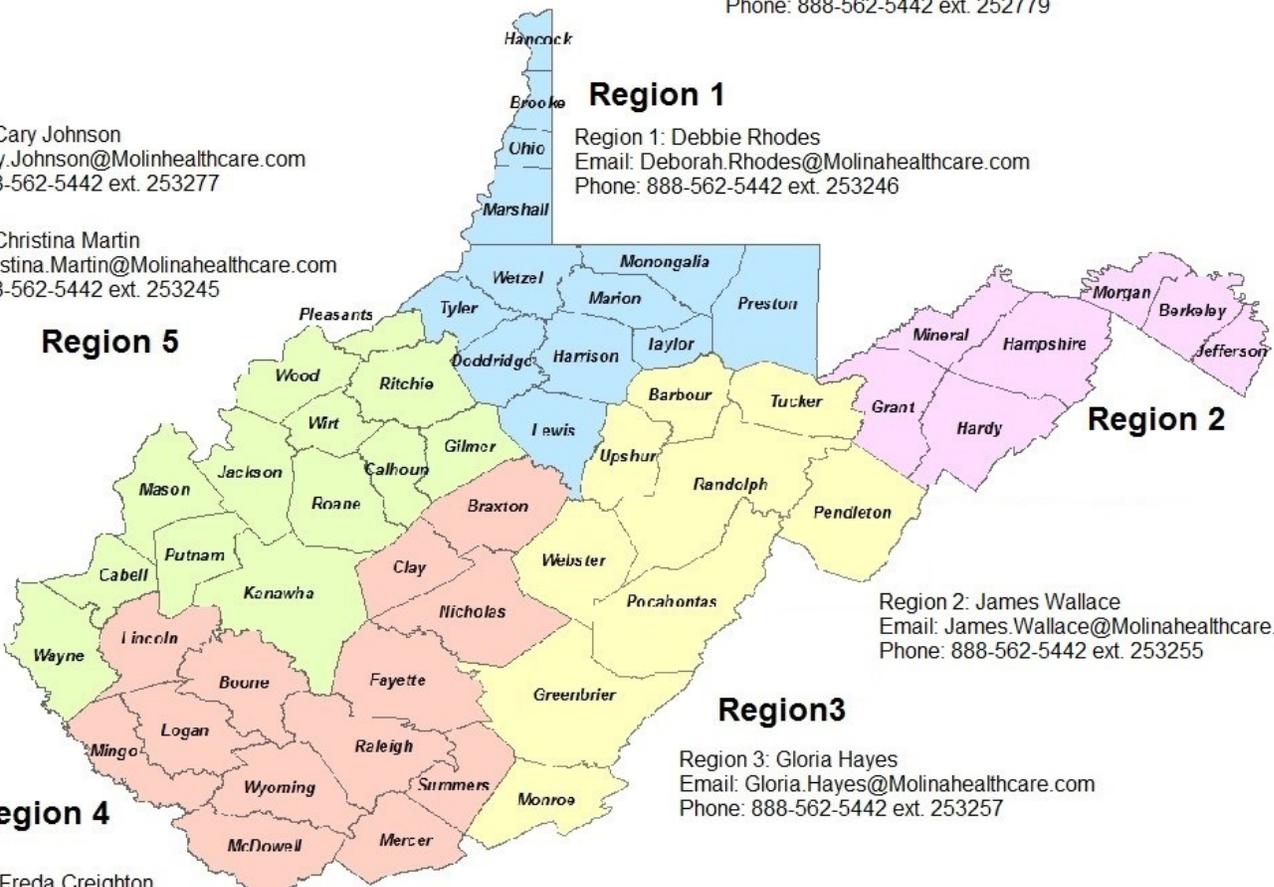
Phone: 888-562-5442 ext. 252779

Region 5: Cary Johnson  
 Email: Cary.Johnson@Molinahealthcare.com  
 Phone: 888-562-5442 ext. 253277

Region 5: Christina Martin  
 Email: Christina.Martin@Molinahealthcare.com  
 Phone: 888-562-5442 ext. 253245

#### Region 1

Region 1: Debbie Rhodes  
 Email: Deborah.Rhodes@Molinahealthcare.com  
 Phone: 888-562-5442 ext. 253246



Region 2: James Wallace  
 Email: James.Wallace@Molinahealthcare.com  
 Phone: 888-562-5442 ext. 253255

#### Region 3

Region 3: Gloria Hayes  
 Email: Gloria.Hayes@Molinahealthcare.com  
 Phone: 888-562-5442 ext. 253257

Region 4: Freda Creighton  
 Email: Freda.Creighton@Molinahealthcare.com  
 Phone: 888-562-5442 ext. 253251

# Contact

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

[wvmmis@molinahealthcare.com](mailto: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

## **Molina Claim Form Mailing Addresses:**

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

PO Box 3765 NCPDP UCF Pharmacy

PO Box 3766 UB-04

PO Box 3767 CMS-1500

PO Box 3766 ADA-2012

Hysterectomy, Sterilization and Pregnancy Termination Forms

PO Box 2254

Charleston, WV 25328-2254

Provider Enrollment & EDI Help Desk

PO Box 625

Charleston, WV 25337-0625

FAX: 304-348-3380

## **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 Healthcare 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 Information**

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

- Facilities and Institutional Providers who bill on a UB04 Claim 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 2012 Claims form:  
PO Box 3768, Charleston, WV 25337
- Pharmacy Claim form NCPDP UCF:  
PO Box 3765, Charleston, WV 25337

## **Suggestions for Web Portal Improvements**

We are looking for ways to improve the Provider Web Portal. If you have 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).