

Fall 2020 Virtual Provider Workshops Open for Registration

Please join the West Virginia Department of Health and Human Resources (DHHR); Bureau for Medical Services (BMS) for the 2020 Fall Virtual Provider Workshops so you and your staff will be aware of upcoming developments which may impact your practice/organization. The BMS, West Virginia Children's Health Insurance Program (WVCHIP), Gainwell Technologies (formerly DXC Technologies), Medicaid Managed Care Organizations (MCOs) and other West Virginia Medicaid vendors will be conducting virtual workshops throughout the State from Tuesday, December 15, 2020 through Thursday, December 17, 2020 (see times and dates below). The agenda items will impact a wide variety of providers and topics. **Continuing Education Units (CEUs) may be available.**

Please take a moment to register for the workshop of your choice. For more information, please visit Gainwell Technologies website at www.wvmmis.com.

Dates and Times:

December 15 from 9:00am - Noon

December 16 from 9:00am - Noon

December 17 from 9:00am - Noon

West Virginia Medicaid Adult Dental Update

During the 2020 regular session, the West Virginia Legislature passed Senate Bill 648 which amends the West Virginia Code, by adding a new section, designated [§9-5-12a](#), relating to providing dental coverage with limitations for adult Medicaid recipients.

Medical and social research demonstrates dental care is vitally important for everyone and significantly affects overall health, employability, and social inclusion. Without treatment, dental diseases are progressive in nature and pose a serious threat to overall member health. The lack of dental care is a recognized indicator of greater likelihood of chronic illnesses and poor health outcomes.

Preventive dental care and early treatment to maintain health have shown to be a more financially efficient form of care resulting in reduced expenditures to treat other chronic and serious conditions. Many West Virginians, including those enrolled in Medicaid or experiencing a disability, are frequently unable to cover the expense to receive preventative and restorative dental care without dental insurance coverage.

The West Virginia Department of Health and Human Resources (DHHR) will coordinate with existing dental providers and interested new providers to promote the access and quality of dental care for adult Medicaid members.

Expanding adult dental services in dental offices will reduce the member's need to utilize hospital emergency departments and/or urgent care facilities to resolve dental issues. This will increase the resolution of dental issues and reduce the often, only short-term management through use of pain medications and/or antibiotics prescribed through these emergency room and urgent care settings.

West Virginia Medicaid Adult Dental Update (Cont.)

The member's ability to receive preventative and restorative services decreases the need for extensive extractions and/or further dental work through ongoing maintenance, not just emergent pain situations. This will prolong the member's dental health and improve their inability to get adequate dental care and their chances of employment after rehabilitation.

Covered dental services for enrolled adults 21 years of age and older are divided into two levels of service:

1. Emergent procedures to treat fractures, reduce pain, or eliminate infection, and
2. Diagnostic, preventative, and restorative services.

Prior authorization may be required for specific emergent services that exceed service limits. Beginning January 1, 2021, services classified as diagnostic, preventative and restorative in nature, will require authorization prior to services being rendered and have a coverage limit of \$1,000 per member per calendar year. Members are responsible for payment of service cost exceeding the \$1,000 yearly limit. For specific code coverage, please see Chapter 505, Appendix B, Oral Health Services for Adults 21 Years and Older. Remaining balances at the end of the year CANNOT be carried over to the following year. Services classified as cosmetic in nature are not covered for adults over the age of 21.

West Virginia Children's Health Insurance Programs Transitions to Managed Care Reminder

On January 1, 2021, the West Virginia Children's Health Insurance Program (WVCHIP) is moving members' care to Mountain Health Trust, West Virginia Medicaid's managed care program. Members will select one of three plans under Mountain Health Trust. They remain enrolled in WVCHIP and their WVCHIP benefits will not change. WVCHIP providers will bill the member's respective managed care organization (MCO) for the services provided on or after this date.



Providers will continue to bill Gainwell Technologies (formerly DXC Technologies) for services rendered on or before December 31, 2020, utilizing the traditional WVCHIP card for member information for populations under WVCHIP fee-for-service (FFS). To determine whether a WVCHIP member is managed by an MCO and/or what MCO they enrolled with, a provider can:

- Ask to see the member's MCO card
- Go to the provider portal at www.wvmmis.com and look up the member's eligibility
- Call Gainwell Technologies at 1-888-483-0793

Continued on page 3

West Virginia Children's Health Insurance Programs Transitions to Managed Care Reminder (Cont.)

During the transition period, the MCO is responsible of payment for non-emergency behavioral health, dental, and medical services provided to a member by out-of-network and in-network providers if these services did not require authorization under FFS. If these services required authorization and were not authorized under FFS, the MCO may deny payments. The transition period will end March 31, 2021.

WVCHIP respects the member's choice to switch health plans to ensure the highest level of care is received. WVCHIP does not encourage individuals to switch plans; however, the member may switch plans at any time. Please talk with your patients to assure they list you as their primary care provider they select a plan in which you are enrolled and participate.

For more information about the Mountain Health Trust program, visit www.mountainhealthtrust.com.

Long-Term Care Facilities Update

The new minimum data set (MDS) 3.0 v1.17.2 contains sections pertaining to patient-driven payment model (PDPM) data on Omnibus Budget Reconciliation Act (OBRA) assessments when not combined with the five-day skilled nursing facility (SNF) prospective payment system (PPS) assessment (i.e., stand-alone OBRA).

As of October 1, 2020, all West Virginia Medicaid-enrolled nursing facilities will be required to complete these PDPM sections (including questions in sections GG, I, and J) in addition to all other relevant sections of the MDS. This does not constitute a change to West Virginia Medicaid's resource utilization group (RUG-III) acuity-based classification system. RUG-III scores will continue to be used for acuity calculations.

DXC Technology Forms New Company

Effective October 1, 2020, DXC Technology finalized the spinoff of state and local health and human services business to form new company Gainwell Technologies.

Gainwell Technologies is a standalone company with more than 7,500 employees, who support clients across 42 U.S. states and territories

Offerings including Medicaid Management Information Systems (MMIS), fiscal agent services, program integrity, care management, immunization registry, and eligibility services.

With over 50 years of proven experience, Gainwell Technologies carries forward a reputation for technological innovation, service excellence, and unparalleled industry expertise in offering clients scalable and flexible solutions for their most complex challenges.

For more information on Gainwell Technologies, visit www.gainwelltechnologies.com.

Pharmacy Services Reminder

The BMS Pharmacy Unit will activate their Drug Enforcement Administration (DEA) edit to “deny” claims with invalid DEA information on January 4, 2021. Providers are encouraged to check their DEA information is up-to-date in their Medicaid provider enrollment file.

COVID-19 Testing Update

Claims for uninsured individuals:

- Claims dates of service up to, and including May 10, 2020, will cover testing and office visits that are related to COVID-19.
- Claims dates of service between May 11, 2020 and June 7, 2020, will cover the testing components and outpatient pharmacy benefits only. All subsequent inpatient treatment claims should be billed to Health Resources and Services Administration (HRSA).
- Claims for dates of service June 8, 2020 and after are required to be submitted with an application for COVID-19 Testing Coverage. Any claim that is submitted without an enrollment application will be placed in a pended status until the application is received. Once the enrollment application is received and reviewed, the claims will be released for processing. Enrollment applications can be located under the “More Information on Coverage of Testing and Limited Treatment” link on the [BMS website](#).
- Please use member ID 24000000099 and list the member’s name in the patient account field.
- Effective December 4, 2020, Providers may submit an electronic claim, key the claim directly on the Health PAS-Online web portal (www.wvmmis.com), or mail a paper claim to:

Gainwell Technologies
ATTN: COVID-19 Testing
PO BOX 2002
Charleston, WV 25327-2002

Electronic Visit Verification Update: Direct-Care Workers

With the implementation of Electronic Visit Verification (EVV), January 1, 2021, workers who provide direct-care services will be required to obtain a National Provider Identification (NPI) number.

Gainwell Technologies will be working with the waiver and personal care agencies to complete the enrollments through an upload process. A template will be shared with the agencies for mass enrollment purposes.

The following provider types will be able to enroll via template and portal:

- Aged and Disabled Waiver (ADW) agency
- Personal Care (PC) Services provider agency
- Intellectual and Developmental Disabilities Waiver (IDDW) providers
- Children with Serious Emotional Disorders Waiver (CSEDW) agency
- Traumatic Brain Injury Waiver (TBIW) providers
- Case management for ADW, CSEDW, IDDW and TBIW

Kepro Update

Kepro, on behalf of the Bureau for Medical Services (BMS), is conducting the Centers for Medicare and Medicaid Services (CMS) sponsored survey to learn about beneficiaries experiences receiving long-term care and supports. Adult program members or their legal representatives complete a questionnaire designed to provide information regarding their experience with Home and Community Based Services (HCBS). The Consumer Assessment of Healthcare Providers and Systems® (CAHPS) HCBS survey asks program individuals to report on their experiences with different aspects of their waiver providers and services, including the personal attendant direct care staff, case manager, transportation services, and their ability to engage in community life. Survey responses are submitted to CMS, providing data for research related to member assessments of quality and patient experiences.

The CAHPS® adult survey is voluntary and currently being implemented with a random sampling of Intellectual and Developmental Disability Waiver (IDDW) members. This is the second administration of the survey for IDDW members. The Traumatic Brain Injury Waiver (TBIW) program will start on its fourth year conducting the survey in January, 2021. The results of the previous year's survey findings can be found on the BMS website at: <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/Pages/QIA-Council.aspx> under the header, "Participant Surveys."

West Virginia Medicaid Announces Fraud Prevention Partnership

West Virginia Medicaid is pleased to announce that recently its healthcare utilization and claims data, submitted through the Transformed Medicaid Statistical Information System (T-MSIS), was approved by the Centers for Medicare and Medicaid Services (CMS) for analysis by the Healthcare Fraud Prevention Partnership (HFPP), a CMS initiative with the goal of identifying and reducing healthcare fraud, waste and abuse. West Virginia Medicaid has been a partner organization with the HFPP for several years. In early 2020, the agency reinitiated discussions regarding data sharing with the HFPP.

The T-MSIS data set includes information on beneficiary eligibility, provider enrollment, utilization of healthcare services, claims and managed care data and Medicaid expenditure data. Since 2019, state Medicaid agencies have been required to submit T-MSIS data monthly. The T-MSIS data must meet strict specifications for acceptance by CMS and allows for overall monitoring and oversight of each state's Medicaid program. West Virginia Medicaid's Fiscal Agent, Gainwell Technologies, submits the state's T-MSIS data to CMS.

The HFPP is a voluntary, public-private partnership between the federal government, state agencies, law enforcement, private health insurance plans, employer organizations, and healthcare anti-fraud associations. The HFPP promotes collaboration among its partners through the sharing of data and information and conducts research studies across payers. The results of HFPP future data analytics will now include West Virginia Medicaid data and will be sent to the agency and the West Virginia Medicaid Fraud Control Unit.

For more information, visit the [T-MSIS website](#) and the [HFPP website](#).

The Quality Corner

Thousands of people are admitted to the hospital or die from influenza (the flu) every year. During the COVID-19 pandemic, it is especially important for members with chronic lung disease to receive the flu vaccine. As a result, the Bureau for Medical Services' (BMS) Office of Quality Management (OQM) chose to conduct a quality improvement project (QIP) that targeted the Medicaid fee-for-service (FFS) population as these members are at higher risk of complications from the flu. The OQM's QIP was designed to educate members and encourage flu vaccination for the targeted population.

The population included those 18-64 years of age who had a claim with a date of service in 2019, with a diagnosis of chronic obstructive pulmonary disease (COPD), asthma, and/or emphysema. In addition, the target group must also have had a diagnosis of pneumonia during 2019. The group received a Centers for Disease Control and Prevention (CDC) informational [brochure](#) and a letter regarding the flu vaccine.

According to the BMS claims data, all FFS members with COPD, asthma and/or emphysema, had a very low flu vaccination rate of approximately 4% in 2019. This number does not account for free immunizations provided in the community. During the summer of 2021, the OQM will evaluate the outcomes of the QIP by comparing the targeted group's flu vaccination rates and hospitalizations for pneumonia in 2019 and 2020.

Coding Corner: Major Changes Impacting Evaluation and Management (E&M) Visits

There will be extensive E/M guideline additions, revisions, and restructuring for 2021. There will be a deletion of code 99201 and the remaining 99202-99205 codes will be revised. Selecting a code level should be based on:

- Medical decision-making or total time on the date of encounter, and
- A 15 minute prolonged service code was created to be reported only when the visit is based on time and after the total time of the highest-level service (e.g., 99205, 99215) has been exceeded.

*Make note that although the history and physical exam elements are recorded, they do not factor into the level of service.

New current procedural terminology (CPT) code descriptors for office and outpatient services (new and established) were created to be based upon the level of medical decision-making (MDM) or the time spent by the provider on the encounter. Medical decision-making in 2021 will be based on:

- Number and complexity of problems the provider addresses
- Amount and/or complexity of data reviewed and analyzed
- Risk of complications and/or morbidity and mortality

These changes apply to outpatient visits only, so don't discard any notes or note templates. The old system of documentation will still be required for consultations, emergency room visits, and inpatient visits. In the old system, series of bullet points were relied on from the documentation in the history and physical exam to support the level of service. In 2021, it relies on the bullet points for diagnoses or treatment options, amount and complexity of data reviewed, and risk of complications.

Telehealth Frequently Asked Questions (FAQs)

Please continue to stay up-to-date on any of the TeleHealth billing that can be found on our portal at www.wvmmis.com. These will be listed under our announcements. Questions may be directed to our call center, 888-483-0793.

Provider Field Representative Map Update

Gainwell Technologies (formerly DXC Technology) has made changes to its Field Representative Map. Please use this as an avenue to reach your Gainwell area representative for any additional assistance.

Provider Field Representative Map



Region 1 Representative

Heather Rhodes at Hrhodes4@gainwelltechnologies.com

Region 2 Representative

Brandon Treola at btreola@gainwelltechnologies.com

Region 3 Representatives

Katrena Edens at Kedens@gainwelltechnologies.com

Michelle Ramsey at mmiller222@gainwelltechnologies.com

Region 4 Representative

Gloria Hayes at ghayes23@gainwelltechnologies.com

Region 5 Representatives

Whitney Choyce at wchoyce@gainwelltechnologies.com

Stephanie Houghtaling at shoughtaling@gainwelltechnologies.com

Contact

Gainwell Technologies

Provider Relations
888-483-0793
304-348-3360
wvmmis@molinahealthcare.com

EDI Help Desk
888-483-0793, prompt 6
304-348-3360

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

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.

Provider FAX
304-348-3380

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 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. BBH

Claim Form Mailing Addresses

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

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

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

Aetna Better Health of WV
888-348-2922

The Health Plan
888-613-8385

Unicare
800-782-0095

Vendor Contacts

KEPRO
304-3439663

MAXIMUS
800-449-8466

Please send provider enrollment applications and provider enrollment changes to:

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

Claims Information

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

- Facilities and institutional providers billing on a UB04 Claim form:
PO Box 3766, Charleston, WV 25337
- Medical professionals billing on a CMS 1500 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 suggestions on how we can make the portal more user friendly, please contact our EDI helpdesk, edihelpdesk@molinahealthcare.com.

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), Bureau for Public Health (BPH), WVCHIP, and Gainwell Technologies (formerly DXC Technology).

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