

Spring Provider Workshops Dates and Locations

The 2020 Spring Provider Workshops will provide important information on upcoming developments which may impact your practice/organization. The West Virginia Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS), West Virginia Children's Health Insurance Program (WVCHIP), and DXC Technology will be conducting eight Provider Workshops throughout the State from March 30 - April 9, 2020. The Medicaid Managed Care Organizations (MCOs) and West Virginia Medicaid contractors will be presenting as well. For registration information, please visit the DXC web portal at www.wvmmis.com.

March 30, 2020: Holiday Inn, 301 Foxcroft Ave., Martinsburg, West Virginia 25401

March 31, 2020: Oglebay Park, 465 Lodge Dr., Wheeling, West Virginia 26003

April 1, 2020: Marriott Waterfront, 2 Waterfront Plaza, Morgantown, West Virginia 26501

April 2, 2020: The Blennerhassett Hotel, 320 Market Street, Parkersburg, West Virginia 26101

April 6, 2020: Stonewall Jackson Resort, 940 Resort Drive, Roanoke, West Virginia 26447

April 7, 2020: Four Points by Sheraton, 600 Kanawha Blvd. East, Charleston, West Virginia 25301

April 8, 2020: Mountain Health Arena, 1 Civic Center Plaza, Huntington, West Virginia 25701

April 9, 2020: Tamarack Conference Center, 1 Tamarack Park, Beckley, West Virginia 25801

West Virginia Medicaid Launches the Marshall Project

In late 2018, West Virginia Medicaid partnered with the Marshall University Research Corporation (MURC) to identify potential fraud, waste, and abuse (FWA) in medical and dental claims via predictive analytics. Historically, West Virginia Medicaid has relied on retrospective review or "pay and chase" to recover payment on illegitimate claims. Now, under the FWA Project, approved by the Centers for Medicare and Medicaid (CMS), predictive analytics will be applied to three years of professional and facility claims paid by Medicaid and the three Medicaid Managed Care Organizations (MCOs).

Predictive analytics is the process of learning from historical data to make predictions about the future and to find patterns in the data. In healthcare claims, that means looking for trends or clusters of claims, indicators that suggest a pattern of inappropriate billing. The claim processing system then will learn from the claims data analysis what to look for in incoming claims.

Predictive analytics is not a new concept for review of healthcare claims.



Pictured from top left: Ethan Jones, Andrew Pack, Patricia Williams, and Tammy Heaberlin

West Virginia Medicaid Launches the Marshall Project (Cont.)

A 2016 article in *Modern Healthcare* reported that CMS predictive analytics technology contributed to more than \$1 billion in savings in 2014 and 2015. Through predictive analytics, suspicious claims can be tagged for review or denial early in the claim adjudication process, saving time and money.

The West Virginia Medicaid Office of Program Integrity (OPI) will oversee the FWA Project with MURC. Project staff, located at the West Virginia Medicaid office, will include four Marshall-employed auditors and a West Virginia Medicaid Program Manager, registered nurse (RN), and data warehouse specialist. Current OPI staff will serve as subject matter experts. Through the partnership with MURC, the FWA Project team also includes Marshall-based data analysts, clinicians, and a certified professional coder/instructor.

In December 2019, results from the first set of algorithms applied to the West Virginia Medicaid claims data will be available for review by the project team. By the second quarter of 2020, West Virginia Medicaid will release letters to providers to request medical records and/or overpayments. Providers will have a specific timeframe in which to appeal audit findings that identified overpayments for recovery. The standard OPI recovery processes, including liens on future payments, will apply. Credible allegations of fraud will be referred to the Medicaid Fraud Control Unit.

The target date for completion of the MURC FWA Project is September 30, 2020. The impact of this FWA Project and predictive analytics will continue through the design, development, and implementation of future edits; ongoing claims data analytics; and OPI audits. Results of this FWA Project will also be used to direct West Virginia Medicaid's efforts in provider education, in support of the CMS Targeted Probe and Educate program.

West Virginia Medicaid Dental Provider Announcement: Unlisted CPT Code 41899

Effective October 1, 2019, all unlisted Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes require an authorization regardless of place of service. An updated Master Code list that includes these unlisted codes has been added to KEPRO's provider website: <http://wvaso.kepro.com>.

When dental services are performed in a hospital setting, the facility will submit claims to the BMS current claims vendor, DXC Technology, for the usage of the operating room with CPT code 41899. CPT code 41899 is an unlisted CPT code and prior authorization is now required. Dental providers must fax a complete outpatient (OP) surgery request form filled out in its entirety for clinical review to 844-633-8427. This fax number is also shown on the top of the request form. This must be done for all dental services performed in a hospital setting whether or not the dental procedure requires prior authorization. The dental procedure to be performed should be indicated on the request for 41899.

KEPRO's direct data entry (DDE) provider portal does not have an option for a dental provider to submit an OP surgery request so requests for 41899 should be faxed. The faxed authorization request received will be keyed by KEPRO staff under the hospital facility. The requesting dental provider will not have access to these authorization requests. As a courtesy to dental providers, KEPRO staff will fax determinations to the fax number indicated by the dental provider on the request form for CPT code 41899 only. The process for dental providers to obtain an authorization for dental services billed with CDT (dental) codes that require prior authorization has not changed.

For additional information, please access KEPRO's provider website: <http://wvaso.kepro.com>, or contact KEPRO-Medical Unit at 800-346-8272 for assistance.

West Virginia Medicaid Update

1. Effective April 1, 2020, West Virginia Medicaid will be following the guidelines set by Medicare regarding the reimbursement of the following modifiers:

- **Modifier 51 Multiple Procedures**: indicates multiple procedures (other than E/M) were performed at the **same session** by the **same provider**. Use modifier 51 on the second and subsequent operative procedures when the procedures are ranked in RVU order. Reimbursement: First procedure, 100% of fee schedule; second procedure, 50% of fee schedule; and third and subsequent procedures, 25% of fee schedule.

Do not use modifier 51 on bilateral procedures or on Add-on Codes.

- **Modifier 52 Reduced Services**: indicates that a service was partially reduced or eliminated at a physician's discretion. Reimbursement: 50% of fee schedule.

If the code description includes "unilateral or bilateral," do not add modifier 52. Do not use this modifier if an existing code properly identified the reduced service, such as an x-ray code describing a single view.

- **Modifier AD Medical Supervision by a Physician**: indicates payment for services when the anesthesiologist is involved in furnishing more than four procedures concurrently. Reimbursement: Three base units with no additional time units.

The units field must always be "1" when this modifier is submitted.

2. The BMS provider type 80 (HPA provider type 06) (Transportation), will no longer be excluded from Medicare crossover processing (Edit 378 will not be overridden to OKAY) regardless of the presence or absence of an HH modifier (Hospital to Hospital transfer).

The Quality Corner

In June 2019, West Virginia Medicaid's Office of Quality Management (OQM) applied for and was selected as a participant in a Centers for Medicare and Medicaid Services (CMS) Innovation Accelerator Program (IAP) for data analytics. The IAP projects have the singular goal of improving the health and healthcare of Medicaid members through targeted technical support. By supporting these projects, CMS offers support to state Medicaid agencies to facilitate data delivery system reform and innovation. The IAP projects offer an opportunity for reform in the functional areas of financial simulations, quality measurement, performance improvement, and data analytics.

The goal of this IAP project for West Virginia Medicaid was to facilitate the reporting of the first ever CMS quality core measure to use risk adjustment – Plan All Cause Readmission (PCR-AD). This measure identifies the number of acute inpatient stays that were followed by an unplanned acute readmission within 30 days.

Because the PCR-AD measure is the first to incorporate risk adjustment, it is vitally important for West Virginia to be able to calculate this measurement and any future measures that incorporate this type of calculation. These core measures that the OQM reports on an annual basis are currently not mandatory, however several will become mandatory starting in 2024. Being able to report many measures now will not only help West Virginia Medicaid prepare for the eventual reporting mandate, but also give excellent state benchmarking data for the future.

Continued on page 4

The Quality Corner (Cont.)

After several months of collaboration with both CMS and IBM Watson Health, West Virginia Medicaid's data warehouse vendor, the OQM is pleased to announce the success of this project, as well as favorable results for the PCR-AD Measure. For measurement year 2018, West Virginia's result for PCR-AD shows a rate better than the expected projection. As a result of the technical assistance received during the course of the IAP project, West Virginia will be reporting three additional quality measures this year. The additional measures have been written in scripts that allow for ease of annual processing, which will expedite reporting in future years. The OQM currently plans to apply for another IAP project in 2020 to further data integration within the data warehouse.

KEPRO Updates:

WVCHIP Transition

Effective July 1, 2019, KEPRO became the Utilization Management Contractor (UMC) for the West Virginia Children's Health Insurance Program (WVCHIP). Providers and members will continue to contact WVCHIP for benefits and enrollment. Registration is required with KEPRO to access the WV C3 Medical Provider Portal (C3). KEPRO conducted eight webinar trainings for both WVCHIP providers (not registered with C3) and Medicaid/WVCHIP (registered with C3) providers. This training is available online at <http://www.wvaso.kepro.com> under WVCHIP – Medical Services.

Contact information for WVCHIP Prior Authorization: Phone: 888-571-0262; Fax (Registration): 866-438-1360; Email: WVCHIP@kepro.com

Master Code List (MCL)

Periodically, KEPRO releases an updated Master Code List (MCL). Providers should not save the MCL to their desktop. It is recommended to bookmark the page in your web browser to ensure that the most up-to-date version of the MCL is being utilized. Please note that KEPRO has one MCL for West Virginia Medicaid Fee-For-Service (FFS) (non-MCO) members and one MCL for WVCHIP for provider use. The MCL contains information regarding how to submit prior authorization requests and codes that require prior authorization, service limitations, or have special instructions. For benefit verification, billing and/or claims assistance, please contact the claims vendor at 888-483-0793. The Medicaid MCL is available on <http://www.wvaso.kepro.com> under Resources – Manuals and Reference Materials. The WVCHIP MCL is under WVCHIP - Medical Services.

ADW and PC Services

KEPRO is the Utilization Management Contractor for the Aged and Disabled Waiver (ADW) and Personal Care (PC) Services. For both of these programs, the eligibility and enrollment process begins with the Medical Necessity Evaluation Request (MNER). The MNER is also used for annual reevaluation for these programs. This form is available on the BMS website: <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/ADWProgram/Pages/ADW-Policy-and-Forms.aspx>.

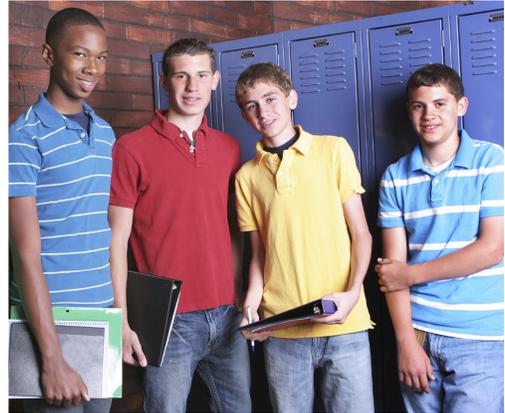
The MNER form is completed by physicians and ADW and PC providers (reevaluation) and must be signed by the member or their representative. The form must be complete, legible, and signed by the appropriate parties to initiate the application process. KEPRO recently conducted training on the appropriate completion of the MNER. This training is a handy aid for physician's offices and provider agencies to guide staff completing these forms. The training can be found on KEPRO's website: www.wvaso.kepro.com.

CMS Approves Children with Serious Emotional Disorder Waiver

The Centers for Medicare and Medicaid Services (CMS) has approved West Virginia Medicaid's request for an initial 1915c Home and Community-Based Services' Children with Serious Emotional Disorder Waiver (CSEDW). Services will begin March 1, 2020.

The waiver will offer the following supports for participants:

- Case management;
- Independent living/skills building;
- Job development;
- Individual supported employment;
- In-home family therapy;
- In-home family support;
- Respite;
- Specialized therapy;
- Assistive equipment;
- Community transition;
- Mobile response;
- Non-medical transportation; and
- Peer parent support



These services are offered with a goal to reduce the number of children and youth who go into placement in residential or psychiatric residential treatment facilities. To be eligible for the CSEDW, the applicant must have:

- An overall Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment Scale (PECFAS) score of "severe," which is considered 90 or higher; and
- Currently or at any time during the past 12 months, diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within the most current edition of the Diagnostic and Statistical Manual (DSM).

The National Correct Coding Initiative (NCCI) Update

The 2020 National Correct Coding Initiative (NCCI) Policy and Technical Manuals have been updated effective January 1, 2020. Details can be found at: <https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html>.

DXC Monthly Webinars

Monthly webinars for Provider training are now available on the first and third Wednesday of every month. The first Wednesday provider enrollment is discussed and the third Wednesday claim billing on the portal is discussed. Please refer to the web portal at www.wvmmis.com under announcements for the schedule and links to log in to the webinar.

West Virginia Medicaid Partners with WVU to Improve Quality of Life for West Virginians

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) has joined forces with the West Virginia University (WVU) Office of Health Affairs to erase fraud, waste and abuse while improving quality of life for West Virginia Medicaid members.

The main goal for BMS is to provide effective and fiscally responsible care for its members, and WVU's Office of Health Affairs holds existing data resources that will allow the Bureau to better serve the West Virginia Medicaid population. As part of the partnership and to support BMS, WVU has placed two full-time employees, Dr. Nathan Pauly, Director of Medicaid Research and Evaluation, and Marco Schaaf, Health Data Analyst, in the Bureau to provide:

- Ad-hoc data analysis;
- Targeted program evaluations; and
- Other forms of decision support as directed by the BMS leadership.

"The WVU Health Science Center has a longstanding partnership with DHHR as well as BMS. This kind of state-university partnership has tremendous benefits for both partner agencies as well as the State of West Virginia. Importantly, they all share the same mission, to improve the quality of life for West Virginians," said Pauly.

Pauly and Schaaf gather information by utilizing data resources that are maintained in the existing BMS Data Warehouse. The data primarily includes Medicaid administrative claims as well as vital statistics information. This information is then used to assist with the ad hoc reporting, long-term program evaluations, and other forms of data. The duo has been gathering information for this project for two years and will continue until they reach the objective of the WVU Project which is to improve agency decision making and better serve the West Virginia Medicaid population.



From left: Dr. Nathan Pauly and Marco Schaaf

Meet the Office of Managed Care's Child Welfare Manager

Tony Richards was hired as the new Bureau for Medical Services' (BMS) Child Welfare Manager in August 2019. In his position, Richards will oversee the State's Managed Care Organization (MCO) for children in foster care and ensure services are available and provided to West Virginia's vulnerable youth population.

As a result of the rising foster care population in West Virginia, the MCO unit created the position to assist with BMS' implementation of the foster care, adoption, and kinship care populations under a single specialized MCO with the goals to:

- Provide enhanced medical and behavioral health services for children in West Virginia;
- Reduce the number of children in foster care; and
- Increase the number of children receiving HealthChecks.

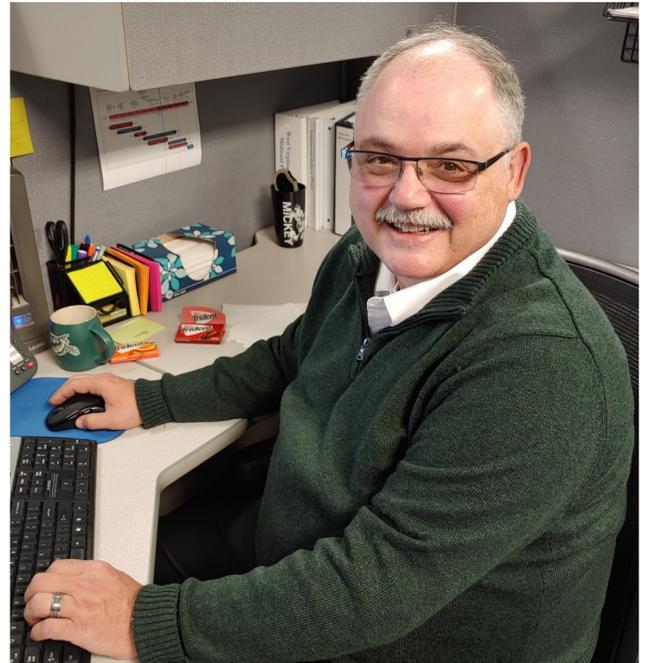
As a foster parent, Richards understands the efforts it will take to achieve these goals.

"Tony has many years of experience working with children in foster care and the social service arena. The Unit is thrilled to have a new addition to our team," said Susan Hall, Director, Office of Managed Care.

Richards has always been an enthusiastic participant and educator in the community. He possesses over 30 years of experience in public health that began at the Roane County Family Healthcare clinic which led to his position as Director of the County's Planned Approach to Community Health (PATCH) program. Thereafter, he held positions at Community Resources, Inc., the American Lung Association, and most recently, he served as a literacy specialist for Save the Children and as a member of the Mid-Ohio Valley Board of Health.

Richards' dedication to the community continues as he and his wife founded the Calhoun County Foster Parents Association. He also serves on a variety of boards such as the WVU Prevention Research Center's Community Partnership Board.

Richards is eager to bring his experience to his new position and is looking forward to making a difference in the foster care population. Richards is a Naval veteran who was born in Alcalá de Guadaira, Spain. He holds an Independent Duty Corpsman (IDC) position from the U.S. Naval Underwater Medical Institute in Groton, Connecticut; a Regents Bachelor of Arts Degree from WVU Parkersburg, and a Masters in Public Health from WVU.



Coding Corner: 2020 CPT Set

The 2020 Current Procedural Terminology (CPT) code set contains identifiers and descriptors assigned to each medical, surgical, and diagnostic service available to patients. The CPT code set enables accurate reporting, measurement, analysis, and benchmarking of medical services and procedures across the nation's entire health care system. There are 394 code changes including 248 new codes, 71 deletions, and 75 revisions that went into effect January 1, 2020.

The following six important additions were added - **patient-initiated digital communications provided by physician or other qualified healthcare professional** (99421, 99422, 99423), or a **non-physician healthcare professional** (98970, 98971, 98972) to CPT for 2020 that allow healthcare professionals to connect with patients at home and can exchange information.

Other additions were made such as CPT code (99473, 99474) to report **self-measured blood pressure monitoring**. The goal for these codes is to expand reporting pathways for physicians who take care of a diverse set of patients. The following new codes were added for health and behavior assessment and intervention services (96156, 96158, 96164, 96167, 96170 along with add-on codes 96159, 96165, 96168, 96171). These replace six older codes to reflect more accurately current clinical practice, **but these are not currently covered by West Virginia Medicaid**.

The largest of this year's expansion was the electroencephalographic (EEG) monitoring services (95700-95726). Four older codes were deleted to make way for the 23 new codes that have better clarity for the services reported by a technologist, a physician, or another qualified healthcare provider.

Keep in mind that just because these are new codes in the CPT book does not necessarily mean that West Virginia Medicaid will cover these codes.

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) WVCHIP, and DXC Technology.

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Provider Field Representative Map



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Contact

DXC Technology

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

DXC 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.

DXC Provider FAX

304-348-3380

DXC 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

DXC 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

DXC 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:

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

Claims Information

To expedite timely claims processing for DXC, 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.