COVID-19 Public Health Emergency Has Ended

Due to the COVID-19 public health emergency unwinding, West Virginia Medicaid and the West Virginia Children’s Health Insurance Program (WVCHIP) are resuming its normal renewal processes and are mailing out important paperwork to members. Healthcare benefit renewals are being scheduled over the next 12 months, so it is very important that member’s correct phone numbers and addresses are on file. Please remind members to return their renewal letters to the West Virginia Department of Health and Human Resources (DHHR) as soon as possible.

For resources, Centers for Medicare and Medicaid Services (CMS) reports and current communication information, please refer to Public Health Emergency Unwinding Page on the Bureau for Medical Services (BMS) website.

To report address, phone number, or email changes, please instruct members to use the following platforms:
Email: dhhrbcfchangectr@wv.gov
Online: www.wvpath.wv.gov
Phone: 1-877-716-1212
Fax: 304-558-1869

Termination of COVID-19 Testing Coverage for Non-Insured Has Begun

The COVID-19 testing coverage for non-insured patients terminated on May 11, 2023 and all claims for date of service on or before May 11, 2023, must be submitted before August 11, 2023 to be covered by West Virginia Medicaid.

For additional resource information, providers should access Testing and Treatment/Insured and Uninsured (wv.gov).

For questions or assistance for a member enrolled with fee-for-service (FFS) Medicaid, Providers can contact Gainwell Technologies at 1-800-483-0793 or wvmmts@gainwell.com.

For questions or assistance for a member enrolled with a Medicaid managed care organization (MCO), providers should contact the member’s designated MCO.

West Virginia Medicaid Telehealth Services Update

With the end of the Public Health Emergency, CMS has extended telehealth flexibilities until December 31, 2024. West Virginia Medicaid and the WVCHIP will also continue to follow CMS in allowing Telehealth flexibilities until this date.

Please visit https://telehealth.hhs.gov/providers to stay up to date on the latest telehealth policy developments from CMS.
Pharmacy Services Update: Buprenorphine Requirement Removal

On December 29, 2022, with the signing of the Consolidated Appropriations Act of 2023 (the Act), Congress eliminated the DATA-Waiver Program. All Drug Enforcement Agency (DEA) registrants should be aware of the following:

- A DATA-Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder.
- Going forward, all prescriptions for buprenorphine only require a standard DEA registration number. The previously used DATA-Waiver registration numbers are no longer needed for any prescription.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine.
- The Act does not impact existing state laws or regulations that may be applicable.

Gainwell Technologies and Rational Drug Therapy Program have been notified of these changes and providers are no longer required to send in a request for review and/or send a copy of their DEA -X number effective immediately. Any physician, advanced practice registered nurse, or physician assistant may prescribe buprenorphine products as defined by the DEA.

Pharmacy Services Update: Monoclonal Antibody Coverage

As of January 26, 2023, the U.S. Federal Drug Administration (FDA) announced the product, Evusheld (M0220) is NOT authorized for use in any U.S. region and may not be administered until further notice.

Providers Taking Care of Pregnant Medicaid Members

West Virginia Medicaid Providers, did you know:

- Medicaid will now pay for medical care for women 12 months postpartum?
- All Medicaid’s Managed Care Organizations (Aetna, The Health Plan and Unicare) offer many services for pregnant and postpartum women, services such has monetary and other incentives for women to keep their prenatal and postpartum appointments.

You and your staff can refer any pregnant woman with Medicaid benefits to DHHR’s Right from the Start Program. Right from the Start is a statewide program that helps West Virginia mothers and their babies lead healthier lives by offering home visitation services with a designated care coordinator (registered nurse or licensed social worker).

All Right from the Start services are FREE.

West Virginia Medicaid also covers multiple syphilis screenings during pregnancy. Refer your patient today by calling Right from the Start at 800-642-8522 or www.wvdhhr.org/rfts.
**Kepro Update**

On March 27, 2023, Kepro Behavioral Health Services transitioned platforms from CareConnection® to Atrezzo Next Generation (ANG) for prior authorization submissions. The transition to Atrezzo has no effect on the prior authorization policies, information requirements, or billing process. Twenty-three trainings were conducted related to this change and are available for access on our website. As part of our transition, documentation may be directly attached in the Atrezzo system when submitting. Providers may also use our Atrezzo dedicated fax line for behavioral health services, 1-800-269-0234, for requested clinical documentation. If you are a behavioral health provider and were not able to attend one of these trainings, recordings and Instructional/training material can also be found on our information website at [https://wvaso.kepro.com/wv-aso-behavioral-health](https://wvaso.kepro.com/wv-aso-behavioral-health).

Kepro would also like to remind home health providers to please submit annual initial cases into Atrezzo. Even though initial visits may not require prior authorization, initial registration is required to meet Electronic Visit Verification (EVV) requirements. Kepro recently conducted trainings on the home health PA process and recordings of this training can be viewed on our information website at [https://wvaso.kepro.com/wv-aso-medical-services](https://wvaso.kepro.com/wv-aso-medical-services).

For questions or concerns, you may contact Kepro at: wvmedicalservices@kepro.com or 1-800-346-8272.

**Office of Program Integrity Update**

BMS is reorganizing the Medicaid Program Integrity Policy Manuals, currently Chapters 800(a) and 800(b) of the West Virginia Medicaid Provider Manual, into a single Chapter 800.

As part of this reorganization, Chapter 800, Program Integrity has been updated to clarify program integrity requirements for Medicaid providers, improve the Bureaus’ ability to resolve improper payments efficiently, ensure all providers are subject to equitable oversight and accountability, and maintain alignment with all state and federal rules and regulation.

Program integrity requirements detailed in this chapter will apply to all services provided through the Medicaid Program. For this reason, we encourage all Medicaid providers to familiarize themselves with the revised policy once it has been made effective.

BMS published the revised Chapter 800, Program Integrity for public comment on February 17, 2023, and appreciates the feedback submitted by stakeholders. BMS is currently reviewing the comments provided and will issue responses to all comments submitted when the policy is made effective.
Gainwell Technologies Webinars Available

Gainwell Technologies now offers monthly Enrollment Training Webinars the first Wednesday of each month. In addition, Gainwell Technologies also offers Claims Training Webinars the third Wednesday of each month.

To join, please visit the web portal at www.wvmmis.com.

Intermediate Care Facilities Provider Update

Effective January 1, 2023, all Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Group Home Providers will be required to include the individual National Provider Indicator (NPI) of the Attending/Ordering/Referring/Billing Provider in addition to the Billing/Facility NPI, on all claims that are submitted for reimbursement.

If the individual NPI of the Attending/Ordering/Referring/Billing Provider and the Billing/Facility NPI, is not on the claims that are submitted for reimbursement is not on the claim form, the claim will be denied. If you have any questions please contact Terry McGee at Terry.L.McGeeii@wv.gov or call 304-352-4241.

The Coding Corner: New ICD-10 Codes for Diagnoses Update

The following new codes are categorized by ICD-10-CM chapter:

- **Chapter 19**: Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88):
  12 new codes regard confirmed or suspected financial abuse. These new codes specify whether the financial abuse concerns an adult or child and whether it’s an initial or subsequent encounter or a sequela.

- **Chapter 20**: External Causes of Morbidity (V00-Y99):
  15 new codes regard maltreatment and neglect. These new codes specify the perpetrator as one of the following: husband, wife, male partner, female partner, non-binary partner, child, grandchild, grandparent, parental sibling, or acquaintance or friend.

- **Chapter 21**: Factors Influencing Health Status and Contact with Health Services (Z00-Z99).
  New codes regard the following:
  - One new code covers problems related to health literacy. This code applies when patients cannot find, understand, and use information and services to make health-related decisions.
  - Two new codes cover problems associated with the physical environment. They include essential services unavailable in the patient’s physical environment and other issues with the environment. For example, these codes apply to a lack of sanitation in the patient’s home.
  - Four new codes cover inadequate housing, including issues involving the environmental temperature within the housing, inadequate housing utilities, unspecified inadequate housing, and other inadequate housing.
  - Four new codes cover a history of various types of abuse. These personal history codes apply to child financial abuse, intimate partner abuse in childhood, adult financial abuse, and intimate partner abuse in adulthood.
  - Four new codes cover patients’ noncompliance with medication or renal dialysis due to financial hardship or any reason other than financial hardship.

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The Coding Corner: New ICD-10 Codes for Diagnoses Update (Cont.)

Deleted Diagnosis Codes

CMS will delete four codes regarding maltreatment or neglect perpetrated by a husband, wife, male partner, or female partner. New codes in Chapter 20 (External Causes of Morbidity) replace these codes. The new codes specify if the perpetrator is a current or former spouse or partner.

There will also be a deletion for the code for inadequate housing.

The final two deleted codes apply to the patient’s non-compliance with medication regimen or renal dialysis.

DHHR’s Medicaid Commissioner to Lead National Association of Medicaid Directors

Cindy Beane, Commissioner of DHHR’s Bureau for Medical Services, was recently elected as president of the National Association of Medicaid Directors (NAMD) board of directors. NAMD represents leaders of all state Medicaid agencies and the nation’s territories. The board of directors guides the association’s work and represents the perspective of Medicaid programs at the federal level.

“At this critical time for the future of Medicaid and the health of millions of Americans, I’m honored to represent my 55 colleagues from across the country and territories,” Commissioner Beane said. “Each one of us is committed to the health of the people we serve as well as the future health of the Medicaid program.”

Commissioner Beane has worked for DHHR for more than 20 years and has served as Commissioner since 2014. Under Commissioner Beane’s leadership, West Virginia became the first state in the nation to obtain approval for coverage of neonatal abstinence centers. Her excellent leadership skills led her and her team to develop and administer a Continuum of Care waiver to treat substance use disorders among the Medicaid population.

“I know I speak for our Medicaid directors across the country when I say that we all look forward to Cindy’s leadership on the national stage,” said Kate McEvoy, NAMD Executive Director. “The work ahead of our Medicaid programs is enormous and the outcomes are critical to the health of millions of Americans. Cindy is just the leader to meet that moment.”
DHHR’s Take Me Home Transition Program Continues to Change Lives

Erica and Billy met in high school when they both got their first jobs at the same company. Spending time working together, a friendship eventually blossomed into love. The high school sweethearts talked about their future together and their plans to get married. However, the timing wasn’t right for Erica and Billy and they went their separate ways in life.

Erica eventually married and later was admitted to a nursing home along with her husband and mother where she was able to help support her loved ones. Erica resided in a nursing facility for six years. During that time, her mother and husband passed away leaving Erica to live alone in the nursing home. Billy moved away and later on in life ended up in the hospital due to complications from diabetes. The hospitalization and complications eventually led Billy to move into a nursing home as well. Throughout five years of living in nursing facilities Billy was transferred around to a few different facilities. Unbeknownst to him, the last facility he was transferred to was the same nursing facility where Erica was living.

That is where the high school sweethearts finally reconnected in 2017, years after falling in love when they were young. Their friendship and then eventually their love rekindled. They adapted happily to their life together in the nursing facility and even started discussing their future and getting married again until the world changed due to the COVID-19 global pandemic. Suddenly the two were forced apart, isolated in their own rooms. They were no longer able to have any contact except for phone calls. When Billy contracted the virus, pandemic isolation and loneliness became even worse for them both. Not only that, but the couple watched as three different roommates at the nursing facility also contracted the virus and passed away. Thankfully, Billy responded well to the treatment options provided to him and recovered from the illness.

After two years of isolation, the couple was approached by the nursing facility’s social worker about the Take Me Home (TMH) transition program. They decided it was time to be together on their own away from the facility.

Both Billy and Erica have said that they enjoyed working with Autumn Hager, TMH Transition Coordinator, through the process of transitioning to living in the community. Erica said that Autumn was able to help them find furniture and groceries for their new home and even helped them find the doctors they would need. Billy and Erica both said that they are enjoying the independence they feel living on their own, and that they are grateful to TMH for helping to bring them back together again. They say they are “doing real good,” but in speaking with them, anyone could tell they are finally living their “happily ever after”.

Providers, if you have a Medicaid member who is currently in a long-term care facility and would like to gain independence and return to their community, please visit TMHWV.org.
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).

DHHR Cabinet Secretary: Dr. Sherri Young (Interim)
DHHR Deputy Secretary: Russell Crane
DHHR BMS Commissioner: Cynthia E. Beane

Contributing writers: Margaret Brown, Dr. Hyla Harvey, Emily Hopta, Andrew Pack and Dr. Hyla Harvey - BMS; Jasper Smith - KEPRO; and Angela Stanley - Gainwell Technologies.
 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

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

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

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.