

Bureau for Medical Services Announces American Rescue Plan Act Funds Review

The West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS) will begin performing reviews of the American Rescue Plan Act (ARPA) funds paid out to each provider and how each provider spent the funds. The review will cover the dates of allowable spending and applies to the following agencies:

- Aged and Disabled Waiver (ADW) Agencies
- Intellectual/Developmental Disabilities Waiver (IDDW) Agencies
- Traumatic Brain Injury Waiver (TBIW) Agencies
- Children with Serious Emotional Disorders Waiver (CSEDW) Agencies
- Personal Care (PC) Services Agencies
- Private Duty Nursing (PDN) Agencies
- Behavioral Health Agencies

The purpose of the review is to check if the ARPA funds were spent properly and will be paid out by March 31, 2025. Any funds that were not properly used will have to be returned. For more information, please visit the BMS website at: dhr.wv.gov/bms/News/Pages/default.aspx.

Bureau for Medical Services Selects New Financial Management Services Vendor

The West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS) announced Palco, a financial management services (FMS) company, will provide fiscal employer/agent services (FMS) and resource consulting services to West Virginia Medicaid recipients receiving support services at home or in community-based settings, effective April 1, 2024.

Palco will serve DoHS's Personal Options program across three of the BMS [waiver programs](#), which provide supports to more than 4,900 individuals in West Virginia. Replacing the existing vendor, Public Partnerships LLC (PPL), means that recipients and their workers will be working with new customer service and other staff, and switching to Palco's web portal and smartphone app for submitting and reviewing time cards and monitoring budgets. However, there will be no change in the types or amounts of services that recipients receive.

"West Virginia's self-directed service model has been highly successful and cost effective for members who receive Home and Community-Based Services," said Cindy Beane, DoHS Bureau for Medical Services Commissioner. "We look forward to working with Palco to continue to grow and improve self-directed services for Medicaid beneficiaries."

DoHS is working with Palco to launch an accessible informational campaign online, by mail, and in-person for those involved with the Personal Options program. The campaign will introduce participants and employers and their workers and vendors to Palco and prepare them for the upcoming transition, as well as inform them about new tools and features.

Bureau for Medical Services Selects New Financial Management Services Vendor (Cont.)

“Palco is excited to work with the state of West Virginia to expand its national footprint in the self-direction industry,” said Alicia Paladina, Palco’s Chief Executive Officer. “Being selected as the only FMS vendor in West Virginia allows us to continue our mission of empowering independence for as many individuals as possible across the United States. We are eager to work with the state to help those individuals in need.”

The DoHS’s BMS works with both vendors during the transition period to ensure that recipients do not experience interruptions in services and workers continue to receive accurate and timely payments. From now through the transition, individuals who self-direct their care will continue using their current FMS. The transition should not impact a person’s plan of care, case manager, budget, caregivers’ rate of pay, or services. For more information about Palco and the transition, visit palcofirst.com/west-virginia/.

Mountain Health Trust (Managed Care) Update

The West Virginia Bureau for Medical Services (BMS) issued a Request for Application (RFA) for qualified Managed Care Organizations (MCOs) to provide services for the Mountain Health Trust (MHT) program. Contracted MCOs will support the BMS in providing statewide physical health, behavioral health, and dental services for eligible Medicaid and West Virginia Children’s Health Insurance Program (WVCHIP) members. Currently, three MCOs are contracted with the BMS for the MHT program: Aetna Better Health of West Virginia, The Health Plan, and UniCare Health Plan of West Virginia. MCOs that submit approved applications will participate in the MHT program effective July 1, 2024.

Potential MCO applicants may be conducting provider outreach and contracting activities in order to meet the network access requirements for the MHT program. You may receive emails or visits from these applicants over the next few months. If you have any concerns about provider contracting activities during the RFA period, please reach out to West Virginia BMS at (304) 558-1700.

Highmark Health Options West Virginia Receives Approval as MCO for State Medicaid and WVCHIP Beneficiaries

The West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS) approved the Highmark Health Options West Virginia application to become a Managed Care Organization (MCO) option for Medicaid and WVCHIP eligible West Virginians. [Highmark Health Options West Virginia Blue Cross and Blue Shield](#)-branded health plans will be an option for West beneficiaries beginning in late summer 2024.

“This partnership is a testament to our unwavering commitment to the well-being of West Virginians,” said Cindy Beane, DoHS Bureau for Medical Services Commissioner. “It signifies our continued commitment to ensuring comprehensive and accessible health services for our Medicaid members and fostering a healthier tomorrow for all.”

Highmark Health Options West Virginia's parent company, Highmark Inc. (Highmark), has over a 30-year history serving Medicaid enrollees. Highmark, one of the 10 largest health insurers in the United States, currently cares for more than 500,000 Medicaid beneficiaries across three states.

Kepro is now Acentra Health

Acentra Health is now the BMS UM contractor. Acentra Health was founded when CNSI merged with Kepro in December 2022. Headquartered in McLean, Virginia, the combined company helps government-sponsored healthcare agencies and payers expand healthcare access, enhance quality, improve health outcomes, and lower costs through clinical services, provider management, health claims and encounter processing, data interoperability, and health analytics services and solutions.

Please note: This name change will have no effect on established policies and procedures regarding prior authorization submission via our online system portal, processing timeframes, phone numbers, or fax lines. Providers will still submit cases via the Atrezzo Next Generation (ANG) System. Both Medical and Behavioral Health services have been fully implemented into ANG. If you need assistance or training with the system, please contact Acentra or visit our website, wvaso.kepro.com, to view training videos and other helpful assistance materials and forms.

Any questions or concerns may be emailed to wvmedicalservices@kepro.com or by calling 1-800-346-8272.

Pharmacy Services Update: Paxlovid Billing

In October 2023, Pfizer and the U.S. Department of Health and Human Services (HHS), reached an agreement to extend patient access to the COVID-19 oral antiviral medication, Paxlovid, for individuals receiving Medicaid, Medicare and those who are uninsured through the end of 2024. On December 1, 2023, Pfizer launched its U.S. Government Patient Assistance (USG PAP), PAXCESS Patient Support Program. Patients, caregivers, and healthcare professionals, including pharmacists, may enroll patients by visiting: <https://paxlovid.iassist.com/attestation> or calling 877-C19-PACK (877-219-7225).

For dates of service beginning December 28, 2023, all West Virginia Medicaid pharmacy claims for commercially available Paxlovid products will be reimbursed in the same manner as other covered outpatient drugs. The State is eligible for additional manufacturer rebates. For West Virginia Medicaid to be fully reimbursed by Pfizer, 340B claims will **be reversed** if submitted.

Covered entities participating in 340B Programs should continue to obtain no-cost Paxlovid through their current channels or utilize the Paxcess Program and visit <https://paxlovid.iassist.com/attestation> or call 877-C19-PACK for the West Virginia Medicaid members they serve.

Any 340B Pharmacies billing West Virginia Medicaid for Paxlovid are required:

- To bill from non-340B inventory is unavailable.

If non-340B Inventory is unavailable, 340B Pharmacies may:

- Access the Paxlovid patient assistance program; or
- Fill prescriptions with no-cost Paxlovid provided to the covered entity.

For questions regarding Paxlovid billing, please contact Gainwell Technologies Provider Support Desk at 1-888-483-0801.

Emergency Medical Services Billing Update

Effective June 1, 2024, when Ambulance companies bill A0998 (no modifier) for treat-no-transport of patients, the guidelines checklist below issued by the West Virginia Office of Emergency Medical Services MUST be included with billing documentation for payment to be authorized.

[Treat-No-Transport Guidelines Checklist](#)

Electronic Signature Reminder

BMS would like to remind providers when using electronic signatures to include the following information associated with the signing:

1. The printed name of the signer (provider), including the professional designation of the provider (Doctor of Medicine (MD), Doctor of Osteopathy (DO), nurse practitioner (NP), registered nurse (RN), physician assistant (PA), physical therapist (PT), physical therapist assistant (PTA), speech-language pathologist (SLP), doctor of dental surgery (DDS), student, provisional license, etc.). If Provisional License, please include active/ending date.
2. The date and timestamps that include the printed statements, e.g., “electronically signed by,” or “reviewed/verified by,”.

The author related to the electronic signature should be clearly defined. For questions or assistance, please call (304) 558-1700.

Office of Program Integrity Update: Check State and Federal Databases Reminder

Providers are reminded to check all current and future employees, subcontractors, and agency staff for possible exclusion from participation in federal health programs. Failure to verify this information may result in recoupment of monies paid for services provided by an excluded individual or entity.

- List of excluded individuals/entities (federal exclusion database): exclusions.oig.hhs.gov/.
- West Virginia Medicaid Provider Termination and Exclusion List (updated monthly): wvmmis.com.
- Go to “Reference Material” -> “Medicaid Provider Sanctioned/Exclusion.”

It is a provider’s responsibility to ensure they do not bill or receive payment from West Virginia Medicaid or any other federal health care program for services rendered or ordered by an individual on the exclusions list(s).

Electronic Funds Transfer (EFT) Initiative

Initiative to eliminate paper checks due to cost and administrative burden:

- Providers are placed on pay hold if a bad EFT is returned until a corrected EFT is submitted.
- If you currently receive a paper check, please submit your EFT information immediately. West Virginia Medicaid will stop sending paper checks in the future.

Reminder: New EFT forms are available on the West Virginia State Auditor’s website (wvsao.gov) to be completed with new provider enrollment and maintenance.

Payment Error Rate Measurement (PERM) Update

The Centers for Medicare and Medicaid Services (CMS) Payment Error Rate Measurement (PERM) Program for Reporting Year (RY) 2023 are currently reviewing West Virginia Medicaid and WVCHIP claims to measure improper payments and implement corrective actions to maintain the integrity of the programs.

PERM participants who cited an ERROR may receive a disallowance letter and may be required to complete the following steps:

- Remit a specific dollar amount for the inappropriate billing of services by entering into a repayment arrangement with the State within 30 days of the date of the final disallowance letter.
- Submit a plan of correction that describes how your organization will prevent the identified error (s) from recurring.

Providers who wish to appeal disallowances resulting from PERM citations must utilize the appeal process detailed in *Chapter 800, Program Integrity* of the Bureau for Medical Services Provider Manual.

- PERM participants who wish to appeal a disallowance must request a document desk review within 30 days of the date of the final findings letter. Requests must be accompanied by documentation demonstrating the appropriateness of the payment to be considered. The information may include service documentation or citations of agency policies to support the appropriateness of the payment.
- Failure to respond to a final disallowance letter within 30 days will result in the initiation of a lien on ALL future West Virginia Medicaid and WVCHIP payments and may result in the suspension of payments to your organization.
- The BMS would like to thank all providers for your cooperation in providing the requested documentation and/or clarification of medical records within the allotted time for Empower AI, the Review Contractor, to complete the desk audit review. Empower AI received 100% of the medical records requested.

Based on the error findings to date, the BMS would like to remind providers of the following billing requirements which impact PERM reviews:

- Providers, including those billing nursing home, Hospice, intermediate care facilities, and Birth to Three services, are required to report the individual (type 1) national provider identifier (NPI) of the attending, ordering/referring, and servicing provider in the corresponding claim field in addition to the billing/facility/group NPI (type 2) in the billing provider field, on all claims that are submitted for reimbursement. Claims submitted without required NPIs or with a billing/facility/group (type 2) NPI in fields requiring an individual (type 1) NPI will be denied and must be resubmitted with all required NPIs reported appropriately in order to receive reimbursement.
- When billing for IDDW services, providers should document on the appropriate West Virginia Intellectual/Developmental Disabilities Waiver (IDDW) DD7/Direct-Support Service Log when recording services provided:
 - Example: When billing for 1:2 services, both identifiers are "2." However, the service code/modifier is different for each, which results in a billing error during the PERM review.
 - Providers should ensure the number of units billed matches the number of units documented for the authorized services.

New Director Brings Quality of Knowledge to BMS



The Bureau for Medical Services has appointed Matt Brannon as Director for the Office of Quality Management. Brannon replaces DeeAnn Price, who retired from the position. Brannon is new to State Government but is no stranger to improving the health of West Virginians working most of his career in the private sector for Delta Dental, Coventry Cares, American Benefits as well as Highmark West Virginia. His extensive experience has allowed him to work with healthcare providers and leaders throughout West Virginia and bring his knowledge of qualitative management to the Bureau.

“Every experience I have had to present has prepared me for success in the world of quality, said Brannon. Having worked with most employers, hospital systems, physician groups, dental practices, and ancillary providers in the

State, it allows me a warm connection to the market from a different angle.”

The Office of Quality Management incorporates sustainable quality assurance and quality improvement principles in the planning, design, delivery and evaluation of support and services. In addition, standardizes the collection, reporting and monitoring of data, processes and quality measures that support and drive decisions while developing and implementing quality strategies that supports the achievement of positive impact on the healthcare of West Virginia Medicaid members.

Brannon is looking forward to working with his team to make a local impact on West Virginia Medicaid members. He is already working on his unit’s National Quality Strategy goals which are to:

- Embed quality into the care journey;
- Advance health equity;
- Promote safety, foster engagement;
- Strengthen resiliency;
- Embrace the digital age and incentivize innovation and technology adoption to drive care improvements; and
- Increase alignment.

Brannon is a member of the Charleston Chapter’s American Academy of Professional Coders and holds a Bachelor’s Degree (BA) in biology from West Virginia University and a Master’s Degree in Business Administration (MBA) from the University of Charleston.

Canaday Passes the Torch

In 2011, West Virginia was awarded a Money Follows the Person grant from the Centers for Medicare and Medicaid Services. West Virginia’s program named its program, Take Me Home, West Virginia and Marcus Canaday became the program’s first Director. Since 2011, the program has transitioned over 600 participants, attained a new name, and a new director.

Brian Holstine has received the torch from Canaday to lead the Take Me Home Transition, formerly the Take Me Home, West Virginia, program. Holstine plans to continue the following initiatives where Canaday left off:

Continued on Page 7

Canaday Passes the Torch (Cont.)



- A transition program to identify Medicaid members living in long-term care facilities who wish to live in the community and help them do so; and
- A rebalancing program through which states make system-wide changes that provide Medicaid members with long-term care needs the opportunity to live and receive services in their own homes and communities.

Canaday is confident that he has passed the torch to his successor as Holstine has worked under Canaday's tutelage for 11 years.

"Brian was the TMH program's Assistant Director for 11 years and I enjoyed working with him and I have every confidence that he will do a terrific job. He understands the intent of the Money Follows the Person Initiative and has been involved with its

development since the program began," said Canaday

In addition to 11 years with the Take Me Home Transition program, Holstine has been a licensed social worker for 20 years who previously worked with Bureau of Senior Services and managed the Cash and Counseling Grant funded through the Robert Wood Johnson Foundation, oversaw medical eligibility and waiver policies for the Board of Review. It's no doubt Holstine possesses the skills and experience to carry the torch.

Holstine is eager to take on his new position and continue the program's success through effective communication.

"Words matter, communication is a key and using the right verbiage makes a huge difference" says Holstine.

Holstine was born in Campbell's Creek, West Virginia and graduated from Dupont High School and holds Bachelor of Social Work Degree from West Virginia State University. He has two sons Jameson and Monty and in his free time, he enjoys showing off his percussion skills performing with various bands in the Charleston area.

For more information on the Take Me Home Transition program, please visit TMHWV.org.

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.

The Coding Corner

Changes regarding Current Procedural Terminology (CPT) 2024:

- Included in the 2024 CPT codes, in addition to the changes to vaccine administration codes and immunization codes are 349 editorial changes, including 230 additions, 49 deletions, and 70 revisions.
- An important change is the addition of five new CPT codes for product specific Respiratory Syncytial Virus (RSV) immunizations. The codes (903080, 90381, 90683, 90679, and 90678) will improve things like tracking, reporting and analysis of RSV immunizations.
- For CPT codes (9902-9905 and 99212-99215) for reporting of evaluation and management include revisions of the removal of time ranges from office and other outpatient visit codes.
- A definition has been added to determine the “substantive portion” of a split/shared E/M visit. Instructions have also been added for reporting hospital IP and observation care along with admission and discharge for CPT codes 99234-99236 when the stay crosses two calendar dates.
- The CPT code set for 2024 includes Spanish language descriptors to improve access to medical procedures and services for those patients speaking Spanish. Also, anatomical illustrations have been added to help coders better understand how to apply the codes.
- Category III codes will also have several additions, the changes include:
 - Addition (0911T-0815T, 0820T-0858T, and 0864T-0866T) and for revisions (0517T-0520T) guidelines, and parenthetical notes for emerging technologies.

Provider Field Representative Map



Region 1 Representative

Interim coverage:

Brandon Treola btreola@GainwellTechnologies.com

WVU: Katrena Edens kedens@GainwellTechnologies.com

Whitney Choyce wchoyce@GainwellTechnologies.com

Region 2 Representative

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DoHS Cabinet Secretary: Dr. Cynthia Persily
DoHS BMS Commissioner: Cynthia E. Beane

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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

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

Acentra (formerly KEPRO)
304-3439663

MAXIMUS
800-449-8466

Highmark Health Options of West Virginia
833-957-0020

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.