

Public Health Emergency Phase Two Post COVID-19 Transition Begins

Medicaid and West Virginia Children's Health Insurance Program (WVCHIP) Providers, don't let your patients risk losing their health insurance. Please remind your patients that the COVID-19 Continuous Coverage for healthcare benefits may be ending in 2023.

Medicaid or WVCHIP will be mailing a renewal letter in the upcoming months. Please remind patients to update their address with the West Virginia Department of Health and Human Resources (DHHR) if they receive Medicaid or WVCHIP healthcare benefits.

It is important that all providers remind their Medicaid and WVCHIP members to update their information by calling the DHHR Customer Service Center at 1-877-716-1212; by email: dhrbcfchangecter@wv.gov; or by fax: 304-558-1869.

For more information, please direct your patients to the link below:

dhr.wv.gov/contacts/HN/Documents/Customer%20Services%202021.pdf

Payment Error Rate Measurement (PERM) Review Reminder to Submit Medical Records

The Centers for Medicare & Medicaid Services (CMS) PERM Program for Reporting Year (RY) 2023 is currently reviewing the West Virginia Medicaid program and West Virginia Children's Health Insurance Program (WVCHIP) to measure improper payments in order to maintain the integrity of the programs. The Review Contractor, Empower AI, is authorized to collect information from providers and to review documentation to ascertain adherence to regulations.

Empower AI may require additional documentation and/or clarification of medical records to complete the desk audit review. To facilitate this desk audit review, West Virginia Medicaid and WVCHIP appreciate your cooperation in providing the documentation within the allotted time to Empower AI. This documentation is necessary to verify compliance with federal and state regulations. Due to the extent of the PERM review, West Virginia Medicaid and WVCHIP ask for timeliness of submissions to aid in expediting the PERM review process.

Failure to return documentation by the due date will result in West Virginia Medicaid or WVCHIP recovering the payments by either the provider refunding the amounts or recouping the amounts from future payments. A pay-hold will be placed on the provider until the amounts are recovered. If you are unable to provide the requested documentation, please respond to Empower AI in writing within the time allotted. Should you require additional information or have questions you may call CMS' Review Contractor's Customer Service Representatives at (800) 393-3068, for West Virginia Medicaid, contact state PERM representative, Lisa Landers at Lisa.K.Landers@wv.gov or 304-558-1700, or for WVCHIP, you may contact Paula Atkinson at Paula.M.Atkinson@wv.gov or 304-414-5965.

Peer Recovery Support Specialist Certification Update

The Bureau of Medical Services (BMS) has implemented changes to the Peer Recovery Support Services. Effective September 30, 2022, BMS will no longer offer their Peer Recovery Support Specialist (PRSS) certification. However, BMS is extending the adoption of the West Virginia Certification Board for Addiction & Prevention Professionals (WVCBAPP), Peer Recovery certification for PRSS until December 31, 2022. This means that until December 31, 2022, either certification will be eligible for reimbursement from Medicaid.

On January 1, 2023, all PRSS must have the WVCBAPP Peer Recovery certification to be reimbursed by Medicaid.

BMS is also extending the deadline for the National Provider Identifier (NPI) registration until December 31, 2022. Gainwell Technologies began registration of rendering the NPI on August 1, 2022.

In addition, The West Virginia School of Osteopathic Medicine has received grant funding through the SOR Prevention Grant Program to provide funding for individuals seeking PRSS Certification, Re-Certification, Practice Exam Fees, and Initial Exam Fees. Fees for completed applications received by the WVCBAPP Board office before June 2024 will be covered.

Additional information for PRSS service can be found in [Chapter 504, Substance Use Disorder Services, Section 504.15.1](#).

Information regarding the WVCBAPP certification can be found at www.wvcbapp.org.

All current and future PRSS must obtain an NPI. Current PRSS must also be enrolled with Gainwell Technologies by December 31, 2022. The Taxonomy Code for a PRSS is 175T00000X and its description can be found on the [NPI Peer Recovery Peer Specialist webpage](#).

For additional information on obtaining an NPI, please visit the [Centers for Medicare and Medicaid Services \(CMS\) webpage](#).

Documentation for PRSS include the following:

- Application
- Attestation letter
- Completed certification with an 80% or higher score
- At least three reference letters

Kepro Update

Effective February 1, 2022, Kepro transitioned platforms from WV C3 Provider Portal to Atrezzo Next Generation (ANG) for West Virginia Medicaid fee-for-service Medical prior authorization submissions. The transition to ANG does not affect the policies set in place by the Bureau for Medical Services or the current billing processes for Gainwell Technologies. Kepro conducted 26 trainings in total on the registration process and how to submit prior authorizations using ANG. Instructional videos and training documents are located at wvaso.kepro.com/wv-aso-medical-services.

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Kepro Update (Cont.)

In 2023, Kepro Behavioral Health Services will be transitioning platforms from CareConnection® to Atrezzo Next Generation (ANG) for prior authorization submissions. Transition to ANG will have no affect on the policies or billing process. Communications regarding this transition will be sent out via email and posted on the Kepro website: <https://wvaso.kepro.com/>. Please be sure that you have completed the contact update to receive the most up-to-date information regarding this transition at <https://survey.alchemer.com/s3/6754966/Kepro-Behavioral-Health-Contact-Information-Update>.

Any questions or concerns may be emailed to wvmedicalservices@kepro.com.

West Virginia Medicaid Management Information Systems (MMIS) PAS Online Web Portal Update: Receiver/Sender ID and Chatbot Feature

Effective July 8, 2022, Gainwell updated the Receiver ID format for EDI inbound files and the Sender ID for EDI outbound files. The new format WV_MES_4_MMS_IG replaced the previous format WV_MMIS_4_DXCMS. Gainwell will continue to accept and process all EDI inbound files received with WV_MMIS_4_DXCMS. However, ALL OUTBOUND acknowledgement and response files will now be transmitted with the new Sender ID - WV_MES_4_MMS_IG.

Gainwell has implemented a new chat bot feature on the WVMMIS Health PAS-Online Web Portal designed to answer frequently asked questions on the portal. This feature can be used for both the Provider and Member portals. Questions can either be answered directly through the bot or with a link where the provider/member can do self-service within the portal. The chat bot can be accessed in the lower right-hand corner of the portal.

Gainwell Technologies Update: Provider Enrollment Reminder

It is imperative that providers keep all contact information such as phone, fax and address up to date to ensure a proper line of communication. Also, to avoid any billing issues, please make sure all certifications, accreditations and licensure are kept current as they are renewed.

Electronic Visit Verification

In preparation for inclusion in the Electronic Visit Verification system, home health attendants and private duty nursing attendants will be required to obtain an individual NPI and be enrolled with Gainwell Technologies. Please be on the lookout for upcoming information as it becomes available.

Billing Update

Effective January 1, 2021, West Virginia Medicaid will reimburse the following codes for Type B Emergency Rooms.

- G0380 Level 1 hospital ER visit provided in a type B ER Dept
- G0381 Level 2 hospital ER visit provided in a type B ER Dept
- G0382 Level 3 hospital ER visit provided in a type B ER Dept
- G0383 Level 4 hospital ER visit provided in a type B ER Dept
- G0384 Level 5 hospital ER visit provided in a type B ER Dept

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Billing Update (Cont.)

If your facility provides Type B emergency room services, please send a request in writing with a copy of your license to have the services added to your contract.

Effective January 1, 2022, Common Procedural Terminology (CPT) codes 81518, 81520, and 81521 are billable under Critical Access Hospital (CAH), Hospital, Physician, and Laboratory contracts.

Effective January 1, 2021, CPT Codes 63045, 63046, 63047 and 63048 are only covered on an inpatient basis.

Effective January 1, 2021, Healthcare Common Procedure Coding System (HCPCS) codes C8924 (Echo with contrast limited study) and C8929 (Echo with contrast full study) were added to the Outpatient and Critical Access Hospital Contracts.

State Plan Amendment Update

The Centers for Medicare and Medicaid Services (CMS) has approved State Plan Amendment 22-0022. Effective July 1, 2022, Ambulance Ground Transportation rates increased by 10% which will provide more than 200 West Virginia ambulance providers with \$11.8 million in additional reimbursements per fiscal year.

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.McGee@wv.gov or call 304-352-4241.

Monoconal Antibody Coverage Update

Due to the high frequency of the Omicron BA.2 sub-variant, the Federal Drug Administration (FDA) announced the product, Sotrovimab (procedure code M0247), is currently **NOT** authorized in any U.S. region and may not be administered to treat COVID-19 until further notice by the FDA.

Licensed Behavioral Health Centers Provider Update

In order to retain the direct-care workforce needed to provide behavioral health services, Governor Justice and DHHR Cabinet Secretary Bill J. Crouch announced a temporary rate increase for direct-care workers.

As was required with the previous American Rescue Plan Act (ARPA) rate increases, provider agencies will be required to attest in writing that a minimum of 85% of these rate increases will be passed on to direct-care workers in the form of wage increases, bonuses and/or increased benefits. Costs incurred by the provider agencies that are a direct result of these compensation increases may be counted toward their 85% passthrough, i.e., the amount that the Federal Insurance Contributions Act (FICA) and other payroll taxes increase due to an increase in direct-care workers' wages. Agencies have until March 31, 2025, to expend these and the previous ARPA rate increases.

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Licensed Behavioral Health Centers Provider Update (Cont.)

The 85% pass-through must benefit workers that provide/bill for the services that are receiving the rate increases but may also include workers that provide other Medicaid and state-funded direct-care services. Workers in facility-based programs are not eligible to be included in the 85% pass-through.

Please bill using the regular/lower rates for dates of service up to September 30, 2022. This will allow BMS to issue supplemental payments ad pays—for paid claims with dates of service from July 1 to September 30, 2022. Agencies may begin submitting claims with the increased rates for dates of service on/after October 1, 2022. The rate increases have not yet been loaded into Gainwell’s system but claims that are partially paid at the regular rate will be reprocessed so that agencies will not be required to reverse and rebill for partially paid claims. For billing details on the rate increase, please visit the Bureau for Medical Services website “News and Announcements” list: dhr.wv.gov/bms/Pages/default.aspx

Pharmacy Services Update

West Virginia Medicaid held the annual review of the Preferred Drug List (PDL) on October 26, 2022. A listing of the recommended changes to be made effective January 1, 2023 can be found on the Bureau for Medical Services website under the Pharmaceutical and Therapeutics (P&T) Committee Meeting tab. If you are using Google, searching for “West Virginia Medicaid P&T Provider Notice” will bring up the relevant page, where you may select the “Provider Notice” link from the October 26, 2022 meeting to see the changes.



The January 2023 PDL will be posted to the website under the “Preferred Drug List and Coverage Details” tab with an effective date of January 1, 2023 once it has been approved by DHHR Cabinet Secretary Bill. J. Crouch.

As a reminder, the P&T Committee votes on the PDL status of drugs (as preferred or non-preferred). The Drug Utilization Board (DUR) then meets roughly a month after each P&T meeting in order to vote on prior authorization criteria that may be necessary to clarify access when a drug is either non-preferred or restricted in some way by the office of Pharmacy Services.

Both the P&T and the DUR Board meetings are open to the public for virtual attendance. The following schedule has been established for 2023.

P&T Committee virtual meetings are scheduled for the following dates from 2:00pm - 5:00pm:

- Wednesday, January 25, 2023
- Wednesday, April 26, 2023
- Wednesday, August 23, 2023
- Wednesday, October 25, 2023 (***This meeting date is the yearly review and is scheduled 9:00am - 5:00pm***)

DUR Board virtual meetings are scheduled for the following dates from 4:00pm - 6:00pm:

- Wednesday, February 15, 2023
- Wednesday, May 24, 2023
- Wednesday, September 20, 2023
- Wednesday, November 15, 2023

The Quality Corner: Promote Oral Health Care

Many West Virginia Medicaid members suffer with poor health, difficult living conditions, unemployment/underemployment and other hardships. Some of these hardships include a substance use disorder (SUD).

“Taking the first steps towards treatment for SUD is one of the most important decisions individuals can make. Many of those suffering from SUD have serious oral health problems. This is due to factors including the effects of drug use itself and lack of proper dental hygiene and care. While addiction treatment programs focus solely on intervention strategies and rehabilitation, they do not often include management of dental problems as the result of drug and alcohol abuse,” said Dr. Jason Roush, DDS, West Virginia State Dental Director of the Oral Health Program, Bureau for Public Health.

Another barrier that members in SUD recovery previously faced is that West Virginia Medicaid formerly only covered limited emergency dental services for adults. However, in 2020, the West Virginia Legislature passed a law for Medicaid to expand adult dental benefits up to \$1,000 per year for selected diagnostic, preventative, and restorative services, which took effect on January 1, 2021. Many advocates were excited for this expansion of Medicaid benefits because of the dangers poor oral health may pose.

“Proper dental care is equally important, as [oral] damage increases [the] risk of infections that could be life threatening,” said Dr. Roush

With one barrier to dental services ended, these individuals still may have other standing barriers such as lack of dental providers and/or transportation in their area or an array of complex emotions, like anxiety, fear, and embarrassment, that prevent them from seeking dental care.

For areas that have a low prevalence of dental providers, it is important to remember that Medicaid members are eligible for the expanded adult dental program and for non-emergency medical transportation (NEMT) for covered services. Additionally, some dental health providers offer mobile services or outreach clinics to help reach individuals in rural areas throughout the State. Providers that assist with SUD recovery are generally well-known and trusted by their members. As a result, they have an opportunity to help relieve emotional distress by explaining how oral health is as important as behavioral and other physical health issues for their health outcomes and overall quality of life. By discussing oral health services with those in recovery, providers can facilitate understanding that these services can help relieve pain and discomfort, improve self-confidence, and help prevent relapse and/or recidivism which will help to improve their overall health.

As an example, West Virginia Health Right in Charleston provided a case study for an individual in recovery obtaining dental services through their mobile dental team:

A 33-year-old man from a rural West Virginia county with an extensive history of alcohol abuse was referred to West Virginia Medicaid Provider, WV Health Right Mobile Dental team, for an exam and cleaning. The patient demonstrated extreme anxiety regarding the dental treatment, but the team was able to help him calm down so that he could be properly assessed. The exam revealed extensive decay with a hopeless prognosis for restoration.

Unfortunately, his poor oral hygiene habits had contributed to the rampant decay he experienced. During the examination, he stated that he was simply unable to brush his teeth because it was just too painful. Because of his restoration prognosis, his treatment plan consisted of a full mouth extraction and fabrication of maxillary and mandibular dentures. Now, he is able to smile again and feel comfortable being around others. He shared his story with family members with similar issues who have now become patients of the mobile dental unit.

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The Quality Corner: Promote Oral Health Care (Cont.)

While for many years Medicaid adult dental coverage was very limited, additional services are now available up to \$1,000 per calendar year. These services not only help those in SUD recovery, but all West Virginia Medicaid members live a healthier and happier life. For more information on covered services, please see the Medicaid Policy Manual *Chapter 505, Oral Health Services* at <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>

West Virginia DHHR Appoints New Medical Director

Dr. Hyla Harvey has assumed the position of DHHR's Bureau for Medical Services State Medical Director.

After serving the DHHR for over 14 years, Dr. Jim Becker is passing the torch over to his colleague, Dr. Harvey. Although Dr. Becker is retiring, he will never be forgotten as his leadership in supporting the West Virginia Bureau for Medical Services in achieving its mission and goals.

Bureau for Medical Services Commissioner Cindy Beane said, "Jim's integrity, patience, and empowerment of others was vital in numerous successes during his tenure as a public servant and he worked tirelessly for the Medicaid population. His leadership attributes inspire others around him with his dedication and passion for the West Virginia Medicaid population."

However, the Bureau for Medical Services team knows that they are in good hands and that Dr. Harvey will carry on Becker's legacy and continue the success of West Virginia Medicaid. Harvey is a Board-Certified Family Physician who oversees her own practice at Marshall Health in Teays Valley, West Virginia. She is no stranger to the Bureau as she has worked with its Pharmacy Unit and Dr. Becker since 2018. Running her own practice keeps her busy, but after 20 years of experience in family medicine, Harvey wanted to offer more to West Virginians.



"As the Medical Director of West Virginia Medicaid, I have the ability to give the organization input from a primary care perspective and thus be involved with policy determinations. I hope to continue to assist in developing policies and encouraging projects which improve the health of West Virginia Medicaid members. I also look to support the efforts of the providers who deliver excellent care to our Medicaid population," said Harvey.

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West Virginia DHHR Appoints New Medical Director (Cont.)

Commissioner Beane also shares Harvey's enthusiasm she knows it will be a smooth transition.

"We have been fortunate to have had Dr. Harvey working with us for four years. We are excited that she is expanding her role as the Medical Director with a focus on prevention, which is one of her many passions," said Commissioner Beane.

Dr. Harvey is a Rochester, New York native who holds a Bachelor of Science in Clinical Dietetics from Buffalo State, the State University College of New York and a Doctor of Medicine (M.D.) from the Renaissance School of Medicine at Stony Brook University, New York. After completing medical school, Dr. Harvey performed her residency at the Joan C. Edwards School of Medicine at Marshall University in Huntington, West Virginia. Harvey also serves as a member of the American Academy of Family Physicians and the American Medical Association.

She currently resides in Hurricane, West Virginia and has three adult children, Kala, Jewel, and Ravi. In her spare time, she loves gardening and calligraphy.

The Coding Corner

Medically Unlikely Edits (MUE) changes effective July 1, 2022:

- CPT codes 76641 and 76642 will go from allowing 2 two MUEs to allowing 1 MUE, a 50 modifier will need to be applied for bilateral.

Procedure to Procedure (PTP) Changes effective July 1, 2022:

- CPT codes 22633 as primary and 63048 as secondary will not be allowed to be billed together without applying a modifier to 63048 when applicable.

The following are new coding changes are scheduled to be implemented January 1, 2023:

Significant Evaluation and Management (E/M) code changes for the following service types include:

- **Inpatient/Observation** – Deletion of observation codes 99217-99226 with added language to the initial and subsequent inpatient codes 99221-99223 and 99231-99233. This would be more beneficial to the physicians with regards to reimbursement as the current observation codes are poorly reimbursed.
- **Consultations for Inpatient/Outpatient** – Deletion of 99251 and 99241 which similarly reflect the deletion of level one services that went into effect this year for 99201.
- **Prolonged Services** – Two new codes 908X0 and 903X0, deletion of 99345 -99357 and revision of codes 99417 and 99483. As of 2021, codes 99345-99357 cannot be used with office visits. The proposal also indicates revisions to the service heading and guidelines.
- **Emergency Department** – Revision of codes 99281-99285 and guidelines but no specifics at this time.
- **Home Health/Residence** – Deletion of 12 E/M codes and revision of eight E/M codes with guideline revisions in both areas. The proposal appears to consolidate these services as many are repetitive.

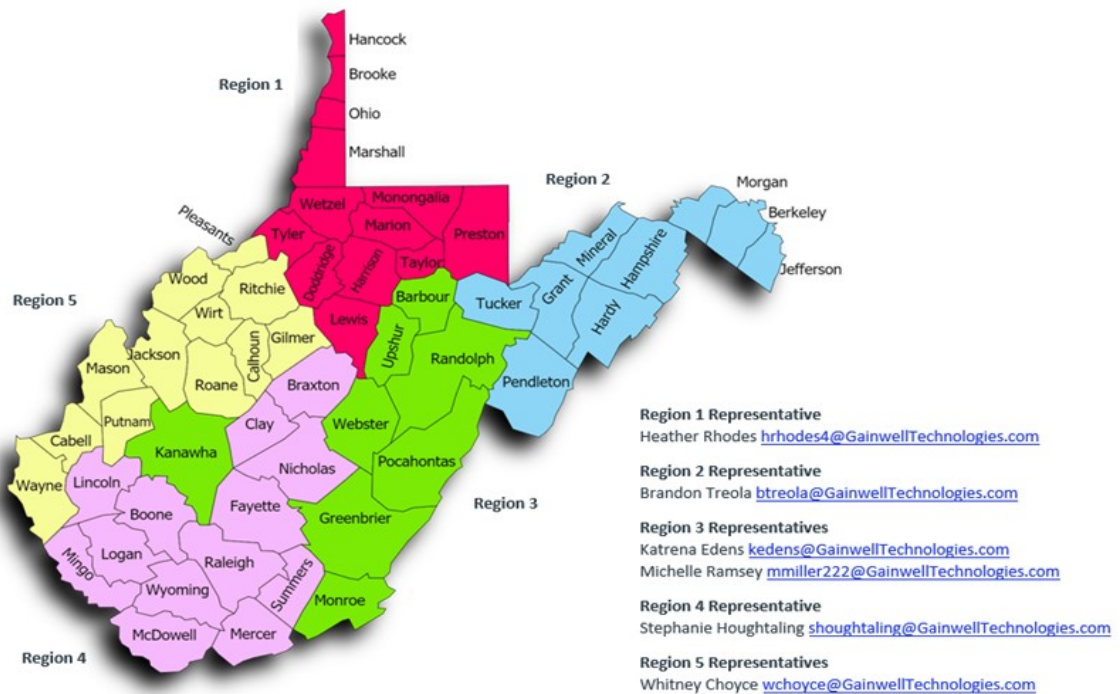
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The Coding Corner (Cont.)

In total, the number of proposed E/M code changes include:

- Hospital inpatient, including observation seven deletions and 11 revisions
- Consults two deleted codes and eight revisions
- Emergency department five revisions
- Nursing facility one deletion and seven revisions
- Domiciliary, rest home, boarding home or custodial care nine deletions
- Domiciliary, rest home, assisted living or home care plan oversight two deletions
- Home one deletion and eight revisions
- Prolonged two new, four deletions and two revisions

Provider Field Representative Map



Gainwell Technologies Proprietary and Confidential

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: Bill J. Crouch
DHHR Deputy Secretary: Russell Crane
DHHR BMS Commissioner: Cynthia E. Beane

Contributing writers: Margaret Brown, Andrew Pack, Amy Sutton, and Brian Thompson - BMS; Jasper Smith - KEPRO; and Angela Stanley and Whitney Choyce - Gainwell Technologies.

Contact Us! Phone: 304-558-1700 Email: DHHRBMSupport@wv.gov Online: dhhr.wv.gov/bms

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.