

*West Virginia Department of Health and Human Resources
Bureau for Medical Services and Bureau for Public Health*

**Local Health Department Medicaid Enrollment and Billing Webinar
2/12/2016: Questions and Answers**

Q1: Where can I access the presentation?

The presentation has been loaded to the Center for Local Health website at:
www.dhhr.wv.gov/localhealth/administration/Pages/Medicaid-Webinar.aspx

Q2: Can you define or explain the affiliation of providers to local health departments? We all have health officers and they have standing orders.

Local health officers, who are your physicians, would need to become an affiliated provider with WV Medicaid by enrolling as a Medicaid provider. Once enrolled, the provider would be affiliated with the local health department. The local health department would be a pay-to for services provided by enrolled professional practitioners.

Q3: What if the doctors doing your clinics are not your local health officer?

Those physicians would need to become enrolled with WV Medicaid and affiliate with your health department which will be the pay-to provider. If you have a physician's assistant (PA) providing services at the local health department, both the PA and the physician who is supervising the PA must be affiliated with the local health department. All professional practitioners such as the physician, the PA, or the advance practice registered nurse (APRN) who provide services at the local health department must be enrolled in WV Medicaid and be affiliated with the health department for the health department to receive payment.

Q4: Will the new policy include preventive services as we have discussed?

The new policy will include the services that are currently available to the professional practitioners in the BMS Provider Manual. For example, if you affiliate a physician with your local health department, the BMS Provider Manual currently has policy related to the services that a physician may perform and that are covered for reimbursement. The BMS Provider Manual has current policy related to APRNs as well. The policy that is already in the BMS Provider Manual will drive the services that are able to be delivered and reimbursed based upon the type of practitioner that you affiliate to the local health department.

Q5: Would we still need to complete an application for the Medicaid managed care organizations?

Yes. Local health departments will still need to complete an application for each of the four managed care organizations, including each organization's provider application and credentialing process.

Q6: Providers are reimbursed based on specialty and we have several types of practitioners. Will joining-up as one group impact the return on what we already do?

Providers currently enrolled in Medicaid are reimbursed based on the Medicaid fee schedule which for physicians, APRNs and PAs is based on the Resource Based Relative Value Scale. The reimbursement per CPT code is the same for all of those practitioners per CPT code. So that will remain the same. Medicaid fee schedules for the practitioners at the local health department level will be reimbursed the same as a physician in their office or an APRN in their office. Medicaid does limit the types of services dependent upon the provider specialty, for example psychiatric services are only reimbursed for certain provider specialties.

Q7: Will there be another billing workshop held like the one in 2014 for employees who are new to billing?

The provider workshops are more policy-based and are focused on what is new in policy. Because health departments are a small, targeted group, Molina field representatives would like to come out and help you one-on-one. Molina's regional field representatives can come out to individual health departments and work one-on-one with billing staff. Molina also has certified medical coders who can help answer questions around how to best achieve what you're trying to do. These field representatives are available any time you need them. Contact information for Molina is provided below:

- Provider portal: www.wvmmis.com
- Training website: <https://molina Medicaid solutions.elogiclearning.com/>
- Molina Provider Enrollment Unit: (304) 348-3360 (local) or 1-888-483-0793 (toll-free)
- Molina point of contact for local health:
 - Misty Smith
 - E-mail: Misty.Smith@Molinahealthcare.com
 - Phone: (304) 348 – 3231

Q8: As long as RNs are working within their scope of practice, can they provide services as long as the physician they are working under is affiliated with the health department?

The RNs would have to be working under the auspices of that physician because they have to work within their scope of practice which requires that they work under the physician. Vaccine and vaccine administration codes will continue to be reimbursed when administered by RNs and LPNs under written standing orders from a physician. We need to work within existing policy and law. This process will get local health departments on-board for billing fee-for-service and be on par with any private practitioner as well as provide transition from T1015 to CPT codes. We can continue to explore a number of different strategies but currently we are primarily focused and based on the confines of the current statute, regulatory environment and Medicaid requirements and the process by which local health departments can maximize their billing. We will continue to explore other options as long as they are not barred in current code and rule – for example, in working with managed care organizations.

Q9: How many individuals are in managed care versus fee for service?

Currently, about 60% are in managed care and about 40% are in fee-for-service.

Q10: When will trainings start for Medicaid?

Provider workshops are tentatively scheduled for April 2016. Providers will receive notification of the specific locations and dates when finalized and the information will be included on the Medicaid and Molina websites. Molina offers training online through its provider portal and providers can request on site training on enrollment, claim submission and other provider issues beginning in March 2016.

Q11: We do not have to have a physician on site for a nurse practitioner to do clinics as long as she had collaboration with the physician?

An APRN (nurse practitioner) must work within the scope of her license regarding physician supervision and collaboration.

Q12: How do we find what the maximum fees are for billing?

To look up a fee for a CPT code, scroll to bottom of the BMS home page (www.dhhr.wv.gov/bms), go to section titled "Providers," select "Fee Schedules" link, then at top of page select "RBRVS Fees." This information is also available on slide 14 of the webinar and can be accessed directly at: www.dhhr.wv.gov/bms/FEES/Pages/WV-Medicaid-Physician's-RBRVS-Fee-Schedules.aspx.