

**West Virginia Medicaid and Medicaid Managed Care
Presentations to the West Virginia Association of Local Health
Departments, 6/2/2016**

Questions and Answers

Q1: Where can I access the presentations?

The presentations are available on the West Virginia Medicaid web portal for members and providers:

www.wvmmis.com/WV%20Provider%20Workshops/Forms/AllItems.aspx

Q2: Are pharmacists required to tell a Medicaid member who has been denied a prescription request that the denial is due to the fact that the prescribing provider is not enrolled in Medicaid?

As of 6/3/16, the unenrolled prescriber edit remains in “warn” status which means that Medicaid members should still receive their prescriptions, even if their provider is not enrolled in Medicaid. Should the status change to refuse prescription coverage for members with unenrolled providers, pharmacists may, but are not required to inform members when a prescription will not be filled because the prescriber is not enrolled.

Q3: Where do we find the codes that we can bill for?

The codes change every year. You need to use a current CPT or HCPCS code. Most providers purchase a CPT/HCPCS book.

Clinical/medical procedure codes are found in the current year’s Current Procedural Terminology (CPT) code book. Codes for equipment, supplies, etc. are found in the current year’s Healthcare Common Procedure Coding System (HCPCS) code book. Both CPT and HCPCS are published annually and usually contain new codes, deleted codes and description changes to codes. Quarterly updates may also be made to the code sets. Diagnosis codes are found in the ICD10-CM books and are also updated annually.

Q4: Under the Local Health Department Medicaid policy effective July 1st, what services provided by RNs and LPNs under standing orders are reimbursable?

Covered immunizations and HIV/STD testing performed under standing orders by RNs and LPNs are reimbursable by Medicaid.

Q5: Will services provided by Medical Assistants under standing orders be reimbursable?

Medicaid does not plan to cover/reimburse services provided by Medical Assistants.

Q6: Does my nurse practitioner need to be enrolled in Medicaid if my physician is enrolled?

Yes. All physicians, physician assistants and nurse practitioners affiliated with your agency must be enrolled in Medicaid in order to order, refer and be reimbursed for Medicaid services.

Q7: Does the practitioner have to be onsite?

The practitioner must be onsite for traditional Medicaid except for those services listed in the Local Health Department Policy as reimbursable under standing orders.

Q8: Do Medicaid Managed Care Organizations (MCOs) have to follow Medicaid Policy?

MCOs have to follow Medicaid policy at a minimum but can also offer reimbursement for additional services, also called value-added services. For each MCO, the value-added services can differ.

Q9: For tobacco cessation services covered by Unicare, does the provider have to be present onsite in order to bill for these services?

No. For Unicare, the service must be billed under the provider or local health department (LHD) National Provider Identifier (NPI) but can be delivered under standing orders.

Q10: Do agencies have to be credentialed with Medicaid to be part of CoventryCares?

No. Providers are not required to be enrolled with Medicaid in order to enroll with an MCO.

Q11: Can we submit claims through Office Ally?

Agencies would need to check with their vendor/clearinghouse (Office Ally).

Q12: What's the update on the Kentucky model of nurses providing preventive services? Will the Center for Local Health lead that initiative?

The Bureau for Medical Services (BMS) and Center for Local Health (CLH) are working closely to provide resources to local health departments specific to enrollment, billing and tracking of services. The webinar hosted by several DHHR Bureaus and programs, the LHD Medicaid Policy and the meeting on June 2nd, coordinated by BMS and CLH, are all steps toward alignment between public health and Medicaid programs and we are excited about opportunities moving forward. We stand ready to partner with local health to evaluate and support any written proposals and/or work plans submitted by the Association that can build statewide capacity to increase/generate revenue and effectively position local public health agencies to play a critical role in improving health outcomes in West Virginia.

Q13: Can we add billing and preventive services as an agenda item to the LHD Statewide meetings/conference call?

Yes. The Center is open to any agenda items. We want to hear from local health about ideas to improve the capacity at the local level and implement programs system-wide. Agenda items can be submitted to the Center for consideration by emailing dhhrbphclh@wv.gov. These meetings/calls are a great opportunity to network with peers within the local public health system as well as Bureau leadership and program directors.

Please Note: The MCO-related responses above are based on the current contract between West Virginia Medicaid and the MCOs. Within the next few months, a new contract with MCOs will be in effect.