WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

West Virginia Medicaid Provider Newsletter

350 Capitol Street, Room 251, Charleston, WV 25301 Qtr. 1 2017

The Health Homes Program Has Expanded! Are You Ready to be a Provider?

The West Virginia Health Homes Program has come a long way since its debut in July 2014. In April 2017, Health Homes I (for people with bipolar disorder and who have or are at risk of having hepatitis B or C) expanded statewide. Also, in April 2017, a new Health Homes pilot program targeting diabetes and obesity began. The Health Homes team is excited to see how it will help make West Virginians healthier. Dr. James Becker, West Virginia State Medical Director, and Richard Ernest, Special Programs Manager, work together to ensure the program continues to head in the right direction so that more Health Homes can be offered to members in the future.

Richard Ernest and Dr. James Becker

Dr. Becker and Ernest have witnessed the program's progress over the past two years and have come to understand the importance of the program and what it can provide for Medicaid members.

"Health Homes is important to members because it is the health care model of the future. The program's model focuses on the member's entire condition, mental health, physical health and social needs," says Ernest. The model where all three areas intertwine have reciprocal effects on other areas. For example, if a member is homeless, they may distress over where their next meal is coming from rather than worrying about their bipolar or diabetes medication. Moreover, if a member has a substance abuse disorder from self-medicating a mental health diagnosis, they may not be treating or be aware of other health problems. By addressing all of the member's needs, Health Homes can address and stabilize all three areas concurrently, reducing the member's emergency room (ER) visits, hospitalizations for mental and physical issues, etc.

To ensure that a Health Homes member is successful, the program must reduce the member's crisis and improve overall quality of life. This is measured by tracking the reduction of ER visits and the total cost of the member's health care. The proven results of Health Homes I led to the opening of Health Homes II (statewide expansion for people with bipolar disorder with or at risk for hepatitis B or C) and Health Homes III (people with pre-diabetes, diabetes, or obesity, and at risk for anxiety and/or depression).

"The experience with Health Homes for bipolar members demonstrated that care coordination results in savings and patient satisfaction. Overall costs were reduced, ER utilization declined and hospitalizations decreased," says Dr. Becker.

Providers play a crucial role in the success of the program as they help guide the member's health care and participation in Health Homes.

Continued on page 2

Health Homes *(Continued from page 1)*

"There has been a significant interest in Health Homes around the state given the program's success. We have many new providers planning to join," says Dr. Becker.

Dr. Becker and Ernest work with providers to ensure the program operates smoothly. In collaboration with the Health Homes internal team and Medicaid's Utilization Management (UM) contractor KEPRO, the team conducts regular training sessions on the requirements for Health Homes. West Virginia Medicaid also provides the following tools to assist with the program's success:

- KEPRO's C3 system provides a centralized database for Health Homes prior authorizations (PA) and member assessments
- KEPRO provides technical assistance in the C3 system, PAs and billing questions
- Quarterly provider roundtables are conducted to solicit feedback on the program
- West Virginia Medicaid partners with the Bureau for Public Health (BPH) and the Bureau for Behavioral Health and Health Facilities (BBHHF) to offer trainings to providers' staff to earn continuing education unit (CEU) credits
- KEPRO performs annual reviews of each Health Home for recertification; KEPRO randomly selects 10 percent of the Health Homes members and provides feedback and suggestions to the provider

Provider feedback is essential to the Health Homes team, especially to Dr. Becker and Ernest.

"We take provider feedback to our internal workgroup for discussion on the program's enhancements and needs. When providers express necessary changes and/or suggestions, that is valuable information to us. For this program to be truly beneficial, we need complete support and buy in from the provider community," says Ernest.

West Virginia Health Homes II is now statewide and the Health Homes III pilot is open for members in 14 West Virginia counties: Boone, Cabell, Fayette, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Putnam, Raleigh, Wayne and Wyoming.

"The pilot program will ensure that these members receive the services they need to help prevent complications and/or further progression of their diabetes or other co-occurring diagnosis. By providing these services, we increase the likelihood of improving the member's standard of life, thus prolonging their life span," says Dr. Becker.

Dr. Becker not only would like to see an expansion of Health Homes III, but he wants everyone to see how the Health Homes program is improving the lives of West Virginians. Most importantly, he would like to see more providers join the program, making it the model standard of care for chronic conditions across the state.

Are you ready to be a provider for West Virginia Health Homes? To enroll, please contact KEPRO at 304-343-9663 or 1-888-571-0262.

Provider Termination for Inactivity Changes from 24 to 36 Months

Molina Medicaid Solutions, on behalf of West Virginia Medicaid and West Virginia Children's Health Insurance Program (WVCHIP), must routinely search its files to identify providers that have not billed in a prescribed timeframe. These providers are considered inactive for non-submission of a claim and Molina must initiate termination of the provider's participation status. Each calendar month, Molina sends a notice of termination to any inactive provider.

In the recent past, an inactive provider is one who has not billed West Virginia Medicaid for 24 consecutive months. Effective January 1, 2017, the Bureau for Medical Services (BMS) updated the timeframe for provider termination for inactivity from 24 months to 36 months. Thus, if an individual or organizational provider has not billed West Virginia Medicaid for 36 consecutive months, that provider's participation will be terminated. The 36-month termination for inactivity affected a total of approximately 100 individuals and organizations for the month of January 2017.

Providers enrolled with WVCHIP will also be subject to the 36-month inactivity timeframe. Since providers were not eligible to enroll with WVCHIP via Molina until January 1, 2016, the earliest 36-month inactivity termination for WVCHIP providers will occur in January 2019. Molina will follow the same process for notice of termination for WVCHIP providers.

Dually enrolled providers, i.e. providers enrolled in both West Virginia Medicaid and WVCHIP, will be subject to inactivity termination separately under each agency. For example, if the dually enrolled provider has billed WVCHIP within a 36-month timeframe but has not billed West Virginia Medicaid within a 36-month timeframe, then the provider's participation with West Virginia Medicaid will be terminated for inactivity. This would mean the provider will have to re-enroll with West Virginia Medicaid to re-establish participation.

Providers whose participation is terminated for non-submission of a claim are required to re-apply for enrollment. No payments will be made for services provided during the period of termination.

Providers may re-apply for enrollment by submitting a new enrollment application and all supportive documentation via the Provider Enrollment Application (PEA) portal on the Molina website at www.wvmmis.com.

Reminder: Payment Error Rate Measurement Audit

The Bureau for Medical Services (BMS) is currently in the middle of its Payment Error Rate Measurement (PERM) 2016 review. CNI Advantage LLC (CNI) has been charged with issuing records requests to selected providers and conducting post payment medical reviews on claims. The last time a PERM audit was conducted was in 2013. Medicaid must conduct an audit every three years.

When a provider receives a records request from CNI, they will be given a specific timeframe in which to turn in all requested records used to support a Medicaid billing. BMS will be working closely with CNI in order to facilitate the timely reception of requested documentation. Payment errors are often cited due to providers not responding to records requests. Therefore, BMS will continually monitor to ensure that providers are timely in their submissions so as to preclude "no documentation errors" from being applied to West Virginia Medicaid. Scott Winterfeld, Medicaid Specialist Senior, BMS Office of Program Integrity (OPI), is assigned to oversee the PERM project and will be the contact for providers to assist them in meeting their requirements. Along with CNI, BMS will follow up with providers who have received record requests but have not submitted documentation. If a provider misses the deadline for documentation submission, BMS reserves the right to install a "pay

Continued on page 4

Payment Error Rate *(continued from page 3)*

hold" on all Medicaid payments until the records are submitted to CNI. BMS thanks all providers in advance for their cooperation during the PERM 2016 cycle.

For more information on PERM, you may contact Scott Winterfeld at 304-356-4928 or Scott.E.Winterfeld@wv.gov.

Reminder: Billing of 2016 Dental Anesthesia Codes

The Dental Procedures and Nomenclature (CDT) dental anesthesia codes that changed in 2016 also necessitated a change in billing. In January 2016, deep sedation/general anesthesia code D9220, which covered the first 30 minutes of anesthesia, and D9221, which covered each additional 15 minutes, were both replaced with D9223. D9223 represents deep sedation/general anesthesia, each 15-minute increment. In addition, intravenous (IV) sedation codes D9241 and D9242 were replaced with D9243, intravenous moderate (conscious) sedation/analgesia, each 15-minute increment.

Prior to January 2016, the dental anesthesia codes were billed on multiple claim lines. The 2016 replacement codes should be billed on one claim line with the number of 15-minute increments indicated on the claim in the unit field. For example, 45 minutes of general anesthesia (three 15-minute time increments) for a dental service should be billed on the 2012 ADA form using D9223 in Field 29 "Procedure Code" with the number 3 in Field 29b "Quantity."

Beginning April 1, 2017, claims with either of these codes (D9223 or D9243) billed on multiple claim lines for the same date of service by the same provider will be denied. Do not submit multiple claim lines of D9223/D9243 to indicate multiple units of these services. Providers may contact Molina's Provider Relations Unit at (304) 348-3360 or 1 (888) 483-0793 with any questions or concerns.

Supplemental Security Income Medicaid Members Move to Managed Care

In a continuing effort to increase quality of care to Medicaid members and to reduce expenses, the West Virginia Department of Health and Human Resources (DHHR) and the Bureau for Medical Services (BMS) continues to expand its managed care program, Mountain Health Trust (MHT). Effective January 1, 2017, approximately 46,000 Medicaid members who receive supplemental security income (SSI) from the United States Social Security Administration transitioned from the traditional fee-for-service program to MHT.

MAXIMUS, the managed care enrollment broker, leveraged both its Charleston and Chicago call centers and added approximately 25 staff members to help facilitate enrollment. In addition, outreach workers met with individuals at community events to help facilitate the process. The managed care organizations (MCOs) hired additional staff to provide case management to this population due to their special needs.

SSI members receiving services at the time of the MCO enrollment were allowed 90 days to complete any current ongoing course of treatment with non-network providers. This allowed time for the provider to contract with the member's MCO or for the member to find a provider within their chosen MCO network.

According to DHHR officials, this transition was much smoother than the transition of the Medicaid expansion members into MHT because the state, MAXIMUS and the MCOs were better prepared to assist the SSI members in the transition.

Update: Billing of Service Location Identifier

When "Servicing Facility NPI/Taxonomy" information is required on a CMS 1500 or UB04 claim form, West Virginia Medicaid also requires providers to provide the 3-digit service location identifier assigned during provider enrollment/revalidation. Billing instructions for each type of claim form are available on Molina's website at https://www.wvmmis.com/SitePages/Billing-Instructions.aspx. Providers may contact Molina's Provider Relations Unit (304-348-3360; 1-888-483-0793) with any questions or concerns.

Medicaid Teams with Day Report Centers

A little more than a year ago, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) began discussions with West Virginia Day Report Centers (DRCs) about allowing DRCs to enroll as Medicaid providers. DRCs are responsible for carrying out the dual purpose of imposing sanctions on and providing services to criminal justice offenders. From this dual purpose stems the over-arching responsibility of supervising the offender in the community. The ultimate goal of DRCs through the Community Restorative Justice Programs is providing offenders with the necessary structure and guidance to facilitate a productive transition of re-entry into the community.

With Medicaid expansion, the DRCs found the majority of their participants were eligible for Medicaid funding and, by enrolling as Medicaid providers, they could use federal dollars to pay for certain services instead of state dollars, thus saving state funds. DHHR, BMS and the DRCs are continuing to work together to develop the program and to ensure everything is ready to activate prior to the DRCs enrolling as providers.

Update: Long-Acting Reversible Contraception

West Virginia Medicaid is developing new policy to be retroactively effective to January 1, 2017, regarding immediate postpartum insertion of Long Acting Reversible Contraception (LARC). Intrauterine devices (IUDs) and the contraceptive implant are highly effective forms of contraception and are over 99 percent effective in preventing pregnancy. Providing women with easy access to LARC methods, including immediately postpartum, greatly reduces the risk of unplanned pregnancies, and improves the health of newborns and mothers by facilitating healthy spacing between pregnancies. Practitioners should inform West Virginia Medicaid members of all available forms of contraception and document that the member was informed.

LARC services are covered for West Virginia Medicaid members when provided by enrolled practitioners in an outpatient setting in the physician's office or in the hospital as part of the postpartum stay. Practitioners may receive reimbursement for immediate postpartum LARC insertion professional fees separately from the delivery reimbursement.

Update: KEPRO

In the fall of 2016, KEPRO offered a number of new training and education sessions to medical and behavioral health providers regarding various review area updates and process changes. These trainings were held in an effort to familiarize the provider with issues including the process for obtaining timely prior authorization; the system that their authorizations are completed in; and who they can contact in the medical department if assistance is needed.

Several trainings were offered, including physical and occupational therapy, home health, durable

Continued on page 6

KEPRO *(continued from page 5)*

medical equipment and training for behavioral health and laboratory providers on the new drug screening codes. Physical/occupational therapy and home health focused on the education of the provider regarding an initial and established request. This was to ensure members access to the allowable benefit. The durable medical equipment webinar was dedicated to incontinence supplies and what is required when trying to obtain a prior authorization. These trainings were completed to ensure West Virginia Medicaid providers get the determination(s) they requested, and the members receive their service(s) in a quick and timely manner.

For more information regarding these trainings, please visit the KEPRO website: www.wvaso.kepro.com. Posted on the website are the PowerPoints from each webinar along with various training materials that can assist providers with the prior authorization process. Additional trainings will be offered throughout 2017 to various provider groups. Check the KEPRO website for future training opportunities.

Update: New Provider Types

The following provider types are now eligible to submit an enrollment request to West Virginia Medicaid:

- Day Report Centers (DRCs)
- Licensed Professional Counselors (LPCs)

Update: Provider Enrollment

New functionality called Limited Maintenance is available on the Molina Provider Enrollment Application (PEA) portal. This new feature will save time for providers, particularly large groups, by limiting the amount of provider data retrieved for specific maintenance activities. Limited maintenance will allow both the addition and removal of service locations and rendering or ordering/ referring/prescribing providers for currently enrolled/active providers with West Virginia Medicaid and West Virginia Children's Health Insurance Program (WVCHIP). Supporting documentation is required, with ALL original signatures, and must be submitted through U.S. mail to:
Molina Medicaid Solutions
Attn: Provider Enrollment Department
P.O. Box 625
Charleston, WV 25322-0625
Or call Molina's Provider Enrollment team at 1-888-483-0793, and select option four.

Update: Medicaid Provider Enrollment Compendium

If you are a provider seeking to provide services to West Virginia Medicaid or the West Virginia Children's Health Insurance Program (WVCHIP) beneficiaries, you'll need to enroll with Molina Medicaid Solutions, the fiscal agent for West Virginia Medicaid and WVCHIP. To locate instructions for how to enroll visit www.wvmmis.com or call 800-483-0793 (option four).

The Medicaid Provider Enrollment Compendium (MPEC) is a policy manual that contains guidance and clarifications regarding how state Medicaid agencies are expected to comply with the federal regulations for disclosure of information by providers, provider screening and enrollment, and applicability for WVCHIP. This manual includes selected definitions, a description of the statutory basis and background for some requirements, and guidance for states specific to topics related to compliance with the regulations.

For the complete compendium, go to https://www.medicaid.gov/affordable-care-act/provisions/downloads/mpec-032116.pdf.

Update: Fingerprint-Based Criminal Background Check (FCBC)

West Virginia Medicaid and West Virginia Children's Health Insurance Program (WVCHIP) providers in the "high risk" category who enrolled or revalidated on and after August 1, 2015, and persons with 5% or more direct or indirect ownership interest in the provider, must be compliant by July 1, 2017 with the 2011 Provider Enrollment and Screening federal regulations requiring a fingerprint-based criminal background check (FCBC) to remain enrolled.

The federal regulations permit West Virginia Medicaid and WVCHIP to rely on the FCBC results completed by Medicare, or another state's Medicaid or CHIP programs. Only those "high risk" providers/owners for whom a FCBC record does not exist in either the Medicare Provider Enrollment and Chain of Ownership System (PECOS) or the West Virginia Clearance for Access: Registry and Employment Screening (WV CARES), the state's program in the National Background Check Program, will receive a FCBC notice from Molina. Providers who receive the notice but have had a FCBC completed by another state's Medicaid or CHIP must notify Molina of the details in writing so that the other state's provider enrollment staff may be contacted to confirm the FCBC results.

By the end of April 2017, "high risk" providers subject to the FCBC will receive a written notice from Molina. The notice will include a self-disclosure/consent form that must be completed and returned to Molina with payment for the FCBC, currently $54.50, prior to having the fingerprints taken. The self-disclosure/consent form and payment must be received by Molina no later than May 31, 2017.

Upon receipt of the required form and payment, Molina will send the provider a list of MorphoTrust locations where the fingerprints can be collected. MorphoTrust is the state's only fingerprinting vendor under contract with the West Virginia State Police and works in collaboration with WV CARES. Results of the FCBC will be stored on the West Virginia State Police data system that meets the federal Criminal Justice Information System (CJIS) requirements. The results of the FCBC will be accessed by WV CARES and a pass/fail fitness determination will be made based on criteria established under West Virginia Legislative Rules Title 69, Series 10. West Virginia Medicaid, WVCHIP and Molina will not receive the results of the FCBC.

WV CARES will communicate to Molina whether the provider's FCBC results are a pass or fail. Providers who fail the FCBC based on the fitness criteria or who fail to respond to the FCBC requirement will have their West Virginia Medicaid and WVCHIP enrollment denied or terminated. The pass/fail determination from WV CARES must be on file with Molina by July 1, 2017.

Quality Corner: Quality Improvement Project Impacts Follow-Up Appointment Rates

Following the selection of a behavioral health project in June 2013, the West Virginia Medicaid Quality Unit opted to emulate the Centers for Medicaid and Medicare Services (CMS) Core Measure "Follow-Up after Hospitalization for Mental Illness." This core measure tracks data regarding whether or not members kept their follow up appointment after an inpatient stay for mental illness.

A detailed analysis of three years of data indicated room for improvement in the statewide rates for this measure. To this end, the Quality Unit partnered with the Behavioral Health Pavilion of the Virginias, a service of Princeton Community Hospital, to pioneer new means of increasing rates of targeted follow-up after discharge.

Since spring 2016, the Quality Unit has diligently worked with Princeton Community Hospital's Behavioral Health Pavilion staff to enhance member understanding of the importance of keeping

Continued on page 8

Quality Corner *(continued from page 7)*

their seven day or 30 day follow-up appointment after discharge from the hospital. Data thus far has shown a marked improvement of 38% in the total follow-up rates for those members discharged from the facility who kept their seven or 30 day follow-up appointment. At the end of December 2017, the final outcome for the project will be released.

West Virginia Medicaid would like to thank all of the Princeton Community Hospital-Behavioral Health Pavilion of the Virginias staff for their hard work and dedication to improving behavioral health follow-up after discharge in West Virginia.

BMS Quality Unit Attends CMS Quality Conference

The Bureau for Medical Services (BMS) Quality Unit, a Centers for Medicaid and Medicare Services (CMS) Adult Medicaid Quality grant recipient, was asked by CMS to present at the annual CMS Quality Conference in Baltimore, Maryland in December 2016. Two members from the Quality Unit tag-teamed a presentation entitled, "Building a Quality Unit: One Step at a Time."

The presentation highlighted the story of West Virginia's development of the CMS grant-supported Quality Unit, along with the implementation of two quality improvement projects. Those projects focus on the CMS Core Measures *Improving Postpartum Care Rates* and *Follow up after Hospitalization for Mental Illness*. The presenters also talked about the importance of collaboration, lessons learned and goals for moving the Quality Unit forward.

Coding Corner

- The 2017 CPT and HCPCS codes have been updated in HealthPAS for West Virginia Medicaid and West Virginia CHIP (WVCHIP).

- CMS identified some erroneous edits on the final version of the 1st Quarter 2017 NCCI Outpatient Hospital Procedure to Procedure edit files. The erroneous edits were never implemented in the West Virginia Medicaid and WVCHIP edit files. CMS will correct the edits and include them in the 2nd Quarter 2017 NCCI edits.

- CDT dental anesthesia codes D9223 and D9243 should be billed on a single claim line with the number of 15 minute time increments included in the unit field for that claim line. These services continue to be covered if performed with covered oral surgery procedures, but up to a total of one hour. Fees for more than one hour of general anesthesia or IV sedation will be disallowed, unless clinical documentation is submitted for consultant review to support the need for more than one hour.

- D9223 deep sedation/general anesthesia – each 15 minute increment. In January 2016, this code replaced two codes – D9220 first 30 minutes and D9221 each additional 15 minutes, which have been deleted by the American Dental Association (ADA).

- D9243 intravenous moderate (conscious) sedation/analgesia – each 15 minute increment. In January 2016, this code replaced two codes – D9241 first 30 minutes and D9242 each additional 15 minutes, which have been deleted by the ADA.

Fall Provider Workshop Location and Dates

The dates (tentative) for the 2017 Fall Provider Workshops are now available. More information will be available in the near future.

September 18, 2017: Flatwoods, West Virginia
September 19, 2017: Charleston, West Virginia
September 20, 2017: Huntington, West Virginia
September 21, 2017: Beckley, West Virginia
September 25, 2017: Martinsburg, West Virginia
September 26, 2017: Morgantown, West Virginia
September 27, 2017: Wheeling, West Virginia
September 28, 2017: Parkersburg, West Virginia

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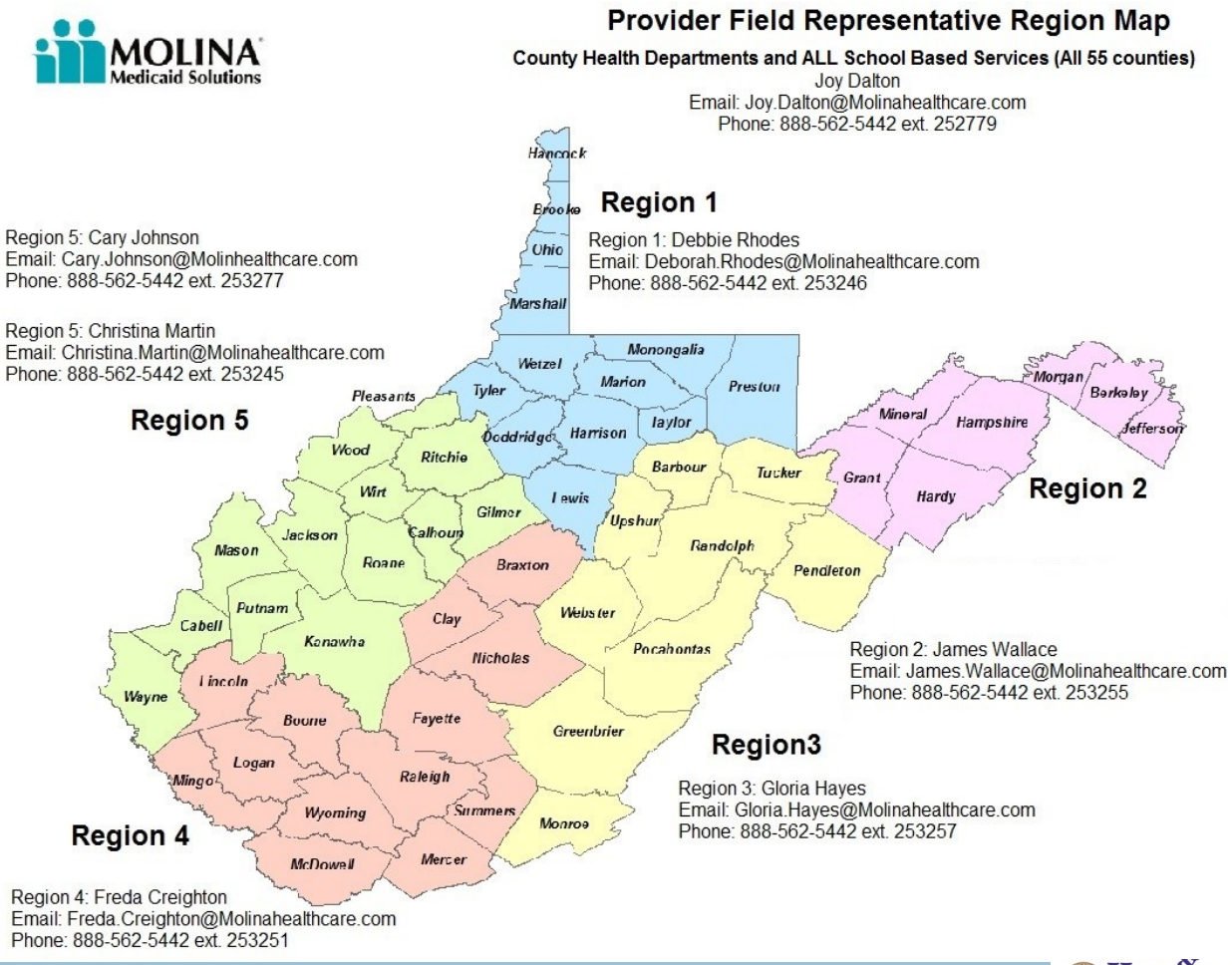

Contact

Molina Medicaid Solutions
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

Molina 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.

Molina Provider Fax
304-348-3380

Molina Claim Form Mailing Addresses:
Please mail your claims to the appropriate Post Office Box as indicated below.

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

Molina 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:

Coventry Healthcare of WV
888-348-2922

The Health Plan
888-613-8385

Unicare
800-782-0095

WV Family Health
855-412-8002

Vendor Contacts:

KEPRO
304-3439663

MAXIMUS
800-449-8466

Please send provider enrollment applications and provider enrollment changes to:

Molina Medicaid Solutions PO Box 625 Charleston, WV 25337

Molina 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 in 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. BHHF

Claims Information

To expedite timely claims processing for Molina, please make sure claims are sent to the correct mailing address as indicated below:

- Facilities and Institutional Providers who bill on a UB04 Claim form:
  PO Box 3766, Charleston, WV 25337
- Medical Professionals billing on a CMS 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 any suggestions on how we can improve the portal to make it more user friendly, please contact our EDI helpdesk at: edihelpdesk@molinahealthcare.com.