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 2018

Health Homes III Provider Embraces Program's Benefits

Pictured from Left: Angel Matney, Shelby Allen, Amanda Bostic, Bridgett Sparks, Cherie Vance-FNP-BC, Dr. Mahesh Patel, Gabrielle Lester, Aleisha Stacy, Jennifer Sparks

In the small communities of Bradshaw and War, West Virginia, resources are limited for nutritional education for the diabetic population. Dr. Mahesh Patel and his dedicated staff had to seek out resources for their patients, but it was a challenge as those nearest were only available over the border in Virginia. Dr. Patel discovered he and his staff could help their patients when he enrolled the Bradshaw and Yukon Medical Clinics (the Clinics) as Health Homes III Providers.

It has been a year since the Diabetes Health Home pilot program's debut to its 14-county region, and the Clinics have launched a successful Health Homes III (HH III) targeting Medicaid members with pre-diabetes, diabetes, and obesity and who are at risk of having anxiety or depression. The Clinics have the highest enrollment of patients in the HH III program. They are looking forward to adding more as Dr. Patel and his staff want to see their patients succeed in the program and become healthier. Their secret to building a successful HH III includes three key factors: team work, communication, and education.

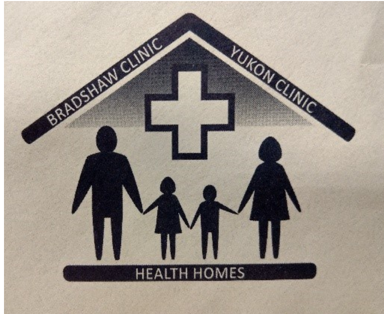
The HH III program can benefit all providers from the smallest clinics in a small community to the largest hospitals in a large city. The Clinics consist of only 10 staff members together, but according to Dr. Patel, size doesn't matter when it comes to being a provider. Effort matters.

"The biggest benefit of being in a small community is that everyone knows everyone and they know us. All you need is team work; it is a not a one-person job. We communicate with each other every day about our Health Homes patients. It doesn't take an extraordinary effort but if someone puts forth the regular effort as a team, it can be done," says Patel.

Nevertheless, Dr. Patel's team has made an extraordinary effort in building the Health Homes III program.

Continued on page 2

Health Homes III Provider Embraces Program's Benefits (Cont.)



As a part of their communications effort, Dr. Patel and his staff wanted to brand his Health Homes program to let his community know that he is a provider with an HH III logo. His team approved his creation and it is now used on all communications materials for his HH III patients as well as his medical offices' signage.

When patients enroll in HH III, an assessment takes place with the Clinic's HH III Coordinators. Getting to know their patient's health and their family's past health background can be difficult; however, Dr. Patel's office takes a more personable approach that allows them to learn everything they need to know. The coordinators begin with a "common" questionnaire they created, followed by the official HH III questionnaire. This allows them to avoid duplicate questions and answers. Once those are completed, they take a more personal approach.

"The good thing with our staff is they are all good at asking questions, but it doesn't seem like we are asking them. We just say let's talk about your health and talk about your family's health, so when you are letting them talk about their health and tell you about their family you are gathering all this information so that you can put together their care plans instead of being so rigid with just asking definite questions. It's good for the patient and makes them feel more comfortable and they're more open with their answers. We are all good at doing that, we have a very good bond with our patients." says Cherie Vance, FNP-BC..

"We have succeeded because we are grounded and we know our patients and we want that communication with them because it helps us help them," says Amanda Bostic, HH III Coordinator. Once their Health Homes patients enroll and complete the initial assessment, they are ready to get healthier. The staff can now use the final important key to a successful Health Home, educating them on their condition and ways to improve their quality of life while living with that condition. Many HH III patients do not have access to nutritional education and they depend on the program along with staff to find it.

"HH III or any type of education is the cornerstone to building anything," says Vance.

Dr. Patel and his staff are excited to see the outcome of the HH III patients. They know the program is going to help their community not only in health, but if their program grows, they can hire more people in the community to help them.

If you would like any additional information about the West Virginia Medicaid's Health Homes Program, please contact BMS Program Manager, Richard Ernest, Jr., at 304-558-1700.

Spring Provider Workshops Update

Please join us at the 2018 Spring Provider Workshops so that you and your staff will be aware of upcoming developments which may impact your practice/organization. The West Virginia Department of Health and Human Resources' (DHHR) Bureau for Medical Services (BMS), West Virginia Children's Health Insurance Program (WVCHIP), and Molina Medicaid Solutions will be conducting eight Provider Workshops throughout the state from April 23 – May 3, 2018. The Medicaid Managed Care Organizations (MCOs) and West Virginia Medicaid contractors will be presenting as well.

Workshops are offered at various locations to accommodate as many providers as possible. All sessions will provide the same information. The agenda items will impact a wide variety of providers. Any updates will be provided on the Molina web portal at www.wvmmis.com.

The following link may be used to register your attendance.

https://www.surveymonkey.com/r/2018SpringProviderWorkshops

Topics include but are not limited to:

- Pharmacy Updates
- Screening of MCO Network Providers
- 1115 SUD Waiver

April 23, 2018: Wheeling at Olgebay Resort (Pine Room)
465 Lodge Dr, Wheeling, West Virginia 26003

April 24, 2018: Beckley at Tamarack
1 Tamarack Pl, Beckley, West Virginia 25801

April 25, 2018: Huntington at St. Mary's Conference Center
2853 5th Ave, Huntington, West Virginia 25702

April 26, 2018: Charleston at Holiday Inn
400 2nd Ave SW, South Charleston, West Virginia 25303

April 30, 2018: Martinsburg at Holiday Inn
301 Foxcroft Ave, Martinsburg, West Virginia 25401

May 1, 2018: Morgantown at Marriot Waterfront Hotel
2 Waterfront Plaza, Morgantown, West Virginia 26501

May 2, 2018: Vienna at Grand Pointe Conference & Reception Center
1500 Grand Central Ave #118, Vienna, West Virginia 26105

May 3, 2018: Flatwoods at Days Inn

WV CHIP Receives Extended Funding

Congress extended appropriations for the Children's Health Insurance Program (CHIP) funding through the Federal Fiscal Year (FFY) 2027.

On January 22, 2018, President Donald Trump signed the "Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act" or "Healthy Kids Act" into law. In addition, the Healthy Kids Act extended appropriations for CHIP allotments for Fiscal Year (FY) 2018 through FY 2023. Prior to enactment of the Healthy Kids Act, Congress passed legislation which provided limited appropriations for FY 2018 CHIP allotments and established special rules for redistributing unspent allotments from prior years. The Healthy Kids Act keeps the 23% "bump" to Federal Medical Assistance Percentage for FFYs 2018 and 2019, reduces the " bump" to 11.5% in 2020 and returns CHIP to its normal enhanced federal participation rates in 2021 and future years. It also has a provision that allows states that operate buy-in programs that look like CHIP to pool the children enrolled along with children enrolled in the buy-in program.

On February 8, 2018, the President signed the "Advancing Chronic Care, Extenders and Social Services Act" or "Access Act" along with the Bipartisan Budget Act of 2018, which includes an additional four year of CHIP funding through FFY 2027.

Managed Care Organization Provider Screening Reminder

All providers who would like to provide services to West Virginia Medicaid members are federally required to enroll and revalidate with West Virginia Medicaid. If you have not completed enrollment and/or revalidation per the federal guidelines, your Managed Care Organization (MCO) contract will be terminated and you will no longer be eligible to provide services to Medicaid members.

For more information or to enroll, visit Molina's Provider Enrollment web page at www.wvmmis.com and click on the Provider Enrollment link.

National Correct Coding Initiative (NCCI) Fourth Quarter 2017 Edits

West Virginia Medicaid's NCCI edits are updated quarterly by the Centers for Medicare and Medicaid Services (CMS) and implemented in Molina's claims processing system. Updated NCCI edits apply to practitioner, outpatient hospital, durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) claims. The new fourth quarter 2017 NCCI edits are effective for dates of services October 1, 2017 and thereafter.

The CMS Medicaid NCCI edits are found at www.medicaid.gov/.

The fourth quarter 2017 update includes MUEs for ambulance oxygen and oxygen supplies. For example, HCPCS Code A0422 Ambulance (als or bls) oxygen and oxygen supplies now has an MUE of 1. Current policy is found at www.dhhr.wv.gov/bms/.

If you have questions or concerns regarding claim line denials based on the NCCI edits, please contact the Molina Provider Relations Unit at 1-888-483-0793, which can refer unresolved inquiries to a certified coder on staff.

Molina Update: Medicare Access and CHIP Reauthorization Act

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires the removal of Social Security numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based health insurance claim number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status. Under the new system, each member who is enrolled in Medicare will be assigned a new MBI and receive a new Medicare card in the mail. The MBI, like SSN, is confidential and should be protected as personally identifiable information (PII).

Acronyms

- **SSNRI** – Social Security Number Removal Initiative
- **MBI** – Medicare Beneficiary Identifier
- **HICN** – Health Insurance Claim Number
- **MACRA** – Medicare Access and CHIP Reauthorization Act of 2015
- **RRB** – Railroad Retirement Board
- **SSA** – Social Security Administration

Transition Timeline

The transition period begins no earlier than April 1, 2018, and runs through December 31, 2019. During this transition period, both HICN and MBI numbers can be used to exchange numbers with CMS. CMS will monitor the amount of HICNs and MBIs in use during the transition period to verify widespread adoption so Medicare operations aren't interrupted.

- **Transition Period:** April 1, 2018–December 31, 2019
- **Effective Date:** January 1, 2020

Why are Medicare Card Changes Important?

SSNs are being taken off of Medicare cards to prevent medical identity theft for Medicare members. Replacing SSN-based HICNs on Medicare cards can better protect:

- Private healthcare and financial information
- Federal healthcare benefit and service payments

MBI Use

MBIs will be used the same way HICNs are used today:

- No spaces for dashes.
- Each Medicare member will get their own randomly generated MBI.
- Spouses and dependents, who in the past may have had similar HICNs, will receive their own unique MBI.

Continued on page 6

Molina Update: Medicare Access and CHIP Reauthorization Act (Cont.)

Fee-For-Service (FFS) Claim Exceptions

- **Appeals** - You can use either the HICN or the MBI for claims appeals and related forms.
- **Claim Status Query** - You can use either the HICN or MBI to check the status of a claim (276 transactions):
  - If the earliest date of service on the claim is before January 1, 2020.
  - If you're checking the status of a claim with a date of service on or after January 1, 2020, you have to use the MBI.
- **Span-date claims** - You can use the HICN for 11X-Inpatient Hospital, 32X-Home Health (home health claims and request for anticipated payments [RAPs]), and 41X-Religious Non-Medical Health Care Institution claims:
  - If the from date is before the end of the transition period (12/31/2019). You can submit claims received between April 1, 2018, and December 31, 2019, using the HICN or the MBI.
  - If a patient starts getting services in an inpatient hospital, home health, or religious non-medical health care institution before December 31, 2019, but stops getting those services after December 31, 2019, you may submit a claim using either the HICN or the MBI, even if you submit it after December 31, 2019.
- **Incoming premium payments** - People with Medicare who don't get SSA or RRB benefits and submit premium payments should use the MBI on incoming premium remittances. However, we will accept the HICN on incoming premium remittances after the transition period (Part A premiums, Part B premiums, Part D income-related monthly adjustment amounts, etc.).

Link to CMS website: https://www.cms.gov/Medicare/New-Medicare-Card/

KEPRO Update

In January 2018, DHHR's Bureau for Medical Services authorized the release of 798 Aged and Disabled Waiver (ADW) slots to accommodate those individuals on the Managed Enrollment List as of January 2, 2018. Additional dollars for the program are attributed in part to an increased Federal match. KEPRO released all of the slots prior to the deadline of January 31, 2018.

Approximately 5,600 West Virginians receive critical services through the ADW Program. The program serves individuals over the age of 18 who want to receive care in their homes as opposed to going into an institutional setting, such as a nursing home. Individuals must need help with activities of daily living to receive long-term direct care and support services under the program. Those include bathing, grooming, dressing, eating/meal preparation, toileting, transferring and mobility. Individuals must be determined both medically and financially eligible for ADW Services.

For more information on the ADW Program, visit dhhr.wv.gov/bms. For technical assistance and training on KEPRO's ADW CareConnection©, call 844-723-7811 or email WVADWaiver@kepro.com.

KEPRO Update (Cont.)

Webinar training will provide an overview of the PC CareConnection© from an agency user's perspective and follows the outline of the Web User manual. The training covers a system overview to familiarize trainees with the layout of CareConnection©, then covers eligibility functions for new and existing members. Lastly, the training demonstrates other functions that can be performed in CareConnection©.

System Overview

- Personal Care Menu Overview
- Member Detail Menu Overview
- Member Navigation Menu Overview
- Personal Care Request Functions

Eight trainings were held in December 2017 via webinar to introduce the new functions of the system with the new PC work. Repeat trainings are scheduled once per month for January – June 2018.

The Quality Corner: Tobacco Cessation Counseling Current Procedural Terminology (CPT) Code Utilization Increasing

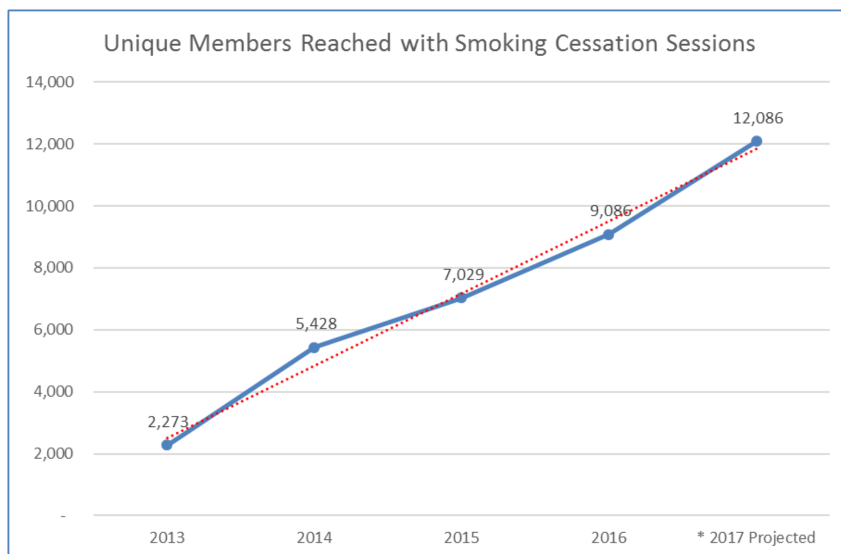
On February 1, 2013, West Virginia Medicaid began reimbursing enrolled physician's and Advanced Practice Registered Nurses (APRN) for face-to-face tobacco cessation counselling provided in their office to Medicaid members who use tobacco products. West Virginia Medicaid took this move to allow providers more options to help Medicaid members stop tobacco usage. This made it possible for providers to be reimbursed for tobacco cessation counseling along with the reimbursement for a regular office visit.

The tobacco cessation counseling policy is available on the DHHR's Bureau for Medical Services website (www.dhhr.wv.gov/bms) in the Provider Manual - Chapter 519.18 - Tobacco Cessation Services.

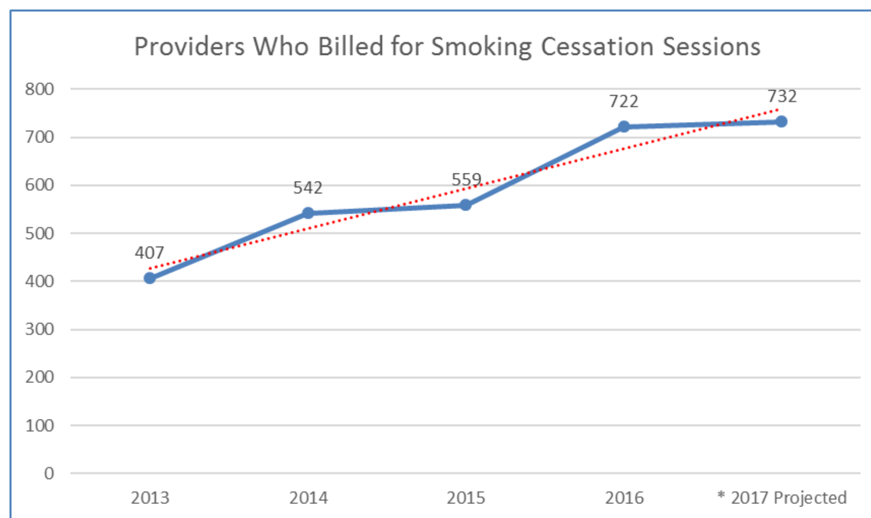
Data demonstrating the growth in utilization of the tobacco cessation counseling codes is quite impressive. From February 2013 through December 2016, the number of West Virginia Medicaid members receiving tobacco cessation counseling had increased by approximately 400%. The number of West Virginia enrolled providers (physicians and/or APRNs) utilizing the codes had increased by approximately 77%. This is illustrated on the two graphs on the next page.

Continued on page 8

The Quality Corner: Tobacco Cessation Counseling Current Procedural Terminology (CPT) Code Utilization Increasing (Cont.)



*The 2017 projected rates are based on completed claims through October of 2017. The projected rates for 2017 in the previous graphs will be at least this high, but potentially higher. The dotted red line is the linear trend line for each data set. This shows the linear best fit for each set, indicating the overall positive trend.



*The 2017 projected rates are based on completed claims through October of 2017. The projected rates for 2017 in the previous graphs will be at least this high, but potentially higher. The dotted red line is the linear trend line for each data set. This shows the linear best fit for each set, indicating the overall positive trend.

DHHR's Bureau for Medical Services anticipates the trend to continue in 2018 with more providers and Medicaid recipients receiving tobacco cessation counseling and services. The Bureau wants to help every West Virginian on Medicaid have a higher quality of life and well-being and sees this as another step in that direction.

Coding Corner

“Medically Unlikely Edits" (MUEs) are a separate set of NCCI edits designed to identify the maximum number of units that would normally be performed by a provider on a single date of service. These are not "frequency parameters" – these edits are designed to prevent billing errors that result from entering an incorrect quantity for services.

Most MUEs are available on the CMS website and may be updated as often as quarterly. MUE changes are not retroactive unless the change is to update the file with a retroactive date.

- MUE denials are coding denials, not medical necessity denials; therefore, it is not appropriate to issue an Advance Beneficiary Notice of Noncoverage (ABN) to shift liability to the beneficiary.
- Before you submit claims for injected drugs, pay special attention to the quantity; look at the specific Healthcare Common Procedure Coding System (HCPCS) code and the number of units associated with that code. For example, HCPCS code J1020 is for "injection, methylprednisolone acetate, 20 mg." If you administered 20 mg to the patient, the quantity billed on your claim should be 1, not 20.
- If the number of services you submitted is correct and reflects medically necessary care provided to the patient, and your claim is denied based on an MUE, you may appeal the denial.

With the above information, Molina has recently seen an increase in denials for the MUE. The claims that are being submitted have an MUE of 1 but LT and RT modifiers are being appended.

When LT and RT modifiers are appended, this reads the claim as 2 units. It is possible to place a 50 modifier for bilateral if Medicaid accepts this for the CPT that is being billed and the CPT does not already have a “bilateral description.” If not, then 2 lines will need to be billed with LT and RT modifier.

When reporting bilateral surgical procedures that have an MUE Adjudication Indicator (MAI) of "3," claims should be billed using a modifier 50 and one unit of service if appropriate.

2018 Approved State Plan Amendments (SPAs)

- **SPA 17-002** - Recovery Audit Contractor (RAC) was approved on February 8, 2018 and became effective on October 1, 2017.
- **SPA 17-004** - Neonatal Abstinence Syndrome Treatment Services was approved on February 8, 2018 and became effective October 31, 2017.
- **SPA 17-0005** - Elimination of Enhanced Payments was approved January 22, 2018 and became effective October 1, 2017.
- **SPA 17-0003** - Inpatient Hospital Services was approved on January 19, 2018 and became effective on October 1, 2018.

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) and Molina Medicaid Solutions.

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Jeremiah Samples, DHHR Deputy Secretary
Cynthia E. Beane, DHHR BMS Commissioner

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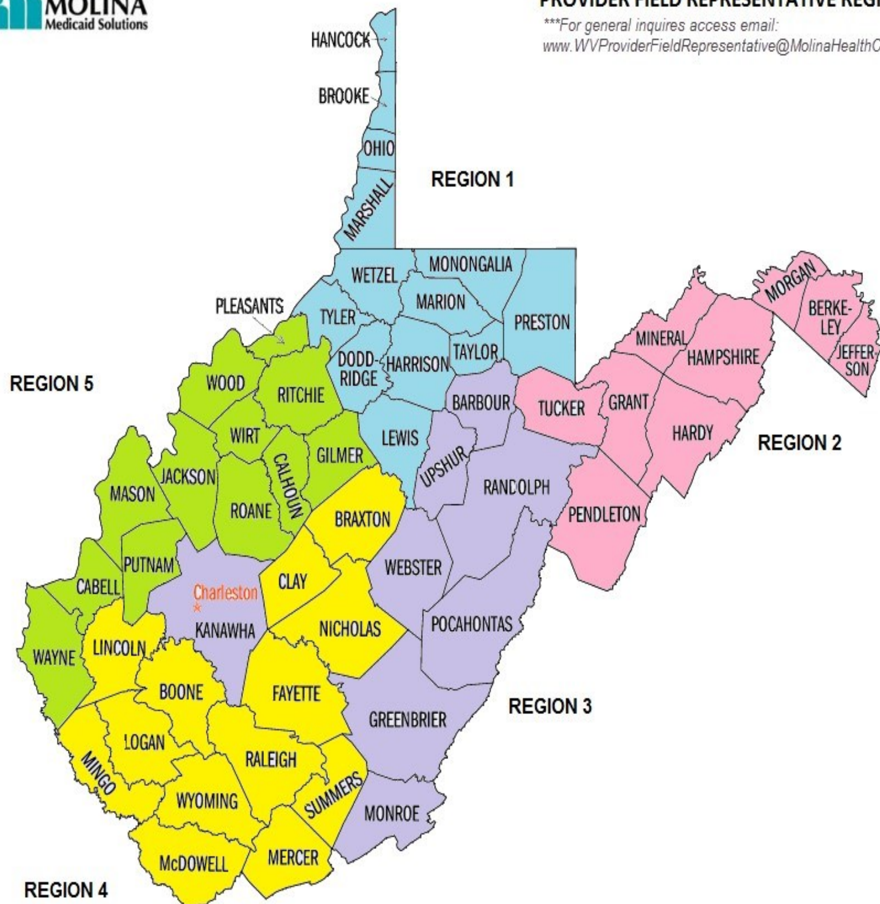

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Provider Relations
888-483-0793
304-348-3360
wvmmis@molinahealthcare.com

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 Boxes are at Charleston, WV 25337

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

Aetna Better Health 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 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.