

Take Me Home Transition Program Changes Eligibility to Help More West Virginians in Nursing Homes Move Home

The West Virginia Department of Health and Human Resources, Bureau for Medical Services recently announced federal changes to the Take Me Home Transition program to expand program eligibility to more residents of nursing homes and long-term care facilities.

The Take Me Home Transition Program, a federally funded Money Follows the Person Program, has been reauthorized by the United States Congress for an extension of three years. The program assists qualifying individuals who are currently living in nursing homes and other long-term care facilities in moving back into their own homes and apartments in the community.

Prior to the reauthorization, individuals qualified for the Take Me Home Transition Program if they had lived in a nursing home or other long-term care facility for at least 90 consecutive days. This new authorization, signed into law as a part of a coronavirus relief bill in December 2020, lowers this requirement to 60 days.

“This change will allow us to help individuals who wish to transition out of long-term care facilities even sooner,” said Marcus Canaday, Take Me Home Transition Program Director. “This is an important change, especially in light of the global health emergency.”

Since 2013, the Take Me Home Transition Program has helped more than 470 individuals transition back into the community. At least 294 of those individuals have successfully remained in the community for at least 365 days.

For more information about the Take Me Home Transition Program, individuals can call 1-855-519-7557 or visit TMHWV.org.

Kepro Update: Conflict-Free Case Management Implementation

Implementation of Conflict-Free Case Management (CFCM) is underway for West Virginia’s Home and Community Based Services (HCBS). CFCM is a federal requirement that ensures the service plan for HCBS participants is developed by a case manager who has no affiliation with the agency or agencies that provide other services.

Kepro’s field staff will be encouraging members who are currently at conflict to follow up with their agencies. Participants will continue to have freedom of choice in selecting their provider agencies.

Kepro continues to meet monthly with primary stakeholders to seek input and evaluate current policies and procedures that are the foundation for a quality CFCM system. The state continues to take steps toward this transition, such as providing education to participants and their supports, and making necessary adjustments to policy and procedures.

More information can be found at <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/CFCM/Pages/default.aspx>.

Colorectal Cancer Screening Coverage Update

Effective May 1, 2021, West Virginia Medicaid will update its policy coverage for colorectal cancer screening to coincide with the recommendations of the U.S Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) that screening should begin at 45 years of age in average-risk adults. According to the USPSTF recommendation, recent data suggest that the incidence of colorectal cancer in adults 45 to 50 years of age is similar to the incidence for adults ages 50 and older before routine screening was initiated. The West Virginia Medicaid policy change to cover colorectal cancer screening beginning at age 45, instead of the previous age 50, will apply to stool-based lab tests and visual exams (colonoscopy, sigmoidoscopy, etc.) of the colon and rectum. Other coverage requirements, such as prior authorization, will not change.

Pharmacy Services Update: West Virginia Medicaid Point of Sale (POS) Claims for Vivitrol and Naltrexone (50mg) to Require Diagnosis Codes

The Centers for Medicare and Medicaid Services (CMS) has notified State Medicaid programs of a new requirement that medications used to treat Medication Assisted Therapy (MAT) must be identified by diagnosis when submitted to the payer for reimbursement.

To comply with the new CMS reporting requirements, West Virginia Medicaid has implemented Pharmacy POS warning edit 7520W for claims for Vivitrol and naltrexone 50 mg. tablets, stating: "PLEASE SUBMIT WITH DIAGNOSIS CODE."

West Virginia Medicaid is requesting that pharmacy providers begin submitting the member's alcohol use disorder (AUD) and opioid use disorder (OUD) diagnosis code(s) for claims for these drugs as soon as possible. The diagnosis code(s) must be for the indication(s) for which the drug is being used. West Virginia Medicaid is requesting that the pharmacy providers obtain these diagnosis codes from the prescriber, if needed.

As of May 1, 2021, four new pharmacy denial edits associated with this CMS requirement will be implemented and will require the use of a National Council of Prescription Drug Programs (NCPDP) Clinical Segment for claims for these drugs.

For guidance regarding population of the NCPDP Clinical Segment, please refer to the updated [West Virginia Medicaid D.O. Vendor Specification Document](#).

Gainwell Technology Update: Physician Billing

Current Procedural Terminology (CPT) Codes 87400 and 87428 were added to advanced practice registered nurse (APRN) and mid-wife contracts.

- Effective January 1, 2020, 87400-Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [(EIA)] enzyme-linked immunosorbent assay [(ELISA)], fluorescence immunoassay [(FIA)], immunochemiluminometric assay [(IMCA)] qualitative or semiquantitative Influenza, [(A or B)].

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Gainwell Technology Update: Physician Billing (Cont.)

- Effective November 10, 2020, 87428 - Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [(EIA)], enzyme-linked immunosorbent assay [(ELISA)], fluorescence immunoassay [(FIA)], immunochemiluminometric assay [(IMCA)] qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [(COVID-19)] and influenza virus types A and B.
- Effective March 1, 2020, the specialty of Physiatry was added to CPT Codes 63650, 63655, 63661, 63662, 63663, 63664, 63685, and 63688.

Gainwell Technology Update: Adult Dental

Beginning January 1, 2021, services classified as diagnostic, preventative, and restorative in nature will require authorization prior to services being rendered and have a coverage limit of \$1,000 per member per calendar year. Members are responsible for payment of service cost exceeding the \$1,000 yearly limit. Remaining balances at the end of the year CANNOT be carried over to the following year. Services classified as cosmetic in nature are not covered; Emergent and preventive/restorative care are covered under the adult dental benefit. More information can be found at <https://dhhr.wv.gov/bms/Pages/Chapter-505-Dental-Services-.aspx>.

Members can receive services at any West Virginia Medicaid enrolled provider. Providers are not required to see both adults and children, they can continue to see only pediatric patients if they wish.

Prior authorization guidelines do apply and may be submitted over the phone or through appropriate web-based portals. Please contact the appropriate utilization management (U&M) vendor for additional information. Services are capped at \$1,000. Any amount above the \$1,000 Medicaid cap is the member's responsibility. All charges included in or over the Medicaid \$1,000 limit are to be based on the West Virginia Medicaid fee schedule. West Virginia Medicaid enrolled providers can only bill Medicaid members up to the West Virginia Medicaid fee schedule once the \$1,000 max has been reached.

Medicaid remains the payer of last resort. Third party liability billing rules remain the same with this expanded service as those rules apply to other services provided. Only the amount paid by West Virginia Medicaid as secondary will apply to the \$1,000 yearly cap.

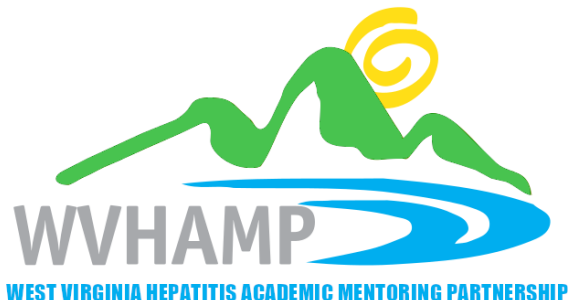
Federally Qualified Health Centers (FQHCs) receive their encounter rate for dental services. The FQHC is required to bill the T1015 encounter code with itemized dental services underneath indicating the services rendered. The encounter rate is the amount that counts towards the member's \$1,000 limit.

Nursing Facilities Discharge Services Update

Effective August 1, 2021, the following codes will be closed to all providers: 99315, 99316 and 99318. In reviewing the State Plan and benefit policies, it was determined that these codes were opened in error and are not covered.

Hepatitis C No-Cost Training and Support

Since March 2020, the West Virginia Hepatitis Academic Mentoring Partnership (WVHAMP) has trained over 80 primary care providers in West Virginia to diagnose and treat chronic hepatitis C in a community setting. This program is aimed to connect patients to care within their own community and break down the barriers to curing hepatitis C. Prior to WVHAMP, most patients in West Virginia were required to receive treatment from infectious disease specialists, gastroenterologists, or hepatologists. Given the rural nature of most of West Virginia, this program was developed to guide and mentor primary care providers through the screening, diagnosis, and treatment phases for chronic hepatitis C.



care providers through the screening,

The program has two aspects that help patients with chronic hepatitis C receive local care. First, the program has a team of faculty members who provide training to interested providers. The training series consists of an initial eight-hour live training, followed by a four-hour training a few months later, and is supplemented by a series of monthly evening webinars. Each of these trainings is eligible for Continuing Medical Education (CME). Once the eight-hour training is completed, trained providers can enter virtual consultations with the faculty. Treating providers enter these consults via REDCap, a HIPAA compliant electronic database. Once the faculty review the case, they provide feedback and verification to the treating provider. After faculty review, the treating provider files the appropriate forms for medication approval with the patient's insurance provider.

Once the patient starts treatment, the mentorship does not stop. The faculty of the WVHAMP program work with the treating providers throughout the entire process from diagnosis to cure. Cure is determined via a laboratory test called the Sustained Virologic Response-12 (SVR-12) that is taken 12 weeks after the last dose of treatment.

The WVHAMP program has conducted over 175 consults since inception. Of the consults that have reached the point of cure (SVR-12), over 95% have been cured of chronic hepatitis C. The treating providers within the WVHAMP program have no prior experience treating chronic hepatitis C and are realizing similar results to specialist providers practicing in an academic setting.

A WVHAMP trained provider said, "Treating hep C in my practice is extremely rewarding. As a primary care provider, it excites me that I can actually cure a disease." By becoming a WVHAMP trained provider, you will be playing an integral role in working to eliminate hepatitis C in West Virginia.

Payment Error Rate Measurement (PERM) Update: Pharmacy Errors

During the 2020 Medicaid and WVCHIP Payment Error Rate Measurement (PERM) review, medical record errors were cited for pharmacy claims. It is important that pharmacy claims be submitted in accordance with BMS policy and that documentation be maintained for review purposes. As stated in BMS Chapter 518.18, all claims must accurately report the National Drug Code (NDC) dispensed, the number of units dispensed, days' supply, and other required data for claims processing. Additionally, BMS will recover payments made on erroneous claims discovered during claim reviews.

Medicaid will not reimburse for medications not received by the member, and the only definitive proof of delivery accepted by BMS shall be a copy of the member's signature on the delivery log, as stated in BMS Chapter 518.14.4. BMS recommends a log of these signatures be retained by the pharmacy for a period of five years.

PERM Update: West Virginia Children's Health Insurance Program (WVCHIP)

During the 2020 PERM review, improper payment of claims was found due to Evaluation and Management (E&M) coding errors. Per BMS Chapter 519.8.1, the E&M CPT code must reflect the content of the service, and the medical record must document and support the level of E&M care provided. The minimum documentation that must be maintained includes the billed procedure code components (based on CPT code guidelines), the time the practitioner spent with the member for medical decision-making, and the coordination of care or counseling provided to the member, including face-to-face contact time when time is the key component for CPT code selection.

PERM Update: Documentation Request Errors (MR1 and MR2 Errors)

The Centers for Medicare & Medicaid Services (CMS) is conducting the Reporting Year (RY) 2023 Payment Error Rate Measurement (PERM) review. The PERM program reviews improper payments in Medicaid and WVCHIP Fee-For-Service (FFS) claims. NCI AdvanceMed, the assigned Review Contractor (RC) is responsible for collecting provider's medical records to be used in the review process. All Medicaid and WVCHIP providers should be aware that they may be contacted to provide medical record documentation. Documentation must be submitted within the timeframe requested to prevent errors against West Virginia Medicaid or WVCHIP claims.

Meet the West Virginia Medicaid Deputy of Finance and Administration

Becky Manning has been appointed Deputy Commissioner of Finance and Administration. Manning replaces retired Deputy Commissioner, Tony Atkins, and will assume duties of planning and managing the Bureau for Medical Services' financial resources. In addition, she will oversee the Bureau's Office of Budget and Accounting Services as well as the Office of Procurement Services. Manning is excited about her new position and will utilize her vast experience to help her team become a successful unit.

"I realize the importance of the succession planning process, the imperativeness to develop and assemble talented staff. My team and I are developing a strong nucleus of resourceful staff to ensure Finance's future success in support of West Virginia Medicaid," said Manning.

Manning has served the West Virginia Department of Health and Human Resources (DHHR) for 19 years. Her career with DHHR began as an Accountant for the Bureau for Health and Health Facilities (BHFF). Prior to BMS, she flourished as Director of Accounting for DHHR's Bureau for Behavioral Health, Bureau for Public Health and the Office of Human Resources and Management. Prior to this appointment, Manning served as the Bureau for Medical Service's Chief Finance Officer (CFO).



Becky Manning, BMS Deputy Commissioner of Finance and Administration

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Meet the West Virginia Medicaid Deputy of Finance and Administration (Cont.)

“Becky brings with her a wealth of experience from DHHR and her time as CFO for BMS. I cannot wait to see her leadership flourish in her new role as Deputy Commissioner,” said Cindy Beane, BMS Commissioner for the Bureau for Medical Services.

Manning credits her mentor, Tony Atkins, for her accomplishments at BMS.

“I was given a wonderful opportunity to be mentored by Tony in the years before he retired. He taught me Medicaid 101 and how to apply that knowledge to keep learning and expanding. I appreciate the time we had to work together,” said Manning.

She wants to continue the success and is working with her team to have a Medicaid Financial leadership model that will be the “gold standard” and envy of the other State Medicaid agencies. Manning is a Princeton, West Virginia native and a Marshall University graduate who holds a Bachelor of Science degree in accounting and a master’s in business administration. She is married with five daughters and when she is not busy crunching numbers, she enjoys spending time outdoors and with her dogs, Marley and Bean.

The Quality Corner: The Importance of Discussing Quality Sleep with Your Patients

This past year has been difficult, and the stressors caused by COVID-19 have affected everyone. As per the Sleep Foundation, “stress and anxiety often lead to insomnia and sleep problems.” The Centers for Disease Control and Prevention (CDC) says “Insufficient sleep has been linked to the development and management of a number of chronic diseases and conditions, including type 2 diabetes, cardiovascular disease, obesity, and depression. Harvard Medical School reports, “treating a sleep disorder may also help alleviate symptoms of a co-occurring mental health problem.”

In the 2014 Behavioral Risk Factor Surveillance System, the CDC shows that West Virginia is one of the highest sleep deprived states. Additionally, this surveillance shows differences in some chronic conditions saying that “adults who were short sleepers were more likely to report 10 chronic health conditions compared to those who got enough sleep.” For example, in West Virginia, 30.9% of individuals that were short sleepers also were diagnosed with chronic depression versus 19.3% in those with enough sleep.

One way healthcare providers can address sleep problems is to simply ask patients, “How well are you sleeping?” Remembering to ask it as an open ended question rather than a yes/no question can start a dialogue which could encourage the patient to be more receptive to the healthcare provider’s guidance. For example, if a patient says they have not been sleeping well, the provider may explain how important sleep is to their general well-being. Sleep deprivation on the part of a parent can also affect their child’s sleep behavior and can cause concentration and mood issues at school.

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The Quality Corner: The Importance of Discussing Quality Sleep with Your Patients (Cont.)

A common treatment is to advise a patient on activities to help improve sleep, such as: keeping a regular sleep cycle; avoiding caffeine before bedtime; avoiding exercise or eating large meals two hours before bedtime; not using electronic devices in bed; sleeping in a dark room; etc. Additional information on the importance of sleep is available from the following organizations:

- American Academy of Sleep Medicine: aasm.org
- Centers for Disease Control and Prevention website on sleep: cdc.gov/sleep/index.html
- National Institutes of Health, National Heart, Lung, and Blood Institute: nhlbi.nih.gov/health-topics/education-and-awareness/sleep-health
- Primary Care Development Corporation and Substance Abuse and Mental Health Services Administration's (SAMSHA), "Solving for Sleep SAMHSA Webinar Series": pcdc.org/what-we-do/training-technical-assistance/solving-for-sleep-samhsa-webinar-series/
- The Sleep Foundation sleepfoundation.org/insomnia/stress-and-insomnia

The Coding Corner

The Bureau for Medical Services (BMS) required re-bundling rules effective August 24, 2020. This effects certain codes where other CPT codes are included in another code. The code below is an example of the re-bundling.

CPT 80050 - General health panel, this panel must include the following: comprehensive metabolic panel (80053) blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) thyroid stimulating hormone (TSH) (84443).

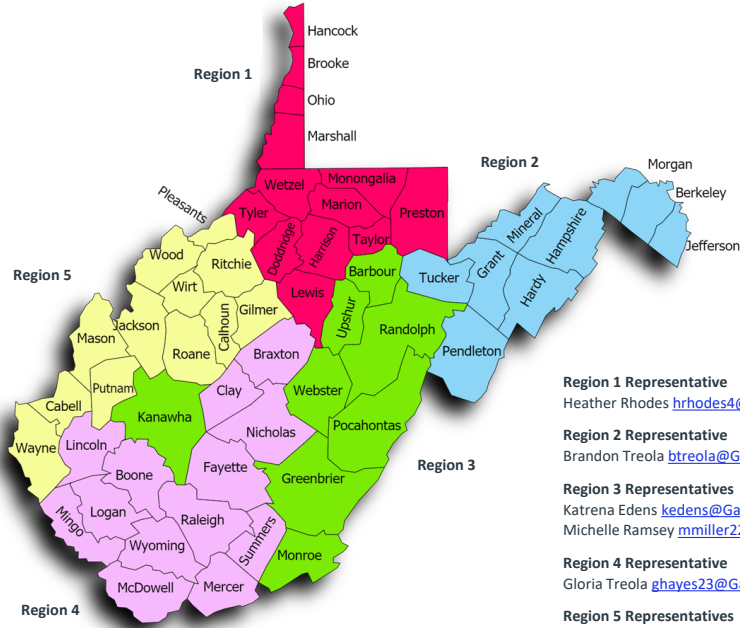
This is a bundled code, and when three or more of the below codes are billed those will deny and will be bundled into 80050 which will appear on the explanation of benefits (EOB). Includes complete blood count (CBC), automated, with:

- Manual differential WBC count
- Blood smear with manual differential AND complete (CBC), automated (85007, 85027)
- Manual differential WBC count, buffy coat AND complete (CBC), automated (85009, 85027)

Includes OR:

- Automated differential WBC count
- Automated differential WBC count AND complete (CBC), automated/automated differential WBC count (85004, 85025)
- Automated differential WBC count AND complete (CBC), automated (85004, 85027)
- Comprehensive metabolic profile (80053)
- Thyroid stimulating hormone (84443)

Provider Field Representative Map



- Region 1 Representative**
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 DHHR Deputy Secretary: Russell Crane
 DHHR Deputy Secretary: Jeremiah Samples
 DHHR BMS Commissioner: Cynthia E. Beane

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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.