



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Governor

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Karen L. Bowling
Cabinet Secretary

April 16, 2015

WV Medicaid Clinic and Rehabilitation Providers

RE: Provider Review Process

In accordance with the release of the WV Medicaid Clinic and Rehabilitation (Chapter 502 and 503, respectively) manual revisions, the provider review process is changing. Provider reviews will continue to focus on the quality of documentation and adherence to the Center for Medicare and Medicaid Services (CMS) quality assurance standards however, beginning September 1, 2015, provider reviews will result in a plan of correction and disallowance when deficiencies are identified.

The review cycle beginning September 1, 2015, will proceed for a defined cycle which has typically been an eighteen (18) month period. A draft exit report and plan of correction will be presented to the provider at the exit summation. Following a thirty (30) day comment period and BMS review, the provider will receive a final report indicating their overall performance, services reviewed, and any disallowances for inappropriate or undocumented billing of clinic and rehabilitation services.

Beginning September 1, 2015, the following areas will be subject to potential disallowances:

- Credentialing
 - CIB (fingerprint check at initial and every three years – can do name based check for 90 days while waiting on print returns)
 - OIG monthly checks
 - Degree (diploma and transcript)
 - License verification
 - Internal credentialing for services including a policy for services provided while seeking internal credentialing
- Clinical Supervision
 - Chart demonstrating the clinical “chain of command”
 - Supervisor must have an equal degree, clinical experience, credential, or higher than the supervisee
- 72 hour Authorization forms for Coordinated Care
- Signed Service Plans (physician, physician extender, licensed psychologist, supervised psychologist)
- Legible Records
- Documentation requirements of date, start/stop times, place of service, signature, and credentials

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- Duplicate billing
- Up-Coding
- Services not permitted by Tele-health
- ACT team composition and credentials

Continued review cycles may expand the areas for potential disallowances per direction from BMS. For further information on the provider reviews, the WV Clinic and Rehabilitation manuals can be accessed at <http://www.dhhr.wv.gov/bms/Pages/ProviderManuals.aspx> . If you have any questions regarding this process, please contact me at 304-356-4936 or Cynthia.A.Parsons@wv.gov.

Sincerely,



Cynthia Parsons
Program Manager
School Based Health Services and
Behavioral Health Services

Cc: Emily Proctor, APS Healthcare
Lisa Richards, APS Healthcare