Comments for Chapter 300, Provider Participation Requirements

Effective Date: May 18, 2018

Number	Date Received	Comment	Status Result
1	January 4, 2018	On behalf of our 63 member hospitals, health systems, the West Virginia Hospital Association (WVHA) appreciates the opportunity to comment on the Bureau for Medical Services (BMS) proposed changes to the above listed Medicaid Manual chapters. We appreciate and agree BMS's effort to clarify and expand practitioner enrollment, practitioner eligibility and participation. Our membership encourages enrollment of practitioners and non-physician practitioners to enhance beneficiary access and development of a team based approach for Medicaid beneficiary medical services.	No Change
2	January 3, 2018	Enclosed please find the edits/comments from the board members of the West Virginia Association of Physician Assistants (WVAPA) with the support of the American Academy of Physician Assistants (AAPA) regarding the West Virginia Medicaid's draft manuals published last month. First we would like to review the roll of Physician Assistants in West Virginia and how workforce considerations impact our region: As dedicated healthcare professionals, PAs are committed to the wellbeing of their patients. When considering methods to increase access to care in a cost-effective manner it is imperative that PAs not be overlooked as policies and regulations are promulgated. PAs must be recognized as directly enrolled providers in West Virginia's Medicaid program. The S.B. 1014 passed on September 7, 2017 stated the following: ***"Notwithstanding any other provisions of law when any health insurance policy, health care services plan or other contract provides for the payment of medical expenses, benefits, or procedures, such policy, plan or contract shall be construed to include payment to all health care providers including medical physicians, osteopathic physicians, podiatric physicians, chiropractic physicians, midwives, physician assistants, and nurse practitioners who provide medical services, benefits or procedures which are within the scope of respective provider's license. Any limitation or condition placed upon services, diagnosis or treatment by, or payment to, any particular type of***	Change: BMS assessed the language and updated 300.20.4-Physician Assistant to accommodate and support changes as identified by SB 1014. Physician Assistants may enroll as rendering providers either as part of a group or independently.

		licensed provider shall apply equally to all types of licensed providers without unfair discrimination as to the usual and customary treatment procedures of any of the aforesaid providers." The Physician Assistant Modernization Act further defines that enrollment and reimbursement for Pas must be in parity with APRNs, and that enrollment policies are to reflect the role of PAs in WV Medicaid and other state payors as such. The relationship with our partner Physicians has changed to one of collaboration from one of supervision, which needs to be reflected in the updated manuals and provisions of care. Some of the language used in the draft manuals reflects old verbiage that is no longer accurate. We submitted the updated language (enclosed in our revisions) to reflect these changes in WV law. • **PA enrollment is about accountability** West Virginia PAs are hidden providers under the state's Medicaid program as currently billing under the physicians' NPI. This prevents patients, regulators, employers, and legislators from applying accountability to the appropriate healthcare professional for a patient's care. • **PA enrollment is about transparency** As hidden providers, inaccurate data is delivered to policymakers regarding workforce and network adequacy considerations. This leads to inefficient allocation of WV taxpayer resources and decreases access to care for the citizens of our great state. Tracking Physician Assistant productivity and quality are further compromised by this indirect accounting of medical care that Pas provide. • **More states are enrolling PAs in Medicaid** Over 37 states require direct enrollment of PAs in the Medicaid program, authorizing them to use their own provider number to bill Medicaid as rendering provider. This number is continually expanding. • **PA enrollment in Medicaid will increase access to care** Direct enrollment visibility of PAs enrolled with WV Medicaid will appropriately identify PAs in provider directories. As West Virginia continues to struggle with access to care for the citizens, this clear identification of health professionals locally delivering care will create better access for patients, particularly in underserved communities, as we face a worsening physician shortage. • **No duplication of services or extra cost** The direct enrollment of PAs does not increase costs for the state Medicaid program or duplicate services. PAs are currently providing said services but billing under the physician's provider number. In response of the drafted manuals, we collectively submit the following comments and edits enclosed as part of our strategy to improve Physician Assistant participation in healthcare and population health initiatives for West Virginia.	

3	December 28, 2017	Thank you for the opportunity to comment on Chapter 300 Provider Participation Requirements. The inclusion of ARPNs as providers eligible for reimbursement by Medicaid based upon their scope of practice and certification, without specific setting limitations, is appreciated as a mechanism to allow for efficiency and effectiveness. As written, this will allow healthcare systems to design workflow around professional teams that meet the needs of patients in all settings, based upon the education, training and skill of the provider.	No Change
4	December 28, 2017	A few areas were noted that we would like to request further review and possible clarification: 1. Page 25 – 300.20.5 Advanced Practice Registered Nurses (APRN) The fifth paragraph begins with the statement "WV Medicaid recognizes the following as APRNs:" It goes on to list bullets describing Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialist (CNSs), and Clinical Nurse Midwives (CNMs). Missing, however, is a delineation and description of the Certified Nurse Practitioner (CNP) role. We were concerned that despite the fact that section 300.20.3 Non-Physician Practitioners (NPP) on page 23 includes nurse practitioners within the parenthesis as included in the APRN description, the exclusion of Nurse Practitioners in the aforementioned list could cause confusion as to their inclusion as recognized APRNs by Medicaid.	No Change: BMS will consider adding this in a future update.
5	December 28, 2017	In the same section, the description of Clinical Nurse Specialists (CNS) includes reference to the DNP degree. The actual degree is "Doctor of Nursing Practice" rather than "Doctorate of Nurse Practitioner".	Change: BMS updated language as identified.
6	December 28, 2017	Additionally in regard to CNSs it states that: "Clinical Nurse Specialists must be enrolled to provide services to Medicaid members in collaboration with an enrolled physician(s) within their defined clinical area of nursing." Is it the intent truly to require a collaborative agreement with a physician to receive Medicaid reimbursement despite the fact that WV Code §30-7 has no such requirement to practice? If so, we would propose reconsidering that requirement as having a policy more restrictive than WV Code may introduce potential barriers for Medicaid patients to access care delivered by these APRNs.	Change: BMS updated language as identified.

7	December 28, 2017	In the same section on page 26 where the Certified Nurse Midwife (CNM) is described, it states “a collaborative agreement with an enrolled obstetrician or gynecologist or family practice is required as specified in WV State Code §30-15-7”. The change in WV Statute in 2016 (House Bill 4334) resulted in the repeal of section 30-15 and CNMs by statute no longer require a collaborative agreement to practice. Is the intent truly to require such a collaborative agreement with a physician to receive Medicaid reimbursement despite the law having no such requirement? If so, we would propose reconsidering that requirement as this may limit access to care for Medicaid patients, particularly in rural and underserved communities.	Change: BMS updated language as identified.
8	January 2, 2018	Regarding the provider participation manual section for comment: 300.4 PRACTITIONERS ELIGIBLE FOR ENROLLMENT Practitioners eligible for enrollment in the West Virginia Medicaid Program to provide covered services within their scope of practice include, but are not limited to, the following: • A doctor of medicine (MD), doctor of osteopathy (DO), doctor of podiatric medicine (DPM), doctor of chiropractic (DC), doctor of optometry (OD), doctor of dental surgery (DDS), doctor of dental medicine (DDM), and doctor of oral maxillofacial surgery (OMS) within the scope of a professional license issued under State law; • A non-physician practitioner (NPP) e.g. advanced practice registered nurse (APRN), physician assistant (PA); • A Licensed Independent Clinical Social Worker (LICSW) and Licensed Professional Counselor (LPC), • A Licensed Psychologist (LP) • A Licensed Certified Social Worker (LCSW) and Licensed Graduate Social Worker (LGSW), when affiliated with an enrolled WV Medicaid Provider. Does this mean the LCSW or LGSW will be enrolled so long as they are affiliated with one of the above practitioners (anyone in the above bullets?)	No Change: WV Medicaid allows affiliation with enrolled practitioners within the provider’s scope of work.