

Public Health Emergency (PHE) Post COVID-19 Transition Begins

Medicaid and West Virginia Children's Health Insurance Program (WVCHIP) Providers, please remind your patients that have moved or had their address changed by 911 to update their address with the West Virginia Department of Health and Human Resources (DHHR) Customer Service Center or it may affect their benefits in the future.

For more information, please direct your patients to the link below:

<https://dhhr.wv.gov/contacts/HN/Documents/Customer%20Services%202021.pdf>

Spring 2022 Provider Workshops Dates Announced

Please join the West Virginia DHHR, Bureau for Medical Services (BMS) for the 2022 Spring Virtual Provider Workshops so you and your staff will be aware of upcoming developments which may impact your practice/organization. BMS, Gainwell Technologies, Medicaid Managed Care Organizations (MCOs) and other West Virginia Medicaid Vendors will be conducting virtual workshops throughout the State from April 19, 2022 until April 28, 2022. Workshops time frames will follow at a later date. Please visit www.wvmmis.com for updates. Please see dates below:

- April 19, 2022 - AM Session
- April 20, 2022 - PM Session
- April 21, 2022 - AM Session

- April 26, 2022 - PM Session
- April 27, 2022 - AM Session
- April 28, 2022 - PM Session

Registration information can be found on the Gainwell portal at www.wvmmis.com.

Payment Error Rate Measurement (PERM) Webinars Announced

The Centers for Medicare and Medicaid Services (CMS) Payment Error Rate Measurement (PERM) program is excited to present the Provider Education Webinars!

PERM is planning to host Provider Education Webinars for Cycle 2 providers in the next few weeks. The purpose is to offer educational opportunities to Medicaid and WVCHIP providers to enhance understanding of the specific provider responsibilities during the PERM cycle.

The following topics will be featured in the presentation:

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes and best practices
- The Electronic Submission of Medical Documentation, esMD program

Payment Error Rate Measurement (PERM) Webinars Announced (Cont.)

Listed below are the three dates and times that webinars will be offered. Please note, all three webinars will consist of the same information covering the topics mentioned above. The webinar sessions will be recorded and one of the sessions will be uploaded to the PERM website. Providers can send questions to the PERM Review Contractor: PERMRC_Providerinquiries@nciinc.com.

1. Tuesday, April 12, 2022, 1:00pm – 2:00pm
2. Wednesday, April 13, 2022, 3:00pm – 4:00pm
3. Thursday, April 14, 2022, 3:00pm – 4:00pm

To register, please [click here](#) or visit https://cms.zoomgov.com/webinar/register/WN_zhpBrzv3Se63X2XzzS3YJQ.

Registration closes April 10, 2022 at 5:00p.m. ET.

Have questions? Please email PERMRC_ProviderInquiries@nciinc.com.

Want more information about PERM? Please [click here](#).

Peer Recovery Support Specialists Requirement Update

Beginning October 1, 2022, BMS will require the [West Virginia Certification Board for Addiction & Prevention Professionals](#). Peer Recovery certification as credentials for all existing and new Peer Recovery Support Specialists (PRSS) to be reimbursed for PRSS services. BMS will terminate its own certification process on September 30, 2022. Furthermore, BMS will require all PRSS to obtain a National Provider Identifier (NPI). The NPI taxonomy for PRSS will be 175T00000X. These two requirements will need to be in place on October 1, 2022. In order to be reimbursed for PRSS services under West Virginia Medicaid, Licensed Behavioral Health Centers (LBHCs) will have to enroll each PRSS they employ as a rendering NPI through Gainwell Technologies by August 1, 2022.

Additional information for PRSS services can be found in [Section 504.15.1, Chapter 504, Substance Use Disorder Services policy manual](#).

To obtain an NPI, please visit the [Centers for Medicare and Medicaid Services \(CMS\) "How to Apply" webpage](#) or [Gainwell Technologies webpage](#).

Kepro Announces New Prior Authorization Platform

Kepro Medical Services will be transitioning platforms from WV C3 Provider Portal to Atrezzo New Generation (ANG) for prior authorization submissions in 2022. The transition to ANG will not affect the policies set in place by the Bureau for Medical Services. Kepro will conduct all communications regarding the transition to ANG via email and by updating the Kepro website: <https://wvaso.kepro.com>.

All enrolled West Virginia Medicaid providers should update their contact information by going to <https://survey.alchemer.com/s3/6268630/Kepro-Medical-Provider-Contact-Information-Update> and filling out the contact information form. This information is for Kepro only. This will not update provider enrollment information with Gainwell Technologies.

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Kepro Announces New Prior Authorization Platform (Cont.)

It is vital that users update their contact information and attend the trainings to gain an understanding of the new system's features. This will ensure requests are completed accurately and timely. Kepro will provide assistance and guidance to all users/providers throughout the transition.

Any questions or concerns may be emailed to wvmedicalservices@kepro.com.

Telehealth Update

Effective January 1, 2022, the CMS added place of service 10 – telehealth provided in a patient's home. This is a location other than a hospital or other facility where the patient receives care in a private residence. The patient is in their home when receiving health services or health related services through telecommunication technology. Place of service 02 will still be utilized for telehealth provided other than in the patient's home.

Tubal Ligation Billing Reminder

In accordance with Senate Bill 716, effective July 1, 2020, BMS will cover tubal ligation without requiring at least 30 days between the date of informed consent and the date of the tubal ligation procedure.

All claims for this service with a date of service on or after July 1, 2020 should be submitted to Gainwell Technologies for processing and payment, including those for members enrolled in an MCO.

The Sterilization Consent Form is still required and must be kept on file by the provider but is no longer required to be sent in with the claim.

Professional and Facility Claims-Single Surgery:

Includes current procedural terminology (CPT) codes 58600, 58605, 58611 and 58615. All claims billed with the following codes for single surgeries, including members that belong to an MCO, should be sent for processing to Gainwell Technologies for processing.

Professional Claims- Multiple Surgeries:

If the Medicaid member belongs to an MCO and the claim involves multiple CPT codes, one of which is 58600, 58605, 58611 or 58615, copy of the claim should be sent to the MCO and Gainwell Technologies.

If the member belongs to fee-for-services (FFS), Medicaid and the claim involves multiple surgeries, one of which is 58600, 58605, 58611 or 58615, the claim should be sent to Gainwell Technologies only.

Facility Claims - Multiple Surgeries:

If the member belongs to an MCO and the claim involves multiple surgeries, one of which is 58600, 58605, 58611 or 58615, the claim should be sent to the MCO.

If the member belongs to FFS Medicaid and the claim involves multiple surgeries, one of which is 58600, 58605, 58611 or 58615, the claim should be sent to Gainwell Technologies only.

Healthcare Common Procedure Coding System (HCPCS) Update

Effective July 1, 2021, HCPCS Code G2213: Initiation of medication to treat opioid use disorder (OUD) in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services is covered when billed with a primary current procedural terminology (CPT) Code.99281, 99282, 99283, 99284, OR 99285.

West Virginia Medicaid Increases Reimbursement

West Virginia Medicaid is now reimbursing \$35 in addition to the \$40 reimbursement for in-home administration of the COVID-19 vaccine. The total is now \$75.

West Virginia Medicaid Implements New Claims Transaction

West Virginia Medicaid has implemented a new D1 claims transaction. Pharmacies can use the new transaction to test whether a product will be covered or not and at what reimbursement rate. The functionality will allow test claims to be run without affecting the pharmacy pay cycle.

Gainwell Technologies Update: Federally Qualified Health Centers

As of November 2020, all Federally Qualified Health Centers (FQHCs) billing T1015 for dental services must bill charges on all lines or claim will be denied.

West Virginia Medicaid Office of Pharmacy Services Update: Hepatitis C Criteria

The BMS Office of Pharmacy Services has updated the Hepatitis C Virus (HCV) Therapy criteria. The update allows for retreatment for individuals who failed therapy as well as people who were re-infected. Previously, they were not due to the once in a lifetime treatment. Please see the Office of Pharmacy Services Prior Authorization Criteria webpage to view the updated HCV Therapy criteria at <https://dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/PA-Criteria.aspx>.

Pharmacies Receive Naloxone Edit

Pharmacies will receive a Naloxone edit when certain prescriptions and prescription combinations are filled for an individual. West Virginia Medicaid encourages safe prescribing for individuals who may be at risk for overdoses. If an individual has not been prescribed Naloxone in the last three months and is on a high enough dose of an opioid, or if the patient appears to be receiving an opioid in combination with a sedative hypnotic, benzodiazepine or a muscle relaxant, a Naloxone edit will post to encourage the pharmacist to ask the patient if they wish to receive Naloxone with their opioid prescription. Pharmacies will also be encouraged to offer Naloxone whenever a patient is filling any type of medication-assisted therapy used for the treatment of Opioid Use Disorder without a paid naloxone claim being detected in the previous three months.

Preferred Drug List Update

Sublocade is now a covered preferred agent on the Office of Pharmacy's Preferred Drug List (PDL) following manufacturer recommendations.

Bureau for Medical Services Improves New Product Requests

BMS frequently receives requests from manufacturers to open and determine reimbursement for new Healthcare Common Procedure Coding System (HCPCS) codes or products, especially wound care products. BMS **does not** consider requests from manufacturers but will consider requests received from a West Virginia Medicaid enrolled treating provider.

The BMS medical director's team developed a process to respond efficiently to the requests. Below are the steps that will be followed:

- Requests must be received in writing and will be stamped with the date received.
- Document will be forwarded to the specified program manager to review and confirm the request is for the new code or product.
- The review process will include extensive research from members of the policy unit and medical director which includes answering the following:
 1. Is there evidence-based-review results?
 2. Does the product have a HCPCS code assigned?
 3. Are there less expensive effective alternatives?
 4. Are other states or insurances covering the item?

Once the review process is complete and a final determination to open coverage for a new product has been made, the decision will be reflected on the West Virginia BMS website and fee schedules.

West Virginia Medicaid Awards Recovery Audit Contractor

This summer, West Virginia Medicaid awarded a contract to Health Management Systems, Inc. (HMS) to act as the agency's Recovery Audit Contractor (RAC). Under federal regulations (42 CFR 455.500 et seq.), state Medicaid agencies are required to establish a RAC program as a measure to promote the integrity of the Medicaid program. The West Virginia Medicaid Office of Program Integrity will administer the HMS RAC contract.

HMS' RAC program assists states in identifying overpayments/underpayments and recovering any overpayments made to Medicaid providers. Overpayments may be the result of provider billing or coding errors, failure to properly coordinate benefits, overuse of services, fraud, or abuse. HMS will review Medicaid claims submitted by providers and upon determination of an overpayment, HMS will provide notice to providers who will be given the following response options to be received by HMS within 60 days of notification of overpayment:

- Payment in full
- Placement of a lien against future payments for Medicaid reimbursement recovery schedule of up to a 12-month period, through monthly payments or the placement of a lien against future payments
- Directions on how to submit a written request with supporting documentation for reconsideration by HMS

The HMS reviews will begin in early 2022. Once work under the RAC program begins, HMS will correspond directly with providers on behalf of West Virginia Medicaid. Should you receive written notification from HMS, please ensure that you review and respond promptly as indicated in the notice. All written correspondence from HMS about a provider review will include a toll-free number for providers to contact HMS with any questions.

Quality Corner

BMS occasionally mails communications to enrolled providers, including requests for business-critical information, such as certification/license renewal updates, which could cause payment delays if not received timely. Help prevent delays by updating your information in Gainwell Technologies provider portal or by completing the provider change of address [form](#) via mail/[email](#) when you change locations, mailing address, telephone number, etc.

Since Medicaid members can access provider contact information through the Mountain Health Trust provider directories, incorrect contact information can prevent new patients from finding you because neither BMS nor the Medicaid Managed Care Plans (MCPs) have your updated contact information on file.

Additionally, West Virginia Medicaid contracts with Qlarant, the State's External Quality Review Organization (EQRO), to ensure that appropriate access to care is available to Medicaid members according to the Federal Regulations ([42 CFR §438.206 - Availability of Services](#)) which includes contact success rates. In 2020, 17.5% of the attempts to contact a provider after-hours were unsuccessful due to the phone number on file failing to reach the intended provider. Keeping provider demographics on file with Gainwell Technologies current will ensure that appropriate provider contact information is available to all Medicaid fee-for-service and Managed Care Plan members.

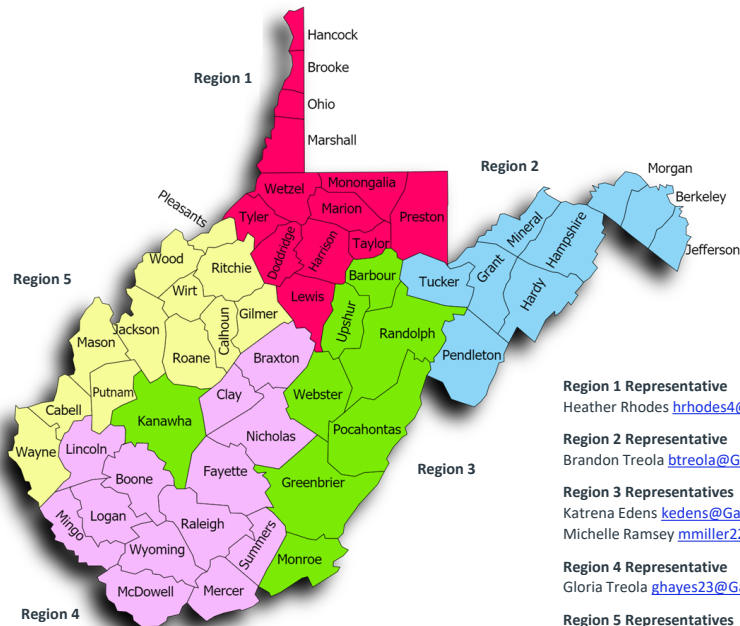
The Coding Corner: 2022 Update

The year 2022 current procedural terminology (CPT) code set will have a series of 24 vaccine-specific codes that are the model for efficiently reporting and tracking immunizations and administrative services against the coronavirus (SARS-CoV-2).

The COVID-19 vaccine and administration codes are among 405 editorial changes in the 2022 CPT code set, including 249 new codes, 63 deletions and 93 revisions. More than 40% of the editorial changes are tied to new technology services described in Category III CPT codes and the continued expansion of the proprietary laboratory analyses section of the CPT code set.

Other important additions to the 2022 CPT code set include the creation of five new CPT codes to report therapeutic remote monitoring, expanding on the remote physiologic monitoring codes that were created in 2020. New codes have also been created for principal care management which allow physicians and other health care providers to report care management for patients with one complex chronic condition.

Provider Field Representative Map



- Region 1 Representative**
Heather Rhodes hrhodes4@GainwellTechnologies.com
- Region 2 Representative**
Brandon Treola btreola@GainwellTechnologies.com
- Region 3 Representatives**
Katrena Edens kedens@GainwellTechnologies.com
Michelle Ramsey mmiller222@GainwellTechnologies.com
- Region 4 Representative**
Gloria Treola ghayes23@GainwellTechnologies.com
- Region 5 Representatives**
Whitney Choyce wchoyce@GainwellTechnologies.com
Stephanie Houghtaling shoughtaling@GainwellTechnologies.com

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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), Bureau for Public Health (BPH), WVCHIP, and Gainwell Technologies (formerly DXC Technology).

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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 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

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.