2022 Virtual Spring Provider Workshops

**Morning Session**
- General Overview, Appeals
- Process, Chiropractic Updates
- Portal & Claim Webinar dates

**Afternoon Session**
- Behavioral Health Updates
- Enrollment of New Provider Types
- COVID Policy Evaluation

**Dates and Times**
- Tuesday, April 19 from 9:00-12:00
- Thursday, April 21 from 9:00-12:00
- Wednesday, April 27 from 9:00-12:00

**Dates and Times**
- Wednesday, April 20 from 1:30-3:30
- Tuesday, April 26 from 1:30-3:30
- Thursday, April 28 from 1:30-3:30

**Registration Link**
https://www.surveymonkey.com/r/WVCP738

**Questions?**
WVProviderFieldRepresentative@GainwellTechnologies.com
Housekeeping Rules For Attendees

Please make sure your phone is on mute.

Please make sure you type your questions in the chat box.

Questions will be answered at the end of the presentation during the Q&A session.

A copy of the presentation is available on the WVMMIS Health PAS On-Line Portal www.wvmmis.com
Peer Recovery Support Services Update

Keith King, Program Manager
Substance Use Disorder Waiver Services
Provider Workshops April 19 – 28, 2022
Peer Recovery Support Services

Procedure Code: H0038
Service Unit: 15 minutes
Service Limits: 16 units per calendar day
Prior Authorization: Required
Telehealth: Available
Client Limitations: May not exceed 20 members per Peer Recovery Support Services

Note: Group peer recovery support services are not covered services.
Peer Recovery Support Specialist Certification

Update:

▪ On October 1, 2020, the West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) began to accept the BMS certification for the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) Peer Recovery Certification.

▪ On October 1, 2022, BMS will ONLY accept peer recovery support specialists (PRSS) who are certified with a WVCBAPP Peer Recovery Certification and who have obtained a National Provider Identifier (NPI) as eligible for Medicaid reimbursement.

▪ On September 30, 2022, BMS will no longer provide its PRSS certification process or ethical investigations.
An NPI is a unique identification number for covered health care providers. The PRSS will be required to have an NPI as of October 1, 2022.

Information regarding NPIs can be found by visiting: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand.

The Taxonomy Code for a PRSS is 175T00000X. The description can be found by visiting https://www.npidashboard.com/taxonomy/175T00000X.

Gainwell Technologies will enroll a PRSS as a provider type number of 995-PS. Licensed Behavioral Health Centers (LBHC) will render the PRSS NPI under their facility through Gainwell Technologies.
Additional PRSS Certification Information

▪ The PRSS application is included on the SUD Waiver webpage under SUD forms: dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/SUD-Forms.aspx.


▪ The PRSS employer must keep all documents on file including the PRSS application, certificate and attestation of recovery, letters of reference, the employee’s educational record, work history, etc.
Resources

- Information on substance use disorder (SUD), *Chapter 504, SUD Services Waiver Services*, can be found in the West Virginia Medicaid Provider Manual: [dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx](dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx).

- BMS SUD Waiver webpage: [dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/default.aspx](dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/default.aspx).

Keith King, Program Manager
1115 Waiver Program
West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: (304) 352-4307
Fax: (304) 558-4398
Email: Keith.King@wv.gov
Behavioral Health Services Update

David Deutsch, Program Manager
Behavioral Health Services
April 19 – April 28, 2022
Agenda

- Drug Free Mom and Baby (DFMB)
- Substance Use Disorder (SUD) Centers of Excellence
- Community-Based Mobile Crisis Intervention Services
Drug Free Mom and Baby (DFMB)
<table>
<thead>
<tr>
<th>Procedure Code:</th>
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<tr>
<td>Service Unit:</td>
<td>Per member/per calendar month</td>
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<td>Prior Authorization:</td>
<td>Application process applies</td>
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<tr>
<td>Telehealth:</td>
<td>Available</td>
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<tr>
<td>Caseload Limit:</td>
<td>Maximum of 30 members per Care Coordinator and 30 members per Community Health Worker</td>
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<tr>
<td>Member Eligibility:</td>
<td>Pregnant or first year postpartum; Current opioid use disorder (OUD) or by history per evaluation/screening; Must be enrolled with a West Virginia managed care organization (MCO); Parental consent required for &lt;18 years old</td>
</tr>
</tbody>
</table>

Note: Multiple exclusions apply
To participate as a DFMB program site, a provider must complete the BMS enrollment form and receive approval from the West Virginia Perinatal Partnership.

As of April 1, 2022, the following DFMB sites have been enrolled:

- CAMC Women and Children's Hospital: Baby First
- Marshall Health: Healthy Connections
- Tug River Health Association: DFMB FQHC
- Valley Health Systems: Medication Assisted Treatment (MAT) Maternal Care Program FQHC
- WVU Medicine Ruby Memorial Hospital: ACE Program
- Thomas Memorial: Pregnancy Connections (pending)
A National Provider Identifier (NPI) is a unique identification number for covered health care providers. DFMB providers must dedicate a unique NPI for participation.


Gainwell Technologies will require a provider type number of 02 to register in their system.
The DFMB enrollment form is available on the West Virginia Department of Health and Human Resources’ Bureau for Medical Services (BMS) website: https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Comments/DFMB%20Member%20Form.pdf.

Comprehensive policy details for DFMB, including documentation requirements, can be found in Chapter 521, Behavioral Health Outpatient Services, on the BMS Policy Manual webpage: https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendices/Policy_Chapter%20521B.pdf.
Substance Use Disorder (SUD) Centers of Excellence Update
SUD Centers of Excellence are in development under federal SUPPORT (Substance Use Disorder that Promotes Opioid Recovery and Treatment) grant funding.

SUD Centers of Excellence (COE) are:

- "Care entities that are recognized and relied upon for their unique capacities to ensure every person with SUD achieves optimal health via a ‘whole person approach’ that coordinates care across multiple domains, including physical, mental, and behavioral health and social needs including job training, housing and transportation support, education services, and childcare, among others."

- “SUD COEs will offer a variety of services on-site, while other services are made available to clients through community partners. SUD COEs will comply with prescribed data reporting and patient follow-up protocols. While there will be some overlap in the mental health and SUD services provided by SUD COEs and other entities – such as certified community behavioral health clinics – the SUD COE is distinguished from other provider types in that it adheres to a more strictly prescribed set of care coordination activities related to SUD.”
Key services will include comprehensive care management, care coordination, transitional and follow-up care, and family support.

West Virginia is assessing SUD COE models from Pennsylvania and Rhode Island for applicability to West Virginia.

An application process will be required for provider entities to attain SUD COE status.

Potential eligible provider types will be licensed behavioral health centers (LBHCs), comprehensive behavioral health centers (CBHCs) and certified community behavioral health clinics (CCBHCs).

More information will be coming later this year.
Community-Based Mobile Crisis Intervention Services
Community-Based Mobile Crisis Intervention Services

- Through the American Rescue Plan, West Virginia was awarded a 12-month Community-Based Mobile Crisis Intervention Services planning grant in September 2021.
- Mobile crisis services will be made available to all Medicaid beneficiaries including adults and children with mental health or SUD crisis.
- West Virginia Medicaid will enroll prospective providers including LBHCs, CBHCs, and FQHCs.
- Tentative start date for services is January 2023.
Crisis hotline will interface with crisis response system.
Component services will include screening and assessment, stabilization and de-escalation, coordination and referrals to health, social and other services, as needed.
Services will be provided 24 hours a day, seven days a week, 365 days a year by a multi-disciplinary team. The team includes professionals and paraprofessionals who have appropriate expertise in behavioral health care and, at a minimum, will include one behavioral health care professional who is qualified to provide an assessment within scope of practice requirements under state law.
Provider application process will be required.
Contact

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Spring 2022 Provider Workshops:

Home Health and Private Duty Nursing Agencies

Implementation of Electronic Visit Verification

Randy Hill, Director
Home and Community-Based Services

Electronic Visit Verification (EVV) is a tracking system that requires electronic verification of when a person receives Medicaid-funded personal care or home health services.

The purpose of EVV is to ensure home healthcare is delivered as planned so that patients are not neglected and to cut down on fraudulently documented/billed home visits.
The Cures Act requires that EVV systems must be able to electronically verify the following:

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of service delivery;
- Individual providing the service; and
- Time the service begins and ends.
Through a competitive bid process, HHAeXchange (HHAX) was awarded the Electronic Visit Verification contract on October 21, 2020.

HHAX Customer Service:
- Phone: 866-983-4627
- Email: wvsupport@hhaeXchange.com
West Virginia chose to have an “open EVV model” which allows providers to use their existing EVV system, or to choose one that best meets their individual needs. Providers have the option of using HHAX’s system at no charge.

Providers that choose to use their own EVV system will be required to submit EVV data to HHAX.

Regardless of which system providers choose, HHAX will be responsible for generating claims for home health and private duty nursing services.
HHAX offers three options for verifying visits:

- **Mobile Application**: The mobile app is downloaded to the worker’s smartphone and uses global positioning system (GPS) technology to verify the worker’s location when clocking in and out.

- **Member’s Landline**: Each agency will be assigned an 866-number that workers can call from the member’s landline when clocking in/out.

- **Fixed Object Device (FOB)**: A FOB is a small electronic device that is secured in the member’s home. It generates a unique eight-digit number each time the worker clocks in and out. The worker may use any phone to call the 866 number to record the visit.
1. Does the agency utilize HHAX for EVV?
   • If yes, question 2
   • If no, not a candidate for FOB
2. Does the member have an active landline they allow the caregiver to use?
   • If yes, not a candidate for FOB
   • If no, question 3
3. Does the member’s home have cell coverage?
   • If yes, question 4
   • If no, question 4
4. Does the caregiver have access to a smartphone or tablet?
   • If yes, use mobile app (either online or offline mode), not a candidate for FOB
   • If no, FOB is appropriate option
## Implementation Timeline (tentative)

<table>
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<tr>
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<th>Event</th>
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<tbody>
<tr>
<td>March</td>
<td>Provider agencies begin obtaining National Provider Indicator (NPI) numbers for workers and have them sign enrollment document(s)</td>
</tr>
<tr>
<td>May</td>
<td>Provider agencies begin enrolling workers in Gainwell Technologies’ portal.</td>
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<tr>
<td>Aug</td>
<td>Provider agencies will receive a welcome letter from HHAX and be requested to complete a questionnaire/survey. This will allow HHAX to create the agency profile and initial user account in their system.</td>
</tr>
<tr>
<td>Sept</td>
<td>HHAX will send providers a welcome packet containing information for participating in information sessions</td>
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<tr>
<td>Oct/Nov</td>
<td>HHAX will conduct provider training sessions.</td>
</tr>
<tr>
<td>Dec</td>
<td>Go live</td>
</tr>
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</table>
Service Codes In Scope for EVV

- T1000  Private Duty Nursing
- 0551  Skilled Nursing Visit
- 0571  Home Health Aide Services
- 0421  Physical Therapy Services
- 0431  Occupational Therapy Services
- 0441  Speech-Language Pathology Therapy Services
NPI Taxonomy Codes

- Individual NPI numbers are obtained National Plan and Provider Enumeration System (NPPES) website at: [https://nppes.cms.hhs.gov/#/](https://nppes.cms.hhs.gov/#/)

Note: If the provider has previously received an NPI number they may only need to add the taxonomy code to their existing NPI.
NPI Taxonomy Codes (Cont.)

- Registered Nurse 163W00000X
- Licensed Practical Nurse 164W00000X
- Physical Therapist 225100000X
- Occupational Therapist 225X00000X
- Speech-Language Therapist 235Z00000X
- Home Health Aide 3747P1801X
All staff that render Home Health and Private Duty Nursing services will be required to be enrolled with Gainwell Technologies. Enrollments will require the following documents to be uploaded to Gainwell Technologies’ portal:

- Signed Provider Enrollment Agreement
- WV Clearance Access: Registry & Employment Screening (WVCARES) Clearance letter
- Current professional license (except Home Health Aides)
Gainwell Technologies will offer training sessions on the process for enrolling individual workers in the portal. Gainwell’s Regional Representatives will also provide technical assistance.
Contacts

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Spring 2022 West Virginia Provider Workshops

HHAeXchange Update
Agenda

- EVV Overview
- Provider EVV Compliance Reporting
- Billing through HHAeXchange
- Upcoming Webinars & Provider Resources
EVV Overview
The 21st Century CURES Act requires that the following data elements be captured and verified through Electronic Visit Verification.

- Type of Service Performed
- Individual Receiving the Service
- Date of the Service
- Location of the Service Delivery
- Individual Providing the Service
- Time the Service Begins and Ends
What Providers Need to Know

➢ Cures Act Mandate in effect as of **January 1st, 2021**

➢ West Virginia providers have had access to HHAeXchange since **March 1st, 2021**

    ➢ Once Caregivers are enrolled with Gainwell, each provider is expected to begin confirming visits using EVV

    ➢ Agencies performing only Service Coordination are **not** required to do EVV at this time

➢ HHAeXchange is the **State Fee-for-Service EVV and Aggregation Vendor**
What Providers Need to Know

➢ The state has provided a free EVV solution through HHAeXchange and collect all visit data, regardless of the EVV system being used.

➢ If your agency uses another EVV vendor, that is great! However, you are still required to send all visit data for services in scope to HHAeXchange for aggregation purposes.

➢ Need to set up an EDI connection to send your data? Contact edisupport@hhaexchange.com
How Can I Find My Compliance Percentage?

- Within the HHAeXchange portal there are a series of EVV reports available, which can be accessed at any time to check your agency’s compliance with the Cures Act.
Recommended Approach to Increasing Compliance

➢ The “Exception by Caregiver” report allows you to view each Caregiver’s exception rate.

➢ Reviewing this report to find caregivers with high exceptions helps you to target specific folks who may need additional training or assistance with understanding EVV.
Exception by Caregiver Report
Billing through HHAeXchange
West Virginia Billing Go-Live

- HHAeXchange EVV go-live was March 1, 2021
- As part of EVV compliance, CMS requires proof of visit via electronic means prior to payment
  - Billing Go-Live: **October 1, 2021**
- Billing through HHAeXchange ensures each claim submitted is backed up with visit evidence for services requiring EVV
  - Visits confirmed manually can also be billed, as long as there is still electronically recorded proof that the visit occurred
General Billing Updates

➢ Over half of eligible agencies have successfully billed through HHAeXchange since October 1, 2021

➢ It is recommended that agencies who have not attempted billing through HHAeXchange start the process
Benefits of Billing through HHAeXchange

- Agencies can choose the visits to invoice
- Pre-billing and Billing Review in HHAeXchange scrubs visits to ensure they have all necessary elements and follow standard billing rules to reduce issues post-submission
- Reporting is available in each provider portal to track billed visits through HHAeXchange
- Ensures all visits are compliant with the Cures Act prior to being paid
Upcoming Webinars & Provider Resources
Upcoming Webinars

➢ HHAeXchange hosts weekly lunch-and-learn’s covering various topics:
  ➢ Administrative functions
  ➢ Resolving Pre-billing Errors
  ➢ Managing Billing Review
  ➢ Effective Use of the Communication Module
  ➢ EVV Call Dashboard – Managing Exceptions
  ➢ And many more!

➢ Visit this link for more information about webinars:
  https://hhaexchange.com/portal-webinars/
Provider Resources

➢ Provider Support Center:
  ➢ Upper right-hand corner of the provider portal, click “Support Center”

➢ Provider Information Center: [https://hhaexchange.com/wv/](https://hhaexchange.com/wv/)
  ➢ Full FAQ, including Billing specific questions, found [here](https://hhaexchange.com/wv/)

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Key Contact Information

➢ HHAeXchange Support
  ➢ Phone: 866-983-4627
  ➢ E-mail: wvsupport@hhaexchange.com
2022 Spring Provider Workshop

WV BMS, WVCHIP, Gainwell Technologies
Gainwell Technologies - Who Are We?

Gainwell is the leading provider of technology solutions that are vital to the administration and operations of health and human services programs.
<table>
<thead>
<tr>
<th>Bureau for Medical Services</th>
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<tbody>
<tr>
<td>Administration of the States Medicaid Program</td>
<td>Fiscal Agent for BMS</td>
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<tr>
<td>Policy Coordination</td>
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<td>Information Resource</td>
<td>Claims Processing</td>
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<tr>
<td>Rate Setting, Fee Schedules</td>
<td>Remittance Advice</td>
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<tr>
<td>Claims past timely filing deadline</td>
<td>Provider Enrollment</td>
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<tr>
<td>Performs Document Desk Reviews</td>
<td>Provider File Maintenance</td>
</tr>
</tbody>
</table>
Provider Enrollment & Maintenance

New Enrollment

Already Enrolled
Provider Enrollment: Top Submission Errors

Incorrect provider type/specialty selected

Not submitting credentials
- Board Certification/CV3
- ANCC
- License
- DEA

Incorrect office contact information
- Prevents outreach to notify of enrollment errors

Missing or incorrect documentation
- Signature pages
- Group Link (MPE-2)
- Practice Notification or Practice Agreement

Documentation not legible
- Please submit legible documentation with light shading
Provider Enrollment- Direct Care Workers

Electronic Visit Verification (EVV) Phase II:

In preparation for inclusion in the Electronic Visit Verification system, Home Health Attendants and Private Duty Nursing Attendants will be required to obtain an individual NPI and enroll with Gainwell Technologies.

Please be on the lookout for additional information as it becomes available.
Provider Enrollment- Peer Recovery Support Specialist

Staff that provide PRSS services will be required to obtain a National Provider Identifier (NPI) number and be linked to your agency. The NPI number can be obtained by visiting the NPPES website: nppes.cms.hhs.gov/#/. The deadline for obtaining the NPI is 08/01/2022. Please note that if the worker has already applied and received an NPI number, they may use that number and do not need to apply for an additional number.

Once NPI numbers have been obtained for PRSS staff, behavioral health provider agencies will be required to link their staff’s NPIs to their agency on the WVMMIS Health PAS-OnLine web portal. Gainwell Technologies, Inc will be hosting webinars the month of July to assist with any questions related to the enrollment process. Additional guidance on this process will be coming soon.
Provider Enrollment

▪ Keep contact information such as phone, fax and address up to date
▪ Keep license/accreditation current upon renewal
  ▪ Professional License
  ▪ DEA
  ▪ CLIA
  ▪ JCAHO
▪ Keep certifications current upon renewal

STAY UP TO DATE
Claim Form

Claims
Billing Updates

COVID-19 Self-Test Kit Coverage:

Effective January 26, 2022, WV Medicaid is providing coverage for the following four approved at-home COVID-19 self-test kits:

- BinaxNOW COVID-19 Antigen Self Test (NDC 11877001140)
- CareStart COVID-19 Antigen Home Test (NDC 50010022431)
- InteliSwab COVID-19 Rapid Test (NDC 08337000158)
- QuickVue At-Home COVID-19 Test (NDC 14613033972)

Members paying for test kits out of pocket cannot be reimbursed.

These tests require a prescription written by an enrolled WV Medicaid Prescriber or Provider type and MUST be billed through the pharmacy to be covered by Medicaid.
Billing Updates

Monoclonal Antibody Coverage:

Effective June 6, 2021, WV Medicaid will reimburse the administration of Covid-19 monoclonal antibody treatments, billed with M0243, M0245 and M0247 at the Medicare rate of $450.00.

Medication Assisted Treatment (MAT):

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 of 99281, 99282, 99283, 99284, OR 99285.

Transthoracic Echocardiography Update:

Effective January 1, 2021 HCPCS Codes C8924 (Echo with contrast limited study) and C8929 (Echo with contrast full study) have been added to the Outpatient and Critical Access Hospital contracts.
Billing Updates

Type B Emergency Room Coverage

Effective January 1, 2021, WV Medicaid will reimburse following codes for Type B Emergency Rooms.

G0380  Level 1 hospital ER visit provided in a type B ER Dept
G0381  Level 2 hospital ER visit provided in a type B ER Dept
G0382  Level 3 hospital ER visit provided in a type B ER Dept
G0383  Level 4 hospital ER visit provided in a type B ER Dept
G0384  Level 5 hospital ER visit provided in a type B ER Dept

If your facility provides Type B emergency room services, please send a request in writing with a copy of your license to have the services added to your contract.
Billing Updates

Cancer Screenings Update:
Effective May 1, 2021, WV Medicaid now covers colorectal cancer screening tests for high-risk members and for members ages 45 and over. Previously, Medicaid covered members ages 50 and over. To view this policy change, please see Chapter 519.5, Cancer Screenings, Section 519.5.1 Colorectal Cancer Screenings.

Swing Bed Billing During COVID-19 Public Health Emergency:
WV Medicaid covers the use of swing beds in order to facilitate acute care hospital discharges and permit new admissions due to COVID-19 related increased need during the public health emergency declaration.

Effective September 21, 2020, the reimbursement of $238.00 per day per diem will be applied to all Acute Care Hospitals/Facilities.

Effective October 19, 2020, the individual Medicare Swing Bed rate will be reimbursed for each Critical Access Hospital/Facility

All facilities should utilize Bill type 181X to identify the service of swing bed and use their current Acute Care or CAH NPI enrolled with Gainwell, not their Medicare swing bed NPI.
Billing Updates

American Rescue Plan Act (ARPA) of 2021

This act that was signed into law on March 11, 2021, increasing the federal match rate by 10% for the below programs will be ending on March 31, 2022. Please refer to the WV BMS website for specific rate information: American Rescue Plan Act (ARPA) of 2021 (wv.gov)

Licensed Behavioral Health Center (LBHC) Providers

Private Duty Nursing

Aged and Disabled Waiver (ADW) Agencies

Intellectual/Developmental Disability Waiver (IDDW) Agencies

Traumatic Brain Injury Waiver (TBIW) Agencies

Children with Serious Emotional Disorder Waiver (CSEDW) Agencies

Personal Care Service Providers
Ways to Submit Claims for Processing

Direct Data Entry: Via the WVMMIS Health PAS On-Line Portal
www.wvmmis.com

Electronic Submission: Vendor Specs are available at on the WVMMIS Health PAS On-Line Portal www.wvmmis.com/SitePages/Companion-Guides.aspx

Paper Submission: It is highly recommended that you only submit a paper claim when for special handling such as timely filing or appeals.
<table>
<thead>
<tr>
<th>Mail Paper Claims To:</th>
<th>UB04 Claims</th>
<th>ADA Claims</th>
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### Payment Processing Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Activities</th>
</tr>
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</table>
| Monday | • Provider bills claims  
        | • RAs and 835s are available on the web portal                             |
| Tuesday| • Provider bills claims  
        | • EFT payment is deposited to provider’s bank account                      |
| Wednesday| • Provider bills claims  
            | • Weekly claims submission cutoff at 6:00 p.m.                             |
| Thursday| • Provider bills claims                                                 |
| Friday | • Provider bills claims                                                 |

*Holidays could affect the processing schedule*
Claim Form Type

Professional (CMS-1500)
The following are examples of providers who would complete a CMS 1500 form:
▪ Physicians/Other practitioners
▪ Transportation providers
▪ Vision providers
▪ Supply providers
▪ HCBS/Waiver providers

Dental (ADA 2/12)
Only dental providers utilize this form

Institutional (UB-04)
The following are examples of providers who would complete a UB-04 form:
▪ Inpatient/Outpatient hospital
▪ Nursing facility
▪ Home health/PDN
▪ Hospice
▪ Dialysis center
▪ Residential treatment center
▪ Rural health clinics
Grievance and Appeal Submission Methods

Ways to submit an appeal:

• By online submission:

• By fax: Fax your appeal request to Gainwell Technologies at (304)348-3380.

• By mail: Mail your appeal request to below address:

  Gainwell Technologies  
  Attn: Appeals Review  
  PO Box 2002  
  Charleston, WV 25327-2002

If submitting by mailing or fax, please include the Health PAS Grievance and Appeal Report cover page from the web portal or include a cover page with the below information.

Provider Name  
National Provider Identifier (NPI)  
Nature of Grievance/Appeal  
Requested Action Contact Information: Contact Name, Telephone Number, Email
Timely Filing Policy

To meet timely filing requirements for WV Medicaid, claims must be received within one year from the date of service. The year is counted from the date of receipt to the “from date” on a CMS 1500, Dental or UB04. Claims that are over one year old must have been billed and received within the one-year filing limit. (See exceptions below for Medicare primary claims and backdated medical card.)

The original claim must have had the following valid information:

- Valid NPI number
- Valid member number
- Valid date of service
- Valid type of bill

Claims that are over one year old must be submitted with a copy of the remittance advice confirming that the claim was received prior to turning a year old. Claims with dates of service over two years old are NOT eligible for reimbursement.
Timely Filing Policy

This policy is applicable to reversal/replacement claims. If a reversal/replacement claim is submitted with a date of service that is over one year old, the replacement claim must be billed on paper with a copy of the original remittance advice. Additional services are not permitted to be billed on the replacement claim. If additional services are billed on the replacement claim that were not billed on the original claim and the dates of service are over one year old, the claim will be denied for timely filing.

Medicare Primary Claims/Secondary Claims

Timely filing requirement for Medicare primary claims is one year from the EOMB date.

Did you know that secondary claims can be submitted electronically? For more information, please call our EDI help desk at 888-483-0793, option 6.

TPL Primary Claims

Timely filing requirement for TPL insurance primary claims is one year from the date of service.
Timely Filing Policy

Backdated Medicaid Cards

If a member receives a backdated medical card and the provider wishes to accept it and bill Medicaid for services that occurred over a year ago, the claims must be billed within one year of the issuance of the card. Claims must be billed on paper with a copy of the medical card or letter of eligibility.

Medicaid Contracted MCOs and Timely Filing

Gainwell does not reimburse for any services the provider does not bill timely to the MCO. If the MCO denial is due to the member not being covered under the MCO and the provider determines that the member was covered with WV Medicaid at the time services were rendered, Gainwell may be responsible. In this case, Gainwell will accept MCO Medicaid remits as proof of timely filing as long as the date of the denial is not over a year from the date of service.

All timely filing claims should be mailed to the address below for consideration:
Gainwell Technologies
Attn: Timely Filing
PO Box 2002
Charleston, WV 25327-2002
Things to Remember

- Claims submitted electronically must be entered by 6 p.m. on Wednesday.
- Claims webinars are conducted the third Wednesday of each month (unless otherwise noted).
- Always check manuals, official notices, remittance advice banners and fee schedules for up-to-date information.
Educational Webinars

Gainwell provides monthly webinars to expand training, provide updates, and support for the provider community.

Enrollment – 1st Wednesday of the month
Overview of how to start enrollment on the web portal.

Claims – 3rd Wednesday of the month
Overview of direct data entry of claims submission into the web portal.

Dates and times are posted on our Gainwell website www.wvmmis.com

Other training can be conducted upon request.
Chatbots for Call Centers

• Gainwell is finalizing the chatbot feature designed to answer FAQs on the portal.

• It can be used for both the Provider and Member portals.

• Questions can either be answered directly through the bot or with a link where the Provider/Member can do self-service within the portal.
# Call Center Support

**Support Hours:** Monday through Friday, 7am-7pm ET

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Services</td>
<td>888-483-0793</td>
<td><a href="mailto:wvmmis@gainwelltechnologies.com">wvmmis@gainwelltechnologies.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:wvproviderfieldrepresentative@gainwelltechnologies.com">wvproviderfieldrepresentative@gainwelltechnologies.com</a></td>
</tr>
<tr>
<td>Long Term Care</td>
<td>888-483-0793x7</td>
<td><a href="mailto:LTC_v@gainwelltechnologies.com">LTC_v@gainwelltechnologies.com</a></td>
</tr>
<tr>
<td>Provider Enrollment</td>
<td>888-483-0793x4</td>
<td><a href="mailto:wvproviderenrollment@gainwelltechnologies.com">wvproviderenrollment@gainwelltechnologies.com</a></td>
</tr>
<tr>
<td>EDI Helpdesk</td>
<td>888-483-0793x6</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Helpdesk</td>
<td>888-483-0801</td>
<td></td>
</tr>
<tr>
<td>Member Services</td>
<td>888-483-0797</td>
<td></td>
</tr>
<tr>
<td>CHIP</td>
<td>800-479-3310</td>
<td></td>
</tr>
</tbody>
</table>
Navigating the Portal

This website provides information to West Virginia Medicaid members, providers, trading partners and the public. Users may find helpful website links and documents within our public portal from the menu bar above. Providers and Members are encouraged to click on the appropriate tab above and log into our secure site for individual claims review, enrollment, reports and other helpful tools and information.
Navigating the Portal

• Providers/Trading Partners
  – View Medicaid eligibility and history
  – Submit claims
  – Check document status
  – Resume Provider Enrollment Application
  – Check Provider Enrollment Application Status
Navigating the Portal

• Members
  – Medicaid claims and notifications
  – Medicaid programs and benefits
  – Directory of Providers
Navigating the Portal

The File Exchange tab provides an array of useful information such as X12 Responses, Reports, Alerts & Notifications, and Correspondence.
Navigating the Portal - Letters

Providers now can access letters on the WVMMIS Health PAS-OnLine web portal under Correspondence which expedites the notification time. Instead of waiting on a mailed document, the letters are automatically published to the portal for immediate retrieval.
Navigating the Portal – Reports

Another great feature is the Claims In Process that allows providers to check the status of a claim before it is finalized.
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
TBD wvproviderfieldrepresentative@gainwelltechnologies.com

Region 5 Representatives
Whitney Choyce wchoyce@GainwellTechnologies.com
Stephanie Houghtaling shoughtaling@GainwellTechnologies.com
Evaluations

Your feedback is important to us!

Please take time to complete the evaluation that will be emailed to you.

Attendance certificate will be available to print.

Thank you for attending today!
TIME FOR A BREAK
We will be right back!
West Virginia University
Office of Health Affairs
COVID-19 Evaluation Project

Spring 2022
Provider Workshops
Background

➢ The WV Bureau of Medical Services requested that the WVU Office of Health Affairs (OHA) evaluate Medicaid policies that were implemented in response to the COVID-19 pandemic.

➢ We are requesting participation from certain types of healthcare providers and provider office staff in a survey to help us learn more about your experiences and insights related to these policy changes.

➢ This survey will focus on the use of telehealth services since the start of the pandemic.
Survey Details

➢ We want to hear from the following healthcare providers:
  ➢ Obstetrician-Gynecologists
  ➢ Dentists
  ➢ Occupational Therapists
  ➢ Physical Therapists
  ➢ Speech Therapists

➢ We also want to hear from a representative office staff person (practice manager, office manager, practice administrator, or other role) from ALL healthcare providers who serve Medicaid patients.
Survey Details

➢ Each group (providers and office administrators) has your own survey.

➢ Both are online using Qualtrics (similar to SurveyMonkey).

➢ Each survey takes no more than 15 minutes to complete.

➢ You can start/stop and pick up at the question where you left off if needed. (Note: you must use the same device for this option to work).

➢ Results will be kept confidential, and all data reported will be de-identified. We will not report anyone’s name.
Examples of Questions

➢ Barriers (software, computers, platform maintenance, cost, etc) to delivering medical services via telehealth.

➢ Has using telehealth impacted the rates of follow-up visits since the pandemic declaration in March 2020?

➢ Has relaxation of the HIPAA Privacy Rule facilitated our providers’ adoption of telehealth technology?

➢ Number of providers using telehealth
How to complete the survey?

➢ Office and Administrative Personnel (Practice Manager, Office Manager, Practice Administrator, or other role): Go to this link to complete the survey: https://wvu.qualtrics.com/jfe/form/SV_6Rpvz47DC3vAKVw

➢ Obstetrician-Gynecologists, Dentists, Occupational Therapists, Physical Therapists, Speech Therapists: Go to this link to complete the survey: https://wvu.qualtrics.com/jfe/form/SV_9NaQ4qK45gCqTCS

➢ We ask that you provide your feedback no later than April 28, 2022.
THANK YOU in advance for participating and providing your valuable feedback on COVID related policies!

For questions about the COVID-19 Evaluation Project, please call 304-581-1404 or email us at covidpolicyevaluation@hsc.wvu.edu. Please tell us who you are (Provider or Office Administrator) in any messages so that we can route your question to the appropriate person.
2022 SPRING PROVIDER WORKSHOPS

NAVIGATORS AND MARKETPLACE INSURANCE
FCS began in 1999. We’ve grown from two staff members, one program, and 500 calls per year to over 90 staff members, 16 programs, and 90,000 calls per year!
THERE’S A HELPLINE FOR THAT!

211
Get Connected. Get Help.

877-HELP304
WV’s Emotional Strengthline

West Virginia Tobacco Quitline
1-800-QUIT-NOW 1-877-966-8784

844 HELP 4 WV
WV’s Addiction & Mental Health Helpline

1-800-GAMBLER
The Problem Gambling Help Network of WV

1-800-273-TALK (8255)
Suicide Prevention Lifeline
WHAT IS WV NAVIGATOR?

• FREE, federally grant funded program
• Provides health insurance enrollment assistance for the Health Insurance Marketplace, Medicaid, and the Children’s Health Insurance Plan (CHIP)
• Helps consumers review plans so they can ensure they are enrolling in the plan that is best for them
• Can assist people over the phone, via telehealth, or in-person at one of our 4 offices across the state
• Participates in events across the state to provide in-person assistance
REASONS TO WORK WITH A NAVIGATOR

• Health insurance is confusing!
• People are more likely to enroll in the marketplace coverage if they have someone to help them with the enrollment process.
• Can help people maintain health coverage when their Medicaid coverage ends.
• Navigators provide unbiased information about the health plans that are available.
• Coverage to Care – Navigators offer follow-up throughout the year to ensure clients understand their benefits and they don’t have any barriers to accessing quality healthcare.
The Health Insurance Marketplace provides health insurance shopping and enrollment services for individuals and families.

Marketplace determines eligibility for:

- Coverage in Marketplace plans
- Advance payments of the premium tax credit
- Cost-sharing reductions to lower out-of-pocket costs
- Medicaid and CHIP
WHO’S ELIGIBLE FOR MARKETPLACE COVERAGE?

• You must:
  • Live in the United States in a state served by the Marketplace
  • Be a US citizen, US national, or lawfully present immigrant (and expected to be for the entire time coverage is sought)
  • Not be incarcerated (unless pending disposition of charges)
ADVANCED PREMIUM TAX CREDITS (APTC)

- Consumers who aren’t eligible for other qualifying coverage, like through a job, Medicare, Medicaid, or CHIP, may be eligible.
- The amount of Premium Tax Credit depends on the household income.
- The APTC is reconciled when a consumer files their taxes.
  - If the income is more than reported on the application, the consumer may have to pay back some of the APTC they received.
  - It’s very important that consumers report any income or household changes throughout the year.
COST SHARING REDUCTIONS (CSR)

- Lower out-of-pocket costs on deductibles, copayments, and coinsurance.
- To be eligible, you must:
  - Have income at or below 250% of the federal poverty level (FPL)
  - Be eligible for advance payments of the premium tax credit
  - Enroll in a Marketplace Silver level plan
# COST-SHARING EXAMPLES

**Single, 35 year old Female:**

<table>
<thead>
<tr>
<th>Income</th>
<th>APTC</th>
<th>Premium</th>
<th>Deductible</th>
<th>OOP Max</th>
<th>Dr. Copay</th>
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<td>$128.98</td>
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<td>$8,700</td>
<td>$30</td>
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</table>
AMERICAN RESCUE PLAN

- Increased subsidies means plans are now more affordable than ever
- Higher income earners now qualify
- Lower cost is temporary for now
WHEN CAN YOU ENROLL?

- During the annual Open Enrollment Period
  - For 2022, Open Enrollment was November 1, 2021 through January 15, 2022
- During a Special Enrollment Period
  - Changes in your household: marriage; added a dependent; divorce.
  - Moved from a different state
  - Lost your health insurance in the past 60 days
- If you are below 150% FPL, you can enroll at any time
- If member of a federally recognized Indian tribe or Alaska native shareholder, you can enroll once per month
- Anytime you become eligible for Medicaid or CHIP
NAVIGATORS AND MARKETPLACE INSURANCE

WV CARRIERS

CareSource

Highmark West Virginia
HOW IT WORKS

• Call 304-356-5834 to schedule an appointment or to receive immediate assistance

• Have the following information ready for your appointment:
  • Dates of birth and social security numbers for everyone in the household
  • Yearly income information for the household
  • Names of your doctors
  • List of prescriptions
HOW TO REFER PATIENTS TO WV NAVIGATOR

• Contact us to:
  • Receive business cards or flyers to hand out to patients
  • Set up an enrollment event where a navigator will come and provide one-on-one enrollment assistance with your patients
Q&A