

## **WV COVID-19 Uninsured and Private Insured Patient Billing Options**

In response to the ongoing COVID-19 emergency, the West Virginia Department of Health and Human Resources has been authorized to also provide limited coverage to patients that do not have Medicaid or WVCHIP coverage. This coverage is extended to patients that have no insurance at all (Uninsured) and patients that have a private insurance and do not have WV Medicaid or WVCHIP coverage (Private Insured). This coverage provides limited services related to the testing and diagnosis of Coronavirus (COVID-19) and outpatient prescription drug treatment for the Uninsured.

To be reimbursed for COVID-19 testing and/or treatment services for an Uninsured or Private Insured patient, providers may submit a paper claim, an electronic claim, or key the claim directly on the Health PAS-Online web portal ([www.wvmmis.com](http://www.wvmmis.com)).

Claims being submitted for an Uninsured patient should be submitted with the generic COVID-19 Medicaid ID 24000000099. Claims being submitted for a Private Insured patient should be submitted with the generic COVID-19 Medicaid ID 24000000100.

Below are instructions on how to submit a claim using the various IDs and claim submission options.

### **Paper Claim Reimbursement:**

#### **Uninsured Patient Billing**

Claims submitted by paper for Uninsured patients should be billed with Medicaid ID number 24000000099 on the appropriate claim form for your provider type. An application for COVID-19 Testing Coverage is required for uninsured individuals. Below are billing instructions specific for each claim type.

#### UB04 Institutional Billing:

Enter Medicaid ID number 24000000099 in Block 8a (Patient ID)

Enter the patients name in Block 3a (Patient Control Number) in the following format:

Last Name, First Name with no spaces or comma (maximum of 20 characters)

#### CMS1500 Professional Billing:

Enter Medicaid ID number 24000000099 in Block 1a (Insured's ID Number)

Enter the patient's name in Block 26 (Patient's Account Number) in the following format:

Last Name, First Name with no spaces or comma (maximum of 20 characters)

Please submit claims with the Application for COVID-19 Testing Coverage form to the following address:

Gainwell Technologies

Attn: COVID-19 Testing

PO BOX 2002

Charleston, WV 25327-2002

## Private Insured Patient Billing

Claims submitted by paper for Private Insured patients should be billed with Medicaid ID number 24000000100 on the appropriate claim form for your provider type. Below are billing instructions specific for each claim type.

### UB04 Institutional Billing:

Enter Medicaid ID number 24000000100 in Block 8a (Patient ID)

Enter the patients name in Block 3a (Patient Control Number) in the following format:

Last Name, First Name with no spaces or comma (maximum of 20 characters)

### CMS1500 Professional Billing:

Enter Medicaid ID number 24000000100 in Block 1a (Insured's ID Number)

Enter the patient's name in Block 26 (Patient's Account Number) in the following format:

Last Name, First Name with no spaces or comma (maximum of 20 characters)

Please submit claims to the following address:

Gainwell Technologies

Attn: COVID-19 Testing

PO BOX 2002

Charleston, WV 25327-2002

## Directly Key the Claim for Reimbursement:

Claims submitted by directly keying the claim on the Health PAS-Online web portal for Uninsured or Private Insured patients should be billed with appropriate generic COVID-19 Medicaid ID. Claims may be keyed by clicking the 'View & Submit Claims' tab, searching for the member (Uninsured - Last Name: COVID19, First Name: COVID19 and Member ID: 24000000099 or Private Insured – Last Name: COVID19, First Name: Insured and Member ID: 24000000100) under the 'Verify Member Eligibility' tab or by adding the member information to the Patient Roster. Below are billing instructions to assist with directly keying a claim on the Health PAS-Online web portal.

A "New COVID19 Claim" tab has been added under the 'View & Submit Claims' tab to assist with generating a claim form for an Uninsured or Private Insured patient.

The screenshot shows the top navigation bar of the Health PAS-Online web portal with the following tabs: View Authorizations, View & Submit Claims (highlighted in yellow), Verify Member Eligibility, View Patient Roster, View PCP Roster, View Payment Detail, Submit Rx Authorization, and View Dental Auth. Below the navigation bar is the 'Claim Status' section. It includes a breadcrumb trail 'Form Entry > Claims Status' and a dropdown menu for 'Billing Provider' with the text 'Select a Billing Provider'. To the right of the dropdown are two buttons: 'New Claim' and 'New COVID19 Claim' (highlighted with a red border).

This feature automatically populates the Uninsured (COVID19, COVID19) and Private Insured (COVID19, INSURED) member options in the Claim Member Search Results.

### Claim Member Search

Form Entry > Claim Member Search

\* Billing Provider

Select a Claim Type

Professional  Institutional

#### Search Results

	Name	Gender	Date of Birth	Member ID
<input type="radio"/>	COVID19, COVID19	Male	1/01/1980	24000000099
<input type="radio"/>	COVID19, INSURED	Male	1/01/1980	24000000100

### Uninsured Patient Billing

To generate a claim form for an Uninsured patient using the 'New COVID19 Claim' tab, after selecting the billing provider and the appropriate claim type, select the radio button beside the COVID19, COVID19 member name then click 'Continue'.

#### Search Results

	Name	Gender	Date of Birth	Member ID
<input checked="" type="radio"/>	COVID19, COVID19	Male	1/01/1980	24000000099
<input type="radio"/>	COVID19, INSURED	Male	1/01/1980	24000000100

### Private Insured Patient Billing

To generate a claim form for a Private Insured patient using the 'New COVID19 Claim' tab, after selecting the billing provider and the appropriate claim type, select the radio button beside the COVID19, INSURED member name then click 'Continue'.

#### Search Results

	Name	Gender	Date of Birth	Member ID
<input type="radio"/>	COVID19, COVID19	Male	1/01/1980	24000000099
<input checked="" type="radio"/>	COVID19, INSURED	Male	1/01/1980	24000000100

Regardless of how the claim form is generated, when using the generic COVID-19 member information, the generic COVID-19 Member Name and the generic COVID-19 Member ID prefills under the Claim Information section.

#### Claim Information

Billing Provider	<input type="text"/>	Member Name	COVID19, COVID19
Date of Birth	01/01/1980	Member ID	24000000099
* Patient Account #	<input type="text"/>	Medical Record #	<input type="text"/>

Claim Information			
Billing Provider	<input type="text"/>	Member Name	COVID19, INSURED
Date of Birth	01/01/1980	Member ID	24000000100
* Patient Account #	<input type="text"/>	Medical Record #	<input type="text"/>

The patient's legal name and true date of birth is required on the claim form. A new 'Notes' section has been created to capture this information. The patient's legal Last Name, First Name and Date of Birth are required fields and must be keyed before the claim can be submitted.

Notes			
* Last Name	<input type="text"/>	* First Name	<input type="text"/>
Middle Name	<input type="text"/>	* Date of Birth	<input type="text"/> 

### Upload Electronic Claim Reimbursement:

Claims submitted by uploading an electronic claim file for a Uninsured or Private Insured patient should be billed with the appropriate generic COVID-19 Medicaid ID, the generic COVID-19 First and Last Name, the generic COVID-19 Date of Birth along the member's legal name and true date of birth in the designated segments. Below are billing instructions to assist with generating an electronic claim for an Uninsured and a Private Insured patient.

#### Uninsured Patient Billing

##### 837 Professional and 837 Institutional Billing:

###### *2010BA Subscriber Name:*

2010BA NM103 Last Name = **COVID19**

2010BA NM104 First Name = **COVID19**

2010BA NM109 Identification ID (WV Medicaid ID) = **24000000099**

*2010BA Subscriber Address Segments* = Member's true address

###### *2010BA DMG Subscriber Demographic Information:*

2010BA DMG02 Subscriber Date of Birth (CCYYMMDD) = **19800101**

2020BA DMG03 Gender Code = Member's true gender code (M or F)

*2300 NTE Claim Note* = Subscriber's true date of birth and legal name separated by a pipe delimiter

With a Middle Name:

**Date of birth (CCYYMMDD)| Last Name| First Name| Middle Name**

Example:20050822|Smith|John|Lee

Without a Middle Name:

**Date of birth (CCYYMMDD)| Last Name| First Name| |**

Example:20050822|Smith|John| |

#### Private Insured Patient Billing

##### 837 Professional and 837 Institutional Billing:

###### *2010BA Subscriber Name:*

2010BA NM103 Last Name = **COVID19**

2010BA NM104 First Name = **INSURED**

2010BA NM109 Identification ID (WV Medicaid ID) = **24000000100**

*2010BA Subscriber Address Segments* = Member's true address

**2010BA DMG Subscriber Demographic Information:**

2010BA DMG02 Subscriber Date of Birth (CCYYMMDD) = **19800101**

2020BA DMG03 Gender Code = Member's true gender code (M or F)

**2300 NTE Claim Note** = Subscriber's true date of birth and legal name separated by a pipe delimiter

With a Middle Name:

**Date of birth (CCYYMMDD)| Last Name| First Name| Middle Name**

Example:20050822|Smith|John|Lee

Without a Middle Name:

**Date of birth (CCYYMMDD)| Last Name| First Name| |**

Example:20050822|Smith|John| |

Refer to the 837P Companion Guide (section 10) or the 837I Companion Guide (Section 10) located on the Health PAS-Online web portal for additional information on electronically submitting a claim.

<https://www.wvmmis.com/SitePages/Companion-Guides.aspx>.

**Add an Attachment to a Submitted claim:**

The **Application for COVID-19 Testing Coverage** form can be attached to a claim regardless of how the claim was submitted (paper, electronically or directly keyed). The application is only required for uninsured claims. To add an attachment to a claim, locate the claim on the provider's Health PAS-Online web portal account by completing a Claim Status Results - Member Search using the appropriate generic COVID-19 Member ID and the desired "From" and "To" date span.

Claim Status Results

Export to Excel Print List Search

\* Search Method  Claim  Member  Provider  Advanced

\* From Date of Service 9/1/2020 \* To Date of Service 11/9/2020

\* Status ALL

Select A Member ID Or Medical Record #.

Member ID 2400000099 Medical Record #

SEARCH RESET CLOSE

Claims submitted using the generic COVID-19 Member ID during the selected date span will populate in the search results. The Patient Account Number submitted on the claim will assist with matching the application to the correct claim. Select the radio-button beside the appropriate claim then click 'Add Attachments' tab.

	Claim #	Claim Type	Member Name	Pat Acct #	From	To	Status	Claim Amt	Copay	Paid Amt
<input checked="" type="radio"/>	20314W000003	1500	COVID19, COVID19	Test2	9/1/2020	9/1/2020	OPEN	\$55.00	\$0.00	\$0.00
<input type="radio"/>	20314W000002	1500	COVID19, COVID19	Test1	11/9/2020	11/9/2020	OPEN	\$55.00	\$0.00	\$0.00

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EDIT ADD ATTACHMENTS PRINT REVERSE PRINT COVER SHEET VOID ADJUDICATE SAVE AS TEMPLATE

Select 'COVID19 Testing Application' from the 'Type of Attachment' dropdown. Attach the patient's **Application for COVID-19 Testing Coverage** form by clicking the 'Select' tab. The file name should only contain alpha numeric characters. File names that include numbers or symbols will not be accepted and will generate an error message. Click 'Attach' to attach the document to the claim.

## Claim Attachments

Form Entry > Claims Status > Claim Add Attachment

Claim Number	[REDACTED]
Type	1500
Provider Name	[REDACTED]
Member Name	COVID19, COVID19
Claim Status	OPEN
Date of Service	09/01/2020 - 09/01/2020
Type of Attachment	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">             COVID19 Testing Application             <span style="float: right; border-left: 1px solid #ccc; border-right: 1px solid #ccc; border-bottom: 1px solid #ccc; width: 15px; height: 15px; text-align: center; line-height: 15px;">▼</span> </div>
Select the file	<span style="color: green;">●</span> Application for COVID Testing Sample.pdf <span style="color: red;">✕</span> Remove

Valid File Formats Are: GIF, JPEG, MS Excel, MS Word, PDF, TIFF

ATTACH

RETURN

A green message will populate indicating the attachment submitted successfully. Click the "Return" tab to return the Claim Search Results. A 'paper clip' icon will populate beside the claim number indicating the claim has an attachment. Clicking the paper clip icon will display the attachment.

	Claim #	Claim Type	Member Name	Pat Acct #	From	To	Status	Claim Amt	Copay	Paid Amt
<input type="radio"/>	20310W000001	UB04	COVID19, INSURED	123	11/5/2020	11/5/2020	OPEN	\$0.00	\$0.00	\$0.00
<input type="radio"/>	20310W000000	1500	COVID19, COVID19	123	11/5/2020	11/5/2020	OPEN	\$0.00	\$0.00	\$0.00

For questions or assistance, providers may contact a Gainwell Technologies customer services representative at (888) 483-0793, email one of the following: [wvmmis@dxc.com](mailto:wvmmis@dxc.com), [edihelpdesk@dxc.com](mailto:edihelpdesk@dxc.com) or access WV Medicaid News <https://www.wvmmis.com/Lists/MedicaidNews/AllItems.aspx> on the Health PAS-Online web portal for updates.