Bureau for Medical Services

Fall Provider Workshops 2015

October 19 - Beckley, WV
October 20 - Huntington, WV
October 21 - South Charleston, WV
October 26 - Martinsburg, WV
October 27 - Wheeling, WV
October 28 - Morgantown, WV
October 29 - Flatwoods, WV
Medicaid Expansion Update

Effective July 1, 2015

- Behavioral health benefits rolled into Managed Care Organizations (MCOs)

Effective October 1, 2015

- Approximately 160,000 members enrolled under Medicaid Expansion were transitioned to an MCO

Approximately 30% (550,000 - 600,000) of West Virginia’s population is now covered by Medicaid.

- About 74% of these individuals are receiving services through Mountain Health Trust, the State’s Managed Care Program.
Medicaid Managed Care Update

Effective July 1, 2015

- Maximus became the Enrollment Broker for Managed Care and Physician Assured Access System (PAAS)

MCO Contact Information

- CoventryCares of West Virginia
  Michelle Coon, Director of Operations/Site Manager (Phone: 304-348-2017, Email: mcoon@aetna.com)

- The Health Plan
  Christy Donohue, Director, Medicaid (Phone: 304-720-4923, Email: cdonohue@healthplan.org)
  Jennifer Johnson, Manager, Medicaid (Phone: 740-695-7850, Email: JJohnson@healthplan.org)

- UniCare Health Plan of WV
  Tadd Haynes, Chief Operating Officer, Email: Tadd.Haynes@anthem.com)
  Anthony Duncan, Director, Network Relations (Phone: 304-347-2481, Email: anthony.duncan@anthem.com)
  Terri Roush, Manager, Network Relations (Email: terri.roush@anthem.com)
  Carrie Blankenship, Network Education Representative (Phone: 304-533-4086, Email: carrie.blankenship@anthem.com)

- West Virginia Family Health
  Donna Sands, Director of Operations/Controller (Phone: 304-424-7661, Email: donna.sands@highmark.com)
Presumptive Eligibility

Provision under the Affordable Care Act

Medicaid presumptive eligibility may only be made for people who fall under one of these categories:

- Children
- Pregnant women
- Adults between the ages of 19 and 64
- Former West Virginia foster children up to age 26
- Women who may gain eligibility through the breast and cervical cancer screen program according to state and federal requirements

Applicants are allowed only one presumptive eligibility determination per 12-month period, or if pregnant, per pregnancy. Medicaid-approved entities use the WV inROADS online application system to make presumptive determination decisions.
Initially, WV Medicaid-approved entities included only hospitals.

Effective August 2015

Entities which may determine presumptive eligibility for WV Medicaid expanded to:

- Federally qualified health centers
- Rural health clinics
- Comprehensive community behavioral health centers
- Free clinics

Entities interested in becoming an approved presumptive eligibility provider must:
- Be a Medicaid enrolled provider,
- Submit a presumptive eligibility enrollment package to BMS,

In addition, employees, volunteers or third party vendors making presumptive eligibility determinations must complete an online training course.

Medicaid Presumptive Eligibility Program information
http://www.dhhr.wv.gov/bms/Pages/default.aspx
BMS Policy and Program Updates

Dental
- Coverage for CDT Code D1353-Sealant repair, per tooth
  - Effective January 1, 2015
  - Service limitations apply

Home and Community-Based Waivers
- Effective July 1, 2015, Waiver applications renewed by CMS
  - Aged and Disabled Waiver (ADW)
  - Intellectual and Developmental Disabilities Waiver (IDDW)
  - Traumatic Brain Injury Waiver (TBIW)

Take Me Home, West Virginia
- Supports eligible Medicaid members to transition from facility-based, long-term services and supports to their own homes and apartments in the community
- New Transition Navigator partner agency
  - Coordinating Council for Independent Living (CCIL)
  - CCIL began providing Transition Navigator services statewide in early July
- Approximately 11 Full-Time Equivalent (FTE) Transition Navigators across WV
- Take Me Home, West Virginia program website www.dhhr.wv.gov/bms/Programs/Takemehome, or call 304-356-4926
BMS Policy and Program Updates (Cont.)

BMS Quality Unit Update
- Centers for Medicare and Medicaid Services (CMS) adult quality measures grant
- CMS child quality measures
- Collaborating with WVCHIP on child quality measure reporting
- Collaborating with Medicaid Managed Care External Quality Review Organization (EQRO)

Adult Quality Measures Grant
- Two Quality Improvement Projects (QIPs)
  - Includes FFS and MCO members
  - Improved Postpartum Care QIP
    - CoventryCares - Cabell Huntington Hospital and two OB/Gyn providers
    - The Health Plan - Monongalia General Hospital and three OB/Gyn providers
    - UniCare-Thomas Memorial Hospital and two OB/Gyn providers
    - WV Family Health - beginning last quarter 2015
  - Psychiatric Care QIP - four pilot sites identified
    - St. Mary’s Hospital
    - Princeton Community Hospital
    - Thomas Memorial Hospital
    - Fairmont General Hospital

Look for the “Quality Corner” in the provider newsletter.
West Virginia Health Homes

- Launched July 1, 2014
- Medicaid members with bipolar disease who have or are at risk of having Hepatitis B or C
- Must be receiving services from a provider in
  - Cabell, Kanawha, Mercer, Putnam, Raleigh or Wayne counties

Currently, 851 members enrolled

Eight BMS-approved Health Home Providers

- Cabin Creek Health Systems
- FMRS Health Systems
- Marshall Health
- Prextera Center for Mental Health
- Process Strategies
- Southern Highlands Community Health Center
- WV Health Right
- WomenCare, Inc. (FamilyCare)

Additional Health Homes Program information is available on the WV Bureau for Medical Services website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/) or the APS Healthcare-WV website: [www.apshealthcare.com/wv](http://www.apshealthcare.com/wv)

Questions/concerns - contact APS Healthcare at 304-343-9663 or 1-800-461-0655
Non-Emergency Medical Transportation (NEMT) Broker - Medical Transportation Management (MTM)

NEMT statistics

- **September 2015**
  - Calls received - 8,146
  - Trips scheduled - 6,974
  - Trips denied - 163

- **Year-to-Date 2015**
  - Calls received - 404,248
  - Trips scheduled - 372,800
  - Trips denied - 13,925
BMS and ICD-10

- BMS policy remediation completed for policies that included ICD diagnosis and/or procedure codes
  - Most ICD, CPT and HCPCS codes removed from policies
- Remaining policies to be completed by December 31, 2015
- Policy review process
  - Draft policy posted to BMS website
  - 30-day public comment period
- ICD-10 provider surveys will continue
- BMS and CMS daily calls
- Added ICD-10 specific levels of review at Molina Medicaid Solutions and BMS
- Direct ICD-10 inquiries to:
  - Molina’s Provider Relations Unit at 1-888-483-0793
  - ICD-10 email address: ICD10@wv.gov
ICD-10 Policy Remediation Update

- Chapter 100 General Information will be renamed General Administration and Information
- Chapter 504 Chiropractic Services will be included in Chapter 519 Practitioner Services as Policy 519.7 Chiropractic Services
- Chapter 506 DME/Medical Supplies and Chapter 516 Orthotics and Prosthetics are combined and will become Chapter 506 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- Chapter 507 Ambulatory Surgical Centers (ASCs) and Birthing Centers is now Chapter 507 ASCs only; policy on birthing centers was moved to new Chapter 533 Birthing Centers
- Chapter 518 Pharmacy Services now includes Policy 518.1 Physician Administered Drugs
- Chapter 520 Podiatry Services will be included in Chapter 519 Practitioner Services as Policy 519.13 Podiatry Services
- Chapter 527 Mountain Health Choices has been removed due to program’s termination
- New Chapter 535 Health Homes
- New Chapter 536 Psychiatric Services was moved from Chapter 519 Practitioner Services
- New Chapter 537 Licensed Independent Clinical Social Worker (LICSW)
- New Chapter 538 School-Based Health Services
- Chapter 800(A) is now included in Chapter 100 General Administration and Information
- Chapter 800(B) Quality and Program Integrity has been changed to Chapter 800 Program Integrity; a new chapter will be created for policy on quality
ICD-10 Flexibilities

- July 6, 2015, Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) released a joint statement that included:
  - guidance that allows for flexibility in the claims auditing and quality reporting processes
  - Flexibility-related Clarifying Questions and Answers
- WV Medicaid is evaluating guidance regarding auditing
# ICD-10 Coding and Mapping Resources

**World Health Organization (WHO) website:**

**CMS website:**
- CMS ICD-10 - [www.CMS.gov/icd10](http://www.CMS.gov/icd10)

**General Equivalence Mappings (GEMs):**

**Code Conversion Tools:**
- [http://www.icd10data.com/](http://www.icd10data.com/)
- [http://www.icd10codesearch.com/](http://www.icd10codesearch.com/)
- [https://www.aapc.com/icd-10/codes/](https://www.aapc.com/icd-10/codes/)

**DSM-5:**
- APA - [http://www.psychiatry.org/practice/dsm/dsm5](http://www.psychiatry.org/practice/dsm/dsm5)

**West Virginia Resources:**
- West Virginia Bureau for Medical Services
- ICD-10 Highlights for Providers - [http://www.dhhr.wv.gov/bms/Provider/ICD10/Pages/default.aspx](http://www.dhhr.wv.gov/bms/Provider/ICD10/Pages/default.aspx)

- WV Molina Medicaid Solutions
- ICD-10 Transition Website - [https://www.wvmmis.com/SitePages/ICD-10%20Transition.aspx](https://www.wvmmis.com/SitePages/ICD-10%20Transition.aspx)
New Provider Types beginning June 2013

- Physician Assistants (PAs) as Ordering/Referring/Prescribing (ORPs) providers

New Provider Types enrolled in 2015

- June 2015 - Hospital residents
- July 2015 - Licensed Independent Clinical Social Workers as rendering providers
- October 2015 - Licensed Certified Social Workers (LCSWs) and Licensed Professional Counselors (LPCs) as ORPs in Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)
Fingerprint-Based Criminal Background Checks (FCBC)
- Part of February 2011 federal regulations on provider enrollment and screening
- Applies to providers designated as “high risk” by the state Medicaid agency
- Currently applies to Home Health, suppliers of DMEPOS, providers who have been excluded in the past 10 years and any others designated as “high risk” by BMS

June 1, 2015
- CMS issued guidance on the implementation of FCBC
  - States have 60 days from June 1, 2015 (September 1, 2015), to begin implementation of the FCBC requirement
    - WV Medicaid is partnering with WV CARES to develop FCBC process
    - Implementation must be completed by June 1, 2016
    - Implementation means WV Medicaid has conducted an FCBC for each provider designated as “high risk”

Providers also enrolled as Medicare providers or are in another state’s Medicaid or CHIP program and have already had a FCBC, do not have to undergo another check.
According to the Federal Regulations and CMS guidance

- A state Medicaid agency must terminate or deny enrollment of a provider if the provider or any person with a 5% or greater direct or indirect ownership interest, who is required to submit fingerprints, does one of the following:
  - Fails to submit FCBC within 30 days of the Medicaid agency’s request
  - Fails to submit FCBC in the form and manner requested by the Medicaid agency
  - Has been convicted of a criminal offense related to that person’s involvement with the Medicare, Medicaid or CHIP program in the last 10 years

- The agency may allow the provider to enroll if termination or denial of enrollment is determined not to be in the best interest of the Medicaid program, and documents that justification in writing.

Providers who must meet the FCBC requirement will receive notification from BMS informing them of the procedures they must follow.

To view a copy of the June 2015 federal guidance, go to

WV CARES

WV Clearance for Access: Registry & Employment Screening (WV CARES)
- Provision under Affordable Care Act of 2010
  - All direct access employees are required to undergo a comprehensive background check
    - Required Registry Checks through a web-based system
    - Criminal Background Checks - both state and federal fingerprint-based background checks
  - WV CARES will provide fitness determination

WV CARES Act
- Legislation passed during the 2015 Legislative Session

Summer, 2015
- WV CARES program transitioned to West Virginia Department of Health and Human Resources (DHHR) Office of Inspector General
- WV CARES system went live on August 1, 2015
- Roll out to all provider types will take place over the next three to four months

For more information contact:
wvcares@wv.gov
(304) 558-2018
Revised Revalidation Pay Hold & Termination Dates

September 2015
- Medicaid participation terminated for all Phase 1 - 4 providers who are currently on pay hold and have not submitted a complete application for revalidation
- All Phase one through 11 providers must have submitted complete application revalidation or be placed on pay hold in October
  - Provider names, National Provider Identification (NPI) and address posted on Molina and BMS website for two weeks prior to pay hold

October 2015
- All Phase 1 - 11 providers who have not submitted complete application revalidation will be placed on pay hold

December 1 through 31, 2015
- All Medicaid participation will be terminated for all providers who have not submitted complete application for revalidation
- Phases of revalidation will be used to identify providers for termination
Provider Revalidation Phases

- Phase 1: Direct Providers
- Phase 2: Directs classified as Groups
- Phase 3: Groups of 50 or less providers
- Phase 4: Groups of 51 or more providers
- Phase 5: Remaining Directs & Groups including but not limited to Audiologist, Chiropractor, Advanced Practice Nurse (CNM, CNS, CRNA, NP) and Optometrist
- Phase 7: Federally Qualified Health Centers and Rural Health Clinics
- Phase 8: Birthing Centers, Dentists, Domestic Violence Centers, DMEPOS, Mental Health Clinics, Mental Health Clinics BHHF, Mental Health Rehabilitation, Mental Hospitals < 21, Personal Care Providers, Prosthetic Supplier and Psychologists
- Phase 9: Pharmacy, LTC, Hospice, Nursing Care Agency, Respite and Habilitation
- Phase 10: Transportation, Mental Hospitals, Inpatient Hospitals, Podiatrists and Transition Navigators
- Phase 11: Atypical Providers (Health Departments, County Boards of Education, Public Health Agencies)
October 1, 2014, CMS implemented National Correct Coding Initiative (NCCI) edits for specific psychotherapy procedure codes

Early summer 2015, CMS released retroactive update to these edits to allow providers to append an appropriate Procedure-to-Procedure (PTP) -associated modifier to one of the procedure codes if the services were provided in different sessions on the same date of service

- Applies to claims with dates of service on or after October 1, 2014
- As of June 10, 2015, the NCCI edits for psychotherapy procedure codes 90832, 90833, 90834, 90836, 90837, 90838 and 90847 were updated in Molina’s claim processing system to allow the appropriate modifier.
  - Claims processed before June 10, 2015, which were originally billed with the appropriate modifier, were reprocessed
  - Other claims processed before June 10, 2015, may be replaced to include the appropriate modifier

- For more information, see article in latest provider newsletter
Update to provider enrollment and information edits:

<table>
<thead>
<tr>
<th>Claim Edit Name &amp; Disposition</th>
<th>Edit Description</th>
<th>Target Date for Edit Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering/Referring/Prescribing Provider Information - Deny</td>
<td>Current edit disposition of “Warn” (implemented in June 2014) will be changed to “Deny” when ordering/referring/prescribing provider information is not on claim.</td>
<td>May 31, 2015</td>
</tr>
<tr>
<td>Ordering/Referring Prescribing Enrollment - Warn</td>
<td>Implement edit disposition of “Warn” when ordering/referring provider not enrolled or when ordering/referring provider NPI is organizational NPI.</td>
<td>July 1, 2015</td>
</tr>
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<td>Change edit disposition to “Deny” when ordering/referring provider not enrolled or when ordering/referring provider NPI is organizational NPI.</td>
<td>January 2016 as part of go-live for new MMIS</td>
</tr>
<tr>
<td>Attending Provider Information - Warn</td>
<td>Implement edit disposition of “Warn” when required attending provider information is not present on claims submitted via Web Portal (Direct Data Entry) and paper.</td>
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**New MMIS HealthPAS 5.0 will have CPT/HCPCS to Revenue Code Edits**

- For example, CPT 90801 to Revenue 0900
Ordering/Referring/Prescribing (ORP) Providers

- Do not bill WV Medicaid directly
- If ORP not enrolled in WV Medicaid, then servicing provider claim will not be paid
  - Example:
    - Emergency room patient receives order for follow-up chest x-ray from ORP Provider, such as Physician’s Assistant
    - Patient returns to hospital for follow-up chest x-ray
    - Hospital claim submitted with name of ORP as provider who ordered chest x-ray
      - If ORP Provider is not enrolled in WV Medicaid, hospital claim is denied
- Look for a list of ORP providers to be placed on Molina’s website and updated weekly
BMS Program Integrity (PI)

BMS Third Part Liability
- Transitioned to PI, effective 12/1/14

Recovery Audit Contractor
- RFP currently under review by West Virginia Department of Administration

Credible Allegations of Fraud (CAF)
- Provision in ACA for suspending Medicaid payments based on pending investigations of credible allegations of fraud
  - According to CMS, generally, a CAF may be an allegation that has been verified by a state and that has indicia of reliability that comes from any source
    - Example could be a complaint made by an employee of a physician alleging that the physician is engaged in fraudulent billing practices, i.e., the physician repeatedly bills for services at a higher level than is actually justified by the services rendered to beneficiaries
- If Medicaid suspends a provider for CAF then MCOs must suspend provider
- WV DHHR Medicaid Fraud Control Unit (MFCU) may invoke one of several exceptions for CAF
  - BMS may continue to audit
  - MCO CAF processes proceed
  - CMS guidance available at
Current PI Reviews:

- Electronic Health Record (EHR) Audit
  - Release of final reports for 2010-2013 in progress
  - Notices to providers with no disallowances
  - Letters being issued for next review period - 2014

- Medicaid Integrity Group (MIG), Vendor - Health Integrity
  - Extrapolation is now permitted as appropriate
  - Hospice audit - draft reports released - final report forthcoming
  - Hospice audit, part two - same criteria, dates of service between March 2012 through January 2015
  - Lab audits - now collaborative effort between MIG, Medi-Medi and BMS

- Medicare-Medicaid (Medi-Medi) Data Match, Vendor - NCI AdvanceMed
  - Effective April 1, 2015
  - Audits in collaboration with BMS
    - Medicare, MCO and FFS data
    - Audits have identified potential time bandits, modifier abuse (-25/-59)
  - WV Medicaid will have access to Medicare database beginning January 2016
  - If either Medicare or Medicaid refer to its fraud unit, additional law enforcement entities (e.g., DHHS OIG, FBI, DEA, etc.) may participate in investigation

- Payment Error Rate Measurement (PERM)
  - Increased sample size for new timeframe (300 in 2013 to 1000 in 2016)
  - Dates of service: 10/1/15 through 09/30/16
  - Watch for CMS sponsored PERM provider education opportunities on BMS website
  - FCBC will be included in audit once implemented
New WV Medicaid Website

Same address (http://www.dhhr.wv.gov/bms), New Look
On Home Page

- About Us - staff contact information
- Public Notices - postings for public comment
- Contact Us – staff contact list, email to BMS
- News and Announcements
- County locators for DHHR Field Offices and Physicians
- Providers
  - BMS Provider Manual - policy chapters and appendices
  - Fee schedules
- Members
  - Contact for MCOs
  - Guide to Medicaid - member handbook
- Home and Community-Based Services