Fall 2018 Provider Workshops

**West Virginia Department of Health & Human Resources
Bureau for Medical Services (BMS)**

September 10-Morgantown
September 11-Martinsburg
September 13-Wheeling
September 14-Vienna
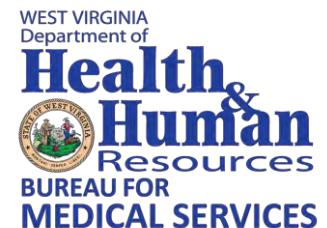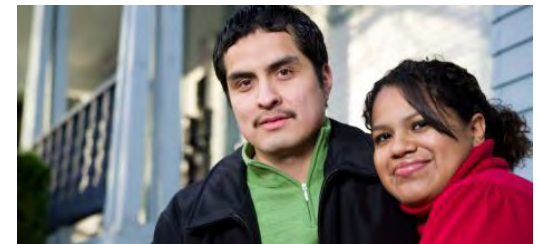September 17-Huntington
September 18-Beckley
September 19-Charleston
September 20-Flatwoods

Sarah Young, Deputy Commissioner
Cynthia Shelton, Director of Operations & Provider Services
Joy Dalton, Provider Services Manager

West Virginia Medicaid Enrollment Update

As of August 10, 2018, 532,573 West Virginians received coverage - approximately 29% of West Virginia's population.

- Fee-For-Service (FFS), i.e., traditional/regular Medicaid:
  - 127,165 members are currently enrolled
    - Includes children in foster care, Medicaid Waiver recipients, nursing facility residents, elderly/disabled, and those who receive Medicare

- Mountain Health Trust (MHT), West Virginia's Medicaid Managed Care Program:
  - 405,408 members are currently enrolled
    - Includes eligible children, pregnant women, adult expansion, parents and caretaker relatives, and Supplemental Security Income (SSI) recipients

Managed Care Update: Carved Out Services

What benefits are NOT included in the Managed Care Plans?

- Transplants
- Nursing Facility Services
- Medicaid Waiver Services
    - Aged and Disabled Waiver (ADW)
    - Intellectual and Developmental Disabilities Waiver (IDDW)
    - Traumatic Brain Injury Waiver (TBIW)
- Non-Emergency Medical Transportation (NEMT)*
- Personal Care Services
- Pharmacy
- Substance Use Disorder (SUD) Waiver Services - Phases I and II

For these services, providers will continue to send claims to Molina for all members (FFS and Managed Care).

*NEMT services are provided and paid for by the broker, LogistiCare.

Non-Emergency Medical Transportation (NEMT)

Effective September 1, 2018:

All NEMT services for West Virginia Medicaid Members will be coordinated by LogistiCare.

Toll-Free Reservation: 844-549-8353

Toll-Free Ride Assistance: 844-889-1939

Toll-Free Hearing Impaired (TTY): 866-288-3133

Hours: 7 a.m. to 6 p.m., Monday through Friday

www.logisticarewv.net

Managed Care Update: Contacts

Managed Care Organization (MCO) Contact Information:

- **Aetna Better Health of West Virginia (formerly CoventryCares)**
  Sarah White, Manager of Provider Relations, phone: 304-348-2089,
  email: sewhite@aetna.com
  Todd White, CEO, phone: 304-348-2041, email: twhite@aetna.com

- **The Health Plan**
  Christy Donohue, Director, Medicaid, phone: 304-720-4923,
  email: cdonohue@healthplan.org

- **UniCare Health Plan of West Virginia**
  Terri Roush, Manager, Network Relations, phone: 304-989-5471,
  email: terri.roush@anthem.com

- **West Virginia Family Health**
  Jean Kranz, Director, Medicaid Operations, phone: 304-347-7682,
  email: Jean.Kranz@highmark.com

Medicaid 1115 Waiver – SUD Services

West Virginia Medicaid implemented the section 1115 waiver to address the substance use disorder (SUD) epidemic.

Effective January 14, 2018:
Medicaid benefit expansions under the waiver:

- Statewide adoption of the screening, brief intervention, and referral to treatment (SBIRT) method to ensure a consistent and effective diagnosis and enrollment process (included for H0031, 90791 and 90792).
- A comprehensive Naloxone initiative and referral to treatment by EMS as part of the effort to reduce overdose deaths.
- Coverage of methadone and methadone administration as part of West Virginia's opioid treatment program.

Medicaid 1115 Waiver – SUD Services (Cont.)

Effective July 1, 2018:

- Expanded coverage of withdrawal management.
- Coverage includes clinical and peer recovery support services and recovery housing supports designed to promote and sustain long-term recovery.
- Short-term, residential substance abuse treatment.
- Enhanced access to outpatient treatment, as appropriate, when residential treatment is not required.

BMS Program Updates

BMS Quality Unit:

- Submitted FFY 2017 Health Homes Quality Measures for the first Health Home to Centers for Medicare and Medicaid Services (CMS) May 2018.

CMS Quality Measures Scorecard:

- CMS has released the first Quality Measure Scorecard for benchmarking state data for FFY 2016 Adult and Child Quality Measures.
- States may have reported data for CHIP, Medicaid, or a combination of both.
- The Scorecard and additional information on how to interpret it is available on the CMS website: https://www.medicaid.gov/state-overviews/scorecard/index.html
- The BMS Quality Unit plans to use this data to drive future quality improvement projects.

Look for the "Quality Corner" in the Medicaid Provider Newsletter updates.

BMS Program Updates (Cont.)

West Virginia Health Homes:

- The first Health Homes Program launched July 1, 2014, for Medicaid members with bipolar disease who have or are at risk of having Hepatitis B or C, and was expanded statewide in April 2017.

- The second Health Homes Program launched April 1, 2017, in 14 counties to address the co-occurring conditions of diabetes, pre-diabetes, obesity and for those who have or are at risk of having anxiety/depression.

- To participate in either of these Health Homes Programs, please list your contact information on the workshop evaluation.

- Additional Health Homes Program information is available on the BMS website: www.dhhr.wv.gov/bms/ and the KEPRO website: www.kepro.com.

- Questions/concerns - contact KEPRO at 304-343-9663 or 1-800-461-0655.

340B Physician Administered Drugs

- Drugs used in out-patient surgery and infusion centers (sometimes referred to as mixed use drugs).

- Drugs administered in physician office settings must be identified with the modifier UD and billed at the Actual Acquisition Cost (AAC).

  - The UD modifier identifies a drug obtained at a 340B price and ensures it will not be submitted to the manufacturer for rebate.

  - Use of the UD modifier protects the 340B entity and the BMS from rebate disputes.

Policy Update

May 2018:

- Chapter 300 – *Provider Participation*

July 2018:

- Chapter 503 – *Licensed Behavioral Health Center Services*
- Chapter 504 – *Substance Use Disorder Services (Phase II)*
- Chapter 518 – *Pharmacy Services*
- Chapter 529 – *Laboratory Services*

September 2018:

- Chapter 519.23 – *Applied Behavior Analysis*

Upcoming Changes:

- Chapter 505 – *Oral Health Services*
- Chapter 508 – *Home Health*
- Chapter 509 – *Hospice Services*
- Chapter 524 – *Transportation*
- Chapter 538 – *School Based Health Services*

Policy Update (Cont.)

https://dhhr.wv.gov/bms/Pages/Manuals.aspx

Policy Update (Cont.)

Effective July 1, 2018:

West Virginia Medicaid members enrolled in Long-Term Care (LTC) must have the below eligibility listed and active for date of service.

Provider Enrollment Update

January 1, 2018:

- Molina now screens new MCO network providers who must have a participation agreement in effect with West Virginia Medicaid, even if they do not plan to participate in the Medicaid FFS program.

  - Managed Care Federal Rule (March 2016) stated Medicaid has ultimate responsibility for screening, enrolling, and periodically revalidating all Medicaid MCO network providers.

  - MCO network providers will also be subject to revalidation.

March 1, 2018:

- All currently enrolled Physician Assistants have been converted to a Rendering Physician from an Ordering/Referring/Prescribing (ORP) Physician.

  - No new enrollment criteria; if desiring to enroll independently (not part of a group), provider should reach out to Molina Provider Enrollment.

Provider Enrollment Update (Cont.)

June 1, 2018:

- Cycle 2 Provider Revalidation began for West Virginia Medicaid providers which will include MCO providers, as applicable.

    - Provider Revalidation is required at least every five years for Medicaid providers under 2011 Federal regulations for Provider Screening and Enrollment.

    - Revalidation date is based on most recent effective date.

Reminder:

- New EFT forms are available on the State Auditor's Website (https://www.wvsao.gov/) to be completed with new enrollment and maintenance.

- BMS initiative to reduce the number of paper checks due to administrative burden.

Provider Enrollment Update: Prescriber Edit

West Virginia Medicaid has opted for a phased-in approach for remaining unenrolled prescribers to mirror Medicare's approach. Unenrolled Prescriber Edit means that prescriptions (new or refill) written by providers who are not enrolled with West Virginia Medicaid will be denied.

July 18, 2018:

- West Virginia Medicaid began denying prescriptions for opioid pain medications written by unenrolled prescribers. All impacted members and unenrolled prescribers were notified in advance of change.

October 17, 2018:

- West Virginia Medicaid will begin denying all prescriptions not written by an enrolled provider. Impacted members and unenrolled prescribers will be notified in advance of change so they can switch to an enrolled provider.

Presumptive Eligibility

Since August 2015, specific West Virginia Medicaid enrolled providers have the opportunity to determine presumptive eligibility:

- Hospitals

- 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 West Virginia Medicaid enrolled provider

- Submit a presumptive eligibility enrollment package to BMS

- Complete an online training course

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

Payment Error Rate Measurement (PERM)

PERM Record Requests:

- CMS conducts a medical record review of FFS payments to determine the appropriateness of the payment.

- Not every provider will be contacted to provide medical documentation, only those that provided services for the random sample of FFS claim selected. The random sample is pulled from all West Virginia Medicaid and West Virginia Children's Health Insurance Program's (WVCHIP) FFS payments made in a fiscal year.

- Medical records are requested from the provider by the PERM Review Contractor for all FFS claims in the sample.

If there are issues with provider records, claims payment may be affected.

PERM (Cont.)

Request for records:

- Letter from *A+ Government Solutions*
- Timely responses
- Staff education

Audit findings:

- Clerical errors
  - Date of service
  - Member number
  - Service or diagnosis code
- Documentation not thorough or documented timely
  - Service units
  - Coding and billing
  - Completeness and accuracy

PERM Audit Resource: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html

Claim Processing Update

To align with the ASC X12 Version 5010 HIPAA transaction standards and 42 CFR 455.440, the State Medicaid agency must require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services.

- Type 1 NPI: Healthcare providers who are individuals
- Type 2 NPI: Organizations such as facilities, hospitals, home health agencies, laboratories, etc.

Spring 2019:

- POS 02 – Telehealth
  - Modifier – GT

Reminder:

- West Virginia Medicaid is always payer of last resort. All other carriers on file must have documented payment or denial prior to Medicaid payment.

Program Integrity Update

Provider Screening of Employees and Contractors:

- West Virginia Medicaid is required by CMS to direct providers to:

  - Screen employees and contractors for excluded persons to prevent Medicaid payments for items/services furnished or ordered by excluded individuals and entities.

  - Search the Office of Inspector General's List of Excluded Individuals and Entities (LEIE) monthly to capture new exclusions or reinstatements that occurred since the last search.

    - LEIE's online searchable database: https://exclusions.oig.hhs.gov/

BMS Resources

WV Department of Health and Human Resources (DHHR), BMS (WV Medicaid)

Mailing address: 350 Capitol Street, Room 251

Charleston, WV 25301

Telephone: 304-558-1700   Website: http://www.dhhr.wv.gov/bms

Medicaid Fee-for-Service (FFS)

Molina – Fiscal Agent: https://www.wvmmis.com/default.aspx

KEPRO (formerly APS Healthcare) – UM Contractor: http://wvaso.kepro.com

HMS – TPL Contractor: http://www.wvrecovery.com

Medicaid Managed Care (Mountain Health Trust)

Maximus – Enrollment Broker: https://www.mountainhealthtrust.com

MCOs – Aetna Better Health of WV, The Health Plan, UniCare, and WV Family Health

Skygen (formerly Scion Dental) – MCO Dental Benefits Manager: www.sciondental.com

FFS and Managed Care

LogistiCare – NEMT Broker: www.logisticarewv.net

Phone: 844-549-8353 TTY: 866-288-3133

Contacts

Sarah Young, Deputy Commissioner

Cynthia Shelton, Director of Operations and Provider Services

Joy Dalton, Provider Services Manager

West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301
304-558-1700

Integrated Eligibility Solution
and
# Electronic Visit Verification System Solution

Brandon Lewis
Director of Health Information Technology
West Virginia Department of Health and Human Resources
Office of Management Information Services (MIS)

Project Vision

To develop and implement an integrated eligibility solution (IES) that promotes collaboration, shared use, and lower costs across the West Virginia Department of Health and Human Resources (DHHR) to better serve and improve the health and well-being of West Virginians.
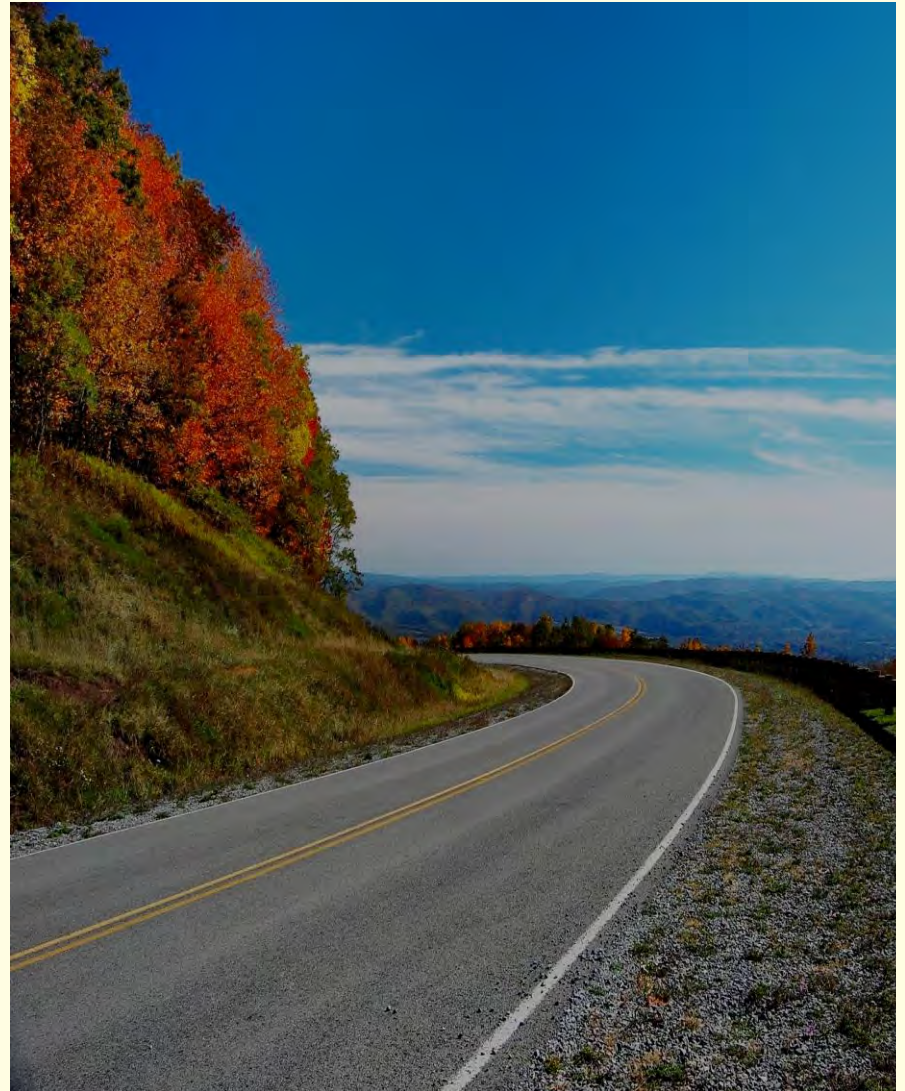
West Virginia Integrated Eligibility Solution (WV IES)

The following DHHR Offices and systems will be involved:

Stakeholder Groups	
Primary Project Stakeholders	• Cabinet Secretary's Office • Bureau for Children and Families (BCF) • Bureau for Child Support Enforcement (BCSE) • Bureau for Medical Services (BMS) • West Virginia Children's Health Insurance Program (WVCHIP)
Systems Being Integrated and Replaced	• Receipt Automated Payment and Information Data System (RAPIDS) • Families and Children Tracking System (FACTS) • Online Support Collections and Reporting (OSCAR)
WV IES Implementation Team	• All DHHR Agencies • BerryDunn • Optum
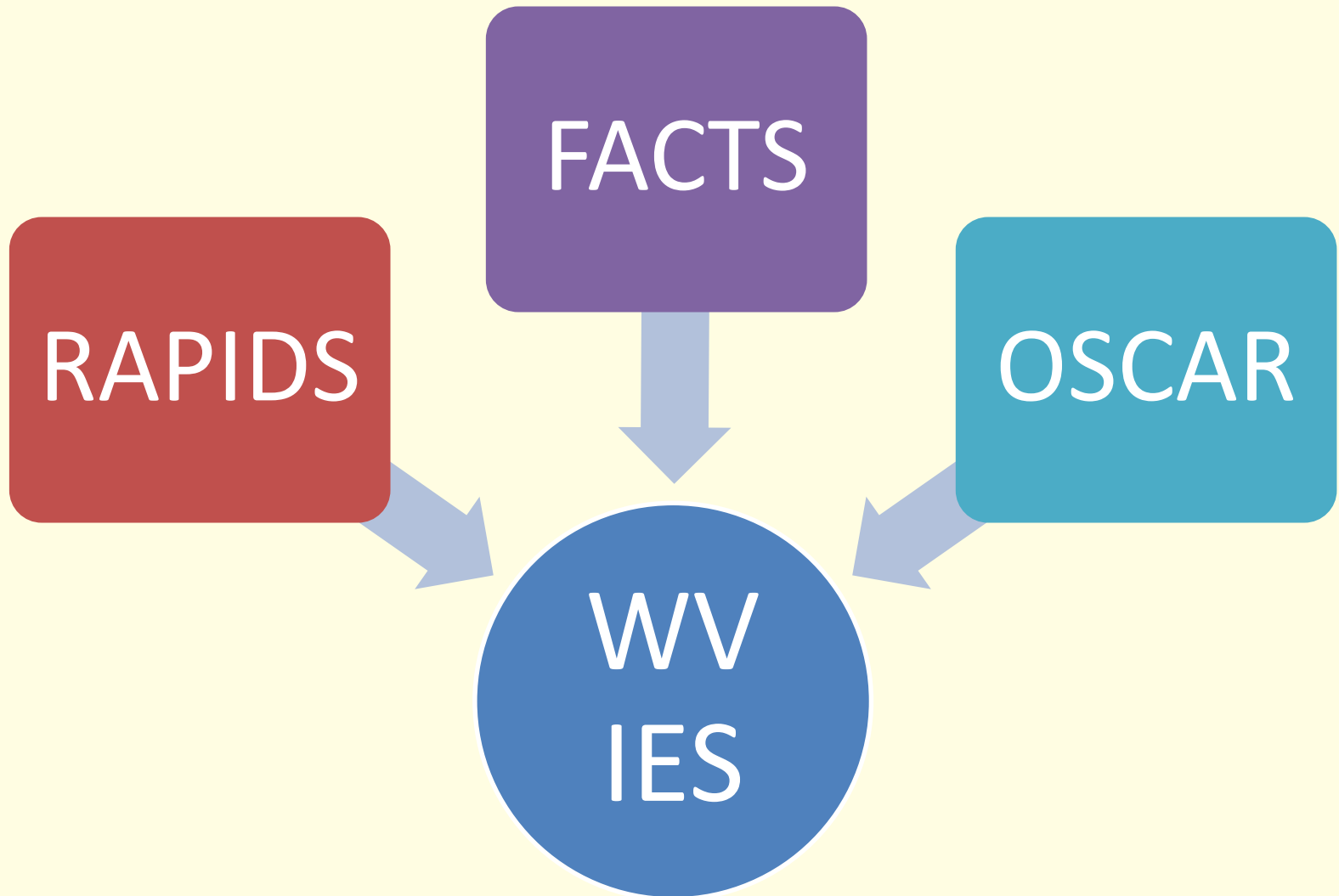
Electronic Visit Verification (EVV) Systems

On December 13, 2016, the 21st Century Cures Act was enacted into law.

The Cures Act is designed to improve the quality of care provided to individuals through further research, enhanced quality control, and strengthened mental health parity.

Section 12006 of the Cures Act requires states to implement an EVV system for:
- Personal Care Services (PCS) by January 1, 2019. Personal Care Services are defined as any hands-on direct care services, such as those provided in any of the following programs:
    - Aged and Disabled Waiver (ADW)
    - Traumatic Brain Injury (TBI) Waiver
    - Intellectual/Developmental Disabilities (I/DD) Waiver
    - State Plan Personal Care Program

- Home Health Care Services (HHCS) by January 1, 2023

- EVV applies to services rendered in the home and in the community under Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)

EVV Key Updates

The Centers for Medicare and Medicaid Services (CMS) approved funding for West Virginia on July 5, 2018 to help support the planning of the EVV solution.

H.R.6042 — 115th Congress (2017-2018): To amend title XIX of the Social Security Act to delay the reduction in Federal medical assistance percentage for Medicaid Personal Care Services furnished without an electronic visit verification system, passed the Senate on July 17, 2018, and has moved to the President for signature or veto.

DHHR has decided to follow the Open/Hybrid Model for the EVV solution. This will include a low or no-cost state procured vendor solution and also allow providers to use alternate, compliant systems, at their expense.

EVV stakeholder engagement sessions started June 27, 2018.
For more information see the EVV website:

 https://dhhr.wv.gov/bms/Programs/WaiverPrograms/EVV/Pages/default.aspx

EVV Open/Hybrid Model

Benefits	Challenges
■ State can secure enhanced match for IT development and installation of state-run solution ■ Providers can access a centralized platform to use at no or low-cost, without purchasing their own solution ■ Providers have the option to pay for and select their own EVV vendor and integrate with the State's EVV solution ■ Data aggregation is possible through standardized interfaces	■ State procurement processes can be lengthy and complex ■ Providers must have capacity/ IT to access state system ■ Need to ensure that all systems are interoperable, which could create challenges if system is modified or upgraded ■ Data integration testing will be required for providers with their own EVV solution

Contact

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