Welcome to the 2021 Spring Virtual Workshops

Presentations by Medicaid, HHAeXchange, KEPRO, Gainwell Technologies, Medicaid Managed Care Organizations and other Medicaid Vendors.

Workshops will begin momentarily.

gainwell

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

Kepro

Spring Provider Workshops 2021

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

Cynthia Shelton, MMIS Director

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

COVID-19 Update

Due to the World Health Organization's declaration of Coronavirus disease 2019 (COVID-19) as a pandemic, the West Virginia Department of Health and Human Resources is providing no-cost testing for all West Virginia residents, regardless of their insurance status.

- Billing for Medicaid, CHIP, Uninsured & Privately Insured available through Medicaid.
- Effective December 4, 2020, the rate for specimen collections codes has been increased to $25.
- Additional resource information is available at https://dhhr.wv.gov/bms/Pages/Coronavirus-Disease-2019-(COVID-19)-Alerts-and-Updates.aspx

West Virginia Medicaid Enrollment Update

As of March 2020, 569,915 West Virginians received coverage - approximately 29% of West Virginia's population.

- Fee-For-Service (FFS), i.e., traditional/regular Medicaid:
  - 118,856 members are currently enrolled
    - Includes most Medicaid Waiver recipients; nursing facility residents; elderly/disabled; transplant recipients; individuals who receive Medicare; and those who receive Health Insurance Premium Payment (HIPP) program

- Mountain Health Trust (MHT), West Virginia's Medicaid Managed Care Program:
  - 451,059 members are currently enrolled
    - Includes eligible children, including those in foster care, adopted, or in CSEDW; 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
- Methadone Medication Assisted Treatment Services

*The new Children with Serious Emotional Disorder Waiver (CSEDW) is a managed care benefit.

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

Managed Care Update: Contacts

Managed Care Organization (MCO) Contact Information:

- Aetna Better Health of West Virginia (formerly Coventry Cares)
  Sarah White, Manager of Provider Relations, phone: 304-348-2089,
  email: sewhite@aetna.com
  Greg Carpenter, Chief Operating Officer, phone: 304-348-2017,
  email: carpenterg@aetna.com

- The Health Plan
  Christy Donohue, Vice President of Medicaid, phone: 304-720-4923,
  email: cdonohue@healthplan.org

- UniCare Health Plan of West Virginia
  Terri Roush, Director, Network Relations, phone: 304-989-5471,
  email: terri.roush@anthem.com
  Misty Keglor, Manager, Network Relations, phone: 304-964-7580,
  email: Misty.Keglor@anthem.com

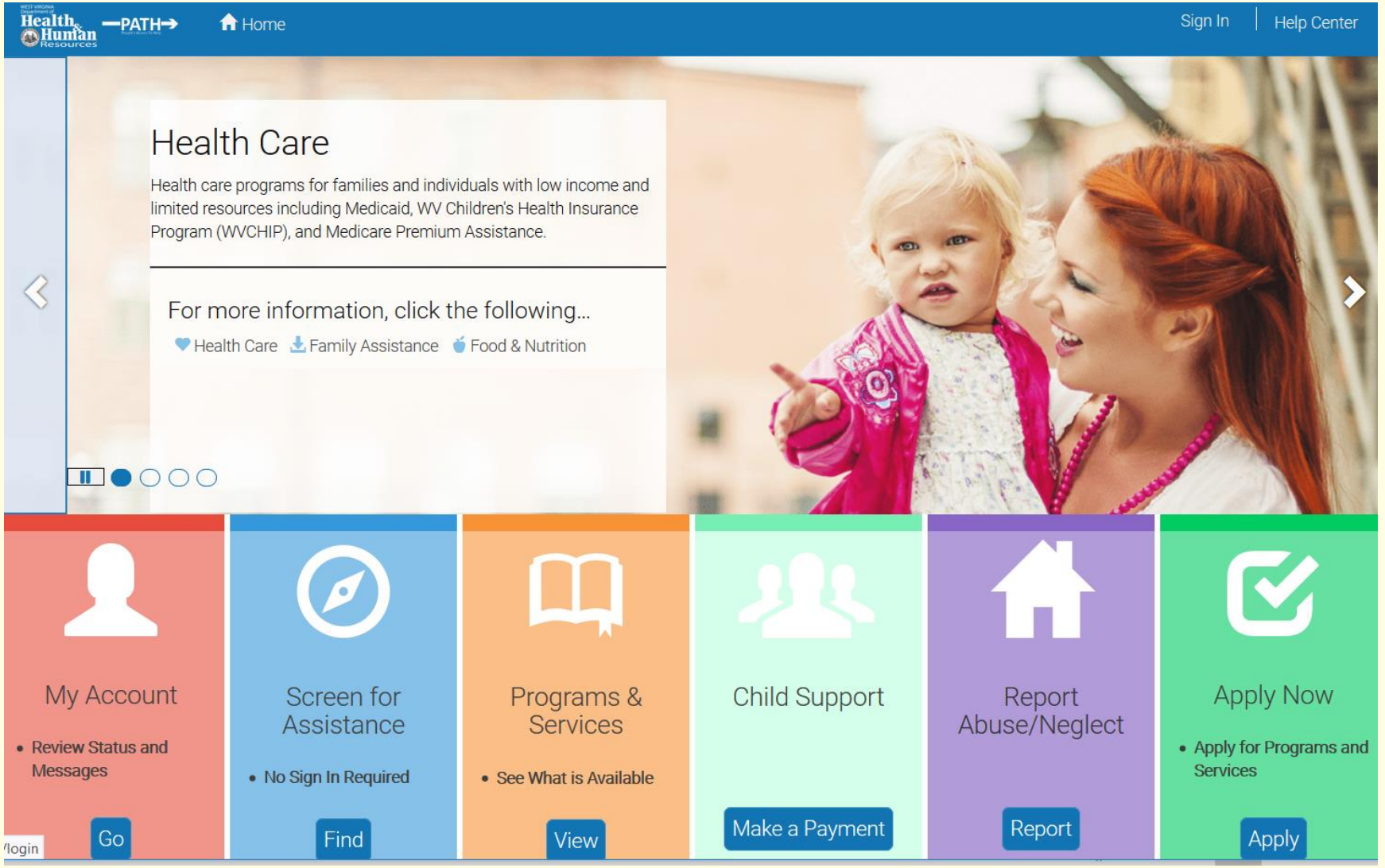
WV PATH

- The Medicaid and WVCHIP member online application portal, West Virginia inROADS, changed to the West Virginia People's Access to Help (WV PATH) on Monday, February 3, 2020.

- WV PATH mirrors the capabilities of inROADS; however, it has a new look and feel for applying for benefits, reporting changes, and reviewing benefit information. Applicants, recipients, Presumptive Eligibility Workers, and Community Partners can access WV PATH at www.wvpath.org.

- The launch of WV PATH means all users will create a new username and password and will receive an email with instructions on how to create WV PATH credentials. If you need help using WV PATH, customer service is available at 1-844-451-3515.

WV PATH


Health & Human Resources
PATH
Home
Sign In
Help Center
Health Care
Health care programs for families and individuals with low income and limited resources including Medicaid, WV Children's Health Insurance Program (WVCHIP), and Medicare Premium Assistance.
For more information, click the following...
Health Care
Family Assistance
Food & Nutrition
My Account
Review Status and Messages
Go
Screen for Assistance
No Sign In Required
Find
Programs & Services
See What is Available
View
Child Support
Make a Payment
Report Abuse/Neglect
Report
Apply Now
Apply for Programs and Services
Apply

Presumptive Eligibility (PE)

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

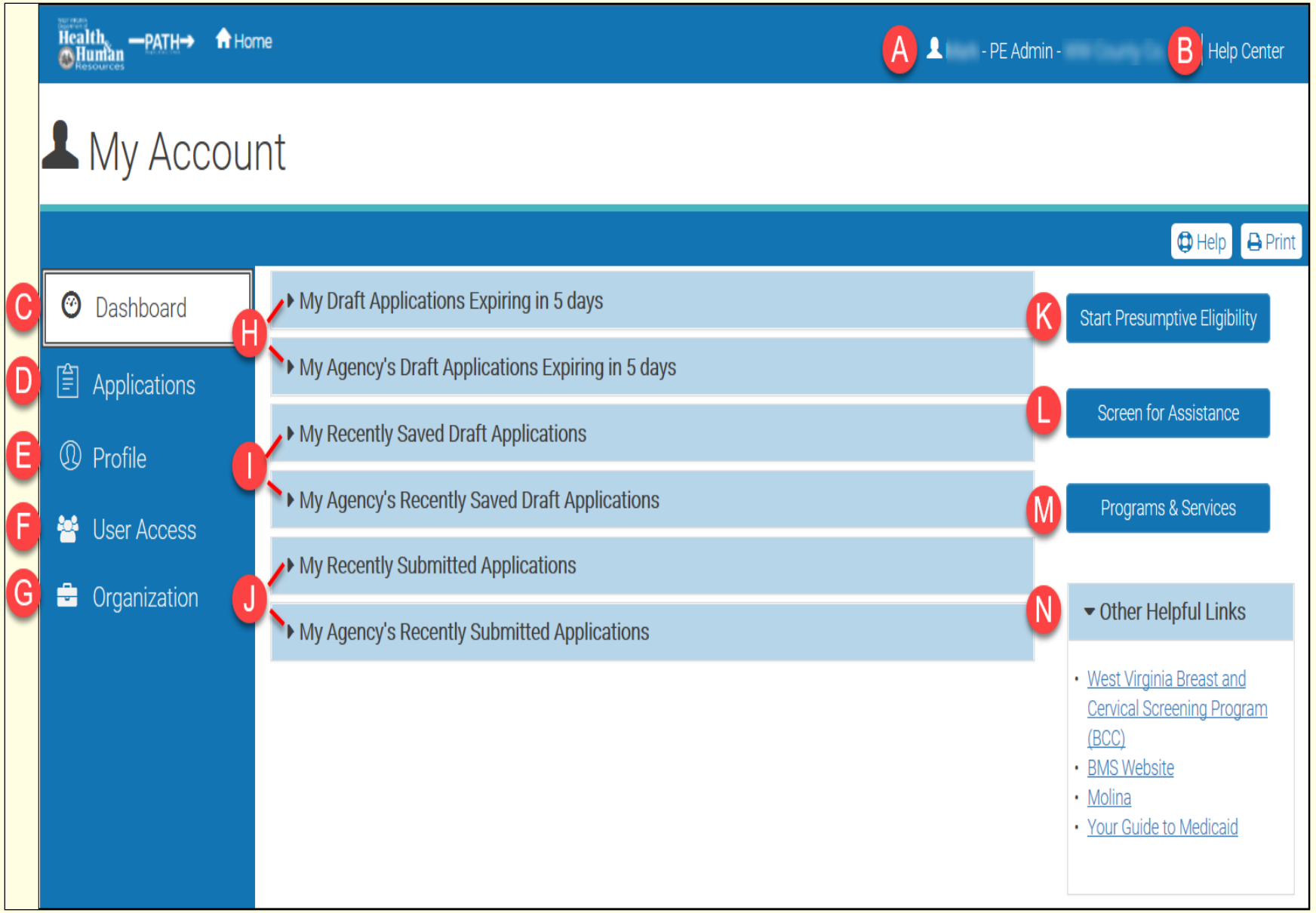
- Hospitals
- Federally Qualified Health Centers and Rural Health Clinics (FQHC/RHC)
- Comprehensive community behavioral health centers
- Free clinics

Interested entities must:

- Be a West Virginia Medicaid enrolled provider
- Submit a presumptive eligibility enrollment package to BMS
- Complete an online training course
- To begin the enrollment or training, contact Lori.J.Tyson@wv.gov or DHHRBMSPresumptiveEligibility@wv.gov

More information is available at:
https://dhhr.wv.gov/bms/Provider/HBPE/Pages/default.aspx

WV PATH: PE Users



Electronic Visit Verification (EVV) Updates

EVV Model:

- West Virginia has chosen the Open Hybrid EVV Model due to its flexibility.
- West Virginia was approved for a Good Faith Extension August 2019.

Request for Proposal:

- The request for proposal (RFP) was released on November 19, 2019.
- HHA Exchange was awarded the EVV contract and went live 3/1/2021.
- All Waiver & Personal Care Agencies must enroll their Direct Care workers in order to receive payment for services rendered

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

CCM is now Mountain Health Promise

- Beginning March 1, 2020, Medicaid, Residential, and Socially Necessary Services for children in foster care and post-adoptive children were transitioned from Fee-For-Service (FFS) to statewide managed care services in order to create a care management portfolio for vulnerable youth populations.
- This program, formerly referred to as coordinated care management (CCM), was renamed Mountain Health Promise.
- A single MCO, Aetna Better Health of West Virginia, was selected to oversee this population and coordinate health and social services.

CSEDW

- BMS was approved to implement a Home and Community-Based Services (HCBS) program authorized under § 1915(c) of the Social Security Act for Children with Serious Emotional Disorder (CSED) beginning March 1, 2020.

- The Children with Serious Emotional Disorder Waiver (CSEDW) is available for children who meet financial and medical eligibility and are enrolled in the waiver. Services will be coordinated through a single MCO, Aetna Better Health of West Virginia, that will oversee this population and coordinate health and social services.

- CSEDW services may be provided by employees of Case Management or Waiver Agencies, including but not limited to a licensed graduate social worker (LGSW), licensed clinical social worker (LCSW), licensed independent clinical social worker (LICSW), licensed social worker (LSW), licensed professional counselor (LPC), registered nurse (RN), direct care worker and case manager.

Providers must be linked to an enrolled provider who is contracted with Aetna. Enrollment criteria include:

- National Provider Identifier (NPI)
- Fingerprint background check
- Proof of completion of the BMS Case Management Courses

Substance Use Disorder (SUD) Services

In 2018, West Virginia Medicaid implemented a Section 1115 waiver to address the substance use disorder (SUD) epidemic. These services were billed as FFS for all members until July 1, 2019, when most services were transitioned to the MCOs for their members. These include:

- Statewide adoption of the screening, brief intervention, and referral to treatment (SBIRT)
- Peer recovery support services
- Short-term, residential substance abuse treatment with expanded coverage of withdrawal management
- Coverage of methadone and methadone administration (FFS services only)

Coinciding with the 1115 SUD waiver, BMS began a comprehensive naloxone initiative and referral to treatment by EMS that started January 14, 2018.

Provider Enrollment Update

- **Since October 2018,** any prescription (new or refill) written by a provider who is not enrolled with West Virginia Medicaid will be denied.

- **Provider Revalidation** is required at least every five years for Medicaid providers under 2011 federal regulations for Provider Screening and Enrollment.
  - All providers (FFS and MCO providers) will need to revalidate.
  - Revalidation is based on your enrollment effective date.
  - Medicare Revalidation vs Medicaid Revalidation.
    - Ownership & Provider Agreements

- **Enrollment with Medicaid and Medicare has been streamlined.**

- **Newly opened provider types that can now enroll:**
  - Applied Behavior Analysis (ABA)
  - Case managers
  - Direct care workers

Provider Enrollment Update (Cont.)

Enrollment Checklists:

- **Each provider type and specialty have criteria for enrollment, and a checklist for each will be posted on the portal**

CRITERIA REQUIRED FOR ENROLLMENT

Physician

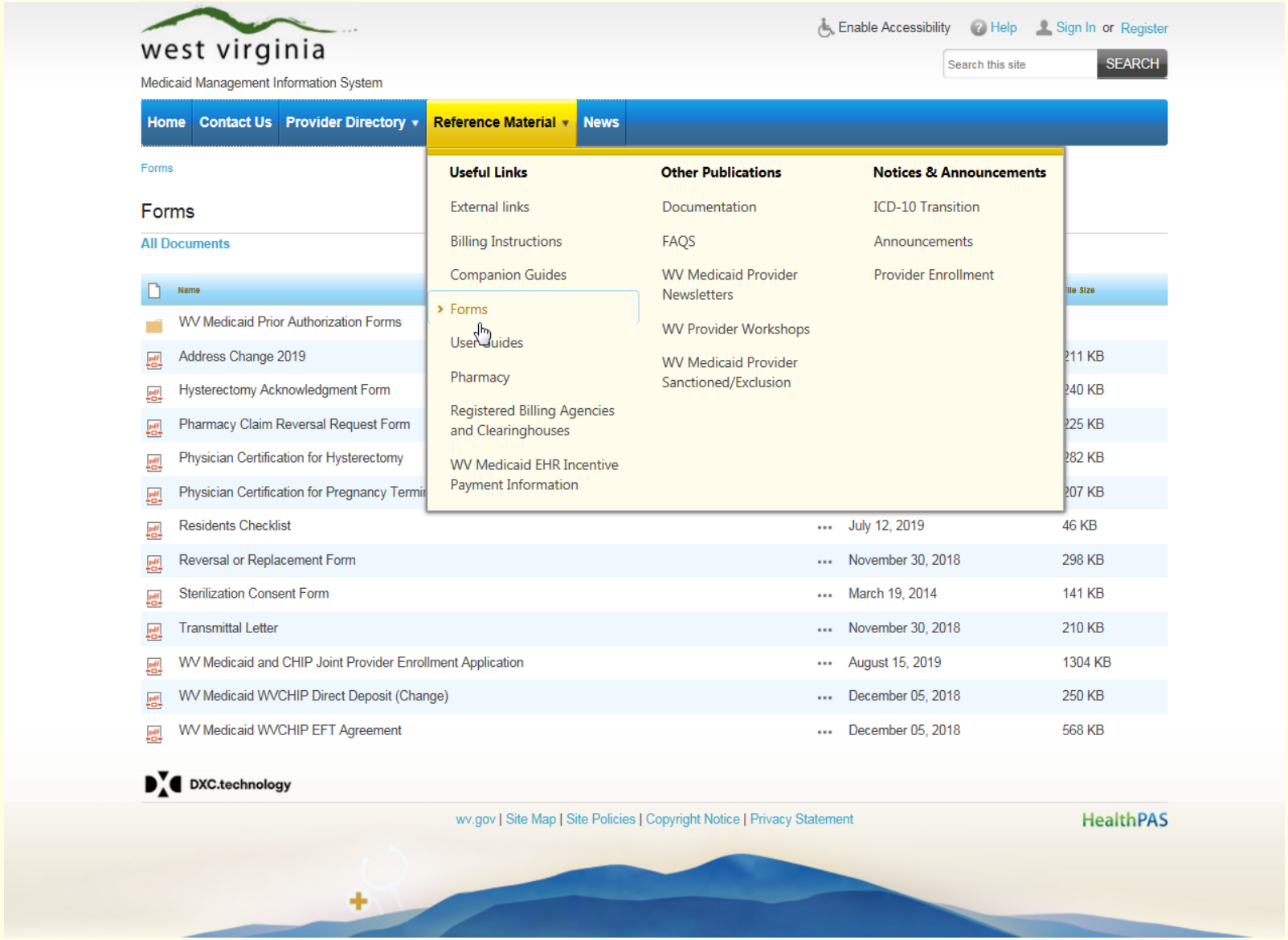
Provider Name: _____ NPI Number: _____

Required to Enroll in Medicare: Yes; **except L3 Neonatology and L8 Sports Medicine.**

Criteria for all specialties:

- Current State License (per provider type)
- West Virginia Business License (If joining an established group, a business license is not required.)

Provider Enrollment Update (Cont.)



Enrollment/Claim Alert

Effective January 1, 2020:

WV Medicaid will begin denying prescriptions written for Medicaid members by prescribers whose DEA license has expired or lapsed.

Please take this time to verify your provider file is updated properly.

Electronic Funds Transfer (EFT) Initiative

Initiative to reduce the number of paper checks due to cost and administrative burden:

- Providers are being placed on PAYHOLD if a bad EFT is returned until a corrected EFT is submitted.
- If you currently receive a paper check, please submit your EFT information immediately. Medicaid will stop sending paper checks in the future.

Reminder:

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

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 claims will be selected. The random sample is pulled from all West Virginia Medicaid and West Virginia Children's Health Insurance Program (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 will be affected.

340B Physician Administered Drugs

The following must be identified with the **modifier UD** and billed at the **Actual Acquisition Cost (AAC):**

- Drugs used in out-patient surgery and infusion centers (sometimes referred to as mixed use drugs)
- Drugs administered in physician office settings

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

- The use of the UD modifier protects the 340B entity and the Medicaid program from rebate disputes regarding duplicate discounts.
- Entities are subject to audit by manufacturers or the federal government. Failure to comply with 340B requirements may make the 340B entity liable to manufacturers for refunds of discounts.
- See Chapter 518.A, *Physician Administered Drugs,* of the Medicaid Manual for more details.

Policy Update

October 2019:

- Chapter 300 – *Appendix A Cost Report (Updated)*
- Chapter 519.7 – *Chiropractic Services*
- Chapter 505 – *Oral Health Services*

November 2019:

- Chapter 519.15 – *Reproductive Health Services*

February 2020:

- Chapter 502 – *Children with Serious Emotional Disorders Waiver (NEW!)*

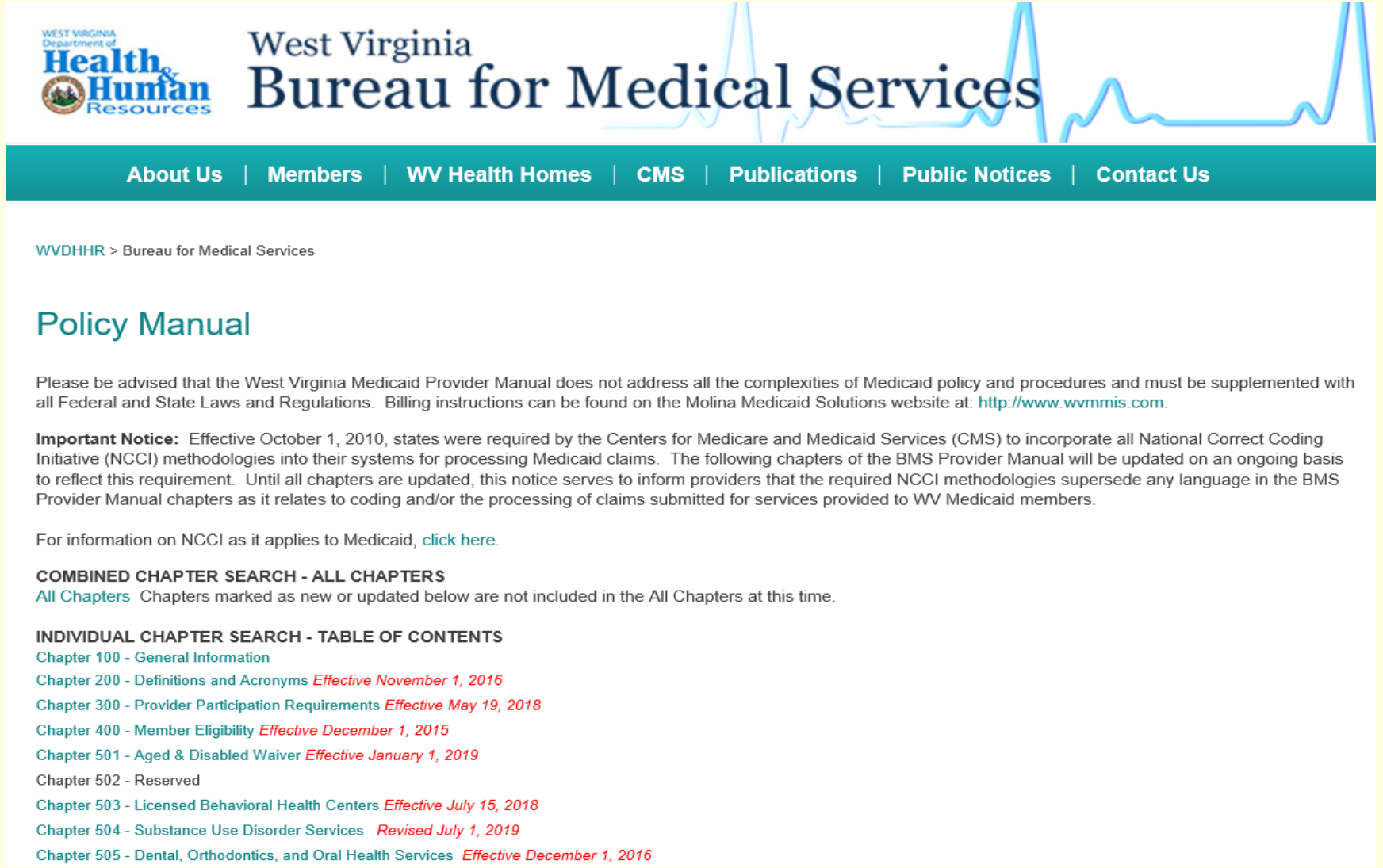
March 2020:

- Chapter 519.17 – *Telehealth Services*
- Chapter 519.18 – *Tobacco Cessation Services*
- Chapter 522 – *Federally Qualified Health Center/Rural Health Clinic Services (effective July 1, 2019)*

Upcoming Changes:

- Chapter 510 – *Hospital Services*
- Chapter 1000 – *Quality Assurance and Improvement (new chapter)*
- Chapter 518/518A – *Pharmacy Services/Physician Administered Drugs*

Policy Update (Cont.)



West Virginia Bureau for Medical Services

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WVDHHR > Bureau for Medical Services

Policy Manual

Please be advised that the West Virginia Medicaid Provider Manual does not address all the complexities of Medicaid policy and procedures and must be supplemented with all Federal and State Laws and Regulations. Billing instructions can be found on the Molina Medicaid Solutions website at: http://www.wvmmis.com.

Important Notice: Effective October 1, 2010, states were required by the Centers for Medicare and Medicaid Services (CMS) to incorporate all National Correct Coding Initiative (NCCI) methodologies into their systems for processing Medicaid claims. The following chapters of the BMS Provider Manual will be updated on an ongoing basis to reflect this requirement. Until all chapters are updated, this notice serves to inform providers that the required NCCI methodologies supersede any language in the BMS Provider Manual chapters as it relates to coding and/or the processing of claims submitted for services provided to WV Medicaid members.

For information on NCCI as it applies to Medicaid, click here.

COMBINED CHAPTER SEARCH - ALL CHAPTERS

All Chapters Chapters marked as new or updated below are not included in the All Chapters at this time.

INDIVIDUAL CHAPTER SEARCH - TABLE OF CONTENTS

Chapter 100 - General Information

Chapter 200 - Definitions and Acronyms *Effective November 1, 2016*

Chapter 300 - Provider Participation Requirements *Effective May 19, 2018*

Chapter 400 - Member Eligibility *Effective December 1, 2015*

Chapter 501 - Aged & Disabled Waiver *Effective January 1, 2019*

Chapter 502 - Reserved

Chapter 503 - Licensed Behavioral Health Centers *Effective July 15, 2018*

Chapter 504 - Substance Use Disorder Services *Revised July 1, 2019*

Chapter 505 - Dental, Orthodontics, and Oral Health Services *Effective December 1, 2016*

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

FQHC/RHC: Dental Updates

ADA 2012 Dental Billing Instructions for FQHC/RHC can be found at:
www.wvmmis.com/SitePages/Billing-Instructions.aspx

- Form Locator 29: T1015 is required to be entered on line 1. Enter procedure code T1015, encounter code. Subsequent lines with specific ADA 5-character codes starting with the letter D should be entered for all specific services rendered.

- Form Locator 31: Enter charges for each procedure code. ADA 5-character codes starting with the letter D must have a charge.

FQHC/RHC: TPL Reimbursement

Effective April 1, 2020, BMS will revert FQHC/RHC reimbursement back to the prior payment model when TPL is involved.

When the Medicaid member has Medicare or private insurance (TPL), Medicaid is the secondary payer.

- BMS will pay only the coinsurance/deductible – NOT the full encounter rate.

Modifier Reimbursement Changes

Effective April 1, 2020, West Virginia Medicaid will be following Medicare guidelines regarding the reimbursement of the following modifiers:

- **Modifier 51 Multiple Procedures:** use to indicate that multiple procedures (other than E/M) were performed at the *same session* by the *same provider*. Use modifier 51 on the second and subsequent operative procedures when the procedures are ranked in RVU order. Reimbursement: First procedure, 100% of fee schedule; second procedure, 50% of fee schedule; and third and subsequent procedures, 25% of fee schedule.

  Do not use modifier 51 on bilateral procedures or on Add-on Codes.

Modifier Reimbursement Changes (Cont.)

Effective April 1, 2020, West Virginia Medicaid will be following Medicare guidelines regarding the reimbursement of the following modifiers:

- **Modifier 52 Reduced Services:** indicates that a service was partially reduced or eliminated at a physician's discretion. Reimbursement: 50% of fee schedule.

  If the code description includes "unilateral or bilateral," do not add modifier 52. Do not use this modifier if an existing code properly identified the reduced service, such as an x-ray code describing a single view.

- **Modifier AD Medical Supervision by a Physician:** indicates payment for services when the anesthesiologist is involved in furnishing more than four procedures concurrently. Reimbursement: 3 base units with no additional time units.

  The units field must always be "1" when this modifier is submitted.

Gender Edits

Effective 1/1/2021 WV Medicaid will follow Medicare's guidance for using modifier KX on CMS 1500 claims and Condition Code 45 on UB04s to identify services for members who do not identify with their assigned birth gender.

For example, when a claim is received with a diagnosis of pregnancy and the MMIS system shows gender as Male, the claim will automatically deny. Since gender is fluid and can be different than what a person is assigned at birth, we need a mechanism to identify and override the system up front without causing the member denied claims.

Gender edit over-rides will be added to the routine audits completed by the Office of Program Integrity.

Adult Dental Benefit

Beginning January 1, 2021, services classified as diagnostic, preventative, and restorative in nature will require authorization prior to services being rendered and have a coverage limit of $1,000 per member per calendar year.

- Members are responsible for payment of service cost exceeding the $1,000 yearly limit.
- See appendixes to Chapter 505 Oral Health Services for specific code coverage.
- Remaining balances at the end of the year CANNOT be carried over to the following year.
- Services classified as cosmetic in nature are not covered for adults over the age of 21.

BMS Resources

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

350 Capitol Street, Room 251
Charleston, WV 25301
304-558-1700
http://www.dhhr.wv.gov/bms

Medicaid Fee-for-Service (FFS)

DXC (formerly 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, and UniCare
Skygen – MCO Dental Benefits Manager: www.sciondental.com

FFS and Managed Care

LogistiCare – NEMT Broker: Phone: 844-549-8353 TTY: 866-288-3133
www.logisticarewv.net

Contacts

Sarah Young, Deputy Commissioner

Cynthia Shelton, MMIS Director

Diana Bossie, Provider Enrollment 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

HHAeXchange & West Virginia Electronic Visit Verification

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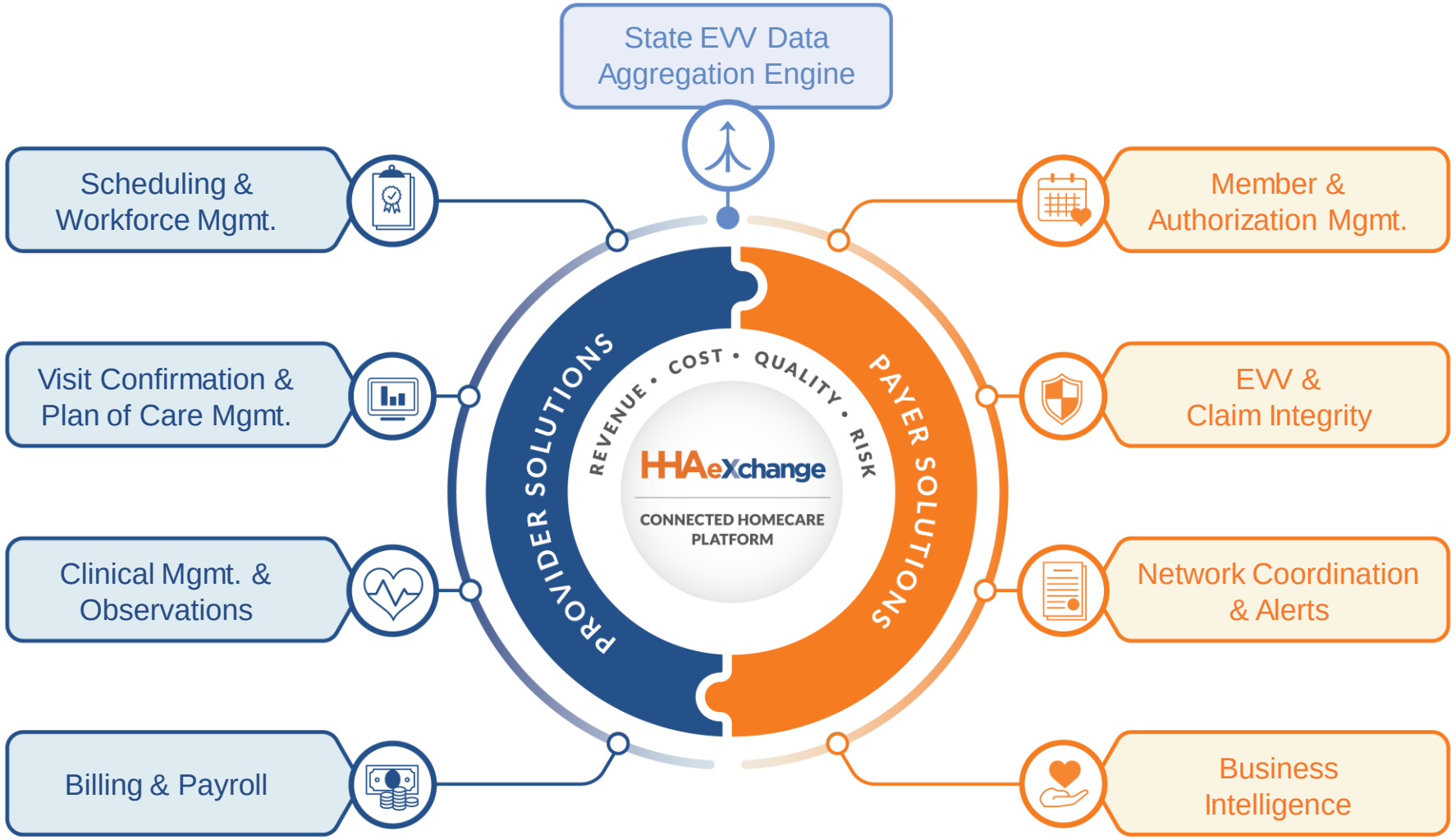
Agenda

- About HHAeXchange
- What's Happening in West Virginia
- WV Support Contact Information

About HHAeXchange

Integrated Solutions for Homecare Stakeholders: Providers, Payers, States

Enabling enhanced economic performance and improved compliance across the homecare ecosystem



HHAeXchange EVV Solution Response for West Virginia

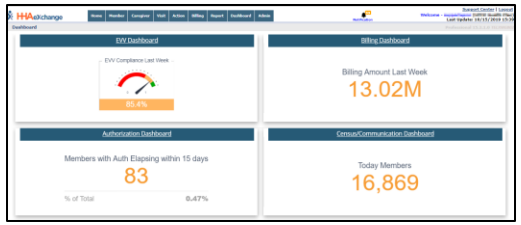
State EVV Aggregator Platform

Benefits of HHAX Connection:

- Business Intelligence Tool
- EVV Cures Act Compliance
- System wide EVV Aggregation
- Enhanced Program Oversight
- Reduced F/W/A
- Improved Quality

West Virginia DHHR / MMIS / Open Model

HHAeXchange



Business Intelligence tools delivers a single view for F/W/A, Quality of Services, Billing Audits, Reporting.

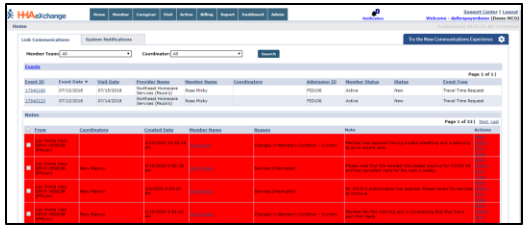
State EVV Portal

Benefits of HHAX Connection:

- EVV Agnostic Data Transfer
- Scheduling
- Service Delivery
- Billing Integrity
- Network Compliance / Quality

FFS | HHAX

HHAX EVV Program Integrity Engine



EVV Provider Portal enables improved efficiencies – EDI connections, Scheduling, Service Documentation, Billing Integrity

Provider EVV Solution

Benefits of HHAX Connection:

- DCW user friendly EVV tools
- Multiple EVV methods
- Multiple language support
- 3rd party EVV tool integration

Provider A	HHAX EVV
Provider B	Other EVV
Provider C	HHAX EVV
Provider D	Other EVV

Telephone

Mobile App

FOB

User friendly EVV data collection methods for DCW's in the home

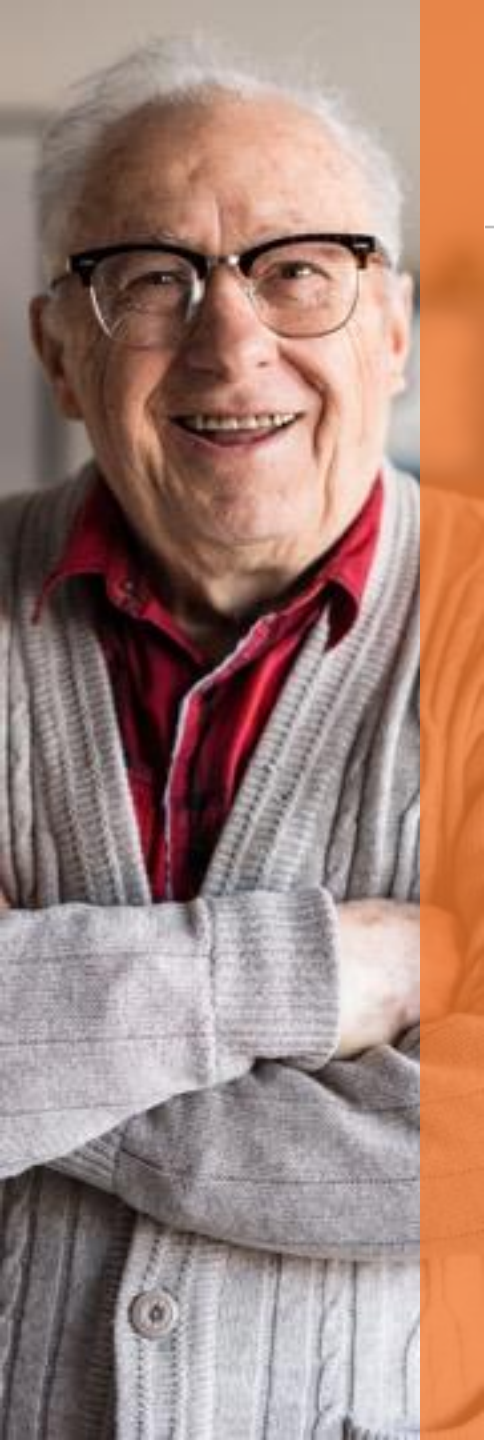
What’s Happening in West Virginia?

The 21st Century Cures Act

Passed by Congress in December 2016, the 21st Century Cures Act requires that providers of Personal Care Services confirm visits via Electronic Visit Verification (EVV) by January 1, 2021.

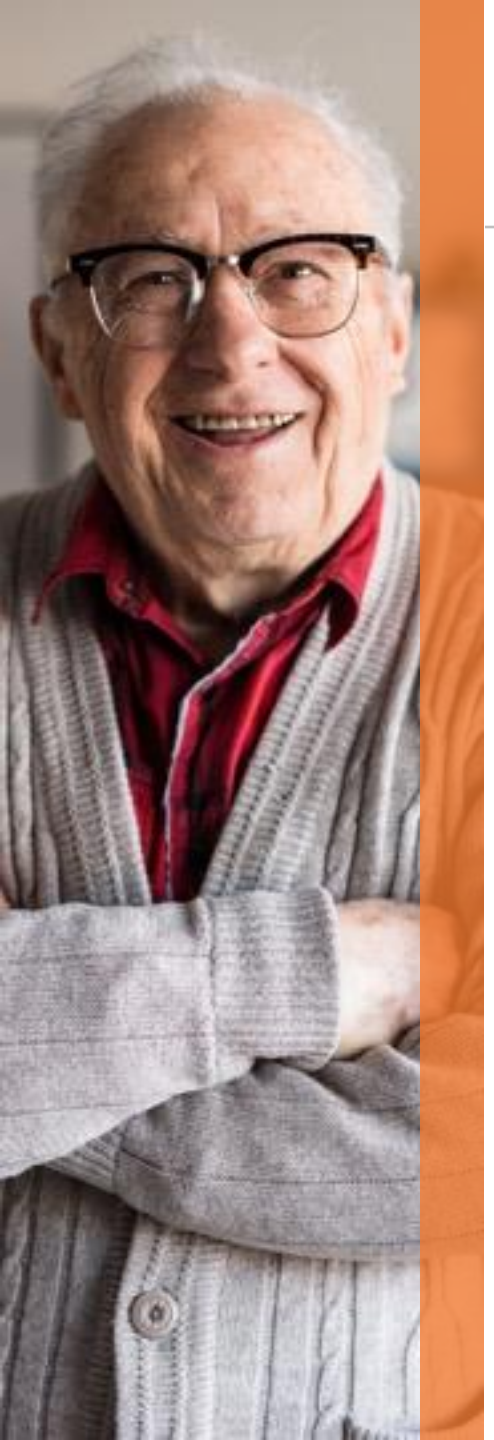
The six data elements required to be collected to meet the Cures Act EVV requirement

- 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



West Virginia and EVV

- Cures Act Mandate in effect as of **January 1st**, 2021
- West Virginia providers have begun using HHAeXchange as of **March 1st**, 2021
- HHAeXchange is the **State Fee-for-Service EVV and Aggregation Vendor**
- The state has provided a **free EVV solution through HHAeXchange** and collect all visit data, regardless of the EVV system being used



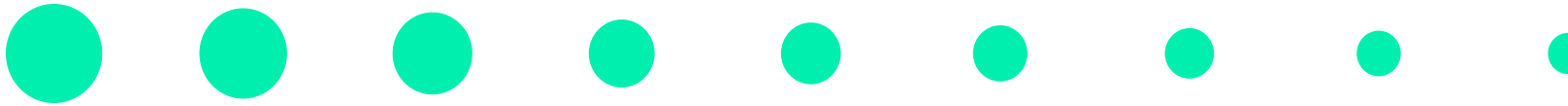
Contact Us

WVsupport@hhaexchange.com

866-983-4627

Questions?

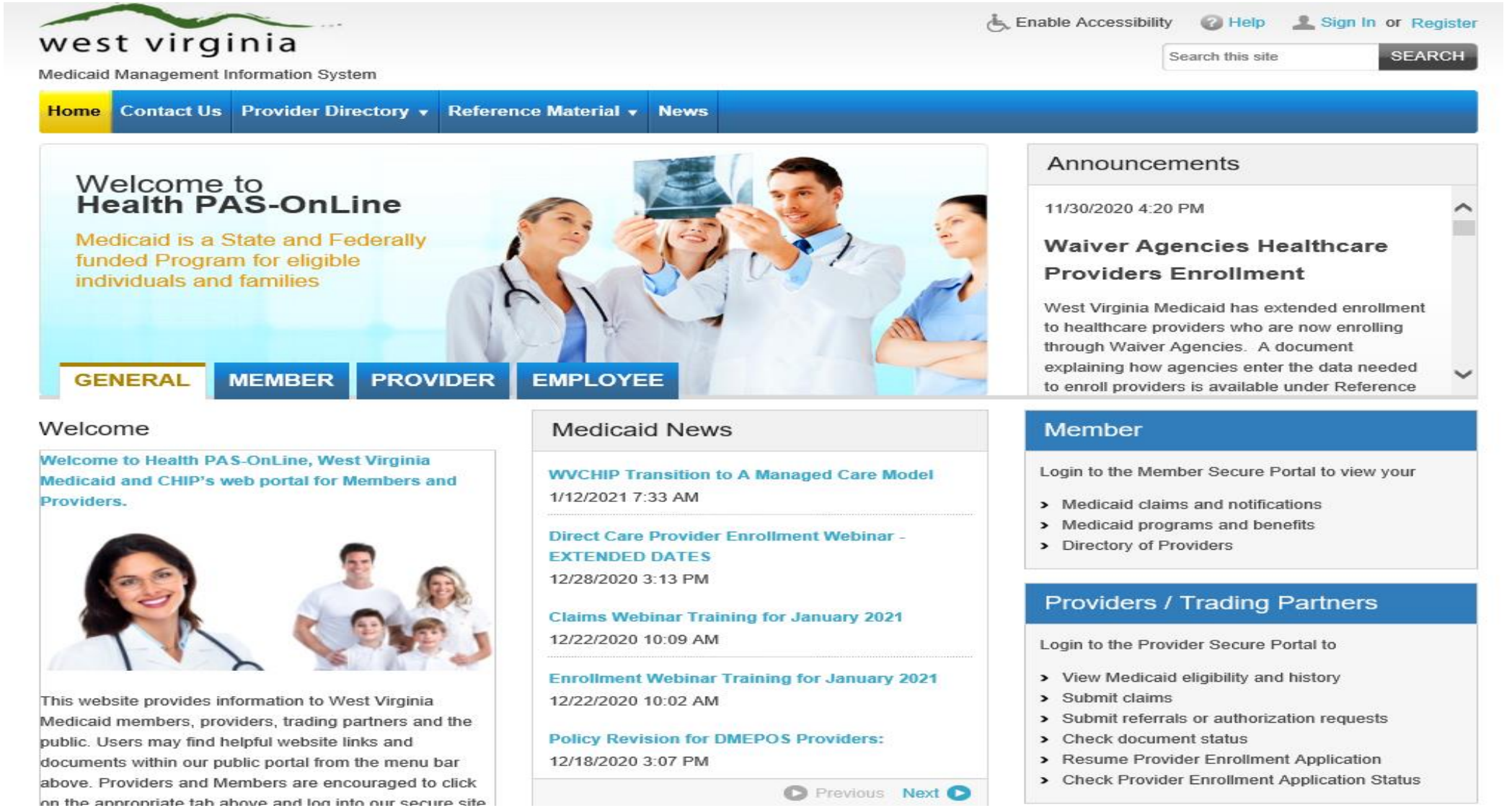
Spring 2021
Provider Workshop



gainwell

Health PAS-OnLine (wvmmis.com)

This secure website allows provider to check enrollment, submit/review claims, view reports and access other helpful tools and information.



Health PAS-OnLine Registration

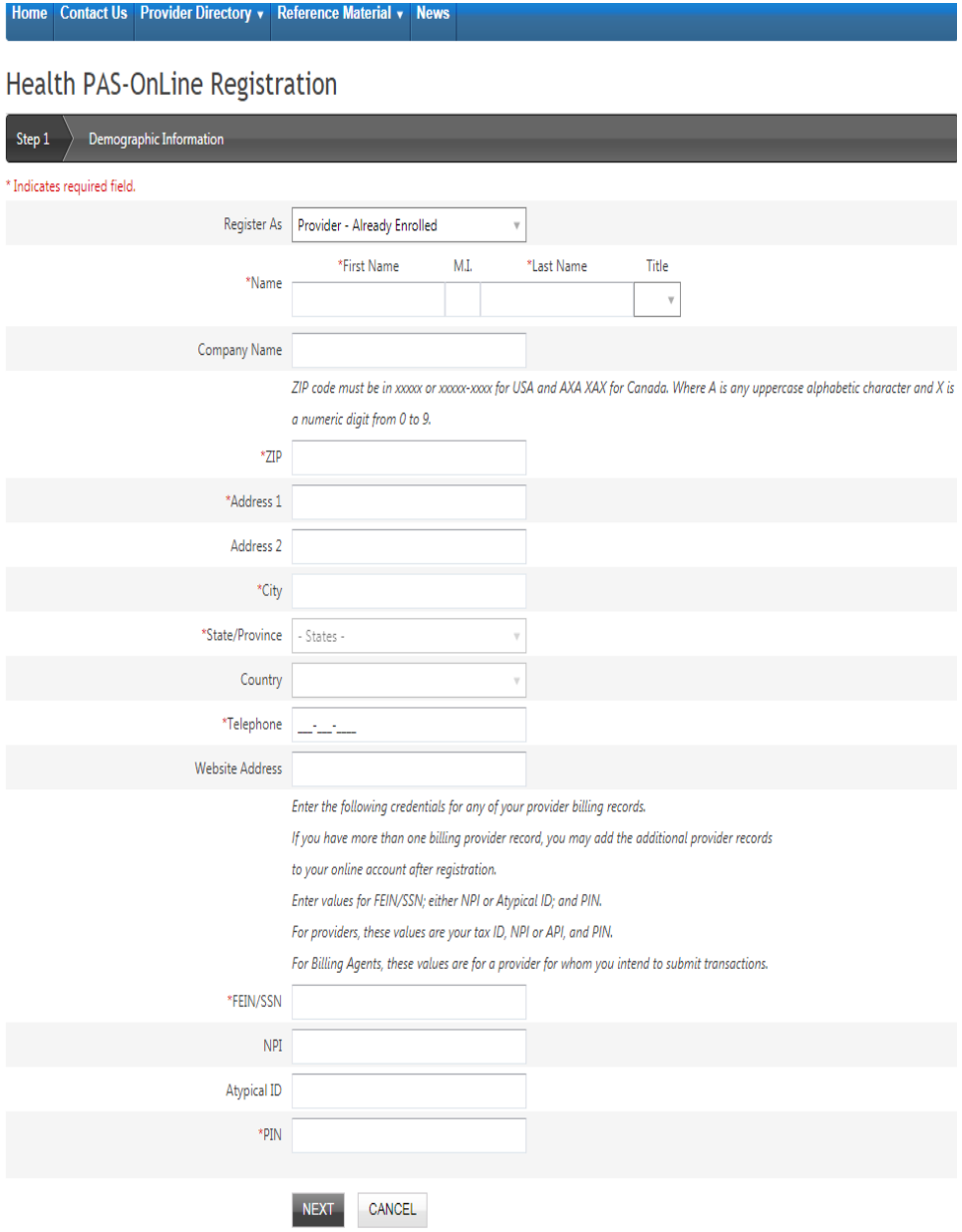
How to get started with Registration:

Step 1: Demographic Information

1. Select the applicable type of registration from the drop-down box :
   - **Provider – Already Enrolled**
   - **Provider- Not Yet Enrolled**
   - **Billing Agent or Clearinghouse**
   - **Health Plan**
   - **Member/Guardian**

2. Complete all required fields with a red asterisk

3. Click NEXT



Health PAS-OnLine Registration (cont.)

Continuing Registration:

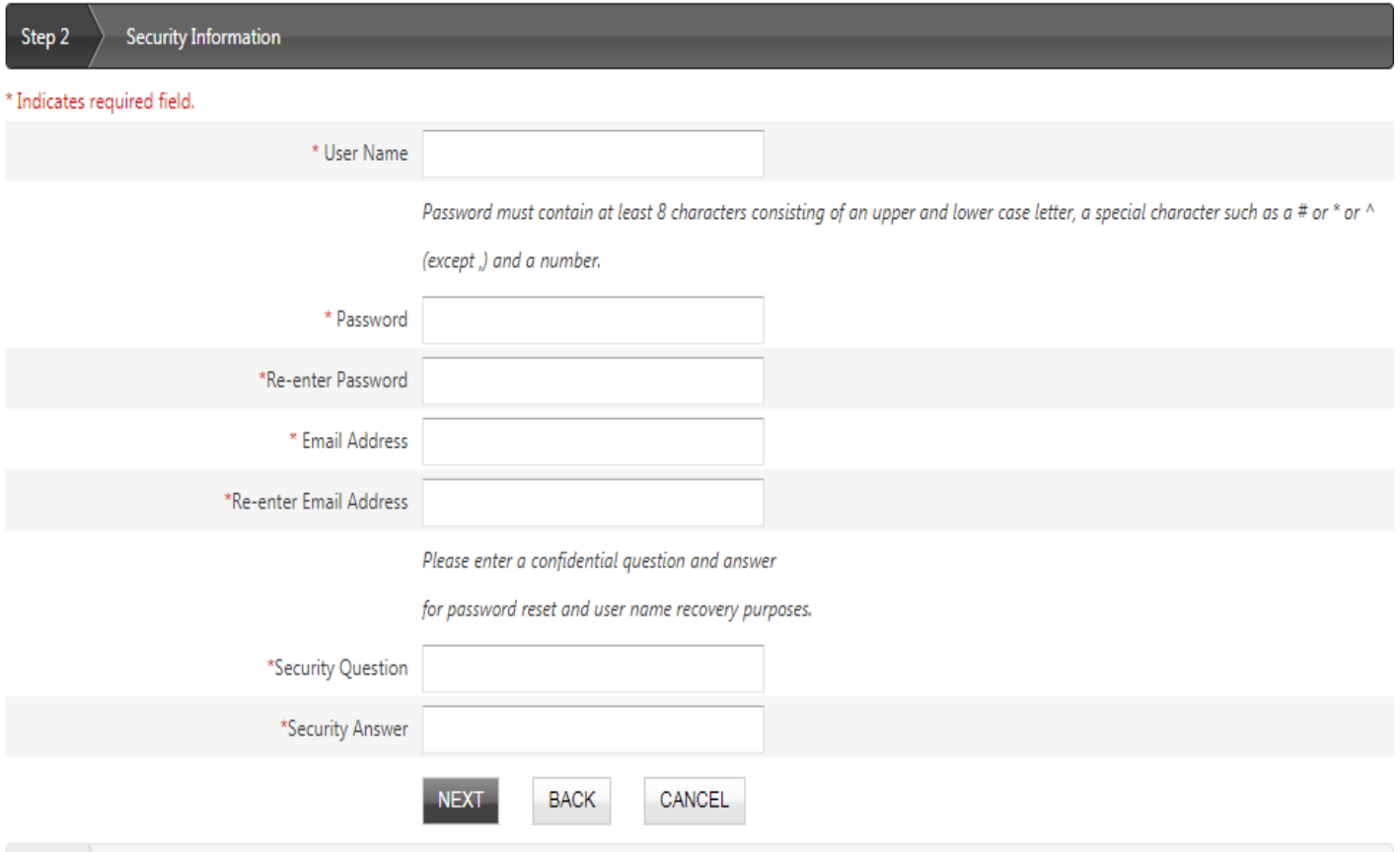
Step 2: Security Information

1. Complete all required fields with a red asterisk

Required Fields:

- **User Name**
- **Password**
- **Email**
- **Security Question**
- **Security Answer**

2. Click Next



Health PAS-OnLine Registration (cont.)

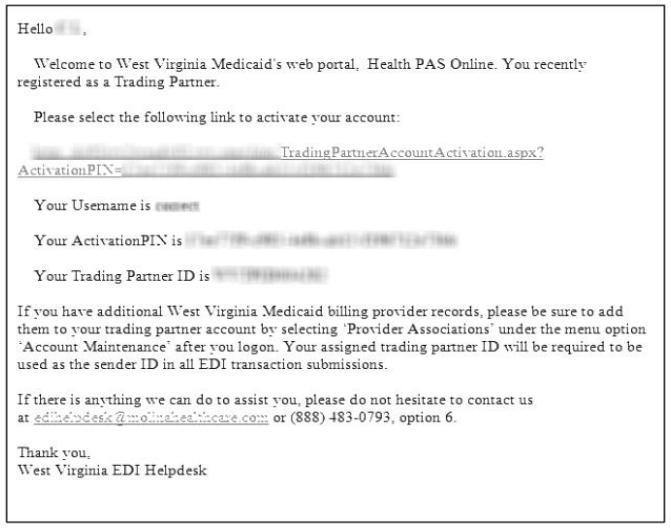
Continuing Registration:

Provider Trading Partner Agreement:

- **Read Agreement (click and scroll)**
- **Check box to agree to terms**
- **Sign**
- **Register**

Registration Email :

You will receive a confirmation email with the required information to complete the TPA activation. Click on the link in the email to activate your account.



Hello ,

Welcome to West Virginia Medicaid's web portal, Health PAS Online. You recently registered as a Trading Partner.

Please select the following link to activate your account:

TradingPartnerAccountActivation.aspx?ActivationPIN=

Your Username is

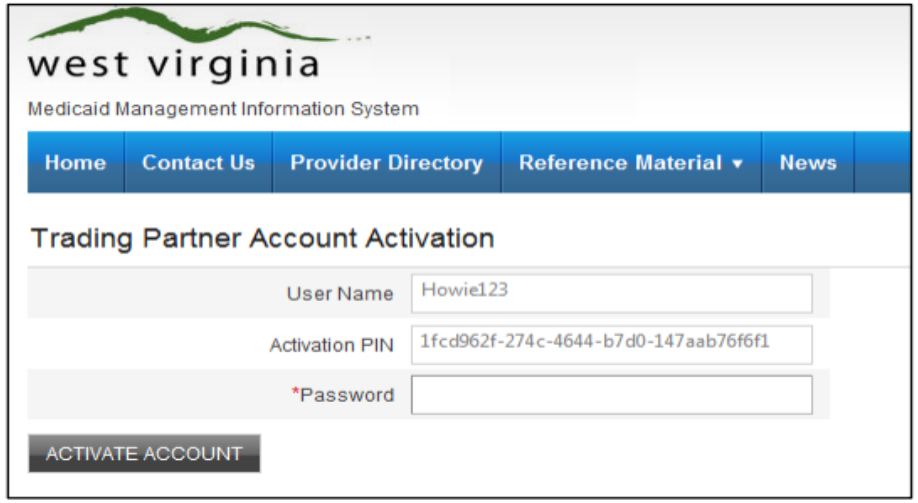
Your ActivationPIN is

Your Trading Partner ID is

If you have additional West Virginia Medicaid billing provider records, please be sure to add them to your trading partner account by selecting 'Provider Associations' under the menu option 'Account Maintenance' after you logon. Your assigned trading partner ID will be required to be used as the sender ID in all EDI transaction submissions.

If there is anything we can do to assist you, please do not hesitate to contact us at or (888) 483-0793, option 6.

Thank you,
West Virginia EDI Helpdesk



Health PAS-OnLine View/Submit Claims

How to View Claims:

From the home page, select Form Entry from the menu bar, then View & Submit Claims

This screen you will populate the last 40 claims submitted under the billing provider.

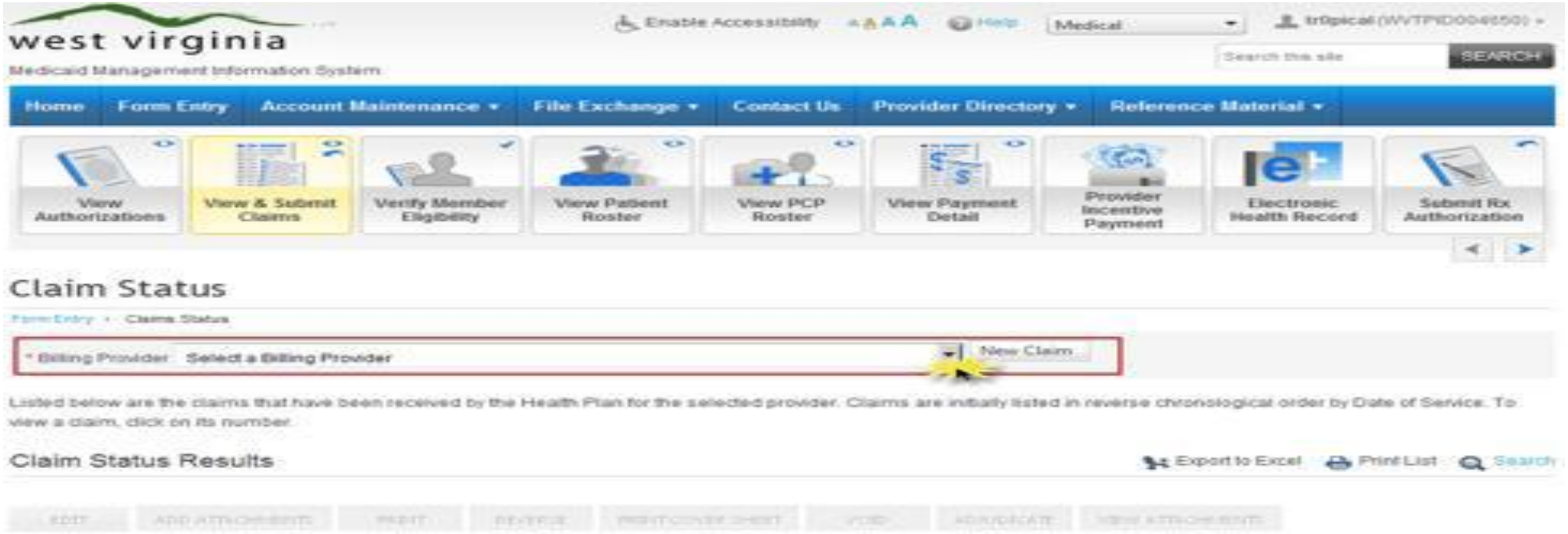
Health PAS-OnLine Submitting a Claim (cont.)

How to Submit a Claim:

Step 1: Select a Billing Provider

1. On the Claim Status screen, select the Billing Provider (agency) from the drop-down box to select the provider if not auto-populated.

2. Click New Claim



Health PAS-OnLine Submitting a Claim (cont.)

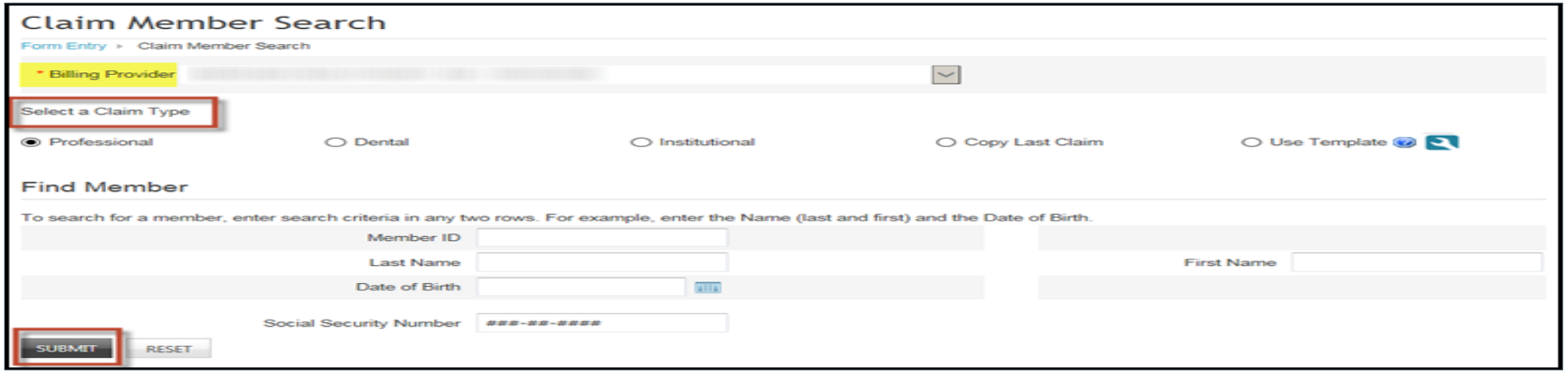
How to Submit a Claim (cont.):

Step 2: Claim Member Search

1. Select the applicable Claim Type for billing

2. Enter the member information. The members information requires two identifying pieces of information such as first name, last name and DOB or first name, last name and SSN.

3. Click SUBMIT



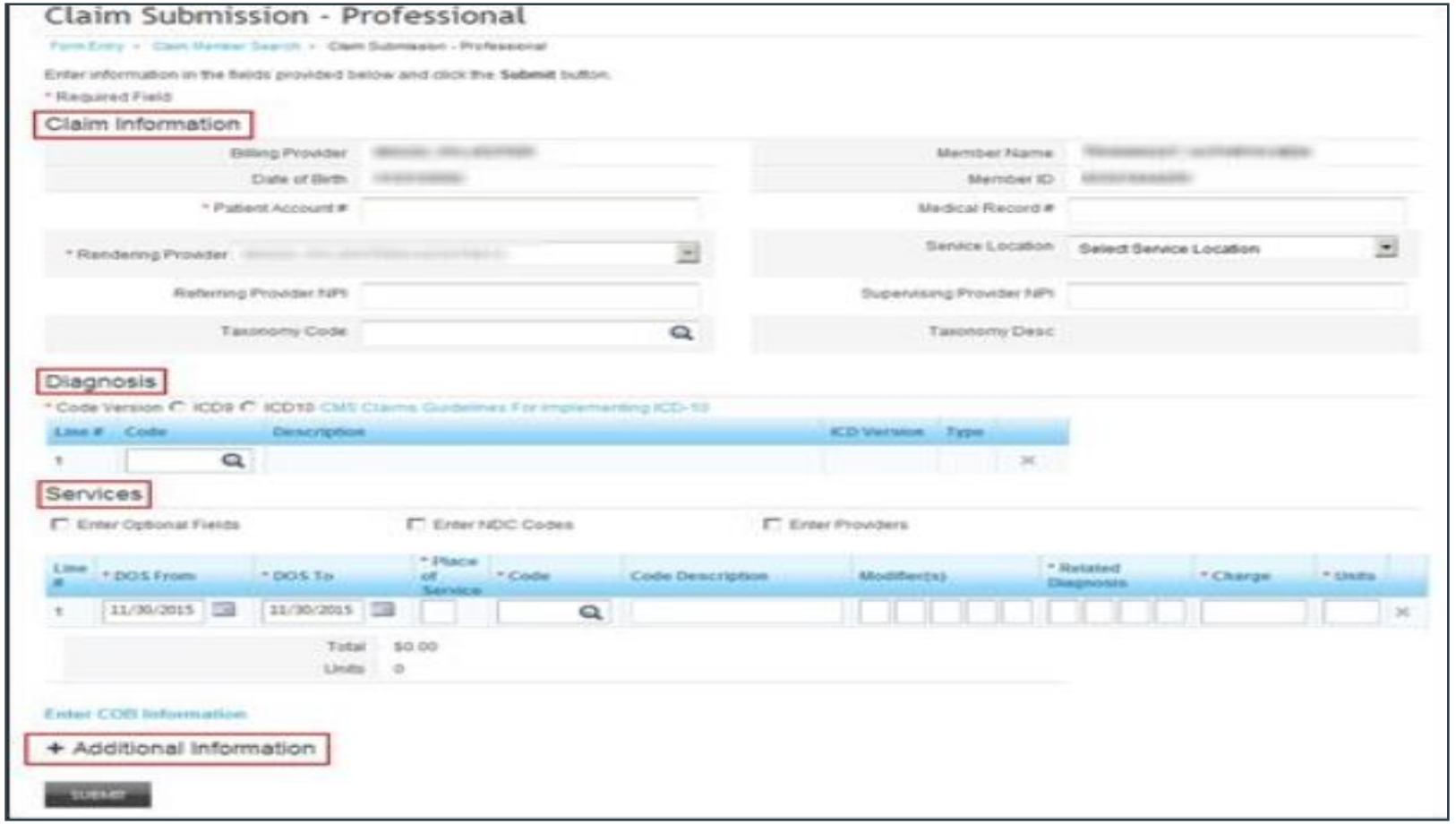
Health PAS-OnLine Submitting a Claim (cont.)

How to Submit a Claim (cont.):

Step 3: Claims Submission

1. Enter the required claims data fields with a red asterisk
   - **Claims Information**
   - **Diagnosis**
   - **Services**
   - **Additional Information**

2. Click SUBMIT



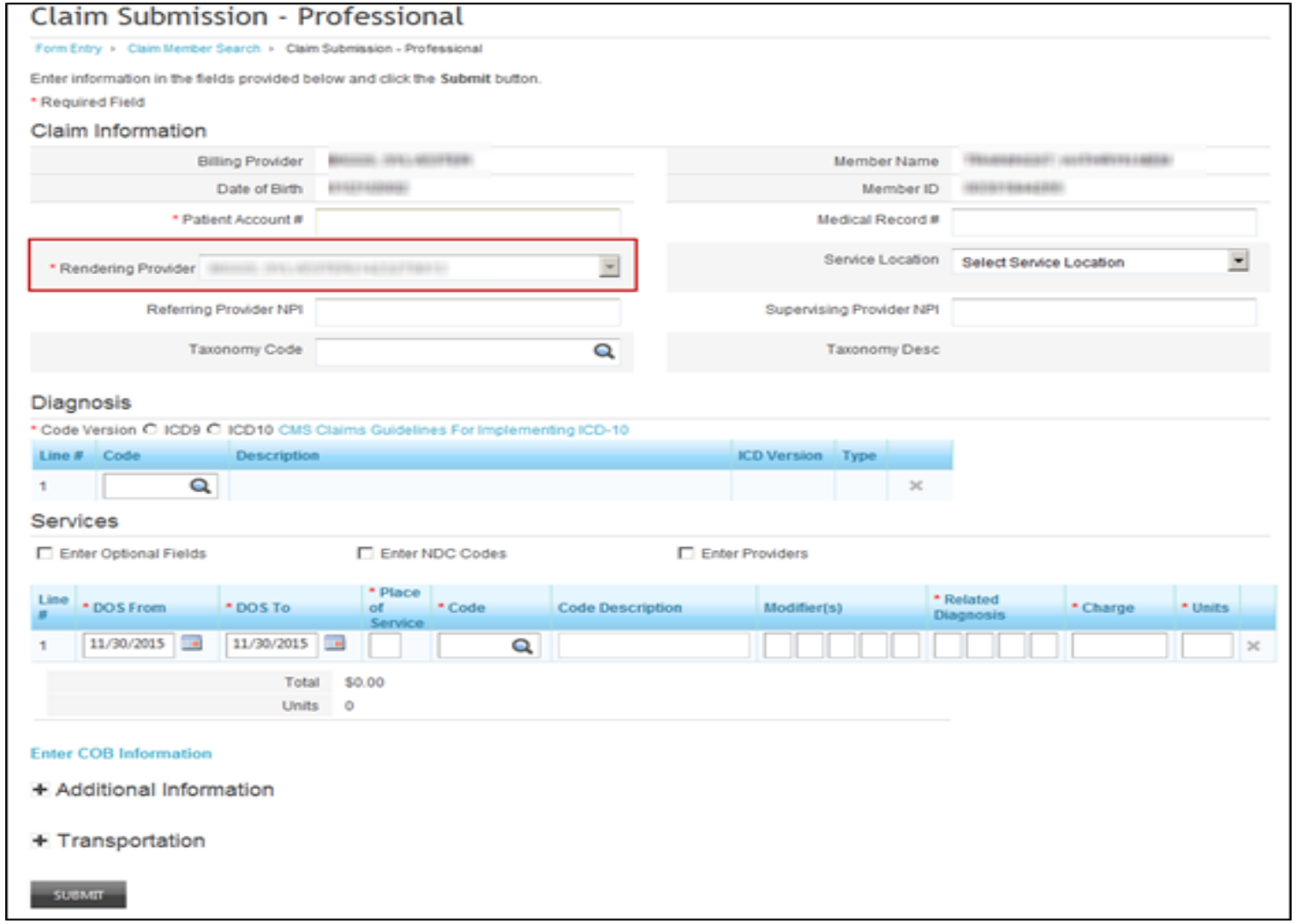
Health PAS-OnLine Submitting a Claim (cont.)

How to Submit a Claim (cont.):

Step 4: Claims Submission (cont.)

1. Enter the required claims data fields with a red asterisk
   - **Rendering Provider (This is where you will select the individual direct care worker/case manager for your claim services**

2. Click SUBMIT to generate Claim ID.

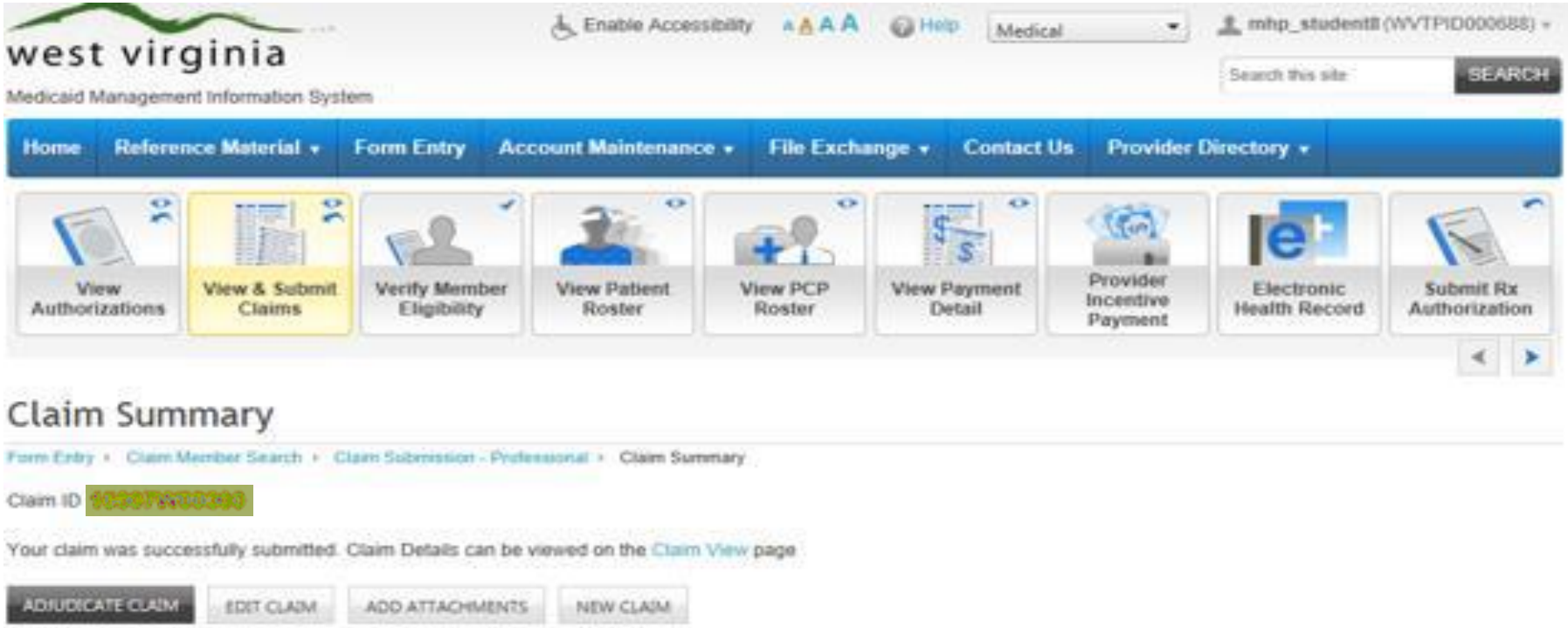


Health PAS-OnLine Submitting a Claim (cont.)

How to Submit a Claim (cont.):

Step 4: Claims Summary

The Claim ID will populate on the Claims Summary screen. From this screen the user can Adjudicate Claim, Edit a Claim, Add an Attachment, or create a New Claim. Adjudicating the claim is not required, however it does give the submitter the opportunity to identify any claim denials and allows for correction with the Edit Claim feature.

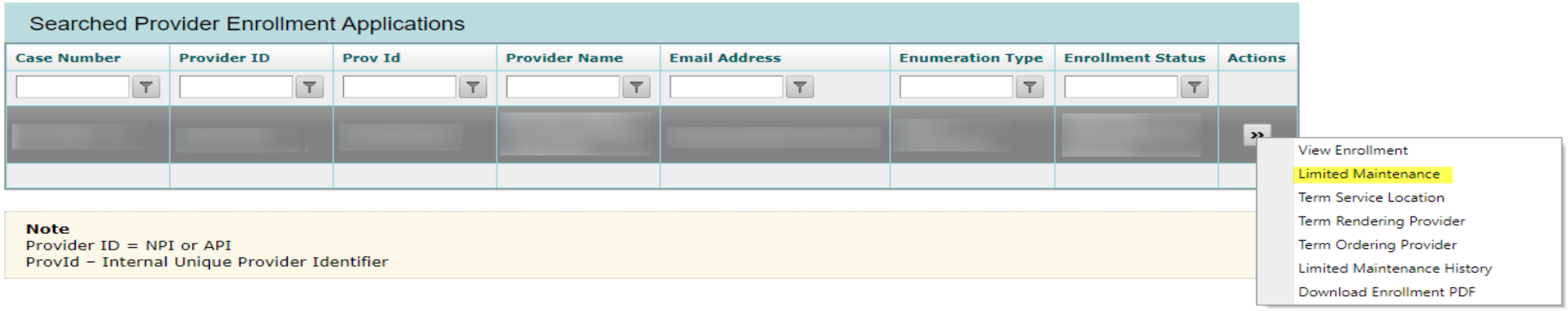


Enrollment Application

- Once signed in, select Account Maintenance then Provider Enrollment.

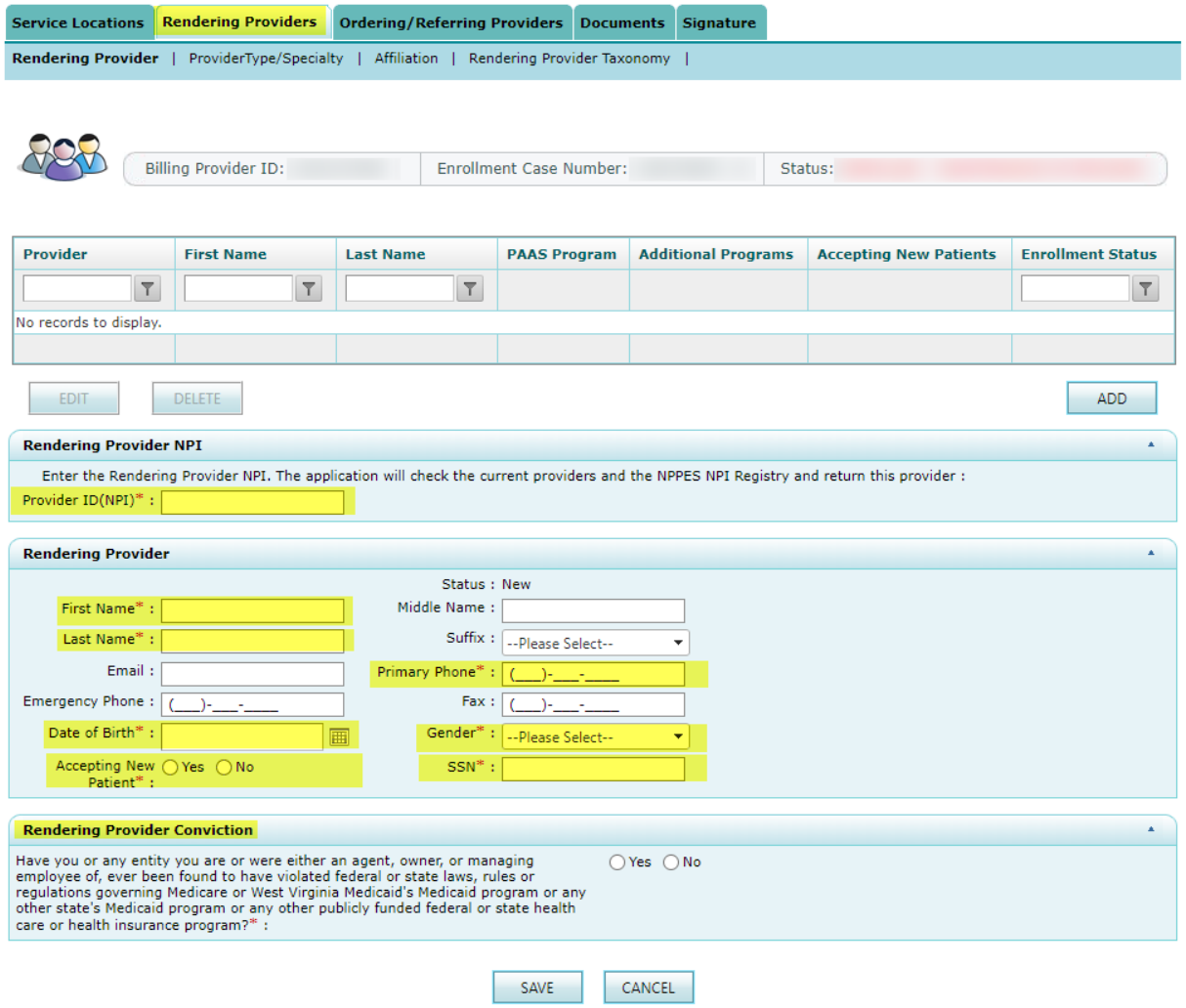
Enrollment Application

- Your agency will appear in a grid at the bottom of the page. You will click the arrows under the Actions box.
- To add a new provider you will select Limited Maintenance.



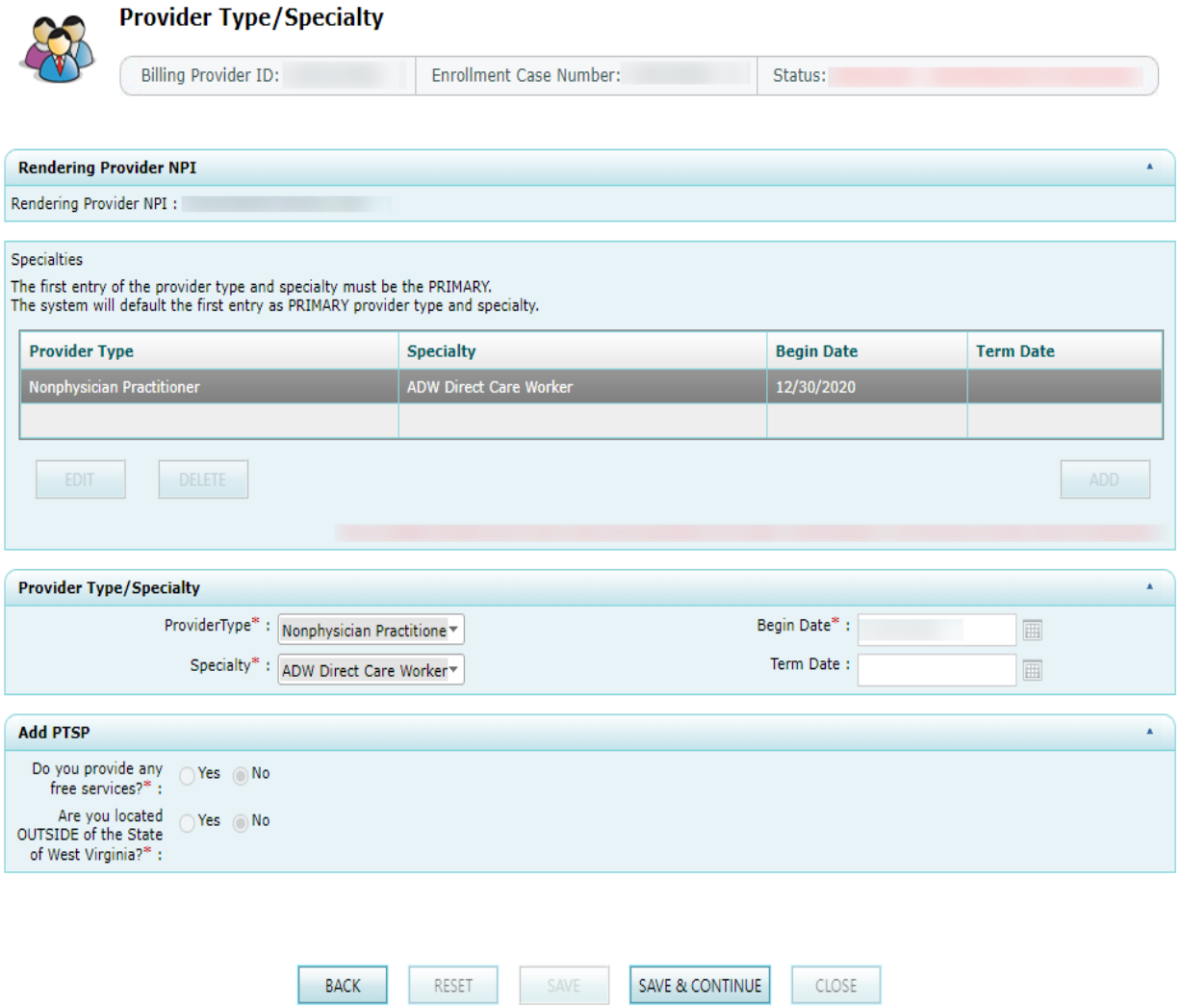
Enrollment Application: Adding a Rendering

- Select the Rendering Provider Tab
- Enter NPI
- Enter all information listed with a red asterisk
- Answer Rendering Provider Conviction question
- Save
- Save and continue



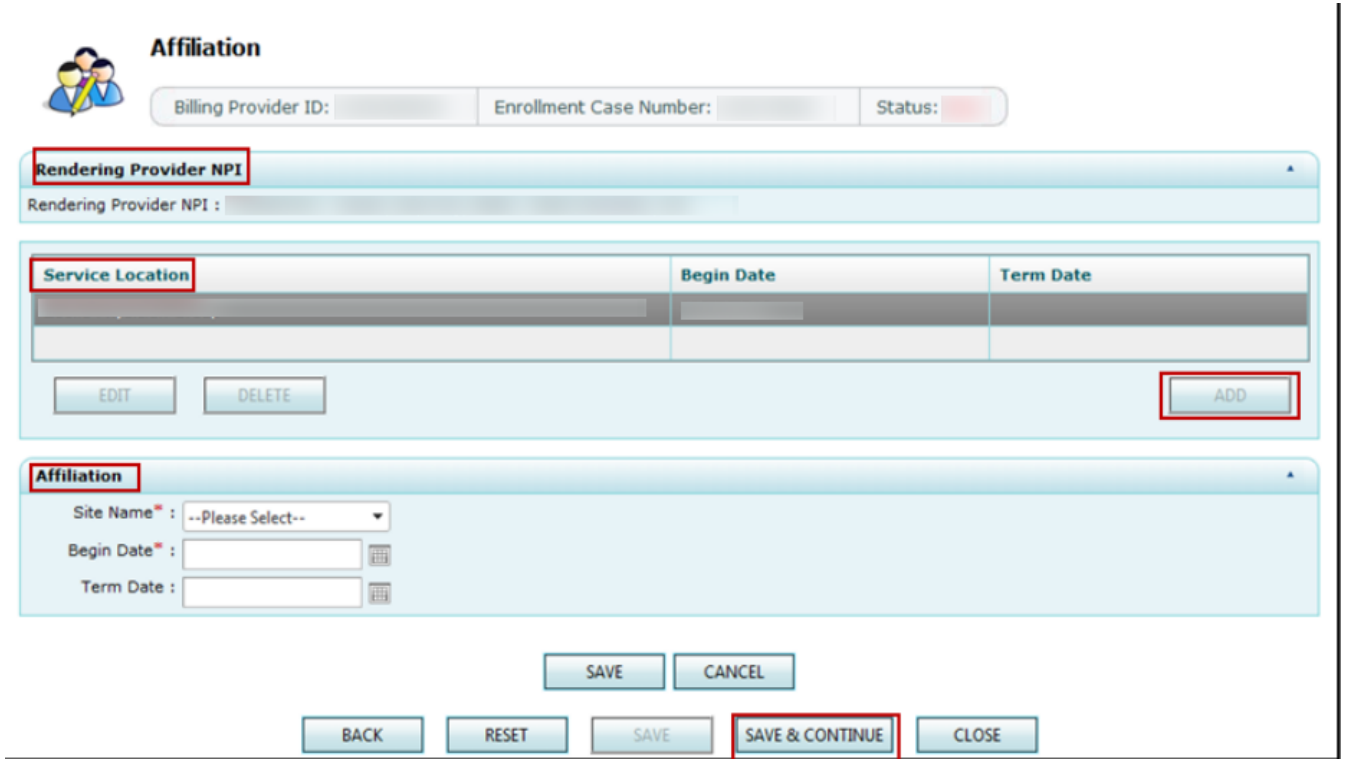
Enrollment Application: Provider Type/Specialty

- Provider Type: Use drop-down box to select Nonphysician Practitioner
- Use drop-down box to select specialty for provider: example shows direct care worker/case manager
- Answer any questions that populate after entering specialty.
- Save
- Save and continue



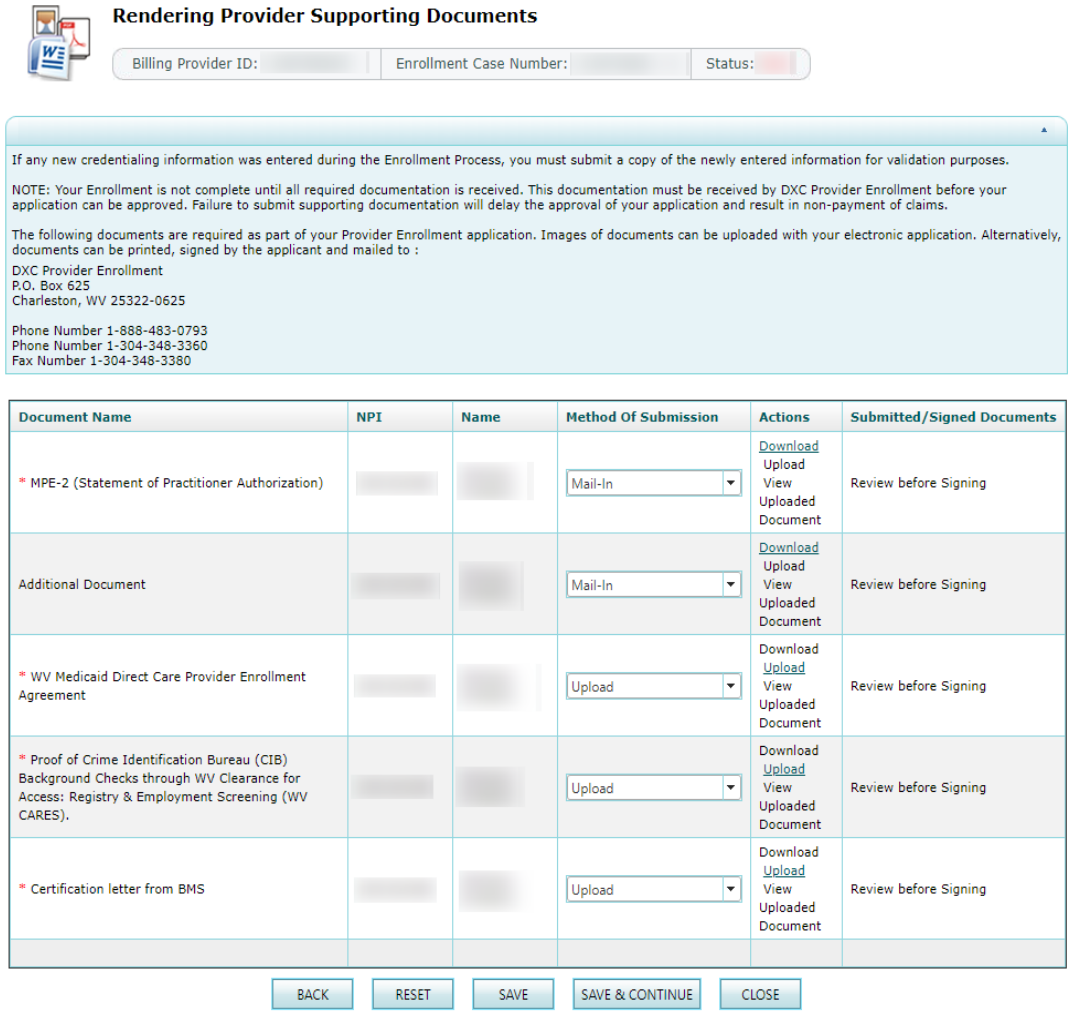
Enrollment Application: Affiliation

- Select your agency name from the drop-down box
- Enter date provider began at agency
- Save
- Save and continue



Enrollment Application: Documents

- You will select upload to send in your documents.
- MPE2 form
- WV Cares Letter
- Provider Agreement
- Agency letter
- If you do not have access to upload the documents you will select mail in and you can email the documents to: wvproviderenrollment@dxc.com
- Please include your case number if you send any documents by email



Rendering Provider Supporting Documents

Billing Provider ID: | Enrollment Case Number: | Status:

If any new credentialing information was entered during the Enrollment Process, you must submit a copy of the newly entered information for validation purposes.

NOTE: Your Enrollment is not complete until all required documentation is received. This documentation must be received by DXC Provider Enrollment before your application can be approved. Failure to submit supporting documentation will delay the approval of your application and result in non-payment of claims.

The following documents are required as part of your Provider Enrollment application. Images of documents can be uploaded with your electronic application. Alternatively, documents can be printed, signed by the applicant and mailed to :

DXC Provider Enrollment
P.O. Box 625
Charleston, WV 25322-0625

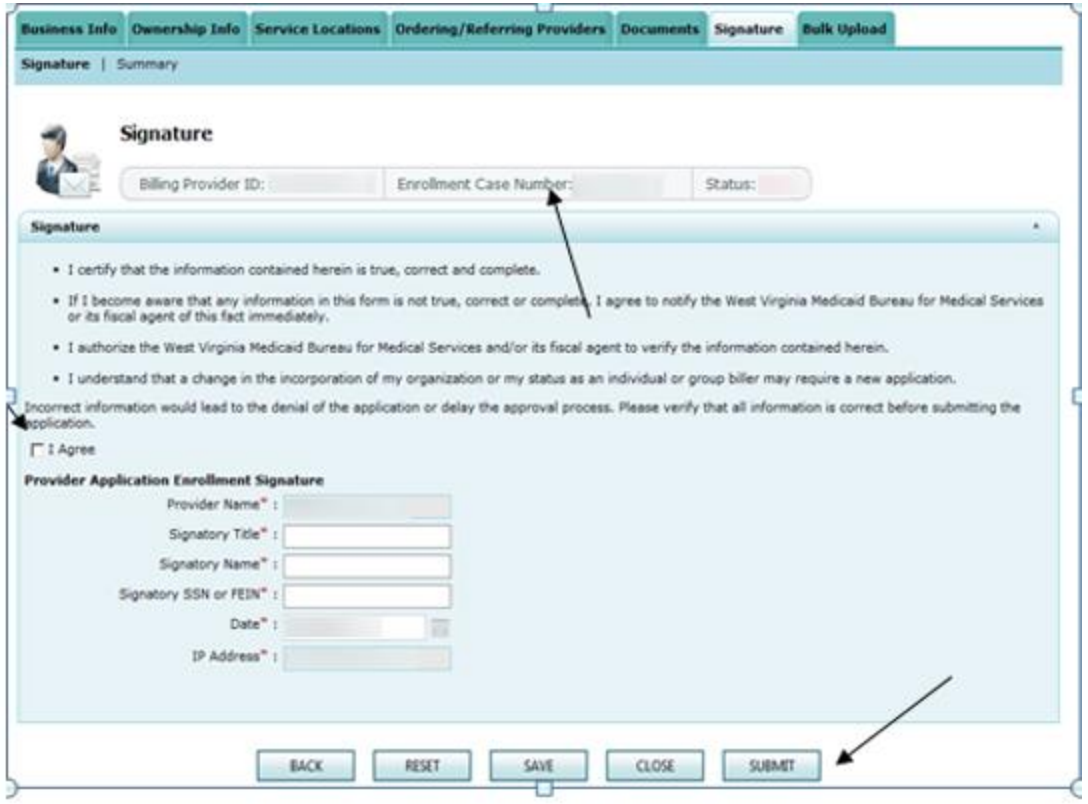
Phone Number 1-888-483-0793
Phone Number 1-304-348-3360
Fax Number 1-304-348-3380

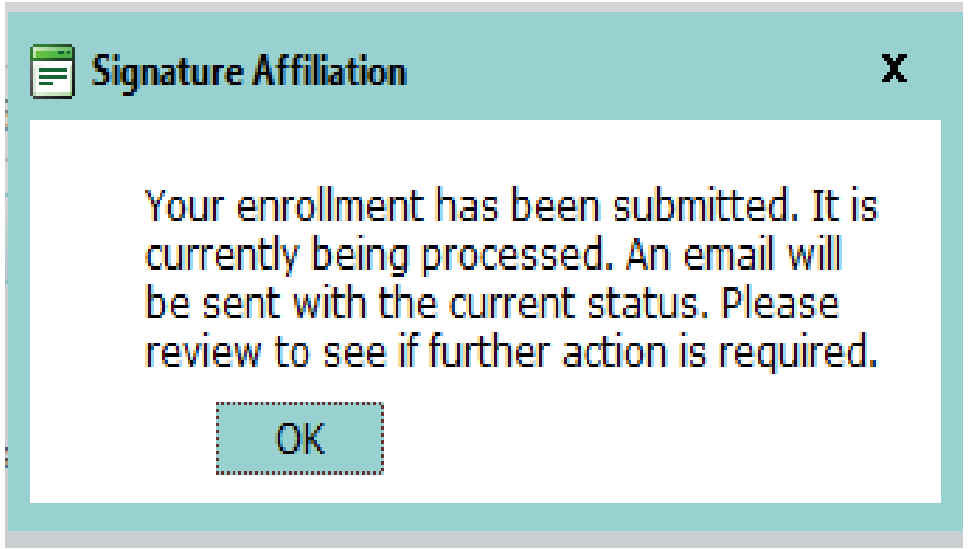
Document Name	NPI	Name	Method Of Submission	Actions	Submitted/Signed Documents
* MPE-2 (Statement of Practitioner Authorization)			Mail-In	Download Upload View Uploaded Document	Review before Signing
Additional Document			Mail-In	Download Upload View Uploaded Document	Review before Signing
* WV Medicaid Direct Care Provider Enrollment Agreement			Upload	Download Upload View Uploaded Document	Review before Signing
* Proof of Crime Identification Bureau (CIB) Background Checks through WV Clearance for Access: Registry & Employment Screening (WV CARES).			Upload	Download Upload View Uploaded Document	Review before Signing
* Certification letter from BMS			Upload	Download Upload View Uploaded Document	Review before Signing

BACK | RESET | SAVE | SAVE & CONTINUE | CLOSE

Enrollment: Signature

- Once all information has been completed the application can now be submitted. You will receive a confirmation message advising the application was successfully submitted and assigned a case number.
- This case number will be used to submit any documents, or to follow up on the status of the enrollment.





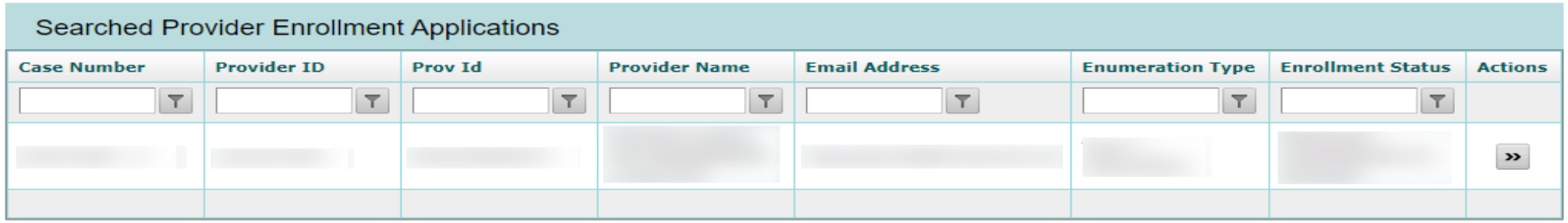
Health PAS-OnLine Confirming Provider Enrollment

- Sign into the Health PAS-OnLine Portal by clicking the Sign In option in the upper right-hand corner

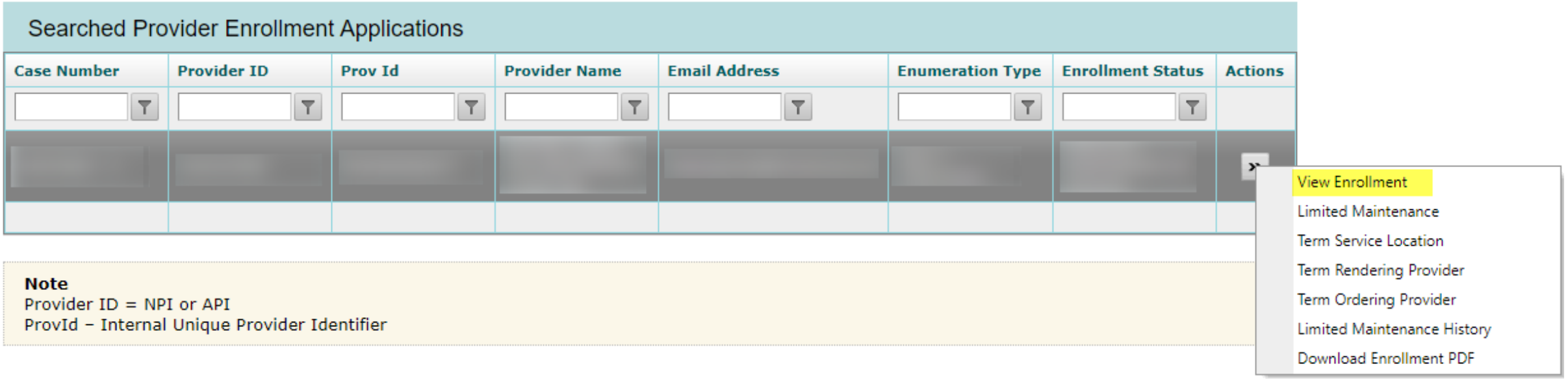
Select Account Maintenance from the menu bar, then Provider Enrollment

Health PAS-OnLine Confirming Provider Enrollment (cont.)

- Your agency will appear in a grid at the bottom of the page.



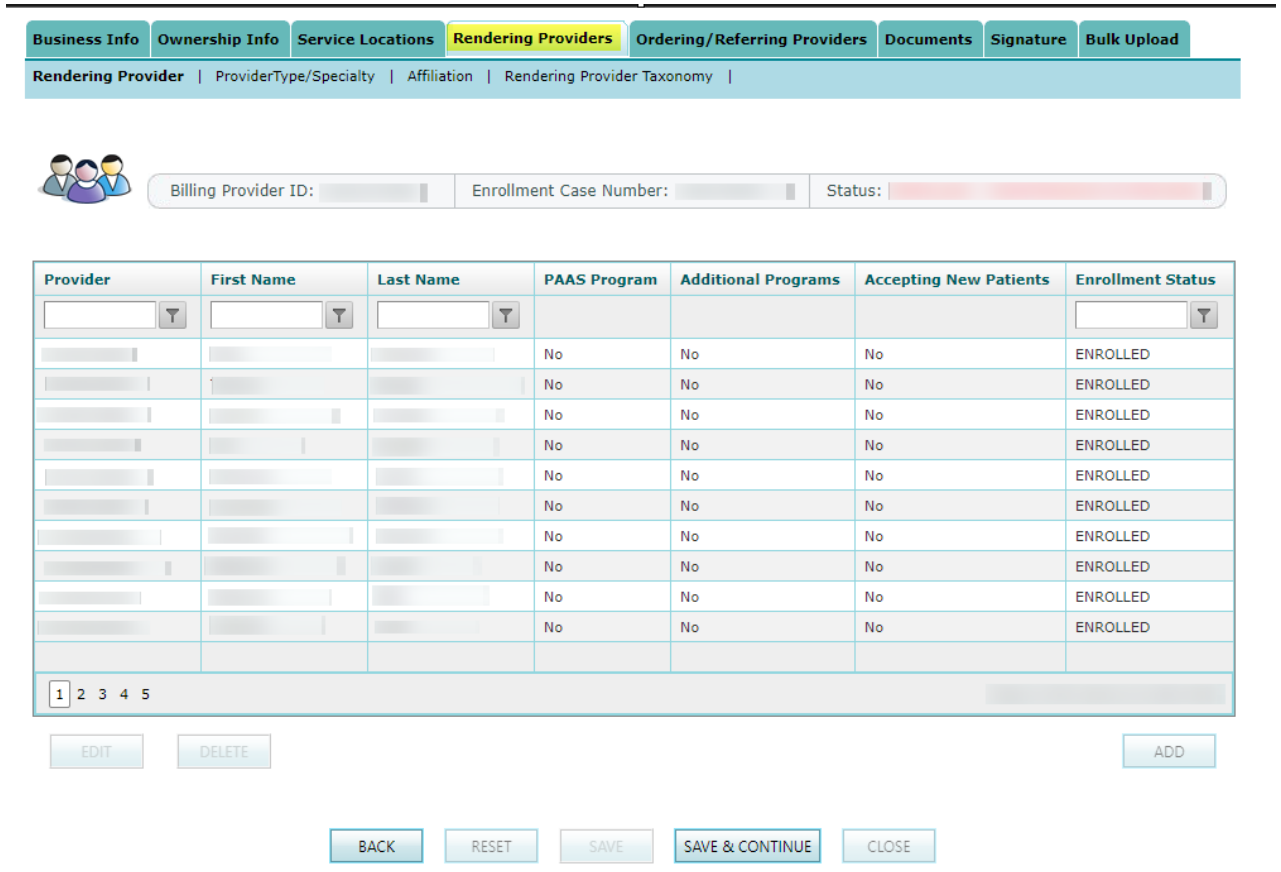
- Click on the >> under Actions and select “View Enrollment”



Note
Provider ID = NPI or API
ProvId – Internal Unique Provider Identifier

Health PAS-OnLine Confirming Provider Enrollment

Select the Rendering Providers tab to view a roster of rendering providers enrolled with your agency and their current enrollment status. Please note that the rendering providers are listed in NPI order.



Thank you

WV Children with Serious Emotional Disorder Waiver

CEDW Spring Provider Workshops

Jennifer Eva, Project Manager

aetna®

April 2021

WV Children with Serious Emotional Disorder Waiver (CSEDW) Program Overview

Training Objectives

1. Define Serious Emotional Disorder (SED).
2. The Primary Goals.
3. CSEDW Eligibility Criteria.
4. CSEDW Services
5. Becoming a CSEDW Provider.
6. Aetna's Responsibilities on the CSEDW Program.

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What is Serious Emotional Disorder?

- Children from age 3 up to the child's 21st birthday.
- Children with a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet the Diagnostic and Statistical Manual of Mental Health Disorders (DSM Criteria).
- Results in functional impairment substantially interfering with or limiting role of functioning in family, school and/or community activities.

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Primary Goals

- Provide support for children with Serious Emotional Disorder in the child's home and community.
- Prevent Psychiatric Residential Treatment Facility or Residential Treatment placement.

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CSEDW Eligibility Criteria

- Must meet medical eligibility;
- Must meet financial eligibility by being enrolled in WV Medicaid;
- Must be between the ages of 3 and 21;
- Must be a resident of West Virginia, and be able to provide proof of residency upon application; and
- Must have chosen Home and Community Based Services over services in an institutional setting.

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CSEDW Services

CSEDW Services

- T1016-HA: Case Management
- H2033-HA: Independent Living/Skills Building
- T2021-HA: Job Development
- T2019-HA: Supported Employment, Individual
- H0004-HA-HO: In-Home Family Therapy
- H0004-HA: In-Home Family Support

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CSEDW Services

- T1005-HA: Respite, In-Home
- H1005-HA-HE: Respite, Out-of-Home
- G0176-HA: Specialized Therapy
- T2035-HA: Assistive Equipment

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CSEDW Services

- T2038-HA: Community Transition
- H2017-HA: Mobile Response
- A0160-HA: Non-Medical Transportation
- H0038-HA: Peer Parent Support

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Becoming a CSEDW Provider

West Virginia Department of Health and Human Resources Bureau for Medical Services

Peer Recovery Support Services Update

Keith King, Program Manager
Substance Use Disorder Waiver Services

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

Peer Recovery Support Services

Peer Recovery Support Services (PRSS)

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 PRSS

Note: Group Peer Recovery Support services are not covered services.

Changes to PRSS Certification

- Starting October 1st 2020, BMS will accept either the BMS certification or the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) Peer Recovery Certification.
- For the next two years BMS will provide reimbursement for either certification, however, this is a transition period for the next two years.
- At the end of this two-year transition period, on October 1st, 2022, only PRSS with a WVCBAPP Peer Recovery Certification will be eligible to be reimbursed by Medicaid Services.
- On Sept 30th, 2022, BMS will no longer provide it's PRSS certification process or ethical investigations

BMS PRSS Certification

- 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 BMS PRSS Webinar: www.onlinelearning.wv.gov/student/home.html

- West Virginia Certification Board for Addiction & Prevention Professionals

  https://www.wvcbapp.org

- The PRSS employer must keep all documents on file including the PRSS applications, certificate and attestation of recovery, letters of reference, the employees' educational record, work history, etc.

WVCBAPP Peer Recovery Certification

- The West Virginia Certification Board for Addiction & Prevention Professionals (WVCBAPP) is a voluntary board whose purpose is to certify the qualifications and competence of the persons who are engaged in professional addictions services, be it treatment or prevention. The WVCBAPP is a member of the International Certification & Reciprocity Consortium on Alcohol and Other Drug Abuse (IC & RC), and as such adheres to the IC & RC requirements for certification of addictions counselors, prevention specialists, and clinical supervisors

- Information for West Virginia Certification Board for Addiction and Prevention Professionals can be found at the address below

wvcbapp.org

Comparison of Certification

PEER CERTIFICATION	Nationally Certified Peer Recovery Support Specialist (NCPRSS)	Peer Recovery Certification (PR)	Peer Recovery Support Specialist (PRSS)
Entity Providing Certification	NAADAC The [national] Association for Addiction Professionals. (In addition to being a credentialing organization for NCPRSS, NAADAC is a membership organization with membership available to "Peer Recovery Support Specialist" members.)	Administered by WV Certification Board for Addiction & Prevention Professionals (aka WV CBAPP, Cert Board) for IC&RC (International Certification & Reciprocity Consortium). WVAADC (WV Association of Alcoholism and Drug Abuse Counselors) supports the CBAPP credential for WV.	WV Bureau of Medical Services (WV Medicaid; BMS) (Certification is for billing purposes only)
Time	Min. 200 hrs direct practice (volunteer or paid) in a peer recovery support environment.	Min. 500 hrs work experience (volunteer or paid) in a peer recovery support environment under direct supervision.	2 hour webinar
Cost	Credential Fee: $235 Testing Fee: $150 Renewal Fee every two years: $200	Initial application: $75 Testing Fee: $100 Re-Certification every two years: $100	No cost
Time in Recovery (based on self-attestation)	2 years (SUD or SUD and MI)	2 years (SUD, MI, or both)	Currently in recovery for a minimum of two years and not have received SUD treatment for the preceding six months, except for Medication Assisted Treatment.
Training (not incl renewals)	60 hrs; also min. GED.	46 clock hours training approved by WV Cert Board – nationally recognized Peer Support Specialist Certification training; also min. GED.	HS Diploma/GED; Continuing education of 30 hours must be completed every 2 years in the competency domains and which must include six hours in ethics. Complete 40 contact hours of volunteer work or paid work at an agency or provider prior to Medicaid services being rendered.
Benefits	National reciprocation; recognized credential for high ethical standards and competency. Joint WVAADC/NAADAC membership includes free continuing ed benefits.	State-to-state and international reciprocity; recognized credential for high ethical standards and competency	LBHC (Licensed Behavioral Health Center) or CBHC (Comprehensive Behavioral Health Center) can bill Medicaid for PRSS employee's work (under SUD 1115 Waiver)
Practice Competencies/Test	Knowledge in the areas of the role of the Peer Recovery Support Specialist (25%); basic concepts of recovery practice (40%); pharmacology (15%); and professional issues (ethics) (20%). https://www.naadac.org/ncprss	Advocacy Recovery and Wellness Mentoring and Education Ethical Responsibility	https://dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Documents/Instructions%20for%20enrolling%20in%20Public%20LMS%20Course%20DHHR.PDF

Peer Recovery Support Services

- A Peer is an individual who shares the direct experience of addiction and recovery.
- Recovery Support Services are nonclinical services that assist individuals to recover from alcohol or drug problems.
- A Peer Recovery Support Specialist (PRSS) is a person who uses his or her own lived experience of recovery from addiction, in addition to skills learned in a formal training, to deliver services in Substance Use Disorder settings to promote mind-body recovery and resiliency.
- A PRSS is qualified and trained to provide collaborative services to assist members in achieving sustained recovery from the effects of substance abuse disorders.

PRSS Role Definition

- The Peer Recovery Support Specialist (PRSS) primary role is to assist members in overcoming barriers and helping them bridge the gaps between their needs and available resources in their community to sustain their recovery process. A PRSS is an individual who has the qualifications, education, and established experience and who has received certification in good standing by a certifying body of either BMS or West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP.)

- While the recovery community has several terminologies for individuals working in recovery services, such as recovery coach, peer coach, or recovery support specialist, these individuals may or may not have direct recovery experience. BMS only recognizes Peer Recovery Support Specialist as individuals who have direct, lived, personal experience with addiction and recovery

PRSS Role Definition (Cont.)

- Providers should ensure that the services that are delivered are based upon the service definition of the procedure code that is being billed. Individuals may fulfill several roles such as PRSS, Supportive Counseling, TCM or paraprofessional but the definition of the service code needs to be the focus.

- Providers must safeguard situations where dual role employees are not subjected to ethical conflicts or boundary issues that arise from possible dual relationships.

- PRSS services are not used for oversight, supervision or monitoring of individuals residing in a sober living residence or recovery homes.

- Peer recovery support services may be provided in any location *except* at the PRSS' home and location of service must be completed in a safe, harm-free environment that maintains confidentiality.

PRSS Role Definition (Cont.)

- PRSS services cannot occur during transportation of a member or during other recovery services such as group recovery meetings.

- A fundamental feature of peer recovery support is that the services are provided in the natural environment as much as possible with a primary PRSS developing rapport and a good recovery relationship. Telehealth may be utilized for these services and must follow all West Virginia Medicaid guidelines.

- Although there is a maximum of four hours (16 units) of daily PRSS services permitted, higher number units of billing should be a rare exception and justification for this duration will have to be well documented. Members requiring consecutive daily use of large number of units should be reassessed for the need for a higher level of care. This assessment should be documented in the member's file in clear terms with evidence of participation by the clinical supervisor.

Types of PRSS services

Overall services provided by PRSS includes:

- **Emotional**: Should demonstrate empathy, caring, or concern to bolster a person's self-esteem and confidence.
- **Informational:** Share knowledge and information and/or provide life or vocational skills training.
- **Instrumental:** Provide concrete assistance to help others accomplish tasks.
- **Affiliation Support:** Facilitate contacts with other people to promote learning of social and recreational skills, create community and acquire a sense of belonging.

Types of Activities – Self Help

- **Self Help**: Cultivating the member's ability to make informed, independent choices. Helping the member develop a network of contacts for information and support based on experience of the PRSS. Assist in developing social skills, repairing, rebuilding, or establishing prevention and/or recovery networks. Examples include, but not limited to:
  - Assist member to locate nearby AA/NA meetings online or other public resource.
  - Coach and model discussions with family members to resolve or ameliorate issues in a productive way.
  - Assist member to search internet/ I&R for housing, jobs, other necessities.
  - Assist member to identify their personal interests, goals, strengths and weaknesses regarding recovery.
  - Assist members via modeling and coaching to build social skills in the community that will help to build supportive environments for recovery.
  - Provide on-going assistance for members in obtaining and/or maintaining services from multiple system (mental health, CPS, criminal justice) and referrals to treatment services when necessary/appropriate.
  - Coach/model use of community transportation resources.

Types of Activities – System Advocacy

System Advocacy: Assisting the individual to talk about what it means to have a substance use or co-occurring disorder to an audience or group. Assisting the individual with communicating about an issue related to their substance use and/or their recovery. Also ensuring the member is informed regarding access points for prevention, treatment, and recovery resources within the behavioral health system. Examples include, but not limited to:

- Rehearsing individual presentation for AA/NA group.
- Discuss how to participate and benefit from supportive group activities (AA/NA, church, community activities.)
- Identify internal and external barriers to full participation in community resources and develop strategies to overcome the barriers.
- Assist member to identify and access community advocacy programs such as Legal Aid, Help 4 WV, Aunt Bertha.

Types of Activities – Individual Advocacy

Individual Advocacy: Discussing concerns about medication at the individual's request. Assisting with developing independence in self-referral techniques, accessing appropriate care, and understanding clear communication and coordination with any health care provider. Examples include, but not limited to:

- Discuss member concerns about medications or other health care.
- Coach and model appropriately assertive methods of communicating with health care providers in order to have needs met or questions answered.
- Assist member to obtain necessary records (Social Security card, birth certificate, divorce decree.)
- Assist member to access and utilize health care services.
- Assist member to develop a person-centered health care plan.
- Provide member with overdose prevention and risk reduction tools.
- Provide HIV and hepatitis education including explanation of explanation of available screening and medical care clinics.
- Provide member with illness management and recovery information and strategies
- Assist members to self-identify personal goals for recovery.

Types of Activities – Recovery Plan

Recovery Planning: Helping the member make appointments for all medical treatment when requested. Guiding the member toward a proactive role in health care, jointly assessing services, identifying triggers for use, developing a relapse plan, and building support network. Assisting the member with development of an individualized recovery plan specific to their needs and ensuring the member drafts and approves of their plan. Examples include, but not limited to:

- Assist member to articulate personal goals for recovery.
- Assist the member to identify their recovery goals, strengths and weaknesses to include in the person-centered plan.
- Model and coach member to identify and combat negative self-talk and overcome fears.
- Assist member to make appointments for treatment when member requests assistance.
- Assist member to build an emotional support group that facilitates sobriety.
- Assist member in identifying healthy recreational activities, diet and exercise routines that support recovery.

Types of Activities – Crisis Support

Crisis Support: Assisting the individual with the development of a personal crisis plan. Helping with stress management and developing positive strategies for dealing with potential stressors and crisis situations. Ensuring the member is aware of resources in their local community for crisis support and facilitating referrals to crisis interventions as needed. Examples include, but not limited to:

- Assist the member to develop and implement a personal crisis plan.
- Model and coach the member in appropriate coping and problem-solving behaviors.
- Provide emotional support for member in stressful times.
- Link member to professional medical/therapeutic staff or services when necessary.
- Encourage medication adherence.
- Assist the member to identify and avoid self-defeating behaviors which result in personal difficulties and crisis situations.

Types of Activities – Relapse Prevention

Relapse Prevention: Assist the member with identifying the member's early signs of relapse and how to request help to prevent a crisis. Assisting the member in learning how to use the crisis/relapse plan. Educating on relapse prevention and identifying relapse trigger, developing a relapse plan and prevention. Learn new ways to live life without the inclusion of drugs, skills building for such things as time management and connecting with prosocial activities. Examples include, but not limited to:

- Assist member to identify and plan for early signs of relapse.
- Assist member to identify triggers for cravings and urges to relapse and incorporate into personal relapse prevention plan.
- Assist the member to develop a written person-centered relapse prevention plan that includes strategies for avoidance.
- Educate and rehearse the member in utilization of the personal relapse plan until it is familiar and can be recited without cues.
- Model and coach ways of sober living through skill building, establishment of supportive resources and prosocial activities.

Types of Activities – Housing/DLS

- **Housing and Daily Living Skill Development**: Assisting the member with learning how to maintain stable housing through bill paying and organizing his or her belongings. Assisting the member in locating improved housing situations, and identifying relapse or crisis risks in their current living environment. Teaching the member to identify and prepare healthy foods according to cultural and personal preferences of the member and his/her medical needs. Examples include, but not limited to:
  - Educate and coach the member on adult living skills such as budgeting, maintenance of living area, housekeeping, other skills as necessary.
  - Assist the member to locate suitable affordable housing, engage utilities, obtain furnishings, other necessary household items.
  - Teach the member the basics of healthy nutrition and assist the member to obtain and prepare healthy foods according to cultural and personal preferences, in compliance with any dietary restrictions dictated by health conditions.
  - Model and coach appropriate interactions with authorities related to housing.

Types of Activities – Education/Employment

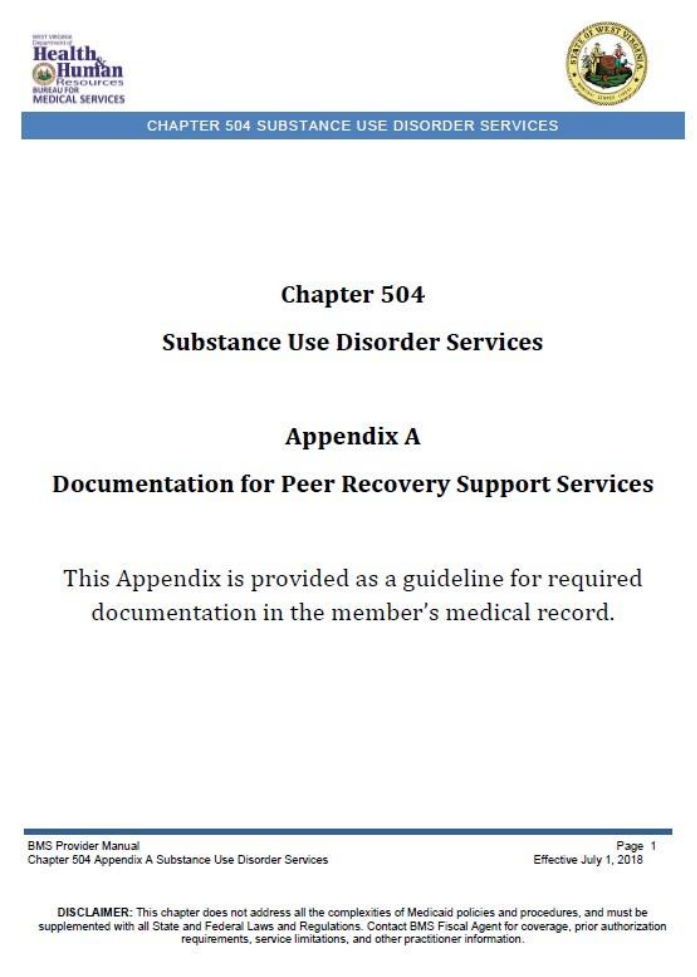
Education/Employment: Assisting the member in gaining information about returning to school or work Facilitating the process of asking an employer for reasonable accommodation for psychiatric disability (mental health day, flex time, etc.). Assistance in preparing a resume, and skill development for a successful job interview. Examples include, but not limited to:

- Assist member to identify and clarify personal goals for employment and/or education.
- Assist member to obtain and complete applications, forms, other documents, as necessary.
- Model and coach self-advocacy skills in the workplace such as appropriate assertiveness, anger management.
- Model and coach appropriate work site apparel and behavior.
- Model and coach appropriate interview skills for employment or education.
- Assist member to access Jobs and Hope program for employment when appropriate.
- Model and coach time management skills.

Non-PRSS Services

1) Taking members to the grocery store
2) Taking members to AA/NA meetings after the initial adjustment period
3) Driving a member to work on a regular basis
4) Attending group therapy with the member
5) Driving a member to church after initial adjustment period
6) Making appointments for the member in the member's absence
7) Composing a relapse prevention plan that is not person-centered and guided by the member
8) Monitoring the member for the sole reason of preventing relapse
9) Moving the member, filling out forms, locating apartments, obtaining furniture without the participation of the member
10) Staff meetings that do not include the member
11) Documentation time
12) Group transportation time of any sort (other than assisting member to learn local mass transportation systems)

PRSS Documentation



CHAPTER 504 SUBSTANCE USE DISORDER SERVICES

Chapter 504

Substance Use Disorder Services

Appendix A

Documentation for Peer Recovery Support Services

This Appendix is provided as a guideline for required documentation in the member's medical record.

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Chapter%2050 4%20Appendix%20A%20Documentation%20for%20Peer%20Recovery%20Support% 20Services%20Final%205.9.18.pdf

PRSS Recovery Plan

- PRSS service, objectives and goals must be present in the member's Service Plan.
- If clinical services have been terminated but recovery services continue, a recovery plan/strategery is developed to reflect recovery goals and objectives This should include determining wellness markers, recognizing triggers, determining warning signs and managing crisis.
- There are several different types of recovery assessments and plans that can utilized to assist in determining goals and objectives for members receiving PRSS services. Some of these include;
  - Recovery Capital Scale
  - Recovery Coach Academy, Recovery Wellness Plan

  Websites that aid in recovery plans
  - https://www.recovery.org/pro/articles/developing-your-personal-recovery-plan-template-included/
  - https://www.samhsa.gov/find-help/recovery

BMS Ethics and Appeals

During the transition stage, the BMS will develop a committee to investigate ethical complaints for BMS certified PRSS services. This will encompass a committee of three people appointed by BMS to gather information concerning ethical complaints and grievances. All complaints/grievances must be submitted in written, signed, and submitted through email or mail documentation. Additional information may be request by the committee. Complaints will be investigated and reviewed by the committee within 15 business days and after review, decisions will be determined. If an individual is duly certified, WVCBAPP will conduct the ethic's investigation.

BMS Ethics and Appeals (Cont.)

Ethics and appeals section can be found in the policy Chapter 504.15.1.

Ethics Complaints may be mailed, emailed to the following:

Mail:

Bureau for Medical Services
Substance Use Disorder Division
350 Capitol Street,
Room 251 Charleston,
WV 25301-3706

Email: DHHRBMSSUDWaiver@wv.gov

Please add the subject line: Ethics/Confidential to documentation.

BMS Ethics and Appeals (Cont.)

Within two weeks of the receipt of the complaint, the complainant will receive a notice from the BMS SUD Waiver program manager with intent to open an investigation or dismiss the complaint. With the exception of an interview by the committee with the complainant, all information obtained while investigating, including notes, reports, interviews, transcripts, and any documentation generated or received during an investigation shall remain confidential.

The respondent will be notified in writing of the accusation within two weeks of the opening of an investigation. Failure to acknowledge the written notice of investigation will result in a suspension of certification until such time that the situation is resolved. Investigation may be done in writing, by phone or in person. Complaints will be reviewed by a committee's members.

If a violation of a recipient's rights or the law is discovered the information may be forwarded to the appropriate agency.

BMS Ethics and Appeals (Cont.)

Notice of Outcome

- The outcome of the investigation may include but are not limited to, suspension or removal of certification, reeducation requirements, corrective action, or dismissal of the complaint.
- Suspension is the loss of certification for a specified period. Removal is the permanent loss of certification. Length of suspension shall be determined by the Peer Recovery Support Services Unit in its sole discretion under consultation with the ethics committee.
- Certification may be suspended during the investigation of a complaint, depending on the severity of the complaint. Reeducation or corrective action may be required as determined by the Peer Recovery Support Services Unit in its sole discretion.
- The complainant will be notified at the completion of the investigation but will not receive notification of the actions taken.
- All ethics complaints and grievances will be shared and transitioned to the board of WVBCAPP. An ethics complaint should never take the place of notifying law enforcement or other authority.

Resources

- Information on SUD Waiver services can be found in Chapter 504 of the West Virginia Medicaid Provider Manual: dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx

- The BMS SUD Waiver webpage: dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/default.aspx

- Information about the ASAM® criteria: www.asam.org/resources/the-asam-criteria/about

Contact

Keith King, Program Manager
Substance Use Disorder 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
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2021 Spring Virtual Provider Workshop

Thank you for Attending!

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BUREAU FOR MEDICAL SERVICES

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