

West Virginia New Medicaid Management Information System (MMIS) Provider Training

December 2015



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

Agenda

- **Welcome and Introductions**
- **Billing and Procedure Updates**
- **Addition of WV Children's Health Insurance Program (CHIP) to the Medicaid Management Information System (MMIS)**
- **Web Portal Functionality**
- **Contact Information**
- **Questions and Answers**

West Virginia Medicaid New MMIS Training

- On January 19, 2016, a new Medicaid Management Information System (MMIS) will be implemented.
- The new MMIS is for fee-for-service members only.
- Does not impact the claims that providers submit to the Managed Care Organizations (MCOs).
- This presentation will review some changes that will impact providers and the new functionality in the Molina web portal.

Drug rebate

- Molina will be resolving rebate disputes.
- Verification letters will be sent to providers in order to resolve disputes.
- Providers will need to review the letters and respond.

Anesthesia billing requirements - minutes vs. units

- Currently, anesthesia services may be billed in units and or minutes without any service type requirements.
- In the new MMIS, anesthesia services must be billed in minutes to require the “MJ” qualifier in the SV103 per the TR3.
- Dentists are excluded from billing anesthesia in minutes. They will continue to bill in units.
- The companion guides and paper billing instructions have all been updated for this requirement.

National Provider Identifier (NPI) enforcement when billing the Physician Assured Access Program (PAAS) provider identification (ID)

- Traditionally, providers have been allowed to bill either the legacy Medicaid ID or NPI as the PAAS provider ID.
- The new MMIS requires that NPI be billed as the PAAS provider ID.
- The legacy Medicaid ID will no longer be accepted.

Pay-To Affiliation Check

- In the new MMIS, there will be an Electronic Data Interchange (EDI) check to see if there is a valid\active pay-to affiliation for the providers present on the claim.
- If there is no valid\active pay-to affiliation on file for the claim, it will reject on the Business Rejection Report (BRR) on error code 0x9999335 “Pay-To Affiliation Error: No Affiliation Found to Pay-To Provider.”

Validation of Member’s Date of Birth (DOB)

- In the new MMIS, the member’s DOB will be validated to ensure the DOB that is being billed matches the DOB on file.
- If the DOB is incorrect, the claim will reject on a BRR stating “No member on file” on edit 0x9999349.

National Provider Identifier (NPI)

- If your business provides the same services at multiple service locations, the business may enroll under a single NPI with multiple service locations.
- If your business provides different services at multiple locations, each service location must have its own NPI.
- Multiple provider types and specialties can no longer be enrolled under the same NPI.

Paper Claim Submission

- In the new MMIS, Molina will run a monthly report to identify providers who bill on a paper claim form for services that cannot be billed electronically.
- Effective on the go-live date, a provider cannot bill more than 500 paper claims per month.
- If a provider exceeds 500 paper claims per month, a Molina provider field representative will contact the provider to assist him/her with web portal registration and navigation.

Ordering/Referring/Prescribing (ORP) providers do not bill WV Medicaid or WVCHIP directly

- Edits were implemented effective June 23, 2014, with a “WARN” message.
- In the new MMIS, if the ORP provider is not enrolled in WV Medicaid, the claim will be denied.
- Look for a list of ORP providers to be placed on Molina’s web portal and updated weekly.

Addition of WVCHIP to the MMIS

The new MMIS will begin processing WVCHIP claims

- Providers will submit WVCHIP claims using the same applications that they use to submit WV Medicaid claims.
- Providers will use their provider ID and the WVCHIP member ID on the claims. Member IDs are not changing.
- Claims must be submitted to Molina starting January 1, 2016, based on date of service.
- For all dates of service prior to January 1, 2016, those claims need to be submitted to Health Smart.
- All claims will be held until January 19, 2016, and will begin processing on that date.
- Do not submit electronic claims until the system live date, January 19, 2016. All claims with dates of service January 1, 2016, and thereafter, will be processed by Molina after January 19, 2016.
- Pharmacy claims will continue to be processed by Express Scripts, Inc.

Prior Authorizations still need to be obtained from Health Smart.

Addition of WVCHIP to the MMIS (Cont.)

If a provider is enrolled with WV Medicaid, they will only need to complete an abbreviated enrollment for WVCHIP. If the provider is not enrolled in WV Medicaid, they will need to complete the full enrollment form.

- To obtain these forms:
 - Go to www.wvmmis.com and complete the provider survey, or
 - Contact Provider Enrollment at 888-483-0793 to request one be mailed.

Health PAS Online Web Portal - The New Look



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Medicaid Management Information System



[Enable Accessibility](#) [AAA](#) [Help](#) [Sign In or Register](#)

[Home](#) [Reference Material](#) [News](#) [Contact Us](#) [Provider Directory](#)

Welcome to Health PAS-OnLine

Medicaid is a State and Federally funded Program for eligible individuals and families



GENERAL MEMBER PROVIDER

Announcements

1/22/2015 11:25 AM

Welcome to the new WV Medicaid and CHIP Web Portal.

Welcome

Welcome to Health PAS-OnLine, West Virginia Medicaid and CHIP's web portal for Members and Providers.



Medicaid News

[Spring and Fall 2014 WV Provider Workshop Presentations](#)
1/5/2015 3:30 PM

[WV Medicaid is following Medicare by Adding Temporary G Codes](#)
1/5/2015 3:00 PM

Member

Login to the Member Secure Portal to view your

- ▶ Medicaid claims and notifications
- ▶ Medicaid programs and benefits
- ▶ Directory of Providers

Providers / Trading Partners

Login to the Provider Secure Portal to

- ▶ View Medicaid eligibility and history
- ▶ Submit claims

What is the Same?

- Web address: www.wvmmis.com
- Trading partner IDs
- User names
- Member rosters will be carried over
- Access past reports and Electronic Data Interchange (EDI) responses

What is New?

Contact Us

- Secure messaging
- Call back
- Web chat

Submit Direct Data Entry (DDE) Claims

- View and submit claims, patient roster, Primary Care Provider (PCP) roster and verify member eligibility
- Adjudicate a claim
- Edit a claim

Submit Pharmacy Authorizations

View Patient Roster

- Enter new and view previous Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) assessments
- Add inter-periodic screening notes

What is New? (Cont.)

- **Electronic Health Records**
- **Grievances and Appeals**
 - Claims, prior authorizations, enrollment, cost settlement, etc.
 - Submitted online or by mail/fax
- **Multi-Partition**
 - Access medical and pharmacy specific content with a single web portal account
- **Receive 277CA Claim Acknowledgement Reports**
 - Reports receipt acknowledgement of an incoming 5010 837 claim submission
- **Receive 277U Unsolicited Claim Status Reports**
 - Reports unsolicited claim status for non-finalized claims where the provider has affiliation

Registration

Providers can register as a trading partner for WV Medicaid, WVCHIP, and/or Behavioral Health and Health Facilities (BHHF).

Necessary Information:

- Tax ID or SSN
- NPI or Atypical Provider Identification (API)
- Name and email address
- Personal Identification Number (PIN) (obtained from the enrollment welcome letter)

Non-enrolled billing providers may register for an account and will be provided access to the Health PAS Provider Enrollment online application.

The screenshot shows the West Virginia Health PAS-OnLine website. At the top, there is a navigation bar with links for Home, Reference Material, News, Contact Us, and Provider Directory. A search bar is located in the top right corner. The main content area features a large banner with the text "Welcome to Health PAS-OnLine" and a sub-headline "Medicaid is a State and Federally funded Program for eligible individuals and families". Below the banner are three tabs: GENERAL, MEMBER, and PROVIDER. The PROVIDER tab is selected. The main content area is divided into three columns. The left column contains a "Welcome" section with a sub-headline "Welcome to Health PAS-OnLine, West Virginia" and a sub-text "Medicaid and CHIP's web portal for Members and Providers." Below this is a photo of a healthcare professional and a family. The middle column contains a "Medicaid News" section with two articles: "Spring and Fall 2014 WV Provider Workshop Presentations" and "WV Medicaid is following Medicare by Adding Temporary G Codes". The right column contains a "Member" sidebar with a login link and a list of services: "Medicaid claims and notifications", "Medicaid programs and benefits", and "Directory of Providers". Below the Member sidebar is a "Providers / Trading Partners" sidebar with a login link and a list of services: "View Medicaid eligibility and history" and "Submit claims". The "Register" link in the top right navigation bar is highlighted with a red box.

Sign In

In the Health PAS Online banner, click the 'Sign In' hyperlink.

Enter the following information:

- User name
- Password
- Read the "Attention HIPAA PHI" statement and select the check box
- Click "Sign In"

If an incorrect password is entered five times, the account will be locked. Contact the EDI Helpdesk to unlock the account.

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MOLINA
Medicaid Solutions
Medicaid Management Information System

Enable Accessibility A A A Help Sign In Register

Search this site SEARCH

Home Reference Material News Contact Us Provider Directory

Welcome to Health PAS-OnLine
Medicaid is a State and Federally funded Program for eligible individuals and families

GENERAL MEDICAL

Welcome
Welcome to Health PAS-OnLine
Medicaid and CHIP's web page for
Providers.

User Name
Forgot User Name? Retrieve

Password
Forgot Password? Reset

I have read and accept the HIPAA PHI privacy policy.

SIGN IN

Attention HIPAA PHI: Special Handling Required.
This website contains Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal law mandates that you not use or disclose the information contained herein in any way that will compromise the privacy, security or confidentiality of the individual to whom the information pertains.

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1/22/2015 11:25 AM
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Provider Portal to view your
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1/5/2015 3:00 PM

Trading Partner Window

Provides several sections of information:

Navigation Toolbar

Messages & Alerts

- View unread messages and unread documents

Training

- Learning Management System (LMS) hyperlink to provider and trading partner training videos

LMS Help

- Contact information for LMS assistance

Information on this screen may vary depending on the type of trading partner account.

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Medicaid Management Information System

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Search this site SEARCH

Home Reference Material **Form Entry** Account Maintenance File Exchange Contact Us Provider Directory

View Authorizations View & Submit Claims Verify Member Eligibility View Patient Roster View PCP Roster View Payment Detail Provider Incentive Payment Electronic Health Record Submit Rx Authorization

Provider Home > Provider

Welcome to Health PAS-OnLine

We thank you for your participation in the Medicaid, CHIP and BHFF programs. The information below describes some of the features available. Please refer to our User Guides for detailed instructions.

For first time user who registered as Un-enrolled provider, you can access below link for Provider Enrollment. For other provider, you can manage enrollment anytime.

[Provider Enrollment Application](#)

Add Additional Users to Your Trading Partner Account:

Trading partner accounts support multiple users in compliance with HIPAA security regulations. If you have additional employees that require access to your trading partner information or need to submit transactions, please invite the users and set security permissions by selecting 'Manage Users' under 'Account Maintenance.'

X12 Submission:

HIPAA X12 transactions may be submitted using the 'X12 Upload' feature under 'File Exchange' in the above navigation menu. You must be certified to submit production transactions. For each transaction you intend to submit, 837P (Professional Claims), 276 (Claim Status Requests), 270 (Eligibility Requests), etc., you are required to upload at least three test files (indicated by a 'T' in the element ISA15 - Usage Indicator) with at minimum 15 transactions per file that receive no validation errors. Upon passing the testing requirements, you will automatically be certified to submit production transactions. View your EDI transaction certification status by selecting 'Trading Partner Status'

Messages & Alerts

SECURE MESSAGING
You have 1 Unread Messages

ALERTS
You have 0 Unread Documents

Training

User Training is available through the [Learning Management System \(LMS\)](#).

If you already have a profile, you may go directly to [West Virginia Medicaid Training Center](#) to log in.

LMS Help

For help with your profile or self-paced courses, contact:

medicaidprovider@molinahealthcare.com

+1 866 690 5585

Contact Us

Provides valuable contact information for Molina Medicaid Solutions as well as office hours and office closures.

Phone support

- Local and toll-free phone numbers

Secure messaging

- Send a secure email
- Should NOT contain PHI

Call back

- Request a call back from a call representative that can review the issue ahead of time

Web chat

- Chat real time via the internet with a call representative during business hours

Grievance and Appeal

- Submit online, mail or fax

Home Reference Material Form Entry Account Maintenance File Exchange **Contact Us** Provider Directory

Contact Us

 **Support Hours** Monday - Friday 8:00 am to 5:00 pm

Call Center Closures: New Year's Day, MLK Day, President's Day, Memorial Day, West Virginia Day, July 4th, Labor Day ...more

PHONE SUPPORT	MESSAGING SUPPORT	ONLINE SUPPORT	GRIEVANCE & APPEAL
<p>(888) 483-0793</p> <p>Call our Customer Support Representatives at any time during regular business hours for assistance. You may leave a voicemail after hours or request call back using the Online Support feature</p>	<p>Send Secure Message</p> <p>Send a secure message to our customer service representatives through the web portal.</p> <p>Send Email Message</p> <p>Send email using your external service provider. This message should not contain PHI (Personal Health Information).</p> <p>Provider Services wmmis@molinahealthcare.com</p> <p>Provider Enrollment wvproviderenrollment.molinahealthcare.com</p>	<p>Call back</p> <p>You may leave a question or comment along with a phone number for the support staff to call you back.</p> <p>Web Chat</p> <p>Live web chat with our customer service representatives during most regular business hours</p>	<p>Grievance & Appeal</p> <p>Grievance & Appeal information may be submitted online, or you may print the forms, enter the information and mail them in for a decision.</p>

Direct Data Entry (DDE) Claim Submission

The most recent 40 claims submitted in the past 90 days are displayed. Column headings may be sorted in ascending and descending order.

Quickly and efficiently

- Submit, edit, adjudicate view and search claims
- Reverse and replace finalized claims
- Add attachments

For assistance in navigating the view and submit claims module, refer to the Trading Partner Claim Submission User Guide located under Reference Material - User Guides.

Claim Status

Form Entry > Claims Status

* Billing Provider: WINCHESTER FAMILY PRACTICE | 1179450816 New Claim

Listed below are the claims that have been received by the Health Plan for the selected provider. Claims are initially listed in reverse chronological order by Date of Service. To view a claim, click on its number.

The most recent 40 claims submitted in the past 90 days are displayed below. Use the search feature to view additional claims.

Claim Status Results

[Export to Excel](#) [Print List](#) [Search](#)

	Claim #	Claim Type	Member Name	Pat Acct #	From	To	Status	Claim Amt	Copay	Paid Amt
⊙	15260W00013	1500	TRAINING337, NICHOLE MEM	F09172015	9/17/2015	9/17/2015	PAID	\$100.00	\$0.00	\$29.58
⊙	15260W00015	1500	TRAINING339, BENTLEY MEM	F09172015	9/17/2015	9/17/2015	PAID	\$100.00	\$0.00	\$29.58
⊙	15260W00016	1500	TRAINING340, ROBERT MEM	F09172015	9/17/2015	9/17/2015	PAID	\$100.00	\$0.00	\$29.58
⊙	15260W00018	1500	TRAINING342, KIMBERLY MEM	F09172015	9/17/2015	9/17/2015	PAID	\$100.00	\$0.00	\$29.58
⊙	15260W00020	1500	TRAINING344, JOSEPH MEM	F09172015	9/17/2015	9/17/2015	PAID	\$100.00	\$0.00	\$29.58
⊙	15239W00005	1500	TRAINING32, TONY CHIP	UATTEST	8/27/2015	8/27/2015	PAY	\$250.00	\$0.00	\$0.00
⊙	15260W00014	1500	TRAINING338, KEITH MEM	F09172015	9/17/2015	9/17/2015	PAY	\$100.00	\$0.00	\$29.58
⊙	15260W00021	1500	TRAINING32, TONY CHIP	09172015	9/16/2015	9/16/2015	PAY	\$100.00	\$0.00	\$0.00
⊙	15260W00017	1500	TRAINING341, VICKIE MEM	F09172015	9/17/2015	9/17/2015	PAY	\$100.00	\$0.00	\$29.58

EDIT ADD ATTACHMENTS PRINT REVERSE PRINT COVER SHEET VOID ADJUDICATE

Electronic Health Record

Allows providers and authorized users access to Health Information Exchange (HIEView).

- Consolidated record for viewing member's clinical history
- Information is updated on a nightly basis
- Available to users with the appropriate security access

For assistance, refer to the **Electronic Health Record Provider User Guide** located under **Reference Material - User Guides**.

Training108, Candace Currently Enrolled No Current Conditions

Risk Scores (HQ/ST) XXX... Age / Gender 19 F Member ID WV... Primary Case Mgr N/A
Address 133... DOB 8/2/... Subscriber ID N/A Secondary Case Mgr N/A
City / State MO... Home Phone N/A SSN XXX... Eligibility Status Active
Zip 265... Updated Phone N/A PCP *... Eligibility End Date 12/...
Spoken Language ENG... Written Language N/A Ethnicity CAU...
Chronic Conditions Chr... Program(s) Med...

Member Care Summary **Claims** Utilization Pharmacy Summary

Date Range Aug 6, 2012 to Feb 6, 2015

Immunizations & Preventive Health			Labs		
Date	Service	Provider	Date	Service	Facility Name

Page 1 of 0 No im Page 1 of 0 No lab reports found

Inpatient			Emergency Department			Pharmacy			
Admit Date	Discharge	Facility Name	Date	Type	Facility Name	Primary Diagno	Date	Medication/Stren	Prescriber
							07/31/2013	METRONIDAZO...	?
							07/31/2013	FLUCONAZOLE...	?
							07/03/2013	ENDOCET 5-32...	N/A

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Authorizations						Office Visits		
Auth Number	Start Date	End Date	Template	Referred To Provider	Status	Date	Provider	Primary Diagnosi
WXUTH500...	07/02/2014	08/01/2014	DME & Medical S...	Quest Clinical,	APPROVED	05/27/2014	Quest Clinical,	HYPERTENSION
WXUTH500...	07/02/2014	08/01/2014	DME & Medical S...	Quest Clinical,	APPROVED	05/27/2014	Med Corp... A	DM, UNCOMPLI

System Requirements

To successfully use all features of the Health PAS-Online portal, ensure that your computer system meets the following minimum requirements:

- **Reliable online connection**
- **Web browser:**
 - Internet Explorer 8, 9, 10 or 11
 - Mozilla Firefox 33 or 34
 - Google Chrome 41, 42, 43 or 44
- **Adobe Reader**
- **Microsoft Excel**

Contact WVMMIS

Molina has developed a new email address specifically for questions/concerns regarding issues once the new MMIS is implemented.

- WVProviderFieldRepresentative@Molinahealthcare.com will be available for providers to contact Molina with questions/concerns about the new system.
- Providers can also use this email address to request a site visit from one of Molina's Provider Field Representatives.

Contact information for West Virginia Medicaid Provider Services, Member Services, Provider Enrollment and the EDI Helpdesk is listed below.

Department	Phone Number	Email Address
Provider Services	(888) 483.0793	wvmmis@molinahealthcare.com
Provider Enrollment	(888) 483.0793 x 4	wvproviderenrolment@molinahealthcare.com
EDI Helpdesk	(888) 483.0793 x 6	edihelpdesk@molinahealthcare.com
Member Services	(888) 483.0797	None
Pharmacy Helpdesk	(888) 483.0801	None