Spring 2015 Provider Workshops

WV Bureau for Medical Services &
Molina Medicaid Solutions

Medicaid Expansion Operational Statistics

The number of people receiving health insurance through Medicaid has increased more in West Virginia than in almost any other state since Medicaid was expanded under the Affordable Care Act. As of April 6, 2015, approximately155,570 have enrolled in WV Medicaid as a result of the expansion.

Since the effective date of West Virginia's expansion project on January 1, 2014 the claims submissions, provider enrollment, and call volume have significantly increased.   Molina, as the fiscal agent, is continuing to progress forward to meet this increased need for our WV Medicaid provider and member community to provide the most efficient operational approach.

❖ **Calls Statistics:**
➢ Average calls received monthly is 60,000 calls
➢ Average Speed to Answer: 4 minutes and 37 seconds
➢ Average Talk Time: 4 minutes and 12 seconds

❖ **Claims Statistics:**
➢ Average number of claims processed weekly is 470,000
➢ Average number of claims denied weekly is 63,000
➢ Average number of paper claims submitted weekly is 11,000
➢ Average number of electronic claims submitted weekly is 500,000

❖ **Enrollment Statistics:**
➢ Total enrolled providers as of April 1, 2015 is 25, 304
➢ Average number of new enrollments weekly is 21
➢ Average number of provider maintenance changes/updates weekly is 604

Molina Medicaid Solutions Web Site & EDI Portal
www.wvmmis.com

Molina Medicaid Solutions web site & EDI Web Portal provides significant functionality for the WV Medicaid provider community.

Real Time Capabilities

- **Fully automated Trading Partner registration and administration.**
  - WVMMIS trading partner accounts support multiple users in compliance with HIPAA security regulations.
  - Multiple billing providers can be linked to one account.
- **Real-time claims Direct Data Entry (DDE) will include the following:**
  - Edit & correct on non-finalized claims
  - Real-time claim adjustments, reversal and reversal/replacement of claims
  - Upload of Electronic claim attachments and documentation
  - Real time Direct Data Entry of:
    - Claims Submission
    - Eligibility Verification
    - Claim Status
    - Referral Status
    - Prior Authorization Status
    - Payment Status
- **Improved Patient/Member Roster Set-up and Editing**
- **More enhancements and functionality continuing to be implemented.**

Billing Information

- Health Homes
- Bariatric Services
- Psychological Services

www.dhhr.wv.gov/bms

INDIVIDUAL CHAPTER SEARCH - TABLE OF CONTENTS

Provider Revalidation

The Provider Enrollment/Revalidation Project is the web based enrollment application designed by the State of West Virginia in order to comply with ACA and Federal Regulations. This initial Provider Revalidation which began June 3, 2013 will continue through completion in early 2016.

All participating providers must be screened upon initial application, including applications for a new practice location, and any applications received in response to a request for re-enrollment. The required screening measures vary according to the provider's categorical risk level. With the implementation of this project in West Virginia we are:

➢ Assuring our State Medicaid agency complies with the process for screening providers
➢ Assuring enrolled providers will be screened in accordance with federal and state regulations
➢ Assuring the State Medicaid agency has a method for verifying providers are licensed and such licenses have not expired or have current limitations.
➢ Assuring providers will be revalidated regardless of provider type at least every 5 years
➢ Assuring the required federal database checks are performed on all providers or any person with ownership or controlling interests
➢ Assuring the State Medicaid agency is requiring the National Provider Identifier (NPI) of Ordering/Referring or other professionals to be specified on any claim for payment.

Current Revalidation Statistics as of 3/31/2015:
▸ **Completed Revalidation Direct/Pay To providers approximately 1670**
▸ **Completed Revalidation Rendering Providers approximately 5760**
▸ **Completed Revalidation Ordering/Referring Providers approximately150**

WVCHIP Enrollment Update

With the upcoming transition of WVCHIP claim processing to Molina Medicaid Solutions scheduled for January 2016 we have some tasks to complete before the implementation date.

Below are a few discussion points for what is coming:

- WVCHIP Provider Survey – A provider survey will be placed on Molina's web portal. We will ask providers to complete this survey which will provide Molina with basic information of the CHIP provider directory. This information will be used to provide you with an enrollment application and information to assist you with the enrollment process. Notice of the survey will also be on remittance advices for current WV Medicaid providers.
- Enrollment Procedures – All WVCHIP providers will enroll with WV Medicaid via a paper application. If you are a current WV Medicaid provider an abbreviated portion of the application will only be required to provide WVCHIP specific information.
- Current CHIP/Medicaid Providers which are currently revalidated will not be required to revalidate/re-enroll again.
- More information will be posted to the Molina Web Portal. www.wvmmis.com

ICD 10 EXTERNAL TESTING

THE CLOCK IS TICKING…..

Less than 200 days until the implementation date of October 1, 2015!

ICD-10 Transition

On October 1, 2015 the ICD-10 code sets will replace the ICD-9 code sets. Everyone who is covered by the Health Insurance Portability Accountability Act (HIPAA) is required to transition to ICD-10. ICD-10 does not affect Current Procedural Terminology (CPT) coding for outpatient procedures and physician services.

What is ICD?

ICD is the International Statistical Classification of Diseases and Related Health Problems. ICD codes are used in 117 countries worldwide. The World Health Organization (WHO) reviews and updates ICD codes annually. In the United States, the National Center for Health Statistics (NCHS) oversees modifications and changes to the ICD codes in cooperation with the WHO.

Claims that Span the ICD-10 Implementation Date

The Centers for Medicare & Medicaid Services (CMS) has identified potential claims processing issues for institutional, professional, and supplier claims that span the implementation date; that is, where ICD-9 codes are effective for the portion of the services that were rendered on September 30, 2013, and earlier and where ICD-10 codes are effective for the portion of the services that were rendered October 1, 2013, and later. In some cases, depending upon the policies associated with those services, there cannot be a break in service or time (i.e., anesthesia) although the new ICD-10 code set must be used effective October 1, 2013. The following tables provide further guidance to providers for claims that span the periods where ICD-9 and ICD-10 codes may both be applicable.

Table A – Institutional Providers

Bill Type(s)	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
11X	Inpatient Hospitals (incl. TERFHA hospitals, Prospective Payment System (PPS) hospitals, Long Term Care Hospitals (LTCHs), Critical Access Hospitals (CAHs)	If the hospital claim has a discharge and/or through date on or after 10/1/13, then the entire claim is billed using ICD-10.	THROUGH
12X	Inpatient Part B Hospital Services	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	FROM
13X	Outpatient Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	FROM
14X	Non-patient Laboratory Services	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	FROM
18X	Swing Beds	If the [Swing bed or SNF] claim has a discharge and/or through date on or after 10/1/13, then the entire claim is billed using ICD-10.	THROUGH
21X	Skilled Nursing (Inpatient Part A)	If the [Swing bed or SNF] claim has a discharge and/or through date on or after 10/1/13, then the entire claim is billed using ICD-10.	THROUGH
22X	Skilled Nursing Facilities (Inpatient Part B)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	FROM

Bill Type(s)	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
23X	Skilled Nursing Facilities (Outpatient)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	**FROM**
32X	Home Health (Inpatient Part B)	Allow HHAs to use the payment group code derived from ICD-9 codes on claims which span 10/1/2013, but require those claims to be submitted using ICD-10 codes.	**THROUGH**
3X2	Home Health – Request for Anticipated Payment (RAPs)*	* NOTE - RAPs can report either an ICD-9 code or an ICD-10 code based on the one (1) date reported. Since these dates will be equal to each other, there is no requirement needed. The corresponding final claim, however, will need to use an ICD-10 code if the HH episode spans beyond 10/1/2013.	*See Note
34X	Home Health – (Outpatient)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	**FROM**
71X	Rural Health Clinics	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	**FROM**
72X	End Stage Renal Disease (ESRD)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	**FROM**
73X	Federally Qualified Health Clinics *(prior to 4/1/10)*	N/A – Always ICD-9 code set.	N/A
74X	Outpatient Therapy	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	**FROM**
75X	Comprehensive Outpatient Rehab facilities	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	**FROM**
76X	Community Mental Health Clinics	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	**FROM**

Bill Type(s)	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
77X	Federally Qualified Health Clinics (*effective 4/4/10*)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	FROM
81X	Hospice- Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	FROM
82X	Hospice – Non hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	FROM
83X	Hospice – Hospital Based	N/A	N/A
85X	Critical Access Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2013 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2013 and later.	FROM

Table B - Special Outpatient Claims Processing Circumstances

Scenario	Claims Processing Requirement	Use FROM or THROUGH Date
3-day /1-day Payment Window	Since all outpatient services (with a few exceptions) are required to be bundled on the inpatient bill if rendered within three (3) days of an inpatient stay; if the inpatient hospital discharge is on or after 10/1/2013, the claim must be billed with ICD-10 for those bundled outpatient services.	THROUGH

Table C – Professional Claims

Type of Claim	Claims Processing Requirement	Use FROM or THROUGH Date
All anesthesia claims	Anesthesia procedures that begin on 9/30/13 but end on 10/1/13 are to be billed with ICD-9 diagnosis codes and use 9/30/13 as both the FROM and THROUGH date.	FROM

Table D –Supplier Claims

Supplier Type	Claims Processing Requirement	Use FROM or THROUGH/TO Date
DMEPOS	Billing for certain items or supplies (such as capped rentals or monthly supplies) may span the ICD-10 compliance date of 10/1/13 (i.e., the FROM date of service occurs prior to 10/1/13 and the TO date of service occurs after 10/1/13).	FROM

External Provider Testing Instructions for WV 4.7 ICD-10

Molina Medicaid Solutions, on behalf of **West Virginia Department of Health and Human Resources / Bureau of Medical Services (WV-DHHR/BMS)**, will be conducting testing with providers in preparation for the ICD-10 transition. This testing will commence on Monday, **June 1, 2015** and will continue until **August 28, 2015**.

Providers who want to participate in this testing have indicated their interest by previously responding to one of our ICD-10 Provider Readiness Survey during one of our Provider Workshops.

Additionally, providers can contact the Molina call center at 888-483-0793, enter their NPI and choose option 6 for EDI or via email at EDIHELPDESK@MolinaHealthCare.com.

Submission of test claims will be via our Molina user acceptance test website, which is located at www.wvmmisuat.com

To logon to this test website, provider will need to use their current provider logon credentials. However, user password may be out of synch with your most recent password since this test website recognizes the user password that was in effect as of March 2015 when this site was last refreshed. So, if you need to reset your password, please follow these steps:
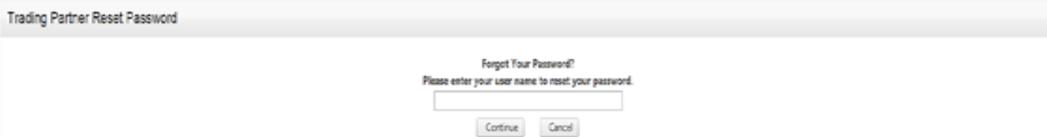
3. The dialog box displays the e-mail address and the security question associated with the user name.

Trading Partner Reset Password

Please enter your security question answer, and select 'Continue' to reset your password.

Email Address:

Security Question:
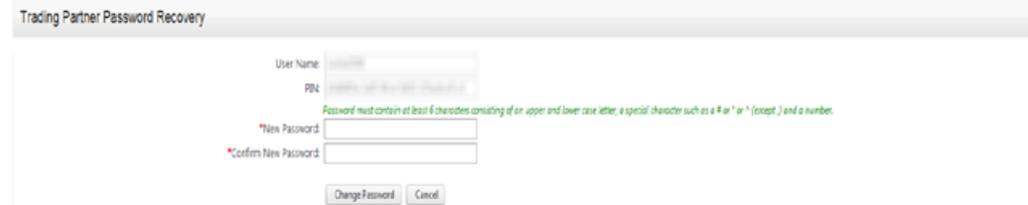
Security Answer:

Continue   Cancel

4. Enter the answer to the security question in the **Security Answer** box and click on the **Continue** button. If the answer to the question is successful, the system sends an e-mail to the address associated with the user name and displays the confirmation message.

Trading Partner Reset Password

Your reset password link has been emailed to the following email address.

Ok

5. The e-mail contains a confirmation link and activation **PIN**. After the e-mail is received, click the link or copy and paste it into the browser. A sample of the e-mail is shown below.

Hi

You recently submitted a request to reset your West Virginia web portal password.

Your request for a new password has been processed. Please use the link below to create a password.

TradingPartnerPasswordRecovery.aspx?APIN=

Your Trading Partner ID is

If there is anything we can do to assist you, please do not hesitate to contact us at EDIHelpdesk@molinahealthcare.com or 888.483.0793.

Thank you,
West Virginia Technical Services Helpdesk

6. A pop-up box displays for the **Password Recovery** screen with the user name and activation **PIN** pre-populated.

Trading Partner Password Recovery

User Name:

PIN:

Password must contain at least 6 characters consisting of an upper and lower case letter, a special character such as a # or ^ (except .) and a number.

*New Password:

*Confirm New Password:

Change Password   Cancel

To complete the **Trading Partner Password Recovery** screen, follow these steps:

1. Enter a **New Password** that follows the password guidelines.
    - It must be at least six characters long and contain at least one each of:
        - an upper case letter
        - a lower case letter
        - a special character
        - a number
        - password may not contain spaces.
2. **Confirm New Password** by retyping the password exactly as typed in the **New Password** box.
3. Click the **Change Password** button. The portal displays a confirmation message.
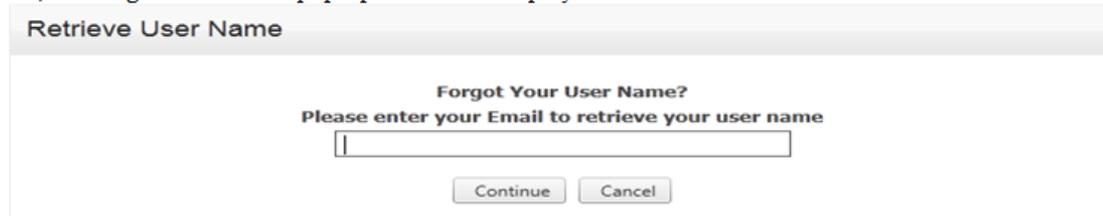

4. Click the **OK** button. The provider Welcome screen will display.
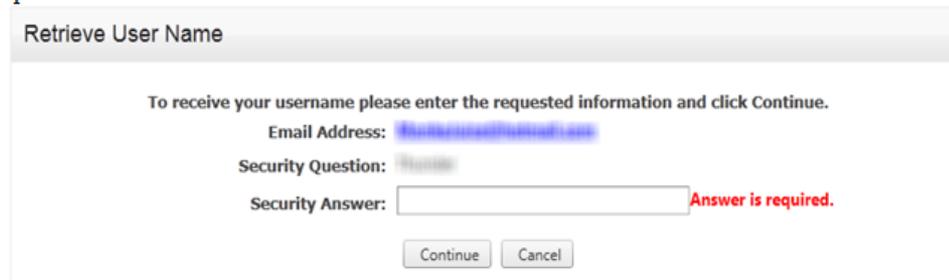
User Name Retrieval

If the **User Name** for the trading partner account is lost or forgotten, use the **Retrieve User Name** link in the top portion of the **Navigation Pane** on the left side of the portal **Welcome** page.
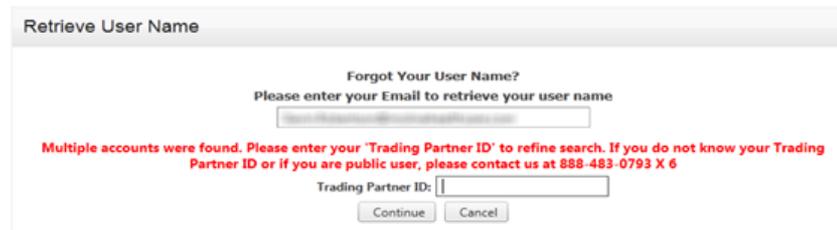
After clicking the link, the **Forgot User Name** pop-up screen will display.

Retrieve User Name

Forgot Your User Name?
Please enter your Email to retrieve your user name

| |

[Continue] [Cancel]

1. Type the e-mail address that is associated to the **User Name.**
2. Click on the **Continue** button.
   - If the e-mail address is associated to only one trading partner account, answer the Security Question that was created during registration or last password reset.

Retrieve User Name

To receive your username please enter the requested information and click Continue.

Email Address:
Security Question:
Security Answer: [ ]   **Answer is required.**

[Continue] [Cancel]

- If the e-mail address entered is associated with multiple trading partner accounts, the message below will display.

Retrieve User Name

Forgot Your User Name?
Please enter your Email to retrieve your user name

Multiple accounts were found. Please enter your 'Trading Partner ID' to refine search. If you do not know your Trading Partner ID or if you are public user, please contact us at 888-483-0793 X 6

Trading Partner ID: [ ]

[Continue] [Cancel]

   o Enter the **Trading Partner ID** in the field provided. (This number was e-mailed when the trading partner account was created. It is the same number that is used as the sender ID for X12 submissions. Please contact the EDI Helpdesk at 888-483-0793 (option 6), if you cannot locate your trading partner ID.) \

   1. Enter the **Trading Partner ID**.
   2. Click on the **Continue** button.

- If the e-mail address is associated to only one trading partner account, answer the Security Question that was created during registration or last password reset.

Retrieve User Name

To receive your username please enter the requested information and click Continue.

Email Address: ▮▮▮▮▮▮
Security Question: ▮▮▮▮
Security Answer: [ ] **Answer is required.**

[Continue] [Cancel]

- If the e-mail address entered is associated with multiple trading partner accounts, the message below will display.

Retrieve User Name

Forgot Your User Name?
Please enter your Email to retrieve your user name

[▮▮▮▮▮▮]

Multiple accounts were found. Please enter your 'Trading Partner ID' to refine search. If you do not know your Trading Partner ID or if you are public user, please contact us at 888-483-0793 X 6

Trading Partner ID: [ ]
[Continue] [Cancel]

  o Enter the **Trading Partner ID** in the field provided. (This number was e-mailed when the trading partner account was created. It is the same number that is used as the sender ID for X12 submissions. Please contact the EDI Helpdesk at 888-483-0793 (option 6), if you cannot locate your trading partner ID.) \

    1. Enter the **Trading Partner ID**.
    2. Click on the **Continue** button.

3. Type the answer to the security question in the **Security Answer** field and click on the **Continue** button.
4. If the answer to the question is successful, the system sends an e-mail to the address associated with the **User Name** and displays the confirmation message shown below.

Retrieve User Name

Your Username was emailed to the following email address.

▮▮▮▮▮▮

[Ok]

5. Click on the **OK** button.

Email example:

Hello ▮▮▮▮▮▮,

Recently, you requested a reminder of your West Virginia Medicaid HealthPAS Online user name.

Your UserName is ▮▮▮▮▮▮

Your Trading Partner ID is ▮▮▮▮▮▮

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

Thank you,
West Virginia EDI Helpdesk

6. Return to the Provider tab and login.

Providers will submit test claims with an ISA15 Usage Indicator of "T" for Test.

Providers that usually submit claims via their clearinghouse would use their current portal accounts and load their files via www.wvmmisuat.com.

Please note that for the purpose of conducting this test, we are using a **mock ICD-10 compliance date of 10/1/14,** so providers will need to use this date to test claims submissions pre- and post- the ICD-10 transition. For example, if providers want to validate that claims with dates of service on or after the ICD-10 compliance date with ICD-10 diagnosis or procedure codes process appropriately, then providers would submit claims with dates of service on or after 10/1/14. If providers want to validate that claims with dates of service prior to the ICD-10 compliance date with ICD-9 diagnosis or procedure codes process appropriately, then providers would submit claims with dates of service before 10/1/14. Molina's test system can only process claims prior to today's date, so it is recommended that providers submit test claims with only 2014 dates of service in order to test with Molina. Additionally, only claims submitted online via our provider portal will be available for testing. Providers may submit direct data entry (DDE) or upload files through the test website. No test claims will be accepted via paper.

See **CMS Claims Span-Date** process listed on slides 8-10

Testing instructions will be provided in early May. We will post that information on the ICD-10 transition page on the https://www.wvmmis.com/SitePages/ICD-10%20Transition.aspx

Claims Submission User Guide and a file exchange user guide available on the web.

If providers have any questions regarding submission of test claims for this ICD-10 readiness testing, please contact the Molina The phone number for the call center is 888-483-0793, enter their NPI and choose option 6 for EDI or via email at EDIHELPDESK@MolinaHealthCare.com.
We encourage providers to test as early as possible with Molina, preferably before June 30, 2015 to ensure we have adequate time to work with providers on their test results in preparation for the implementation of ICD-10 on October 1, 2015.

Summary:
- ICD-10 will have a substantial impact on how we define the patient condition for a wide variety of purposes
- This will change how we do business
- The requirements for good documentation have not changed
- Better data translates into better understanding of efficiency effectiveness and quality

Educate Physicians...
- There should be a diagnosis/symptom for every test ordered and performed
- There must be a reason for every test, including labs
- There is NO "possible or probable" diagnosis

Focus on Documentation Process that can apply to any disease
- Site, Laterality, Timing, Manifestations, Stage, Status and Drug, Alcohol or Tobacco Dependency

Payers are looking for:
- Knowledge of severity of patient's complaint or condition
- All facts regarding signs, symptoms, complaints, or background describing reason for care

Prior Authorizations:
- Following ICD-10 implementation there will be changes in how prior authorizations are approved
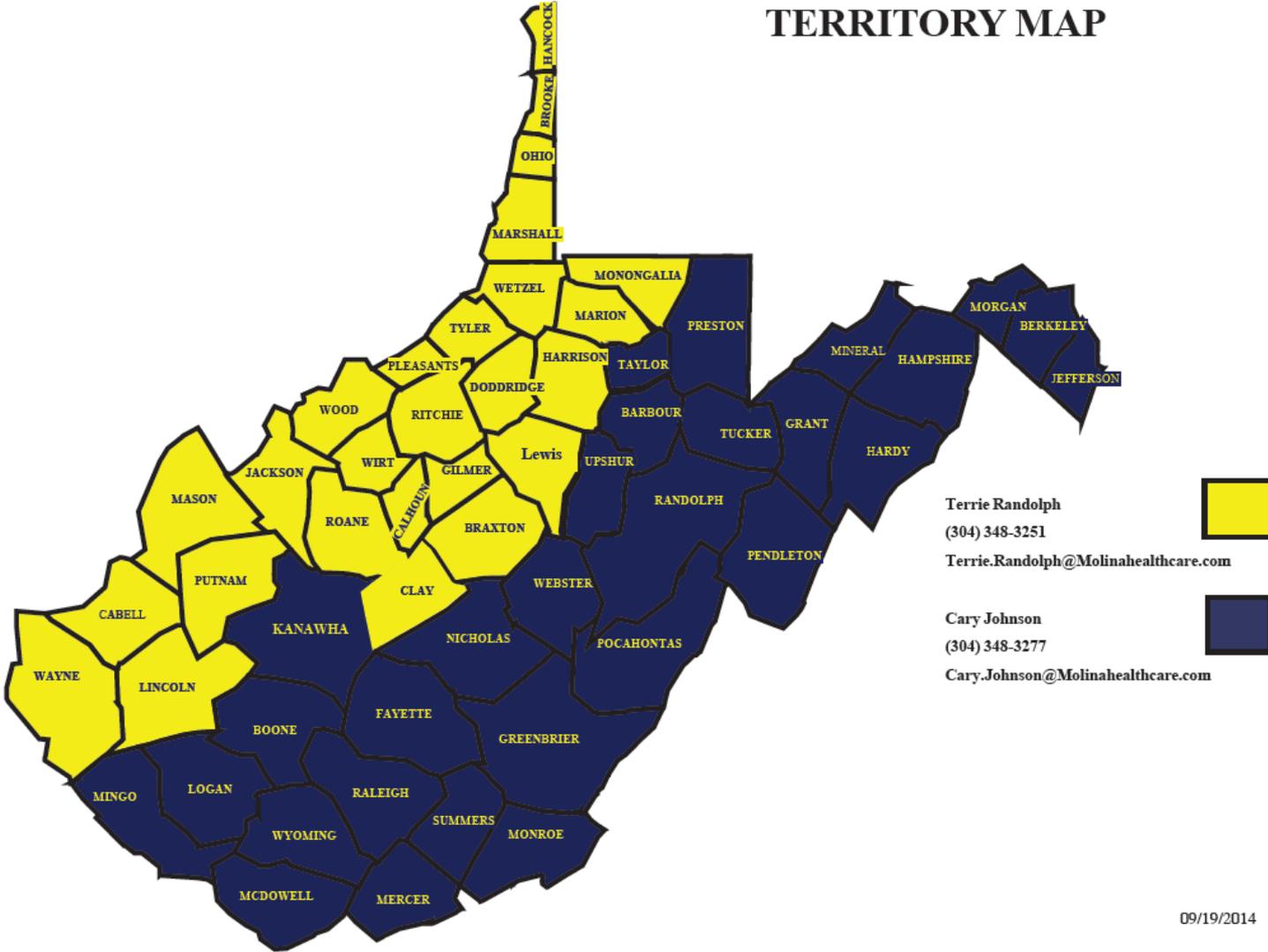- Many authorization delays
- Claim Denials

Claims that Span the ICD-10 Implementation Date
- CMS has given specific guidance on whether to split or span claims.

Pilot Testing
- Molina has 10 Providers to date that are participating in WV ICD-10 External Provider (Pilot) Testing. We need more Providers willing to test. If you are thinking of participating in the External Testing, please let us know during the Spring Workshops. Waiting to register closer to the June 1 date will delay your testing.

Molina Provider Relations
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09/19/2014

Contact Information

- **WV Bureau for Medical Services**
  - **Website at www.dhhr.wv.gov/bms**

  Molina – Fiscal Agent

  www.wvmmis.com

  www.edihelpdesk@molinahealthcare.com

  Provider Services & EDI Helpdesk – (888)-483-0793 or (304) 348-3360

  Member Services Helpdesk – (888)-483-0797 or (304) 348-3365

  Pharmacy Helpdesk – (888)-483-0801