

PROVIDER UPDATE

An Update for West Virginia Family Health Providers and Clinicians

NEW OPERATING PLATFORM TO GO LIVE JANUARY 1, 2018

On January 1, West Virginia Family Health will transition to its new processing platform (EHS) which will provide you with improved service and responsiveness by integrating to a single point. This upgrade will allow for more timely and accurate payments and combined operations functionality. We want to ensure that our service standards remain consistent throughout the transition and that this integration is as seamless as possible to both Providers and our members that you serve.

If you have any questions about the changes highlighted in this communication, please call us at 1-855-412-8001 to speak directly with a Provider Services representative in the Provider Service Center or visit the Provider Portal at www.wvfh.com. This number will remain unchanged. **For direct answers to your questions during the platform integration please use the Provider Service Center phone number for immediate access to a representative who can assist you.**

CHANGES FOR PROVIDERS

New Member ID Cards:

West Virginia Family Health members will be issued new ID cards which will contain a new Member ID number. An example of the new West Virginia Family Health Member ID card is shown on Page 2.

New Addresses for Correspondence:

Type of Correspondence	New Address
WV FH General Correspondence:	P.O. Box 890421, Camp Hill, PA 17089-0421
WV FH Claims:	P.O. Box 890406, Camp Hill, PA 17089-0406
WV FH Checks:	P.O. Box 890408, Camp Hill, PA 17089-0408

THE FOLLOWING PROCESSES WILL NOT CHANGE



- Online Application and provider file update processing
- Provider outreach and training
- EDI assistance
- Claims processing will not change

Provider Service Center: The West Virginia Family Health (WV FH) Provider Service Center can continue to be reached at 1-855-412-8001.

New Member ID Cards

Beginning January 1, 2018, West Virginia Family Health (WVFH) members should be using new ID cards with the updated address. The cards will also contain a new Member ID number. A sample of the new ID card is below.


West Virginia Family Health Sample ID Card

		Mountain Health Trust Medicaid Program	
MEMBER NAME ROBERT CARDTEST TESTCARD		PCP INFORMATION GREENTREE MED	
Member ID # M2B100647145001		PHONE 724-555-1212	
STATE ID 12345678910		Cov Eff Date 01-12-2018	
		Med Payer ID 45276	
		BH Payer ID 43324	
		www.wvfh.com	
Be sure to give both your West Virginia Family Health ID card and your state Medicaid ID card to your provider.		Call for Member Services:	
If your medical condition is very serious or life or death, go to the Emergency room (ER).		Member Service 1-855-412-8001	
To confirm coverage, providers should call 1-855-412-8001.		TTY/TDD Service Dial 711 or 1-800-982-8771	
West Virginia Family Health Medical Claims Department Address P.O. Box 890406 Camp Hill, PA 17089-0406		24 Hr. Nurse Line 1-855-412-8001	
Beacon Behavioral Health Behavioral Health Claims Department 10200 Sunset Drive Miami, FL 33173		Behavioral Health 1-855-412-8001	
		Dental Services 1-855-918-2264	
		Molina RX Member 1-888-483-0797	
		Help Desk	
		Call for Provider Services:	
		Provider Services 1-855-412-8001	
		Dental Provider 1-855-434-9237	
		Services	
		Molina RX Provider 1-888-483-0801	
		Services	
		Inpatient Services 1-855-412-8001	

NEW EXPLANATION OF PAYMENT (EOP)

West Virginia Family Health will be updating the EOP to contain detailed explanation of payment, including:

- **Patient Information** – including benefit and member type information
- **Claim Information** – billed services
- **Basic payment information** – pricing detail, member cost share, etc.
- Based on the current process design, paper checks and EOPs will be included in the same mailing

 West Virginia Family Health PO Box 890408, Camp Hill, PA 17089-0408	1A000001
WEST VIRGINIA HOSPITAL MAIN STREET PARKERSBURG, WV 99999	
West Virginia Family Health	
Payment Amount	\$145.24
Check/EFT Date	10/21/2015
Check/EFT Trace Number	EFT0992100077
Production End Cycle Date	10/16/2015
Payee ID	1234567890
Payee Tax ID	123456789
	CONTACT PROVIDER SERVICES 1-855-412-8001
	(F1)

NEW EXPLANATION OF PAYMENT (EOP)

West Virginia Family Health
STATEMENT OF PROVIDER CLAIMS PAID
 PAYEE NAME

West Virginia Hospital
 MAIN STREET
 Parkersburg, WV 99999

Payment Amount **\$145.24**
 Check/EFT Date **10/21/2015**
 Check/EFT Trace Number **EFT0992100077**
 Production End Cycle Date **10/16/2015**
 Payee ID **1234567890**
 Payee Tax ID **123456789**



PO Box 890406 Camp Hill, PA 17089-0406
 CONTACT PROVIDER SERVICES
 1-855-412-8001

Claim Number	Line Item Control Number	Dates of Service From To	Rendering ProviderID	Sub Prod Svc/Mod	Adj Prod Svc/Mod	Units	Charge	Clm Adj Amt	Grp Cd/Clm Adj Rsn Cd	Remark Code	Clm Payment	Adj Qty	Pat Resp
12345678901	0001	08/24/2015 - 08/24/2015	1811174923	99213	99213	1	\$230.00	\$64.76	C045 \$20.00 PR3		\$145.24		
**TOTAL							\$230.00	\$84.76			\$145.24		\$20.00

West Virginia Family Health

Charge	Adj Amt	Provider Adj Amt	Provider Adj Cd	Provider Adj ID	Payment Amt
\$230.00	\$84.76	\$0.00			\$145.24

NEW EXPLANATION OF PAYMENT (EOP)

Important Information About Your Remittance

- The enclosed Health Care Remittance Advice (paper remit) coincides with the check or electronic payment for the referenced claims.
- Electronic Funds Transfer, also known as an ACH Direct deposit, provides an easy method of depositing funds automatically to your bank account. For more information please visit www.wvfh.com
- The Provider Remittance form on the front of this document provides detailed payment data based on the information provided to us.
- If all or part of the claim has been denied, consult the Claim Adjustment Reason Code (CARC) and or the Remittance Advice Remark Code (RARC). To find the text of the CARC or RARC code, go to Washington Publishing Company at www.wpc-edi.com/reference.
- If you are not satisfied with the explanation given, and wish to appeal, please access the Provider Appeal form that can be found on our website at www.wvfh.com. Please include the subscriber identification number and the claim number from the front of this remittance. Include any additional information that will support your reason for appealing our claims processing action, such as emergency room reports, operative reports, letter of medical necessity, etc.
- In some cases, we may need to have our medical consultants review the claim. If you disagree with our consultants, we will review the claim with the help of committee of appropriate medical professionals who will make the final decision.

Have Questions? We can Help.

Self Service Technology

There is free registration with NaviNet to receive your remittance electronically. Providers may access a secure Web site at www.NaviNet.net to check eligibility, benefits, claim status and remits. Providers may utilize the West Virginia Family Health (WVFH) Interactive voice response (IVR) to manage member eligibility verification. Access the West Virginia Family Health IVR, a voice response system, at 1-855-412-8001.

We comply with the deficit reduction act. Call 1-855-412-8001 or go to www.wvfh.com for our Fraud and abuse policy or payment resolution process. This payment will be reported to the IRS under the TIN shown. If incorrect, notify us in writing. Changes will be made on a prospective basis.

Administrative Claim Disputes

Provider disputes are requests that are not regarding medical necessity rather are administrative in nature such as, but not limited to, disputes regarding the amount paid, appeals of denials regarding lack of modifiers, refunded claim payments due to incorrect payment or coordination of benefit issues. You may fax these requests to 1- 844-207-0334 or mail to West Virginia Family Health Attn: Claims Review Department PO Box 890406, Camp Hill, PA 17089-0406.

Clinical Appeals

Clinical provider appeals are cases that are denied due to lack of prior authorization or denied based on medical necessity. You may fax these requests along with all supporting documentation to 1-844-207-0334. or mail to West Virginia Family Health Attn: Clinical Provider Appeals P.O. Box 22250 Pittsburgh, Pa 15222. Appeals must be filed within 90 days from the date of the Notice of Adverse Benefit Determination.

Provider Services

You can contact our provider services at: West Virginia Family Health: 1-855-412-8001. The WVFH provider manual can be found at www.wvfh.com. You can check the status of your claims, verify benefits, and submit requests at www.NaviNet.net

NEW EXPLANATION OF PAYMENT (EOP)

How to balance your Remittance Advice (RA) amounts reported in this RA document, if present, must balance at three levels: service line, claim and total remittance:

1. Service Line Balancing

Although the service payment information is situational, it is required for all professional claims or anytime payment adjustments are related to specific lines from the original submitted claim. When used, the submitted service lines minus the sum of all monetary adjustments must equal the amount paid for the service line.

Charge - Adjustment Amount = Line Payment Amount

2. Claim Balancing

Balancing must occur at the claim level so that the submitted charges minus the sum of all monetary adjustments equals the claim paid amount.

Charge - Adjustment Amount = Claim Payment Amount

3. Remit Balancing

Within the remit, the sum of all claim payments minus the sum of all provider level adjustments equals the total payment amount.

Sum total of all Claim Charges – the Sum of all Adjustments = Total Payment amount of this Remit Advice