GENERAL TOPICS:

What is PEAP?

PEAP is the Internet-based Provider Enrollment/Revalidation Application Portal (PEAP) that will be accessed by pay-to providers newly enrolling or revalidating with West Virginia Medicaid beginning in the Summer of 2013.

What does Fiscal Agent mean?

Fiscal Agent means a contractor that processes claims on behalf of the Medicaid agency. Molina Medicaid Solutions is the current fiscal agent for WV Medicaid.

Which providers are considered New Enrollment?

Providers that:

- **Are enrolling with WV Medicaid for the first time as a new group, individual sole practitioner, facility, or agency.**
- **Have a change of ownership as determined by WV Medicaid's Legal Department. Stock transfers are not considered a Change of Ownership, however, you are required to notify WV Medicaid's fiscal agent, Molina Medicaid Solutions, of any stock transfer changes.**

Which providers are considered Revalidating?

Existing WV Medicaid providers are required by CMS Federal guidelines to revalidate at least every five(5) years.

I have thirteen clinics in West Virginia; will I have to revalidate all of them?

Yes, if all 13 are enrolled with WV Medicaid separately, all locations will require a separate enrollment revalidation.

If the Pay-To entity changes, will I need to complete a new enrollment?

Yes. You are required to notify WV Medicaid, Molina's Provider Enrollment Department 30 days in advance of a change. This type of change can delay claim payments, so the sooner you notify Provider Enrollment, the less impact there will be to timely reimbursement.

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What if a provider was previously enrolled in WV Medicaid, but has terminated and wants to re-apply for enrollment?

The provider will be required to complete the application process to re-enroll in WV Medicaid.

What does individual or direct practitioner mean?

Individual practitioner means a physician or other person licensed or certified under State law to practice in his or her profession. An individual direct practitioner is a sole proprietor who receives payment directly.

What does group of practitioners mean?

Group of practitioners means two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment).

Is there a limit to the number of specialties I can have under a certain provider type?

No, you can have multiple specialties under one (1) provider type. However, the number of specialties available to you within WV Medicaid is based on your provider type. You can refer to the Provider Enrollment Matrix at www.wvmmis.com and go to the Provider Enrollment webpage.

What provider type and specialty would a skilled nursing home use?

The provider will use the Nursing Home provider type and Nursing Home specialty. To locate the provider types, please refer to the Provider Enrollment Matrix.

What is an FEIN?

A Federal Employer Identification Number (FEIN) is a nine digit code used by businesses to classify and identify them as a tax payer, for banking services and for other official and legal purposes. Businesses with no employees and sole proprietorship may use the Social Security number for tax reporting. Companies with employees must have a FEIN. This number is unique to a business just like Social Security Number is unique to an individual.

What if there is a Change of Ownership. Will I need to do a new enrollment?

Yes, a change of ownership requires completion of a new enrollment application.

Does the payment address have to be a physical location or can it be a PO Box?

A Pay-To and Service Location allows for mailing addresses and may be P.O. Boxes. The physical, or site of service location address can not be a P.O. Box address.

Do I have to verify that all employees have not been sanctioned or if an employee has record of the information?

Providers are responsible for developing an internal process to ensure that all staff are in compliance with regulatory requirements. You are required by Federal law to verify with the Office of Inspector General (OIG), and SAM (formerly Exluded Parties List (EPLS)) to identify if a provider has any sanctions, or exclusions.

What are the differences in the provider risk levels "limited,""moderate" & "high"?

According to the Federal regulations on provider screening and enrollment, the "limited" risk category includes physicians or non-physician practitioners, medical groups, ambulatory surgery centers, federally qualified health centers, hospitals, end stage renal facilities, mammography screening centers, radiation therapy centers, rural health clinics, and skilled nursing facilities. For providers or suppliers posing a "limited" risk, State Medicaid agencies must verify that the provider or supplier meets all of the applicable federal and state regulations, conduct license verifications (including verifications across state lines), and conduct database checks on a pre and post enrollment basis to ensure providers and suppliers continue to meet criteria.

"Moderate" risk providers include independent diagnostic testing facilities, community mental health centers, comprehensive outpatient rehab facilities, hospice organizations, and independent clinical laboratories. Providers and suppliers classified as "moderate" risk will be subject to all of the screening performed at the "limited" risk level as well as unscheduled or unannounced on-site visits.

The "High" risk category will impose the same level of screening as the "moderate" risk level but also will require the provider/supplier to submit to a fingerprint-based state and federal background check. This includes all individuals who maintain a 5 percent or greater direct or

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indirect ownership interest in the provider or supplier. In the final rule, CMS identified newly enrolling home health agencies and durable medical equipment companies as "high" risk.

You can access the WV Medicaid Provider Enrollment Matrix on the Provider Enrollment webpage at www.wvmmis.com to determine the risk level by Provider Type.

What about the risk level for provider types not enrolled by Medicare?

For provider types not enrolled by Medicare, WV Medicaid has elected, at this time, to categorize these provider types as "limited" risk.

Will my risk level change?

The final rule allows Medicaid to adjust the screening level of a provider or supplier from "limited" or "moderate" to "moderate" or "high" based on adverse findings/actions by Federal, State, or local agencies.

When I sign, which provider name should I use, the Pay-To NPI name or the physician name?

The Provider Name should match the Pay To/W9 name used in enrollment and the Signatory name should be the name of the person authorized by your organization to sign this type of application.

What fields are required to be answered in the PEAP system?

All required fields will display a red asterisk.

How can I edit information in the PEAP system once entered?

After you submit your application, no edits can be made on the PEAP system. To submit the change in writing with the provider NPI, TAXID, and name, and send to the Provider Enrollment Department. However, prior to submission of your application in PEAP some information entered can be edited by clicking on the edit button in a particular section of the screen. However, there is some information that cannot be edited, and you will have to delete the record by clicking on the delete button. An example would be the ownership screen. For more information, please refer to the PEAP User Guide.

What if I don't have all the information I need at the time of entry?

The PEAP system allows you to 'SKIP' the specific page, and continue the application process. You can 'SAVE and CLOSE, the application, and resume at a time when the information is obtained. You will be required to have the FEIN Number, email address used when starting the application and the Case Number to resume enrollment.

What is the difference between Business License and State License in the PEAP system?

The business license is the license registered with the West Virginia Secretary of State, or the appropriate out of State agency. The State License is the professional license of the facility provider type or practitioner specialty.

Do I have to provide banking information for revalidation when the PEAP system already has the correct banking information populated?

Yes, it is necessary for you to provide the EFT form, and all banking information required in order to verify and update our records as part of the revalidation process.

The EFT documentation only allows for one document upload, but several pieces are required. How do I upload all of the documents?

It will be necessary to scan all pages as one document to upload to the PEAP portal.

Why am I receiving an error when identifying my Tax Identification number as an SSN?

For revalidation the PEAP system requires you choose FEIN, even when entering your SSN.

When can we expect to receive our notification of revalidation with our Case Number to access the PEAP system?

Providers will first receive a Revalidation Notification letter 2 to 3 weeks prior to receiving their Case Number letter that will initiate their phase of revalidation. Providers will be allowed 60 days to complete their revalidation. The revalidation will be conducted in phases by provider type and specialty beginning 6/3/2013 with approximately 60 days between each phase. The planned phases of revalidation by provider type and specialties will be published on Molina's website at www.wvmmis.com on the Provider Enrollment web page. Upon implementation only the first few phases of revalidation will be publicized, but will periodically be updated. The planned revalidation

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phases are subject to change. Please check the website periodically to make sure you have the most up to date information available.

Does the reference to Referring mean physicians we refer members to?

No, ordering/referring is an individual provider that can order test and provide services but doesn't directly receive payment from WV Medicaid.

The providers at my location bill as a group. However, one of the providers contracts with another organization. Who enrolls the contracted providers?

You will enroll your group and add all associated rendering, prescribing, ordering and referring physicians. The entity where the provider contracts will do the same thing.

Will FQHC be in the group phase?

While not all phases of revalidation have been finalized, it is planned that the FQHC's will be revalidated separately from the Group providers.

We have a hospital, a nursing home, a swing bed and an ER. Will I have to revalidate all of these?

WV Medicaid does not enroll Swing Beds, but for the Nursing Home and Hospital, they have separate Medicaid records and will have to revalidate both independently.

We are a group but received a case letter for 3 individual rendering practitioners today. The

Based upon researching the provider ID's, we were able to determine that the individuals had been directs at some point and were still listed as such on their provider record. If the providers no longer want to be directs please send a letter to Provider Enrollment requesting termination. Do not revalidate them as individual wait until your group phase and revalidate the group and include the 3 directs as being associated with the group. (Referring\ordering\prescribing\rendering)

Can I revalidate on June 3?

No, you must wait to receive your case number. You will receive your case number by letter when it is time for your revalidation phase. We anticipate publishing the phases of revalidation by the end of June 2013 on the Molina website. Initially only the first few phases will be published. The

revalidation phases are subject to change, so it is important to verify the schedule periodically on the Provider Enrollment web page at www.wvmmis.com.

I have 300 providers; do I have to revalidate all 300?

It depends upon how they bill. If they are directs, meaning they bill under their individual provider numbers then yes you will have to complete the revalidation process for all 300. If they bill as a group then you only have to revalidate for the group and list the 300 providers as rendering\ordering\referring\prescribing.

You said the Provider Agreement Form must be printed, signed and mailed hardcopy to Molina. Do I have to get all 300 providers to sign the agreement?

The owner or an authorized official of the business entity, directly or ultimately responsible for operating the business is the authorized signatory of this form. A delegated administrator may sign this form if it has been expressly indicated in written correspondence on company letterhead signed by the authorized official on file or attached. Individual renderings will have to sign a WV Medicaid Statement of Rendering Practitioner Authorization. This is required for all rendering providers affiliated to Group, or Corporation for purposes of claims payment authorization to the group and documenting the rendering signature on file.

What if the appropriate person in our office doesn't actually receive the case letter?

If you have checked the Molina website and confirmed your provider type phase is underway, but you have not received your case letter, please contact Provider Enrollment Department will verify your identity and provide you with your case number.

I am a non-physician practitioner who works out of my home. I meet members at their home or in the DHHR office to conduct evaluation. I have no set office hours. How should I document my hours on the revalidation application?

Enter the hours your are available to conduct the evaluation. If you are available at any time, you would indicate 12:00 AM to 12:00 PM to indicate 24 hours.

How long after I complete my revalidation application should I wait before I submit claims?

This is a seamless process for the providers and will not impact claims submission or payment as long as you submit your revalidation application within 60 days.

In the PEAP system, How many digits should I enter for telephone numbers?
Enter only your 3 digit area code and 7 digit telephone number. It is NOT necessary to add a leading "1."

Is there an option in the languages on PEAP for American Sign Language?
There is an option for Sign Language.

How long will the revalidation through the PEAP system take?
If you have all collected information necessary to complete the revalidation process, the estimated times of completion for a group practice size of 2 to 10 rendering, or ordering/referring/prescribing only providers will take approximately 2 ½ to 4 hours to complete. Add an additional 5 to 10 minutes for additional rendering providers.

Is there a copy of the webinar presentation available for us to print?
There will be a video of this exact presentation on the Molina website.

Are we required to obtain a login to revalidate?
No, you will receive your Case Number letter when your revalidation phase begins. The information in that letter, including your case number will give you access to revalidate on the PEAP system.

What if the provider is associated with multiple groups or tax ids?
Groups will revalidate and all associated providers will be listed as one of the following: ordering, referring, rendering or prescribing.

Should we be concerned if we do not get a revalidation letter by a certain time? For instance, if we don't receive a revalidation letter by July 1st, should we be concerned?
No, because this is a phased approach that extends for more than a year. However, you should be concerned if it is your phase and you haven't received your letter. In this case please contact Provider Enrollment toll free 1-888-483-0793, and locally at (304) 348-3360.

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Can we add a rendering physician with our group who is not currently enrolled with Medicaid/Molina during this process?

Yes, during the revalidation process, you can add new rendering practitioner, as well as your ordering/referring/prescribing-only (ORP) providers.

We have providers who are part of our group and individual practice or are part of another group. Will this jeopardize/compromise their payments or enrollment process?

No. You will revalidate your group and revalidate or add the rendering, or ordering/referring/rescribing-only (ORP) practitioners as an affiliated provider of your group. The other groups will be responsible for revalidating, or adding their affiliated practitioiners when they revalidate their group.

We have general surgery, pathology, hospitalists, plastic surgery, bariatric surgery, oral & maxillofacial surgery, hematology/oncology. Will we need to revalidation multiple times?

If your group is enrolled as a multi-specialty group practice, with multiple specialties of rendering or ordering/referring/rescribing-only (ORP) practitioners, you will revalidate the group and all practitioners of the group in one application in the PEAP system. If you have separate group practices with separate pay-to records, then each of the groups will have to revalidate separately.

If board members are completely voluntary do we have to list them and their information?

Yes.

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Provider agreement form, is there a special address this needs to be sent to?
Yes, the address to send in signed provider agreements is:

Molina Medicaid Solutions
Attn: Provider Enrollment Department
P.O. Box 625
Charleston, WV 25322-0625

Does every provider have to complete revalidation?
Yes, CMS requires that all providers be revalidated.

My provider just enrolled recently will he need to do this again?
Yes, any provider enrolled prior to 6/3/2013 will go through the revalidation based on the Provider Type and phases of Revalidation. The new enrollment process ensure all CMS requirements and WV Medicaid requirements are met for providers enrolled prior to 6/3/2013.

Are there any Application Fees?
For revalidation with WV Medicaid no application fees will be required.

Revalidating groups does this jeopardize a provider's individual provider ID?
No nothing is changing; the purpose of revalidation is to collect accurate data.

If a provider has multiple specialties can we add them all?
Yes, it will ask if you want to add additional specialties. You must refer to the Enrollment Matrix on the Provider Enrollment webpage at www.wvmmis.com to identify the criteria for the additional specialties and determine enrollment eligibility.

Will revalidation have any effect on billing and payments?
No, there will be no interruption in processing claims or payments unless you do not submit your completed application timely. Revalidation follow-up letters will generate to providers

who have not submitted their application by 30, and 45 days from the Case Number notification letter. The follow-up letters will advise you of the potential payment hold that will be placed on your account if you do not submit your application by 60 days from date of notification. If you have not received your Case Number letter and you have verified your provider type is in the timeframe of revalidation contact Provider Enrollment toll free at 1-888-483-0793, or locally at (304) 348-3360.

We can't start revalidation until we get a notification letter, correct?

Yes, you have to wait until you receive a letter to revalidate. You can start collecting all the documents from your group and individual providers to streamline your process. If the Phases of Revalidation schedule at www.wvmmis.com

Do I have to submit my EFT information if I am already receiving payments electronically?

Yes, the Provider Enrollment Department must verify all Electronic Funding information during the revalidation process.

I already have a trading partner agreement; do I have to submit this information again?

Yes, the information must be collected by the Provider Enrollment Department during revalidation.

I forgot to download my Cover Sheet.

Although it is much more efficient if you download the Cover Sheet and will allow the Provider Enrollment Department to process your revalidation in a timelier manner, you may however, create your own coversheet. You MUST include the Case Number, NPI and Name on your Coversheet.

I cannot resume my application.

The most common reason for this is because the user is not using the correct email address.

I cannot find my Case Number.

You may call the Provider Enrollment Department to obtain your Case Number. Please have your NPI or FEIN number ready when calling.

I do not recognize the Taxonomy Code on my Case Letter.

This is a Molina internal code and would not be familiar.

Do I start billing with this taxonomy code?

No, this is code Molina uses for internal purposes only.

How do I find my CLIA level?

You will need to determine this on the CLIA website.

I saved and closed my enrollment application, but the information I entered is not there.

This could be one of two possibilities:

1. Only one user should be in the Enrollment Application at a time, if more than one user is updating information, the user that closes last will have the saved information.

2. The user may be in edit mode if you are in the Service Location specialty section, if so cancel edit as the instructions show in the Service Location section.

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