West Virginia Association of HEALTH PLANS

Ben Beakes, Executive Director
Tadd Haynes, Chair

PRESS RELEASE

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Contact: Ben Beakes, Executive Director
304-993-8917
ben@3pswv.com

Medicaid MCOs take measures to assist healthcare providers during COVID-19 crisis

Charleston, W.Va.: The West Virginia Association of Health Plans (WVAHP), made up of the managed care organizations (MCOs) that manage West Virginia's Medicaid Program, announced temporary measures the MCOs are taking in response to the COVID-19 crisis. The actions are aimed at assisting healthcare providers, especially hospitals, address the health needs of West Virginians during the pandemic. The measures are a result of collaborative discussions with the Bureau for Medical Services (BMS) and healthcare providers and become effective Wednesday, April 1, 2020.

In addition to waiving prior authorizations requirements for any COVID-19 related testing and treatment, the new temporary measures include:

- Temporarily removing all medical prior authorization/service authorization requirements for all covered services for out-of-network and in-network providers. (*Certain protocols established associated with this measure, see below).*
- For procedures/services that have been rescheduled or delayed, any previously approved prior authorizations have been extended. Providers are encouraged to reach out to the MCOs for specific timelines on extensions.
- Adjusting telemedicine or telehealth restrictions to accommodate the recommendations and orders from BMS and Governor Jim Justice.
- Processing payment for any lab conducting COVID-19 testing, both in-network or out-of-network.
- Extending time period for patients in residential substance abuse disorder treatment to remain at facility.

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"We appreciate the partnership we have with the Bureau for Medical Services and our healthcare providers," said Ben Beakes, WVAHP executive director. "COVID-19 presents challenges never seen before, and these are unprecedented steps aimed to help facilitate rapid response to the crisis."

To help facilitate proper care management for services provided to Medicaid members, BMS and the MCOs agreed on certain protocols during the temporary lifting of prior authorization requirements:

- The MCO is authorized to conduct post-payment reviews of services for medical necessity and benefit limitations. The MCO may require its providers to submit documentation to complete the post-payment review.
- If the MCO currently has a provider on pre-payment review, the MCO may continue with the pre-payment review during the duration of the temporary lift. If a provider has shown a pattern of excessive billing for services beyond a benefit limit, the MCO may place that provider on pre-payment review.
- For all inpatient hospital-related services the MCO will require providers to submit notification of inpatient stay and discharge, allowing proper care management.

"The measures we are taking strike a balance between addressing the crisis at hand during these extraordinary times while protecting the integrity of the Medicaid system," said Beakes. "We will remain in constant contact with BMS during the crisis. Our commitment to our members has never been stronger."

BMS will issue official orders outlining the measures above.

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