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

West Virginia Provider Enrollment and Revalidation General FAQ

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General Topics: In this document, please find a number of Frequently Asked Questions relating to Provider Enrollment Portal Application. These were derived from the questions that were tracked by the Provider Enrollment Customer Service Department. If you have additional questions, you may contact the WV Provider Enrollment Department by phone at 1-888-483-0793, by mail at PO Box 625, Charleston, WV 25322-0625, by email at WVproviderenrollment@molinahealthcare.com, or you may also submit your questions to www.wvmmis.com .

Question	Answer
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.
What does Fiscal Agent mean?	A Fiscal Agent is a contractor that processes claims on behalf of the Medicaid agency. DXC Technology is the current fiscal agent for WV Medicaid.
Which providers are considered New Enrollment?	Providers who: • 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, DXC Technology, 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 years.
I have 13 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, DXC Technology'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.
What if a provider was previously enrolled in WV Medicaid, but has terminated and wants to re-apply for enrollment?	The provider is 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 provider type. However, the number of specialties available to you within WV Medicaid is based on your provider type. You can contact the Provider Enrollment Department by phone at 1-888-483-0793 Mon-Fri 7 a.m. – 7 p.m., by mail at P.O. Box 625 Charleston, WV 25322-0625, or by email at WVProviderEnrollment@molinahealthcare.com for a copy of the Provider Enrollment Criteria Sheet.
What provider type and specialty would a skilled nursing home use?	The provider uses the Nursing Home provider type and Nursing Home specialty. To locate the Provider Enrollment Criteria Sheet, contact the Provider Enrollment Department by mail at P.O. Box 625 Charleston, WV 25322-0625, or by email at WVProviderEnrollment@molinahealthcare.com.
What is a 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 (SSN) for tax reporting. Companies with employees must have a FEIN. This number is unique to a business just like SSN 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 cannot 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?	Provider is 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 System for Award Management (SAM) (formerly Excluded Parties List (EPLS) to identify if a provider has any sanctions, or exclusions.
What are the differences in the provider risk levels limited, moderate, and 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 (FQHC), hospitals, end stage renal facilities, mammography screening centers, radiation therapy centers, rural health clinics (RHC), and skilled nursing facilities (SNF). 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 are 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 imposes 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 five percent or greater direct or 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, Tax ID, and name, and send to the Provider Enrollment Department by mail at PO Box 620 Charleston, WV 25322-0625. 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. For instance, tax ID type and number cannot be changed once the enrollment has been initiated. Associated RP and O/R providers that are already enrolled may be added to a new enrollment but their demographic information will not be editable via PEA. An example would be the ownership screen. For more information, refer to the applicable Provider Application 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 you have the information. 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 WV 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 ID number as an SSN?	For revalidation, the PEAP system requires you to 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 receive a Revalidation Notification letter two to three 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 has been conducted in phases by provider type and specialty beginning 06/03/2013 and will continue accordingly every five years with approximately 60 days between each phase. The planned phases of revalidation by provider type and specialties will be published on DXC Technology's website at www.wvmmis.com on the Provider Enrollment web page. Only the first few phases of revalidation will be publicized, and will periodically be updated. The planned revalidation phases are subject to change. Check the website periodically to make sure you have the most up to date information.
Does the reference to Referring mean physicians we refer members to?	No, ordering/referring is an individual provider who can order a 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 three individual rendering practitioners today that are part of our group. Will we have to revalidate twice, once for the group and one for each individual rendering practitioner?	Based upon researching the provider IDs, we were able to determine that the individuals had been direct pay-to providers at some point and were still listed as such on their provider record. If the providers no longer want to be directs, 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 pay-to directs as being associated with the group (referring/ordering/prescribing/rendering).

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 a hard copy mailed to DXC Technology. Do I have to get all 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 to the Provider Agreement Form. Individual rendering providers will need to sign a WV Medicaid Statement of Rendering Practitioner Authorization. This is required for all rendering providers affiliated with the 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 DXC Technology website and confirmed your provider type phase is underway, but you have not received your case letter, contact the Provider Enrollment Department. They will confirm your association with the provider's office 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 Department of Health and Human Resources (DHHR) office to conduct evaluations. I have no set office hours. How should I document my hours on the revalidation application?	Enter the hours you are available to conduct the evaluation. If you are available at any time, you would put 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 application submission deadlines.
In the PEAP system, How many digits should I enter for telephone numbers?	Enter only your three-digit area code and seven-digit telephone number. It is NOT necessary to add a leading "1."
Is there an option for American Sign Language in the languages section on the PEAP?	There is an option for sign language.

How long will the application take to complete?	Provided that you have collected the information needed to complete the revalidation, it is estimated that the process will take between 2.5 and 4 hours. This estimation is based on a group practice with 2-10 rendering or ordering/referring/prescribing only providers. For each additional rendering provider, add 5-10 minutes to the approximate time above.
Are we required to obtain a login to revalidate?	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 is the process revalidating providers who are associated with multiple groups or tax IDs?	All provider associated with groups will be listed as one of the following: ordering, referring, rendering, or prescribing.
Can we add a rendering physician with our group who is not currently enrolled with Medicaid/ DXC Technology during revalidation?	Yes, during the revalidation process, you can add new rendering practitioner, as well as your ordering/referring/prescribing-only 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/prescribing-only practitioners as an affiliated provider of your group. The other groups will be responsible for revalidating, or adding their affiliated practitioners when they revalidate their group. If another group that your rendering provider is linked to does not complete their revalidation/enrollment process, then the group itself will be in jeopardy and not the rendering providers affiliated to that group.

We have general surgery, pathology, hospitalists, plastic surgery, bariatric surgery, oral and maxillofacial surgery, hematology/oncology. Will we need to revalidation multiple times?	If there are multiple pay-to records, then each would have to revalidate separately.
If board members are completely voluntary do we have to list them and their information?	Yes.
Provider agreement form, is there a special address this needs to be sent to?	Yes, the address to send the signed provider agreements is as follows: DXC Technology 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, a date will be determined as to if/when a provider will still need to revalidate when they have recently enrolled.
Are there any Application Fees?	For revalidation with WV Medicaid, no application fees will be required. If you are enrolling for the first time or reenrolling a provider type that requires an application fee, then a fee would be required upon enrollment.
Revalidating groups does this jeopardize a provider's individual provider ID?	No, The purpose of revalidation is to collect accurate data.
If a provider has multiple specialties can we add them all?	Yes, the system will ask if you want to add additional specialties. You must contact the Provider Enrollment Department by mail at P.O. Box 625 Charleston, WV 25322-0625, or by email at WVProviderEnrollment@molinahealthcare.com to obtain a criteria sheet that identifies the criteria for the additional specialties and determine enrollment eligibility.

Will revalidation have any effect on billing and payments?	There will be no interruption in processing claims or payments provided you submit your completed application in a timely manner. Revalidation follow-up letters will generate to providers who have not submitted their application within 30 and 45 days from the date listed on 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 within 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 (888) 483-0793 Mon-Fri, 7 a.m. - 7 p.m. or locally at (304) 3483360.
Do I have to submit my Electronic Funds Transfer (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. What do I do?	Although it is much more efficient if you download the Cover Sheet from the web site and fill in the required information as this allows 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. What do I do?	The most common problem is email address associated with the application. Try again.
I cannot find my Case Number. What do I do?	Contact Provider Enrollment toll free at (888) 483-0793 Mon-Fri, 7 a.m. - 7 p.m. or locally at (304) 348-3360 to obtain your case number. Make sure you have your NPI or FEIN number ready when calling.
How do I find my CLIA level?	You will need to determine this on the CLIA website at https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/.

I saved and closed my enrollment application, but the information I entered is not there. Where would it be?	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. If you are in the Service Location specialty section, verify if the user is in edit mode. If so, cancel edit mode as the instructions show in the Service Location User Guide section.

End of Documentation