

Bureau for Medical Services Welcomes New Commissioner



The West Virginia Department of Human Services (DoHS) has announced the appointment of Christy Donohue as Commissioner of the Bureau for Medical Services (BMS).

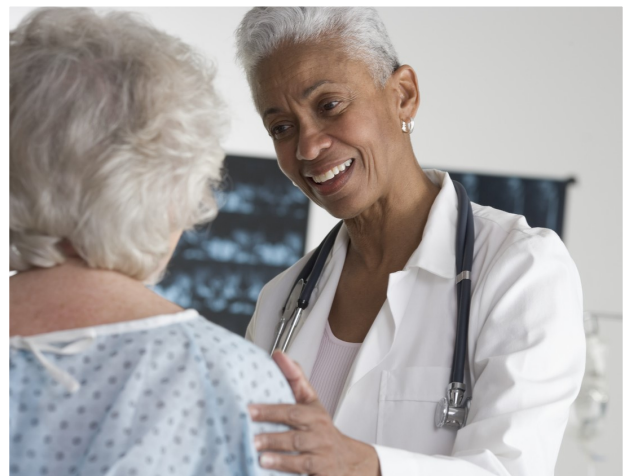
Commissioner Donohue brings decades of experience in government health programs and health plan administration to her role, where she will oversee Medicaid and the West Virginia Children's Health Insurance Program (WVCHIP). Her background includes senior leadership positions with The Health Plan of West Virginia, CNSI, and Molina Healthcare, with extensive experience in Medicaid operations, contract oversight, budget and rate setting, regulatory compliance, and program integrity.

With more than 33 years of experience working with Medicaid, CHIP, and Dual Special Needs Plan (DSNP) programs, Commissioner Donohue brings deep institutional knowledge and a strong understanding of how state and managed care partners work together to serve West Virginians.

Commissioner Donohue is a graduate of West Virginia State University who also completed the Organizational Leadership Program through Mountain State University. She is actively engaged in her community, serving with organizations including Big Brothers Big Sisters and United Way, and is a 2024 graduate of Leadership West Virginia. She resides in Peytona, WV with her family.

Spring 2026 Provider Workshops Dates and Times Announced

Please join the West Virginia Department of Human Services (DoHS) Bureau for Medical Services (BMS) for the Spring 2026 Virtual Provider Workshops so you and your staff will be aware of upcoming developments which may impact your practice or organization. Medicaid, West Virginia Children's Health Program (WVCHIP), Gainwell Technologies, Medicaid Managed Care Organizations (MCOs) and other Medicaid/WVCHIP vendors will be conducting morning and afternoon virtual workshops April 21, 23, and 29, 2026 (see times below). Registration information can be found on the Gainwell portal at www.wvmmis.com or you can view the information on the [Spring 2026 Provider Workshops flyer](#).



- Tuesday, April 21, 2026: 9:00am - 12:15pm and 1:30pm - 4:15pm
- Thursday, April 23, 2026: 9:00am - 12:15pm and 1:30pm - 4:15pm
- Wednesday, April 29, 2026: 9:00am - 12:15pm and 1:30pm - 4:15pm

Pharmacy Services Reminder: Residency Enrollment

To enroll in Medicaid and ensure prescription coverage, first-year residents must submit a copy of their residency permit to Medicaid.

Physicians who have graduated from residency programs are required to re-enroll in Medicaid as licensed practitioners, which includes providing a copy of their medical license as part of the enrollment criteria.

Please note that Medicaid cannot reimburse prescriptions written by prescribers who are not enrolled. Failure to complete re-enrollment may result in delays in your patients' ability to fill their prescriptions.



Durable Medical Equipment Fee Schedule Update

Effective July 1, 2026, the Durable Medical Equipment (DME) fee schedule will be updated to reflect Rural/Non-Rural and Competitive Billing fee schedules. These fee schedules will apply based on the member's physical home address. The CMS designates the zip codes in WV that it considers rural and submits them to the State each year.

Legislation Update: West Virginia House Bill 4335



West Virginia House Bill 4335 was introduced for the 2026 Regular Legislative Session and signed into law by Governor Patrick Morrisey on February 28, 2026.

West Virginia House Bill 4335 introduces timelines and standardized processes for the West Virginia DoHS and MCOs by modernizing enrollment and credentialing.

Starting July 1, 2026, the State's fiscal agent must complete Medicaid provider enrollment determinations within five business days of receiving a completed application.

Providers will be notified electronically within two business days if an application that has been received is incomplete. An inclusive list of missing information will be provided in the notification.

MCOs will now be subject to a 60-day deadline to complete provider credentialing. If there is a failure to meet these timelines, the MCO can be subject to penalties.

Also, effective July 1, 2026, enrollment and credentialing applications, renewals, and all supporting materials must be submitted electronically.

The office of the Insurance Commissioner will provide the standardized credentialing form from the Council for Affordable Quality Healthcare (CAQH) in an electronic format.

For easy access to the final version of HB 4335, please see the link below:

www.wvlegislature.gov/Bill_Text_HTML/2026_SESSIONS/RS/bills/hb4335%20sub1%20enr.pdf

Office of Plan Management and Integrity Update: Payment Error Rate Measurement

The Centers for Medicare and Medicaid Services (CMS) Payment Error Rate Measurement (PERM) Program reviews medical records for fee-for-service (FFS) payments from both West Virginia Medicaid and WVCHIP claims. This review measures improper payments and implements corrective actions to maintain program integrity. For the review year 2026 PERM cycle, PERM universes include claims and payments originally paid between July 1, 2024 and June 30, 2025.

The BMS would like to thank all providers for your cooperation in providing the requested documentation and/or clarification of medical records within the allotted time for Empower AI, the Review Contractor, to complete the desk audit review. Empower AI received 100% of the medical records requested. The cycle cutoff is currently set at April 15, 2026 and the preliminary medical record review findings to date are phenomenal. The BMS expresses gratitude to providers and all who made this possible.

Understanding Your Rights to Appeal

The BMS would like to ensure providers are aware of their rights to administrative appeals of actions taken, such as overpayment determinations. Providers' rights to appeal such actions are defined by the agreements or contracts they have entered with the entity that issued the overpayment determination. This means that the appeal rights available to providers will vary by payor. When overpayment determinations are issued by the agency, providers' rights to an administrative appeal those determinations are defined in *Chapter 800, Program Integrity, Section 800.11* of the BMS Provider Manual.



When overpayment determinations are issued by Managed Care Plans participating in the Mountain Health Trust or Mountain Health Promise programs or vendors conducting audits on their behalf, providers' right to an administrative appeal of those decisions are controlled by that provider's contract with the Managed Care Plan that issued the decision.

Gainwell Technologies Update:

As a reminder to providers, you must make sure all of your contact information, such as emails and phone numbers, are up-to-date and accurate in the Gainwell system. This will allow you to avoid any delays in correspondence.

Third-Party Liability and Juvenile Services Claims Reminder

- Third-party liability claims with a primary denial should be submitted on paper with a copy of the denial for special processing.
- All juvenile services claims along with the Juvenile Services Authorization Letter for processing:

Bureau for Medical Services
Attention: Sharon Duncan
350 Capitol Street, Rm 251
Charleston, West Virginia 25301

Gainwell Technologies Webinars Available



As a reminder, Gainwell Technologies offers monthly Enrollment Training Webinars the first Wednesday of each month. In addition, Gainwell Technologies also offers Claims Training Webinars the third Wednesday of each month.

To join, please visit the web portal at www.wvmmis.com.

Transforming Maternal Health (TMaH) Model: West Virginia's Update

West Virginia is now in its second year of participation in the Transforming Maternal Health (TMaH) Model, a 10-year national initiative designed to improve maternal health outcomes for Medicaid members. The United States continues to face one of the highest maternal mortality rates among high-income countries, with Medicaid populations experiencing a disproportionate share of complications. The TMaH Model aims to address these challenges by supporting states in building a whole-person approach to pregnancy, childbirth, and postpartum care.

Through TMaH, state Medicaid agencies are encouraged to implement evidence-based strategies that expand access to maternal care, integrate behavioral health, address social drivers of health, and strengthen continuity of care in the postpartum period. The model also focuses on reducing low-risk cesarean sections, lowering severe maternal morbidity, decreasing low-birthweight rates, and improving overall care experiences for pregnant and postpartum individuals.

The initiative aligns with broader Center for Medicare and Medicaid Innovation (CMMI) goals to promote preventive care by increasing engagement in prenatal and postpartum visits, expanding perinatal care teams, and improving screening and management of comorbidities. Technology also plays a key role, with an emphasis on telehealth, home monitoring, and improved access to health information.

As West Virginia moves through year two, the State is preparing to engage partner providers in the upcoming pilot phase. The next step will involve working closely with providers to test and refine the model's strategies. BMS looks forward to sharing additional updates as implementation advances and appreciate the continued partnership of Medicaid providers across the State.

Acentra Health: Atrezzo Update

Acentra Health is preparing for the transition of more programs to Atrezzo, its proprietary technology platform, that combines essential care management features and data into one comprehensive solution. Next will be Personal Care (PC) Services, which has a tentative go-live date of June 1, 2026.

Since the Aged and Disabled Waiver (ADW) went live in November 2025, Acentra Health has successfully transitioned and worked with ADW providers over the last few months to get acquainted with the new system. With provider feedback, Acentra Health has made updates to Atrezzo to make it more user-friendly.



April and May Marks National Child Abuse Prevention and Foster Care Month

During the next two months, Acentra Health recognizes National Child Abuse Prevention Month (April) and National Foster Care Month (May). Acentra Health is raising awareness of West Virginia's home and community-based services for children ages three and up as well as their families.



Pictured: Acentra Health's Caroline Duckworth and Nikki Tennis at Foster Care Day at the West Virginia Legislature

This includes children who are participants in the West Virginia DoHS' Children with Serious Emotional Disorders Waiver (CSEDW), Intellectual/Developmental Disabilities Waiver (IDDW) and the Traumatic Brain Injury Waiver (TBIW). Acentra health staff will sponsor tables with information on these Waivers and other services at the following events which will be held at the Charleston Coliseum and Convention Center:

- [Handle with Care Conference](#): April 15, 2026 - April 17, 2026
- [Celebrating Connections Early Childhood Conference](#): April 22, 2026
- [National Association of Social Workers, West Virginia Spring Social Work Conference](#): May 6, 2026 - May 8, 2026

The Quality Corner: Accurate Coding for Hemoglobin A1c (HbA1c) Testing



Clinical documentation is the vehicle for coding, billing, and auditing. Clear, complete, and specific documentation is the means for, and provides evidence of, the quality and continuity of patient care. Most providers document reasonably well for medical care, but many are unaware of the details needed for accurate code selection for quality measures purposes. The Office of Quality Management oversees the annual calculation and submission of the Adult and Child Core Set Measures to the Centers for Medicare and Medicaid Services (CMS). These rates are published on the Medicaid and CHIP (MAC) Scorecard

which CMS developed to improve public transparency about the administration and outcomes of the Medicaid and CHIP programs.

Two of the measures our office reports to the MAC Scorecard are Glycemic Status Assessment for Patients with Diabetes measuring the percentage of Medicaid members aged 18 to 75 with diabetes whose HbA1c or GMI levels were assessed during the measurement year (GSD-AD) and Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMIAD) measuring the percentage of adults Medicaid members aged 18 to 64 with serious mental illness who had poor HbA1c control (>9.0%). Various state agencies and organizations use both to monitor and improve health care quality for Medicaid members.

Two of the measures our office reports to the MAC Scorecard are Glycemic Status Assessment for Patients with Diabetes measuring the percentage of Medicaid members aged 18 to 75 with diabetes whose HbA1c or GMI levels were assessed during the measurement year (GSD-AD) and Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMIAD) measuring the percentage of adults Medicaid members aged 18 to 64 with serious mental illness who had poor HbA1c control (>9.0%).

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The Quality Corner: Accurate Coding for Hemoglobin A1c (HbA1c) Testing (Cont.)

Various state agencies and organizations use both to monitor and improve health care quality for Medicaid members. Accurate coding of HbA1c testing ensures diabetes quality measures are captured for the BMS. Proper use of Current Procedural Terminology (CPT), CPT Category II, LOINC, and SNOMED codes allows for electronic data extraction, reducing the number of manual chart reviews requested during the annual reporting season.

Why Proper Coding Matters?

- Supports the CMS and payer quality reporting programs
- Captures diabetes control levels electronically
- Reduces manual chart review and medical record requests
- Improves population health data accuracy

CPT Codes (Procedure – Test Performed)

Code	Description
83036	Hemoglobin; glycosylated (HbA1c)
83037	HbA1c by the U.S. Food and Drug Administration (FDA)-cleared point-of-care device

CPT Category II Codes (Report Result Level)

Code	HbA1c Result
3044F	< 7% (good control)
3051F	≥ 7% and < 8%
3052F	≥ 8% and ≤ 9%
3046F	> 9% (poor control)

Common LOINC Codes (Laboratory Identification)

LOINC	Description
4548-4	Hemoglobin A1c/Hemoglobin total in Blood
4549-2	HbA1c measurement (reported)
17856-6	HbA1c/Hemoglobin.total in Blood

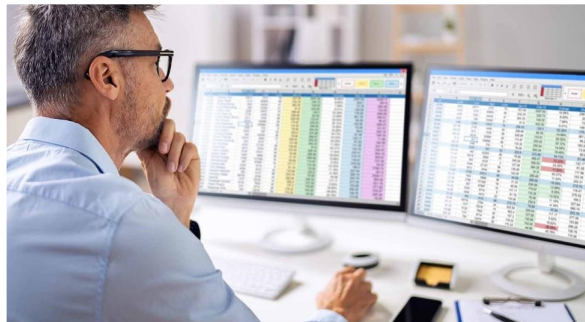
Common SNOMED CT Codes (Clinical Concepts) Provider Best Practice

SNOMED	Description
43396009	Hemoglobin A1c measurement
31383500	Hemoglobin A1c Level
16567900	Finding of Hemoglobin A1c Level

The Coding Corner

2026 CPT Code Updates (Effective January 1, 2026):

- **Digital Health and Monitoring:** New codes for remote monitoring over shorter durations (2–15 days) and updated codes for device supply and initial treatment (99453, 99454, 99445, 99470).
- **Vascular/Cardiology:** Comprehensive updates to TEVAR (thoracic endovascular aortic repair) and leg revascularization, bundling catheter placement and radiological supervision into the main procedure
- **AI and Specialized Services:** New codes for AI-augmented services and expanded, specific codes for hearing devices.



April 1, 2026, Coding Update Highlights:

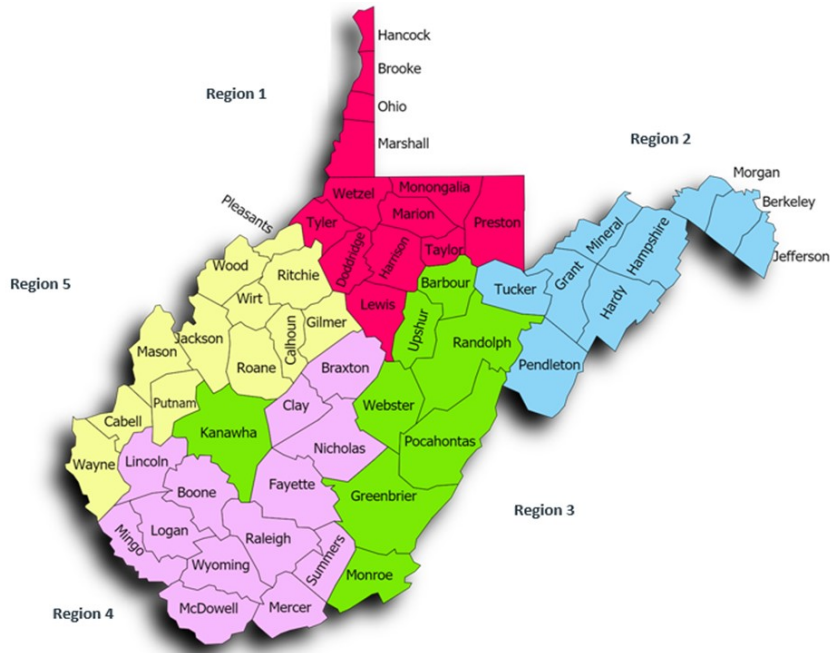
- **ICD-10-CM Changes:** No new diagnosis codes are added, but crucial changes to instructional notes (Excludes1 to Excludes2) are effective, particularly in Chapter 2 (Neoplasms).
- **ICD-10-PCS Updates:** 80 new procedure codes are added to the following FY 2026 ICD-10-PCS code set, covering areas :
 - **02H:** Insertion into ventricular septum.
 - **0DD:** Extraction of omentum and mesentery.
 - **3E0:** Introduction of embryonic stem cells to peripheral/central veins.
 - **4A0:** Measurement of musculoskeletal body composition.
 - **5A0:** Assistance with cardiac output.
 - **F07:** Electrotherapeutic treatment of the integumentary system.
- **HCPCS Level II:** Updates to Healthcare Common Procedure Coding System (HCPCS) Level II codes also go into effect on April 1, 2026, as announced by AAPC.
- **Key Reminders:** The new PCS codes are valid for discharges from April 1, 2026, to Sept. 30, 2026. Ensure systems are updated to reflect the new codes and revised notes

Operational Changes

- **Clinical Laboratory Improvement Act (CLIA) Labs:** After March 1, 2026, the CMS will only accept electronic, not paper, CLIA fee payments and certificates.
- **Documentation:** The shift in responsibility means providers must document with higher specificity, particularly for new codes, to ensure accurate reimbursement.

It is essential to review the complete, updated CPT Codebook and the Centers for Disease Control (CDC) guidelines for specific code additions, revisions, and deletions.

Provider Field Map and Contact Information



Region 1 Representatives

Interim Coverage:

Brandon Treola: (304) 220-0504 btreola@GainwellTechnologies.com

WVU: Katrena Edens: (304) 220-8593 kedens@GainwellTechnologies.com

Whitney Choyce: (304)220-8638 wchoyce@GainwellTechnologies.com

Region 2 Representative

Brandon Treola: (304) 220-0504 btreola@GainwellTechnologies.com

Region 3 Representatives

Katrena Edens: (304) 220-8593 kedens@GainwellTechnologies.com

Michelle Ramsey: (304) 220-8460 mmiller222@GainwellTechnologies.com

Region 4 Representative

Stephanie Houghtaling: (304) 220-8588 shoughtaling@GainwellTechnologies.com

Region 5 Representative

Whitney Choyce: (304)220-8638 wchoyce@GainwellTechnologies.com

The *West Virginia Medicaid Provider Newsletter* is a joint quarterly publication of the West Virginia Department of Human Services' (DoHS) Bureau for Medical Services (BMS) and Gainwell Technologies.

Acting DoHS Cabinet Secretary: Christina Mullins, MA
DoHS BMS Commissioner: Christy D. Donohue, CMC

Contributing writers: Margaret Brown, Joseph Bush, Jennifer Myers, Kristen Boustany, Shari Heinaman, Andrew Pack, and Anita Mallett. Melissa Nichols - BMS; Angelica Hightower - DoHS; Jasper Smith and Nikki Tennis - Acentra Health; Whitney Choyce and Angela Stanley - Gainwell Technologies

Contact

Gainwell Technologies

Provider Relations
888-483-0793
304-348-3360
wvmmis@molinahealthcare.com

EDI Help Desk
888-483-0793, prompt 6
304-348-3360

Provider Enrollment
888-483-0793, prompt 4
304-348-3365

PR Pharmacy Help Desk
888-483-0801
304-348-3360

Member Services
888-483-0797
304-348-3365
Monday-Friday, 8:00 a.m. to 5:00 p.m.

Provider Fax
304-348-3380

Automated Voice Response System (AVRS) Prompt Tree

Please make sure that you are utilizing the appropriate prompts when making your selection(s) on the AVRS system to ensure that you will be connected to the appropriate department for your inquiry. Once you have entered your provider number, the following prompts will be announced:

1. Accounts Payable Information
2. Eligibility Information
3. Claim Status Information
4. Provider Enrollment Department
5. Hysterectomy Sterilization Review
6. EDI Help Desk/Electronic Submission Inquiries
7. LTC Department
8. EHR Incentive
9. BBH

Claim Form Mailing Addresses

Please mail your claims to the appropriate Post Office Box as indicated below. PO

PO Box 3765 NCPDP UCF Pharmacy

PO Box 3766 UB-04

PO Box 3767 CMS-1500

PO Box 3766 ADA-2012

Hysterectomy, Sterilization, and Pregnancy Termination Forms
PO Box 2254
Charleston, WV 25328-2254

Provider Enrollment & EDI Help Desk
PO Box 625
Charleston, WV 25337-0625
Fax: 304-348-3380

Mailing Addresses

Provider Relations & Member Services
PO Box 2002
Charleston, WV 25327-002
Fax: 304-348-3380

Provider Enrollment & EDI Help Desk
PO Box 625
Charleston, WV 25337-0625
Fax: 304-348-3380

MCO Contacts

Aetna Better Health of WV
888-348-2922

The Health Plan
888-613-8385

WellPoint (formerly Unicare)
800-782-0095

Highmark Health Options of West Virginia
833-957-0020

Vendor Contacts

Acentra (formerly KEPRO)
304-343-9663

MAXIMUS
800-449-8466

Please send provider enrollment applications and provider enrollment changes to:

Gainwell Technologies
PO Box 625
Charleston, WV 25337

Claims Information

To expedite timely claims processing for Gainwell Technologies, please make sure claims are sent to the correct mailing address as indicated below:

- Facilities and institutional providers billing on a UB04 Claim form:
PO Box 3766, Charleston, WV 25337
- Medical professionals billing on a CMS 1500 Claims form:
PO Box 3767, Charleston, WV 25337
- Dental professionals billing on ADA 2012 Claims form:
PO Box 3768, Charleston, WV 25337
- Pharmacy claim form NCPDP UCF:
PO Box 3765, Charleston, WV 25337

Suggestions for Web Portal Improvements

We are looking for ways to improve the Provider Web Portal. If you have suggestions on how we can make the portal more user friendly, please contact our EDI helpdesk, edihelpdesk@molinahealthcare.com.