

Frequently Asked Questions

1. Where can providers find information regarding WVCHIP Member enrollment and Benefits guidelines?

Providers can verify benefits by consulting the WVCHIP Summary Plan Description (SPD) available at www.chip.wv.gov. Providers also have the option to verify WVCHIP member eligibility and benefits by logging on to the WVCHIP provider portal at www.wvmmis.com or by calling DXC at 1-800-479-3310.

2. If the provider is an enrolled WVCHIP only provider, are there additional registration steps required for KEPRO C3 WV Provider Portal?

Yes – If the provider is enrolled with WVCHIP and has never registered to use the KEPRO WV C3 Provider Portal. You will need to register with KEPRO. Please be sure to put WVCHIP before your organization name when registering.

No – If the provider is enrolled with WVCHIP and is registered with KEPRO no action will be needed.

3. Our office is enrolled with both WV Medicaid and WVCHIP. Our office is also registered with KEPRO? Do we have to enroll again for WVCHIP?

No action is needed. The KEPRO WV C3 Provider Portal will maintain the same flow/process as it does for Medicaid Medical.

4. Will the KEPRO C3 WV Provider Portal change for DDE?

The only change that will occur to the KEPRO WV C3 Provider Portal will be the addition of the WVCHIP Member ID Number.

5. When was the “black out” period?

The “black out” period, which was the timeframe when no prior authorization requests were processed by KEPRO or HealthSmart, occurred from COB 06/24/2019-06/30/2019. KEPRO began processing prior authorization requests on 07/01/2019.

6. What if a WVCHIP member had an emergent procedure or was admitted into the hospital and authorization could not be obtained due to “blackout period?”

Providers should submit to KEPRO utilizing KEPRO WV C3 portal or fax a completed authorization request form to request a retrospective review. Please include all relevant clinical information.

7. Will the member’s WVCHIP ID number change?

No, the WVCHIP ID number will remain the same.

8. Where is the WVCHIP Master Code List located?

The Master Code List for WVCHIP will be located on www.wvaso.kepro.com under the WVCHIP section. Please be sure that you check the name of the MCL document. There are two MCLs on the website one for Medicaid and one for WVCHIP. **If you are a WVCHIP & WV Medicaid provider, please be sure to access the correct listing. WVCHIP and WV Medicaid have different authorization requirements, coverages, policies and guidelines. It is the responsibility of the Provider to ensure the correct policies, procedure and guidelines are followed when obtaining authorization.**

9. What number should WVCHIP providers you call for passwords resets for the KEPRO WV C3 Provider Portal?

Providers will call 888-571-0262 to reset their KEPRO password.

10. Where will providers submit claims?

Providers will continue to submit claims to DXC Technology. For claim assistance, please call DXC Technology at 888-483-0793.

11. Does the KEPRO WV C3 Provider Portal have the capability to let users attach additional information (example: x-rays, clinical, etc.)?

Yes, Providers can upload additional information to the authorization request before successful submission is complete. There is a size limit of 2.5 megabytes. Once the request has been submitted **or if the size limit is exceeded**, additional information must be faxed to KEPRO.

12. Where do you find the authorization request forms for WVCHIP members?

WVCHIP prior authorization request forms can be downloaded from KEPRO Provider website: <http://wvaso.kepro.com/wvchip/medical-services>

13. Will the fax forms allow for pre-population or are they handwritten only?

Providers must print these forms, type or write required information and fax to the number indicated on the top of the form.

14. Can the Organization Manager and AUM Manager be the same person?

Yes, the Organization Manager and AUM Manager can be the same person. We do suggest having more than one Organization Manager if possible.

15. Will users of the KEPRO WV C3 Provider Portal be prompted to change their password after 30 days?

Yes, the KEPRO WV C3 Provider Portal will automatically relocate you to the screen to change your password.

16. I am not an enrolled provider with the WVCHIP program. What steps should I take to initiate an out-of-network prior authorization request?

Non-participating providers (in or out –of-state) must first call DXC at 1-888-483-0793 to become enrolled with WVCHIP. Enrollment is required to evaluate the prior authorization request and facilitate claims payment for approved/covered services.

17. Does this transition affect Oral Surgery providers who only submits dental codes?

Yes, this transition will affect any provider who submits prior authorization requests for WVCHIP members.

18. Does Orthodontic services require an authorization?

Orthodontic services are covered if medically necessary for a WVCHIP member whose malocclusion creates a disability and impairs their physical development. Orthodontic requests for treatment are subject to prior authorization. Prior authorization is dependent on diagnosis, degree of impairment and medical documentation submitted.

19. Will KEPRO fax determinations?

Authorization numbers and Denial notifications **will not** be faxed to Providers. Authorization numbers and Provider denial notification letters are available on the KEPRO WV C3 Provider Portal. WVCHIP members will also not be notified of authorization approvals but will be mailed denial notifications.

20. If a WVCHIP member’s therapy visits have not exceeded the 20 visit limit, do Providers have to now obtain authorization from KEPRO?

WVCHIP benefits and coverages did not change with this transition. Once the member reaches the 20 visit limit and if additional services are needed, Providers will then submit an established request with clinical information for medical necessity review.

21. Does KEPRO authorize PT/OT services as units or visits?

KEPRO authorizations for therapy services are for visits. If the CPT code for the service performed is a timed code or an event code, the authorization will contain the amount of units to equal the total visits authorized. An example is provided below for additional clarification.

CPT code Requested	Frequency Approved	Total Visits	Authorized Units
97161	1 visit in 8 wks	1	1
97014	2x wk for 8 wks	16	64
97012	2x wk for 4 wks	8	32

22. Does Physical Therapy/Occupational Therapy/Speech Therapy services go by rolling year or calendar year?

When ordered by a physician, the initial twenty (20) therapy visits do not require prior authorization. Once the initial twenty (20) visits have been exhausted, the provider must seek an authorization to continue treatment. There is no reset on the twenty (20) visits for the same condition after the end of the rolling benefit year and maintenance therapy is not a covered benefit by WVCHIP.

23. Is a PA required for all services provided by an out-of-state provider require prior authorization?

An out-of-state provider that is enrolled with the WVCHIP program is considered a participating provider. Accordingly, WVCHIP participating providers are only required to obtain prior authorization for those services and terms defined under the WVCHIP SPD available at www.chip.wv.gov.

24. When is supporting documentation required from a provider requesting prior authorization? What types of supporting documentation may be required to obtain prior authorization or extend services?

Providers should consult the WVCHIP SPD available at www.chip.wv.gov to confirm which services require prior authorization. For services that require prior authorization supporting documentation and/or clinical information such as physician orders, progress notes, and initial/continued treatment plan may be required. This includes services that have reached the maximum allowed visits without a prior authorization for services such as PT, OT, and ST. Additionally, providers may refer to the MCL on the KEPRO website for a list of codes that require prior authorization.