# **Questions asked at the Kentucky User Meetings**

# Topic #1 - I Need Answers – Day 1

**Q: Why can’t I reach the LHO help desk by phone?**

A: If you can’t reach the LHO help desk by phone, please send an email to Localhealth.helpdesk@ky.gov.

**Q: How can we access the WIC user manual from the state website, it is not easy to find?**

A: Using an internet browser, search for Kentucky WIC CHFS webpage, and click on WIC – Cabinet for Health and Family Services – Kentucky.gov. Scroll to the bottom of the page and on the right side of the page you will see WIC and Nutrition Manual.

# Topic #2 - WIC Coding – Day 1

**Q: Do you need to budget for income not eligible?**

A: Annually when local health departments submit their budgets, for 804 WIC, at least 1 Screened but not Eligible Due to Income service should be planned.

**Q: What CPT code do we use for a simple package change in portal?**

A: Use the W0209 code for package changes.

**Q: How do we code a status change, if a follow up is not needed and no secondary is done?**

A: When completing a status change, documentation should be made in the medical record. A status change will not be coded on the PEF. If providing counseling, or a food package change and issuance then those services would be coded. Time spent on the status change would be reflected on your timesheet for clinic services and allocated to WIC based on the percent of WIC services your agency provides.

**Q: What would you code on a VOC?**

A: When completing a VOC, code W0208. When issuing benefits to the VOC enrolled participant, code W0209.

**Q: Sometimes the W0231 with 2699- Non-invasive Hemoglobin is going to cost center 802, why is this happening?**

A: CDP is currently investigating this situation.

# Topic #3 – Coding – Day 1

**Q: Is a referral required for an MNT visit?**

A: Yes, if you are billing Medicare, a referring provider is required.

**Q: Would there ever be a time when you would enter a W9401/W9402 on the same PEF?**

A: No, code nutrition education to the appropriate CPT code (W9401 or W9402) based on the amount of time spent on nutrition education. If also providing breastfeeding support above and beyond WIC Protocol, then code that to W9401BF or W9402BF as appropriate.

**Q: Is there a place/ website for LHDs to go and obtain a list of all up to date codes for services provided?**

A: Yes, the Local Health Operations

**Q: Is there a list of CPT codes that are full charge?**

A: No, but we do have a Preventive Fee Schedule which is where our charges come from.

**Q: Should we be using the 25 modifiers if there are more than 2 services provided such as an office visit and a WIC service?**

A: No because WIC is not considered a billable service to Insurances.

**Q: If someone has an HPV exam, can you add that to an existing PEF?**

A: Yes, we have two testing codes on the PEF for your use. ( 87624 and 87625)

**Q: Are the codes for COVID vaccines listed on the PEF form?**

A: Yes, on the COVID PEF. See this link: <https://www.chfs.ky.gov/_layouts/download.aspx?SourceUrl=https://www.chfs.ky.gov/agencies/dph/dafm/gendocs/LHD0CV19.docx>

# Topic #4 - Billing and Rebilling – Day 1

**Q: What is the difference between Medicaid and MCO?**

A: Those on traditional Medicaid have not been assigned to an MCO. This decision is made by Medicaid.

**Q: Why does the system automatically adjust off a PC 1 invoice if the PEF is changed to a different payor?**

A: The system is assuming that since the PEF is being changed to another payor, the PC 1 invoice is not needed.

**Q: When a payment is received, how should I post? Should I post the individual CPT codes or just to the invoice? What if it is a unit issue?**

A: If you are posting a third-party payment and they have paid by CPT code, it is recommended that payment be posted at the CPT code level. When payment is received and the payment is not by CPT code, it is recommended that payment be posted at the invoice level.

**Q: What happens if a patient has Medicaid and private insurance, what payor code is assigned?**

A: If a patient has Medicaid and Private Insurance, private insurance will bill first. The services would go to payor code 9. If you need the claim to bill to Medicaid, you would need to set the Insurance flag on the PEF to skip.

**Q: If I have a patient with no MCO number, what do I put in the MCO number field so that It bills out?**

A: You need to verify what type of insurance they have and look the information up on MMIS.

**Q: How soon after entering and submitting will we know if a claim is accepted or denied?**

A: This depends on the third-party payor. Payers that report back electronically should be quick, but for those sending remittances through the mail, it will be longer.

**Q: If a United Health Care MCO claim is denied, what should we do?**

A: If a mistake was made when entering the information, you should correct the claim and rebill via the CMS1500. If you are not sure of the reason it is rejecting, contact LHO.

**Q: How do we print a CMS form on a printer?**

A: When rebilling a claim, if a hard copy of the CMS1500 form is needed, the rebill screen has a print button available. You will need a preprinted CMS1500 form to place in your printer. If you are attempting to print an e-report of CMS1500 forms, again you will need the preprinted forms to place in your printer. For instructions on printing e-report CMS1500 forms, reach out to CDP customer support and they can provide instructions.

**Q: Do Railroad Medicare claims bill out electronically?**

A: Yes.

**Q: If you make a mistake and you don’t correct the PEF the same day, will it bill out that day?**

A: Depends on what day the PEF is entered. Most third-party billing is created over the weekend. If the PEF is entered on a Friday, it could bill out the next day.

**Q: Can an encounter be billed out automatically if the insurance company is not listed?**

A: No, if no insurance company is entered, CDP does not know where to bill.

**Q: If you post a payment manually does it show on the date that you posted the payment or on the date that the invoice was set up originally?**

A: It will be posted with the date you post it. But recently, a field to capture the payment date has been added to the AR posting page.

**Q: If you have a different payor source for separate services, should we enter 2 separate PEFs?**

A: Yes

**Q: Where can I find a list of NEIC numbers so that I can bill my insurance claims electronically?**

A: <https://payerfinder.changehealthcare.com/RPA>

# Topic #5 - Billing Reports – Day 1

**Q: I am not getting any rebill invoice registers. When did that stop?**

A: These reports stopped when rebilling was moved over to Portal. CDP is currently working on a solution to bring these reports back.

**Q: Should the 439 reports show a date of service?**

A: Yes, the report shows the date of service for each paid claim.

**Q: If you print out your 277 billing reports how long should we keep them?**

A: These do not have to be kept. These are only acknowledgement reports.

# Topic #5 - E-Reports – Day 1

**Q: Why are the dates wrong on the 319 and 358 reports sometimes?**

A: The dates on the reports are correct. In the examples provided the report was created for the last day of the month. The report was not created until after midnight. The report showed the last day of the month, but the e-report file name reflected the first day of the new month and showed in the new month’s e-report folder.

**Q: Are there specific E-reports that would be most beneficial to the health professionals? What are those report numbers?**

A: It depends on what type of information the health professional needs. This summer we will be having a webinar that discusses all reports that are available through CDP Portal.

# Topic #1 - Household and Registration – Day 2

**Q: I don’t have access to do a patient merge, what do we do if only one person has access to do a Merge/ID change and they aren’t in the clinic that day and you have a WIC patent that needs to be merged?**

A: If the patient has active WIC issuance you cannot change or merge the ID. Leave them in the HH with the WIC history and when their issuance is up, you can go in and merge that record. Please note that only 1-2 staff per site/agency have access to the patient merge and patient ID change screen. This is to avoid errors in the system that cannot easily be resolved when accidentally merging or changing IDs incorrectly.

**Q: Can the Merge/ ID Change be separated? In Bridge we had the ability to do an ID change now only 1 person at the clinic has that ability.**

A: CDP will research this and discuss with LHO Staff.

**Q: If a patient has WIC benefits, can I still do a merge in the system?**

A: No

**Q: Can more than one person in a Health Department have access to merge/change and ID?**

A: No, only one person per location can have access to do the ID merge/Change feature.

**Q: What do we need to do if our patients/participants are listed in portal with a SSN, should we go in and change them all to pseudo?**

A: No, if they are currently in the system with a SSN they do not need to be changed. But for new patients, it is recommended you use a pseudo number.

**Q: If you look up a patient’s eligibility in Medicaid and they have an SSN, can we use that number to put them in a portal household? What do we do if they already have a Pseudo number in portal do we need to merge them, or change their ID to the SSN?**

A: If you find that the patient has an SSN but is currently in the system with a pseudo number, I would not change to the SSN, keep the pseudo number. The SSN is not needed. If a patient is applying for WIC, you should never ask for the SSN, this implies that they must be a citizen.

**Q: What do we do if we are having trouble with labels printing and the info printed is all jumbled up.**

A: Please contact CDP Networking and they can assist.

**Q: Can primary Language have a red asterisk to indicate it is a required field for WIC?**

A: CDP will work with KY WIC to see what the level of effort will be to complete this change. Note that while primary language may be entered for all WIC participants, Primary Language is only required for LEP individuals.

**Q: How is Limited English Proficiency (LEP)and primary language documented in the system?**

A: Support Staff should document the primary language on the Member Screen or Registration Screen. Also document in the medical record the language and if interpretation services used, what was used. Health Professionals should document an LEP individual on the PEF by checking the LEP box at the top of the Patient Encounter Form (PEF). When support staff enter the PEF, if the health professional has checked the LEP box, the LEP should be set to YES on the PEF entry screen. This will flag the patient as LEP on the member and registration pages.

**Q: Is there a way to document a patient’s language if it is not listed in the dropdown?**

A: Yes, on the language drop-down, you can select Other. In the comment section document the primary language.

**Q: Why is the migrant flag required every time you do a WIC service, why does it not “stick” every time you do a registration for a WIC patient you have to select it again?**

A: For WIC participants, it is a requirement that their migrant status be checked each time they are registered.

**Q: What is the definition of migrant?**

A: A member of a Family which contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who established for the purpose of employment temporary housing.

**Q: An agency reported an issue with the middle initial “disappearing when you add someone to a Household”?**

A: If you are experiencing this issue, please email the CDP helpdesk with examples, household numbers, and CDP will research further.

**Q: How can you get chart labels if I am just making an appointment?**

A: Chart labels can only be requested from the registration screen. If the patient is part of a household, chart labels can be requested using the Labels button on the member page. The Labels button will only work if the patient has been registered, and it will show the information from the last registration. If this is a new patient, it is not recommended to build a chart until the patient arrives for services.

**Q: If a patient is marked as LEP = Yes, I can’t schedule an appointment.**

A: When scheduling the appointment, if you will be using a language line or onsite interpreter that is not a provider, set the Interpreter Needed field to no. If the provider you are scheduling the appointment with is marked as an interpreter, set the Interpreter Needed field to yes.

**Q: Do we need to select the income assessed date every time a participant comes in for a service?**

A: When completing a certification or recertification, income assessed date should be documented on the member screen and the registration screen.

**Q: When a child is in foster care and in a household alone the income field is supposed to be left blank, if we need to document income for federal reporting what should we put in that box?**

A: When a child is placed by the state into foster care, they are provided Medicaid. The foster child would then be adjunct eligible. For income reporting, you may enter the stipend the foster parent receives for care of the child as income for federal reporting of income.

**Q: What do we do on a VOC if they come from another state and don’t have all their proper documentation, do we add them as “New”?**

A: No, don’t add them as new, this will require a certification to be completed. Contact the clinic they are transferring from, and they should be able to supply the certification information needed.

**Q: Why is Spanish not listed as a race but is listed as an ethnicity? Can it be changed?**

A: It is a federal requirement that Spanish be listed as an ethnicity. This cannot be changed.

**Q: Can you add more than one insurance to a patients record?**

A: A patient can only have one Private Insurance policy.

**Q: If a Medicare patient is in the LHD, do I have to bill them with their SSN or can I use the Pseudo ID number?**

A: The SSN and Pseudo ID number are not used for billing Medicare claims or other third-party payers. The patient’s Medicare number would be used for billing. To verify Medicare eligibility the SSN is needed. But the SSN could be captured in the patient comments, you would not have to use the SSN as the patient’s ID.

**Q: Since CDP has provided training accounts for us to use what all can be done in those accounts, can you set up new households, issue benefits, etc.?**

A: Yes, all functionality associated with Household, Registration, Appointment Scheduling, Certifications, Benefit issuance and PEF entry is available with the training accounts. The test accounts are not tied to production.

**Q: Should I always put a 1 in the registration screen when making a change to a PEF?**

A: Yes, you don’t need to ask for an additional PEF but you do need to put a 1 in the PEF field so that the system will make the update.

**Q: When entering income on the registration screen why doesn’t it save to the Household?**

A: To get the annual income to save on household, enter the annual income on the household member page. Then during registration, don’t enter the annual income again, but make sure the income assessment date is set before saving. The annual income will be pulled from the household information. The next time the registration screen is called up, it will reflect the household information.

**Q: If someone comes in for any service, should we be documenting income every time?**

A: Yes, to make sure the system charges correctly

**Q: When registering a patient for WIC do we need to capture Medicaid or insurance on the third-party page?**

A: If the patient will be adjunct eligible for WIC based on Medicaid status, you will need to capture the Medicaid information on the third-party page.

# Topic #2 - WIC Food Delivery – Support Staff and Health Professional

**Q: When will auto issuance end for WIC?**

A: The Public Health Emergency is expected to end on May 9th, 2023, and then the state will have 90 days to transition. Auto-issuance will be turned off by August 9th.

**Q: How are participants of the WIC program going to be notified that auto issuance is ending?**

A: Kentucky WIC will post on social media and the WIC Shopper App in early April. LHD staff are encouraged to start letting participants know that these changes are coming.

**Q: When a child is listed as a foster child, who should be on the EBT account as the card holder?**

A: The foster parent or custodian should be listed as the “Card Holder” on the EBT account.

**Q: Why do we have to issue a new EBT card when we do a VOC?**

A: When a participant is moved from one county to another the benefits go with the participant, but a new card must be issued so that the EBT account is in the county that they currently are receiving WIC from.

**Q: Why can’t we change the Pin number sometimes? We often have to have someone else in the clinic change the Pin or unplug and plug back in and then it will change.**

A: Please contact CDP Networking and they can assist.

**Q: Are WIC participants still getting calls from One Call now about their appointments?**

A: They are not getting calls currently. These will resume when auto issuance ends.

**Q: Is it possible for the WIC Shopper app to let participants know if they have an upcoming appointment?**

A: No, the WIC Shopper app is not connected to CDP Portal.

**Q: Our hospitals are starting babies on Similac 360 formula but when they get to the clinic, they are angry because we can no longer assign that as a food package, what should we tell them?**

A: Let the mothers know in advance that the hospital will provide whatever formula they have to give for “free” and that is not necessarily the same formula that they will be receiving once the baby is on WIC.

**Q: Are support staff allowed to do a package change if it is something simple?**

A: No, only the health professional or nurse should do a package change.

**Q: Who is allowed to come and pick up a WIC EBT card from the health department?**

A: The eWIC Cardholder.

**Q: Should a VOC be printed if they are here as a migrant?**

A: Yes, it is a federal requirement to provide a printed VOC for any family identified as migrant so that the family will have the needed documentation if they move to a new area to continue to receive WIC services seamlessly.

**Q: Is there any limit to how many WIC cards we can give to a single person, some people lose or misplace their cards all the time?**

A: No

**Q: What should we do if a participant is an out of state VOC and they have a card from another state?**

A: Ask them for the out of state card once you have VOC them to KY then dispose of that card properly.

**Q: When we issue an EBT card do we need to check the ID for each person in the household or just the person who is receiving the card?**

A: Just the person who is receiving the card and benefits.

# Topic #3 - WIC Certifications and Things to Consider – Day 2

**Q: If a BF mom quits breastfeeding do we still do an MCHA even after 7 months?**

A: If the participant is terminated after 6 months due to no longer breastfeeding, an MCHA would not be completed.

**Q: What happens if a participant has a miscarriage, can they be recertified before the 30 day window?**

A: Yes, since the participant’s status has changed, they can be recertified.

**Q: If Mom and new baby come in at the same time can we recertify them both at the same time, even if it is before her 6 week post-partum visit?**

A: Yes, you can recertify Mom but remember to give her the last month of pregnancy benefits before you do a recertification. This allows her to receive all the extra benefits she has due prior to recertification.

**Q: Why is there not an MCHA box to check for an infant but there is one for Mom and Child?**

A: CDP will consult with Kentucky WIC Program to see if this can be added.

**Q: When capturing comments and the plan for a WIC Certification, we are limited in the amount of information we can capture.**

A: Yes, you have 750 characters for comments and 500 characters for the plan. CDP and KY WIC will investigate if these fields can be expanded.

**Q: On the recert label it shows that a patient is due an MCHA, do we have to do one?**

A: Yes, if that patient is not getting routine health care.

**Q: Sometimes when doing a remote visit and an MCHA, it is close to time to do a Nutrition Ed. Should we do both?**

A: If the MCHA is due or overdue, complete the MCHA visit.

**Q: Is there a time when it is “too soon” to do a Nutrition Ed?**

A: Nutrition Education should be conducted quarterly, sometimes when coordinating WIC with other services, it may be less than quarterly, but within the year, the participant should receive 4 nutrition contacts including the certification contact.

**Q: On the WIC Inquiry screen does it show if an MCHA is due?**

A: No, you will need to go to the patient menu and look under the WIC history.

**Q: What should we do if a child is sick and can’t come in for a MCHA?**

A: The visit may be conducted over the phone, use referral data, or you may reschedule.

**Q: Can the State WIC staff create a document showing all the training that needs to be completed by the health professionals and clinic staff?**

A: The State WIC Office is working with Kentucky Train to add the following courses:

* WIC DPH Infant Formula and WIC Nutritional Training
* WIC DPH Plan of Care and Goal Setting
* WIC DPH Certifying Health Professional Training
* WIC DPH Mid-Certification Health Assessment (MCHA)
* WIC DPH Secondary Nutrition Education for Health Professionals
* WIC DPH Breast Pump Issuance and Tracking Guidelines

# Miscellaneous Questions

**Q: Why does the CDP Portal system “time out” so fast.**

A: For security reasons, the system will time out after 20 minutes of inactivity. At 15 minutes, you will receive a warning that you will be logged off in 5 minutes. Saving or clicking to another page, will delay the time out.

**Q: Since inventory and fixed assets has gone by the wayside is there something in the new Workday system that will be comparable?**

A: It is unknown currently as we are still in the discovery phase.

**Q: Where can I look to see if there are issues or changes in the system?**

A: CDP Portal News is the best place to look for updates/ changes/ enhancements/ issues.