



# NETWORK *Notification*

**Notice Date:** December 1, 2023  
**To:** West Virginia Marketplace Providers  
**From:** CareSource  
**Subject:** West Virginia Senate Bill 267

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## Summary

On March 23, 2023, West Virginia passed into law a bill updating prior authorization requirements, gold carding requirements, peer review turnaround times and appeals turnaround times.

Pursuant to these new requirements, CareSource is implementing the following:

1. Effective Jan. 1, 2024, CareSource will determine prior authorization requests within the following turnaround times:
  - a. Urgent: two business days
  - b. Standard: five business days
  - c. If information is incomplete, CareSource will return the prior authorization within two business days. The provider shall provide the required information within three business days. CareSource shall then render a decision within two business days of receiving the complete information. If the provider does not submit the required additional information, the prior authorization will be considered denied and a new request shall be submitted.
2. Effective Jan. 1, 2024, the peer review process will take no longer than five business days from the date of request of the peer-to-peer consultation.
3. Effective Jan. 1, 2024, standard appeals of prior authorizations will take no longer than 10 business days.
  - a. This applies to clinical grievances involving adverse benefit determinations **ONLY**.
4. Effective Jan. 1, 2024, providers must submit **MEDICAL** prior authorizations electronically via the CareSource Provider Portal. Phone authorizations are no longer acceptable.
  - a. Fax will no longer be an acceptable form of submission effective 1/1/24.
5. Effective Jan. 1, 2024, providers must submit **PHARMACY** prior authorizations electronically via the CareSource Provider Portal, SureScripts Portal, CoverMyMeds Portal, or NantHealth Eviti for Oncology requests.
  - a. Please see Number 8 for further submission requirements that will be effective July 1, 2024.
6. Effective Jan. 1, 2024, CareSource will only accept one medical prior authorization per episode of care.
  - a. This is limited to knee, shoulder, and hip replacement surgeries.

7. Effective 1/1/24, CareSource will apply gold carding status to providers who perform an average of 30 procedures per year and in a six-month time period during that year has received a 90% final prior authorization rating.
  - a. CareSource will not require the provider to submit a prior authorization for at least six months.
  - b. At the end of the six months, the exemption shall be reviewed prior to renewal.
  - c. The exemption is subject to internal auditing and may be rescinded.
  - d. Nothing in section prohibits CareSource from requiring a prior authorization for experimental treatment, non-covered benefits, or any out-of-network service or procedure.
  - e. This does not apply to services or procedures where benefit maximums or minimums have been required by statute or policy of Bureau for Medical Services as it related to Medicaid program.
8. Effective July 1,2024 providers must submit **PHARMACY** prior authorizations electronically via the CareSource Provider Portal **ONLY**.
  - a. Providers must sign in through the CareSource Provider Portal to access SureScripts, CoverMyMeds, and NantHealth Eviti for Oncology requests.

## Questions?

For questions regarding the provider portal requirements or use of the provider portals, please contact Provider Services at **1-833-230-2101** Monday through Friday, 8 a.m. to 5 p.m. Eastern Time (ET).

For questions regarding logging onto the Provider Portal, please refer to the Training and Events Web Page: [Training & Events | West Virginia – Marketplace | CareSource](#)

CareSource is currently working on further education materials for providers.

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