



# 2021 SPRING WORKSHOP: UNICARE HEALTH PLAN OF WEST VIRGINIA, INC. (UNICARE)

  
**UNICARE**<sup>®</sup>  
An Anthem Company

UniCare Health Plan of West Virginia, Inc.  
Mountain Health Trust

# Joining our network

- Enroll your NPI with Gainwell Technologies\* (formally DXC):
  - Gainwell Technologies (<https://www.wvmmis.com>)
- All new network contracts require a current *W9*.
- Send completed *Provider Application Form* with updated Council for Affordable Quality Healthcare (CAQH) information when adding a new provider.
- Your effective date will be the credentialing approval date and cannot be backdated.

# Adult dental benefits

- Adult dental ages 21 and over now includes preventive and restorative services:
  - These services have a \$1,000 per calendar year maximum benefit.
  - UniCare's dental vendor is Skygen.\* For additional benefit information, please contact Skygen at **1-877-408-0917**.

# Billing updates and reminders

- Substance use disorder (SUD) residential services:
  - When billing for SUD residential services, you must use a place of service (POS) code 55.
- Peer Recovery H0038:
  - Effective May 1, 2021, an authorization will be required after 60 units have been used each month.
- Telehealth billing requirements:
  - POS 02
  - Modifier GT
- Timely filing limit:
  - 180 days from date of service

# FQHC billing updates and reminders

- For medical services, providers must bill all encounters using the encounter code T1015 along with the appropriate revenue code 52X series.
- For behavioral health services, providers must bill all encounters using the encounter code T1015 along with the HE (behavioral health) modifier and the appropriate REV code 91X series or REV code 900.
- When a third party has paid as primary and UniCare is paying as secondary, UniCare will not reimburse the full encounter — only **the coinsurance/deductible amount** will be paid.
- Indicate the appropriate type of bill when submitting corrected claims to ensure proper processing. The third digit 7 in the three-digit type of bill defines a replacement/corrected claim.
- Services **excluded** from the federally qualified health center (FQHC) and rural health clinic (RHC) encounter rate covered by UniCare should be billed on a *CMS-1500*. All appropriate CPT<sup>®</sup>/HCPCS procedure codes must be individually listed on the claim form.

# CHIP billing updates and reminders

- Authorizations:
  - All CHIP services needing an authorization will be required as of April 1, 2021.
- Newborn billing reminder:
  - Newborns can be billed under the mother's UniCare ID for 60 days, and this is for all UniCare members.
- All eligibility should be verified on Availity\* and/or Gainwell portals prior to care being rendered.
- CHIP member ID:
  - The new member ID number is developed by dropping the last digit of the previous CHIP member number and adding two leading zeros to the beginning. Please refer to chart below.

| Current Member ID | New Member ID |
|-------------------|---------------|
| 1061201750        | 00106120175   |
| 2096735982        | 00209673598   |



# Member cards

UniCare Health Plan of West Virginia, Inc.  
unicare.com/wv

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Part of the **CHIP** program

**CVS** caremark

PCP: **SAMPLE**

Member ID  
Member Group No.  
Coverage Code  
Effective Date      PROVIDER\_EFF\_DT\_FORMATTED

WVCHIP - Gold

Show this card each time you get covered services. Some services may need an OK from us. In an emergency, call 911 or go to the nearest hospital. Emergency care doesn't need an OK from us.

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**SAMPLE**

**Member Contacts:**  
Customer Care Center: 800-782-0086  
TTY: 711  
24-Hour Nurse Help Line: 888-860-1108  
TTY: 711  
Vision: 844-626-0188  
TTY: 800-428-4833  
Dental: 877-408-0917  
TTY: 800-608-8976  
Behavioral Health Crisis: 833-434-1261  
TTY: 711  
CVS Member Services: 800-241-3280

**Provider Contacts:**  
Eligibility and Benefits: 800-782-0086  
Utilization Management: 888-866-7423  
Pharmacist Help Desk: 800-384-8331  
Unenrolled Provider Contact (DXC Technology): 888-483-0798

Submit medical claims to:  
P.O. BOX 91  
Charleston, WV 25321-0081

UniCare Health Plan of West Virginia, Inc.  
unicare.com/medicaid

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PCP: **SAMPLE**

Medicaid / Member ID  
Member Group No.  
Coverage Code  
Effective Date      PROVIDER\_EFF\_DT\_FORMATTED

Mountain Health Trust

Show your UniCare card and state Medicaid card each time you get covered services. Some services may need an OK from us. In an emergency, call 911 or go to the nearest hospital. Emergency care does not need an OK from us.

**UNICARE.**  
An Anthem Company

**SAMPLE**

**Member Contacts:**  
Customer Care Center: 1-800-782-0086  
TTY: 1-888-388-1534  
24-hour nurse help line: 1-888-860-1108  
TTY: 1-800-388-4424  
Vision: 1-844-626-0188  
TTY: 1-800-428-4833  
Dental: 1-877-408-0917  
TTY: 1-800-608-8976  
Medina Help Desk (Rx): 1-888-483-0797

**Provider Contacts:**  
Eligibility: 1-800-782-0086  
Utilization Management: 1-888-866-7423  
Medina Help Desk (retail Rx): 1-888-483-0801  
PA for provider administered drugs: 1-877-375-6188

Submit medical claims to:  
P.O. BOX 91  
Charleston, WV 25321-0081



Note: The member's plan will be designated on the front of the card.

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# Claim dispute tool

- Access the *Claim Dispute Tool* through the Availity Portal at <https://www.availity.com>.
- Access the claim through the *Claim Status* search page.
- Select the claim you want to dispute by choosing **Dispute Claim**.
- Letters will be sent with final determination when the dispute is closed.

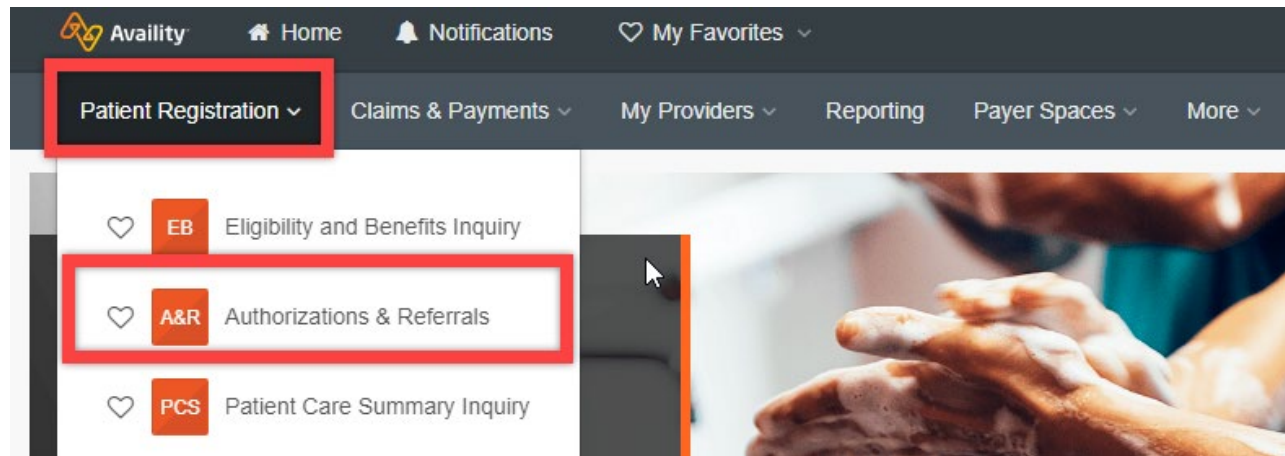
The screenshot displays a web interface for a denied claim. At the top right is the UNICARE logo. The main area contains several sections:

- Patient Information:** Fields for Patient ID, DOB, Subscriber, Provider, and Provider ID, all with redacted values.
- Claim Summary:** A table with columns for Dates of Service (01/17/2021 - 01/17/2021), Processed Date (01/26/2021), and Status (DENIED). It also shows Billed amount (\$3,645.00) and Paid amount (\$0.00).
- Actions:** Buttons for 'Verify Eligibility', 'Print this Page', and 'Dispute Claim' (highlighted with a red box).
- Denial Details:** A section titled 'DENIED' with a red vertical bar on the left, listing the dates of service, processed date, billed amount, and paid amount.
- Status as of 01/28/2021:** A list of reasons for denial: 'Finalized/Denial The Claim/Line has been denied' and 'Other payer's Explanation of Benefits/payment information'.



# Online authorization requests

- The Interactive Care Reviewer (ICR) is a real-time solution that improves efficiency and timeliness of the prior authorization process.
- Through ICR, you are able to:
  - View determination letters for medical prior authorization requests. (not available for pharmacy)
  - Save ordering and servicing provider information to your favorites.
  - Search historic prior authorizations and other related information and documentation.



# Utilization management appeal process

- Appeals are accepted for up to 60 days after a denial is issued.
- A physician clinical reviewer of the same or similar specialty who was not involved in any previous level of review or decision-making reviews the provider appeal.
- The physician specialist may not be the subordinate of any person involved in the initial determination.
- The physician specialist reviews the case and contacts the provider as necessary to discuss appropriate alternatives, render a decision and document a decision.

# Utilization review resources

- Review turnaround times:
  - General prior authorization: seven days
  - Requests submitted via ICR: two business days; may be extended to seven calendar days if more information is required
  - Urgent prior authorization: two business days or three calendar days, whichever is most stringent
  - Current inpatient admission authorization: two business days or three calendar days, whichever is most stringent
  - Routine appeals: 30 days
  - Expedited appeals: three calendar days

## Utilization review resources (cont.)

- Authorizations:
  - Phone: **1-866-655-7423**
  - Fax: **1-855-402-6983** (Medical prior authorization)
  - Fax: **1-855-402-6985** (Medical inpatient/continued stay review)
  - Fax: **1-855-325-5556** (Behavioral health inpatient)
  - Fax: **1-855-325-5557** (Behavioral health outpatient)
- Pharmacy and medical injectable prior authorization:
  - Phone: **1-877-375-6185**
  - Fax: **1-844-487-9290**

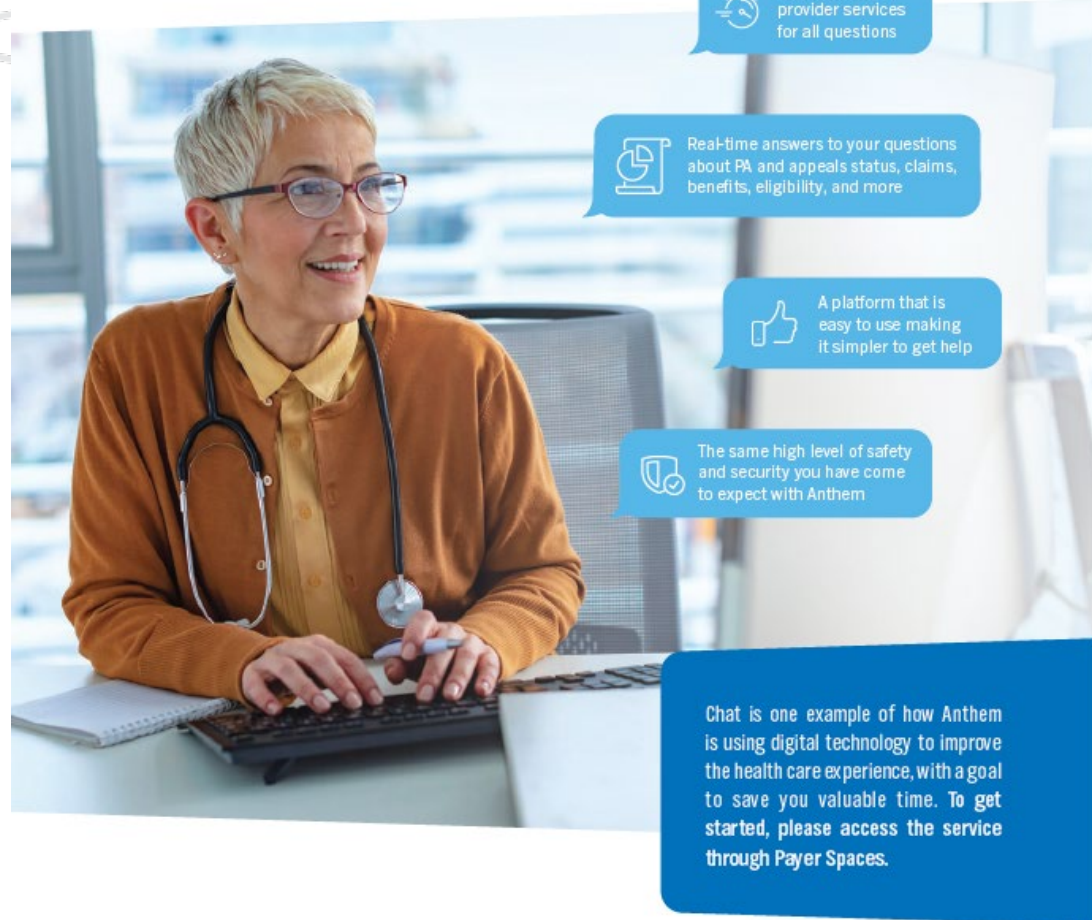
## Utilization review resources (cont.)

- Grievance/appeal (authorizations only):
  - Fax: **1-866-387-2968**
- Continued stay review:
  - Phone: **1-866-655-7423**
  - Fax: **1-855-402-6985**
- Customer Care Center:
  - Phone: **1-800-782-0095**
- Peer-to-peer line:
  - Phone: **1-866-902-4628**

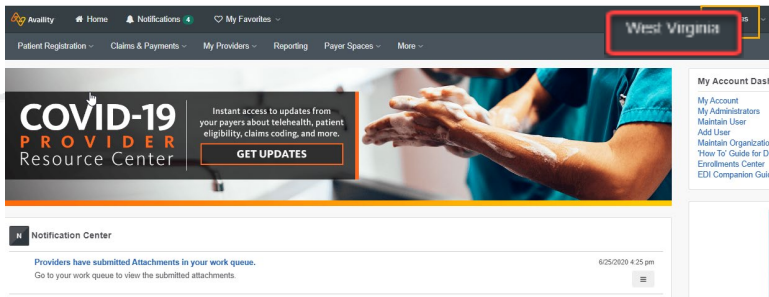
# Provider chat feature

Access Provider Services digitally through *Payer Spaces* on Availity to chat about:

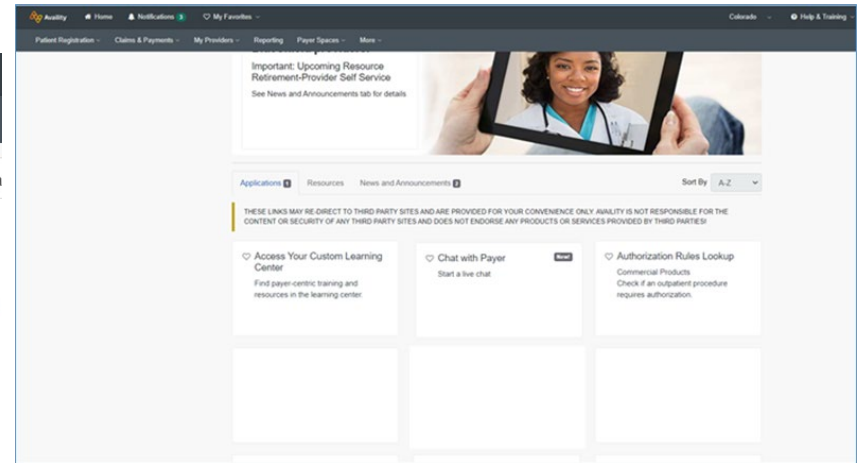
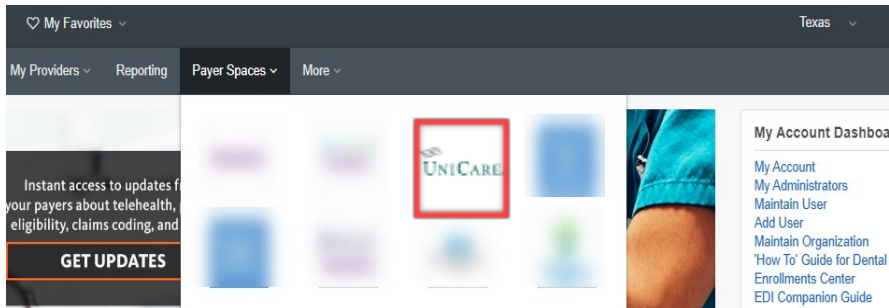
- Any provider inquiry
- Related to any member type
- For any line of business
- At an established time



# Provider chat screen flow



- Log into Availity and select the market.
- Select *Payer Spaces* and select plan.
- In *Payer Spaces*, select **Chat with Payer** option.





# Provider chat screen flow (cont.)

The screenshot shows a 'Chat with Payer' form with the following fields:

- Organization (dropdown menu)
- Tax ID (dropdown menu)
- Express Entry (dropdown menu)
- NPI (text input field)
- Topic for Chat (dropdown menu) - This field is highlighted by a callout box.
- Patient ID (text input field)
- Patient First Name (text input field)
- Patient Last Name (text input field)
- Patient Date Of Birth (text input field)

The callout box for 'Topic for Chat' contains the following options:

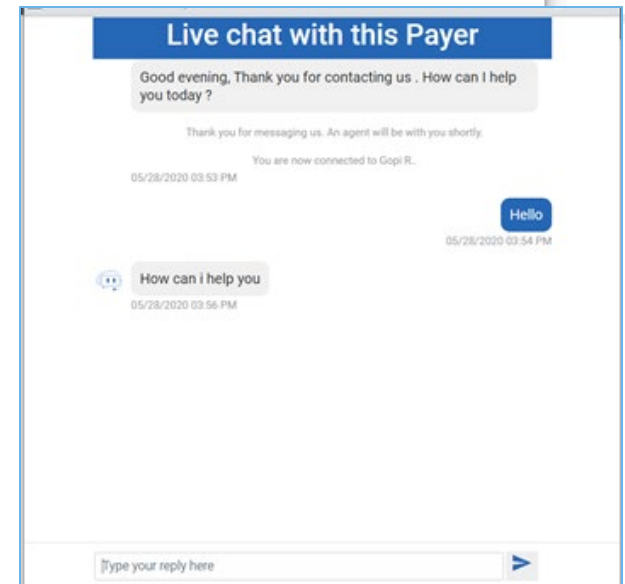
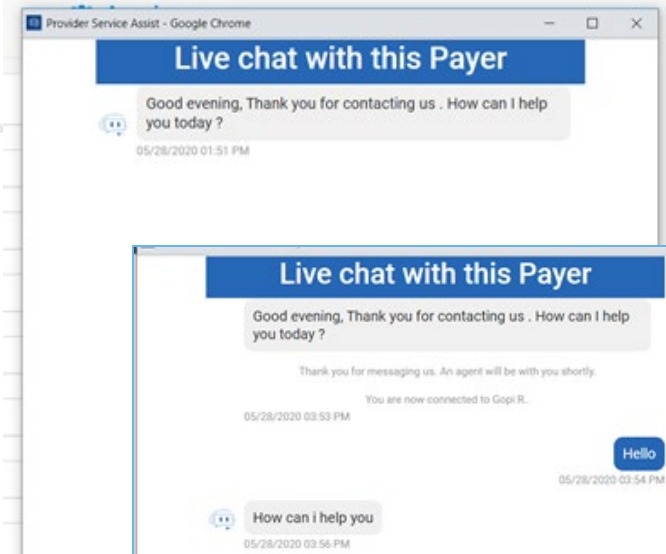
- Select a reason for the chat.
- Appeal Status (highlighted in blue)
- Authorization Status
- Claims Questions
- Eligibility and Benefits
- Other Topics (General Category)

- Pre-chat form provides additional information needed to route the chat.

# Provider chat screen flow (cont.)

- Complete the pre-chat form
- Select **Continue**
- *Provider Service Assist* chat window displays

The screenshot shows a web form titled "Express Entry" for "CHOICE PHYSICIANS NETWORK, INC.". The form includes fields for NPI (with a redacted value), Topic for Chat (set to "Eligibility and Benefits"), Patient ID (with a redacted value), Patient First Name (HOL), Patient Last Name (MARTIN), and Patient Date Of Birth (with a redacted value). Below the form is a "Chat with Payer Disclaimer" section, followed by "Cancel" and "Continue" buttons, and a "Terms Of Use" link.





# After-hours access requirements

- Provider availability
- Contract compliance
- Yearly survey

<https://www.provider.unicare.com/west-virginia-provider/resources/manuals-policies-guidelines>

# Appointment availability requirements

| Type of appointment            | Standard                                                                          |
|--------------------------------|-----------------------------------------------------------------------------------|
| Emergency examinations         | Immediate access during office hours                                              |
| Urgent (sick) examinations     | Within 48 hours of request                                                        |
| Nonurgent (sick) examinations  | Within 72 hours of request                                                        |
| Nonurgent routine examinations | Within 21 days of request                                                         |
| Specialty referrals            | Within three weeks for routine referrals;<br>within 48 hours for urgent referrals |

# Appointment availability requirements (cont.)

| Type of appointment                                                                                                | Standard                                                                           |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| First trimester (use the <i>Pregnancy Notification Report</i> found on provider site)                              | Within 14 calendar days of determination of pregnancy                              |
| Second trimester (use the <i>Pregnancy Assessment Form Second Trimester – Reassessment</i> found on provider site) | Within seven calendar days of request                                              |
| Third trimester (use the <i>Pregnancy Assessment Form Third Trimester – Reassessment</i> found on provider site)   | Within three business days of request                                              |
| High-risk pregnancy                                                                                                | Within three business days of identification or immediately if an emergency exists |
| Postpartum exam (use the <i>Postpartum Checkup</i> found on provider site)                                         | 1 to 12 weeks after delivery of appointment standard                               |



# Looking ahead

- Contract repapering project:
  - Projected mid-2021
- Upcoming provider surveys:
  - Provider education topics
  - Provider data accuracy
  - Provider satisfaction

# UniCare Health Plan of West Virginia, Inc.

## Territory Map

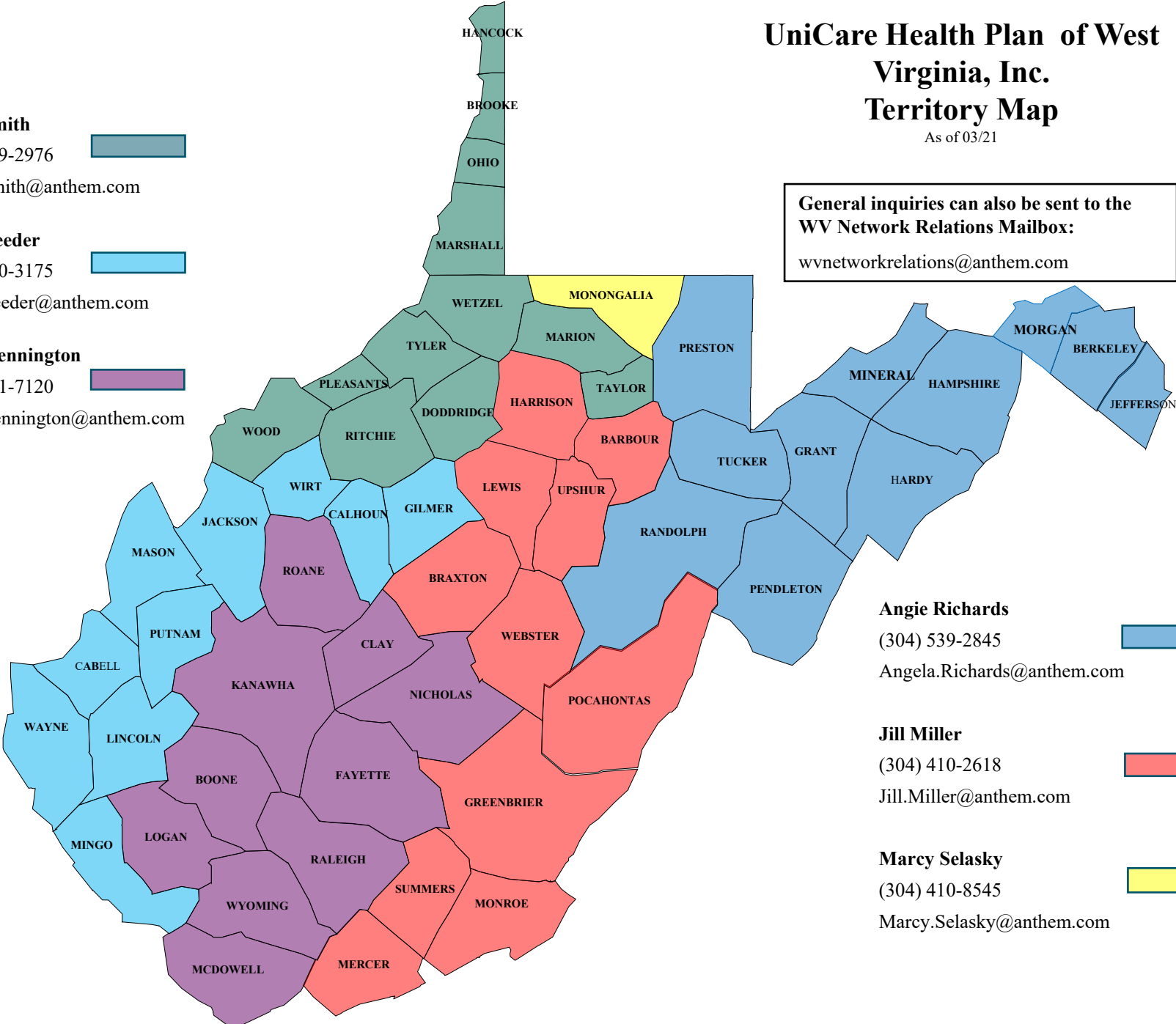
As of 03/21

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\* Gainwell Technologies is an independent company providing technological solutions on behalf of UniCare Health Plan of West Virginia, Inc. Skygen is an independent company providing dental services on behalf of UniCare Health Plan of West Virginia, Inc. Availity, LLC is an independent company providing administrative support services on behalf of UniCare Health Plan of West Virginia, Inc.

<https://provider.unicare.com>

UniCare Health Plan of West Virginia, Inc.

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