

November 2020

PROVIDER NEWSLETTER

UniCare Health Plan of West Virginia, Inc.

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COVID-19 information

UniCare Health Plan of West Virginia, Inc. is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *COVID-19 information* section of our [website](#).

UWVPEC-1383-20

What is CAHPS?

Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] surveys are considered to be the gold standard for patient experience measurement. CAHPS surveys are designed to focus on what patients think is important about health care delivery. Collecting and analyzing member experience helps managed care organizations identify medical and behavioral health aspects of care or service performance that do not meet member expectations. CAHPS member experience survey is administered annually by a National Committee for Quality Assurance (NCQA) certified survey vendor.

CAHPS survey response rates for 2020 were:

- Adult — 16.8% (294 completed surveys)
- Child — 11.26% (241 completed surveys)

The detailed report can be found on our [website](#).

UWV-NL-0306-20

CAHPS education for providers

Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] is an annual standardized survey conducted to assess consumer experience with their health care services and health plan. Providers and their staff play a key role in the member experience. Several questions specific to the member's experience with their provider are included in the CAHPS survey. Education about the CAHPS survey, the importance of focusing on the patient experience and ways to improve the patient experience are included in the Provider Orientation and available by visiting <https://www.provider.unicare.com/west-virginia-provider/resources/provider-training-academy>.

UWV-NL-0308-20

CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Digital transactions cut administrative tasks in half

Introducing the UniCare Health Plan of West Virginia, Inc. *Provider Digital Engagement Supplement* to the provider manual

Using our secure provider portal or EDI submissions (via Availity*), administrative tasks can be reduced by more than 50% when filing claims with or without attachments, checking statuses, verifying eligibility, benefits and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, just go [here](#) for EDI or [here](#) for the secure provider portal (Availity).

Get payments faster

By eliminating paper checks, electronic funds transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and will deliver payments to you faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the Availity Provider Portal or the *EDI 835* remittance, which meets all *HIPAA* mandates — eliminating the need for paper remittances.

Member ID cards go digital

Members who are transitioning to digital member ID cards, will find it is easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed through the secure provider portal via Availity. Providers should begin accepting the digital member ID cards when presented by the member.

UniCare makes going digital easy with the *Provider Digital Engagement Supplement*

From our digital member ID cards, EDI transactions, application programming interfaces and direct data entry, we cover everything you need to know in the *Provider Digital Engagement Supplement* to the provider manual, available by going to <https://www.provider.unicare.com/west-virginia-provider/resources/provider-training-academy>, and on the secure [Availity Provider Portal](#). The supplement outlines our provider expectations, processes and self-service tools across all electronic channels Medicaid, including medical, dental and vision benefits.



The *Provider Digital Engagement Supplement* to the provider manual is another example of how UniCare is using digital technology to improve the health care experience. We are asking providers to go digital with UniCare no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration. Read the *Provider Digital Engagement Supplement* now by going to <https://www.provider.unicare.com/west-virginia-provider/resources/provider-training-academy>, and go digital with UniCare.

** Availity, LLC is an independent company providing administrative support services on behalf of UniCare Health Plan of West Virginia, Inc.*

UWV-NL-0324-20

Coding spotlight: tips and best practices for compliance

Need for coding compliance

Coding compliance refers to the process of ensuring that the coding of diagnosis, procedures and data complies with all coding rules, laws and guidelines.

All provider offices and health care facilities should have a compliance plan. Internal controls in the reimbursement, coding, and payment areas of claims and billing operations are often the source of fraud and abuse, and have been the focus of government regulations.

Compliance plan benefits:

- More accurate payment of claims
- Fewer billing mistakes
- Improved documentation and more accurate coding
- Less chance of violating state and federal requirements including self-referral and anti-kickback statutes.

Compliance programs can show the provider practice is making an effort to submit claims appropriately and send a signal to employees that compliance is a priority.



Read more online.

UWV-NL-0309-20

Provider transparency update

A key goal of the provider transparency initiatives of UniCare Health Plan of West Virginia, Inc. (UniCare) is to improve quality while managing health care costs. One of the ways this is accomplished is through our value-based programs (for example, the Provider Quality Incentive Program, the Provider Quality Incentive Program Essentials, Risk and Shared Savings, etc.), known as the Programs.

Value-Based Program Providers (also known as Payment Innovation Providers) in our various value-based programs receive quality, utilization and/or cost data, reports and information about other health care providers (Referral Providers). The Value-Based Program Providers can use that information in selecting Referral Providers for their patients covered under the Programs. If a Referral Provider is higher quality and/or lower cost, this component of the Programs should result in the provider getting more referrals from Value-Based Program Providers. If Referral Providers are lower quality and/or higher cost, the converse should be true.

Providing this type of data, including comparative cost information, to Value-Based Program Providers helps them make more informed decisions about managing health care costs, and maintaining and improving quality of care. It also helps them succeed under the terms of the Programs.

UniCare will share data on which we relied in making these quality/cost/utilization evaluations upon request, and will discuss it with Referral Providers, including any opportunities for improvement. If you have questions or need support, please refer to your local market representative or care consultant.

UWV-NL-0314-20



Provider Chat — a fast, easy way to get your questions answered

You now have a new option to have questions answered quickly and easily. With UniCare Health Plan of West Virginia, Inc. (UniCare) Chat, providers can have a real-time, online discussion through a new digital service, available through Payer Spaces on [Availity](#).*

Provider Chat offers:

- Faster access to Provider Services for all questions.
- Real-time answers to your questions about prior authorization and appeals status, claims, benefits, eligibility, and more.
- An easy to use platform that makes it simple to receive help.
- The same high level of safety and security you have come to expect with UniCare.

Chat is one example of how UniCare is using digital technology to improve the health care experience, with the goal of saving valuable time. To get started, access the service through Payer Services on [Availity](#).

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UWVPEC-1647-20



Diabetic reminder

Reminder: Every diabetic patient should have an HgbA1c checked at least annually. If you perform A1C testing in your office, please remember to code for it.

CPT® codes:

83036

CAT II codes:

3046F Most recent hemoglobin A1c level greater than 9.0% diabetes mellitus (DM)

3052F Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)

3051F Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)

3044F Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)

UWV-NL-0322-20

Reminder: DRE exams and diabetes annual screenings

This is an important message regarding dilated retinal exams (DREs) and annual screenings for diabetes.

Dilated retinal exams

Our medical benefits do cover DREs for diabetic members.

If you or your patients require assistance with finding an in-network specialist to perform the DRE, you have a couple of options:

- Go online to www.unicare.com > select **ProviderFinder** on the right and follow the instructions to select an in-network specialist.
- Call our Customer Care Center at **1-800-782-0095**, and an associate will help you or the member find a specialist.

Diabetes annual screening

If your patients who are diabetic have not had their annual check for the following, please reach out to them and schedule an appointment as soon as possible so they get their lab work completed by December 31, 2020:

- Hemoglobin A1c tests
- Lipid levels
- Nephropathy screens

Knowing the results of these screenings help these members pursue better health outcomes, but also help us identify educational initiatives for our members. In addition, performing these tests provides important data to the state of West Virginia and the National Committee for Quality Assurance for reporting HEDIS® data.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

UWV-NL-0307-20

Attention: updated laboratory fee schedule

Effective January 1, 2021, UniCare Health Plan of West Virginia, Inc. (UniCare) will update the *Reference Laboratory Fee Schedule* for UniCare. This change is applicable to providers who are reimbursed, either in whole or in part, based on the fee schedule for laboratory services for Medicaid.

The actual impact to any particular provider will depend on the codes most frequently billed by that provider.

The updated fee schedule will be available on the **Availity Portal*** on the effective date of January 1, 2021.

** Availity, LLC is an independent company providing administrative support services on behalf UniCare Health Plan of West Virginia, Inc.*

UWV-NL-0275-20



Aspire Health telehealth palliative care program for Medicaid members in need of telephonic palliative care

The Aspire Health* telehealth program provides an additional layer of telephonic support to patients facing a serious illness. The program is focused on helping ensure patients understand their diagnosis, facilitating conversations with patients and their families around the patient's goals of care, and helping ensure patients receive care aligned with their goals and values.

The program begins with an initial 30- to 60-minute telephonic assessment by a specially trained Aspire social worker with the conversation focused on building rapport and completing a comprehensive assessment, including understanding the patient's perception of his or her illness and current treatment plan. Follow-up calls occur every 2 to 4 weeks, typically lasting 15 to 45 minutes, with the exact frequency based on a patient's individual need. Aspire's social worker is supported by Aspire's full interdisciplinary team of board-certified palliative care physicians, nurses and chaplains who provide additional telephonic support to patients and their families as needed. Patients enrolled in the telehealth program have access to Aspire's 24/7 on-call support. The average patient is enrolled in the program 6 to 8 months, with key outcomes being the ability for patients to teach-back their current medical situation, articulate their health and quality-of-life goals, and establish a future care plan through either the completion of advance care planning documents and/or a transition to hospice when appropriate.

More information is available at www.aspirehealthcare.com or by calling the 24/7 Patient & Referral Hotline at **1-844-232-0500**.

** Aspire Health is an independent company providing telephonic palliative care services on behalf of UniCare Health Plan of West Virginia, Inc.*

UWV-NL-0301-20

Important reminder – coding requirements for reimbursement for early elective deliveries

UniCare Health Plan of West Virginia, Inc. (UniCare) appreciates the recent improvements seen in early elective delivery (EED) rates across the country. These improvements have been brought about through the collaborative efforts of state Medicaid agencies, the March of Dimes, CMS, the Joint Commission, the American College of Obstetricians and Gynecologists (ACOG), and many others. The implementation of hospital hard stop policies describing the review of clinical indications and scheduling approval for EED has also increased awareness of the harm that can be caused by non-medically necessary EED and encouraged discussion on the topic between patients, their care providers and hospitals. Voluntary efforts combined with payment reform have been found to further decrease EED rates while increasing gestational age and birth weight for the covered population.¹



Early elective delivery is defined as a delivery by induction of labor without medical necessity followed by vaginal or caesarean section delivery or a delivery by caesarean section before 39 weeks gestation without medical necessity. Vaginal or caesarean delivery following non-induced labor is not considered an early elective delivery regardless of gestational weeks.

What does this mean for providers?

To improve birth outcomes for our members and further reduce EED, UniCare requires a Z3A code indicating gestational age, the appropriate code to indicate the outcome of delivery and supporting medical necessity diagnosis codes on all professional delivery claims for all EED. UniCare will apply Milliman Care Guidelines, which defines medically necessary criteria for EED.

All professional delivery claims (59400, 59409, 59410, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622) with dates of service February 1, 2018, or after, will require a Z3A code indicating gestational age at the time of delivery. If the code is not present on the claim, the claim will deny with the explanation code e02: **Delivery diagnoses incomplete without report of pregnancy weeks of gestation.** You may resubmit the claim with the appropriate Z3A code.

- Professional delivery claims with dates of service February 1, 2018, or after, with gestational age dates of 37 and 38 weeks will require a supporting medically necessary diagnosis code for the early delivery.
- If a professional delivery claim is submitted without evidence of medical necessity for the early delivery, the claim will deny with code k34: Delivery is not medically indicated. You may resubmit the claim with the appropriate supporting diagnosis code or appeal with medical records.

¹ Dahlen, Heather M., J. Mac McCullough, Angela R. Fertig, Bryan E. Dowd, and William J. Riley. Texas Medicaid Payment Reform: Fewer Early Elective Deliveries and Increased Gestational Age And Birthweight. Health Affairs 36.3 (2017): 460-67. Print.



Chlamydia Screening in Women (CHL) HEDIS measure

Rationale

Chlamydia is the most frequently reported bacterial sexually transmitted infection (STI) in the United States. An estimated 3 million chlamydia infections occur annually among sexually active adolescents and young adults. Chlamydia may cause infertility if left undiagnosed or untreated.

Measure description

This HEDIS® measure looks at sexually active women ages 16 to 24 who have received at least one test for chlamydia during the current year. Members are identified as being sexually active by contraceptive prescriptions via claims, by pregnancy tests or by a diagnosis of any other STI.

Coding

Listed are a few codes for information purposes; they do not guarantee reimbursement: CPT® codes 87110, 87270, 87320, 87490, 87491, 87492, 87810. For a complete list of codes, please refer to the National Committee for Quality Assurance (NCQA) website at <https://www.ncqa.org>.

Helpful tips:

Urine screening for chlamydia is acceptable for all female members ages 16 years and older during adolescent well-care visits.

Screen female members who are sexually active in this age group for chlamydia every year as part of their annual well visit.

Take a sexual history report when you see adolescents.

If your office does not perform chlamydia screenings, refer members to a participating OB/GYN or other appropriate provider and have the results sent to you.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

UWV-NL-0320-20

Dental care and PCP responsibilities

Dental care and PCP responsibilities:

- Perform dental screening and assessment at each Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visit. We recommend utilizing the Oral Health Risk Assessment Tool found on the WV HealthCheck website.
- Complete a dental referral for all members who have not established with a dental provider or anyone who has not had a preventive visit within the past year. Additionally, dental services (furnished by direct referral to a dentist for children beginning six months after the first tooth erupts or by 12 months of age) should occur. Outreach to members on the annual *Dental Gaps in Care Report* provided by UniCare Health Plan of West Virginia, Inc. (UniCare).

PCPs perform dental screenings as part of each EPSDT visit. This inspection follows guidelines established under the U.S. Preventive Services Task Force guidelines. Referrals to a dentist will occur following the visit for children and when determined to be medically necessary. Refer parents needing assistance with scheduling dental appointments to West Virginia's HealthCheck program, also known as the EPSDT program.



PCPs may receive a reimbursement for fluoride varnish application. Providers must complete a certified training course from the West Virginia University School of Dentistry prior to performing and billing UniCare for these services.

- Phone: **1-800-642-9704**
- Website: www.dhhr.wv.gov/healthcheck

To help you in your practice, all our Healthy Rewards activities are tied to HEDIS® scores and health initiatives. Dental initiatives are included:

- Annual dental visit ages 0 to 20
- Annual dental exam \$25 once every 12 months

UWV-NL-0321-20

Secure data sharing

Secure data sharing:

- Decreases the costs and resources associated with medical record collection.
- Reduces the need for phone communication between you and UniCare Health Plan of West Virginia, Inc. (UniCare).
- Ensures your staff are not removed from daily office tasks to fulfill requests.
- Allows UniCare to conduct audits electronically, which eliminates the need for onsite audits.

Other benefits include:

- A potential increase in quality scores.
- Secure and fast file transferring (for example, medical records, *Gaps in Care Report*, *Performance Analysis Report*, etc.).
- An unlimited amount and size of medical record and electronic medical record (EMR) file transfers.
- Expedited, real-time data transfers.
- Potential risk reduction by securely storing PHI.

What is provided?

- SFTP and EMR:
 - Training on required data-field elements and the SFTP folder for UniCare.
 - Access to a dedicated data management representative.
 - Monthly receipt of a data file and communication between UniCare and provider data management representatives.
- Remote access to:
 - Website portal.
 - Website portal link.
 - UniCare list of users.
 - Provider contact for setup and support.

Secure data sharing is as easy as 1-2-3:

- 1. Secure file transfer protocol (SFTP):** SFTP is a network protocol for accessing, managing and transferring files. Unlike the standard file transfer protocol, SFTP prevents passwords and sensitive information such as PHI from being exposed.
- 2. EMR data feeds:** EMR technology can now submit limited HEDIS® data not captured through claims submission by using a secure one-way data feed, reducing the burden of data collection.
- 3. Remote access:** Detailed documentation from medical records that cannot be submitted via claims, or EMR data feeds that can be abstracted directly from the EMR website.



HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

UWV-NL-0319-20

Medical drug *Clinical Criteria* updates

June 2020 update

On February 21, 2020, May 15, 2020, and June 18, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for UniCare Health Plan of West Virginia, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the *Clinical Criteria web posting*.

UWV-NL-0310-20

The *Clinical Criteria* is publicly available on the [provider website](#). Visit the [Clinical Criteria website](#) to search for specific policies.

For questions or additional information, please use this [email](#).

Prior authorization requirements

Effective December 1, 2020, prior authorization (PA) requirements will change for HCPCS code 55899. This will be reviewed using MED.00132: Adipose-derived Regenerative Cell Therapy and Soft Tissue Augmentation Procedures. This code will require PA by UniCare Health Plan of West Virginia, Inc. for members.

PA requirements will be added to the following:

- 55899 — Unlisted procedure, male genital system

UWV-NL-0305-20

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, you may use one of the following methods:

- **Web:** <https://www.availity.com>*
- **Fax:** 1-855-402-6983
- **Phone:** 1-866-655-7423

Not all PA requirements are listed here. PA requirements are available to contracted and noncontracted providers on our provider website (<https://www.provider.unicare.com/west-virginia-provider/prior-authorization-eligibility/lookup-tool>). Providers may also call us at 1-800-782-0095 for PA requirements.

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Reimbursement Policy

Policy Update

Nurse Practitioner and Physician Assistant Services, Professional

(Effective 04/24/20)

This update is to inform you that there is now a separate and specific professional reimbursement policy to reference for Nurse Practitioner and Physician Assistant Services.

UniCare Health Plan of West Virginia, Inc. continues to allow reimbursement for services provided by nurse practitioner (NP) and physician assistant (PA) providers. Unless provider, state, federal or CMS contracts and/or requirements indicate otherwise, reimbursement is based upon all of the following:

- Service is considered a physician's service
- Service is within the scope of practice
- A payment consistent with the NP and PA contracted Fee Schedule rates



Services furnished by the NP or PA should be submitted with their own NPI.

For additional information, please review the Nurse Practitioner and Physician Assistant Services professional reimbursement policy at <https://provider.unicare.com>.

UWV-NL-0303-20