



**A TRUE PARTNERSHIP WITH OUR PROVIDER
COMMUNITY**


UNICARE[®]
An **Anthem** Company

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



Provider education

Resources available

Provider education materials

- UniCare Health Plan of West Virginia, Inc. (UniCare) provides a wide range of education materials for providers and their office staff:
 - Provider manuals
 - Provider educational webinars
 - Clinical and policy guidelines
 - Provider bulletins/updates
 - Provider newsletters
 - Reimbursement policies
 - Forms
 - Health education material
 - Quality improvement resources

Submitting claims

- Timely filing is 180 days from date of service.
- Submit via electronic data interchange (EDI):
 - EDI payer ID No. 80314
 - Technical support:
 - Phone: **1-800-470-9630**
 - Email: E-Solutions.Support@unicare.com
- Submit paper claims to:
 - UniCare Health Plan of West Virginia, Inc.
P.O. Box 91
Charleston, WV 25321-0091

Provider enrollment

- All providers who would like to offer services to Medicaid members are federally required to enroll and revalidate with West Virginia Medicaid through Molina Medicaid Solutions.
- A provider's UniCare contract will be terminated and you will no longer be eligible to provide services to Medicaid members if enrollment with Molina is not completed per the federal guidelines.
- Enrollment does not authorize or require the provider to render services to non-MCO/fee-for-service Medicaid members.

New provider orientation webinars

- UniCare offers a monthly new provider orientation webinar on the third Tuesday of each month at noon on our provider website <https://provider.unicare.com>.
- Topics covered:
 - Who we are
 - Health care management services
 - Case management
 - Community outreach
 - Resources available
 - Many more topics

Provider changes

- UniCare requires all providers, including hospitals, to send any administrative change requests to us so that we have correct information in our system.
- Change requests include changes in your practice or facility name, address, fax and email information, tax identification number and other similar changes.
- All providers with the exception of hospital-based providers must be credentialed.

Provider changes (cont.)

- Submit changes such as address, phone, fax, provider name and termination of a provider from a group using the new online form:
 - The *Provider Maintenance Form* can be found by visiting our provider website at <https://provider.unicare.com>.
 - To add new providers to an existing group, add a new group or change a TIN, please reach out to your Network Education representative.

Prenatal Risk Screening Instrument

- UniCare has discontinued use of the *Pregnancy Notification Form* and adopted the *West Virginia Prenatal Risk Screening Instrument (PRSI)*.
- The *PRSI* is intended to promote early and accurate identification of prenatal risk factors.
- Submit *PRSI* to UniCare within seven days of the first prenatal visit.
 - Email the completed form to prsi.unicare@anthem.com. Please include *SECURE PRSI* in the subject line.
 - Fax the completed form to **1-877-833-5729**.



Clinic days

- Clinic days are designed to improve our compliance rates for preventive services. Our HEDIS[®] results indicate a significant number of members are not receiving timely preventive services.
- Clinic days bring members and providers together to improve access to care and patient compliance. Appointment scheduling with members and providers will be coordinated by UniCare.

Clinic days (cont.)

- In partnership with our network providers, clinic days will be hosted for members who have not received well-child visits or immunizations.
- Clinic days target members who are due for diabetes care or postpartum care. Members will be directed to the office of the provider identified as their primary care physician (PCP).

Availity Portal

- Expansion of our provider website services through the Availity Portal:*
 - Availity Portal (<https://www.availity.com>) is a multipayer website that gives physicians, hospitals and other health care professionals access to multiple payer information with a secure, single log-in.
 - The Availity Portal offers a variety of online functions to help providers reduce administrative costs by eliminating paperwork and phone calls or faxes to obtain prior authorizations (PA).

Availity Portal (cont.)

- Multiple payers, one website, one log-in:
 - Claim status inquiry and claims submission *including corrected claims*
 - Eligibility and benefits check
 - Remittance advices retrieval
 - Monthly member rosters access
 - PA requests and responses
 - 24/7 availability from any computer with internet access
 - Real-time information exchange means highest accuracy of information
 - Free services for providers

Provider online reporting tool

- PCPs can access the new reporting tool to retrieve monthly member rosters on the UniCare provider website through Availity.
- If you haven't already registered for Availity, you can do so at <https://www.availity.com>.
 - How to register
 - Basic navigation
 - Resource available
- Requirement: You must have an active Availity account.
- Contact your local Provider Relations representative if you have any questions.



Appeals

- If a provider does not agree with the outcome of a claim determination, the provider may appeal the decision by using the claim payment appeal process.
- The provider must submit written inquiry within 365 days of a claim disposition and include all pertinent information.
- Provider dispute resolution appeals are resolved within 30 business days of receipt of the written request. A resolution letter with the details of our decision is sent to the provider.
- The Provider Dispute Resolution team handles inquiries related to provider disputes on how a claim was processed.

Corrected claim

- A corrected claim can be submitted within 180 days from the processed date.
- The *Claim Follow-Up Form* can be found by visiting <https://provider.unicare.com>.
- Corrected claims can also be submitted via Availity.

A photograph of a male doctor with a beard, wearing a white lab coat over a blue and white checkered shirt. He is smiling and talking on a mobile phone held to his ear. He is sitting at a desk with a laptop, and his hands are visible on the keyboard. A large, semi-transparent blue graphic overlay covers the middle of the image, containing the text 'Utilization management (UM)'.

Utilization management (UM)

Medical Policies and Clinical UM Guidelines

- Outpatient procedures:
 - Tonsillectomy and adenoidectomy (T&A)
 - Genetic testing
 - Spinal surgery
- Durable medical equipment:
 - Custom wheelchairs
 - Life vests
 - Insulin pumps
- Home health care:
 - Physical/occupational/speech therapy

All policies are available on the provider website at <https://provider.unicare.com>.

How to start a request

- The *PA Request Form* is on the provider website at <https://provider.unicare.com>.
- You can also use the Availity Portal to submit an online request.

PA phone: 1-866-655-7423

PA fax: 1-855-402-6983

CSR fax: 1-855-402-6985

Examples: urgent vs. nonurgent

- A request is considered urgent when waiting the normal time frame for review could do one of the following:
 - Seriously jeopardize the life or health of a member or the member's ability to regain maximum function based on a prudent layperson's judgment.
 - Subject the member to severe pain that cannot adequately be managed without treatment.

Urgent
Abdominal CT scan for new hematuria
MRI of the brain for papilledema
CT scan of the chest for suspected pulmonary embolism
MRI L-spine with signs of compression

Nonurgent
Sleep study
T&A
MRI L-spine for a history of chronic, stable low-back pain
Forgetting to request PA for a service scheduled for tomorrow

Required information

- Member name, ID and DOB
- ICD-10 code(s)
- CPT/HCPCS code(s)
- Number of units
- Referring provider
- Servicing provider
- Servicing facility (if applicable)
- Provider contact information
- Tax Identification Number (TIN) (for all providers/facilities)
- Date(s) of service (including the number of days requested for inpatient stays)
- Clinical information to support the request

Changes to PA requests

- Claims must match what was entered in the PA request. To request a change, call or fax UM intake to make sure it's processed appropriately. Examples of items you may need to change include:
 - An MRI without contrast to an MRI with contrast.
 - The date(s) of service.

You can make changes on the Interactive Care Reviewer (ICR) tool as long as the service hasn't been rendered. If it has been rendered, please contact UM to make the change.

Common issue: Not enough information

Examples:

- There is no documentation of conservative therapy for advanced imaging or spinal injections.
- There is no documentation of recurrent throat infections for T&A requests.
- There were less than 48 hours of clinical for inpatient admissions.
 - Most MCGs require that the member fails the observation setting before approving an inpatient admission.

Precertification Look-Up Tool (PLUTO)

- PLUTO is located on the UniCare provider website at <https://provider.unicare.com>.
- PLUTO allows providers to look up specific codes to see if prior authorization is required or not.
- You must enter each service you're requesting.

Tips:

- Capitalize letters in HCPCS codes.
- Select **Find Code** rather than using the **Enter** key on your keyboard.

Out-of-network requests

- Please make every effort to refer members to an in-network provider. You may use the provider finder at <https://provider.unicare.com> or call our Customer Care Center at **1-800-782-0095**.
 - For complicated care and coordination, call our Customer Care Center and request a case management referral.
- Out-of-network requests will be approved if no in-network provider is available or to ensure continuity of care for new members.

A photograph of a male doctor with a beard, wearing a white lab coat over a blue and white checkered shirt. He is smiling and talking on a mobile phone held to his ear with his left hand. His right hand is on the keyboard of a laptop. A stethoscope is around his neck. The background is a blurred office setting. A large, semi-transparent blue graphic overlay covers the middle of the image, containing the text 'Interactive Care Reviewer (ICR)'.

Interactive Care Reviewer (ICR)

Interactive Care Review (ICR)

- Your practice can submit online PA requests for UniCare members more efficiently and conveniently with our ICR tool available through the Availity Portal.
- If your organization has not registered for Availity:
 1. Go to <https://www.availity.com>.
 2. Select **Register** in the upper right-hand corner of the page.
 3. Select the organization type and follow the prompts of the online registration wizard.
- Once on Availity, you can:
 - View determination letters for the case.
 - Save ordering and servicing providers to your favorites to easily populate provider information fields.
 - Print a hard copy of a case or convert it to a PDF from the inquiry options.

A black and white photograph of a doctor in a white coat using a stethoscope to examine a young girl. The girl is smiling and looking towards the doctor. The image is overlaid with a large, semi-transparent blue graphic consisting of several overlapping, curved shapes that create a modern, layered effect. The text is positioned on the right side of the image, within the blue overlay.

Health Care Management

UM and Case Management

Health care management

- All programs are structured to ensure our members receive the highest quality services indicated for their medical condition in a timely manner.
- UniCare uses approved medical review criteria to ensure members are provided the right services at the right level of care and by the right health care provider. These programs work in a collaborative manner throughout the care continuum.



Case Management

- UM staff works closely with our case managers to ensure member needs are met.
- Case Management staff helps with transportation, complex care needs, disease management, coordination of care and postdischarge management as well as reducing avoidable readmissions and ER utilization.
- Case management referrals are based on the needs identified in the clinical information submitted to UM.
- Providers or members can also request case management by calling our Customer Care Center at **1-800-782-0095**.

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; 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 the provider site)	Within 14 calendar days of request
Second trimester (use the <i>Pregnancy Assessment Form Second Trimester — Reassessment</i> found on the provider site)	Within seven calendar days of request
Third trimester (use the <i>Pregnancy Assessment Form Third Trimester — Reassessment</i> found on the 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 the provider site)	Three to eight weeks after delivery of appointment standard



Thank you



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

<https://provider.unicare.com>

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