



2021 FALL WORKSHOP

UniCare Health Plan of West Virginia, Inc. (UniCare)



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



Joining the UniCare network

- Enroll your NPI with Gainwell Technologies* prior to reaching out to UniCare.
- All new network contracts for UniCare require a current *W9*.
- Send a completed *Provider Application Form* with updated Council for Affordable Quality Healthcare (CAQH) information when adding a new provider to UniCare.
- Your effective date will be the credentialing approval date and cannot be backdated with UniCare.

Electronic funds transfer (EFT) updates

- As of November 1, 2021, EnrollSafe at enrollsafe.payeehub.org will replace CAQH EnrollHub for providers to enroll or make changes to their EFT:
 - Current EFT providers will be automatically transferred, and no action needed unless they need to make changes.
 - More details are available at <https://provider.unicare.com>.
- CAQH EnrollHub will be phased out by January 2022.

Billing updates and reminders

- Substance use disorder (SUD) residential services:
 - When billing for SUD residential services, you must use a place of service (POS) 55.
- Peer recovery H0038:
 - Effective May 1, 2021, an authorization is required after 60 units have been used each month, which consists of a 28 rolling day period.
 - CPT[®] codes:
 - H0004 HO
 - H0004 HOHQ
 - UniCare's member benefit year:
 - July 1 to June 30
- Telehealth billing requirements:
 - POS 02
 - Modifier GT

Billing updates and reminders (cont.)

- Vaccinations:
 - Do not include the National Drug Code (NDC) when billing for vaccines to prevent denials and delayed payment.
- Member balance billing reminder:
 - Providers may not balance bill our members, meaning that members cannot be charged for covered services above the amount that UniCare pays to the provider. Medicaid providers may bill a member only when **specific** conditions have been met. These conditions can be found at the two links provided below:
 - <https://provider.unicare.com> > Resources > Provider Manuals, Policies & Guidelines
 - <https://dhhr.wv.gov/bms> > Manual

Billing updates and reminders (cont.)

- Newborns can be billed under the mother's UniCare ID for 60 days.
- Timely filing limit:
 - Original claim submission — 180 days from date of service
 - Corrected claim submission — 180 days from the original *Explanation of Benefits (EOB)* date
- All eligibility should be verified on Availity* and/or Gainwell portals prior to care being rendered.
- All licensed behavioral health center (LBHC) providers must be credentialed with UniCare for WVCHIP.

Member cards

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

UNICARE.
An Anthem Company

Mountain HEALTH TRUST

Medicaid **CHIP**

CVS
caremark

PCP:

Member ID
Member Group No.
Coverage Code
Effective Date

SAMPLE

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.

UNICARE.
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SAMPLE

Member Contacts:
Customer Care Center: 800-782-3680
TTY: 711
24-Hour Nurse Help Line: 888-860-1108
TTY: 711
Vision: 844-628-0188
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: 800-782-0096
Utilization Management: 888-855-7423
Pharmacist Help Desk: 800-384-8331
Unenrolled Provider Contact (DXC Technology): 888-483-0783

Submit medical claims to:
P.O. BOX 91
Charleston, WV 25321-0091

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

UNICARE.
An Anthem Company

Mountain HEALTH TRUST

SAMPLE

PCP:

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: 1-800-782-0096
TTY: 1-888-388-1634
24-hour nurse help line: 1-888-850-1108
TTY: 1-800-398-4434
Vision: 1-844-628-0188
TTY: 1-800-428-4833
Dental: 1-877-408-0917
TTY: 1-800-608-8976
Medicaid Help Desk (Rx): 1-888-483-0797

Provider Contacts:
Eligibility: 1-800-782-0096
Utilization Management: 1-888-855-7423
Medicaid Help Desk (initial Rx): 1-888-483-0801
PA for provider administered drugs: 1-877-375-4188

Submit medical claims to:
P.O. BOX 91
Charleston, WV 25321-0091

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

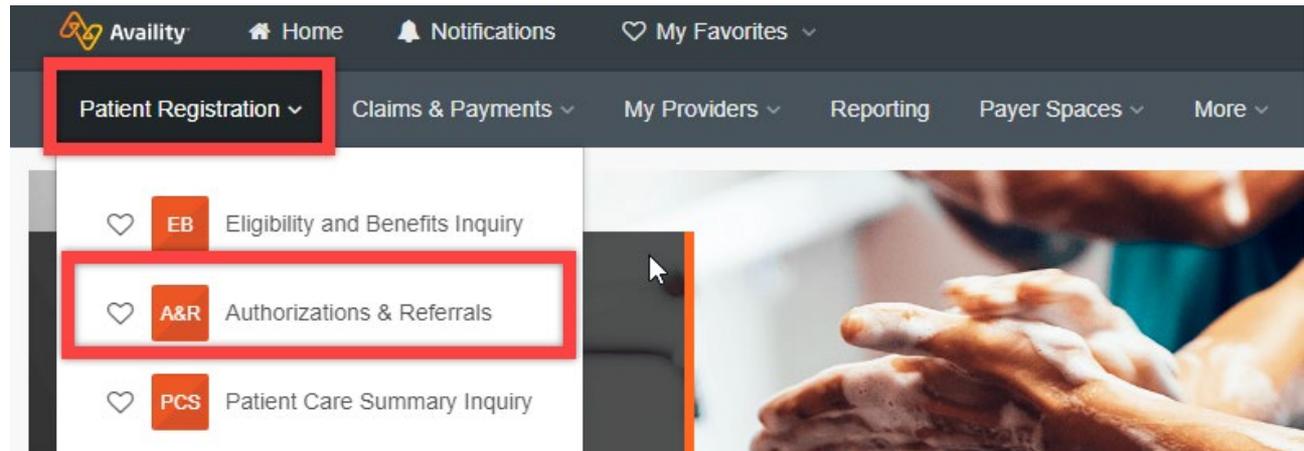
Claim dispute tool

- 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 the Availity portal interface for a denied claim. At the top right is the UNICARE logo. The main header area contains fields for Patient ID, Patient, Subscriber, Provider, and Provider ID, all of which are redacted with grey boxes. Below this, there are action buttons: 'Verify Eligibility' (with a checkmark icon), 'Print this Page' (with a printer icon), and 'Dispute Claim' (with a warning triangle icon and highlighted by a red box). To the left of the main content is a summary sidebar showing: DENIED, 01/17/2021 - 01/17/2021, Processed 01/26/2021, Billed \$3,645.00, and Paid \$0.00. The main content area shows 'Claim' followed by a redacted ID, 'Dates of Service 01/17/2021 - 01/17/2021', 'Processed Date 01/26/2021', and 'Status DENIED'. To the right, a summary box shows 'Billed \$3,645.00' and 'Paid \$0.00'. Below this, it states 'Status as of 01/26/2021' and lists two 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: **866-655-7423**
 - Fax: **855-402-6983** (Medical prior authorization)
 - Fax: **855-402-6985** (Medical inpatient/continued stay review)
 - Fax: **855-325-5556** (Behavioral health inpatient)
 - Fax: **855-325-5557** (Behavioral health outpatient)
- Pharmacy and medical injectable prior authorization:
 - Phone: **877-375-6185**
 - Fax: **844-487-9290**

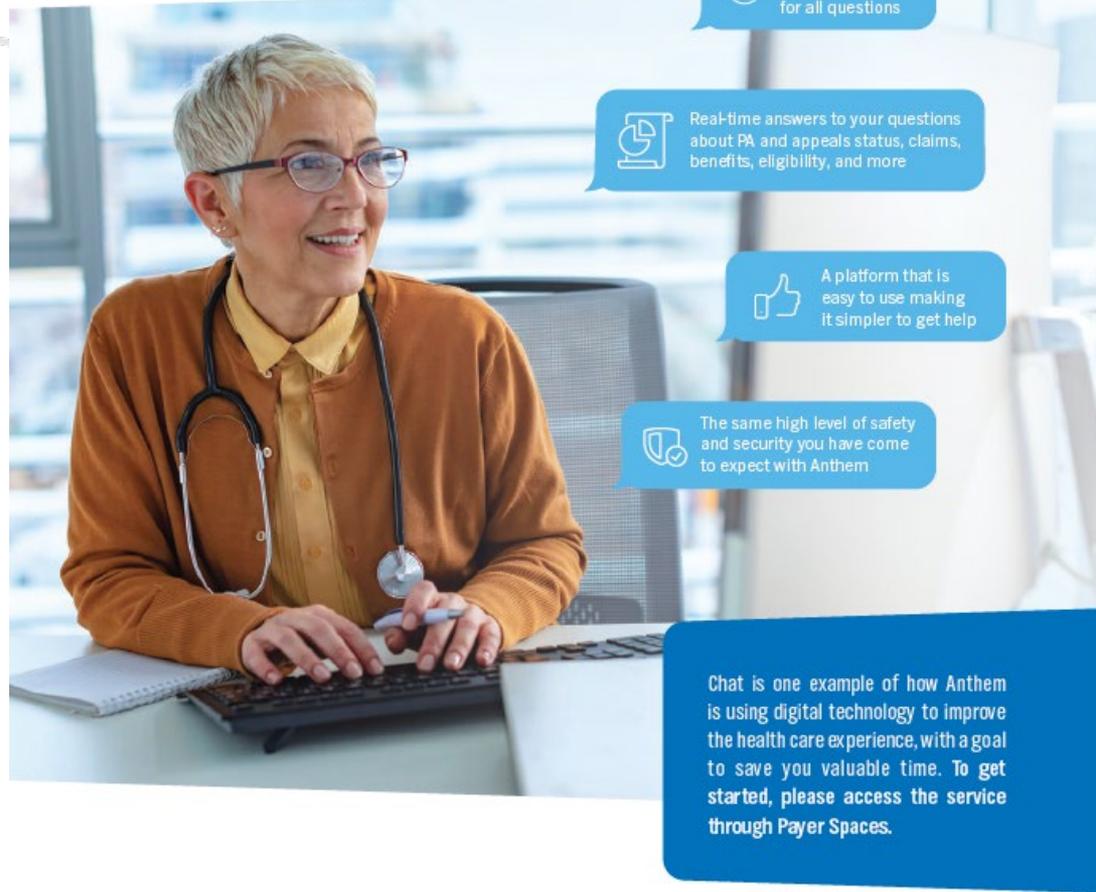


Utilization review resources (cont.)

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



Faster access to provider services for all questions

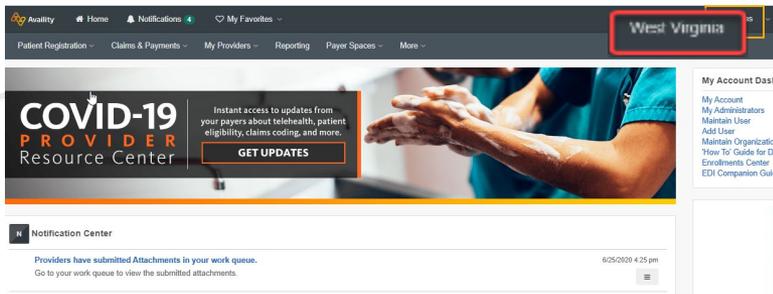
Real-time answers to your questions about PA and appeals status, claims, benefits, eligibility, and more

A platform that is easy to use making it simpler to get help

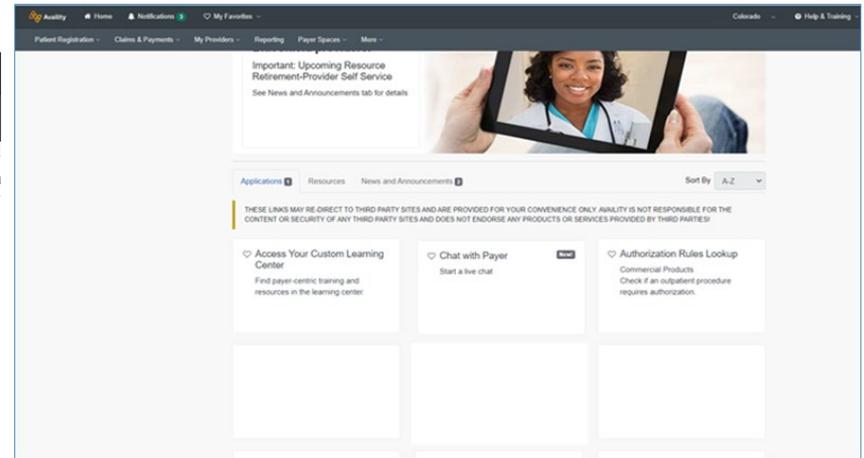
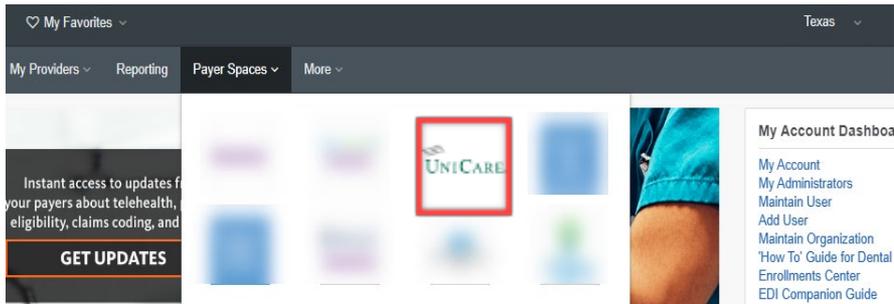
The same high level of safety and security you have come to expect with Anthem

Chat is one example of how Anthem is using digital technology to improve the health care experience, with a goal to save you valuable time. To get started, please access the service through Payer Spaces.

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.)

Chat with Payer

Organization 
Select an Organization

Tax ID 
Select a Tax ID

Express Entry 
Search for a Provider

NPI 

Topic for Chat
Select a reason for the chat.

Patient ID 

Patient First Name

Patient Last Name

Patient Date Of Birth

Topic for Chat

Select a reason for the chat.

Appeal Status

Authorization Status

Claims Questions

Eligibility and Benefits

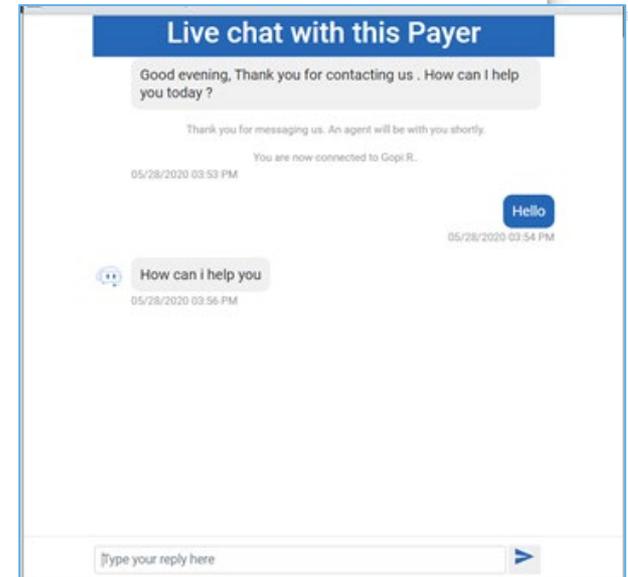
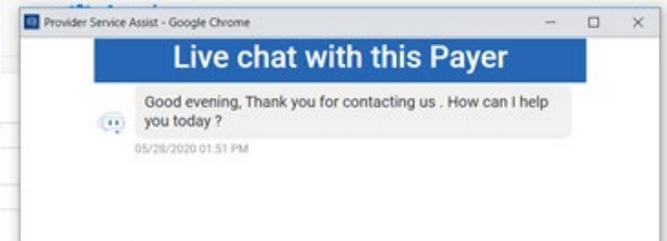
Other Topics (General Category)

- 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 browser window with the Avality logo and navigation menu. The main content area displays a pre-chat form titled "Express Entry" for "CHOICE PHYSICIANS NETWORK, INC.". The form includes fields for NPI (with a dropdown arrow), Topic for Chat (set to "Eligibility and Benefits"), Patient ID (with a dropdown arrow), Patient First Name (HOL), Patient Last Name (MARTIN), and Patient Date Of Birth. Below the form is a "Chat with Payer Disclaimer" section with a "Continue" button and a "Cancel" button. A "Terms Of Use" link is also visible.





Availity reminders

Availity offers multiple features to help decrease your need to reach out to our Customer Care Center.

- Claim status
- Eligibility
- Direct data entry (DDE) on claims
- Corrected claims
- PLUTO — Prior Authorization Lookup Tool
- Remittance advice
- Provider Online Reporting — pull your member panel for your primary care providers (PCPs)

Appointment availability requirements

Type of appointment	Standard
Emergency examinations	Immediate access during office hours
Urgent (sick) examinations	Within 28 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

More details are located in our policy and guidelines:

<https://bit.ly/WVpcpguidelines>

Appointment availability requirements (cont.)

Type of appointment	Standard
First trimester (use the <i>Pregnancy Notification Report</i> found on provider website)	Within 14 calendar days of determination of pregnancy
Second trimester (use the <i>Pregnancy Assessment Form Second Trimester — Reassessment</i> found on provider website)	Within seven calendar days of request
Third trimester (use the <i>Pregnancy Assessment Form Third Trimester — Reassessment</i> found on provider website)	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 website)	1 to 12 weeks after delivery of appointment standard



After-hours care

- Members will have access to quality, comprehensive healthcare services 24/7.
- Members can receive help with emergency calls.
- The system is in place to ensure that members can reach the PCP or an on-call provider.
- Members can also call the 24/7 NurseLine.

<https://www.provider.unicare.com/docs/gpp/WV-CAID-news-announcements-2019-UWVPEC-1279-19-after-hours-and-appointment-standard-updates-final.pdf?v=202006092216>



Cultural competency training

- *Cultural Competency and Patient Engagement Training* includes:
 - Enhanced content regarding culture including language and the impact on healthcare.
 - A cultural competency continuum that can help providers assess their level of cultural competency.
 - Guidance on working effectively with interpreters.
 - Comprehensive content on serving patients with disabilities.

Cultural competency training (cont.)

- *Caring for Diverse Populations Toolkit* includes:
 - Comprehensive information on working with diverse patients and effectively supporting culture, language, and disabilities in healthcare delivery.
 - Tools and resources to help mitigate barriers including materials that can be printed and made available for patients in your office.
 - Guidance on regulations and standards for cultural and linguistic services.
- In addition, providers can access <https://mydiversepatients.com> for easy and free access to tools and resources that are accessible from any smartphone, tablet, or desktop. Providers will find continuing medical education courses.



Looking ahead

- Contract repapering project
- Electronic provider enrollment

Territory map

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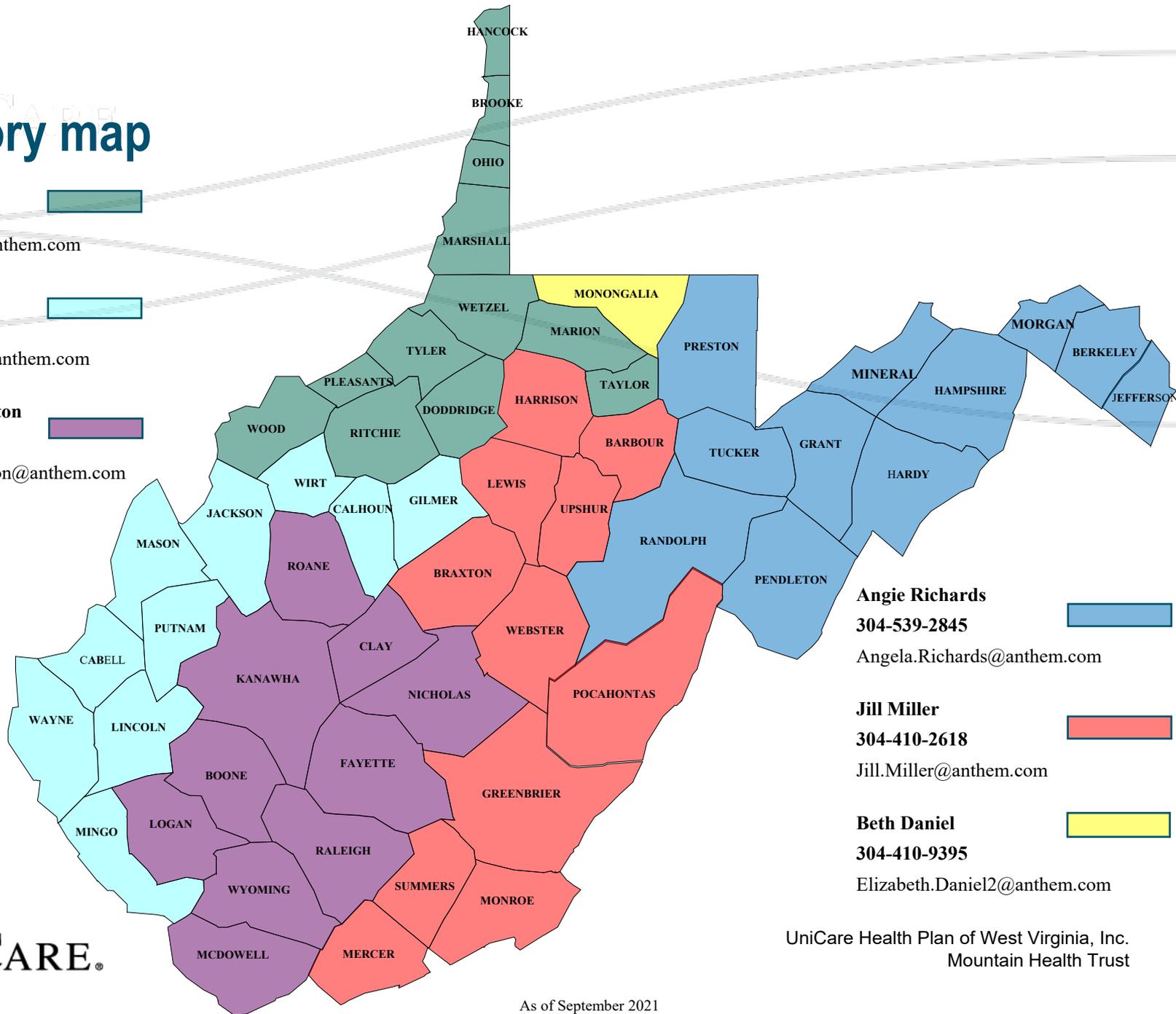
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Thank you



* Gainwell Technologies and Availity, LLC are independent companies providing administrative support services on behalf of UniCare Health Plan of West Virginia, Inc.

<https://provider.unicare.com>

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