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2022 FALL WORKSHOP



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

New digital provider enrollment tool

What features does the tool provide?

- Apply to add new practitioners to an existing group
- Apply and request a contract to enroll a new group of practitioners
- Monitor submitted applications statuses real time with a digital dashboard

To access the provider enrollment application, go to <https://www.availity.com>
Payer Spaces > UniCare > Applications > Provider Enrollment.

Enroll your NPI with Gainwell Technologies* prior to reaching out to UniCare Health Plan of West Virginia, Inc. (UniCare).

Your effective date will be the credentialing approval date and cannot be backdated with UniCare.



Recent vendor changes

- To enroll or make changes to your EFT, visit [EnrollSafe](#).*
- All routine vision and medical optometry services for UniCare members will be managed by Superior Vision.* If you have questions regarding Superior Vision, contact their Customer Service department at **877-235-5317**.

Billing updates and reminders

- Keep in mind when ordering outpatient testing or referring members to a specialist, you must verify that the facility and provider are in-network.
- Current provider and demographic information should always be on file. Any updates can be made on the [Provider Maintenance Form](#).
- 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 the Availity Portal* and/or Gainwell Technologies website prior to care being rendered.
- When ordering Cologuard, keep in mind Exact Science Lab* is out of network and will require prior authorization.

Billing updates and reminders (cont.)

- When billing for vaccinations, do not include the National Drug Code (NDC), this will result in claim denial.
- For more information, please reference the NDC and HCPCS FAQ:
<http://www.dhhr.wv.gov/bms> > Providers > HCPCS/Drug Codes > Frequently Asked Questions.
- If the CPT® code requires NDC, make sure the NDC is valid and accurate to prevent denials or recoupment of payments.
- Refer to the *Drug Code List* for NDC requirements:
<http://www.dhhr.wv.gov/bms> > Providers > HCPCS/Drug Codes > Drug Code List.

Billing updates and reminders (cont.)

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 links provided below:
 - <https://provider.unicare.com> > Resources > Provider Manuals, Policies & Guidelines
 - <https://dhhr.wv.gov/bms> > Manual

LBHC and behavioral health COMP billing updates

- All licensed providers rendering services at licensed behavioral health centers (LBHCs) and BH comprehensive centers (COMPs) must be credentialed with UniCare prior to January 1, 2023. This also includes peer recovery support specialists (PRSS).
- Effective January 1, 2023, all claims must be billed with a rendering provider NPI or claims will be denied.

For more information, please reference this [provider bulletin](#).

Availity reminders

Availity offers multiple features to help decrease your need to reach out to our Customer Care Center, including:

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

Claim dispute tool

Access the claim dispute tool via the [Availity Portal](#):

- Access the claim through the *Claim Status* search page.
- Select the claim you want to dispute by selecting **Dispute Claim**.
- Letters will be sent with final determination when the dispute is closed.

The screenshot displays the UniCare Availity Portal interface. At the top right is the UniCare logo. The main header area contains fields for Patient, Subscriber, and Provider information, with Patient ID, DOB, and Provider ID fields visible. Below this, there are three buttons: 'Verify Eligibility' (with a checkmark icon), 'Print this Page' (with a printer icon), and 'Dispute Claim' (with a warning triangle icon). The 'Dispute Claim' button is highlighted with a red rectangle. Below the buttons, the claim details are shown: 'Claim' followed by a redacted ID, 'Billed' amount of \$3,645.00, and 'Paid' amount of \$0.00. A table below shows 'Dates of Service' as 01/17/2021 - 01/17/2021, 'Processed Date' as 01/26/2021, and 'Status' as DENIED. A section titled 'Status as of 01/26/2021' lists two reasons for denial: 'Finalized/Denial The Claim/Line has been denied' and 'Other payer's Explanation of Benefits/payment information'.

Field	Value
Patient ID	[Redacted]
DOB	[Redacted]
Subscriber	[Redacted]
Provider	[Redacted]
Provider ID	[Redacted]
Claim ID	[Redacted]
Billed	\$3,645.00
Paid	\$0.00
Dates of Service	01/17/2021 - 01/17/2021
Processed Date	01/26/2021
Status	DENIED

Social Determinants of Health Provider Incentive Program

- This program offers provider incentive payments for capturing social determinants of health needs
- PCPs are eligible to participate.

If your office is interested in enrolling, contact your local Provider Experience manager.

COVID-19 vaccine counseling

PCPs with assigned membership may bill for COVID-19 vaccine counseling:

- CPT 99401-CR can be billed once for each UniCare member receiving COVID-19 vaccine counseling.
- Reimbursement for 99401-CR will be \$75.
- This is payable outside of the Rural Health Clinic/Federally Qualified Health Centers encounter rate.

For more information, please reference this [provider bulletin](#).

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

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** (BH inpatient)
- Fax: **855-325-5557** (BH 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**



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

More details are located in our policy and guidelines, and in this [provider bulletin](#).

Appointment availability requirements (cont.)

Type of appointment	Standard
First trimester (use the <i>Pregnancy Notification Report</i> found on our provider website)	Within 14 calendar days of determination of pregnancy
Second trimester (use the <i>Pregnancy Assessment Form Second Trimester – Reassessment</i> found on our provider website)	Within seven calendar days of request
Third trimester (use the <i>Pregnancy Assessment Form Third Trimester – Reassessment</i> found on our 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 our 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 our 24/7 NurseLine at **888-850-1108**.

For more information, please reference this [provider bulletin](#).

Provider education opportunities

Provider orientation is the third Tuesday of every month. You can register [online](#).

Keep up to date on any future trainings by visiting <https://www.provider.unicare.com/west-virginia-provider/communications/news-and-announcements>, or sign up for email communications via the QR code below.

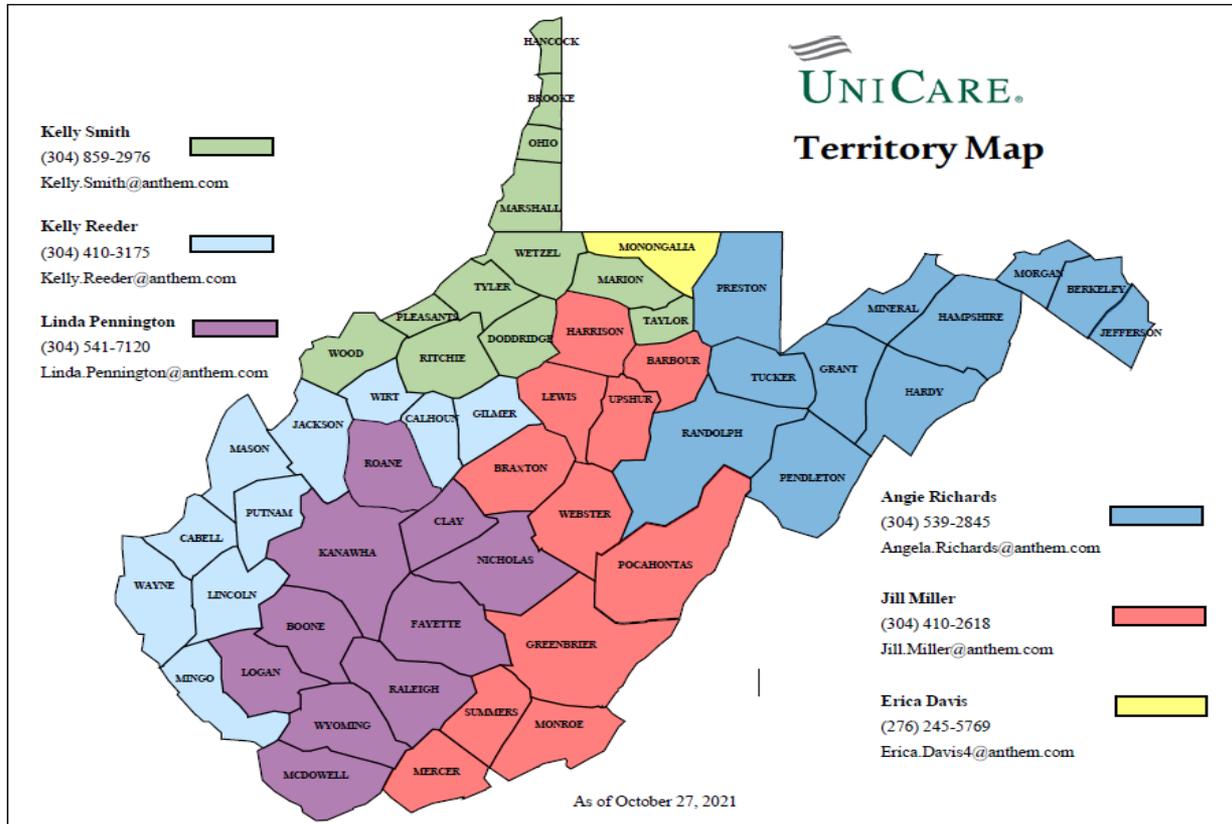


Email is the quickest and most direct way to receive important information from UniCare Health Plan of West Virginia, Inc.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3EC5pWx>).



Territory map





* Gainwell Technologies is an independent company providing information management on behalf of UniCare Health Plan of West Virginia, Inc. EnrollSafe is a tool developed by Zelis Payments, an independent organization offering electronic fund transfer services on behalf of UniCare Health Plan of West Virginia, Inc. Superior Vision, offered by Versant Health, is an independent company providing routine and medical optometry 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. Exact Science Lab is an independent company providing laboratory 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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