



2022 SPRING WORKSHOP



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

Joining the network

Enroll your NPI with Gainwell Technologies* prior to reaching out to UniCare Health Plan of West Virginia, Inc. (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 replaced CAQH EnrollHub for providers to enroll or make changes to their EFT.

More details are available at <https://provider.unicare.com>.

Billing updates and reminders

Developmental testing 96110:

- Reimbursable once per year
- If performed as part of an EPSDT visit, append EP modifier

Keep in mind, when ordering outpatient testing or referring members to a specialist, verify that the facility and provider are in-network.

Current provider and demographic information should always be on file. Any updates can be made by clicking [here](#).

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

Billing updates and reminders (cont.)

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.

All licensed behavioral health center (LBHC) providers must be credentialed with UniCare.

Authorization requirements for G0481 and G0482

As of January 1, 2022, prior authorization (PA) requirements have changed for G0481 and G0482. Providers must obtain prior authorization for all requests for these codes:

- CPT G0481
 - 8 to 14 drug classes
- CPT G0482
 - 15 to 21 drug classes

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

- Web: <https://www.availity.com>
- Fax: **855-402-6983**
- Phone: **866-655-7423**
- In the request, please include the in-network servicing lab
- Authorization number will need to be shared with servicing in-network lab



Vision vendor change

Effective May 1, 2022, all routine vision and medical optometry services for UniCare members will be managed by Superior Vision:*

- Continue to submit all claims for covered services with dates of service through April 30, 2022, to VSP.
- Please note that there will be no change in the member's benefits.
- If you have questions regarding Superior Vision, contact their Customer Service department at **877-235-5317**.

Chiropractic services

Chiropractic services are covered under Medicaid and WVCHIP:

- Medicaid:
 - Adult — 20 visits per calendar year*
 - Children — 20 visits per calendar year*
- WVCHIP:
 - Children — 20 visits per calendar year*
 - Ages 16 and under require prior authorization after initial visit.
- Claim submission:
 - Claims do not require a referring provider.

* Prior authorization is required after visit limit — *Physician Certification for Chiropractic Services* form must be included with prior authorization request:
<https://www.provider.unicare.com/docs/gpp/WV-CAID-Phys-Certification-Chiropractic.pdf>

COVID-19 vaccine counseling

Effective January 1, 2022, 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.
- Payable outside of the Rural Health Clinic/Federally Qualified Health Centers encounter rate.
- For more information, please reference provider bulletin link below:
 - https://www.provider.unicare.com/docs/gpp/WV_CAID_PU_COVID19_VaccineCounseling_12821.pdf?v=202112081657

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
- Prior Authorization Lookup Tool
- Remittance advice
- Provider Online Reporting — pull your member panel for your primary care providers (PCPs)

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 selecting **Dispute Claim**.
- Letters will be sent with final determination when the dispute is closed.

The screenshot displays the Availity portal interface. At the top right is the UNICARE logo. Below it, there are fields for Patient ID, Subscriber, Provider, and Provider ID, all of which are redacted with grey boxes. On the left side, there is a vertical sidebar with a red bar on the left edge, containing the following information: DENIED, 01/17/2021 - 01/17/2021, Processed 01/26/2021, Billed \$3,645.00, Paid \$0.00. The main content area features a navigation bar with three 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 border). Below the navigation bar, the claim details are shown: '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 of these details are two boxes: 'Billed \$3,645.00' and 'Paid \$0.00'. Below the claim details, the status is noted as 'Status as of 01/26/2021' with two bullet points: 'Finalized/Denial The Claim/Line has been denied' and 'Other payer's Explanation of Benefits/payment information'.



Provider communications via email

New for 2022: start receiving communications via email



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>).



Social Determinants of Health Provider Incentive Program

- Provider incentive payments for capturing social determinants of health needs
- PCPs eligible to participate

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

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** (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**



Looking ahead

- Contract repapering project
- Electronic provider enrollment

Territory map

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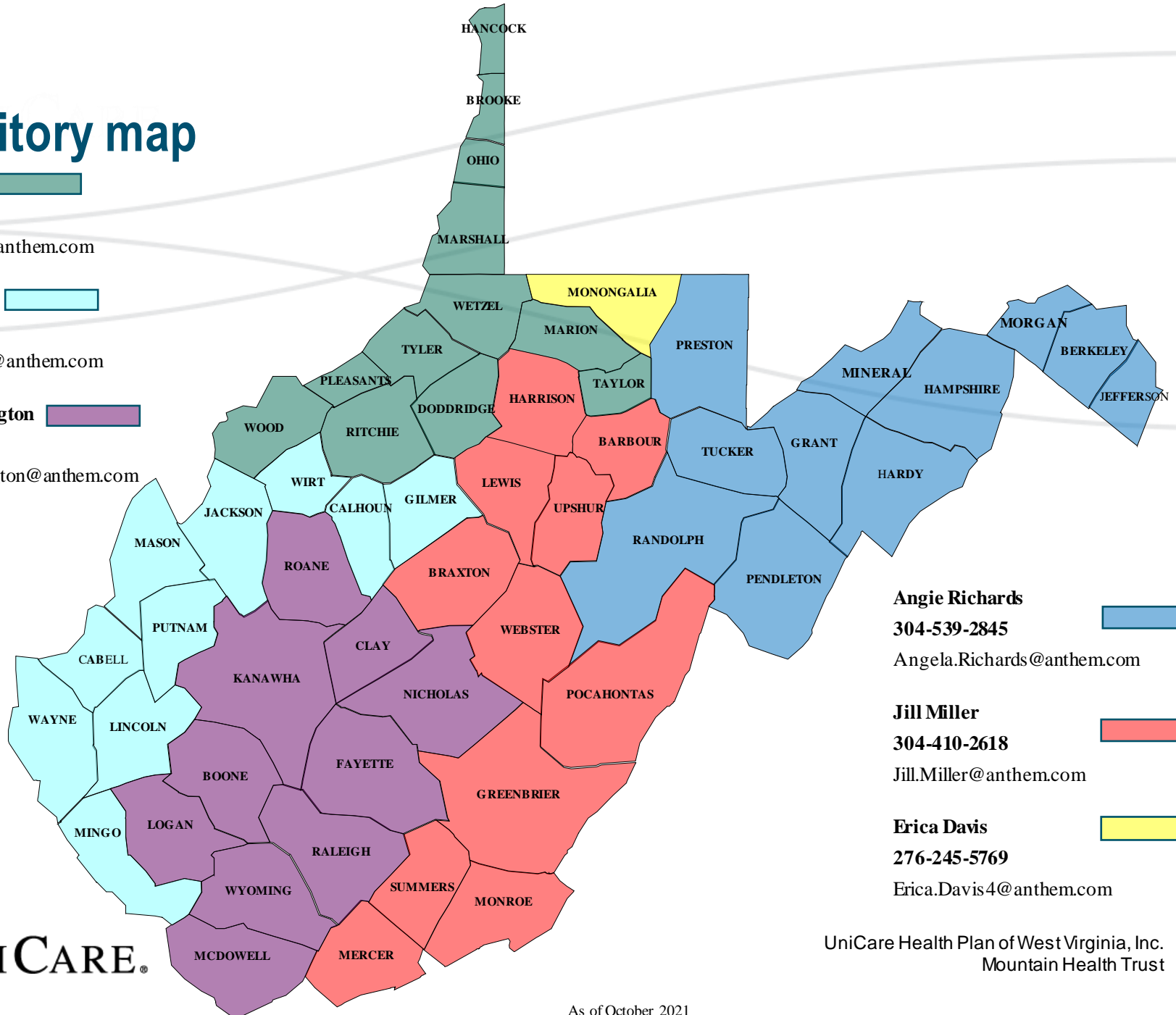
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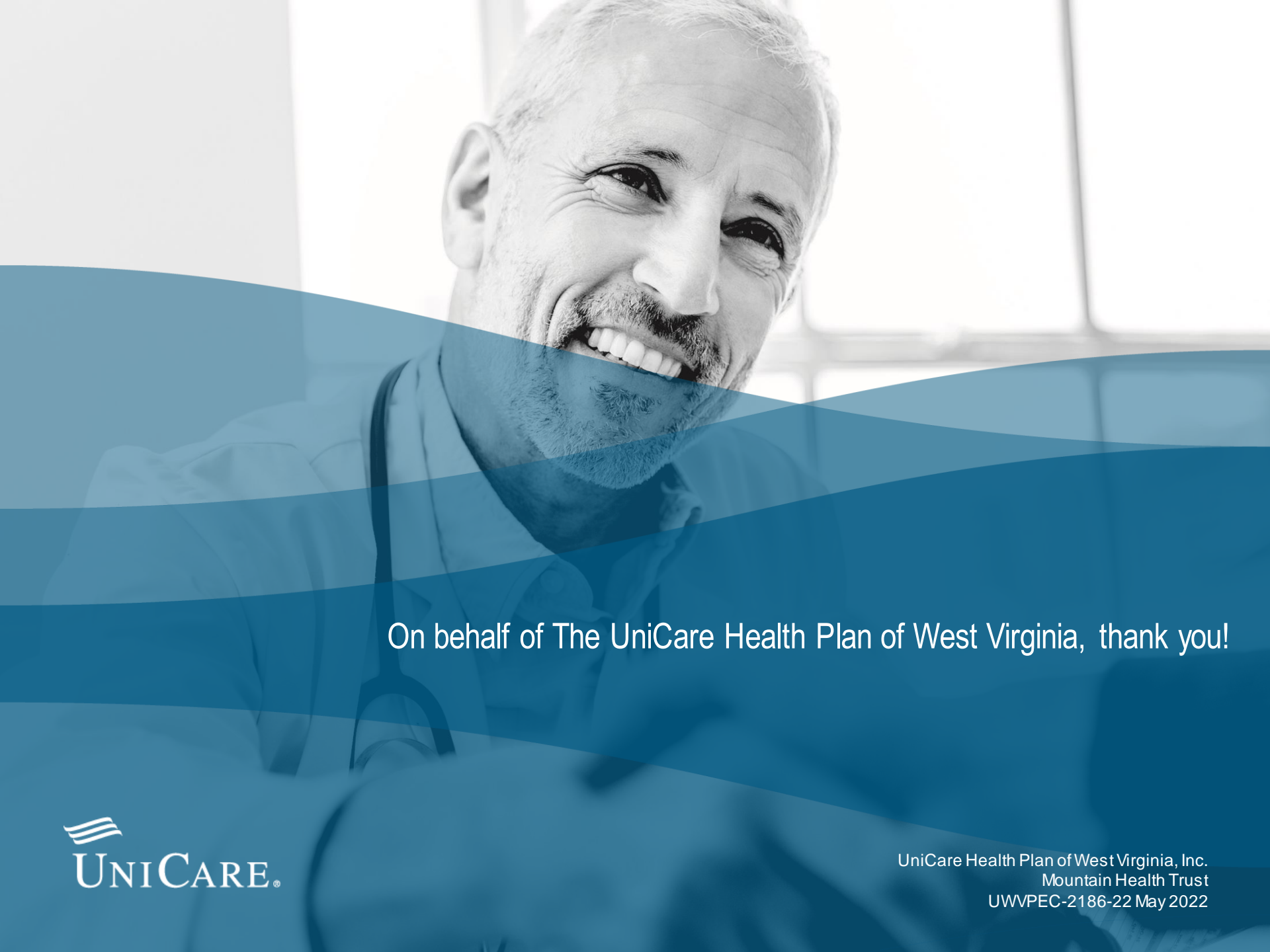
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On behalf of The UniCare Health Plan of West Virginia, thank you!



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