

1.) Will the MCOs be required to credential LGSW and LCSW in LBHC as well by August one?

Yes. MCOs are required to enroll these providers following the same timeline as Fee-For-Service.

2.) I have a lot of secondary claims get denied for no EOB and it is on the electronic claim but if the Medicare (of any type) does not make an actual payment and just takes an adjustment you keep denying my secondary stating no Medicare payment and want the claim hardcopy. Why is that? I can even make sure the Medicare remark codes are on there and you still deny. I can be reached the best at sarah.showalter@vandaliahealth.org. My phone number is 304-644-1652. There is no extension I work remote from home. Thank you.

BMS will research this and respond to you individually.

3.) Our office is having a similar issue with secondary claims processing. It appears the COB does not match, as in COB states Medicare but patient actually has a Medicare HMO. Is this not something that could process anyway? angle20@marshall.edu NPI: 1730183286

BMS will research this and respond to you individually.

4.) If an office provides the Retina scan within the office, will The Health Plan pay? We are FQHC.

Related to the Retina Scan question for THP, the partnership with Retina Labs is offering the service to the member in the convenience of their home. If services are performed in the FQHC, it would be part of the encounter.

5.) It is literally impossible to get that information updated on Provider data. Do you have a specific person @ Availity that we can contact? Our credentialing keeps trying to get this updated and has been unsuccessful, and also has not had success in setting up an issue request with Availity

Requested contact information so Unicare can reach out to the provider directly.

6.) When will remittances for THP become electronic again?

July 1, 2024. THP IT department continues to work with Optum to re-establish ERA availability. Updates regarding ERAs will be sent soon through our prov. comm. channels

7.) When will electronic transfer with ABHWV take effect? I receive remits with Echo but we are getting paper checks.

Aetna is to address this.

8.) Who will be covering Behavioral health prior auths and other issues through Highmark Health Options. Highmark moved from Navinet, will the MCO stay with Navinet?

Highmark is to address this.

9.) Do you know if Behavioral health services are going to be outsourced?

Behavioral Health services will not be outsourced.

10.) What will payor id be for the highmark options?

Payor ID will be RP118

11.)ABHWV question on CSED services - I would like confirmation on the H0004HA and the H0004HOHA services and the new change to prior authorization for services. These two codes did not require a prior authorization. When did this change take place?

Aetna is to address

12.)With WV Chip now covering the same services as Medicaid benefits and following the BMS manual. Does this mean it will also require the same credentials for providers providing these services? And do we continue to credential staff with Medicaid and WV Chip?

Yes. You will continue to enroll providers with Medicaid and WV CHIP as well as credential with the MCOs you wish to participate with.

13.)Hello, I recently noticed that we have received some rejections for WV Medicaid Members that are rejecting stating to bill to primary carrier, for prescriptions claims at a retail pharmacy. Hymark West Virginia (My Blue Access) has been the primary plan for

most of these issues. I need to review this information with someone to go over more details. These appear to be plans with healthcare.gov ? Pauline Snyder Hometown Rx Pharmacy htrx369@yahoo.com

Highmark to address.

14.)When does the change happen with WV CHIPs going to WV Medicaid from express

July 1, 2024

15.)Is this the proper provider manual for the new BC HMO?

<https://wv.highmarkhealthoptions.com/providers/provider-manual.html>