



Frequently Asked Questions

PCP & Member

How can I find a Member's Unison ID number?

A provider can utilize the member's State ID number or date of birth on Unison's website in order to find the member's Unison ID. Providers can also contact the Provider Services Department, 1-800-600-9007, in order to find out the Member's ID.

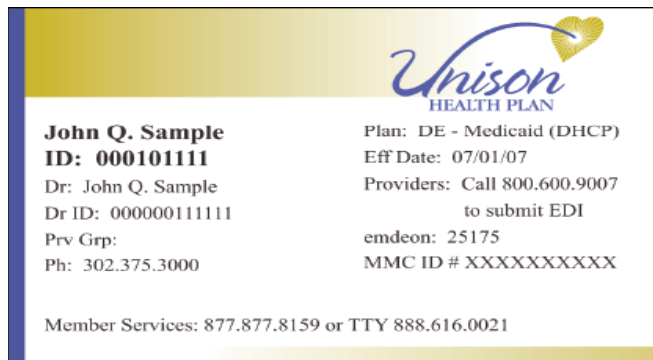
How can I check a Member's eligibility? What ID numbers are necessary when checking eligibility?

Eligibility, benefits, and other information regarding Unison members can be verified by utilizing Unison's 24-hour *Interactive Voice Response* (IVR) system by calling 1-888-586-4766, by visiting www.unisonhealthplan.com, or by contacting the Provider Services Department at 1-800-600-9007.

The member's State ID number or Unison ID number is needed to check eligibility online. When calling the IVR option, a provider must enter their Provider ID number and then the Member ID number or the member's social security number and date of birth.

What does a Unison member card look like?

Unison Member Identification card image is below.
Card information can also be found on our *Quick Reference Guide* (available online).



Are members automatically assigned to a PCP?

Yes, members are assigned a PCP if they do not actively make a selection.

Can a member change their PCP on the same day of a visit?

Yes, a member can change their PCP on the same day of the visit to another Unison PCP Provider. Members can call the Member Services Department for this request, 1-877-877-8159.

How often can my office expect a member roster?

Unison will send PCPs a monthly roster that identifies members who have chosen their practice for primary care service.



Frequently Asked Questions

Claims

Claims Address

Unison Health Plan of Delaware
P.O. Box 1147
Monroeville, PA 15146-5138

Correspondence, Including Appeals

Unison Health Plan of Delaware
Unison Plaza
1001 Brinton Road
Pittsburgh, PA 15221

Can Providers submit claims electronically? If so, what is the Payer ID?

Yes, Providers can submit claims electronically. **Unison's Payer ID is 25175.** Providers can send claims through as many clearinghouse connections as they like. Unison currently accepts claims from the following clearinghouses: Emdeon, Payerpath, RelayHealth, and MedAvant.

How many claims can a provider check via telephone at one time?

Providers can check six if the call center is busy, however, the provider can check more if they are not. We recommend that providers to utilize our website for claims status, www.unisonhealthplan.com.

What is the time frame for submitting late charges on claims?

Claims for Late Charges are to be submitted within the same time frame as Claims Submissions, which is (90) ninety days of the date of service.

What is the time frame for submitting corrected claims?

Corrected claims must be submitted within (45) forty-five days of the EOB date.

Will Unison accept black and white claim forms?

Yes, Unison will accept both black and white and red and white forms.

Does Unison require that both the State Member ID # and the Unison's Member ID # on the claim form?

Claims only need to include the Member's Unison ID number. Unison does not require the provider to include the member's DE Medicaid ID number on the claim form. Both numbers will be included on the member's Unison ID card. *Please note: If the member only has the state Medicaid number, Unison will accept it in place of the Unison Member ID.*

Does Unison require the Unison Provider ID number on submitted claims?

Unison does not require the Provider's Unison ID on the claim, however, we do require the Provider's NPI number on the claim form.

Can I check my Claim Status online?

Yes, providers can check claim status online. In order to do so, Providers can go to Unison's website, www.unisonhealthplan.com, or call the helpdesk at (412) 858-4357 to set up a *Direct On-Line Provider Account*. If an account is already set up, the specific instructions are as follows:

For a *hospital*, the Provider ID number will need to be entered into the Provider ID and Payee/Group ID number fields on the website. The Tax ID number is also required in order to check Claims status.

For a *Provider Group*, in order to view claim status for all physicians within that group, it is necessary to enter one of the Provider ID numbers from the group of physicians in the Provider ID field, the Tax ID number, and then use the Group number in the Payee/Group field.

How do I get reimbursed for Vaccines?

Unison pays the administration fee for immunizations, but we pay them on the administration line. It is best to submit both the serum and the administration codes and we will process the claim according to our guidelines.



Frequently Asked Questions

Utilization Management

What are the prior authorization requirements for Unison?

The prior authorization requirements for Unison can be found online and also on our *Quick Reference Guide*. If you do not find the specification you are looking for, please contact the UM Department at 1-800-366-7304 or you may call your local Provider Relations Representative.

How are approval numbers for Prior-Authorizations communicated to the Provider Offices?

Routine notification of UM decisions (approval/denial) is telephonic call back to provider. Denial Notification is followed in writing within (2) two days.

Does Unison provide Case Management for members?

Yes, Unison has a Case Management for members. Case Management offers services for Special Needs, Pregnancy, and Disease Management Services. For inquiries, please call 877-844-8844. This information, along with referral forms, can also be found on Unison's website, www.unisonhealthplan.com.

Do Outpatient Behavioral Health services require a prior authorization?

No. The only Behavioral Health services that require an authorization are Residential, Inpatient, and Psychiatric testing. Unison also offers conversion of benefits for a member (Conversion of Benefits form can be found online).

Eye Care Benefits

Eye care benefits are through Davis Vision (www.davisvision.com)

What are the Benefits?

- Annual exam and materials for members under 21 years of age
- Exam and materials every other year for members 21 and over
- Members can choose glasses or contacts as outlined below
 - *If a members chooses glasses:*

Lenses are covered

Frames - Member has a choice of certain frames that are covered in full, or if they don't want any of these particular frames, they have a \$90.00 credit toward the retail price of another frame.
 - *If a member chooses contacts:*

The member has a choice from certain brands of either soft daily wear, planned replacement, or disposable contacts at no cost.
(Note that if they choose the planned replacement or disposable contacts it would only be a 6 months supply.)
- The contact lens exam and fitting are also covered in full.

Members and Providers may use the Unison Health Plan website, the Member Services Department, and the Provider Services Department in order to find an eye care specialist.



Frequently Asked Questions

Gold Star

What is the Gold Star Program?

Unison's Gold Star Program is a pay for performance program that has been developed for practices that have been recognized as providing excellent and efficient care to our members.

I am a Gold Star Provider. What still requires prior authorization?

Gold Star providers are relieved of most prior authorization requirements, however Gold Star providers will still need approval for*:

- admission to hospitals, skilled nursing and rehab facilities
- services from providers who are not in our network
- medications that require prior authorization
- non-covered benefits

**Completion and submission of OB Assessment forms are still required.*

I am a Specialist seeing a Gold Star provider's patient. How can I verify Gold Star Status?

- **Gold Star Portal:** When you log in to the Unison web site to verify member eligibility, the PCP information for your patients will include their Gold Star status by reading: **This is a Gold Star Provider**

In the **Find a Provider** section of the web site, the star shown will be next to the names of Gold Star providers: ☆

- **Gold Star on the Interactive Voice Response (IVR):** When you call the Unison Health Plan Verification Line to verify member eligibility information, the IVR will provide this message during the playback of an eligible member's PCP information: **This is a Gold Star provider.**
- **Member ID Card:** If a member's PCP is a Gold Star Provider, the Member's ID card will have a ☆ in the top right hand corner.

I am a Specialist seeing a Gold Star Provider's patient. Do I need prior authorize services?

If a Specialist is seeing a Gold Star provider's patient, the only services that need a prior authorization are the services listed above.

How do I become a Gold Star provider?

A Primary Care Physician must meet the **minimum** criteria for 2008:

- A panel size of >200 members,
- Electronic claims submission,
- Open to new Unison members, and
- A medical expense ratio of 82% or less.

ER usage should be no more than 50th percentile for your practice type (FP, Peds, or IM) or a 10% reduction from the previous year's usage. Quality criteria include EPSDT screening, lead screening, anemia screening, Pap smears, mammograms, immunization rates including flu and pneumococcal where appropriate.