

Unison Health Plan of Delaware

Quick Reference Guide



Unison Product Overview

Unison Health Plan of Delaware offers medical coverage to Medicaid- and DHCP-eligible individuals who live in the designated service area. The provider manual, located at www.unisonhealthplan.com, includes a complete list of covered services and benefits. Simply select “Delaware” and “Unison” to access helpful member and provider service information.

Business Hours

Unison’s regular business hours are Monday through Friday from 8 a.m. to 5 p.m. (EST) unless noted otherwise.

Contact Information

Website.....www.unisonhealthplan.com

Delaware Administrative Office.....302.729.4200

Provider Services.....800.600.9007
Fax: 866.915.0309

- For questions concerning covered services, benefit limits or claim inquiries or to request provider materials.

Interactive Voice Response (IVR) Line.....888.586.4766

- Toll-free IVR system available to check member eligibility 24 hours a day, seven days a week.

Utilization Management (UM).....800.366.7304
Fax: 877.877.8230
DME Fax: 877.877.8391

- For assistance with prior authorizations, admissions, discharges and coordination of members’ care. On-call staff is available 24 hours a day, seven days a week for emergency prior authorization purposes.

Member Services.....877.877.8159

- Hearing- or speech-impaired persons may dial 711.

Integrated Care Management.....800.508.2581
Fax: 877.215.9811

- Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Call for more information about the programs available to eligible members. Hearing- or speech-impaired persons may dial 711.

Special Needs Unit (SNU).....877.844.8844

- The registered nurses and social work-based case managers of the SNU help members and providers with special medical, behavioral and social conditions access health benefits and community resources. Hearing- or speech-impaired persons may dial 711.

Healthy First Steps Pregnancy Program.....800.599.5985

EPSDT.....800.377.2142

Behavioral Health.....866.261.7692

Online Provider Account Features

- Get up-to-date claim status and member eligibility information 24 hours a day, 7 days a week through a secure login.
- You can also call Unison’s 24-hour Interactive Voice Response (IVR) line to check member eligibility.
- Visit www.unisonhealthplan.com, select your state and plan, and click on the **For Providers** link at the top of the page to download a detailed instructional presentation that will walk you through Unison provider account.
- New provider account features are coming soon that will ensure quick information transactions and save time.

Electronic Claims (EDI) Submission

Unison prefers and encourages providers to take advantage of electronic claims processing capabilities. Submitting claims electronically offers the following benefits: faster claim submission, expedited payment, detailed submission reports, increased claims accuracy, reduced paperwork, and time and cost savings. The payer ID number is 25175.

If you are not presently submitting claims electronically, please visit www.unisonhealthplan.com or contact your Provider Relations representative at 800.600.9007.

Claim Forms and Correspondence

Claims must be submitted to Unison using HIPAA-compliant CPT-4 or HCPCS codes. Hospitals should bill on a UB-04 form. Other providers, including ancillary providers, should bill using the CMS 1500 (08-05) form. All paper claims must be billed on red and white claim forms; black and white forms will not be accepted.

Providers are required to use a National Provider Identifier (NPI) in the filing and processing of both electronic and paper health care claims and other EDI transactions. To obtain an NPI number, go to the CMS website at <https://nppes.cms.hhs.gov/NPPES/welcome.do>.

If you are mailing claims to Unison, please use one of the addresses listed below. If you do not list the plan name (Unison Health Plan of Delaware), your claim may take longer to process.

Claims

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

Unison Health Plan Privacy Notices

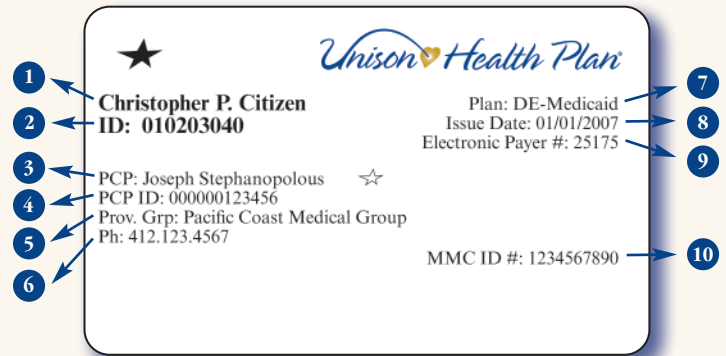
The companies in the Unison insurance holding company system adopted 'affiliated entity' status for purposes of the HIPAA privacy standards. We use and disclose our members' protected health information only for purposes of treatment, payment and health care operations. Copies of the notices that describe our privacy practices for each Unison managed care product can be accessed at www.unisonhealthplan.com (hard copies are available upon request).

Unison ID Card

Each member will receive a member ID card that identifies the PCP that will serve as the overall care manager. However, possession of a Unison ID card does not guarantee eligibility, coverage or payment.

Eligibility, benefit and other information about Unison members can be verified by calling Unison's 24-hour IVR line at 888.586.4766 or visiting www.unisonhealthplan.com. When submitting claims, please use the member's identification number listed on the ID card.

Please refer to this sample card for an explanation of the information listed on the front of the member ID card.



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|--------------------------|---------------------------|
| 1 Member name | 6 PCP's phone number |
| 2 Member ID number | 7 Member's plan name |
| 3 Name of member's PCP | 8 Member's effective date |
| 4 PCP ID number | 9 Electronic payer ID |
| 5 Name of provider group | 10 State Medicaid number |

Unison Service Information

Please refer to the table below for services requiring a prior authorization. For more information, please see the provider manual or contact Utilization Management at 1.800.366.7304.

Unison Services Requiring Prior Authorization			
Ambulatory surgical procedures, except: <ul style="list-style-type: none"> • Amniocentesis • Angiograms without cardiac catheterization • Endoscopic surgical procedures not including arthroscopy and laparoscopy • ERCP • Fracture care • Surgical procedures in provider's office 	Diabetic supplies and equipment (over \$300)	Outpatient services (continued): <ul style="list-style-type: none"> • Sleep apnea studies (including at home studies) • Additional outpatient services may require authorization 	
	DME for: <ul style="list-style-type: none"> • Purchases (over \$300) • All rentals 		
	Enteral/parenteral therapy		Pain management
	Genetic testing		Pharmaceuticals (including cancer agents) billed in a specialty provider's office or approved outpatient setting (over \$250)
	Home care services		Podiatry services, except: <ul style="list-style-type: none"> • Routine services with diagnosis of diabetes or peripheral vascular disease
	Hospice care		Private duty nursing
Admissions to hospital or any other facility: <ul style="list-style-type: none"> • Elective (including OB) • Skilled nursing facilities • Emergent/urgent (requires authorization within 48 hours of admission, or next business day) 	Non-participating providers	Radiation therapy	
	Non-emergency ambulance services	Rehabilitation (inpatient)	
ASH elective procedures (i.e. abortion, sterilization, hysterectomy)	Obstetrical/maternity care	Rehabilitation (outpatient): <ul style="list-style-type: none"> • Physical • Occupational • Speech 	
	Organ transplant		
Behavioral health: <ul style="list-style-type: none"> • Inpatient • Residential treatment facility • Partial hospitalization 	Orthotics and prosthetics (over \$300)		
Bone mass measurement: <ul style="list-style-type: none"> • Except DEXA-scan 	Outpatient services: <ul style="list-style-type: none"> • Arthroscopy • Cardiac catheterization • CT scans • Laparoscopy • MRIs and MRAs • PET scans • SPECT 		

* Please note that all services must be requested by a participating provider in order to receive approval.