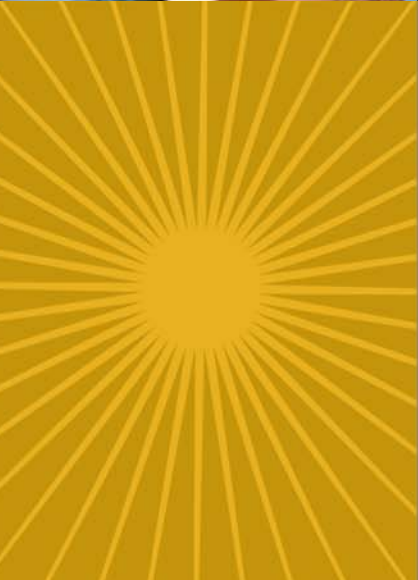




Ohio Special Provider-Based Quick Reference Guide

www.unisonhealthplan.com



Important Phone Numbers

Administrative Office 412.858.4000

Provider Services 800.600.9007

- Representatives are available Monday through Friday 8:00 am to 5:00 pm to assist with eligibility verification, claims questions, etc.

Interactive Voice Response (IVR) .. 888.586.4766

- Easily confirm member eligibility.

Utilization Management 800.366.7304

- Staff is available 24 hours a day, seven days a week to assist with prior authorizations, admissions, discharges and coordination of members' care. Participating providers may also submit prior authorization requests via our website at www.unisonhealthplan.com through a partnership with Emdeon™, formerly WebMD®.

Pharmacy 877.651.2217

Member Service 800.895.2017

TTY..... 888.616.0021

- Representatives are available Monday through Friday, 7:00am to 7:00pm ET to verify member eligibility and to assist with all aspects of member education.

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

- Representatives are available Monday through Friday, 8:00am to 5:00pm ET to coordinate care for members with special needs, which includes case management, outreach, training and assistance in coordinating interpreter services for those members that need support with their limited English proficiency (LEP), limited reading proficiency (LRP), hearing and/or visual impairment.

Regional Offices 877.8.UNISON

Provider Correspondence

Paper Claims:

- Unison Health Plan, P.O. Box 1257, Monroeville, PA 15146

General Correspondence:

- Unison Health Plan, 2800 Corporate Exchange Drive Suite 200, Columbus, OH 43231

Member Identification

- Each member covered by Unison will receive his/her own identification card.
- Eligibility, benefits and information regarding Unison members can be verified by calling Member or Provider Services, the IVR number or by visiting www.unisonhealthplan.com.
- Additional information regarding Unison members can be verified by calling Member or Provider Services.

Sample Unison Member Identification Card



Note: Possession of a Unison ID card does not guarantee eligibility, coverage or payment.

Claims and Billing

Code Sets/Claim Forms

Claims must be submitted to Unison using HIPAA compliant CPT-4 or HCPCS codes. Hospitals should bill on a UB-92 or CMS 1500 form. Other providers, including Ancillary Providers, should bill using the CMS 1500 form. Or, for information on electronic billing, please see the companion guides provided on our web site at www.unisonhealthplan.com, or call Provider Services at 800.600.9007. Please allow thirty (30) days for the processing of clean claims. A “Clean Claim” is a claim for payment for a health care service which has no defect or impropriety. A defect or impropriety shall include lack of required substantiating documentation or a particular circumstance requiring special treatment which prevents timely payment from being made on the claim.

Unison’s Medicaid ID numbers are listed below by region for your convenience.

Unison East Central.....2635616
Unison Northeast Central.....2635625
Unison Southeast.....2635634

Payment in Full

Payment made by Unison is considered payment in full. Non-contracting providers may not bill a Unison member unless all of the following conditions are met:

- (1) the member was notified by the provider of the financial liability in advance of service delivery;
- (2) the notification by the provider was in writing, specific to the service being rendered, and clearly states that the recipient is financially responsible for the specific service. A general patient liability statement signed by all patients is not sufficient for this purpose;
- (3) the notification is dated and signed by the member; and
- (4) the reason the service is not covered by Unison is

specified and is one of the following:

- (a) the service is a benefit exclusion;
- (b) the provider is not contracted with Unison and Unison has denied approval for the provider to provide the service because the service is available from a contracted provider; or
- (c) the provider is not contracted with Unison and has not requested approval to provide the service.

Emergency Care Services

Reimbursement for emergency services rendered by non-contracting providers shall be paid at the lesser of billed charges or 100% of the Ohio Medicaid fee schedule. Notification to Unison is not required until the member with the emergent condition is stabilized. Upon stabilization of the emergent condition, non-contracting providers should notify the UM Department for coordination of post-stabilization services. Notification regarding post-stabilization services should be provided at the later of: a) promptly following stabilization; b) 48 hours at presentation to hospital, or; c) the next business day. Unison will cover both emergency and post-stabilization services pursuant to OAC Rule 5101:3-26-03 and the Federal Medicaid managed care regulation at 42 CFR 438.118.

Self-Referral and Prior Authorization Guidelines

Unison Health Plan members may self-refer for the following services:

- dental care (participating providers only)
- vision care (participating providers only)
- specialty care provided by participating providers (except for chiropractic, plastic surgery, chemotherapy and pain management specialist services)
- emergency services
- family planning services including services rendered by a Qualified Family Planning Provider (QFPP)
- mental health services offered through a Community Mental Health Center (CMHC) certified as a Medicaid provider (see the Provider Directory or our website or a list of CMHCs)
- substance abuse services offered through certified Medicaid providers affiliated with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) (see the Provider Directory or our website for a list of providers affiliated with ODADAS)
- services provided by a Federally Qualified Health

Center (FQHC) or Rural Health Center (RHC)

- services provided by a Certified Nurse Midwife (CNM) or Certified Nurse Practitioner (CNP).

The following services require prior authorization from Unison Health Plan:

- ambulance, non-emergency
- chemotherapy
- chiropractic services
- all durable medical equipment rentals or any purchased DME or supplies with billable charges of >\$300
- enteral and parenteral services and items
- genetic testing (including chromosome analysis)
- home health services
- hospice services
- hospital, elective inpatient admission
- hospital, acute inpatient admission (concurrent authorization required-48 hours notice)
- hospital, inpatient rehabilitation admission
- imaging: CT, MR, PET, SPECT
- non-participating provider, covered benefits
- outpatient procedures: arthroscopy, cardiac catheterization, laparoscopy, radiation therapy, sleep study, surgery
- pain management
- Pharmaceuticals: Blood Modifiers (Factor Products), Botulinum toxin (Botox injection), Enzymes and enzyme inhibitors (Hyalgan), Hormonal Therapy (Lupron), Immunologic agents (Remicade), Oncology chemotherapy (Herceptin), Orthopedic Agents (Lovenox, Arixtra), Recombinant products (Reopro) -
- Plastic surgery, medically necessary services are covered excluding non-covered cosmetic services
- rehabilitation services (physical, occupational and speech therapy), outpatient
- skilled nursing facility
- speech and hearing services, including hearing aids.



This guide is a brief overview to Unison Health Plan of Ohio. For detailed information regarding covered services and provider responsibilities, please refer to the Provider Manual.




Unison
HEALTH PLAN

