Important UniCare Health Plan of West Virginia, Inc.
Medicaid member identification number change

Background: This provider bulletin is an update about information in UniCare’s Medicaid Business Provider Manual. For access to the latest manual, go online to www.unicare.com.

Effective January 1, 2018, UniCare will discontinue the need for the “W” prefix preceding the 11-digit state Medicaid member identification number.
For claims and correspondence to process in a timely manner, it is important that claims submitted beginning January 1, 2018, only include the 11-digit state Medicaid member identification number in block 1.a. of the CMS HCFA 1500 (professional) or block 60 of the CMS 1450 UB04 (institutional) claim forms. The 11-digit state Medicaid member identification number will be used for all interactions regarding specific member information, including all claims and correspondence such as eligibility verification, authorizations, interactive voice response, Interactive Care Reviewer, Availity Portal, etc.

What action do I need to take?
Please share this notice with all members of your office staff and ensure that all claims only include the 11-digit state Medicaid member identification number as of January 1, 2018.

What is the impact?
After January 1, 2018, claims submitted with the “W” prefix, regardless of date of service, will be rejected and returned to you for resubmittal, which delays provider reimbursement.

What if I need assistance?
If you have questions about this communication, received it in error or need assistance with any other item, please contact Provider Services at 1-800-782-0095.