West Virginia Family Health member transition

UniCare Health Plan of West Virginia, Inc. (UniCare) appreciates the compassion and dedication with which you care for our members, your patients. We believe that strong collaboration and partnership with our providers plays an integral role in the provision of high quality care. In keeping with this goal, we encourage you to review the following information regarding West Virginia Family Health (WVFH).

As of July 1, 2019, WVFH will no longer participate in the Medicaid program with the Bureau for Medical Services (BMS). As a result, WVFH members were transitioned to another managed care organization (MCO) between May 1 and July 1.

WVFH members received a letter informing them that they must choose another MCO. Former WVFH members who have selected UniCare as their new MCO will have a 90-day transition period whereby we will honor the WVFH prior authorizations (PAs) for services. If you have received an existing authorization from WVFH for a member that has transitioned to UniCare, please contact us at the numbers listed below.

For any new services or procedures that require PA, it must be requested prior to them being performed. Your practice can submit online preauthorization requests for UniCare Health Plan of West Virginia, Inc. members more efficiently and conveniently with our Interactive Care Reviewer (ICR) tool available through the Availity Web Portal (Availity). The UniCare Precertification Look-Up Tool (PLUTO) is a resource to assist with determining a code’s PA requirements. **All inpatient care and all out of network care require a prior authorization.**

PLUTO can be found on the Provider Resources page of our website.

Go to [www.unicare.com](http://www.unicare.com).
1. On the top menu bar under Other Unicare Websites, select Providers.
2. Under Resources for, select State Sponsored Plans on the right side of the page.
3. Select West Virginia – Medicaid Managed Care.
4. You are on the Provider Resources page. Scroll down to Authorization and Preservice Review.
5. Select Precertification Look-Up Tool (PLUTO).

After completing the above five steps, you will be directed to PLUTO. You will see the appropriate market and line of business populated in the drop downs:
2. Line of business: Medicaid/SCHIP/Family Care CPT/HCPC code or code description: Enter code or a brief description. Select Submit.

**How do I gain access to the ICR tool?**
You can access the ICR tool through Availity.
If your organization has not yet registered for Availity:
   2. Select Register in the upper right-hand corner of the page.
   3. Then, select PORTAL REGISTRATION Let’s get started! and follow the prompts of the online registration wizard.

If your organization already has access to Availity:
   1. Your Availity administrator can grant you access to “authorization and referral request” for submission capability and “eligibility and benefits inquiry” for inquiry capability.
   2. You can then find our tool in Availity under Patient Registration and Authorizations & Referrals.

What if I need assistance?
To request prior authorization, please contact our utilization management department at 1-866-655-7423.

If you have questions about this communication, received it in error or need assistance with any other item, please contact our Customer Care Center at 1-800-782-0095.