WVAHP Prior Authorization Frequently Asked Questions

The Q&As were derived from the WVAHP virtual training held on June 18, 2024

Q: Does Senate Bill 267 only apply to Medicaid MCOs?

A: S.B. 267 applies to all insurers. The members of the WV Association of Health Plans (Aetna, The Health Plan, and UniCare) have been conducting outreach to its providers, but all insurers are required to abide by the new law.

Q: Who should I speak with to learn more about the provisions of S.B. 267 and to who it applies?

A: The West Virginia Office of the Insurance Commissioner is charged with regulatory oversight of the provisions of S.B. 267. Additionally, we recommend you speak with your professional associations for more information.

Q: Will new insurance cards be issues for members on July 1, 2024?

A: The web address for the MCOs is already on the members' cards. WVAHP cannot speak for other insurers.

Q: Where can I find portal web addresses for other insurers?

A: Please contact each insurer for their web portal addresses.

Q: Does the WVAHP include the new MCO (Highmark)?

A: Highmark is not a member of WVAHP as of publishing of this document. WVAHP cannot speak for them. Please contact Highmark directly if you have any questions about their plan.

Q: We use the portals daily, but the one issue we run into is the portals don't have the providers addresses correct or the provider is not listed on the portal.

A: UniCare Response: You can update your provider data within Availity. Please reach out to your Provider Relationship Account Manager for instructions.

THP - There is advanced search where they can search by NPI, name, TID etc. The address I would not worry as much about. Once the authorization is received, staff will double check the data entry to ensure it's correct.

Q: Do all services now require a prior authorization? Did S.B. 267 change what requires a prior authorization?

A: No changes have been made to what services require prior authorization. The law made changes to how those prior authorizations shall be submitted and timelines for rendering decisions. The law requires that all insurers list on their website what codes require a prior authorization.

Q: Can we still submit prior authorizations via phone or fax?

A: No. S.B. 267 requires all prior authorizations to be submitted via the portal beginning July 1, 2024.

Q: Is there also going to be a way to change the rendering facility through the online portal? We do have to have the location changed due to the patient changing where they want to have the test done as well and must call and have the location changed to another facility.

UniCare Response: This is allowed today for most requests, if the new facility is in network.

THP- once the PA is approved/denied and changes need to be made, provider would be required to call to have the facility changed

Aetna - For an already approved authorization, you may still call and update the location.

Q: Does this apply to ER testing authorizations?

A: From a Medicaid perspective, we are not allowed to require ER prior authorizations. Nothing in this law changes what requires a prior authorization and what does not. It only changes the process by which it must be submitted.

Q: How do we submit additional information when requested (i.e. BMI for Wegovy) if we do not have EHR...are we still able to fax additional information after we submit the prior auth via online?

UniCare Response: You will be able to upload additional information through the Availity ICR portal if UniCare requests additional documentation.

THP- Per SB267, additional information for an authorization will be required to be submitted through the portal. Fax and phone calls will not be accepted.

Aetna - Senate Bill 267 mandates all prior auth submissions be submitted through an electronic portal. There are no exceptions in the statute.

Q: What happens to prior authorization submitted before July 1, 2024? Do we need to resubmit?

A: No need to resubmit.

Q: Will we still be able to call and speak to a clinical review nurse when they have missed something that we uploaded to the portal, or we need to clarify something in the denial?

A: Yes. However, if additional documentation is required I twill need to be done via the portal.

Q: Will there be a way for staff to request extensions through the portal?

A: Yes.

Q: Where can I find a list of providers who have been issued a Gold Card?

A: Insurers are required to report that list to the Insurance Commissioner on a quarterly basis.

Q: How does a provider apply for a Gold Card?

A: Providers will automatically be notified by the plan. No need to apply.

Q: Can a provider group get a Gold Card?

A: Gold Cards are only applicable to individual providers, not groups.

Q: If we are not a provider that needs Gold Card status because we are allotted a certain number of visits, but if we write orders for imaging and do not have a Gold Card number, how does that work?

A: If your provider is not gold carded and writes orders for a imaging that does require an authorization, an authorization will be needed.

Q: Does gold carding mean you do not need to prior auth at all?

A: Correct, except for Experimental and investigational treatment, Non covered benefit including medical pharmacy, Out of network services, Medicaid specific services where policy or code outlines maximum and/or minimum number of service levels, and high-cost drugs.