



Highmark Health Options West Virginia Gold Card FAQ

Background

The Gold Card program in West Virginia (WV) allows a provider to earn an exemption from prior authorization requirements for certain services based upon the provider's track record of previous prior authorization approvals and the frequency with which the practitioner performs the procedure. Gold Carding applies to all health insurance plans in West Virginia, including Fee for Service (FFS), Medicaid, ACA and commercial or employer-based plans.

Providers that are Gold Carded in WV must still submit a record of the services they plan to perform for our Highmark Health Options (HHO) members; however, our Utilization Management department will not require medical records to be sent for review from Gold Carded providers.

FAQs

What must a provider do to attain Gold Card status?

Provider **must** submit all authorization requests via the plan's portal per State Mandate, Senate Bill 267. For HHO WV and WV CHIP, this means that providers will be required to submit all authorization requests for medical services via the GuidingCare Authorization Portal which will be available from a Single Sign On (SSO) link in NaviNet.

Note: HHO WV will accept authorization requests over the phone on an as needed basis, however, providers are strongly encouraged to submit authorization requests via the portal whenever possible.

A health care provider will be eligible for Gold Card status if they have performed an average of 30 authorizations per year (or 15 per month) and have received a 90% approval rating within a six-month time frame.

If an authorization denial is overturned on appeal does that get factored into the 90% approval rating used to qualify providers for Gold Card Status?

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Health Options such as routine eligibility, benefits and claims status inquiries.

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

No. Authorizations approved on appeal do not get factored into the required 90% approval rating to earn Gold Card Status as they required additional administrative efforts to establish medical necessity.

If a provider is Gold Carded for another insurance plan will that be honored by HHO?

No. A provider must meet the authorization requirements for each plan with which they participate.

Highmark Blue Cross Blue Shield Plan providers in WV may question whether their Gold Card status will carry over to the HHO WV plans. **Providers Gold Carded with Highmark Commercial plans will still need to be Gold Carded for HHO.**

How will providers be notified of Gold Card Status?

HHO will send providers a letter notifying them once they have achieved Gold Card status with our plan.

Do providers ever lose their Gold Card status?

Gold Card status will run July 1 through June 30 of the following year with renewal granted for an additional year pending internal audit and review of authorizations submitted from January 1 through June 30 of the current year.

If a provider has not submitted the required number of authorization or service requests during the audit period or if there are any issues identified as a part of the audit, then the Gold Card status may be revoked by HHO at any time.

Will HHO Gold Card at the provider or the procedure level?

HHO will Gold Card at the Practitioner Role level.

Providers will still need to submit a record of procedures being requested; however, they will not be required to submit medical records as a part of that request.

Are there any procedures or services that can't be Gold Carded?

Yes. Shift Care, also known as Private Duty Nursing (PDN), is not a part of the Gold Card process.

In addition to Shift Care/PDN, the following services will fall outside of the Gold Card process and follow the standard clinical review processes:

- Experimental and investigational treatment
- Non covered benefit(s)
- Out of network services

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Health Options such as routine eligibility, benefits and claims status inquiries.

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

- Medicaid specific services where policy or code outlines maximum and/or minimum number of service levels, and
- High-cost drugs

Who can providers contact if they have questions related to Gold Carding and authorization requests?

While providers are required to submit all authorizations through the GuidingCare Authorization Portal, they can still contact HHO and speak to our Utilization Management Team. See our Contact Page [<https://www.highmark.com/wholecare/contact-us>] for more information.

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Health Options such as routine eligibility, benefits and claims status inquiries.

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.