

# New provider orientation

# Welcome



# Agenda

- Introduction to Wellpoint
- Provider resources
- Pre-service processes
- Member benefits and services
- Claims and billing
- Provider responsibilities
- Contact numbers and questions



# Introduction to Wellpoint



## Services covered

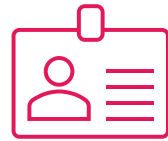
- The Maryland Department of Health contracted Wellpoint to provide comprehensive medical services. In addition to the medical services, Wellpoint provides several value-added benefits including dental and vision services.
- This initiative creates a single system of care to promote the delivery of efficient, coordinated and high-quality healthcare. It also establishes accountability in healthcare coordination.



# About Wellpoint



There are 3.5 million Wellpoint members in 11 states, including Maryland and the District of Columbia.



We serve 5.5 million members of state-sponsored health plans in 19 states.



Wellpoint covers one out of every 20 Medicaid recipients in the United States and one out of every seven Medicaid recipients in our markets.



# Coverage area



1,296,694

Individuals enrolled in Medicaid and CHIP

284,491

Members covered under Wellpoint



# Provider resources





# Provider resources overview

- Website
- Key contacts: Provider Solutions and more
- Secure website and Provider Services line:
  - Eligibility verification
  - Claims inquiry
  - Benefit verification
  - PCP assistance
  - Interpreter/hearing impaired services
- Provider training
- Provider communications



# Public website

(<https://provider.wellpoint.com/md/>)

Registration and login are not required for access to the following:

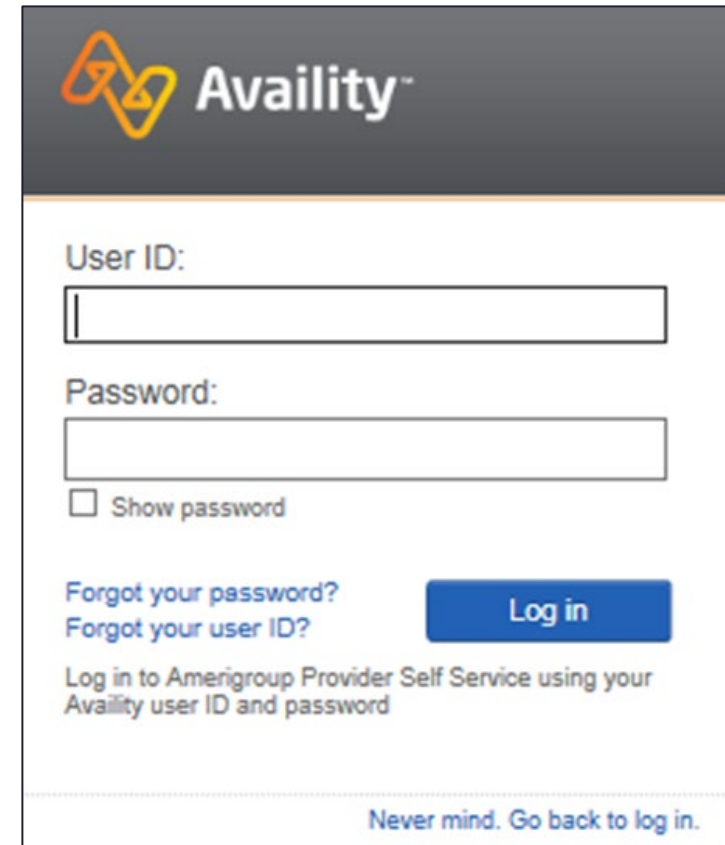
- Claims forms
- Precertification Lookup Tool
- Provider manual
- *Clinical Practice Guidelines*
- News and announcements
- Provider directory
- Fraud, waste and abuse information
- Formulary



# Secure website information

Registration and login are required for access to the following:

- Precertification submission
- Precertification status lookup
- Pharmacy precertification
- PCP panel listings
- Member eligibility
- Claim status



The screenshot shows the Availity login interface. At the top left is the Availity logo, which consists of two interlocking loops in orange and yellow. To the right of the logo is the word "Availity" in a white sans-serif font. Below the logo and name is a white login form with a thin black border. The form contains the following elements: a "User ID:" label above a text input field; a "Password:" label above a text input field; a checkbox labeled "Show password"; a blue button labeled "Log in"; and two links: "Forgot your password?" and "Forgot your user ID?". Below these links is a line of text: "Log in to Amerigroup Provider Self Service using your Availity user ID and password". At the bottom right of the form is a link: "Never mind. Go back to log in."



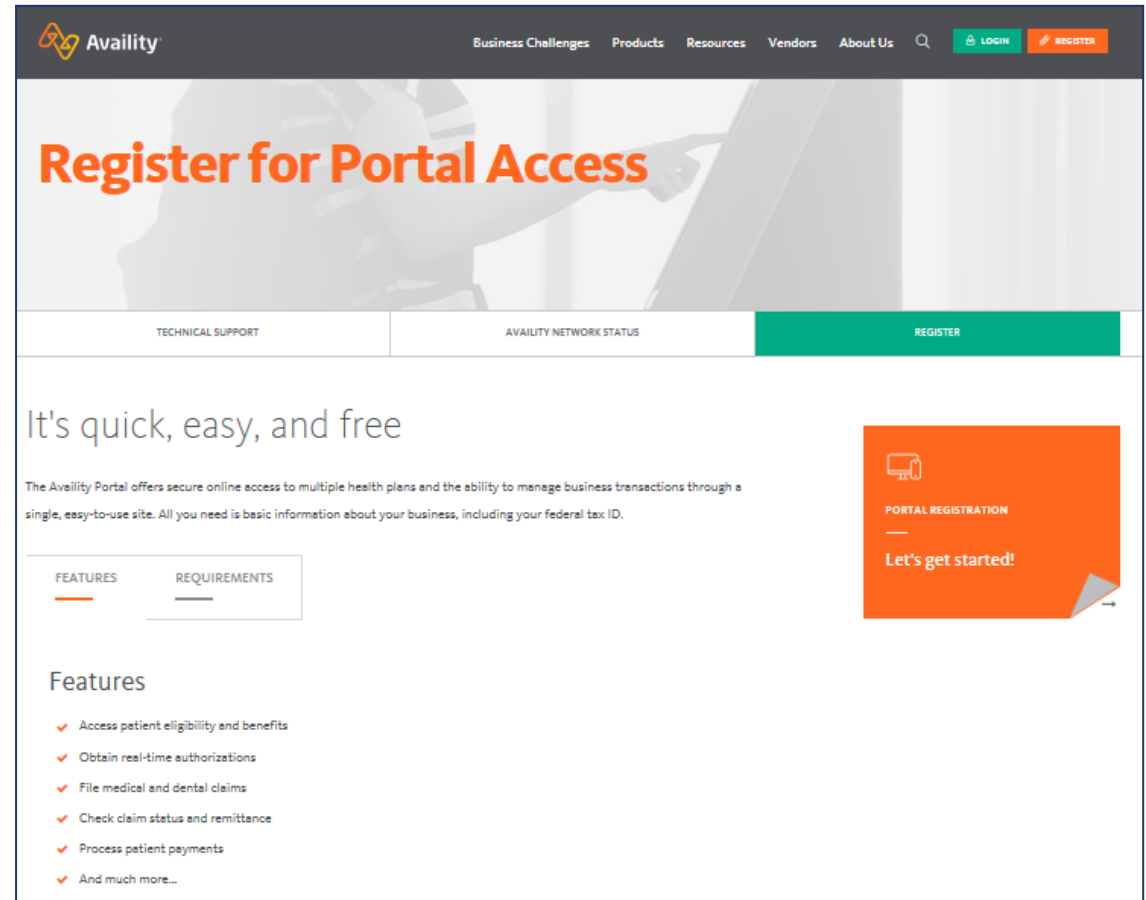
# Availity

Multiple payers	Availity offers a single sign-on with access to multiple payers.
No charge	Wellpoint transactions are available at no charge to providers.
Accessible	Availity functions are available 24 hours a day, 7 days a week from any computer with internet access.
User friendly	The standard screen format makes it easy to find the necessary information needed and increases staff productivity.
Compliant	Availity is compliant with <i>HIPAA</i> regulations.
Training	Live, web-based and prerecorded training seminars (webinars) are available to users at no cost. FAQ and comprehensive help topics are available online as well.
Support	Availity Client Services is available at <b>800-282-4548</b> , Monday-Friday from 8 a.m.-7 p.m. ET.
Reporting	User reporting allows the primary access administrator to track associates' work.



# Availity (cont.)

Registration is easy. We have multiple resources and trainings available to support Availity and Wellpoint site navigation.



The screenshot shows the Availity website's registration page. At the top, there is a navigation bar with the Availity logo, links for Business Challenges, Products, Resources, Vendors, and About Us, a search icon, and buttons for LOGIN and REGISTER. The main heading is "Register for Portal Access" in large orange text. Below this is a horizontal menu with three options: TECHNICAL SUPPORT, AVAILITY NETWORK STATUS, and REGISTER (highlighted in green). The main content area features the text "It's quick, easy, and free" followed by a paragraph: "The Availity Portal offers secure online access to multiple health plans and the ability to manage business transactions through a single, easy-to-use site. All you need is basic information about your business, including your federal tax ID." There are two tabs: FEATURES (selected) and REQUIREMENTS. Under the FEATURES tab, a list of benefits is shown with red checkmarks: Access patient eligibility and benefits, Obtain real-time authorizations, File medical and dental claims, Check claim status and remittance, Process patient payments, and And much more... On the right side, there is an orange call-to-action box with a laptop icon, the text "PORTAL REGISTRATION", and "Let's get started!" with a right-pointing arrow.



# Electronic payment enrollment

## Get started now!

- Visit [www.caqh.org/eft\\_enrollment.php](http://www.caqh.org/eft_enrollment.php) for more information and to create your secure account.
- CAQH® EnrollHub™ Helpline: **844-815-9763**
- Representatives are available:  
Monday-Thursday from 7 a.m. - 9 p.m. ET  
Friday from 7 a.m. - 7 p.m. ET  
[efthelp@enrollhub.caqh.org](mailto:efthelp@enrollhub.caqh.org)



# Electronic payment services

Wellpoint uses EnrollHub, the secure CAQH Solution, to enroll in electronic funds transfers (EFTs) and electronic remittance advices (ERAs). EnrollHub is available at no cost to all healthcare providers.

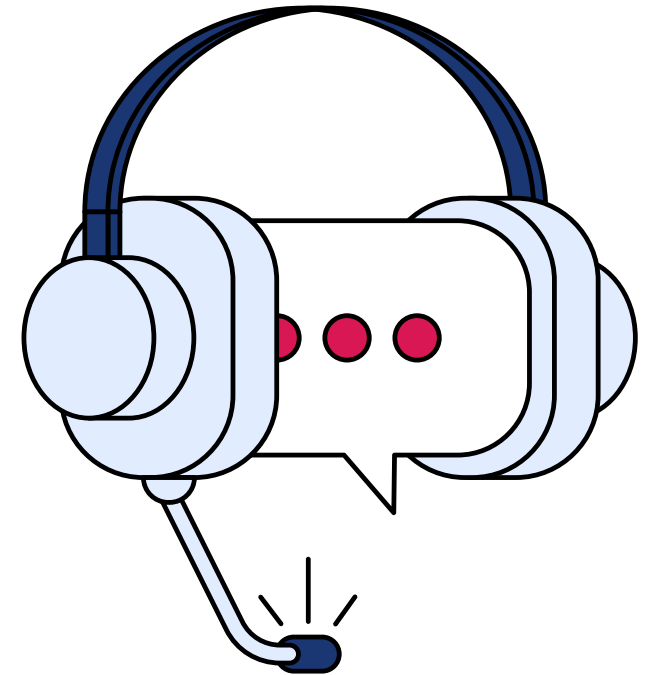
## Providers who enroll for electronic payment services:

- Receive ERAs and import the information directly into their patient management or patient accounting system.
- Route EFTs to the bank account of their choice.
- Can use the electronic files to create their own custom reports within their office.
- Access reports 24 hours a day, 7 days a week.



# Key contact information

Provider Services:	<b>800-454-3730</b>
Member Services:	<b>800-600-4441</b>
Website:	<a href="https://provider.wellpoint.com/md/">https://provider.wellpoint.com/md/</a>
Prior authorization (PA):	Phone: <b>800-454-3730</b> Fax: <b>800-964-3627</b>
Pharmacy PA:	Phone: <b>800-454-3730</b> Fax (retail): <b>844-490-4871</b> Medical Injectables Fax: <b>844-490-4873</b>
Paper claims submission:	Claims Wellpoint P.O. Box 61010 Virginia Beach, VA 23466-1010
Electronic claim submission payer IDs:	Availity: 26375 <a href="https://www.availity.com/">https://www.availity.com/</a>





# Provider Solutions staff

## Our Provider Solutions staff serves the following functions:

- Perform outreach to providers
- Offer provider education and training
- Engage providers in quality initiatives
- Deliver provider customer service
- Build and maintain the provider network

If you have questions, contact your local Provider Experience representative.



# Interpreter and translation services

Call **443-707-0867** for the following:

- Interpreter services
- Telephonic translations
- Provider Services
- In-person translations
- Case management

These services are available 24 hours a day, 7 days a week in over 170 languages.



# Provider communications and education

- Bi-monthly provider newsletter
- Fax blasts about program and process changes
- Ongoing educational opportunities:
  - ICD codes
  - Cultural competency
  - *HIPAA*
  - Quality



# Provider manual

## Key provider support resource for the following:

- Precertification requirements
- Covered services overview
- Member eligibility verification requirements
- Member benefits
- Access and availability standards
- Grievance and appeal process



# Your responsibilities

Providers should review both member and provider responsibilities, which are detailed in your provider manual.



# Provider roles and responsibilities

- PCPs: provide preventive health screenings
- *Americans with Disabilities Act* compliance: provide no discrimination against members with mental, developmental and physical disabilities
- Notification of changes: e.g., billing address, name, full panel, etc.
- Advance directives: understand and educate members
- Medical records: comply with *HIPAA* requirements and recordkeeping standards
- Preventive care services: recommend to all members
- Identification of behavioral health needs
- Fraud, waste and abuse: document and bill accurately
- Access standards: wheelchair accessibility
- Appointment availability and after-hours access



# Key member responsibilities

## Wellpoint members have the following responsibilities:

- Show their Wellpoint ID card each time they receive medical care.
- Make or change appointments and get to them on time.
- Call their doctor if they can't make it to their appointment or will be late.
- Use the ER only for true emergencies.
- Pay for any services they ask for that are not covered by Medicaid.
- Treat their doctor and other health care providers with respect.
- Tell Wellpoint, their doctor, and other healthcare providers any necessary information in order to treat them.
- Perform preventive behaviors to keep them from getting sick.
- Follow the agreed-upon treatment plans made by the member, doctor, and their other healthcare providers.



# Required Medicaid ID

- To get reimbursed for Medicaid, providers are required to have a Medicaid number.
- If a potential provider does not have an assigned Medicaid number, the health plan will work with the provider and state to complete necessary paperwork and assist the provider with obtaining a Medicaid number.





# Fraud, waste and abuse

## Help us prevent it and tell us if you suspect it!

- Verify a patient's identity.
- Ensure services are medically necessary.
- Document medical records completely.
- Bill accurately.

Reporting is required. Contact the Wellpoint Compliance Hotline at **757-518-3633**.



# Cultural competency

Like you, Wellpoint is dedicated to providing high-quality, effective, and compassionate care to all patients. There are many challenges in delivering healthcare to a diverse patient population. We're here to help.

Wellpoint offers translation and interpreter services, cultural competency tips and training, and guides and resources based on the Culturally and Linguistically Appropriate Service Standards.



# Member benefits and services



# Benefits

- Coordination of care where applicable
- Initial health assessments
- Physician office visits — inpatient and outpatient services
- Durable medical equipment and supplies
- Emergency services
- Case management and utilization management where applicable
- Pharmacy benefits through CarelonRx, Inc.

Detailed benefits and services information is available in the provider manual at <https://provider.wellpoint.com/md/>

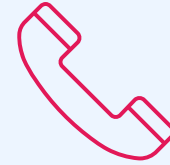


# Wellpoint On Call

## Using Wellpoint On Call:

- Members can speak to a registered nurse who can answer their questions and help decide how to take care of any health problems.
- Our nurses can help a member decide where to go if medical care is needed.

The phone number is located on the back of our member ID cards.



Members can call Wellpoint On Call for health advice 7 days a week, 365 days a year. When a member uses this service, a report is faxed to the office within 24 hours of receipt of the call.

Wellpoint On Call: **833-707-0868**



# Benefits: value-added services

We believe expanded programs and services provide opportunities to help care for the whole person and better address the specific needs for each segment of the population.

For staying healthy	<ul style="list-style-type: none"><li>• \$30 worth of over-the-counter medicines every three months</li><li>• Taking Care of Baby and Me<sup>®</sup> to help expecting moms and babies stay healthy</li><li>• Wellpoint Mobile app to find plan doctors, access your member ID card, and send it to your doctor if needed</li></ul>
For getting better	<ul style="list-style-type: none"><li>• Wellpoint On Call to get health advice from a nurse day or night</li><li>• Disease management programs to help members with special health conditions set goals and manage their health</li></ul>
For living healthy	<ul style="list-style-type: none"><li>• Free cellphone with data, talk, and texts: unlimited calls to Member Services</li></ul>



# Claims and billing



# Delegated partners

## Superior Vision (vision services):

- Member Services: **800-428-8789**
- Provider Services: **800-879-6901**

## IngenioRx (pharmacy services):

- PA phone: **800-454-3730**
- PA fax:
  - **844-490-4871** for retail PA and
  - **844-490-4873** for medical injectables fax

## DentaQuest (adult dental services):

- Member Services: **800-720-5949**
- Provider Services: **844-876-7919**

## Scion Dental, Inc. (children's dental services):

- Member Services: **855-934-9812**
- Provider Services: **844-275-8753**





# Claim submission

There are several ways to submit a Wellpoint claim.



## Paper submission

Claims  
Wellpoint  
P.O. Box 61010  
Virginia Beach, VA 23466-1010



## Electronically (with payer ID)

Availity: 26375



## Availity

<https://www.availity.com>



# Provider administrative appeal claims/payment dispute process

Wellpoint must receive payment disputes within 90 business days of the paid date of the *Explanation of Payment (EOP)*.

## The provider must submit a written request including:

- An explanation of the issue in dispute.
- The reason for dispute and supporting documentation (for example, *EOP*).
- A copy of the claim.
- Medical records or contract page.



# Rejected versus denied claims

There are two notices types you may get in response to your claim submission:

Rejected	Denied
Does not enter the adjudication system due to missing or incorrect information	Goes through the adjudication process but is denied for payment

Should you need to appeal a claim decision, please submit a copy of the EOP, letter of explanation and supporting documentation.

You can find claims status information at <https://www.availity.com> or by calling Provider Services at **833-707-0868**.



# Grievances and appeals

- Separate and distinct appeal processes are in place for our members and providers depending on the services denied or terminated.
- Please refer to the denial letter issued to determine the correct appeals process.
- Appeals of medical necessity and administrative denials receive a response within 90 calendar days of the date we receive it.



# Types of appeals

## Administrative appeals

An administrative appeal is for a denial of services based on reasons other than medical necessity.

## Medical necessity appeals

A medical necessity appeal is the request for a review of an adverse decision.

Appeals can now be submitted via the Availity Portal. For help using Availity, please contact Availity Client Services at **800-Availity (800-282-4548)**.

**You can also mail appeals to:**

Centralized Appeals Processing

Wellpoint

P.O. Box 61599

Virginia Beach, VA 23466



# Pre-service processes



# Precertification Lookup Tool online

Submit precertification requests via:

■ Search all other services requiring precertification

**This tool:**

- Is for outpatient services — inpatient services always require precertification
- Does not show benefits coverage — refer to our state-specific provider manuals for coverage/limitations

Market

Line of Business

CPT/HCPCS Code or Code Description

Search by market, member product or CPT code.



Check the status of your request on the website or by calling Provider Services.

# Precertification requirements

- Cardiac rehabilitation
- Chemotherapy\*
- Chiropractic services
- Diagnostic testing\*
- Durable medical equipment (all rentals)\*
- Home health
- Hospital admission
- Physical therapy, occupational therapy, and speech therapy treatment
- Sleep studies



\* Refer to the provider manual for specific guidelines.



Utilization Management:  
**800-454-3730**



# Interactive Care Review (ICR)

## Submit requests and inquire on medical precertifications:

- Physicians and facilities can submit medical outpatient and inpatient precertification requests for many members covered by our health plans.
- Ordering and servicing physicians and facilities can also use the inquiry feature to find information on any precertification affiliated with their tax ID/organization.
- It is available for precertification requests previously submitted via phone, fax, ICR, or other online tools.
- It is available for patients covered by our affiliated health plans.

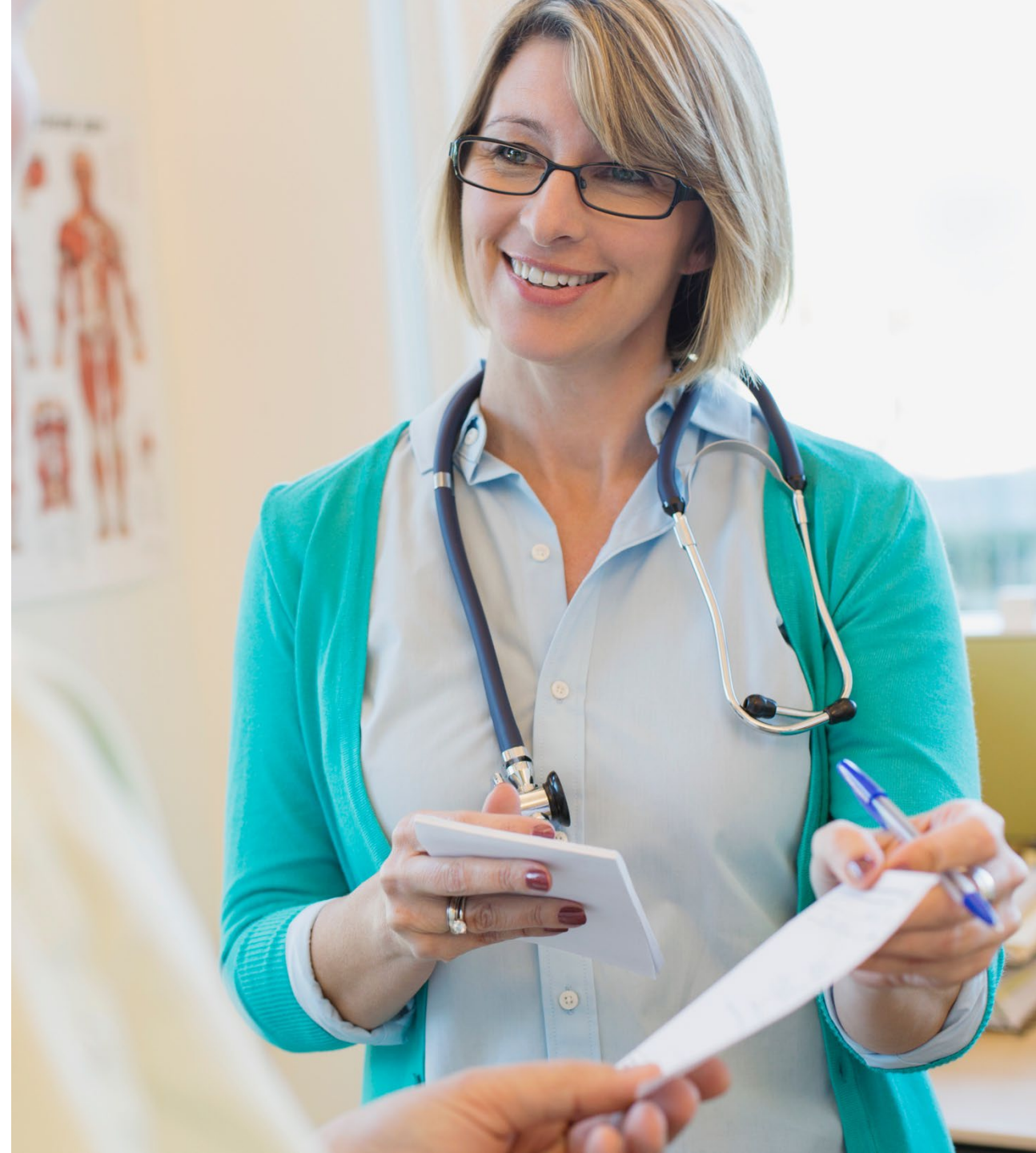


# Pharmacy program

## PA is required for:

- Nonformulary drug requests.
- Brand-name medications when generics are available.
- High-cost injectables and specialty drugs.
- Any other drugs identified in the formulary as needing PA.

The *Preferred Drug List (PDL)* and formulary are available on our website.



# Laboratory services

Notification or precertification is not required if lab work is performed:

- In a physician's office.
- In a participating hospital outpatient department (for stat services).
- By one of our preferred lab vendors.

The *Preferred Drug List (PDL)* and formulary are available on our website.



# Access and availability

Practitioner type	Appointment type	Appointment standard
PCP and pediatrician	Routine and preventive care visits	Within 30 days of request
PCP and pediatrician	Urgent visits	Within 48 hours of request
OB/GYN	Initial assessment of pregnant and postpartum women/individuals requesting family planning services	Within 10 days of request
Pediatrician	Initial visit for newborn	Within 14 days of discharge from the hospital if no home visit
Pediatrician	Well-child assessments	Within 30 days of request
Specialty provider	Specialist follow-up/referral appointments	Within 30 days or sooner as deemed necessary by the PCP; PCP office shall make the appointment directly with the specialist's office
Specialty provider	Urgent specialty visits	Within 48 hours of request

Please refer to your provider manual for a complete listing of access and availability standards.



# Verifying member eligibility

Availability for real-time member enrollment, benefits and eligibility verification for all Maryland Medicaid programs is 24 hours a day, 7 days a week:

- Use the website to determine the member's specific benefit plan and coverage:  
[www.emdhealthchoice.org](http://www.emdhealthchoice.org)
- Call the state's Eligibility Verification System: **866-710-1447**
- Call Member Services: **800-600-4441**, Monday-Friday, 8:30 a.m. - 7 p.m. ET.
- Use the Availity Portal: <https://www.availity.com>
- You can also access Availity through our secure provider site (<https://provider.wellpoint.com/md/> > Eligibility and Benefits > selecting the link to redirect to Availity).

Note: Always confirm member eligibility and member PCP of record prior to providing services.



# Member ID card



Effective date:  
Date of birth:  
Subscriber #: **123456789**

**WELLPOINT MARYLAND, INC.** is a Maryland HealthChoice MCO.  
[wellpoint.com/md/medicaid](http://wellpoint.com/md/medicaid)

Member name: **JOHN Q SAMPLE**  
Medicaid #:  
Primary care provider (PCP):  
PCP telephone:  
Clinic name:  
Vision: **800-879-6901**  
Mental Health and Substance Abuse Services: **800-888-1965**  
Pharmacy: **\$0 FOR GENERIC / \$3 FOR BRAND NAME DRUGS**  
Copays do not apply to members under 21 or pregnant women.  
Member Services/24-hour Nurse HelpLine: **833-707-0867**  
Pharmacy Member Services: **833-205-6003**

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Wellpoint PCP for non-emergency care. If you have questions, call Member Services at 833-707-0867. If you have speech or hearing loss, call 711. HealthChoice (a program regulated by Maryland Department of Health).

**MIEMBROS:** Favor de llevar esta tarjeta con usted en todo momento. Presente esta tarjeta antes de recibir atención médica. No tiene que presentarla para recibir atención de emergencia. Si tiene una emergencia, llame al 911 ó vaya a la sala de emergencia más cercana. Llame siempre a su PCP de Wellpoint para atención que no sea de emergencia. Si tiene preguntas, llame a Servicios para Miembros al 833-707-0867. Si tiene pérdida auditiva o dol habla, llame al 711.

**HOSPITALS:** Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Wellpoint within 24 hours after treatment at 833-707-0868.

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 833-707-0868.

**PHARMACIES:** Submit claims using RxBIN: 610084; RxPCN: IRXMD and RxGRP: WKNA. To reach Help for Pharmacists, call 833-237-9228.

**SUBMIT MEDICAL CLAIMS TO:**  
Wellpoint - P.O. BOX 61010 - VIRGINIA BEACH, VA 23466-1010  
Claims also can be filed electronically at [Availity.com](http://Availity.com)

**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**

M101 12/22



# PCP selection

## Members:

- Must select a PCP.
- Can change their PCP at any time.
- Can see a specialist without a referral.

Note: A PCP is not paid unless he or she is the PCP of record.



# Maintaining high-quality care





# Quality Management

The Quality Management team continually analyzes provider performance and member outcomes for improvement opportunities. The department may interact with providers regarding:

- HEDIS®.
- Medical record chart documentation standards.
- *Clinical Practice Guidelines*.
- Gaps in care.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

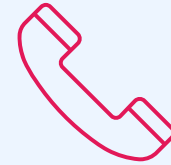


# Condition Care (CC)

Our CC programs are based on a system of coordinated care management interventions and communications designed to assist physicians and others in managing members with chronic conditions.

## Our CC programs include the following:

- Asthma
- Bipolar disorder
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Diabetes
- HIV/AIDS
- Hypertension
- Major depressive disorder
- Schizophrenia
- Substance use disorder



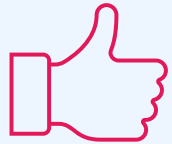
**Member referrals:  
888-830-4300**



# Additional information



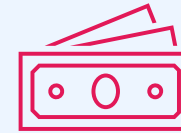
# Population management



Improved  
outcomes



Increased  
patient safety



Decreased  
costs



# *Practice Profile Update Form*

- Submit provider information changes directly to Wellpoint on the *Practice Profile Update Form*: <https://provider.wellpoint.com/md/>.
- Changes include:
  - Change in practice name.
  - Adding or updating site, billing/remit, email address, phone, or fax number.
  - Change to tax ID (new signed contract required).
  - Change to provider name.
  - Adding or terminating a provider.
  - Adding NPI, Medicare, or Medicaid numbers.
  - Initiating the Council for Affordable Quality Healthcare numbers for new providers.



# Care coordination



# Care coordination

Wellpoint puts special emphasis on the coordination and integration of physical and behavioral health services wherever possible.

## Key elements of the Wellpoint model of coordinated care include:

- Ongoing communication and coordination between PCPs and specialty providers, including behavioral health (mental health and substance use) providers.
- Referrals to PCPs or specialty/behavioral health providers for assessment and treatment for members with co-occurring disorders.



## Care coordination (cont.)

### Key elements of the Wellpoint model of coordinated care include:

- Involving members, caregivers, and family members as appropriate in the development of patient-centered treatment plans.
- Case management and disease management programs to support the coordination and integration of care between providers.
- The expectation that providers screen for co-occurring disorders, including:
  - Behavioral health screenings by PCPs.
  - Medical screenings by behavioral health providers.
  - Screening of mental health patients for co-occurring substance use disorders.





## Care coordination (cont.)

As a Wellpoint provider, you're required to notify a member's PCP when a member first enters behavioral healthcare and anytime there is a significant change in care, treatment, or need for medical services (provided you've secured the necessary release of information).

### The minimum elements to be included in such correspondence are:

- Patient demographics.
- Date of initial or most recent behavioral health evaluation.
- Recommendation to see PCP if a medical condition was identified or a need for evaluation by a medical practitioner was determined (for example, EPSDT screen or complaint of physical ailments).
- Diagnosis and/or presenting behavioral health problem(s).
- Prescribed medication(s).
- Behavioral health clinician's name and contact information.



# Questions





CarelonRx is an independent company providing pharmacy benefit management on behalf of Wellpoint

<https://provider.wellpoint.com/md/>

Services provided by Wellpoint Maryland, Inc.

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