

Tennessee | Medicaid

Wellpoint Provider Town Hall

August 2025

Provider relationship account management



Care provider support services

Availity Essentials

- Claim payment disputes
- Provider data updates
- Roster downloads
- Claims status questions
- Member eligibility and benefits
- Prior authorization submissions



Phone support

Contact Provider Services for help with claims, benefits, or authorizations:

833-731-2154



Live chat

Use Availity Essentials' secure live chat during business hours. Select **Chat with Payer**.



Expedited support

Submit via our [web form](#).



Claim payment disputes

If you disagree with the outcome of a finalized claim, you may begin the Wellpoint care provider payment dispute process.

A payment dispute occurs when a care provider challenges the decision on a finalized claim.

The process includes two internal review steps, followed by an optional external review if needed.

No penalties will be applied for submitting a dispute.

Members are not involved — no action is required from them.



Claim dispute levels

1. Claim payment reconsideration: This represents your initial request for an investigation into the outcome of the claim. Most issues are resolved at the claim payment reconsideration step.

2. Claim payment appeal: This is the second step in the provider payment dispute process; if you disagree with the outcome of the reconsideration, you may request an additional review as a claim payment appeal.

3. Regulatory complaint/independent review: If you disagree with the outcome of the claim payment appeal, the state of Tennessee offers state provider complaint and an independent review process. Both processes are explained on the TennCare Oversight Division website at tn.gov/commerce/tenncareoversight.



Dispute timeline

Reconsiderations: 365 days to submit

Second-level appeal: 63 days from the reconsideration letter date



Submitting a claim payment dispute



Availity Essentials (reconsideration and claim payment appeal): Wellpoint can receive reconsiderations and claim payment appeals via Availity Essentials at <https://Availity.com>. Supporting documentation can be uploaded to Availity Essentials. You will receive immediate acknowledgement of your submission.



Written (reconsideration and claim payment appeal): Written reconsiderations and claim payment appeals should be mailed along with the Claim Payment Appeal Form or the Reconsideration Form to:
Provider Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599



Verbal (reconsideration only): Verbal submissions may be submitted by calling Provider Services at **833-731-2154**.



Claim payment dispute — post submission



Checking dispute status: Care providers can check the status of disputes at <http://Availity.com> or by calling Provider Services at **833-731-2154**.



Dispute outcome letters: Disputes will have letters posted as PDFs on Availity Essentials. In addition, care providers will continue to have the option to receive letters through USPS.



PCP changes via Availity Essentials

PCP changes via Availity Essentials

PCP updates must now be submitted through Availity. The system checks member eligibility and care provider acceptance criteria before allowing the change. A confirmation page is provided for download or print.

Electronic recordkeeping

All PCP changes are logged electronically and stored for current and historical reference.

Minor PCP changes

PCP changes for minors now follow the same process as adults. Care providers must attest that the patient's record reflects member agreement before submitting.

New ID card issuance

After a PCP change, a new ID card is automatically mailed to the member with details on their updated PCP and instructions for future changes.



Accessing the PCP Change Request Form



Log in

- Log in to <https://Availity.com>.

Select

- Select Payer Spaces and Wellpoint Payer Tile.

Choose

- Choose the PCP Change Request Tile.



Roster automation

New download capability

- Care providers can request and download a full roster in Availity Essentials for an organization and TIN.
- Use downloaded rosters to verify and edit demographic information.

Requesting a roster

- Access through <https://Availity.com>: Payer Spaces > Select Payer Tile > Provider Enrollment and Network Management > Request Current Roster.
- Care providers can include multiple TINs in a single request.

Enhanced roster features

- Downloaded rosters have extra columns with drop-downs for data updates and terminations.
- Edit and upload updated rosters via the Upload Roster File screen for automatic processing.

Responsibilities and reminders

- Providers are responsible for timely data updates.
- Untimely updates resulting in claim denials will not be reversed.



Roster maintenance: what you can do as a provider group



Add care providers: Add a new care provider who is already credentialed with Wellpoint (transferring from another group)



Update provider info: Make corrections to address/suite number, phone number, new location (non-facility)



Practitioner name changes: Update names due to marriage or legal changes



Review group associations: Check which practitioners are tied to your group and identify any missing or outdated entries



Access key tools via roster: Panel reports, claim disputes, eligibility verification



Availity Provider Data Management (PDM)



Access to PDM

To use PDM, log onto <https://Availity.com> and select My Providers > Provider Data Management. Administrators have automatic access; additional staff access can be granted.



Training resources

Online training and guides available for PDM.

Listen to the roster automation webinar for specific process guidance.



Advantages of Availity PDM

Ensures updated data, quicker turnaround, and improved directory accuracy.

Supports compliance with mandates and enhances data quality.



Submission mechanism

Use the roster automation standard template for streamlined, error-free submissions.

PDM includes a compatibility check to ensure successful uploads; errors require correction before re-upload.



Care provider contract changes

Requested changes impacting contracts are validated by the Provider Contracting team.



Care provider demographic updates



Ensure updated information

Keep provider directory information current for members searching for care..



How to update

Use Availity Essentials Provider Data Management (PDM) for all updates.

Key data elements to update

- ✓ Phone number
- ✓ Physical address and suite numbers
- ✓ Group name and office hours
- ✓ Hospital affiliations and specialties
- ✓ Languages spoken
- ✓ Telehealth service availability
- ✓ Cultural competency training
- ✓ LGBTQ+ ally status
- ✓ Acceptance of patients under 21
- ✓ Email address



90-day demographic data attestation

Attestation requirement

- All contracted care providers must attest to their demographic data every 90 days.
- Accurate care provider data improves:
 - Member access to care.
 - Claims accuracy.
 - Timely reimbursements.
 - Alignment with Wellpoint's mission to improve the health of humanity.

How to update your data

Use the PDM tool in Availity Essentials (no cost to care providers). Two options are available:

1. Multi-payer Platform
 - Use Directory Verification for updates.
 - Use Core PDM for changes.
2. Roster upload (available via health plan only)
 - Submit multiple updates through a spreadsheet upload.

☒ Both options fulfill the 90-day attestation requirement.



Care provider data attestation — how to attest

Log in to

<https://Availity.com>.

Navigate to My
Providers >
Provider Data
Management.

Select the
action menu
next to the
business
whose
information
you want to
verify.

Select **Verify
Directory
Listing**.

Review each
set of data
for accuracy.

Once
complete,
select **Submit
Verified
Profile**.

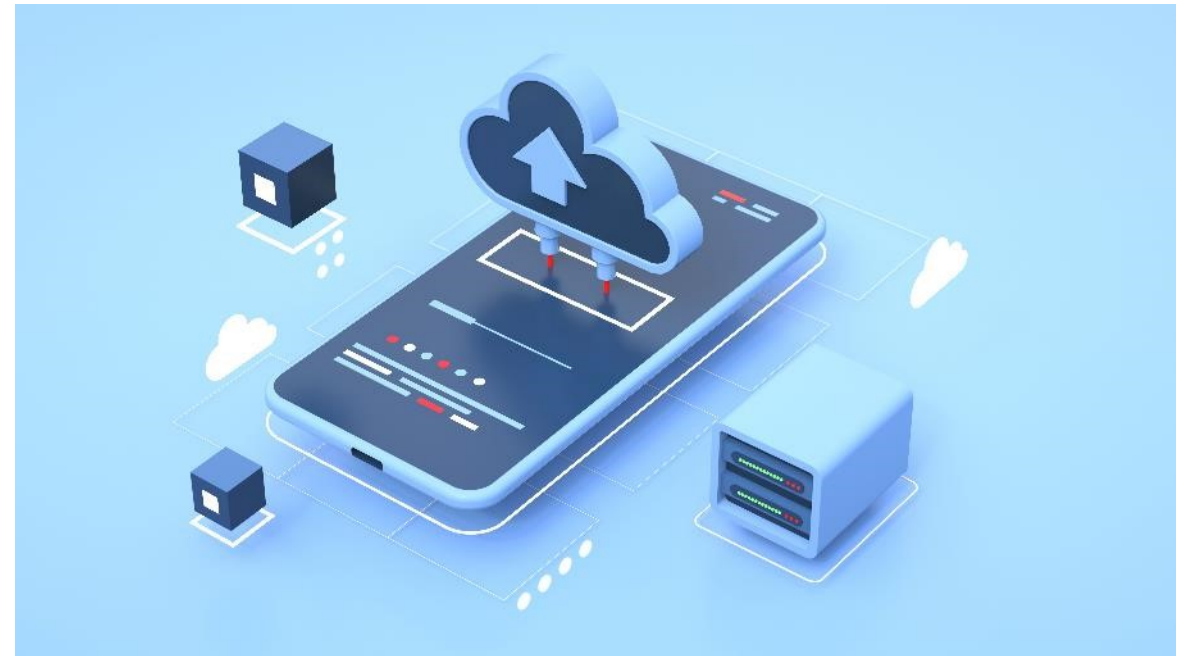
- ❖ If no changes are needed, organizations may use the Quick Verify button to complete directory verification with one click.
- ❖ Registered users in Availity Essentials will receive automated reminders when their TIN attestation is due or overdue via email and the Notification Center.



New Communication Center added to Availity Essentials

Accessing the Communication Center

1. Log in to <https://Availity.com>.
2. Select your market.
3. Select **Payer Spaces** in the top menu.
4. Select the brand that corresponds to your market.
5. Accept the *User Agreement* (once every 365 days).
6. On the *Applications* tab, select **Provider Enrollment and Network Management**.
7. Select the **Communication Center** link under the My Communications option on the side menu.
8. Enter your TIN and NPI to access the letters.



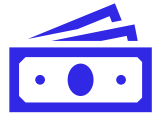
Advancing digital efficiency — discontinuing paper remittances



Transition to electronic remittances

Discontinue paper remittances 30 days post ERA/835 registration.

Electronic remittance advice available through ERA via Availity Essentials; print copies when needed.



Addressing redundancies

Resolve dual delivery issues by stopping paper remittances for ERA-registered providers.

Expect reduction in paper transactions starting late August.



Encouragement to register for ERA

Care providers not yet registered should set up ERA via Availity Essentials or through a clearinghouse.

To register for EFT payments, visit [EnrollSafe](#).



Commitment to efficiency and sustainability

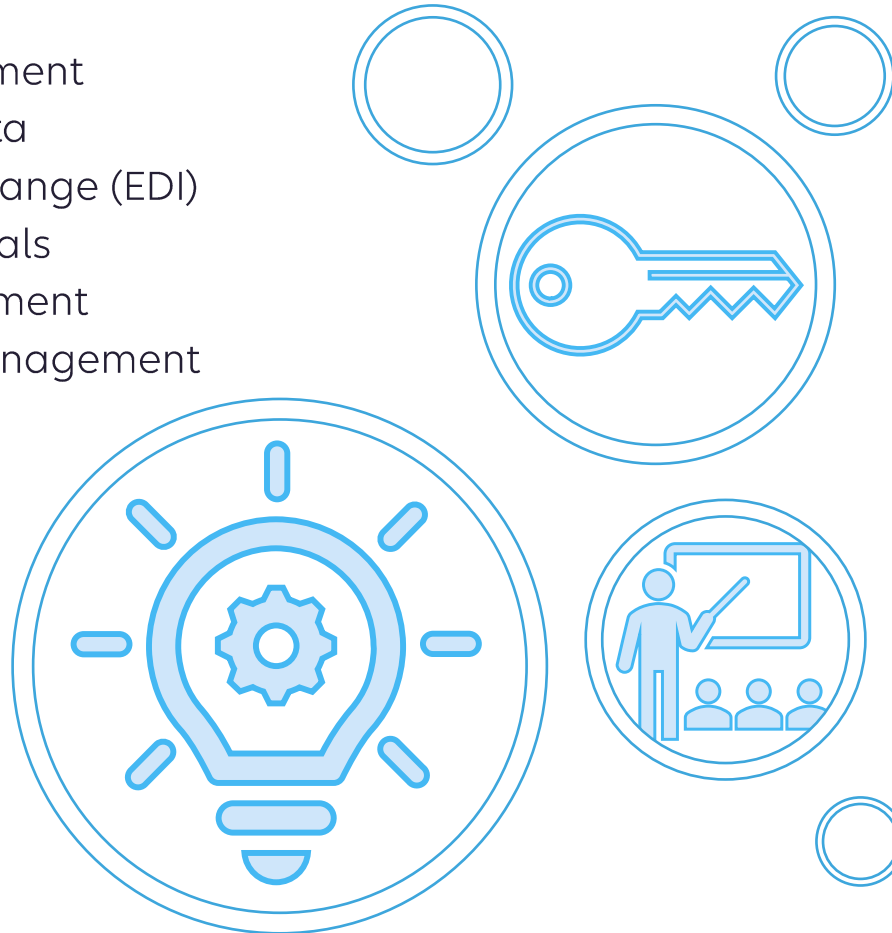
Streamline procedures, improve customer experience, and support environmental sustainability.



Digital Solutions learning hub

Topics

Claims management
Electronic Data
Electronic Data Interchange (EDI)
Availity Essentials
Patient management
Care provider data management



Access

Provider Education and Training — Wellpoint

Content Types

Courses
Live webinars
Webinar replays
User guides
Videos



Availity Essentials issues



If you are experiencing issues, please submit a ticket or chat with Availity Client Services. You may also call **1-800-AVAILITY (282-4548)**.



Prenatal and postpartum incentive — coding and reimbursement structure

Submit charges using the actual incentive reimbursement amount (**\$25.00 as of December 2024**).

Additional charges may apply based on care provider contracts.

Include **Category II code 0500F** on the claim with incentive charges billed under this code.

Submit **E&M codes 99202–99205 or 99211–99215** on the claim.

Remove non-required elements (such as **date of last menstrual period**) if not needed for reimbursement.

Submit the Maternity Care Notification Form within 30 days of claim submission.



Prenatal and postpartum incentive — visit reimbursement and coding guidelines



Submit charges using the incentive reimbursement amount (\$75.00 as of December 2024).

Additional charges depend on care provider contracts.

Bill incentive charges using a Category II code.

Submit 0503F with 59430 on the claim.

Delivery date is not required and should be removed if present.

Postpartum incentive claims may be submitted twice during the postpartum period.

Defined as within 84 days or 7–84 days post-delivery



Maternity Care Management Notification Form

This form must be submitted within 30 days of submission of the claim for the prenatal and postpartum incentive.

Link to Maternity Care Management Notification Form:
[https://www.provider.wellpoint.com/docs/gpp/TN_WLP_CAID_MaternityCareMgmtForm.pdf?v=202406261534]



Maternity Care Management Notification Form

Fax to: ☐ UnitedHealthcare Community Plan 877-353-6913

☐ Wellpoint..... 866-495-5788

(This is not an authorization form for hospital admission.)

Member Information

Submit electronically in Availity: ☐ BlueCare / TennCareSelect

First Name:

Middle initial:

Last Name:

Member ID #:

Member's Date of Birth:

Estimated Date of Delivery (EDD):

Trimester of Pregnancy:

Date of First Visit:

Gravida

Para

Last Menstrual Period:

☐ 1st ☐ 2nd ☐ 3rd

Member Address:

City:

State:

ZIP Code:

Member's Primary Phone #:

Member's Alternate Phone #:

Provider Information

First Name:

Middle initial:

Last Name:

Provider ID Number:

Provider Address:

City:

State:

ZIP Code:

Provider Practice Phone Number:

Provider Fax Number:

Provider Reason for Referral – Current Pregnancy

Please check all that apply.

| Obstetrical | Medical | Psychosocial | | | |
|--|--|----------------------------------|--------------------------|--|--------------------------|
| H=history | C=current | | | | |
| <input type="checkbox"/> Preterm labor / delivery | H <input type="checkbox"/> / C <input type="checkbox"/> | Diabetes Mellitus | <input type="checkbox"/> | Tobacco / Alcohol use | <input type="checkbox"/> |
| <input type="checkbox"/> Multiple Gestation | H <input type="checkbox"/> / C <input type="checkbox"/> | Anemia | <input type="checkbox"/> | Tobacco Cessation (Prescription or Referral given) | <input type="checkbox"/> |
| <input type="checkbox"/> Gestational diabetes | H <input type="checkbox"/> / C <input type="checkbox"/> | Hypertension | <input type="checkbox"/> | Substance abuse: Prescription Opiates, Street drugs, Bath salts, Incense, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> Preg Induced Hypertension | H <input type="checkbox"/> / C <input type="checkbox"/> | HIV+ / AIDS | <input type="checkbox"/> | Current Medication/Assisted Treatment | <input type="checkbox"/> |
| <input type="checkbox"/> Cervical or Placental Abnormalities | H <input type="checkbox"/> / C <input type="checkbox"/> | Asthma / Respiratory condition | <input type="checkbox"/> | Last delivery within 1 year of EDD | <input type="checkbox"/> |
| <input type="checkbox"/> Prior C Section Delivery | | Cardiac condition | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| <input type="checkbox"/> Inadequate weight gain / fetal IUGR | | Sickle cell / clotting disorders | <input type="checkbox"/> | Homeless / Unstable housing | <input type="checkbox"/> |
| 17-P Candidate | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis | <input type="checkbox"/> | Anxiety / Depression / Mental Health disorder | <input type="checkbox"/> |
| Prior NAS Delivery | <input type="checkbox"/> Yes <input type="checkbox"/> No | STD (specify) | <input type="checkbox"/> | Other Obstetrical/Medical/Social Determinant Concerns: | |
| | | Periodontal disease | <input type="checkbox"/> | | |

Provider Signature/Stamp:

Date:

Revised 3/25/2024

Medicaid coverage provided by Wellpoint Tennessee, Inc. We comply with the applicable federal and state civil rights laws, rules, and regulations and do not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call 833-731-2154. Information about the civil rights laws can be found at tn.gov/tenncare/members-applicants/civil-rights-compliance.html.

TNWP-CD-061588-24 20-1124

June 2024

Behavioral health



Behavioral health services — trending requests

Telehealth

- Allowable under TennCare
 - Use the correct place of service (POS) and applicable modifiers

Fee schedules

- Not included in:
 - Any state directives
 - Use of modifier (and potential reductions)
 - Other contractual adjustments for care provider specialty and/or services rendered

Modifiers

- Use the correct billing modifiers as required
- Include appropriate modifiers in authorization requests, when applicable

Applied behavior analysis

- Allowable units should align with CMS billing guidelines and NCCI edit standards



Behavioral health billing overview

Tips to avoid billing issues:

- Ensure you receive the complete credentialing packet, not just a signed contract.
- Confirm all care providers are properly registered on the TennCare website (Provider Registration).
 - Prevents claim denials due to missing Disclosure of Ownership (DOO) file.
- Include modifiers where appropriate.
- Ensure authorizations match the intended billing modifiers.

Billing issue guidance:

- If billing issues arise, contact your Provider Relations Account Manager (PRAM) as soon as the issue is identified.
- For visibility, include the Executive Director, Behavioral Health, and the Tennessee program managers in your communication.



Behavioral health care provider contact information

BH Provider Relationship Account Managers

- West Region: TBD
- Middle Region: Kimberly Golden: Kimberly.Golden@wellpoint.com
- East Region: Laura Lovely: laura.lovely@wellpoint.com

BH contractor

- Lawanda Mayes: LaWanda.Mayes@wellpoint.com

Executive Director of BH

- Renea Bentley: Renea.Bentley@wellpoint.com



Tennessee Health Link (THL) overview — collaboration and engagement pathways



Replaced Level 2 Case Management — care coordination service



Supports members with behavioral health (BH) needs by coordinating medical, behavioral, and other services



Delivered by Community Mental Health Centers (CMHCs)



THL overview — collaboration and engagement pathways

Supports members with their overall health needs



Early intervention and prevention services



Collaborate with hospitals, PCPs, PCMHs, substance use, and other specialty providers to assist with care coordination needs of members.

| | | | |
|------|----------------|-----------|-----------|
| SDoH | Transportation | Schooling | Parenting |
|------|----------------|-----------|-----------|



For THLs --- Weekly review of the Weekly Attribution Report and Weekly Member Change Reports” helps guide which members are attributed to the care provider group.

Tennessee Health Link (THL) — contact information

THL coaches

Renee Darks: renee.darks@wellpoint.com

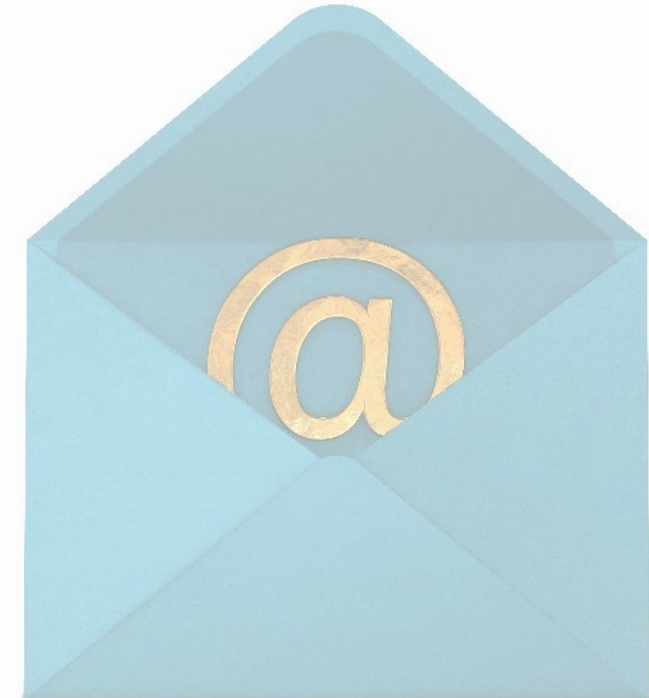
Open Coach Position: TBD

THL Program Manager

Karen Eick: karen.eick@wellpoint.com

Executive Director, BH

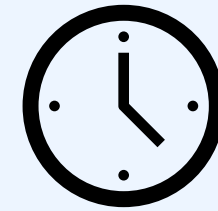
Renea Bentley: renea.bentley@wellpoint.com



❖ Contact the above for any reason related to the THL Program.



Session break



Marketing and member engagement



Revolutionizing health: tackling key social needs across Tennessee



Healthcare and quality

- Insurance coverage
- Health literacy
- Transportation to healthcare
- Copays
- Care provider availability
- Quality of care

Neighborhood and built environment

- Housing
- Transportation
- Safety
- Walkability
- Recreation/parks
- Water quality
- Access to healthy food

Social and community context

- Social and community Integration
- Support systems
- Community engagement
- Stress
- Discrimination

Economic stability

- Employment
- Income
- Debt
- Expenses
- Support
- Medical ills

Education access and quality

- Higher education
- Literacy
- Early childhood education
- Language
- Vocational training

Health, well-being, functioning, quality-of-life outcomes, and risks



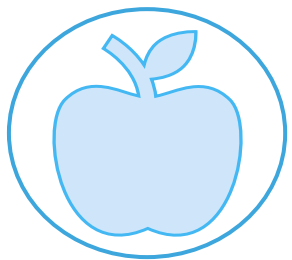
Social determinants of health (SDoH) — prevalence of social needs in TN



In 2022, over half of Tennesseans had at least one SDOH risk; 14% reported four or more.



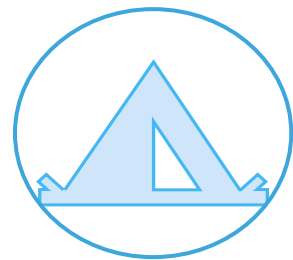
Just 21% with fair/poor health report no SDOH needs, compared to 49% with excellent/ good health.



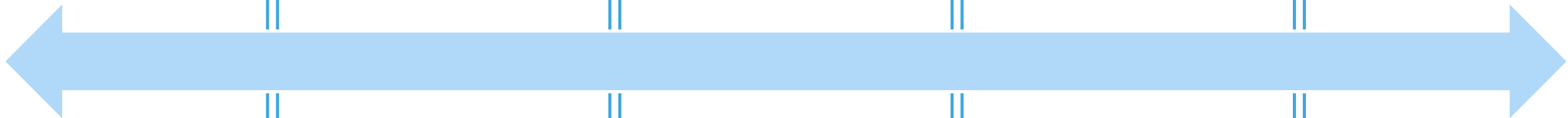
Nearly 1 in 4 Tennesseans reported hunger in the past year; families with children (39%) were over twice as likely as those without (17%).



In 2022, over 41% of adults aged 65+ lived alone — a key risk factor for social isolation.



In 2023, over 9,200 Tennesseans experienced homelessness.



Innovative pathways: screening strategies that work



EMR integration

- Screenings, referrals, and outcomes are managed within the EMR
- Referrals auto-generate based on results
- Streamlined workflow reduces manual data entry

QR codes

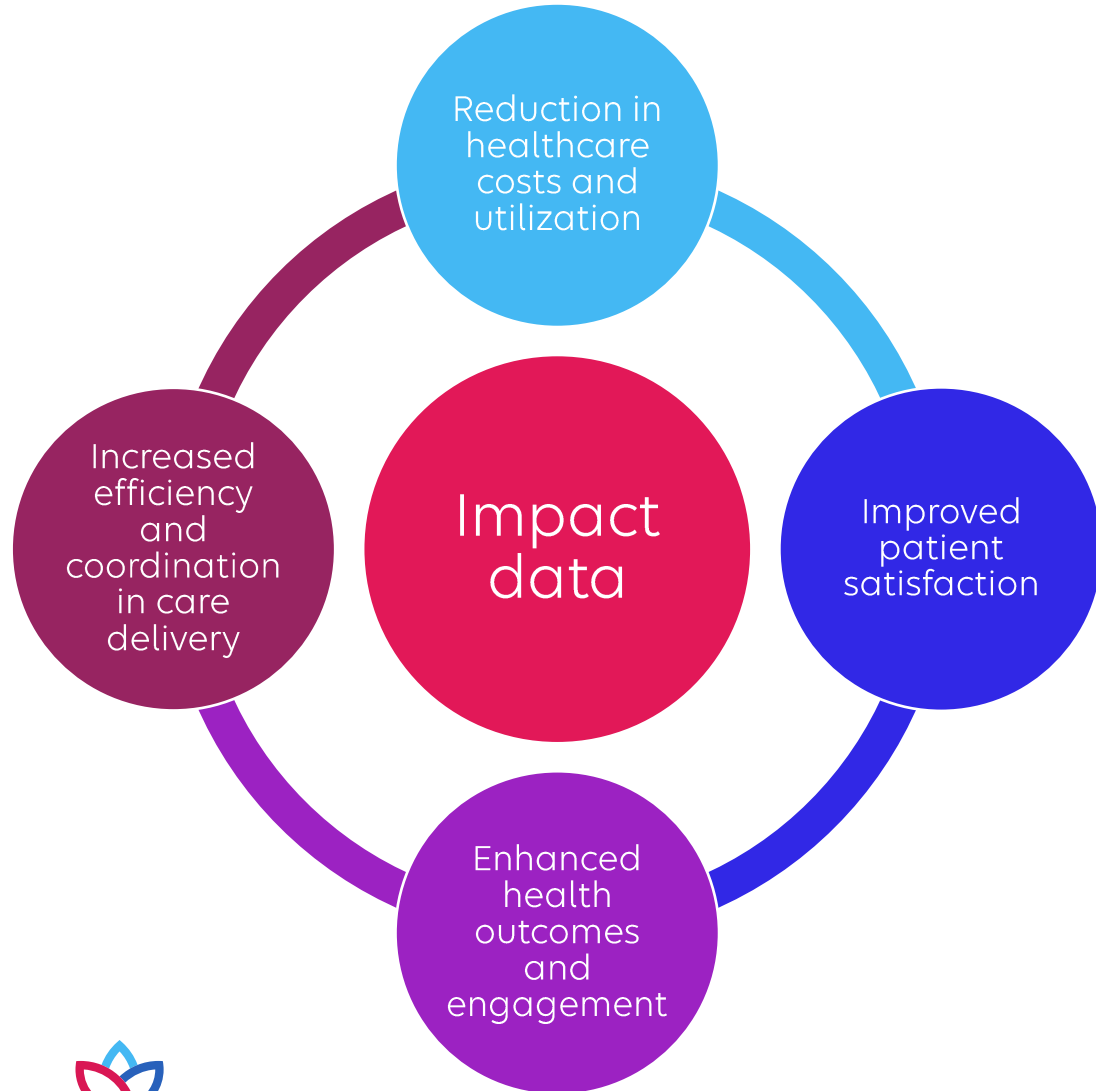
- Patients scan a QR code to complete screenings on their phone
- Referrals and follow-up are handled electronically
- Convenient, accessible, and easy for patients to use

Tablets and devices

- Patients or staff use in-clinic tablets to complete screenings
- Instant data capture enables real-time referrals
- Staff track and follow up to ensure needs are met
- Improves accuracy and speeds up response time



The ripple effect: positive outcomes of addressing social needs



Enhanced health outcomes and engagement

- Food insecurity programs improved chronic disease management by 30%.
- Preventive care utilization increased by 25% with SDoH screening.

Increased efficiency and coordination

- Integrated care models enhanced care coordination by 20%.
- Addressing transportation barriers led to a 15% rise in appointment adherence.

Reduction in healthcare costs and utilization

- Housing support cut ER visits by 18%.
- SDOH interventions reduced 30-day readmissions by 10%.

Improved patient satisfaction

- Social support increased patient satisfaction scores by 22%.
- Trust in healthcare providers grew by 20% through addressing social needs.



Collaboration for change: engaging partners and community



Nourishing partnerships: expanding reach with Second Harvest of Middle TN

Partnered with Second Harvest Food Bank of Middle TN to expand mobile markets and food pantries over 18 months, targeting areas with the greatest food disparities

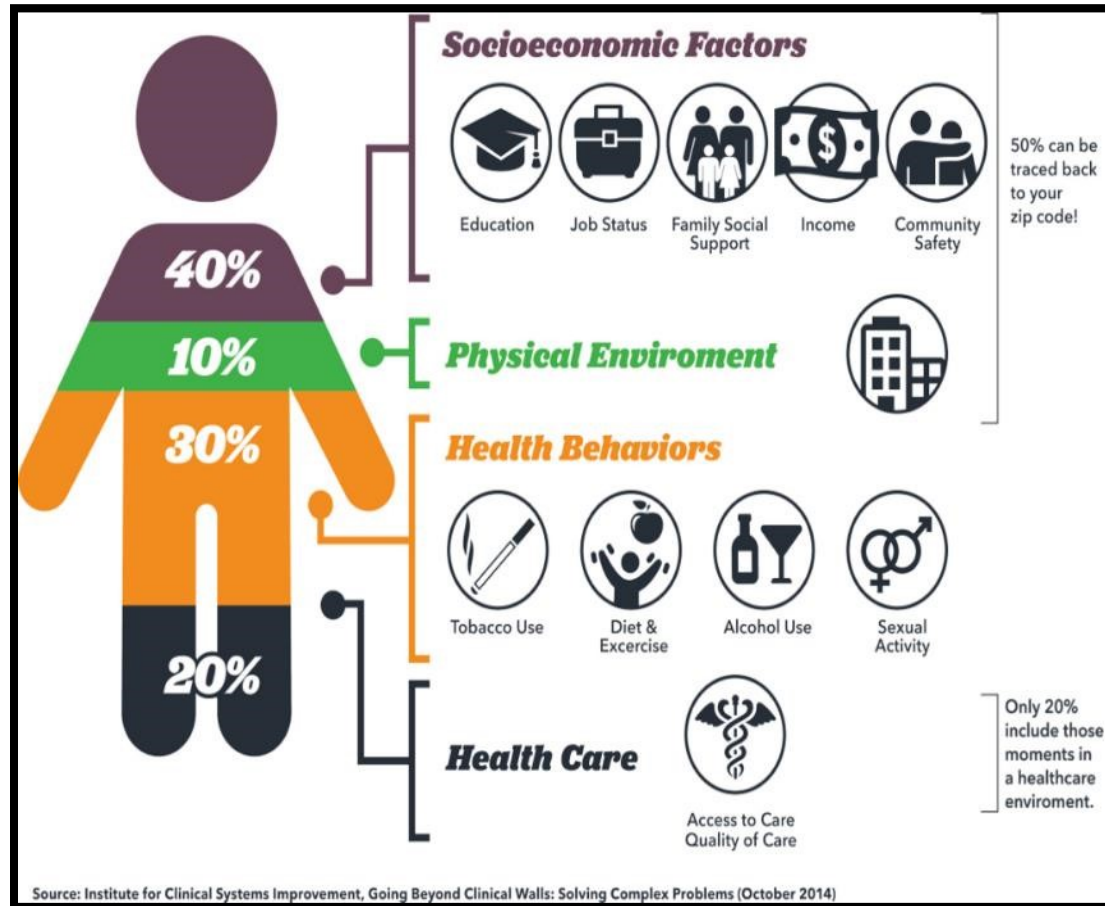
Used SDoH screening data to identify Middle TN counties with the highest food insecurity for expansion

Launched home-delivered food boxes in high-need, predominantly rural counties to improve access to nutritious food

Focused on impact, addressing social needs, and improving health outcomes in underserved communities



A call to action: innovate, integrate, impact



Summary

- Integrating social needs screenings into healthcare is vital for transforming health outcomes. By focusing on where our members live, work, and play, we can address root disparities and elevate community health.

Being innovative

- Let's lead the charge in healthcare innovation by adopting and adapting the latest screening tools and best practices. Explore EMR integration, QR codes, and mobile devices to simplify the screening process and enhance engagement.

Call to action

- Join us in this transformative journey! Embrace change, collaborate with fellow care providers, and foster sustainable improvements. Together, we can create a health system that not only treats but truly nurtures our communities.



Wrap up



Web form



Expedited support



For prompt inquiry response and resolution for general claim questions, care provider data inquiries, requests for additional information, contract effective dates, and requests for fee schedules, contact our dedicated Provider Services team through our [web form](#).



Visit the [Wellpoint provider website](#) to view your local Provider Relations representatives.



Education Station

Wellpoint's Education Station sessions, led by your provider representatives, will take place monthly for care providers within our network.

What is Education Station?

A series of town halls that will be held monthly to keep care providers abreast of health plan updates

When will sessions occur?

- ✓ First Wednesday of each month

What topics will be discussed?

- ✓ Health plan initiatives
- ✓ New care provider updates
- ✓ Digital solutions

How to attend?

- ✓ Register via the link in the invite that will be sent out each month.



Care provider visits

If you would like a face-to-face visit with your PR rep, please stop by the registration table and leave your name and the name of your group practice. We will have your PR rep reach out and schedule a visit.



Thank you for attending!





<https://www.provider.wellpoint.com/tx>

Coverage provided by Wellpoint Insurance Company or Wellpoint Texas, Inc.

TNWP-CD-091336-25 | October 2025