Tennessee | Medicaid

Wellpoint Education Station (Town Hall)

June 3, 2026
Noon CST

Wellpoint

Education Station

Wellpoint Education Station sessions, led by your Wellpoint provider relationship management representative, will take place quarterly for care providers within our network.

What is Education Station?

- ✓ A series of Town Halls that will be held quarterly to keep providers abreast of health plan updates.

When will sessions occur?

- ✓ March 4th, June 3rd, [September 9th], and [November 4th] of 2026

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.

TN-WP-CD-009350-26-S2777

Agenda

1. Reimbursement policy updates
2. Availity Essentials and provider data workflow upgrades
3. Tools to reduce administrative work and accelerate access
4. Education, equity, and care provider support resources
5. Appendix: source links

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Reimbursement policy updates

1. Multiple Radiology Payment Reduction

Beginning with dates of service on or after April 01, 2026, Wellpoint will update our Multiple Radiology Payment Reduction reimbursement policy to include CT scan services.

Under this policy, multiple diagnostic imaging procedures with the Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule (NPFS) multiple procedure indicator (MPI) of four will be subject to a multiple procedure payment reduction when performed by the same care provider or care provider group on the same date of service and during the same member encounter.

The component with the highest allowance — whether global, professional, or technical — will be reimbursed at 100% of the negotiated rate.

For additional information, please review the Multiple Radiology Payment Reduction reimbursement policy at https://provider.wellpoint.com/tn.

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Reimbursement policy updates (cont.)

2. Preventative Medicine and Sick Visits on the Same Day

Beginning with dates of service on or after April 1, 2026, Wellpoint will update the Preventive Medicine and Sick Visits on the Same Day reimbursement policy to include the following language:

- Sick visits on the same day as preventive or wellness visits will be reimbursed at 50% of the applicable fee schedule or contracted/negotiated rate.
- Preventive services on the same day as wellness visits will be reimbursed at 50% of the applicable fee schedule or contracted/negotiated rate.

For additional information, please review the Preventive Medicine and Sick Visits on the Same Day reimbursement policy at https://provider.wellpoint.com/tn.

What to do now:

- Update billing education for radiology, primary care, and coding teams.
- Validate contract modeling and edit logic before the April 2026 go-live.

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Availity Essentials and care provider data workflow upgrades

1. Roster uploads in real time

As previously communicated, we introduced roster automation updates and two new reports to the Upload Roster File screen of the Provider Data Management (PDM) app via the Availity Essentials multi-payer platform at https://Availity.com. This means you no longer need to wait weeks for roster approvals. In fact, you can get your roster approved seamlessly and easily, oftentimes right on the spot.

Benefits include:

- 75% faster processing time.
- Quicker claim payments.
- More accurate information for your patients.

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Availity Essentials and care provider data workflow upgrades (cont.)

1. Roster uploads in real time (cont.)

Use the Roster Download feature to review and edit your current roster. Once you've ensured all information is correct, submit your compatible files following the provided instructions. Refer to these two reports to complete your task:

- **Error Report:** Understand where errors occurred (specifically which sheet, tab, and row), the cause of the error, and how to fix it. Then resubmit the rows in the roster that contain errors.
- **Results Report:** See the number of unique records that were added or updated based on a specific roster. Think of it as a receipt of the actions taken to keep your demographic information accurate.

For more information, go to the Roster Capability/PDM resources on our Digital Solutions Learning Hub.

Additional information about the Results Report and Error Report can be found in our Roster Submission Guide at https://Availity.com > **Payer Spaces** > **Select Payer Tile** > **Resources** > **Roster Submission Guide Using Provider Data Management.**

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Availity Essentials and care provider data workflow upgrades (cont.)

2. Seamless provider enrollment and network management through Availity Essentials

We expanded functionality to our Provider Enrollment and Network Management application in Payer Spaces within Availity Essentials at https://Availity.com. We added digital care provider enrollment to ancillary, facility, and institutional care provider types, and all care provider types now benefit from being able to submit specific requests for contract changes online.

The Provider Enrollment and Network Management application within Availity Essentials offers significant benefits to care providers by providing streamlined access to vital information and insights.

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Availity Essentials and care provider data workflow upgrades (cont.)

2. Seamless provider enrollment and network management through Availity Essentials (cont.)

Features of the Provider Enrollment and Network Management application include a simplified enrollment process:

- Enrolling as a new care provider in our network is now available for ancillary, institutional, and facility providers, just like our professional care providers.
- After reviewing a contract, it can be sent back to you digitally for an electronic signature. This eliminates the need for paper applications or contracts and enables you to view the real-time status of submitted applications.

Note: This functionality is exclusively for care providers directly managed by the health plan. The application is not meant for use by vendors or other third-party entities. This ensures that only the appropriate care providers within our network can access the integrated features offered by Availity Essentials.

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Availity Essentials and care provider data workflow upgrades (cont.)

2. Seamless provider enrollment and network management through Availity Essentials (cont.)

Features of the Provider Enrollment and Network Management application also include:

- **Streamlined contract changes:** Ability to easily submit specific requests for contract changes through Availity Essentials, including contract or network terminations, change of ownership, amendments (add a network or line of business), and TIN changes.

- **Real-time tracking:** Care providers can track the status of their requests in the *My Dashboard* section of the Provider Enrollment and Network Management application.

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Availity Essentials and care provider data workflow upgrades (cont.)

2. Seamless provider enrollment and network management through Availity Essentials (cont.)

How to access the Provider Enrollment and Network Management application:

- Log on to Availity Essentials at https://Availity.com and select **Payer Spaces** > **Wellpoint** > **Applications** > **Provider Enrollment and Network Management** to begin the enrollment or contract change process.
- If your organization is not currently registered for Availity Essentials, the person designated as the Availity Essentials administrator should go to https://Availity.com and select **Register**.
- For organizations already using Availity Essentials, your organization's Availity Essentials administrator should go to the *My Account Dashboard* from the Availity Essentials homepage to register new users and update or unlock accounts for existing users. Staff who need access to the Provider Enrollment and Network Management application need to be granted the Provider Enrollment role.

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Availity Essentials and care provider data workflow upgrades (cont.)

2. Seamless provider enrollment and network management through Availity Essentials (cont.)

- Availity Essentials and user administrators will automatically be granted access to Provider Enrollment and Network Management.
- If you are using Availity Essentials today and need access to Provider Enrollment and Network Management, work with your organization's administrator to update your Availity Essentials role. To determine who your administrator is, select **My Account Dashboard** > **My Administrators**.

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Tools to reduce admin work and accelerate access

1. Discover an easier way to review clinical documentation with real-time guidance

Streamline prior authorizations and claims with real-time guidance

To make it easier to know what documentation is needed for prior authorizations or claims, we've launched the **Clinical Documentation Lookup Tool (CDLT)** — a simple, self-service resource built to save you time and reduce administrative work.

The CDLT uses Medical Policies and Utilization Management (UM) Guidelines to return real-time results based on the CPT® or HCPCS codes you enter. It provides a list of recommended documents along with the applicable Medical Policy, helping ensure accurate submissions and faster approvals.

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Tools to reduce admin work and accelerate access (cont.)

1. Discover an easier way to review clinical documentation with real-time guidance (cont.)

- The CDLT does not replace PLUTO (Precertification Look Up Tool) or Medication Administration Records (MARS). You should continue using PLUTO and MARS to determine authorization requirements and coverage criteria.
- The new CDLT is a complementary resource offering clarity on clinical documentation expectations, while PLUTO and MARS remain your go-to tools for precertification guidance.

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Tools to reduce admin work and accelerate access (cont.)

1. Discover an easier way to review clinical documentation with real-time guidance (cont.)

Supporting you in reducing administrative burden

Our goal with the CDLT is to simplify documentation and prior authorization processes, so you can spend less time on administrative tasks and more time providing quality care to our members.

Easy access when you need it

- Accessing the CDLT is quick and flexible:
- Visit https://provider.wellpoint.com and navigate to the section on policies, guidelines, and manuals.
- Open Payer Spaces on https://Availity.com.
- Or go directly to your market's URL listed in the table below.

Brand	CDLT URL
Wellpoint	clinicaldocumentationtool.wellpoint.com/cdltui/home

Tools to reduce admin work and accelerate access (cont.)

2. Streamline HEDIS medical record submissions with Remote EMR Access Service:

- Our Remote EMR Access Service provides a secure, no-cost way to support the HEDIS® quality study while safeguarding protected health information and minimizing the administrative burden on your staff.
- Our skilled EMR team is HIPAA compliant and uses minimum necessary guidelines to remotely retrieve records specifically tied to HEDIS measures.
- This process is the most convenient way to maintain compliance without burdening your staff or operation.
- For more information or to make arrangements, email Centralized_EMR_Team@wellpoint.com.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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Tools to reduce admin work and accelerate access (cont.)

2. Streamline HEDIS medical record submissions with Remote EMR Access (cont.)

Key takeaways — minimum necessary guidelines:

- We only access the medical records of members pulled into the HEDIS sample using specific demographic data.
- We only retrieve medical records that have claims related to the HEDIS measures.
- We only access the least amount of information needed for use, disclosure, or a request.
- We only save to a secure file and do not physically print any PHI.

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Tools to reduce admin work and accelerate access (cont.)

2. Streamline HEDIS medical record submissions with Remote EMR Access (cont.)

Retrieving medical records
We only access the medical records of members pulled into the HEDIS sample using specific demographic data.

Data security:
- We only use secure internal resources to access your EMR systems.
- All retrieved records are stored on secure network drives.

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Tools to reduce admin work and accelerate access (cont.)

2. Streamline HEDIS medical record submissions with Remote EMR Access (cont.)

Access requirements

The Remote EMR Access team requires full access for the following reasons:

- HEDIS measures may require up to five years of a member's information.
- HEDIS data is located in different areas of the EMR system:
  - For example, labs, radiology, surgeries, inpatient stays, outpatient visits, and case management.
- Compliant data may be documented or housed in a non-standard format:
  - For example, an in-office lab slip is scanned into a miscellaneous documents folder.

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Tools to reduce admin work and accelerate access (cont.)

2. Streamline HEDIS medical record submissions with Remote EMR Access (cont.)

Getting started

To use the Remote EMR Access Service, email the following information to Centralized_EMR_Team@wellpoint.com:

- **Practice information** — name of care provider or practice, national provider ID, taxpayer identification number(s)
- **Facility information** — contact person, address, phone number, hours of operation
- **EMR system information** — type of EMR system, required access forms, access type
- **Current providers and locations** — provide a list or a URL to a website containing a list

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Tools to reduce admin work and accelerate access (cont.)

3. Modernize your patient check-in with digital eligibility verification

Patients are increasingly turning to digital tools to manage their healthcare, and your office may be seeing that shift at check-in. By making use of digital member ID cards and digital eligibility verification, you can create a faster, more seamless check-in experience that reduces reliance on physical member ID cards.

Digital check-in supports your office through:

- Improved front-desk efficiency.
- Streamlined patient verification.
- Enhanced member experience.
- Less paperwork and fewer follow-up calls.
- More time for patient care, less time on administrative tasks.

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Tools to reduce admin work and accelerate access (cont.)

3. Modernize your patient check-in with digital eligibility verification (cont.)

Confident eligibility and benefits verification:

- With the Eligibility and Benefits (E&B) feature in Availity Essentials, you can quickly and confidently access the most current coverage information by searching with the patient's name, date of birth, and ZIP code.
- For more information about Availity Essentials eligibility and benefit features, reference the Eligibility and Benefits Category on our Training Hub.

Be ready for digital IDs at check-in

As more patients make the switch to digital, now is a great time to ensure your office is ready to smoothly and consistently accept digital ID cards.

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Education, equity, and Provider Support Services

1. MyDiversePatients.com relaunch

MyDiversePatients.com, the care provider resource designed to support practitioners in delivering culturally responsive care, has been fully restored and is now available for care providers and office staff.

- With this relaunch, we are introducing Provider Cultural Competency Training, developed to strengthen care providers' knowledge, skills, and confidence in caring for your patients from diverse cultural, linguistic, and social backgrounds.
- This National Alliance on Mental Illness (NAMI) training is focused on working with teenagers and young adults.
- NAMI will enhance care provider communication with your patients and can help address health disparities and improve outcomes in the communities we serve.

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Education, equity, and Provider Support Services (cont.)

1. MyDiversePatients.com relaunch (cont.)

In addition, the on-demand learning management platform features:

- What is All of Us? Part of the National Institutes of Health
- American Indian and Alaska Native health disparities: nicoa.org/elder-resources/health-disparities
- Voices of Black Women American Cancer Society: tools, educational materials, and resources to support inclusive care practices; these updates reflect our ongoing commitment to advancing health equity and equipping care providers with practical, evidence-based strategies

Explore the restored MyDiversePatients.com and take advantage of the new cultural competency care provider trainings and resources that are now available.

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Education, equity, and Provider Support Services (cont.)

2. Help shape our 2026 care provider education

Your feedback is essential as we develop our 2026 provider education program. Help us tailor sessions to fit your schedule and prioritize the topics most relevant to your work.

What's in the four-question survey?

- Webinar preferences (best times and preferred length)
- Key topics, such as:
  - Documentation
  - SDoH
  - Maternal health

  It takes less than a minute to help shape the education that works for you:

  https://us.mar.medallia.com/2026educationsurvey

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Education, equity, and Provider Support Services (cont.)

3. FIDE education guide

What is a FIDE D-SNP?

Wellpoint's Full Dual Advantage (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan (FIDE D-SNP) in Tennessee.

A FIDE D-SNP is an integrated health plan that provides both Medicare and full Medicaid (TennCare) benefits under one plan, one member ID, and one claim submission process.

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Education, equity, and Provider Support Services (cont.)

3. FIDE education guide (cont.)

Key features of a FIDE plan:

- One enrollment for Medicare and Medicaid
- One member ID number (HCIN) shared across Medicare and Medicaid
- One ID card
- One claim submission for Medicare and Medicaid services
- Integrated care management and benefits coordination
- Integrated appeals and grievance process

This integrated model is designed to simplify administrative tasks for care providers and improve care coordination for members.

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Education, equity, and Provider Support Services (cont.)

3. FIDE education guide (cont.)

Who is eligible for the FIDE plan?

FIDE plans are available to members who:

- Are eligible for Medicare.
- Are eligible for full Medicaid (TennCare).
- Eligibility is based on Medicare and full Medicaid (TennCare) status. Members may be enrolled in LTSS (CHOICES/ECF) or non-LTSS categories. Eligibility may change over time based on state Medicaid determinations.

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Education, equity, and Provider Support Services (cont.)

3. FIDE education guide (cont.)

Understanding FIDE member ID cards

FIDE members receive a single ID card that covers both Medicare and Medicaid.

Important reminders:

- Members do not receive a new ID card when Medicaid eligibility changes.
- The member ID number remains the same.
- The ID card is still valid for covered services even if eligibility displays a change.

Education, equity, and Provider Support Services (cont.)

3. FIDE education guide (cont.)

What the ID card tells you:

The card indicates the member is enrolled in a Full Dual Advantage (HMO D-SNP).

Providers should not bill Fee-for-Service Medicare or a separate Medicaid plan.

Claims should always be submitted to Wellpoint.

Note: Care providers should rely on real-time eligibility verification — not ID card changes alone — to determine current coverage.

Sample ID card:

Education, equity, and Provider Support Services (cont.)

3. FIDE education guide (cont.)

How claims work for FIDE members

Claim submission:

- Submit one claim to Wellpoint for covered services.
- The plan coordinates Medicare and Medicaid benefits behind the scenes.
- Care providers should not split claims between Medicare and Medicaid.

Reimbursement:

- Covered CARE/Medicare services are paid according to plan benefits.
- Medicaid-covered services are paid when Medicaid eligibility is active.
- During periods when Medicaid eligibility is temporarily inactive, Medicaid services may not be approved.

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Education, equity, and Provider Support Services (cont.)

4. Lactation services and billing

Essential guide for care providers: delivering accessible lactation services and ensuring accurate billing

Who can provide services:

- Physicians, nurse practitioners, physician assistants, or certified nurse midwives for whom lactation counseling, education, or consultation is within their scope of practice
- International board-certified lactation consultants/registered lactation counselors (IBCLCs/RLCs with medical licensure) with a Medicaid ID in network with Wellpoint
- Certified lactation specialists (CLSs), certified breastfeeding specialists (CBSs), certified lactation counselors (CLCs), and certified lactation educators (CLEs):
  - Services provided by a CLS, CBS, CLC, or CLE, IBCLC (who is not independently contracted) must be supervised and billed by a contracted, in-network provider

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Education, equity, and Provider Support Services (cont.)

4. Lactation services and billing (cont.)

Essential guide for care providers: delivering accessible lactation services and ensuring accurate billing

Coding for lactation services

Visit type:

- Proper coding is required for accurate lactation services billing.
- When billing for lactation services, use the appropriate codes below plus the modifier U8:
  - 98960 U8 single individual per 30 minutes
  - 98961 U8 two to four patients per 30 minutes
  - 98962 U8 five to eight patients per 30 minutes
  - Includes lactating person and partner

Length of visit

In addition, note the number of units to signify the length of the visit:

- 1 unit: visit 16 to 45 minutes
- 2 units: visit 46 to 75 minutes
- 3 units: visit 76 to 105 minutes

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Education, equity, and Provider Support Services (cont.)

4. Lactation services and billing (cont.)

The new taxonomy codes are:

IBCLC	163WL0100X (Lactation Consultant – IBCLC/RLC)
CLC/CLE/ CLS/CBS	174N00000X (Lactation Counselor/Educator – Certified (CLC/CLE/CLS/CBS))

It is not a requirement that current TennCare providers with CLS, CBS, CLC, CLE, or IBCLC certifications add these taxonomies to their Medicaid ID.

Important links:

- Lactation Consultation Benefit Updates
- Lactation Providers

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Appendix: source links

- Reimbursement policy update: Multiple Radiology Payment Reduction: https://providernews.wellpoint.com/tn/articles/reimbursement-policy-update-multiple-radiology-payment-reduc-28041
- Reimbursement policy update: Preventive Medicine and Sick Visits on the Same Day: https://providernews.wellpoint.com/tn/articles/reimbursement-policy-update-preventive-medicine-and-sick-vis-27897
- Provider attestation upgrade coming April 2026: https://providernews.wellpoint.com/tn/articles/provider-attestation-upgrade-coming-april-2026-28254
- MyDiversePatients.com relaunch and cultural competency training: https://providernews.wellpoint.com/tn/articles/mydiversepatientscom-relaunch-and-cultural-competency-traini-28270

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Appendix: source links (cont.)

- Help shape our 2026 provider education: https://providernews.wellpoint.com/tn/articles/help-shape-our-2026-provider-education-28806
- Unlock Your Billing and Coding Skills with Our Provider Education E-Learning Courses!: https://providernews.wellpoint.com/tn/articles/unlock-your-billing-and-coding-skills-with-our-provider-educ-28687
- FIDE Education Guide: https://providernews.wellpoint.com/tn/articles/fide-education-guide-29284
- Seamless Provider Enrollment and Network Management through Availity Essentials optimizes the care provider experience: https://providernews.wellpoint.com/tn/articles/seamless-provider-enrollment-and-network-management-through-26170

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Appendix: source links (cont.)

- Upload your rosters in real time for quicker updates and approvals: https://providernews.wellpoint.com/tn/articles/upload-your-rosters-in-real-time-for-quicker-updates-and-app-27468
- Discover an easier way to review clinical documentation requirements: https://providernews.wellpoint.com/tn/articles/discover-an-easier-way-to-review-clinical-documentation-requ-27741
- Modernize patient check-in with digital eligibility verification: https://providernews.wellpoint.com/tn/articles/modernize-patient-checkin-with-digital-eligibility-verificat-28508
- Essential guide for care providers: delivering accessible lactation services and ensuring accurate billing: https://providernews.wellpoint.com/tn/articles/essential-guide-for-care-providers-delivering-accessible-lac-27083
- Streamline HEDIS medical record submissions with Remote EMR Access: https://providernews.wellpoint.com/tn/articles/streamline-hedis-medical-record-submissions-with-remote-emr-27728

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Q&A session

Contact Provider Services at **833-731-2154**

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