

New Provider Orientation



Iowa Health Link
Iowa HHS

Welcome



Agenda

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



Introduction to Wellpoint



Services covered

- Iowa Department of Health and Human Services (DHHS) has contracted with Wellpoint to provide comprehensive healthcare services, including:
 - Physical health.
 - Behavioral health.
 - Long-term services and supports (LTSS).
- This initiative creates a single system of care to promote the delivery of efficient, coordinated and high-quality healthcare and establishes accountability in healthcare coordination.



Provider resources



Provider resources overview

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



Wellpoint provider website

provider.wellpoint.com/ia

Placeholder: Replace AGP pic



Public website information

Registration and login not required for access to:

- Claims forms.
- Precertification Lookup Tool.
- Provider Manual.
- Clinical Practice Guidelines.
- News and announcements.
- System configuration updates.
- Provider directory.
- Fraud, waste, and abuse.
- Formulary.



Secure website information



The image shows a screenshot of the Availity login page. At the top left is the Availity logo, which consists of three interlocking loops in orange and yellow, followed by the word "Availity" in a white sans-serif font on a dark grey background. Below the logo are two white input fields: the first is labeled "User ID:" and the second is labeled "Password:". Under the password field is a checkbox labeled "Show password as I type". At the bottom of the login form is a dark blue rectangular box with white text that reads "Placeholder: Small AGP reference here". The background of the page is a blurred image of a modern building interior.

Do more online by registering for Provider Self-Service

Through Provider Self-Service, you can:

- File and check the status of medical claims
- NEW — Submit Claims Payment Disputes electronically via Availity
- Verify eligibility
- Request precertification
 - Billing at Group level, include Group NPI
 - Billing at Individual Practitioner level, include individual NPI
- And much more!

To log in, use your Availity ID and password.

If you need an Availity ID, visit www.Availity.com to register today.

Visit [Frequently Asked Questions](#) about Availity for more information.

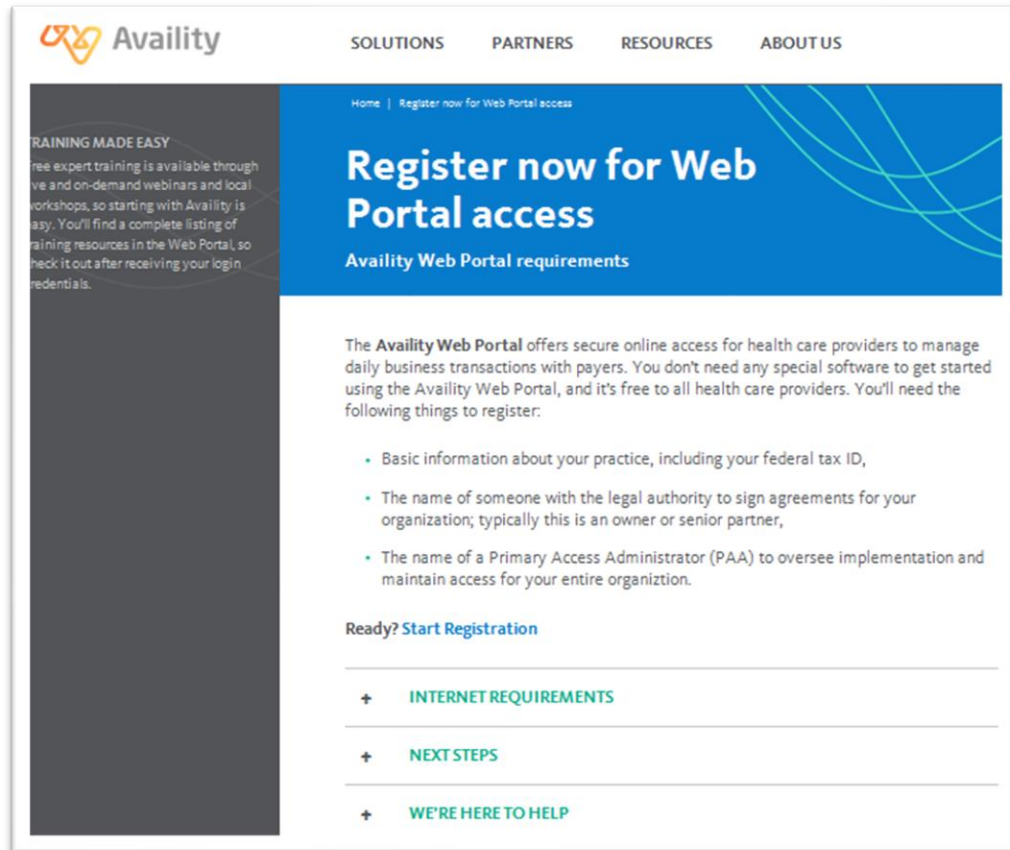


Availity Essentials

Multiple payers	Single sign on with access to multiple payers
No charge	Wellpoint transactions are available at no charge to providers
Accessible	Availity Essentials functions are available [24] hours a day from any computer with internet access
User friendly	Standard screen format makes it easy to find the necessary information needed and increases staff productivity
Compliant	Availity Essentials is compliant with <i>HIPAA</i> regulations
Training	No cost, live, web-based and prerecorded training seminars (webinars) are available to users; frequently asked questions (FAQ) and comprehensive help topics are available online as well
Support	Availity Client Services available at 1-800-AVAILITY (282-4548) , Monday through Friday, from 7 a.m. to 6 p.m. Central time
Reporting	User reporting allows primary access administrator (PAA) to track associates' work



Availity Essentials (cont.)



The screenshot shows the Availity website's registration page. The header includes the Availity logo and navigation links for SOLUTIONS, PARTNERS, RESOURCES, and ABOUT US. A blue banner at the top right says "Home | Register now for Web Portal access" and "Register now for Web Portal access". Below the banner, the text reads "Availity Web Portal requirements". A paragraph explains that the Availity Web Portal offers secure online access for health care providers to manage daily business transactions with payers. It lists three requirements for registration: basic information about the practice, the name of someone with legal authority to sign agreements, and the name of a Primary Access Administrator (PAA). Below the requirements, there is a section titled "Ready? Start Registration" with three expandable links: "INTERNET REQUIREMENTS", "NEXT STEPS", and "WE'RE HERE TO HELP".

- The registration process is easy.
- There are multiple resources and trainings available to support Availity Essentials and Wellpoint site navigation.



Electronic payment enrollment

- EnrollSafe is our EFT tool/vendor.
- If you need to make a change, reach out to <https://enrollsafe.payeehub.org> to update your account.
- Call **877-882-0384** for the Payeehub support team, Friday 8 a.m. to 7 p.m. Central time for questions related to registration and enrollment.



Electronic payment services

After you have enrolled in EFT, you can use electronic remittance advice (ERA) to reconcile your deposit.

You'll be issued a trace number with your EFT deposit that matches your ERA file in Availity Essentials (<https://www.availity.com>).

If you use a clearinghouse or billing service, they will supply the 835 ERA file for you.



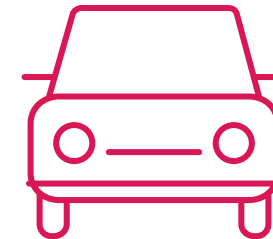
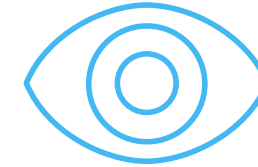
Key contact information

- **Provider Services:**
833-731-2143
- **Member Services:**
833-731-2140 (TTY 711)
- **Wellpoint on Call:**
 - **866-864-2544**
 - **866-864-2545 (Spanish)**
- **Precertification:**
 - Phone: **833-731-2143**
 - Fax: **800-964-3627**
- **Pharmacy prior authorization:**
 - Phone: **833-731-2143**
 - Fax: **844-512-9004**
- **Electronic claims submission:**
 - Availity: payer ID [26375]
 - Emdeon: payer ID [27514]
 - Capario: payer ID [28804]
 - Smart Data Solutions: payer ID [81273]
- **Website:** provider.wellpoint.com/ia



Vendor partners

- Superior Vision Benefit Management, Inc.:
 - Provider Services: **866-819-4298**
 - Member Services: **800-679-8901**
- Non-emergency medical transportation (NEMT) – Access2Care:
 - Reservations (non-waiver member line): **844-544-1389**
 - Ride assist (Where's My Ride): **844-544-1390**
 - Hearing impaired (TTY): **855-823-8587**
 - Transportation provider line: **888-644-3547**
 - Transportation provider fax: **877-645-7837**
 - Facilities line (waiver member line): **888-630-4822**



Provider Account Management staff

- Provider outreach
- Provider education and training
- Engages providers in quality initiatives
- Provider Customer Service
- Builds and maintains the provider network
- Coordinates provider care and makes appropriate referrals as necessary
- Locate your local Account Management Manager on the Contact us page provider.wellpoint.com/ia/contact-us



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.
- If medical care is needed, our nurses can help a member decide where to go.
- The phone number is located on the back of our member ID cards.

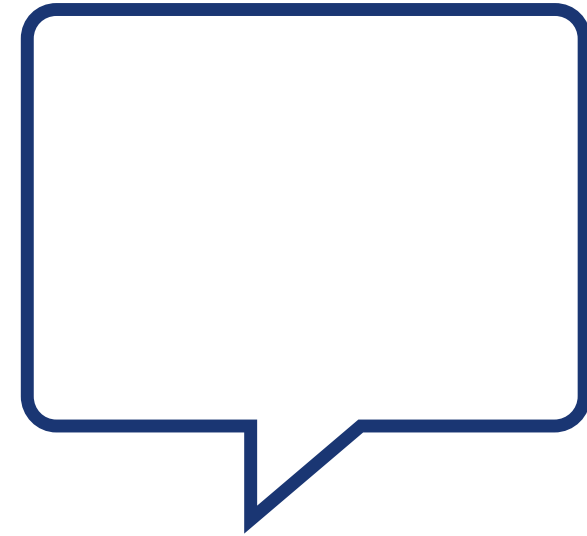
Members can call the [24]-Hour Nurse Helpline for health advice [seven] days a week, [365] days a year. When a member uses this service, a report is faxed to the provider's office within [24] hours of receipt of the call.

Wellpoint on Call
866-864-2544 (TTY 711)
866-864-2545 (Spanish)



Interpreter and translation services

- Available [24] hours a day, [seven] days a week
- Over [170] languages
- **Interpreter services:**
 - During business hours:
 - Members may call **833-731-2140 (TTY 711)**
 - Providers may call **833-731-2143**
- After hours Wellpoint on Call:
 - **866-864-2544** for English
 - **866-864-2545** for Spanish
 - **711** for TTY
- **In-person translations, Case Management: 833-731-2143**



Provider communications and education

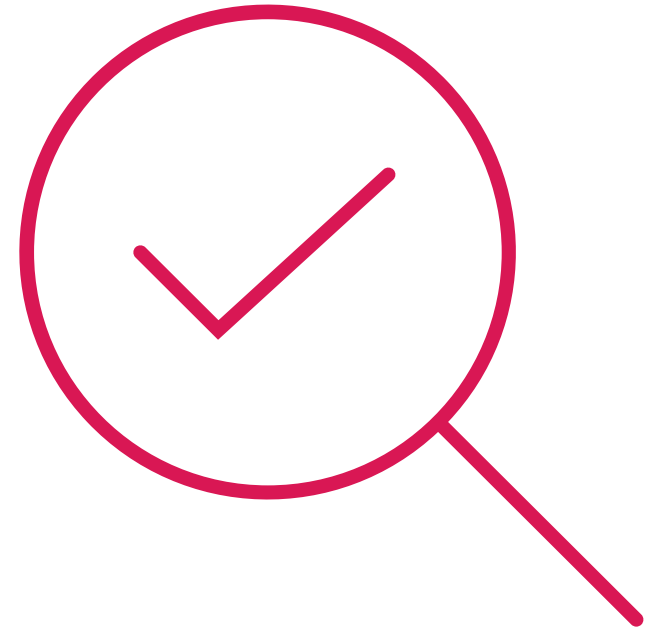
- [Monthly] provider newsletter
- Provider news updates:
 - Program/process change notices
- Training Academy:
 - Provider Pathways
 - Screening, Brief Intervention, and Referral Treatment (SBIRT)
 - Cultural competency



Provider Manual

Key provider support resource for:

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



Provider roles and responsibilities

- **Primary care providers:** provide preventive health screenings
- **No discrimination against members with mental, developmental and physical disabilities:** comply with *ADA* standards
- **Notification of changes:** billing address, name, 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

Members of Wellpoint have the responsibility to:

- Show their Iowa Health Link ID card each time they receive medical care.
- Make or change appointments.
- Get to appointments on time.
- Call their PCP if they cannot make it to their appointment or if they will be late.
- Use the emergency room only for true emergencies.
- Pay for any services they ask for that are not covered by Iowa Health Link.
- Treat their PCP and other healthcare providers with respect.
- Tell us, their PCP, and their other healthcare providers what they need to know to treat them.
- Do the things that keep them from getting sick.
- Follow the treatment plans members, their PCP, and their other healthcare providers agree on.



Your responsibilities

Providers should review both member and provider responsibilities, which are detailed in the Provider Manual.



Cultural competency

- Like you, Wellpoint is dedicated to providing quality, effective, and compassionate care to all patients. We value whole health, a person-centered approach that integrates physical, social, pharmacy, and behavioral health needs to proactively address the wide-ranging factors that contribute to equitable health outcomes.
- Wellpoint offers translation and interpreter services, cultural competency tips and training, and guides and resources based on the Culturally and Linguistically Appropriate Service (CLAS) Standards.



Cultural competency

- Cultural competency and patient engagement is a training resource to increase cultural and disability competency and helps effectively support the health and healthcare needs of your diverse patients.
- Caring for Diverse Populations Toolkit is a resource to help providers and office staff increase effective communication by enhancing knowledge of the values, beliefs, and needs of diverse patients.
- My Diverse Patients offers resources, information, and techniques to help provide individualized care regardless of their diverse backgrounds including free CME credits.
<https://mydiversepatients.com/>
- Iowa's Health Equity Whole Health Council has introduced a new training series on the social drivers of health: food security, housing, interpersonal violence, and transportation, including an introduction found on the provider website on the Elsevier platform.



Required Medicaid ID number

- In order to get reimbursed for Medicaid, providers are required to be enrolled as an Iowa Medicaid provider.
- If a potential provider does not have a Medicaid number assigned, the health plan will work with the provider and the state to complete the necessary paperwork and assist the provider with obtaining a Medicaid number.
- Forms are available on the Iowa DHHS website at:
<https://hhs.iowa.gov/ime/providers/enrollment>



Fraud, waste and abuse

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

- Providers may report allegations of fraud, abuse, or waste by:
 - Visiting our <http://www.fighthealthcarefraud.com> education site; at the top of the page select **Report it** and complete the *Report Waste, Fraud, and Abuse* form
 - Calling Provider Services: **833-731-2143**
 - Call the SIU fraud hotline: **866-847-8247**
 - Mail: [Special Investigations Unit, 740 W Peachtree Street NW Atlanta, Georgia 30308]
- Verify a patient's identity
- Ensure services are medically necessary
- Document medical records completely
- Bill accurately



Member benefits and services



Benefits

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



Wellpoint will not impose a copay on its members with the exception of nonemergent emergency room visits.

Detailed benefits and services information is available in the Provider Manual located on the Wellpoint provider website at provider.wellpoint.com/ia.



Benefits: Value-added services

Wellpoint believes that by offering expanded programs and services, we provide opportunities to help care for the whole person and better address the specific needs for each segment of the population.

Health maintenance and preventative services:

- Waived copays for specific services
- WW® membership
- Personal exercise kit
- Free youth club membership
- Oral hygiene kit
- Home-delivered meals
- Choice of grocery store membership, ready-to-cook family meals, free grocery delivery, or produce boxes
- On-demand fitness and exercise resources
- Allowance for healthy lifestyle aids (blood pressure cuff, etc.)

Training and supports services:

- Community Resource Link
- Employment support package including High School Equivalency Test (HiSet®) assistance
- One-on-one tutorial services
- Allowance for baby essentials (car seat, highchair, diapers)
- Vouchers for carpet cleaning and asthma relief products
- Free mobile subscriptions to meditation and SUD recovery apps
- Breast pump accessory kit and microwave sterilizer
- Allowance for sensory products (fidget spinners, gravity blankets, etc.)

Independent living skills services:

- Transportation assistance
- Allowance for assistive devices and wheelchair accessories
- Access to free smart phone
- No-cost digital library subscription and e-reader
- Allowance for home goods and essentials
- Allowance for personal care and hygiene supplies

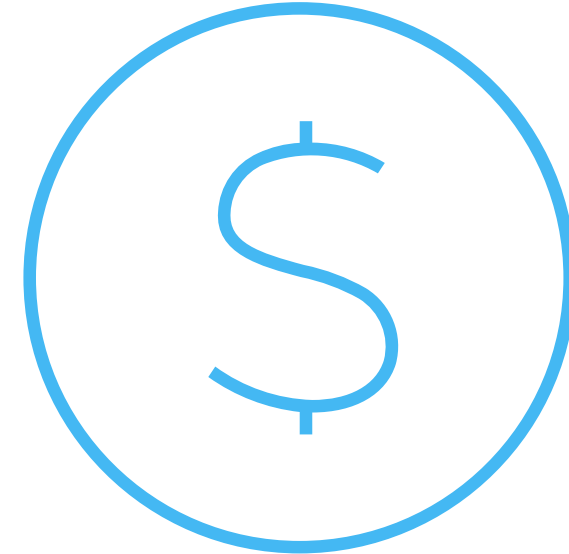


Claims and billing



Claims submission

- Clean claims
- Electronic claims
- Claim forms
- ICD codes
- Filing limits



Claim submission

There are several ways to submit a Medicaid claim for Wellpoint.

- **Availity Essentials:** www.availity.com
- **Electronically:**
 - Availity: payer ID [26375]
 - Emdeon: payer ID [27514]
 - Capario: payer ID [28804]
 - Smart Data Solutions: payer ID [81273]



Rejected vs. denied claims

Find claims status information:

- On the website at www.availity.com
- By calling Provider Services at **833-731-2143**

There are [two] types of notices 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 *Explanation of Payment (EOP)*, letter of explanation and supporting documentation.



Grievances and appeals

- Members, providers, and authorized representatives may request an appeal either verbally or in writing within [60] calendar days from the date of the Notice of Adverse Benefit Determination by:
 - Submitting a *Member Appeal Request Form*, which can be found on the plan's provider website [here](#).
 - Calling Provider Services at **833-731-2143**.
 - Mailing an *Appeal Request Form* or written appeal to:
 - Wellpoint
 - Appeals Department
 - 4800 Westown Parkway, Ste. 200,
 - West Des Moines, IA 50266
- Any person other than member acting as the member's authorized representative must obtain written consent from the member:
 - An *Authorized Representative Managed Care Appeals Form* can be found on the plan's provider website [here](#).
- Standard appeals are resolved within [30] calendar days of the appeal request and a written notice is sent.
- Appeal rights are included in the denial notice informing the member of the next level appeal rights.
- The member must exhaust the plan's internal appeal process before appealing to the state for a State Fair Hearing.
- Members have up to [120] calendar days from the date of the notice of appeal resolution to request a State Fair Hearing.

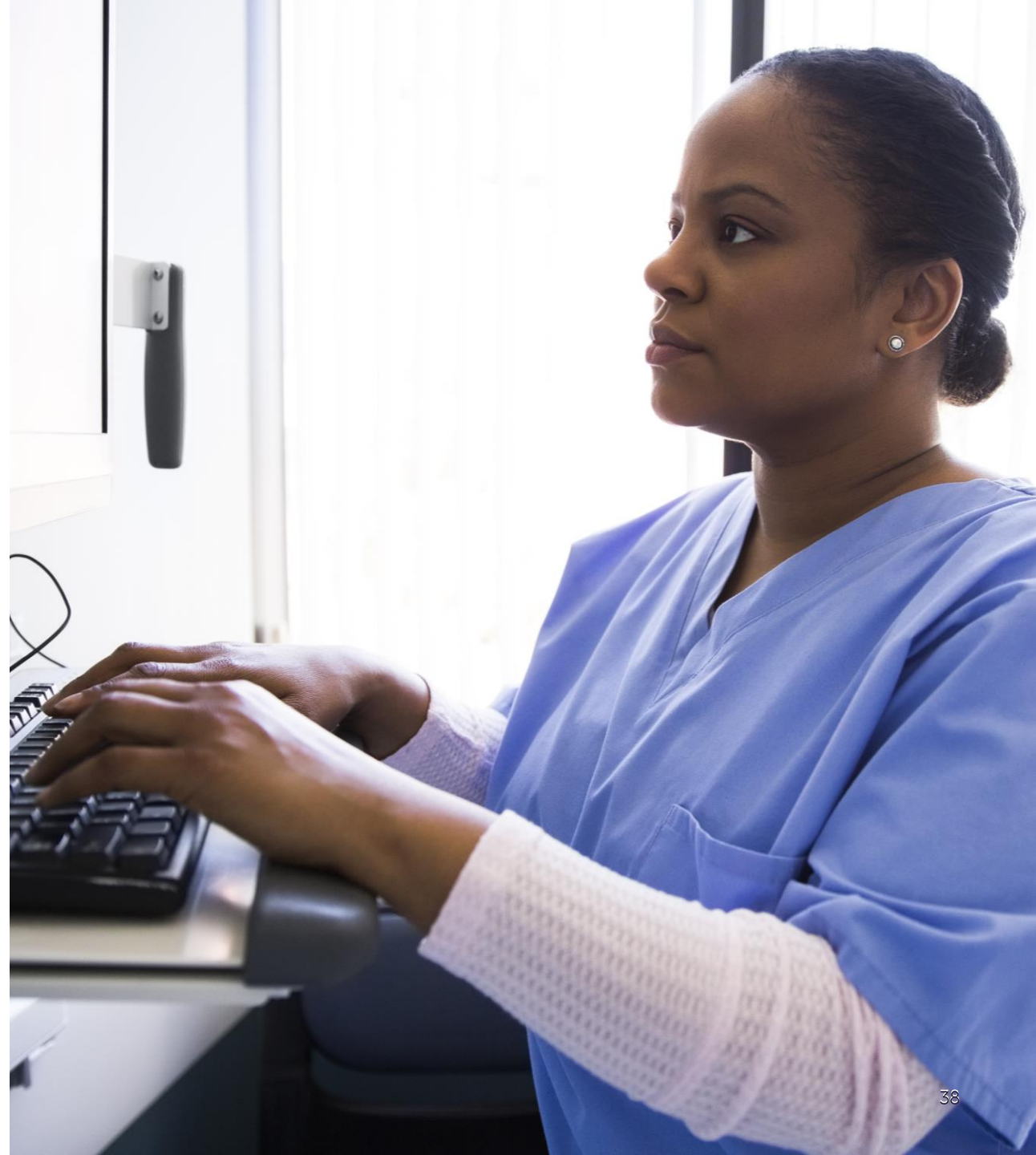


Preservice processes



Balance billing

- Providers contracted with Wellpoint may not balance bill members for covered services.
- Providers must provide notification and authorization prior to providing a noncovered service.



Precertification lookup tool online

Submit precertification requests via web, fax, or phone.

Utilize the Prior Authorization Lookup Tool (PLUTO) on our Website to determine if the CPT/HCPCS code or code Description requires an authorization.

Placeholder:
This pic references AGP but also has a bit of
text above and below

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

Search by:

- Market.
- Member product.
- CPT® code.



Access and availability

Nature of visit	Appointment standards
Emergency examinations	Immediate access [24/7]
Urgent examinations	Within [24] hours of request
Routine exams	Within [four to six] weeks of request
Behavioral health emergency	Seen or referred within [15] minutes
Outpatient treatment post-psychiatric inpatient care	Within [seven] days of discharge
Routine behavioral health visits	Seen or referred within [three] weeks of request

Refer to your Provider Manual for a complete listing of access and availability standards.



Precertification requirements

- Cardiac rehabilitation
- Chemotherapy
- Chiropractic services
- Diagnostic testing
- Durable medical equipment (all rentals; see Provider Manual for purchase requirements)
- Home health
- Hospital admission
- Physical therapy (PT), occupational therapy (OT) and speech therapy (ST) treatment
- Sleep studies

Utilization Management
833-731-2143



Precertification requirements (cont.)

- Behavioral health
- Electroconvulsive therapy (ECT)
- Inpatient psychiatric treatment
- Inpatient substance abuse treatment for pregnant women
- Intensive outpatient treatment
- Psychiatric residential treatment
- Partial hospital treatment
- Psychological and neuropsychological testing
- Some community mental health center services

Utilization Management
833-731-2143



Pharmacy program

Prior authorization is required for:

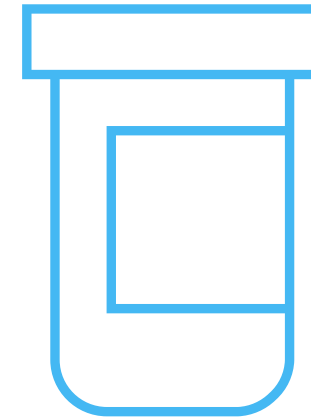
Nonformulary drug requests.

Brand name medications when generics are available.

High-cost injectables and specialty drugs.

Any other drugs identified in the formulary as needing prior authorization.

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 (if applicable).
- By one of our preferred lab vendors.

Testing sites **must** have a *Clinical Laboratory Improvement Act/Amendments (CLIA)* certificate or a waiver.



Member eligibility verification

Eligibility can be verified in the following ways:

- Wellpoint provider website:
provider.wellpoint.com/ia
- Calling Provider Services: **833-731-2143**
- Calling the Eligibility and Verification Information System (ELVS):
800-338-7752

To verify eligibility, have the following information available:

- **Member name**
- **Medicaid ID number**
- **Date of birth**



New member information

New members will receive the following:

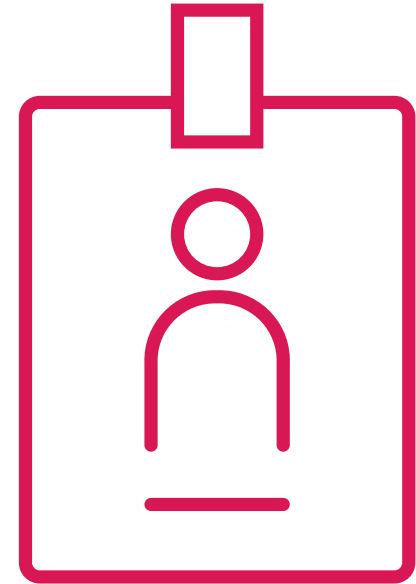
- Iowa Medicaid ID state card (if applicable)
- Wellpoint member identification card
- Iowa member handbook
- Access to the provider directory

Placeholder:
Contains AGP references



PCP selection

- A member must select a PCP.
- A member's PCP can be changed within [24] hours from the time the change request has been made.
- A member can see a specialist without a referral.



Maintaining high-quality care



Disease Management

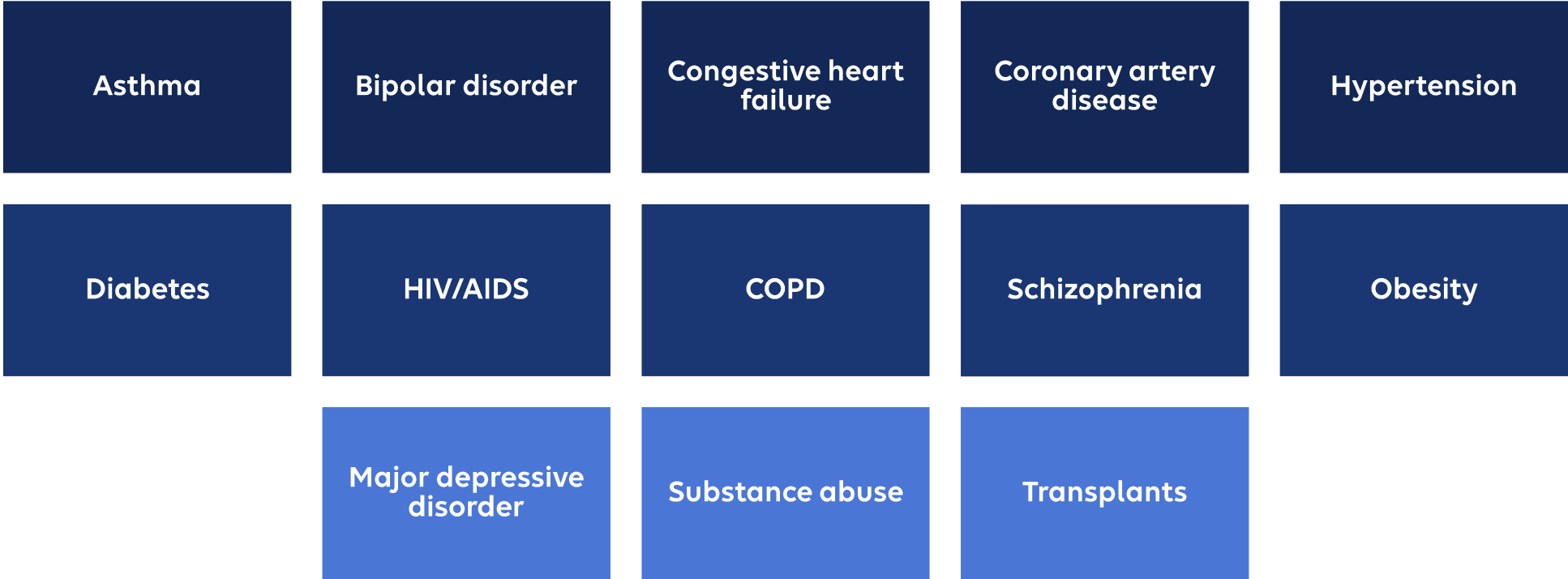
Our Disease Management Centralized Care Unit (DMCCU) programs are based on a system of coordinated care management interventions and communications designed to assist physicians and others in managing members with chronic conditions.

Our disease management programs include:

- Asthma.
- Bipolar disorder.
- Chronic obstructive pulmonary disorder (COPD).
- Congestive heart failure (CHF).
- Coronary artery disease (CAD).
- Diabetes.
- HIV/AIDS.
- Hypertension.
- Major depressive disorder.
- Schizophrenia.
- Substance use disorder.



Disease Management



Member referral 888-830-4300



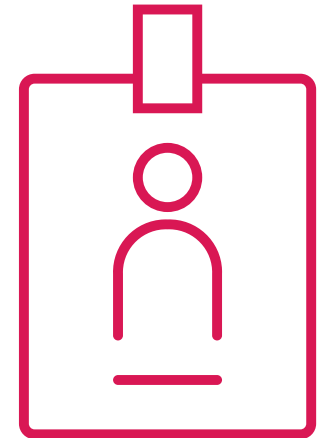
Additional information



Credentialing process

- Complete a Wellpoint credentialing application or Council for Affordable Quality Healthcare (CAQH) application through CAQH ProView for practitioners.
- Access applications and checklists at providers.wellpoint.com/Pages/iowa-apprequest.aspx.
- Sign up for CAQH:
 - Go to <https://proview.caqh.org/pr>.
 - Select **Register Now** on the bottom right and follow the instructions.

If you already participate with CAQH and have completed your online application, ensure you authorized Wellpoint access to your credentialing information. This can be completed in [four] easy steps (if you have selected global authorization, Wellpoint will already have access to your CAQH.)





Iowa Health Link
Iowa HHS

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan.

provider.wellpoint.com/ia/

Services provided by Wellpoint Iowa, Inc.

IAWP-CD-042223-23 | November 2023