New Jersey | Medicaid

Provider webinar for New Jersey care providers

26 March 2024

Wellpoint

Update — name change

- Amerigroup Community Care is now Wellpoint:
  - Our new name fits with our brand vision to be a source of lasting wellness for our members — your patients — at all points in their health journey.

Agenda

- Health plan overview
- NJ FamilyCare and Medicare Advantage
- Member engagement
- Health equity
- Maternal health
- Substance use disorder
- Gaps in care
- ECDS
- Care management
- Utilization management
- Provider website
- Training academy
- Availity Essentials
- Carelon
- Claims

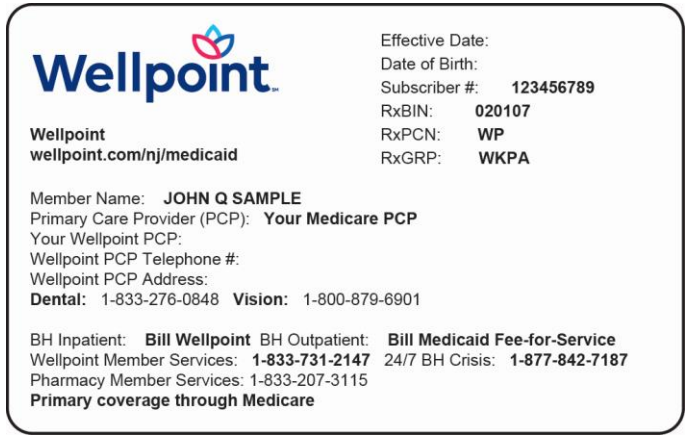
Q & A — Please submit questions in the chat. These will be reviewed at the end of the presentation.

Wellpoint currently covers a quarter of a million Medicaid enrollees in New Jersey.

Over 30,000 members are covered by our Medicare Advantage plans.

Provider Services:
833-731-2149
Member Services:
833-731-2167 (TTY 711)

https://www.provider.wellpoint.com/new-jersey-provider/home



EDI payer ID (WLPNT)
835 ERA payer ID (WLPNT)

Availity.com

Availity > Payer Spaces > Wellpoint

https://www.provider.wellpoint.com/new-jersey-provider/home
Availity.com

NJ FamilyCare

Medicaid recipients include NJ FamilyCare members, MLTSS or Supplemental Security Income (SSI) members, and clients of the Division of Developmental Disabilities (DDD).

Refer to the benefit guide in the *Provider Manual* for benefit information.

Members can select a PCP at the time of enrollment or will be auto-assigned to a PCP. Members may change their PCP at any time.

Members can change their MCO once every 12 months during annual enrollment October 1 to November 15.

No copayment or deductible is required or may be collected for medically necessary covered services for NJ FamilyCare A, B, ABP, and MLTSS members.

NJ FamilyCare C and D members may be responsible for a copayment or personal contribution to care (PCC) for services.

MLTSS members receiving nursing facility or assisted living services may have patient pay liability (PPL).

The New Jersey Division of Medical Assistance and Health Services (DMAHS) administers the NJ FamilyCare program.

You can help identify potential recipients who may qualify for coverage. Contact:

The State of New Jersey Health Benefits Coordinator at 800-701-0710 **(TTY** 800-701-0720**)**

Wellpoint : 833-731-2149 **(TTY 711)**

StayCoveredNJ

What can you do to ensure that patients remain covered and have access to needed care?

NJ FamilyCare is restarting eligibility renewals after a three-year pause. Healthcare providers have a special role as a trusted source of health information. There is no better time to discuss the importance of remaining insured, healthy, and safe than when a patient receives medical care.

Patients may not realize that they need to renew their Medicaid benefits annually. Patients will receive a letter about their NJ FamilyCare coverage when it is time to renew:

- ❑ Please talk to patients about responding promptly to all NJ FamilyCare mail.
- ❑ When a patient with NJ FamilyCare coverage reports a new address to your office, please remind them to call **800-701-0710** (TTY 711) to update their address with NJ FamilyCare, too.

Visit the StayCoveredNJ website for printable materials, including posters in 21 languages in the Toolkit and Frequently Asked Questions. You can also email DMAHS at DMAHS.CommunityCollab@dhs.nj.gov if you need a print run of over 100 posters – they are happy to provide them.

https://nj.gov/humanservices/dmahs/staycoverednj/

What if the member needs assistance?

Send us an email with the member's name and contact information to Njmembers@wellpoint.com.

Time to Renew? We can help!
Call us at 1877 453-4080, press 0 (TTY 711)
Or visit njfamilycare.org

Medicare Advantage

Who is eligible?

Age 65 or older, under age 65 with permanent disabilities, and all ages with end-stage renal disease (ESRD).

Beneficiaries must be enrolled in Medicare Parts A and B and must live in the plan service area (New Jersey counties except for Hunterdon or Warren).

Wellpoint dual special needs plans are fully integrated dual eligible SNP (FIDE SNP) plans that focus on beneficiaries who would benefit from enhanced coordination of care due to certain medical conditions.

Our integrated Medicare and Medicaid care management model Medicaid coverage is consistent with state policy for MLTSS, behavioral health, and nursing facility services.

Dental, hearing, transportation, and vision are covered under plan's integrated Medicaid benefit.

Dual special needs plans:

- Wellpoint Full Dual Advantage (HMO D-SNP) H3240-013
- Wellpoint Full Dual Advantage Secure (HMO-POS D-SNP) H3240-024

Medicare Advantage plans:

- Wellpoint Medicare Advantage (HMO) H3240-022
- Wellpoint Extra Help (HMO) H3240-021
- Wellpoint Kidney Care (HMO-POS C-SNP) H3240-014

“

We need to make it easier for people to access services that are individualized to their care and community needs and demonstrate cultural humility. When we meet people where they are, we can have a greater impact on the whole health of our members.”

- Bryony Winn, President Of Health Solutions

https://www.elevancehealth.com/our-approach-to-health/health-equity/how-value-based-care-can-advance-health-equity

Engagement with your patient counts

Each year, a random sample of enrolled members receive a Consumer Assessment of Healthcare Providers and Systems® (CAHPS) Survey asking them to evaluate their experiences with healthcare.

The responses give us an idea of how your patients and our members perceive us and provide opportunities for us to improve the way we deliver services. The overall goal of the survey is to provide actionable performance feedback to help the plan to improve the member experience.

Our engagement and interaction with patients and members are critical. Together, we can provide positive experiences for our shared members and patients.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ

“

We have to transform our approach to health and healthcare. We act with urgency to understand what makes our members unique, to build their trust and to effectively partner with them to optimize their health.”

- Dr. Shantanu Agrawal, Chief Health Officer

elevancehealth.com/our-approach-to-health/health-equity/why-we-need-health-equity

Health equity

Health disparities are differences in health outcomes that are experienced by some groups of people and not by others. This is not solely due to underlying health conditions such as diabetes or asthma, but it is also a factor of social drivers of health that have influenced a person's lived experience. While race and poverty are well-documented barriers to good health, inequities can happen for many different people.

elevancehealth.com/our-approach-to-health/health-equity/why-we-need-health-equity

“

Maternal health is one indicator of community health, and Elevance Health is working toward better maternal and infant health outcomes”

- Dr. Sophie Clarke, Clinical Strategies and Partnerships

Healthy babies start with healthy pregnancies. The United States has a robust healthcare infrastructure, spending more per capita on healthcare than any other nation, but maternal health in this country has lagged behind that of other developed countries.

27th

Currently, New Jersey is ranked **27th in the nation** for maternal deaths and has one of the widest racial disparities for both maternal and infant mortality.[1]

3.5x

Black women in New Jersey experience a 3.5 times higher rate of infant death compared to white women and Hispanic women in New Jersey experience twice the rate of infant mortality compared to white women. [2]

10%

Up to 10% of pregnancies in the United States are affected by gestational diabetes. [3]

10x

Women with a history of gestational diabetes have an increased risk for recurrent diabetes in subsequent pregnancies and a 10-fold risk of developing type 2 diabetes as they age.[4]

1 Nurture NJ https://nurturenj.nj.gov/
2 New Jersey State Health Assessment Data (NJSHAD) https://www-doh.state.nj.us/doh-shad/
3 Centers for Disease Control cdc.gov/diabetes/basics/gestational.html
4 American Diabetes Association https://diabetes.org/about-diabetes/gestational-diabetes

Maternal child health

Doula care

Research shows that doulas – trained professionals who counsel pregnant people before, during and after their babies are born – can help improve maternal health outcomes by offering information and education, as well as physical, social, and emotional support. Such care has been found to reduce the rate of cesarean births, preterm births, and postpartum depression, while also improving breastfeeding rates.

All pregnant, birthing and postpartum individuals are eligible for doula care and can benefit from the physical, emotional and informational support doulas provide during the perinatal period. Doula care is available to members regardless of their medical complexity starting in the prenatal period and can continue up to 180 days postpartum.

CenteringPregnancy

Centering is holistic, relationship-based care that offers more time with patients and strengthens patient-provider relationships to build healthier communities with better outcomes.

CenteringPregnancy decreases the rate of preterm and low weight babies, increases breastfeeding rates, and leads to better pregnancy spacing. In CenteringParenting family centered well-childcare, there is better attendance at recommended visits and improved immunization rates.

CenteringPregnancy has been shown to nearly eliminate racial disparities in preterm birth. African American women, who are at higher risk for preterm birth in the US, experience lower risk of preterm birth when enrolled in CenteringPregnancy than in traditional care.

nj.gov/humanservices/dmahs/info/doula.html
https://centeringhealthcare.org/

Substance use disorder

Under N.J. Law (P.L. 2013, c. 46, known as the Overdose Prevention Act), physicians can prescribe naloxone to anyone in a position to assist others during an overdose (for example, bystanders) - this is called third party prescribing, as the drug is not necessarily intended to be used for the person receiving the prescription.

Naloxone rescue kits can reverse opioid overdoses.
Pharmacies will provide one two-dose kit per visit to any person ages 14 and older.
No prescription is needed, no name or reason is required, and there is no cost.
nj.gov/humanservices/stopoverdoses/

For Addiction Help 24/7 call
844-REACHNJ (732-2465)
nj.gov/humanservices/reachnj/

NMHAS Naxolone Initiative
nj.gov/humanservices/dmhas/initiatives/naloxone.html

Substance Abuse and Mental Health Services Administration (SAMHSA)
samhsa.gov/sbirt

NJ FamilyCare Coverage of Screening Brief Intervention and Treatment (SBIRT) Services (Newsletter Vol. 29, No. 10) njmmis.com

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive, integrated public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

G0396 Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes

G0397 Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes

Gaps in care

Gap in care (GIC) reports are available in Availity > Payer Spaces > Wellpoint > Provider Online Reporting. These reports inform PCPs about panel members that are missing services. Use this information to identify members in need of services and close gaps to improve HEDIS® scores.

Please refer to the **HEDIS Benchmark and Coding Guidelines for Quality Care** at provider.wellpoint.com/new-jersey-provider/home > Resources -> Manuals, Policies and Guides -> HEDIS Coding Booklet 2024

and provider.wellpoint.com/new-jersey-provider/home > Resources -> HEDIS for additional HEDIS guidance including **Quality Measures Desktop Reference for Medicaid Providers and the HEDIS Category II coding bulletin**

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

Telemedicine

A healthcare provider may engage in telehealth as may be necessary to support and facilitate the provision of healthcare services to patients. P.L.2017, c.117 (C.45:1-61 et al.):

- ❑ Providers must be validly licensed to provide such services in the state of New Jersey.
- ❑ Providers shall be subject to the same standard of care or practice standards as are applicable to in-person settings.
- ❑ Telemedicine services may be provided using interactive, real-time, two-way communication technologies or asynchronous store-and-forward technology.

Electronic Clinical Data Systems (ECDS)

Having more time to focus on patient care rather than responding to medical record requests is possible by participating in Electronic Clinical Data Systems (ECDS).

We are focused on reducing administrative burdens, so you can do what you do best — care for our members. Let us help by granting EMR Direct Remote access to our EMR team.

Need more information or ready to sign up?

Please email us today at:
Centralized_EMR_Team@wellpoint.com.

Care management

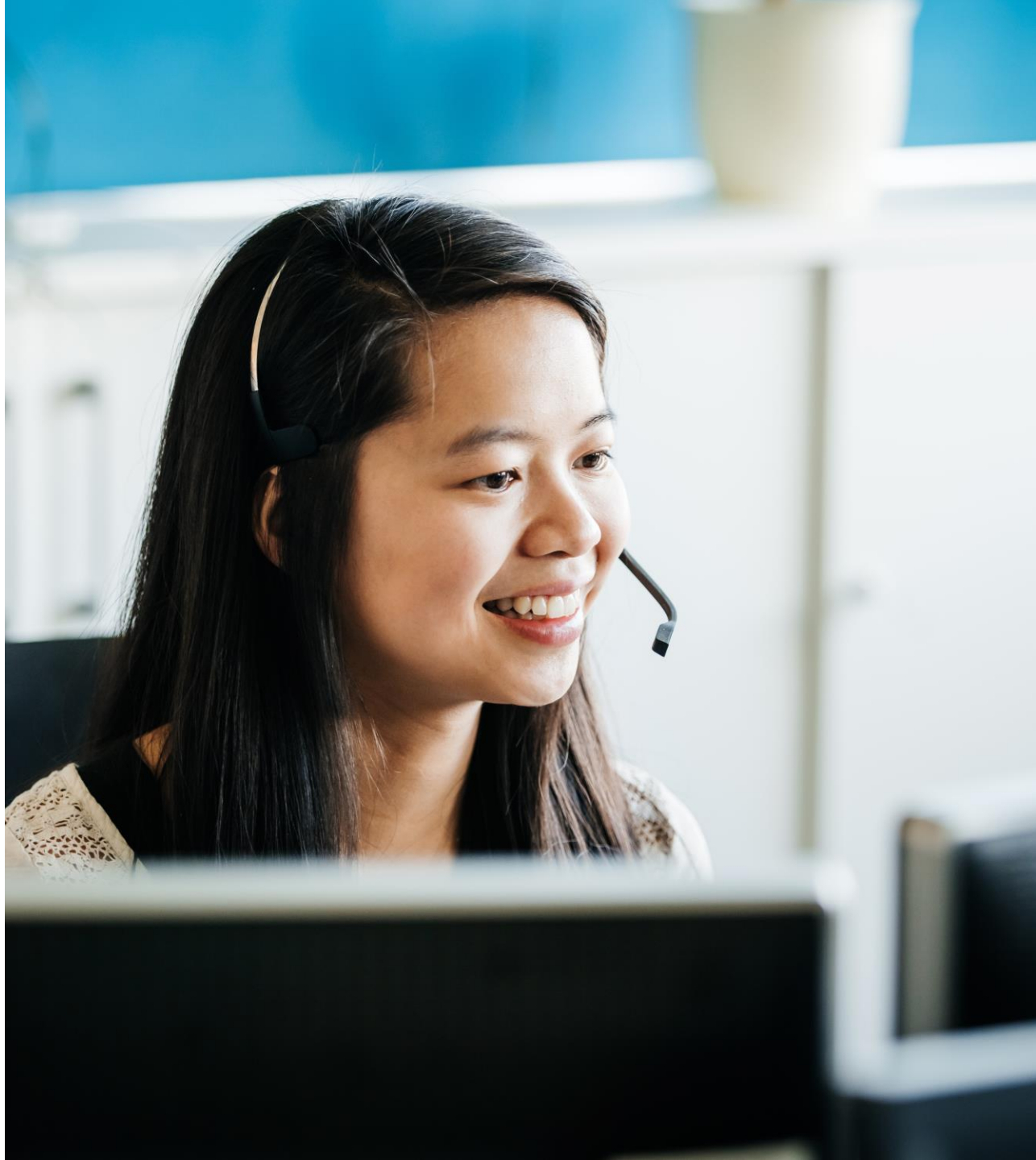
Our Care Management program is designed to meet our members' needs when they are pregnant or have conditions or diagnoses that require ongoing care and treatment.

Care managers are available during normal business hours from 8 a.m. to 5 p.m. ET.

800-452-7101 or **732-452-6000** ext. **106-1342111**

For urgent issues, assistance is available after normal business hours, on weekends and on holidays through Provider Services at **833-731-2149**.

We encourage providers to refer members to us that may potentially be appropriate for comprehensive care management.



Utilization management

Inpatient services and non-emergent services by non-participating providers always require prior authorization.

First, use the precertification look-up tool to verify if a service requires prior authorization.

To access UM criteria online, go to provider.wellpoint.com/new-jersey-provider/home> Resources > *Medical Policies and Clinical UM Guidelines.*

Certain outpatient services may be authorized through Carelon Medical Benefits Management, Inc. via providerportal.com or 833-419-1491.

Authorization denials and limitations will be provided in writing in accordance with the Health Claims Authorization Processing and Payment Act, P.L. 2005, c.352:

- ❑ Non-urgent services request decisions will be made within **14 calendar days** or sooner as required by the needs of the enrollee.
- ❑ Stat/urgent request (expedited service authorizations) decisions will be made within **24 hours**, but no later than three business days after receipt of the request for services.
- ❑ A medical necessity reviewer is available by calling Provider Services **833-731-2149** to discuss any denial decision with the practitioner.

https://www.provider.wellpoint.com/new-jersey-provider/home
www.providerportal.com

Provider website resources

- ❑ *Provider Manual* and *Quick Reference Guide*
- ❑ *Medical Policies* and *Clinical UM Guidelines*
- ❑ Referrals (online provider directory)
- ❑ Training academy

Claims:

- ❑ Reimbursement policies

Patient care:

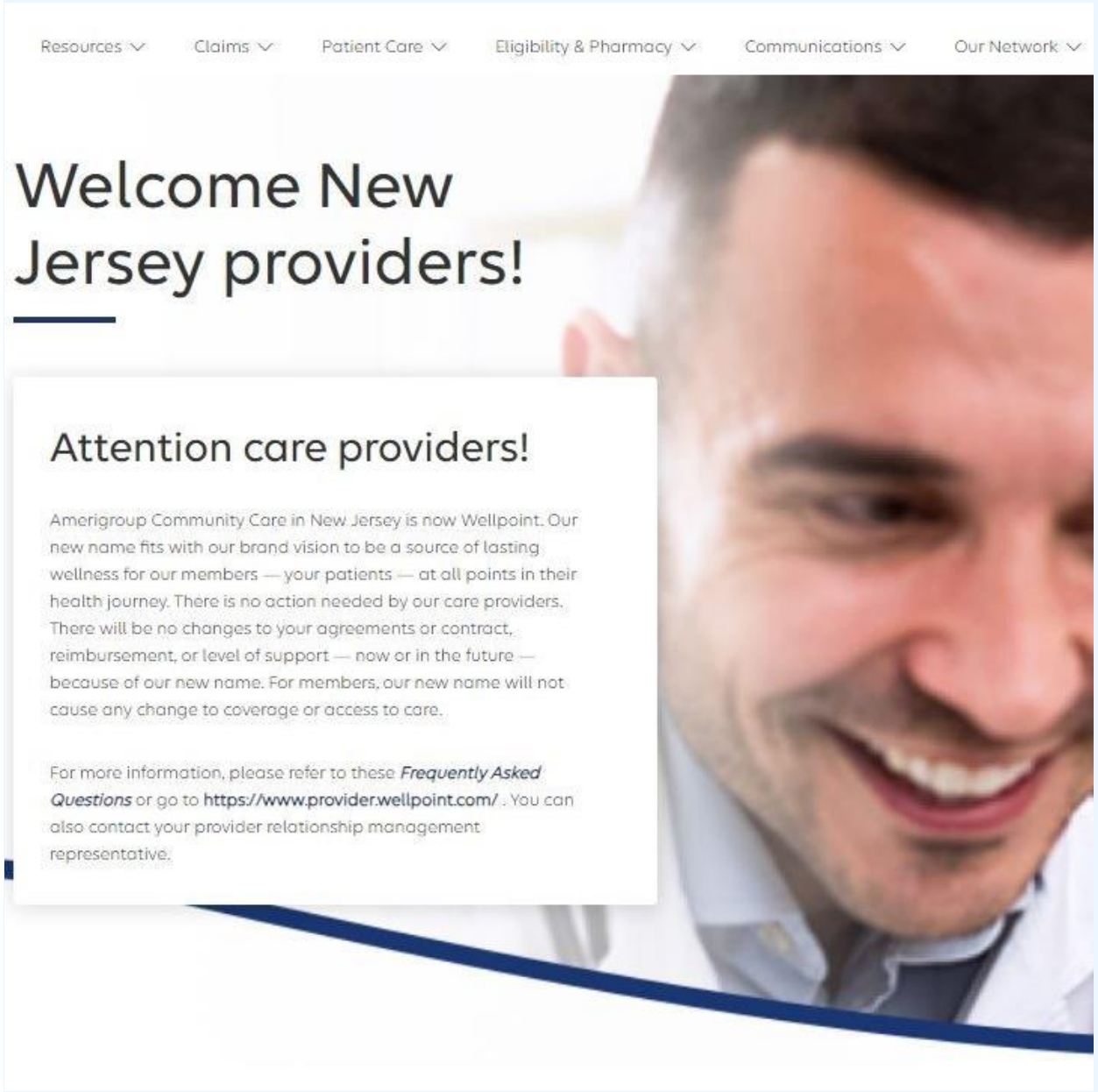
- ❑ Behavioral health
- ❑ Care management
- ❑ Maternal child services

Eligibility & pharmacy:

- ❑ Pharmacy tools
- ❑ Benefits partners

Communications

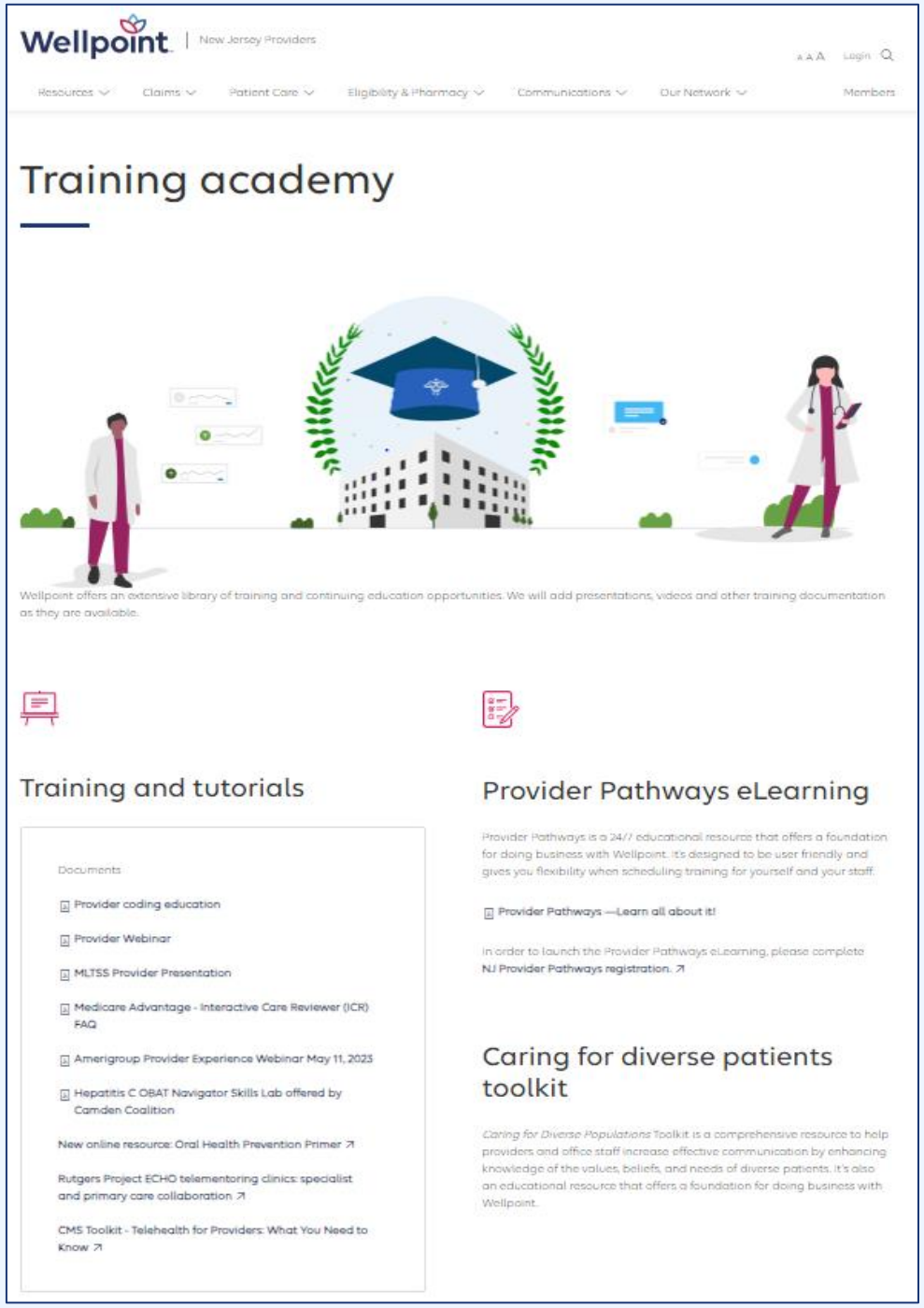
- ❑ News
- ❑ State and national health updates



https://www.provider.wellpoint.com/new-jersey-provider/home

Provider training academy

- ❑ Provider Pathways eLearning
- ❑ MyDiversePatients
- ❑ Additional resources
- ❑ Oral health
- ❑ Rutgers Project ECHO tele-mentoring



Provider Pathways

Provider Pathways — Doing business with Wellpoint, gives you the flexibility for scheduling training for yourself and your staff:

- Go to provider.wellpoint.com/nj
- Select **Training Academy** under **Resources** in the top navigation.
- Once on the site, select **Provider Pathways** under **Training Resources**.

My Diverse Patients

Did you know?

If patients even think they perceive stereotyping, biases, or prejudices... that this could translate to lower levels of treatment adherence or even fewer office visits?

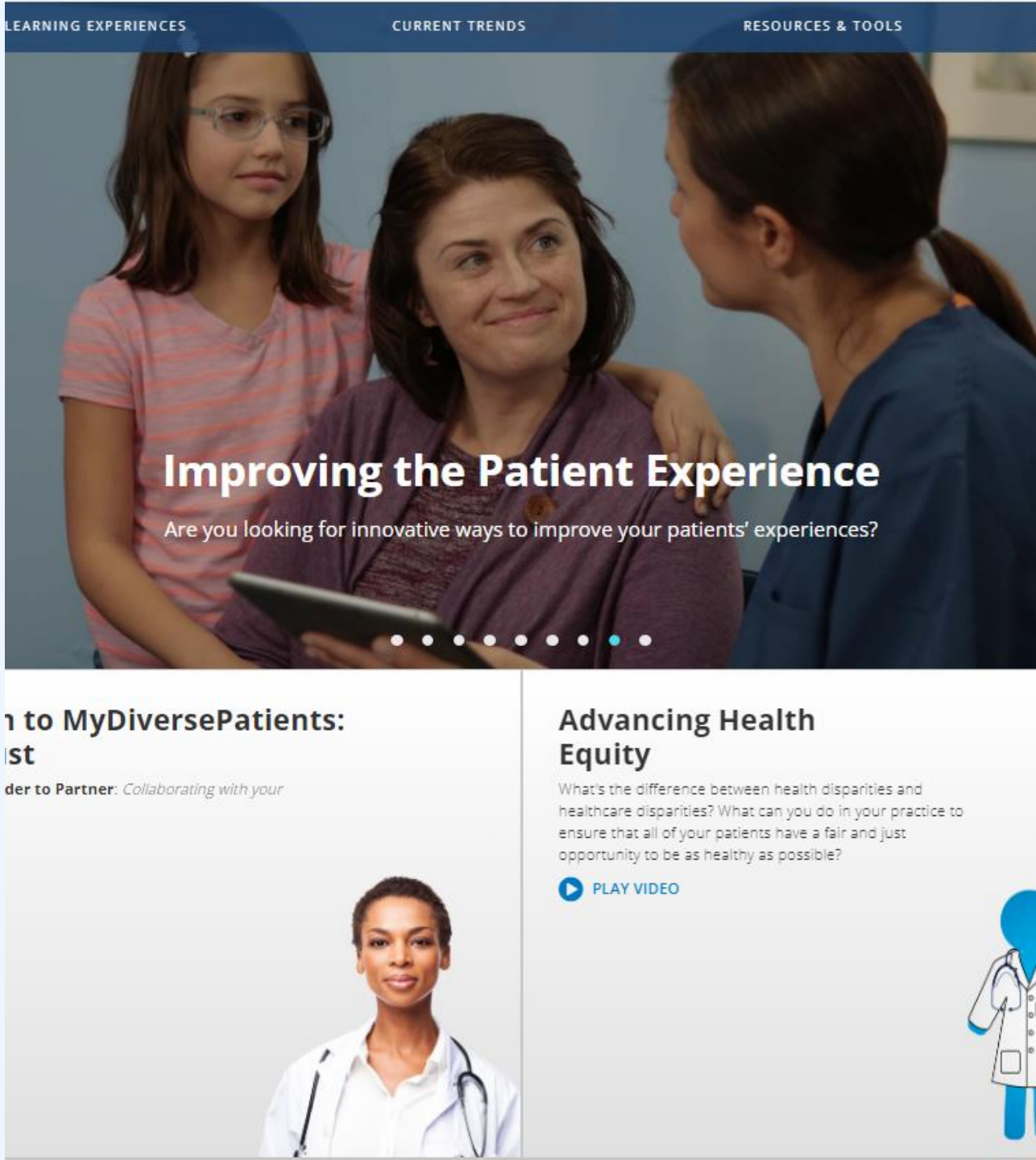
Unlike other racial and ethnic groups, cancer is the leading cause of death for Asians.

Treating all your patients the same may inadvertently be a contributing factor to widening disparities?

The U.S. leads the world in medical research and medical care, yet on some of the most important indicators—like how long we live—our country is not even in the top 25. For the first time, our current generation of children may live unhealthier and shorter lives than their parents.

CME credits upon completion available

mydiversepatients.com



Availity Essentials

Did you know that many Wellpoint functions can be accomplished using the provider self-service tools within Availity?

Please visit Availity.com to utilize tools such as claims status, claim disputes, member eligibility, authorizations/interactive care reviewer, demographic updates, and enrollment.

You can also live chat with a Wellpoint associate via Payer Spaces >Wellpoint.

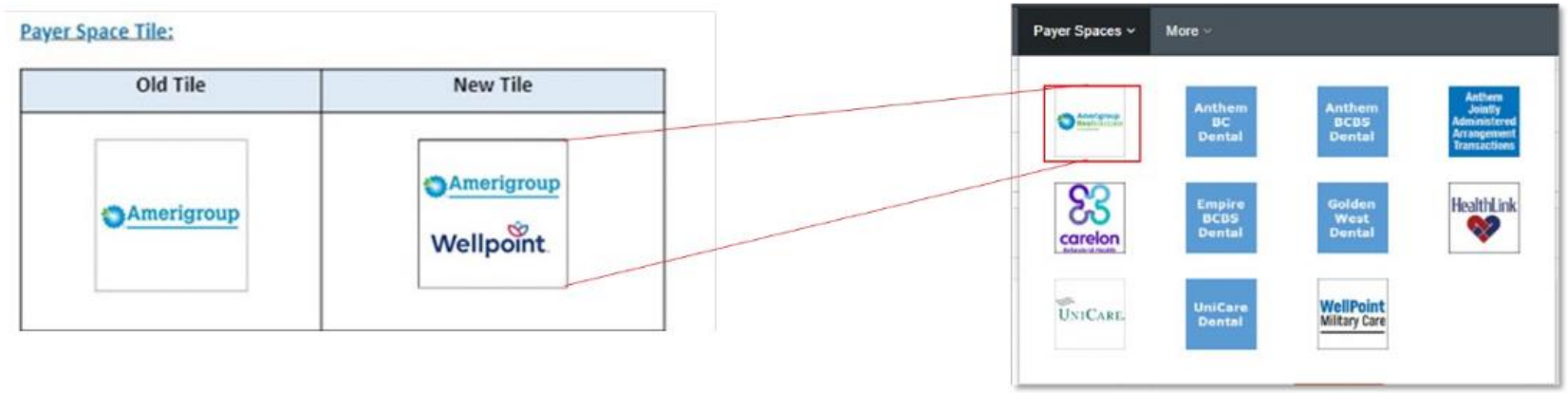
Availity support: **800-AVAILITY (800-282-4548)**

Our transition to Wellpoint: Availity FAQs

Will there be changes to how I access the Availity payer space?

No, there are no changes to how you will access our payer space. **You will notice updated branding starting on December 9, 2023**. You will see a joint health plan payer space tile when you select the tile under Payer Spaces. This joint-branded tile will remain in place throughout 2024 to help facilitate a smooth transition.

When you select the payer tile, you will be redirected to the payer space which will be Wellpoint branded beginning on December 9, 2023: The Amerigroup payer space will be branded Wellpoint. Aside from these branding changes, how you use and interact with payer spaces will be exactly the same.



Availity.com

Availity > Payer Spaces > Wellpoint

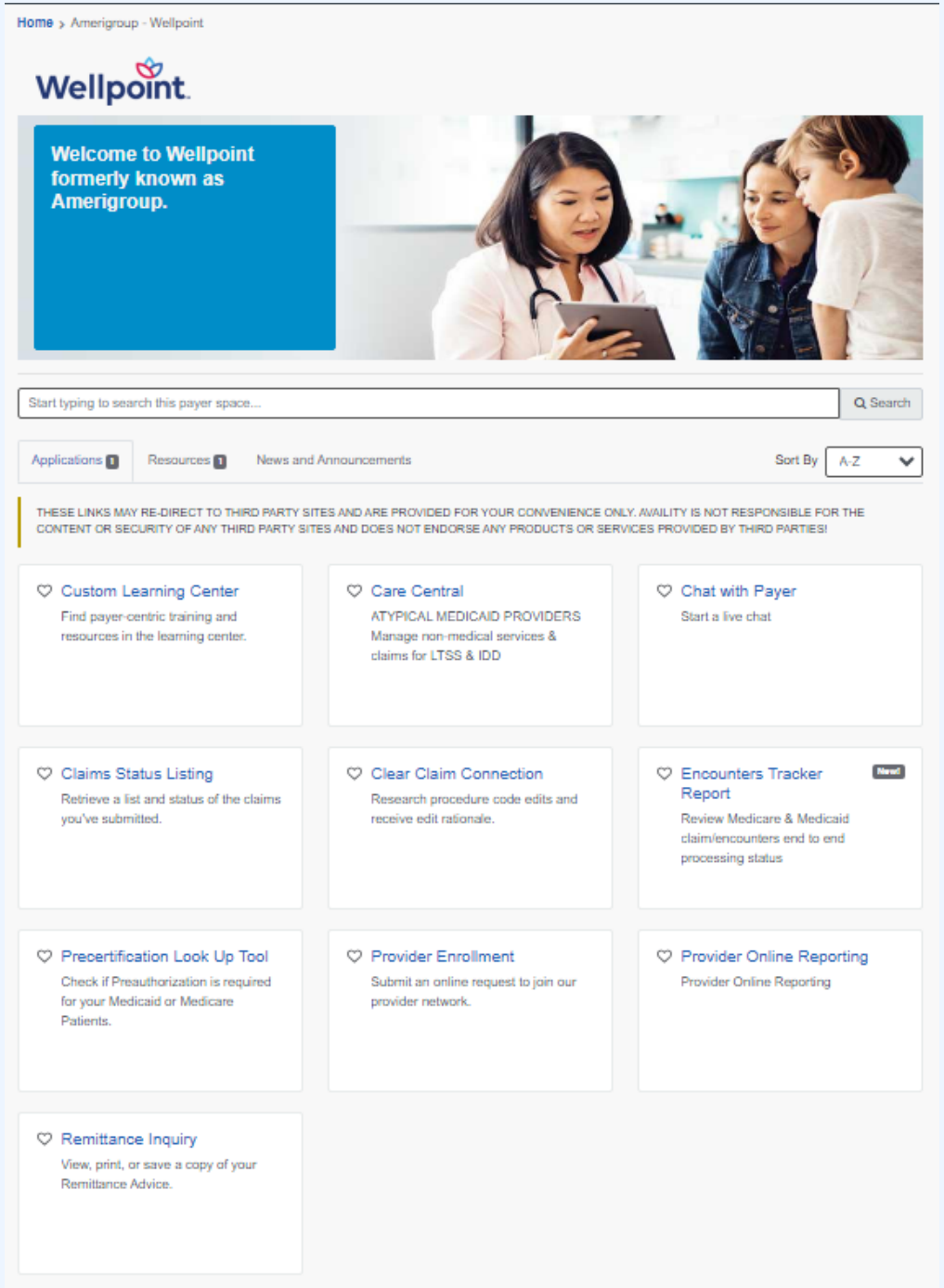
Applications:

- ✓Custom learning center
- ✓Care Central
- ✓Chat with Payer
- ✓Claims Status Listing
- ✓Clear Claim Connection
- ✓Precertification Look-Up Tool
- ✓Provider Enrollment
- ✓Provider Online Reporting
- ✓Remittance inquiry

Resources:

- ✓Enrollsafe electronic funds transfer (EFT)
- ✓Roster Automation Standard Template

https://enrollsafe.payeehub.org
availity.com



Provider enrollment

Who can use this new tool?

Digital provider enrollment is currently only available for professional practitioners.

What features does the tool provide?

- Apply to add new practitioners to an already existing group.
- Apply and request a contract to enroll a new group of practitioners.
- Monitor submitted applications statuses real-time with a digital dashboard.

Please note that submission of a request for an agreement and/or credentialing application is subject to review and is not a guarantee of approval.

How the online enrollment application works

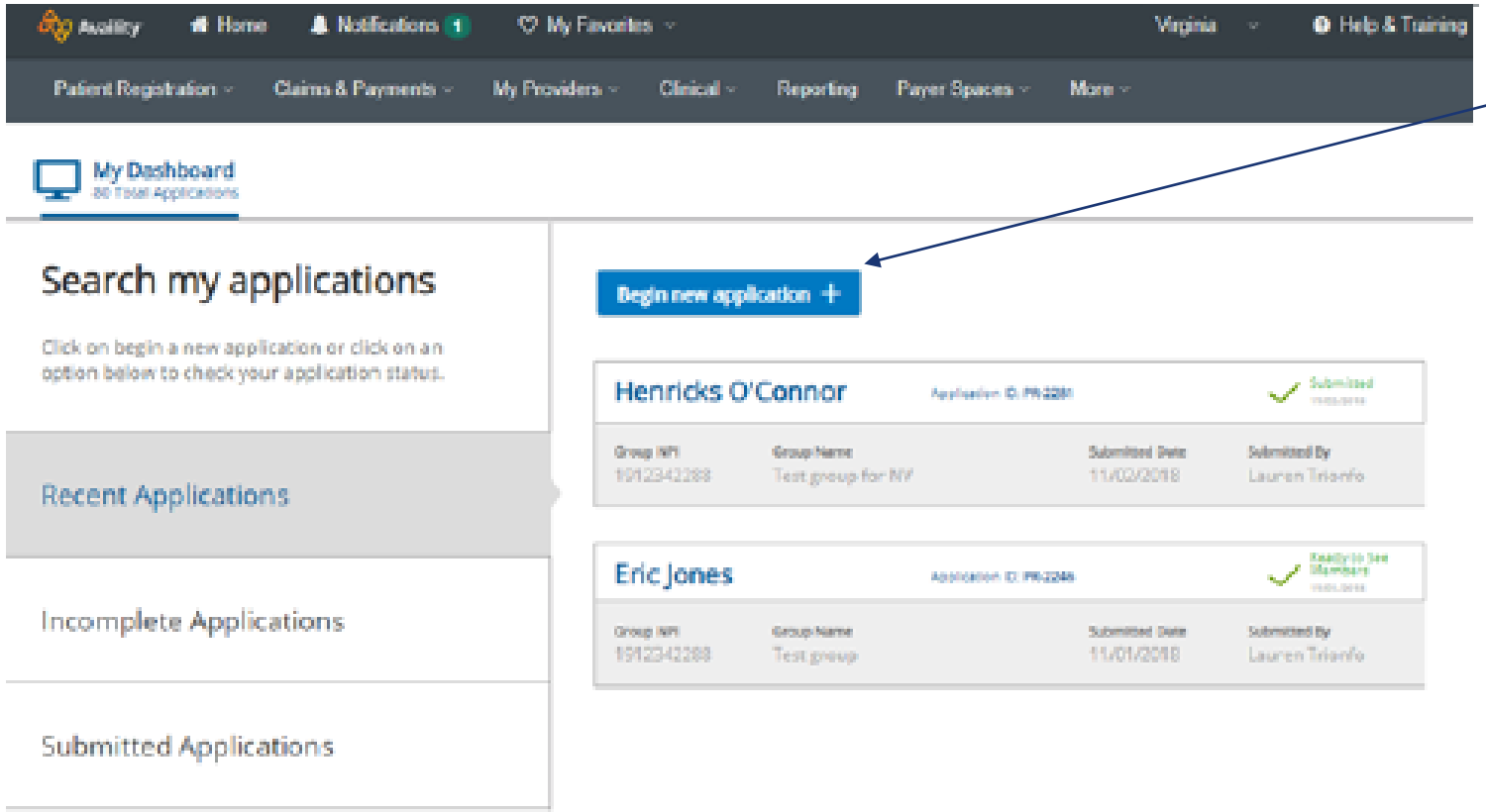
The system pulls in all your professional and practice details from Council for Affordable Quality Healthcare (CAQH) ProView to populate the information Wellpoint needs to complete the enrollment process — including credentialing, claims, and directory administration.

Please ensure your provider information on CAQH is updated and in *complete* or *re-attested* status. The online enrollment application will guide you through the process, and a dashboard will display real-time application statuses. You'll know where each provider is in the process without having to call or email for a status.

Enrollment dashboard

My Dashboard is the place to track your submission.

Select **Begin new application** to start the enrollment process.



Navigation options allow providers to find applications and check status.

Data management and rosters

How to submit a roster:

1. Download the *Roster Automation Standard Template*, from the Resources tab in Payer Spaces -> Wellpoint
2. Go to My Providers > Provider Data Management
3. Select the Provider
4. Click on the slide drawer icon
5. Agree with the above statements
6. + Add file
7. File Submission complete

Alternatively, use *Manage Business* to make simple demographic updates at Group level.

Training webinars:

https://availitylearning.learnupon.com/catalog/courses?search=ELEVANCEPDM

Rules of engagement:

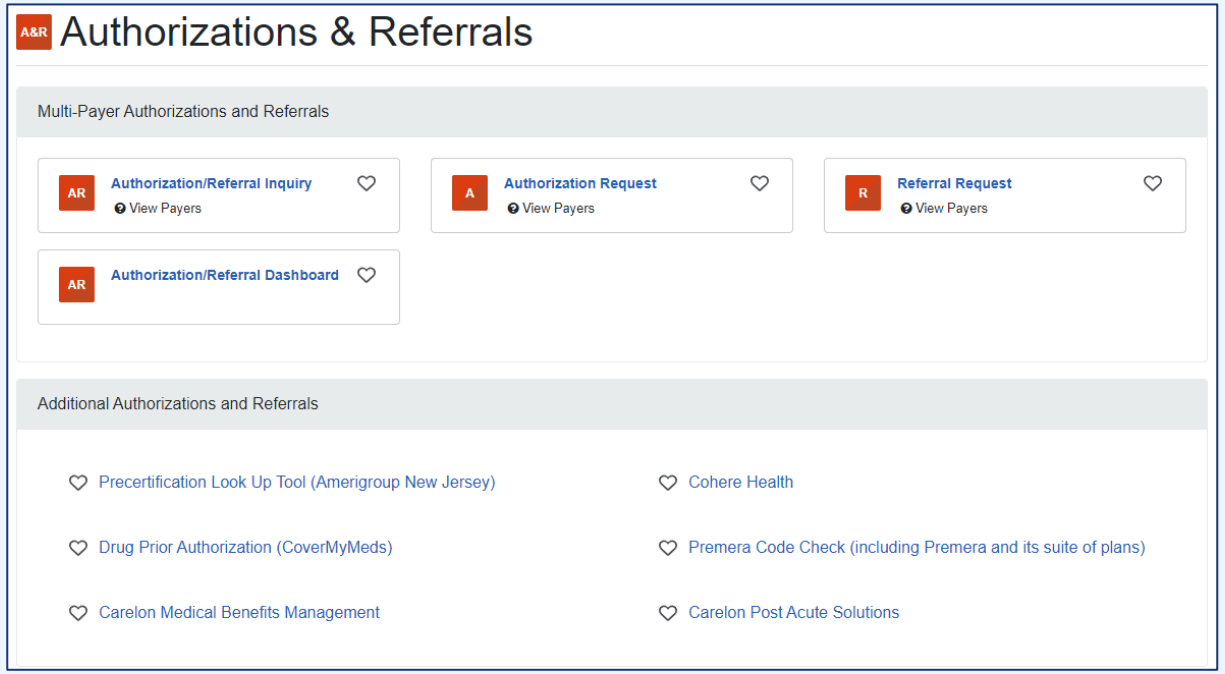
- ❑ Do not password protect submitted roster/Excel file.
- ❑ Providers should send rosters one-to-two times per month versus sending individual changes.
- ❑ Minimum must be every 90 days to meet attestation requirements.
- ❑ A full roster, with terminations included as a separate tab, is considered best practice.
- ❑ Change rosters: Rosters featuring only current updates will also be accepted. This would include adds, changes, and terminations in a separate tab for each request.
- ❑ Consistent format month-over-month will allow for programming to run automation.

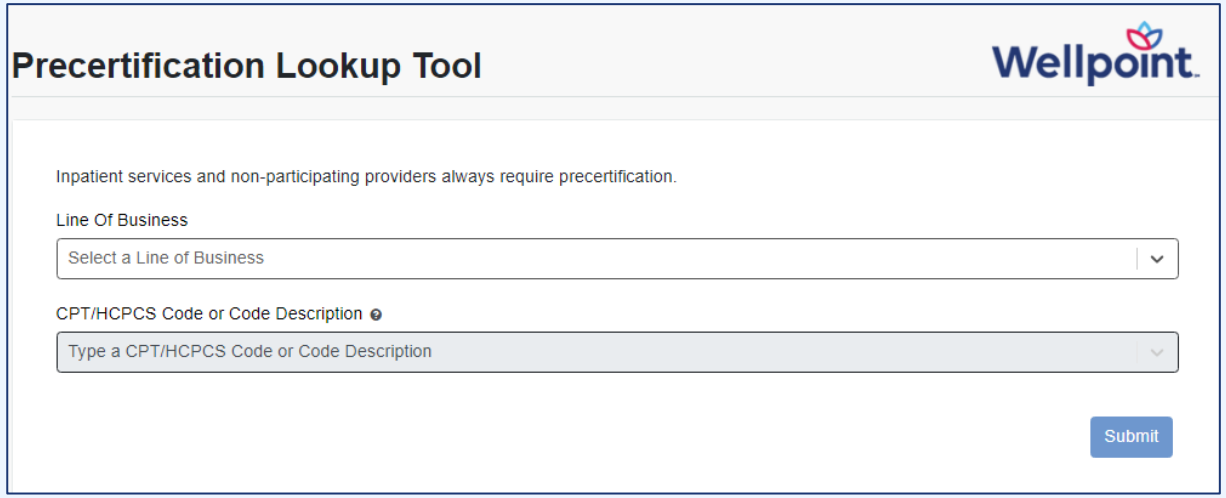
Online authorizations

Interactive care reviewer (ICR) is a secure, online provider UM tool — accessed via Availity — that offers a streamlined process to request authorization of inpatient and outpatient procedures/services.

With this tool, your practice can initiate online medical and behavioral health preauthorization requests for Wellpoint members more efficiently and conveniently as well as locate information on previously submitted requests regardless of how the original prior authorization was submitted.

The Precertification Lookup Tool within Availity is the quickest way to check if an outpatient service requires prior authorization.





Availity.com

Our new brand Carelon, a broad portfolio of healthcare services focused on solving the most complex challenges through integrated services including Care Delivery and Enablement, Behavioral Health, Pharmacy, and Analytics.

The name *Carelon* is derived from the word *care* and suffix *-lon*, which means full and complete. Together, these words form Carelon and reinforce our commitment to provide complete care.

Carelon Behavioral Health, Inc.

carelonbehavioralhealth.com/

(formerly known as Beacon Health Options)

Carelon Medical Benefits Management, Inc.

careloninsights.com/medical-benefits-management/specialty-care

(formerly known as AIM Specialty Health)

Carelon Post Acute Solutions, LLC

careloninsights.com/medical-benefits-management/post-acute-care

(formerly known as myNEXUS)

Carelon Rx, Inc.

carelonrx.com/

(formerly known as IngenioRX)

Carelon Behavioral Health

Contracting and credentialing/recredentialing

National Provider Services: **800-397-1630**

8 a.m. to 8 p.m. ET, Monday through Friday, provider.relations.NJ@carelon.com

Provider demographic changes

Submit via the Carelon Behavioral Health provider website and update the provider's CAQH profile (select "Global" as your access to ensure Carelon Behavioral Health can review these changes to your data.

Provider trainings

carelonbehavioralhealth.com/providers/resources/trainings

Claims

EMR Electronic Medical Record
Administration Information
Medical Information
Name
ID Card/Passport
Nationality
Address
e-mail
Photo
Gender
Date of Birth
Marital

Timely filing

The practice of balance billing Medicaid beneficiaries with NJ FamilyCare, whether eligible for fee-for-service (FFS) benefits or enrolled in managed care, is prohibited under both federal and state law. All costs related to the delivery of healthcare benefits to a Medicaid/NJ FamilyCare eligible beneficiary, other than authorized cost-sharing, are the responsibility of the FFS program, the managed care plan, Medicare (if applicable), and/or a third-party payer (if applicable). NJAC 10:74-8.7(a).

Furthermore, federal law bars Medicare providers and suppliers from billing an individual enrolled in the QMB program for Medicare Part A and Part B cost-sharing under any circumstances (see Sections 1902(n)(3)(B), 1902(n)(3)(C), 1905(p)(3), 1866(a)(1)(A), and 1848(g)(3)(A) of the *Social Security Act* [the *Act]*).

Claim type	Requirement
Claim submission	Within 180 days from date of service/discharge (Medicare – 90 days for participating or 12 months/nonparticipating providers)
Corrected claim	Within 365 days from date of service (use applicable frequency code)
Secondary carrier	Within 60 days from date of primary carrier's *EOP*

Claim payment disputes

You have the right to request an appeal of a claim decision. You may request this appeal on your own behalf or on behalf of a covered person.

Claim payment disputes can be submitted through Availity.com.

Benefits of submission through the secure provider website include:

- Instant receipt of acknowledgement for submissions.
- Online review for open payment dispute submissions and statuses.
- Email notification of finalized reconsiderations:

Providers must log in to the secure website to receive the outcome.

Claims requiring additional documentation:

We may request additional documentation required for claims, subject to contractual obligations.
If documentation is not provided following the request or notification, we may:

- Deny the claim as the provider failed to provide required prepayment documentation.
- Recover and/or recoup monies previously paid on the claim as the provider failed to provide required documentation for post-payment review.

Claim payment disputes may also be submitted by mail. Refer to the *Provider Manual* or *Quick Reference Guide* for mailing information.

Maternity care claims

The *Perinatal Risk Assessment (PRA) Plus Form* is a uniform assessment tool used to determine demographic, medical, and psychosocial factors considered in the risk management of the pregnant individual.

This form is required for global authorization of pregnant members and must be completed by the provider during the recipient's first prenatal visit and updated in the third trimester:

- Z3A diagnosis code indicating the gestational age is required for all professional delivery claims.
- Medical necessity diagnosis is required for early elective deliver (EED) prior to 39 weeks of gestation.

Additional coding requirements can be viewed on the state website at https://njmmis.com in newsletter volume 30, no. 21.

Electronic Visit Verification

EVV, or electronic visit verification, is a web-based system that verifies when provider visits occur and documents the precise time services begin and end. It ensures that people receive their authorized services.

This new technology is now required by Section 12006(a) of the ***21st Century Cures Act*** for personal care and home healthcare services provided through NJ FamilyCare.

Providers may use CareBridge, HHAeXchange, or their own third-party system (as long as it is integrated with either one).

CareBridge: 844 924-1755 or njevv@carebridgehealth.com
HHAeXchange: https://hhaexchange.com/nj-home-health/
DMAHS: nj.gov/humanservices/dmahs/info/evv.html
New Jersey's EVV mailbox: mahs.evv@dhs.state.nj.us

Contact us

Provider Services:
833-731-2149 (Medicaid)
866-805-4589 (Medicare Advantage)

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan. Carelon Behavioral Health, Inc. is an independent company providing utilization management services on behalf of the health plan. Carelon Post Acute Solutions, LLC is an independent company providing services on behalf of the health plan. Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

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NJWP-CDCR-053202-24 | March 2024