Maryland | Commercial

Wellpoint Maryland Essential — *Provider Orientation*

Wellpoint

Agenda

Plan overview

Member enrollment

Credentialing

Pre-authorizations and referrals

Claims submissions

Provider resources

Key contacts and online tools

Wellpoint Maryland Essential

- This is a new individual *Affordable Care Act (ACA)* network that is becoming effective January 1, 2025.

- The plans will be available on the [Maryland Health Connection](#) marketplace. We developed this network to assist members no longer eligible for Medicaid.

- These plans will provide low-cost alternatives for members who become uninsured or transition from Medicaid eligibility. They will allow members to maintain coverage and access their preferred physician networks.

What is covered on a health insurance exchange plan?

By law, all health plans for individuals and families must cover:

- Ambulatory patient services (outpatient care).

- Emergency services.

- Hospitalizations (such as surgery).

- Preventive and wellness services.

- Chronic disease management.

- Laboratory services.

- Pediatric services.

- Maternity and newborn care before and after birth.

- Mental health and substance use disorder services, including behavioral health treatment (such as counseling and psychotherapy).

- Prescription drugs.

- Rehabilitative services and devices (to help people with injuries, disabilities, or chronic conditions mentally or physically recover).

Service area

These plans will be available in the following
24 counties starting January 1, 2025:

- Allegany
- Anne Arundel
- Baltimore
- Baltimore City
- Calvert
- Caroline
- Carroll
- Cecil
- Charles
- Dorchester
- Frederick
- Garrett
- Harford
- Howard
- Kent
- Montgomery
- Prince George's
- Queen Anne's
- Somerset
- St. Mary's
- Talbot
- Washington
- Wicomico
- Worcester
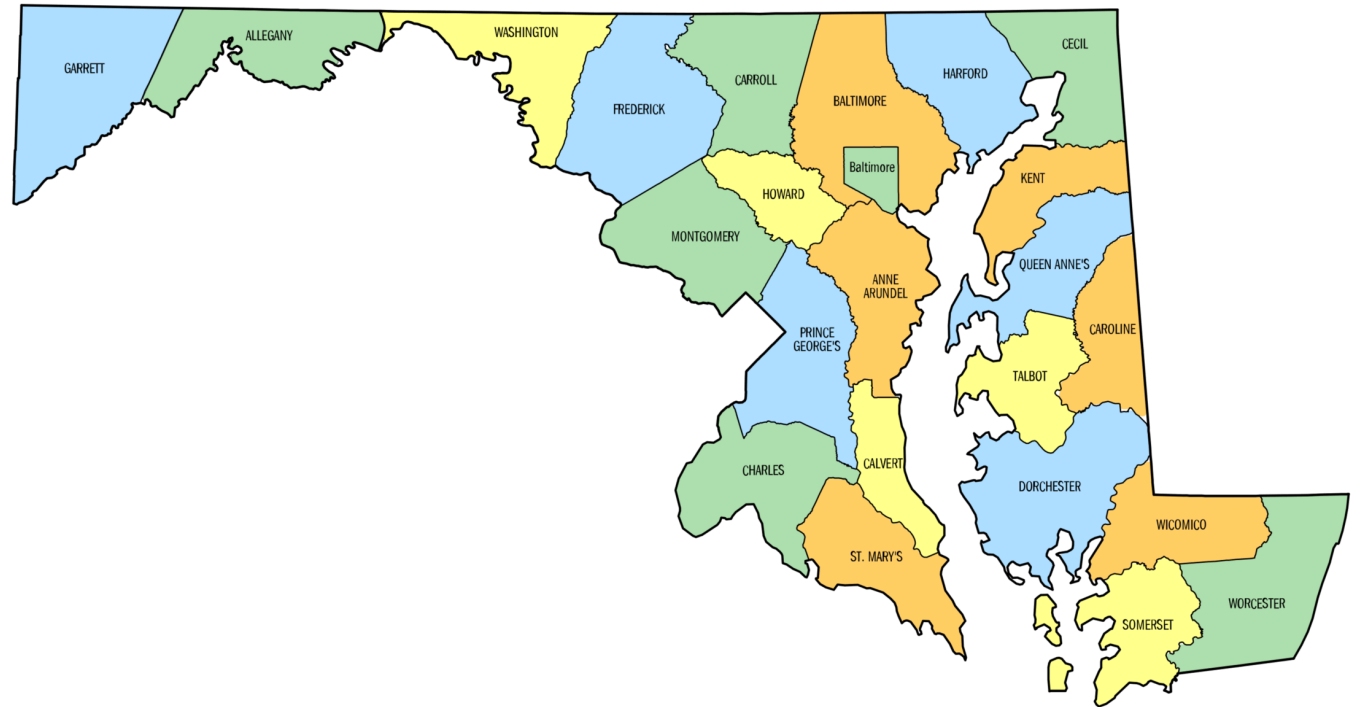
Member enrollment

Open enrollment

Open enrollment occurs between November 1, 2024, and January 15, 2025.

Effective dates:

• January 1, 2025 — member enrollment completed between November 1 and December 31, 2024

• February 1, 2025 — member enrollment completed between January 1, 2025, and January 15, 2025

If the enrollment window is missed, members may still be able to enroll if they have a qualifying life event such as:

• Birth or adoption.

• Marriage.

• Divorce.

• Permanent move to a new state.

• Involuntary loss of coverage.

How members can enroll:
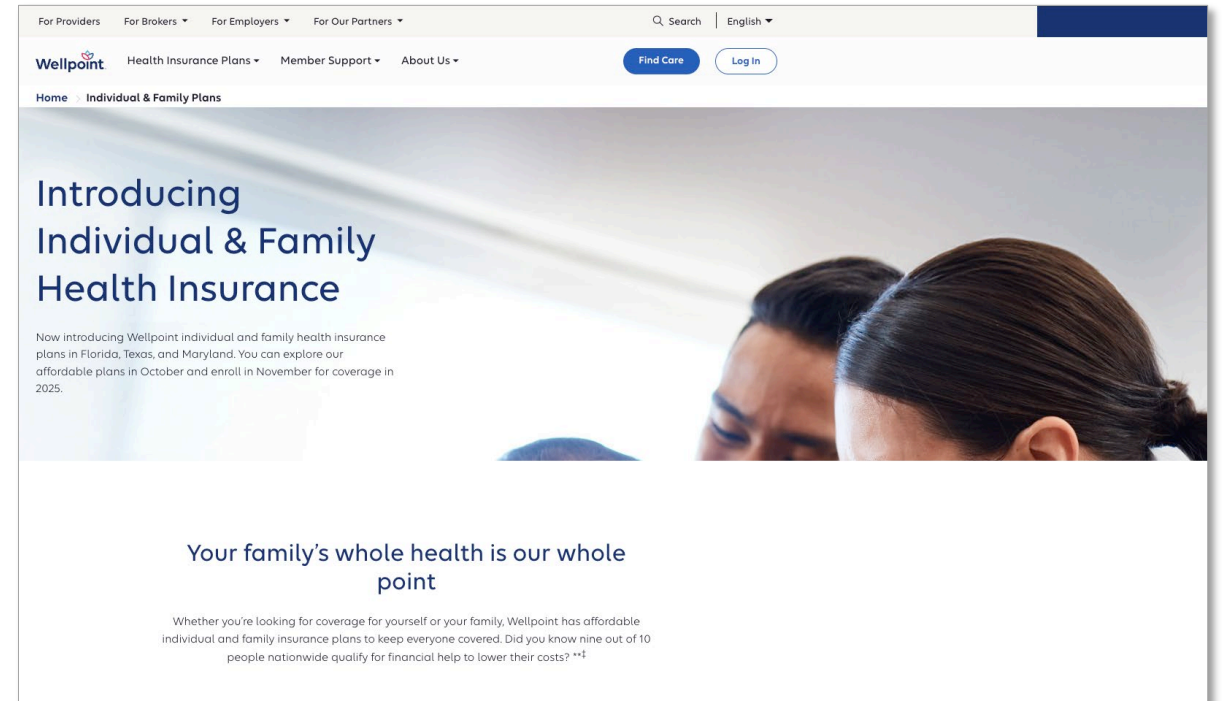
Wellpoint Maryland Essential plans will be listed on the health insurance marketplace and our website.

On exchange:
[Maryland Health Connection](#)

Off exchange:
[https://www.wellpoint.com/individual-family/aca-marketplace](#)

Eligibility and benefits

To be eligible for coverage through a marketplace, individuals and households must:

1. Live in Maryland.[1]

2. Be a United States citizen or national[2] (or be lawfully present).

3. Not be incarcerated, except if you are incarcerated pending disposition.

You **cannot** use the marketplace to buy a health or dental plan if you have Medicare coverage.

1. Source: https://www.marylandhealthconnection.gov/faqs/#eligibility
2. 2. A U.S. national is someone who's a U.S. citizen or a person who isn't a U.S. citizen but owes permanent allegiance to the U.S. With extremely limited exception by which he or she is entitled to be protected, all non-citizen U.S. nationals are people born in American Samoa or abroad with one or more American Samoan parents under certain conditions.

Member identification card

- The network at the bottom right corner will show Wellpoint Maryland Essential.

- No alpha prefixes are necessary for Wellpoint Maryland Essential plans.

- Remember to use the Payor ID **WLPNT** when submitting claims to ensure correct routing.
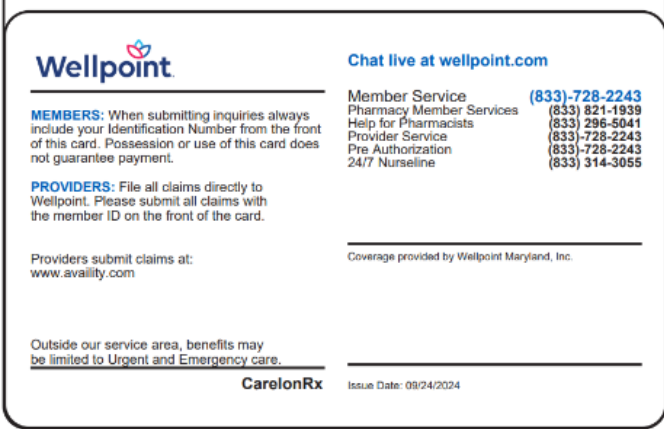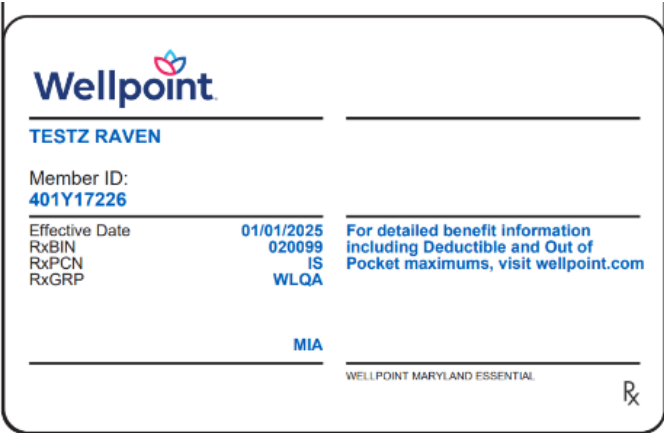
Credentialing

- Credentialing is for a three-year period.
- Recredentialing efforts begin six months before the end of the current credentialing period:
  - First notice and second notice letters are faxed/mailed to providers.
  - Third and final notice letters are mailed to providers.
- Providers who do not respond or submit a complete recredentialing packet will be de-credentialed/considered out-of-network:
  - Providers must begin the contracting and credentialing process from the beginning to rejoin the network.

Availity Essentials resources

We have designated Availity Essentials to operate and service your EDI entry point (EDI gateway) and other self-service tools. Registration for the secured content on Availity Essentials is easy.

Online claims submission

Use our free online claim submission application at https://Availity.com. You can submit claims, check claims status, dispute claim payment, and use Clear Claim Connection.

Eligibility verification/authorization

You can verify member eligibility and submit authorizations by searching with the subscriber or state-issued identification number. You can also submit prior authorization requests online through https://Availity.com. Providers can view status of PA request through https://Availity.com.

Digital provider enrollment: New provider enrollment is accessible through http://availity.com. A demographic change received outside the standard independent physician association (IPA) or physician-hospital organization (PHO) process will not be processed separately.

Demographic changes: Please submit all demographic changes through https://Availity.com provider data management (PDM).

Visit Availity Essentials for additional resources.
Availity Client Services is available at
800-282-4548 (**800-AVAILITY**),
Monday through Friday, 9 a.m. to 6 p.m. ET.

Patient360

- Patient360 is an application in Availity Essentials that provides a picture of a member's health and treatment history, including gaps in care and care reminders.

- We require sharing relevant case information in a timely, useful, and confidential manner.

- To access Patient360, log in to https://Availity.com and select **Wellpoint** under *Payer Spaces*. It will appear under the *Applications* tab on the bottom portion of the screen.

Is prior authorization required?

- Determine if specific outpatient procedures and/or services require prior authorization through the precertification lookup tool, which allows you to search by market, member's product, and CPT® code.

- Resources such as our provider website and your provider manual will also help you determine if prior authorizations are necessary.

- Prior authorizations must be submitted through https://Availity.com.

Required documentation for prior authorizations

- A completed prior authorization request is required to eliminate delays in processing, which includes all required essential information, documentation, current clinical information, and a signed authorization form by the requesting provider.

- **Note:** Obtaining a prior authorization is not a guarantee of payment.

To prevent delays, we request the following information to be included with the request to allow for timely processing:

Requesting provider's name, NPI, Tax Identification Number, and signature

Diagnosis code, CPT, HCPCS, or current dental terminology (CDT)

Service request start and end date and quantity of service units requested based on the CPT, HCPCS, or CDT requested

Member name, date of birth, and the subscriber and state-issued identification number

Contact information for prior authorizations and related services

If you have questions, contact Provider Services at **833-476-1457.** Staff are available Monday through Friday from 8 a.m. to 5 p.m. local time, excluding state-observed holidays. You may leave a confidential voicemail after hours and your call will be returned the next business day.

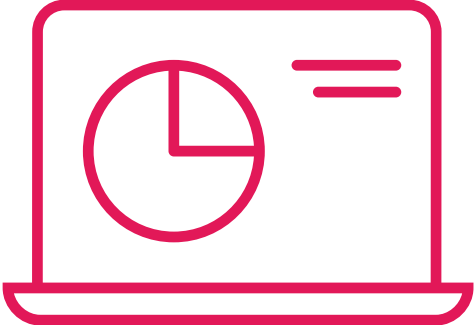|	
Inpatient/outpatient surgeries	**833-476-1457** (phone), **866-488-2839** (fax) — All requests should be submitted electronically using our preferred method at https://Availity.com.
Inpatient discharge planning:	All requests should be submitted electronically using our preferred method at https://Availity.com.
Behavioral health services:	All requests should be submitted electronically using our preferred method at https://Availity.com. Behavioral health provider line: **800-397-1630**
Specialized care services:	All requests should be submitted electronically using our preferred method at https://Availity.com: • Back and spine procedures • Durable medical equipment (DME) • Home health nursing (PDN, SNV, HHA) • Medical injectable/infusible drugs • Pain management injections and wound care • Therapy (physical, occupational, and speech)
Carelon Medical Benefits Management, Inc. Call Center: **800-554-0580** MBM provider website support team: **800-252-2021** Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.	All requests should be submitted electronically using our preferred method via https://Availity.com or http://providerportal.com: • Radiology • Cardiovascular • Genetic testing • Musculoskeletal (pain, joint, and spine) • Sleep study • Radiation therapy • Medical oncology • Surgical

Referrals

Specialty referrals:

- All Wellpoint Maryland Essential plans are open access, meaning members do not require referrals to see a specialist.

- Members still require a PCP selection.

Claim submission options

- Electronic data interchange (EDI)

- Availity Essentials

- Paper

- Timely filing is within 180 days of the service date

Electronic submission payers (preferred)	EDI hotline	Paper submission
- Availity Essentials: **800-282-4548** - Website: https://Availity.com - Payer ID: **WLPNT**	- Phone: **800-590-5745**	- Please refer to the *Provider Manual* for the process of submission.

Rejected versus denied claims

What are the differences between rejected and denied claims?

- **Rejected:**
  - Does not enter the adjudication system due to missing or incorrect information.
  - Resubmission is subject to a 180-day timely filing deadline.

- **Denied:**
  - Does go through the adjudication process but is denied for payment.
  - A claim payment dispute deadline of 90 days from the *Explanation of Payment (EOP)* date applies.

For claims inquiries, please call Provider Services at **833-476-1457**.

Payment dispute process

- Per the *Provider Manual,* claim disputes must undergo a two-step process, which includes reconsideration and appeals.

- For claim payment reconsiderations, providers have a 90-day filing deadline from the issue date of the *EOP*.

- For claims payment appeals, providers have a 90-day deadline from when the reconsideration is determined.

- Providers may use the payment dispute tool at https://Availity.com. The attachment feature allows providers to upload supporting documentation.

Electronic remittance advice and electronic funds transfer enrollment

Electronic remittance advice (ERA):

- The ERA eliminates the need for paper remittance reconciliation.

- Use Availity Essentials to register and manage ERA account changes with these easy steps:

  1. Log in to https://Availity.com >

  2. Select **My Providers** >

  3. Then **Enrollment Center** >

  4. Then **ERA Enrollment**

Note: If you use a clearinghouse or vendor, please work with them on ERA registration and receiving your ERAs.

Electronic funds transfer (EFT):

- EFT is a secure and fast way to receive payment, reducing administrative processes.

- EFT deposits are assigned a trace number matched to the ERA for simple payment reconciliation.

- Use enrollsafe.payeehub.org to register and manage EFT account changes.

Continuity of care services

- We will work to facilitate the continuity of care/transition of care (COC/TOC) when members or their covered dependents with qualifying conditions need assistance in transitioning to in-network providers or facilities.

- Please refer to the *Provider Manual* for a full list of the continuity and coordination guidelines for PCPs and behavioral health providers.

- Continuity of care does not exempt providers from following billing guidelines, such as correct coding and timely filing. Claims can be denied for these errors.

Fraud, waste, and abuse

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

How to report:

- You can find *Healthcare Fraud Prevention* information on our website, which will direct you to the www.fighthealthcarefraud.com education site.

- Click **Report It** and complete the *Report Waste, Fraud, and Abuse* form.

- Providers or facilities may also contact customer service using the phone number on the back of the member ID card.

Provider website

- Available to all providers regardless of participation status

- Multiple resources available without login

- Accessible 24/7

- https://wellpoint.com/md/provider/individual-commercial
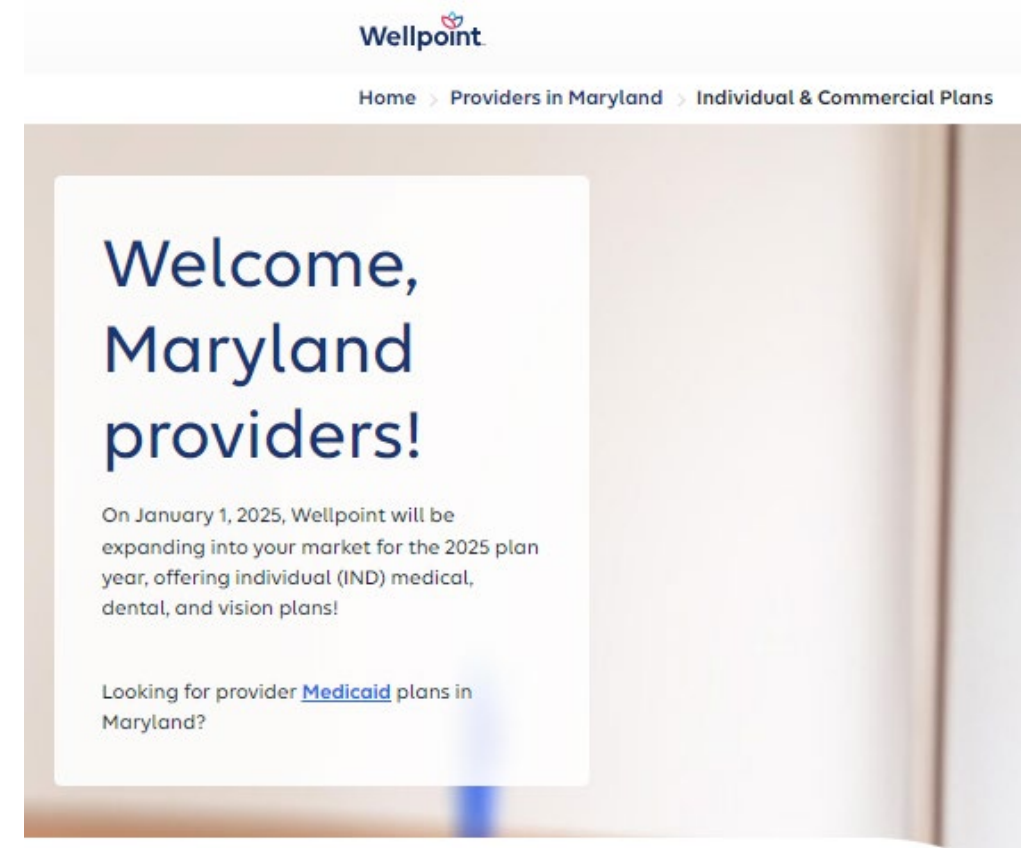
Provider communications and training resources

We have curated training and provider communications to ensure you and your staff are aware of updates, training, and onboarding resources that every provider — new or experienced — can use to further their education. All training resources are accessible through the training academy:

- For more information, visit:

- https://wellpoint.com/md/provider/individual-commercial

Key contacts and online tools

- Provider Call Center: 833-476-1457

- **Claims mailing address:** Wellpoint, P.O. Box 105187 Atlanta, GA 30348-5187

- **Centralized online real-time record (CORR)/medical records:**
  Wellpoint, P.O. Box 105557 Atlanta, GA 30348-5557

- **Appeals:** Wellpoint, P.O. Box 105568 Atlanta, GA 30348-5568

- Provider UM clinical phone number: 833-531-2238

- **Referral and authorization information:** Availity Essentials through http://Availity.com

Remember to validate your provider data through Availity Essentials every 90 days to ensure we have your current information.

Provider relationship account management responsibilities

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your assigned provider relationship management associate or Provider Services at **833-476-1457**.

Next steps

- Register for Availity Essentials.

- Register for electronic data interchange.

- Register for EFT services.

- Read your *Provider Manual.*

- Visit our provider website.

Thank you for working with us!