

Quick Reference Guide

for nursing facility providers

Important contact numbers

Wellpoint Provider Services

- Enrollment and eligibility inquiries
- · Claims status inquiries
- Prior authorization requests

STAR+PLUS: 833-731-2162

Medicare Advantage: 866-805-4589

STAR+PLUS MMP (Medicare-Medicaid Plan):

855-878-1785

Wellpoint Member Services:

STAR+PLUS: 833-731-2160 (TTY 711)

Medicare Advantage: 866-805-4589 (TTY 711) STAR+PLUS MMP: 855-878-1784 (TTY 711)

Availity Client Services:

800-AVAILITY (282-4548)

Texas Medicaid & Healthcare Partnership (TMHP):

Provider Services: 800-925-9126

TexMedConnect EDI Help Desk: 888-863-3638 Claims Help Desk: 800-626-4117, option 1

Verisys Credentialing Inquiries:

855-743-6161, option 3

HHSC Nursing Facility Claims Hotline:

512-438-2200, option 1

Helpful websites and links to other resources

STAR+PLUS provider website

provider.wellpoint.com/tx > Resources >
STAR+PLUS

Provider manual

provider.wellpoint.com/tx > Resources >
STAR+PLUS > Nursing Facility Resources >
Documents

Nursing facility service coordinator assignments and Network Relations consultants

provider.wellpoint.com/tx > Resources >
STAR+PLUS

Texas Health and Human Services (HHS) nursing facility news and alerts

https://hhs.texas.gov/providers/long-term-care-providers/nursing-facilities-nf

Availity Essentials

Availity.com

TMHP

tmhp.com

HHS long-term care bill code crosswalks

https://tinyurl.com/ms52wzh7

Claims information

Electronic claims submission

Claims can be submitted through the following methods:

- · Availity.com
- An approved clearinghouse or billing company with connectivity to the Availity EDI Gateway. The Availity electronic claims payer ID is WLPNT.
- Claims for IPA-managed members must be billed directly to the IPA.

Timely filing limits

- The timely filing limit for STAR+PLUS nursing facility unit rate claims is 365 days from the last date of service represented on the claim.
- MMP Part A claims must be filed within 365 days from the date of service.
- Medicare Advantage Part A claims must be filed within 95 days from the date of service.
- Medicare coinsurance claims must be billed within 365 days from the date of service.
- All other STAR+PLUS add-on services, including respite care, must be filed within 95 days from the date of service.
- Corrected and cancelled claims must be submitted within 120 days from the date on the Explanation of Payment (EOP).

Payment disputes

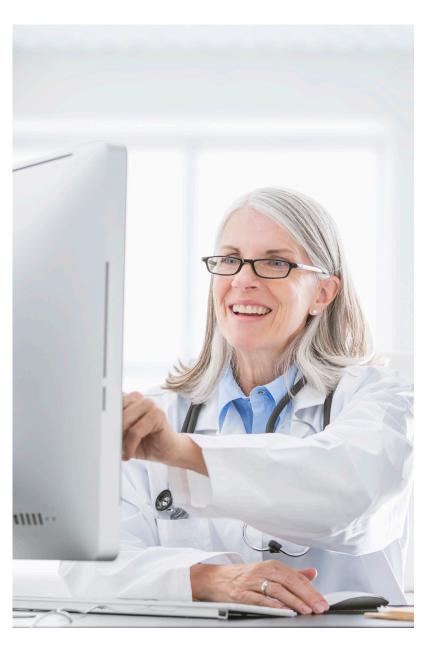
Providers can submit requests for review or reconsideration of claims denials, overpayments, and underpayments through the Availity Essentials Claim Status Application. Live and On Demand Training is available through the Find Help option on Availity's top menu bar or through a Network Relations consultant from Wellpoint.

Corrected and cancelled claims

Providers can submit corrected and cancelled claims electronically using their EDI Vendor or through Availity Essentials. Corrected and cancelled claims must be submitted with the appropriate type of bill code and must reference the original claim number.

Nursing facility reports

Providers can access a variety of reports through Availity, such as post-billing audits, pre-billing and post-billing batch reports, and Medicaid Eligibility and Service Authorization Verification inquiries.



Prior authorization

Notifications, including for new admissions, discharges, and readmissions.

Providers can submit notifications at **provider.wellpoint.com/tx** > Resources > STAR+PLUS > Nursing Facility Resources > Complete the nursing facility notification form.

Skilled nursing facility services

Providers can request post-acute skilled nursing requests through Carelon Medical Benefits Management, Inc. at **providerportal.com**.

Part B therapy services

Authorizations for Medicare Advantage Part B services should be requested through Carelon Medical Benefits Management through one of the following methods:

- Online at providerportal.com
- By phone at 833-305-1809.

Nonemergency ambulance

Wellpoint is responsible for authorizing non-emergency ambulance transportation for a STAR+PLUS member whose medical condition is such that the use of an ambulance is the only appropriate means of transportation.

Request forms can be found on the Wellpoint provider website at **provider.wellpoint.com/tx** > Resources > STAR+PLUS > Nursing Facility Resources > Nursing facility forms.

Durable medical equipment

Request forms for approval of durable medical equipment are located on the Wellpoint website at **provider.wellpoint.com/tx** > Resources > STAR+PLUS > Nursing Facility Resources > Nursing facility forms.

Request forms should be faxed to the following:

- STAR+PLUS: **844-206-3445**
- STAR+PLUS MMP: 866-959-1537

Electronic funds transfer (EFT) and electronic remittance advice (ERA)

EFT

For claims payments:

 New enrollments and changes to existing enrollments must be made through EnrollSafe at https://enrollsafe.payeehub.org.

For Quality Incentive Payment Program payments:

 New enrollments and changes to existing enrollments can be made through your facility's designated Network Relations consultant. EFT forms can be emailed to TXQIPP@wellpoint.com.

ERA (835)

New enrollments and changes can be made at **Availity.com**. If you use an EDI vendor or clearinghouse work with them on enrollment and retrieving your 835 files.

Joining the Wellpoint network

If you are interested in contracting with Wellpoint for any of the programs available to nursing facility providers, contact our Network Relations team:

- New providers can email the Nursing Facility Provider Relations mailbox at nf-providerrelations@wellpoint.com.
- Existing providers can contact their facility's designated Network Relations consultant.
 Contact names can be found on the Wellpoint website at provider.wellpoint.com/tx > Resources > STAR+PLUS > Nursing Facility Resources > Contact.

Providers will need to submit the following to initiate the credentialing and contracting process:

- A current W-9
- Request for Credentialing or Letter of Interest Form¹
- Nursing Facility Demographic Information Form¹
- Skilled Nursing Facility Participation Criteria Form¹ (for Medicare Advantage plans with Wellpoint).
- 1 These forms can be found on the Wellpoint provider website or can be obtained through your Network Relations consultant.

Provider training

Wellpoint's Nursing Facility Network Relations team hosts monthly webinars. The schedule and registration details can be found on the Wellpoint website at **provider.wellpoint.com/tx** > Resources > STAR+PLUS > Nursing Facility Resources > Nursing Facility Training.

Provider relationship management consultants can also provide topic-specific trainings when requested.

Incentive programs

To enroll in the Wellpoint Nursing Facility Quality Incentive Program (NFQIP), you can either contact your Network Relations consultant or send an email to nf-providerrelations@wellpoint.com.

If you are a provider enrolled in the HHS Quality Incentive Payment Program (QIPP), you can send general inquiries to TXQIPP@wellpoint.com. Payment scorecards can be found on the QIPP website at https://tinyurl.com/5azn9eze. If you have a question about a scorecard, you may email inquiries to QIPP@hhsc.state.tx.us.

Independent Physician Associations (IPAs)

Wellpoint has provider collaboration agreements with IPAs to make utilization management decisions and process claims for certain high-risk Medicare members. These members can be identified by their Wellpoint ID cards. Providers must also be contracted with the IPAs to see this group of Wellpoint members.

Contact numbers for the IPAs:

• Prospect: 800-708-3230

IntegraNet — Gulf Coast: 281-591-5289

Van Lang: 626-656-2370Gonzaba: 210-201-0489

• WellMed Medical Group: 512-353-6020

Learn more about Wellpoint programs provider.wellpoint.com/tx

