



New York | Medicaid

Managed Long-Term Care provider orientation

Agenda

- Welcome to our managed care network
- New York LTSS Provider Portal
- Availity Essentials
- Authorization process
- Claims submission
- Appeals and grievances
- Electronic funds transfer and electronic remittance advice
- Compliance program:
 - Fraud, waste, and abuse (reporting suspected cases)
 - False Claims Act
 - Anti-Kickback Statute
 - HIPAA
 - Cultural and linguistic competency
 - Electronic visit verification
 - Wage parity



Welcome to the Wellpoint network

- Wellpoint believes members receive the best care when our network care providers and we work in true partnership with each other.
- This orientation establishes a foundation for this partnership, ensuring care providers are properly trained and introduced to our values, policies, and procedures.



Wellpoint provider website

Requesting access and checking status of referrals and authorizations, claims, eligibility, and submitting provider disputes



New York LTSS Provider Portal

- A web-based application that provides the ability to review referral and authorization information
- Updated every 15 minutes, Monday through Friday
- A tool that allows care providers to have access to the latest data in a quick and efficient manner
- A streamlined approach for reviewing and printing service authorizations



New York LTSS Provider Portal access

Registration is quick and easy

- | | |
|----------------------|---|
| Requesting access | <ul style="list-style-type: none">• Access to the New York LTSS Provider Portal is granted by contacting provider portal support at MLTCProviderPortalSupport@anthem.com.• A temporary password is sent with login instructions via email. |
| First time login | <ul style="list-style-type: none">• Go to the New York LTSS Provider Portal (https://mltcprovider.anthem.com) and select Log In.• Enter your email and password. |
| Active authorization | <ul style="list-style-type: none">• Active authorizations can be viewed by selecting Authorizations.• Authorizations can be searched by choosing Search on a member's name or any other member related key. |
| Status of referrals | <ul style="list-style-type: none">• This enables you to track active referrals.• Referrals can be viewed by selecting Referral Tracking Page.• List of active referrals can be exported to Excel. |



Availity Essentials

Providers use Availity Essentials to securely access information, such as:

- Eligibility.
- Benefits.
- Claim status.
- Other proprietary information.

Providers can use a single login to access multiple health plan providers at no cost.

Registration

Once your organization has selected someone for the Availity administrator role, others can register quickly.

Go to <https://Availity.com> and select **Get Started** in the upper right corner.



Availity Essentials access

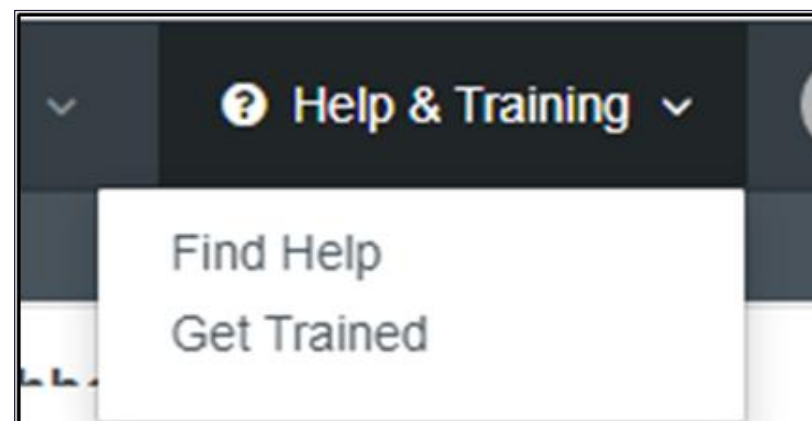
| Application | Description |
|---|---|
| Registration | <ul style="list-style-type: none">Go to http://www.Availity.com and select Register to start using Availity Essentials.Select your organization's primary administrator.Assign administrator duties to an Availity administrator. Note: Ensure the primary administrators can handle the responsibilities assigned to them in Availity Essentials. |
| Claims submission | <ul style="list-style-type: none">Professional claim form direct data entry (DDE). |
| Claims status search | <ul style="list-style-type: none">A multiplayer claim status details screen enhanced for Wellpoint with custom value-add information. Availity's legacy Claim Status screen provides the <i>X12 277 Claim Status</i> response information as well as utilizes custom Wellpoint APIs to display value-add information. |
| Provider data management (PDM) | <ul style="list-style-type: none">Use the PDM application to update information about your business and providers and to make your required 90-day updates per the CMS mandate. |
| Electronic remittance advice (ERA) enrollment | <ul style="list-style-type: none">Review remittances for any ERAs you are currently receiving at Availity. |
| Member eligibility inquiry | <ul style="list-style-type: none">Review member eligibility and benefits. |
| Disputes/appeals | <ul style="list-style-type: none">The disputes option enables providers to follow up on a claim when they disagree or are not satisfied with the payer's final decision, provided they are eligible for an appeal. |



Availity Essentials training

Visit the Availity Learning Center to register for live training or access recorded demos:

- Log in to <https://Availity.com>.
- Go to **Help & Training** at the top navigation bar on the main page.
- Select **Find Help** or **Get Trained**.
- For direct access to the on-demand trainings, go to rebrand.ly/104185.



Authorization process

Requesting authorization, checking status of authorizations, and delegated vendors



Authorization process

- Care providers may request authorizations verbally or in writing:
 - On behalf of a member
 - For a new service
- For a concurrent review to change an existing service:
 - Toll-free: 929-946-5900
 - Authorization services request fax: 866-988-2812
 - Clinical fax: 866-661-2145 for all other clinical documentation
- Authorization status is available in the New York LTSS Provider Portal (<https://mltcprovider.anthem.com>).



Covered services

Examples of services covered by Wellpoint

Care management

Podiatry

Nursing home care

Dentistry

Adult day health center

Audiology

Personal care

Social and environmental support

Durable medical equipment (DME)

Optometry

Home care:

- Nursing services
- Home health aide services
- Physical therapy

- Occupational therapy
- Speech pathology
- Medical social services



Delegated vendors

- Wellpoint is contracted with the following vendors to offer optimal services to its members:
 - **Dental:** DentaQuest
 - **Vision:** VSP Vision Care



Provider quick reference guide

| Service | Contact information |
|--------------------------------|--|
| Care management | 866-661-2145 (fax for medical records and care management documents) |
| Authorizations service request | 866-988-2812 (fax) |
| Provider Services | 929-946-5900 (phone) |
| Claims submission | <p>Clearinghouses: Availity Essentials, 800-282-4548</p> <ul style="list-style-type: none">• Managed Long Term Care:• Payer name: Wellpoint• Payer ID number: WLPNT <p>ERA:</p> <ul style="list-style-type: none">• Medicaid Managed Long Term Care:• Payer name: Wellpoint• Payer ID: WLPNT |
| EnrollSafe | 800-282-4548 |



Claims submission, claims searches,
appeals, and grievances



Electronic claims submission benefits

- **Electronic claims submission** is the **easiest and fastest** way to submit claims to Wellpoint.
- Wellpoint uses Availity Essentials.
 - Payer name: **Wellpoint**
 - Payer ID number: **WLPNT**
 - Availity Essentials telephone number: **800-282-4548**
- Submitting **claims electronically** ensures timely, accurate processing.
- **Electronic claims submission** lowers the number of claims not eligible for reimbursement.



Timely filing policy

- **Primary services:** 90 days from the service date or by your contract terms
- **Secondary services:** 120 days from Explanation of Medical Benefits (EOMB)
- **Appeals submitted through Availity Essentials:** 60 days from the original Explanation of Payment (EOP) denial date
- **Paper claims should be sent to:**

Wellpoint of NY
P.O. Box 61010
Virginia Beach, VA 23466-1010



Note: New York state prompt payment law requires claims to be paid or denied within 30 days for electronic and 45 days for paper upon receipt.

Appeals and grievances policy

Care providers who are dissatisfied with a Wellpoint claim determination can submit a written request for review.

Appeals: 60 days from the original EOP denial date

There are several options to file a claim payment dispute:

- **Online** (for reconsiderations and claim payment appeals): Use the secure Appeals application on <https://Availity.com>. Through Availity Essentials, you can upload supporting documentation and receive immediate acknowledgement of your submission.
 - **Written** (claim payment appeals only): Mail all required documentation (see below for more details) to:
 - Wellpoint of NY
 - Payment Dispute Unit
 - P.O. Box 61599
 - Virginia Beach, VA 23466-1599
- Submit written claim payment appeals on the Claim Payment Appeal Form, located at: <https://www.wellpoint.com/ny/provider/state-federal> > Resources > Forms > Claims.



Claims

Nursing home claims:

- As of March 1, 2025, nursing home stay claims must include a valid room and board revenue code and a correctly reported rate code in the UB-04 paper form’s Value Code section and in the appropriate segment of the 837i transaction. Claims with us as the primary payer need a matching authorization revenue code. Please also include the rate codes for secondary claims.
- Your service approvals will be issued with a revenue code from the list below, depending on the type of bed. Your claim must be submitted with a matching revenue and rate code to be processed correctly for payment.

| Service description | Revenue code | Rate codes |
|---------------------------------|--------------|------------------------------------|
| SNF — Sub Acute/Custodial | 0190 | 3810, 3812, 3838, 3839, 2862, 2863 |
| SNF — Sub Acute, Level 3 (AIDS) | 0193 | 3755, 3756, 3766, 3767, 3848, 3849 |
| SNF — Sub Acute, Level 4 (VENT) | 0194 | 3759, 3760, 3775, 3776, 3770, 3771 |
| SNF — Traumatic Brain Injury | 0199 | 3754, 3845, 3753, 3844 |



Claims (cont.)

To ensure that the claim system accurately processes and links your claim to a service authorization and your contract terms, submit your claim with the appropriate bill types and revenue codes based on the service you provide.

Institutional claim form and 837i requirements for the type of bill and revenue code

| Service | Bill type | Rev codes |
|---|------------------------------|--|
| Consumer-directed and licensed home care agency | 32x, 34x | 057x, 058x, 0590 |
| Social daycare and adult day healthcare | 89x | 310x |
| Home delivered meals | 32x, 34x | 0580, 0590 |
| Six-month in-home assessment | 32x | 0560 |
| Environmental supports (such as chores and pest control) | 34x | 0580 |
| Personal emergency response system | 34x | 0590 |
| Home healthcare (PT, OT, ST, SW, nurse) | 32x | 042x(PT), 043x(OT), 044(ST)x, 055x(nurse), 056x(SW) |
| Physical, occupation, or speech therapy in an out setting | 13x, 14x, 22x, 73x, 74x, 77x | 042x(PT), 043x(OT), 044(ST)x |



Electronic funds transfer and electronic remittance advice



Electronic funds transfer

- **Electronic funds transfer (EFT):**
 - EnrollSafe replaced Payspan as the EFT website.
- **To register a new account:**
 - Go to the EnrollSafe enrollment hub at enrollsafe.payeehub.org to register and enroll in EFT. Once you have completed registration, you'll be directed through the EnrollSafe secure website to the enrollment page, where you'll provide the required information to receive direct payment deposits.
- **For exiting registered accounts with EnrollSafe:**
 - Log onto the EnrollSafe hub at enrollsafe.payeehub.org and review your account to ensure your information and banking details are up to date.



Electronic funds transfer (cont.)

- For an existing registered account with Payspan:
 - Go to the EnrollSafe enrollment hub at enrollsafe.payeehub.org to register and enroll with up-to-date EFT information.
- For help:
 - Refer to EnrollSafe/EFT User Reference Manual at [EnrollSafe User Guide 2025](#).
 - Or contact:
 - **Email:** support@payeehub.org
 - **Phone:** 877-882-0384 from 9 a.m. to 8 p.m. ET



Electronic remittance advice

- **Electronic remittance advice (ERA):**
 - Availity Essentials replaced PaySpan as the electronic remittance advice provider.
- **To register or view your ERA profile:**
 - Log in to <https://Availity.com> and select **My Providers** from the top navigation bar.
 - Select **Enrollment Center**, then **Transaction Enrollment**.
 - Complete the enrollment steps for electronic remittance advice:
 - Use EDI Payer ID: **WLPNT**
- **For help:**
 - For assistance with a missing or late ERA (835), please call Availity Client Services at **800-282-4548** or contact your clearinghouse.



Compliance program

Fraud, waste, and abuse, False Claims Act, Anti-Kickback Statute, reporting suspected cases of FWA, HIPAA, provider manual, cultural and linguistic competency, electronic visit verification, and wage parity

Wellpoint compliance program

- **Wellpoint** is committed to conducting our business with integrity and in compliance with applicable laws and regulations.
- Our **fraud, waste, and abuse (FWA)** compliance program is designed to identify and eliminate FWA.
- We expect our care provider network to adhere to all applicable state and federal compliance program requirements.



FWA definitions

- **Fraud:** Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any healthcare benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any healthcare benefit program.
- **Waste:** Includes overusing services or other practices that, directly or indirectly, **result in unnecessary costs** to the Medicaid program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.
- **Abuse:** Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicaid program. Abuse involves payment for items or services when there is no legal entitlement to that payment, and the care provider has not knowingly or intentionally misrepresented facts to obtain payment.



Examples of FWA

- **Fraud:** Knowingly submitting claims for services that were not rendered.
- **Waste:** Costs incurred when an individual is receiving more units or hours of service than needed, for example, when an individual's health improves, but their intensity of support remains the same.
- **Abuse:** A personal care provider bills for services during an individual's institutional stay. This is abuse because the provider should have been aware of the rules that prohibit billing during an institutional stay.



False Claims Act – (31 U.S.C. §§ 3729-3733)

- The federal False Claims Act creates liability for the submission of a claim for payment to the government that is known to be false, in whole or in part.
- Claims submitted to the government include claims submitted to intermediaries such as state agencies, managed care organizations, and other subcontractors under contract with the government to administer healthcare benefits.
 - **Example:** A care provider bills Wellpoint for personal care services allegedly rendered while the member was in the hospital.



False Claims Act (cont.)

| Prohibits | Criminal penalties | Civil penalties |
|---|--|--|
| <ul style="list-style-type: none">• Presenting a false claim for payment or approval• Making or using a false record or statement in support of a false claim• Conspiring to violate the <i>False Claims Act</i>• Falsely certifying the type or amount of property to be used by the government• Certifying receipt of property without knowing if it's true• Buying property from an unauthorized Government officer• Knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the government | <p>If convicted, the individual shall be:</p> <ul style="list-style-type: none">• Fined• Imprisoned• or both <p>If the violations resulted in death, the individual may be imprisoned for:</p> <ul style="list-style-type: none">• Any term of years• or for life• or both | <ul style="list-style-type: none">• Damages may be tripled <p>— plus —</p> <ul style="list-style-type: none">• Civil money penalty between \$5,000 and \$10,000 for each claim |



Anti-Kickback Statute (42 U.S.C. §§ 1320a-7b[b])

- **The Anti-Kickback Statute:**

- Makes it a crime for individuals or entities to knowingly and willfully offer, pay, solicit, or receive something of value to induce or reward referrals of business under federal healthcare programs.
- Is intended to ensure that referrals for healthcare services are based on medical need and not based on financial or other types of incentives to individuals or groups of people.



Anti-Kickback Statute (42 U.S.C. §§ 1320a-7b[b]) (cont.)

Prohibits

Knowingly and **willfully** soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid in whole or in part under a federal healthcare program (including Medicaid).

Penalties

- Fine of up to \$25,000
- Administrative civil money penalties up to \$50,000
- Exclusion from participation in Federal Health Program
- Imprisonment up to five years

Note: Can receive both fines and imprisonment



Reporting FWA and compliance issues

- It is everyone's responsibility to report suspected cases of FWA.
- Do not be concerned about whether or not it is FWA. Report any concerns to:
 - The compliance email: MLTCcomplianceofficer@wellpoint.com.
 - The toll-free compliance hotline: **833-480-0010**.

Retaliation in any form against anyone who makes a report of suspected FWA is **strictly prohibited**.



HIPAA

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule requires providers to protect and safeguard the protected health information (PHI) of members.
- PHI includes the following information:
 - Medical records
 - Claims submission for payment
 - Enrollment information
- As a provider with access to protected healthcare information, you are responsible for complying with HIPAA.
- Ways to protect member PHI:
 - Allowing only authorized employees to have access to members' files.
 - Limit members' information on attendance sheet.
- Wellpoint members' PHI **must** be safeguarded and kept in confidence.



Provider manual

- The provider manual provides detailed information on Wellpoint policies and procedures, care management, FWA, and other key areas.
- Print and electronic copies of the Wellpoint provider manual are available to all providers to ensure providers understand and adhere to established guidelines.
- Additional information on the Wellpoint compliance program is available in the provider manual.
- Visit <https://www.wellpoint.com/ny/provider/state-federal> for the provider manual.



Cultural and linguistic competency training

- Provider cultural competency is the ability of care providers to effectively deliver healthcare services that meet s' social, cultural, and linguistic needs.
- Wellpoint expects care providers will:
 - Complete an annual cultural and linguistic competency training as mandated by CMS Requirement Section 438.10.
 - Practice culturally competent care by understanding the disability, racial, ethnic, and cultural differences between the care provider and member.
 - Attest that this annual training was completed.



Electronic visit verification

- Effective January 1, 2021, electronic visit verification (EVV) requires states to collect service delivery information for personal care services electronically, to verify service type, individual receiving the service, date of service, location of service delivery, individual providing the service, and beginning and end time of the service.
- Under the choice model to implement EVV, care providers will choose a system that best meets their needs and that is compliant with the EVV requirements. The New York State Department of Health (DOH) will provide a statewide aggregator solution to collect and aggregate the data.
- Questions can be emailed to EVVHelp@health.ny.gov.
- EVV website: www.health.ny.gov/health_care/Medicaid/resdesign/evv/index.htm.



Wage parity

- The Wage Parity Law establishes a minimum wage, additional wages, and supplemental benefits for home care aides who perform Medicaid-reimbursed work in New York City and the counties of Nassau, Suffolk, and Westchester.
- For all certified home health agencies (CHHAs), Consumer Directed Personal Assistance Programs (CDPAPs), and licensed home care service agencies (LHCSAs) to be compliant with this Wage Parity Law by the New York Department of Health (NYDOH), they are required to submit written certifications every quarter to Wellpoint.
- Care providers should send completed and signed Wage Parity certifications to providerrelations3@wellpoint.com.
- All wage parity questions or inquiries should be directed to Provider Services.





<https://wellpoint.com/ny/provider/state-federal>

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