

Wellpoint Iowa



Agenda

Application Process

Enrollment Process

Roles & Responsibilities

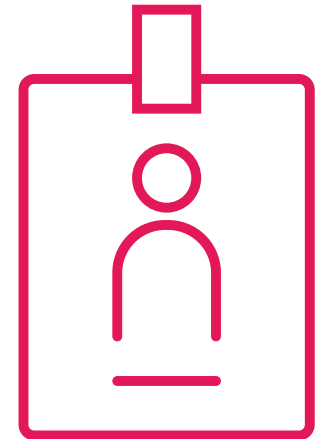
Claims & Common Denials

Resources



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 <https://www.provider.wellpoint.com/iowa-provider/join-our-network>
- 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.)



Availity Tools and Roster Automation



Roster Automation

- Availity PDM (Provider Data Management) application is now the intake channel for all demographic change requests, including roster uploads.
- Training and Support is available:
<https://providernews.wellpoint.com/ia/articles/availability-pdm-application-is-now-the-intake-channel-for-all-d-21-17356>
- provider data attestation is required every 90 days using the provider data management (PDM) feature in Availity Essentials.
- <https://Availity.com>.



Availity Tools

- From our Homepage, under RESOURCES, then TRAINING RESOURCES you will find Provider Pathways.
 1. Users may register for self-guided tutorials on all ways to do business with Wellpoint.
 2. Training Resources include Availity items, Medicare and Medicaid orientation and more to support you and your practices.
 3. Additional Availity-Specific workflows training is available IN AVAILITY under “Help”.



Roles and Responsibilities



2025 Provider Manual

- <https://www.provider.wellpoint.com/iowa-provider/resources/manuals-and-guides>
 - Covered and non-covered services
 - Member eligibility & member disenrollment
 - Medical management
 - Health services programs including preventative care and claims information
 - Claims submission including reconsiderations, dispute process, appeals, and grievances
 - Access standards
 - Provider responsibilities



Provider manuals

Our provider manuals outline key information about our case management and UM programs, quality standards for provider participation, claims and appeal guidance, prior authorization requirements, and much more.

 [Medicare provider manual](#)

 [Medicaid Provider Manual](#)

 [Health Home Program Supplemental Provider Manual](#)



Medical Policies and Clinical UM Guidelines

Medical Policies address the medical necessity of new services or procedures and new applications of existing services or procedures. Clinical UM Guidelines focus on detailed selection criteria, goal length of stay, and location for generally accepted technologies or services.

[Medical Policies and Clinical UM Guidelines](#) ⓘ



Claims, Prior Authorizations, and TPL



Claim denials

- Duplicate claim
- COB-primary payer EOB needed
- Not payable under managed care contract
- Member not eligible on date of service
- Incorrect modifier
- Non-covered procedure for diagnosis
- OCE edits <https://providernews.wellpoint.com/ia/articles/updates-to-correct-coding-editing-24254>
- Incorrect NDC
- Payment included in another service
- Medical documentation needed

Note: Critical billing information can be found in our claims billing manual

https://www.provider.wellpoint.com/docs/gpp/IA_WLP_CA_ID_Claims_Billing_Manual.pdf



Claim timely filing guidelines

- PAR provider: Member does not have primary carrier; 180 days from date of service
- OON (Non-PAR) provider (Member does not have primary carrier); 365 days from date of service
- PAR provider: Member DOES have primary carrier; 365 days from last date of EOP from primary carrier
- OON (non-PAR) provider (Member DOES have primary carrier); 365 days from last date of EOP from primary carrier
- Corrected Claim — 365 days from last date of EOP from Wellpoint — with a MAXIMUM of 2 years from original date of service
- Facility Based- Interim/Continuing Claims; 180 days for PAR — beginning on first date of statement to/from, NON-PAR- 365 days for NON/PAR and OHI — on first date of statement to/from period



Resources



Key contact information

- **Website:** provider.wellpoint.com/ia
- **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 Data Interchange
 - Wellpoint Iowa System Configuration Updates
 - Learn about Availity
 - <https://Availity.com>
 - Policies, Guidelines & Manuals
 - Policies, Guidelines & Manuals
 - Policies, Guidelines & Manuals
 - Provider Training Academy
 - Launch Provider Learning Hub
 - Pharmacy Information
 - <https://app.psychhub.com/signup/IAAmerigroup-MHP>



Questions?

