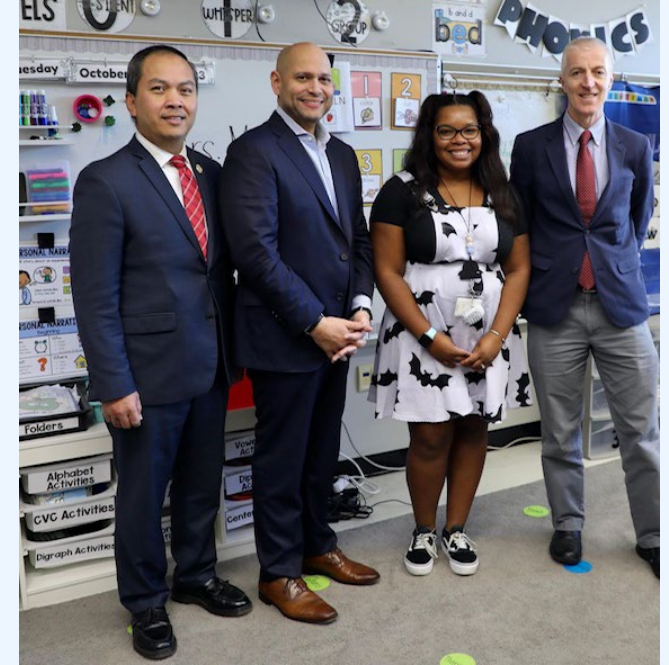


Massachusetts Association of Patient Account Management

5/16/2025



The Wellpoint Team in the Community



What is an Indemnity Plan?



NO NETWORK

Wellpoint plans cover all doctors, facilities, and healthcare providers. Use the plan's contracted providers for the highest benefits at the lowest out-of-pocket costs. The choice is always yours.

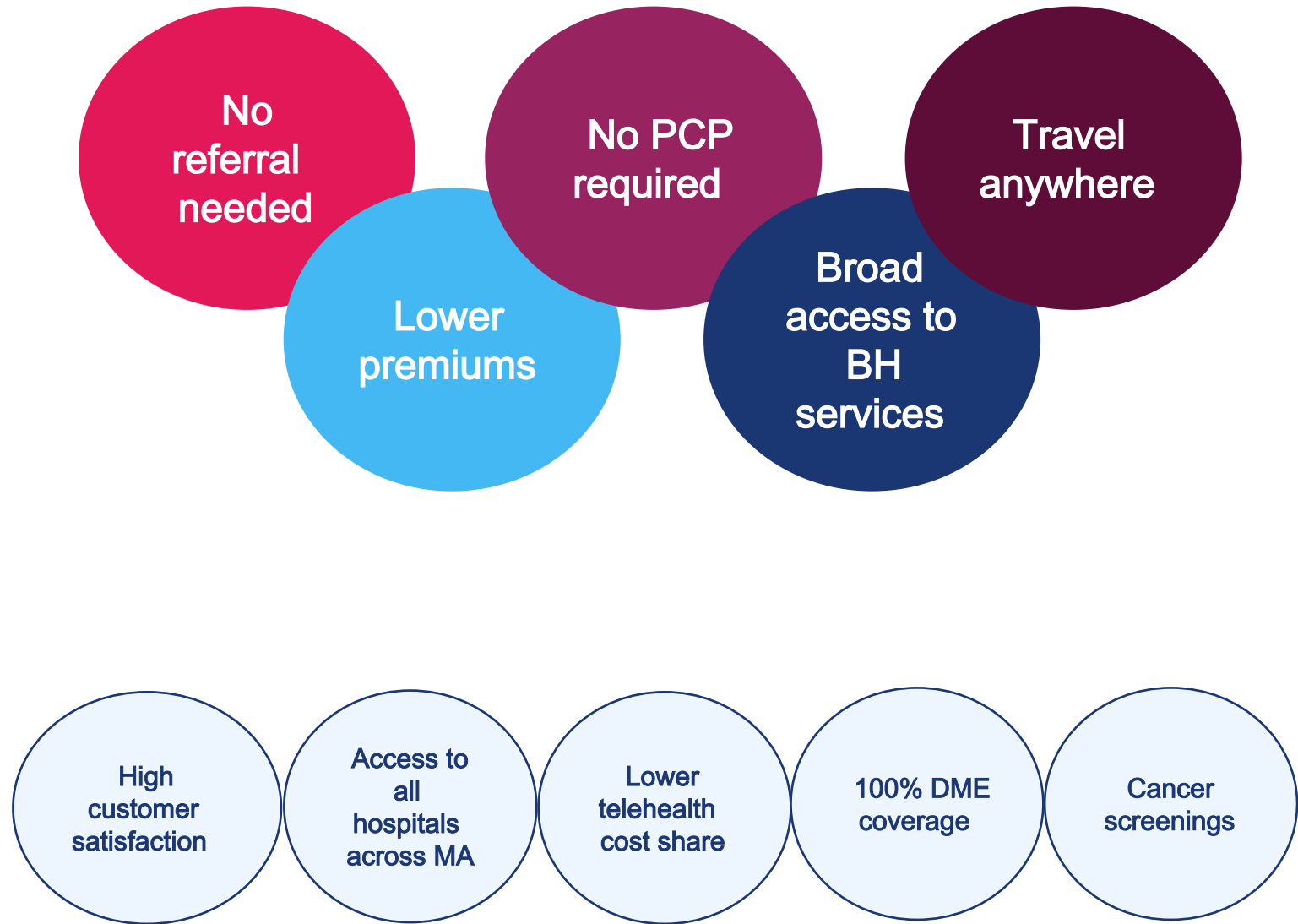
NO REFERRALS OR PCP REQUIREMENTS

Our plans don't require you to choose a primary care provider (PCP) or to obtain referrals for specialty office visits.

COVERAGE BEYOND THE COMMONWEALTH

When you travel, Wellpoint's travel network protects you from unexpected bills.

What makes Wellpoint different?



How do Wellpoint plans compare?

Plan	Offered to	Plan type	Pharmacy (managed by the GIC)	Behavioral Health
Total Choice	Subscribers residing in New England (CT, MA, ME, NH, RI & VT) AND outside the U.S.	Indemnity / Broad network – members can see any provider, without referrals, no matter where members get services. No difference in members out of pocket costs..	CVS	 All Wellpoint plans provide access to the largest behavioral health network in the nation through Carelon Behavioral Health.
PLUS	Subscribers residing in New England (CT, MA, ME, NH, RI & VT)	Indemnity / Broad network – PPO-type network of providers that are contracted, and lower cost to members. Coverage for non-contracted providers at 80% benefit.	CVS	
Community Choice	Members residing in MA (not including Martha's vineyard or Nantucket)	Indemnity / Limited network – PPO-type plan with a network of 59 MA hospitals including Dana Farber & Boston Children's. Coverage for non-Community Choice hospitals at 80% benefit.	CVS	
Medicare Extension (OME)	Medicare members living anywhere in the U.S. Members must be enrolled in Parts A and B.	Medicare Supplement	SilverScripts	

Deductibles & Out of Pocket Costs

Benefit	Wellpoint Total Choice Indemnity	Wellpoint PLUS - Broad/ PPO Type	Wellpoint Community Choice – Limited / PPO Type
Deductible (individual / family)	\$500 / \$1,000 per year	\$500 / \$1,000 per year	\$400/ \$800 per year
Maximum out-of-pocket (individual / family)	\$5,000 / \$10,000 per year	\$5,000 / \$10,000 per year	\$5,000 / \$10,000 per year
Primary care provider (PCP) office visit	\$20 copay per visit	\$10/\$20/\$40 copay per visit	\$20 copay per visit
Specialist office visit (Tier 1 / Tier 2 / Tier 3)	\$45 copay per visit	\$30/\$60/\$75 copay per visit	\$30/\$60/\$75 copay per visit
Telehealth	\$20 copay per visit	\$10 copay per visit	\$20 copay per visit



What's new this year?



What's new this year for Total Choice, PLUS & Community Choice?



Fertility benefit no longer requires an infertility diagnosis to be eligible for services.

Cover IUI without demonstrated infertility
IVF & Reciprocal IVF
Cryopreservation



Nutritional counseling benefit no longer has a three visit limit.

What's new this year for Medicare Extension?



Nutritional counseling benefit no longer
has a three visit limit.



Provider overview



Website overview – provider resources

Dedicated Provider Section on <https://www.wellpoint.com/mass> :



Plan resources include:

- Medical and reimbursement policies
- Member handbooks
- Notification requirements
- Physician Listing with tier levels for special lists
- Electronic claims filing



Important Resources

We've made these tools available to help you do what you do best—care for your patients.



[Reimbursement Policies](#)



[Eligibility, Claims & Reimbursement](#)



[Provider Reference Sheet](#)



[Carelon Medical Benefits Management & Guide to ProviderPortal](#)



[EnrollSafe EFT Enrollment Hub](#)



[Provider Newsletter](#)

Ava ility

- Check member eligibility
 - Submit claims
 - Check claims status
 - Submit medical records
- <https://apps.availability.com/web/onboarding/availability-fr-ui/#/login>
 - Availability Client Services 1-800-282-4548 M-F 8:00 to 7:30 EST.
 - Wellpoint Massachusetts Payer Id = WLPNT

Availability access

The Availability website offers healthcare professionals free access to real-time information and instant responses in a consistent format, regardless of the payer.

With Availability, you can:

- ☒ Request authorizations
- ☒ Submit claims
- ☒ Confirm eligibility

[Log in to Availability](#)

Don't have an Availability account?

[Register free now](#) 





Notifications for prior authorization

- Wellpoint requires notification for certain procedures and services, to determine eligibility for benefits. See our [Provider Reference Sheet](#) for the list of these procedure and who to contact for review.
- Contact Carelon MBM directly for services they will be reviewing (such as echocardiography and high-tech imaging):
 - By phone: 866-766-0247 or via
 - Provider portal: <https://www.careloninsights.com/provider-resources>
- Services remaining under Wellpoint review:
 - Call 800-442-9300 or Fax information to 800-848-3623
- Contact CVS for most specialty drug questions or patient-related pharmacy questions: (toll free) 877-876-7214
- Behavioral Health Authorizations: Carelon is continuing to do the authorizations for BH and Substance Abuse services. They have a new ProviderConnect system.
 - <https://www.valueoptions.com/pc/eProvider/providerLogin.do>
- Carelon has a dedicated EDI Helpdesk for direct support with ProviderConnect:
 - Phone: 888-247-9311 8 a.m. to 6 p.m. EST
 - E-mail: e-supportservices@beaconhealthoptions.com



Provider data and demographics

About Wellpoint's Credentialing Department :

Wellpoint requires CAQH for providers who participate in the Wellpoint network. We follow the National Committee of Quality Assurance (NCQA) standards.

Wellpoint has designated delegated providers. The organization/delegate submits credentialed provider data to Wellpoint for addition to the network.

The state of MA is implementing provider data requirements for provider directories, later this year. Wellpoint will be using provider data information from CAQH database.



For more information contact us at:

Phone: (800) 516-7587

Fax: (978) 474-6188

WellpointProviderRelations@wellpoint.com

Provider Rosters

- Accurate provider data is key to effective provider transactions and communication.
- Roster updates are completed to note provider changes in your group and reflect the updates in our system.
- Practices must notify Wellpoint when a provider leaves or joins their group.
- Requests to change financial addresses must be submitted in writing with a W-9 form.



Appeal rights

- Appeals for reconsideration of a denial by Managed Care department must be filed by telephone or in writing. All supporting documentation must be received within 3 business days of when the denial was received.
- Appeals for claims reconsideration must be received by Wellpoint within 180 days of when the determination was made.
- Send appeal requests and supporting documentation to:

Wellpoint Grievance and Appeals
P.O. Box 4077
Woburn, MA 01888-4077
Fax: 978-474-5179 (Managed Care)



Contact Us

Provider Relations

800-480-7587

WellpointProviderRelations@wellpoint.com

- The mailbox is checked daily to ensure a timely response to your requests. Use this mailbox to submit changes (including roster updates), data sheets, demographic updates, terminations and other inquiries

Customer Service

800-442-9300



Questions?

