

# Baycare Orientation

July 2024



# UniCare is now Wellpoint



**New name.**

**Same** plans.

**Same** doctors.

**Same** hospitals.

**Same** coverage.

**Same** commitment to you.

Do current  
UniCare  
members  
have to do  
anything?



**No.**

Existing UniCare plan coverage remains the same through the end of this plan year (June 30, 2024).

If members are happy with their current medical plan, **no action is required.**

# What makes Wellpoint plans **unique?**



**No referral** needed



**No PCP** required



Some of the **lowest premiums**



**Travel anywhere** and get covered



**High customer satisfaction**

# 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.

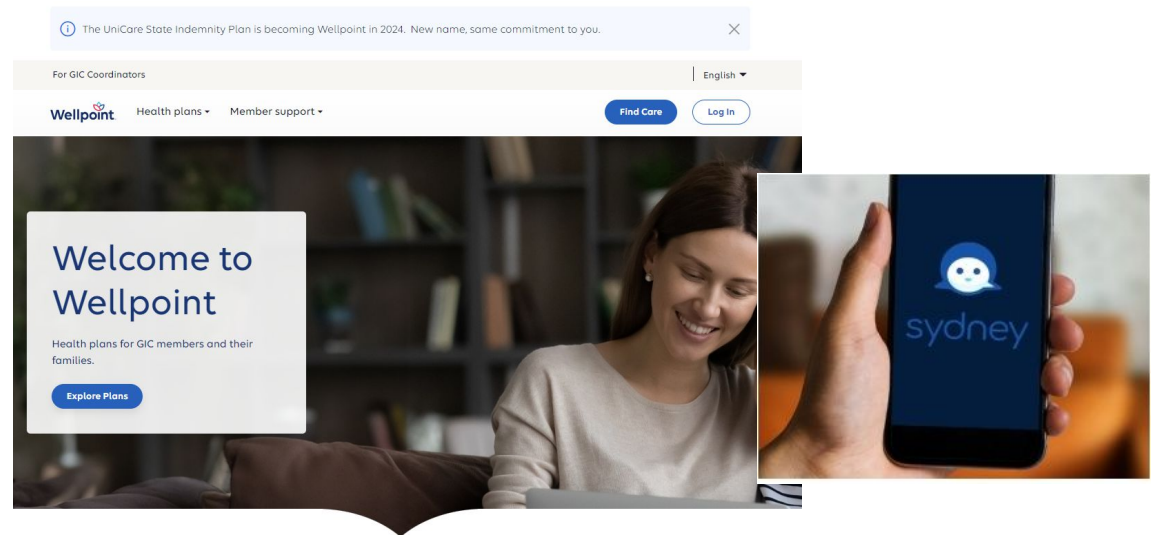
## **No referrals, no PCP requirement**

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.

# Will there be a new website or app?



Our new website can be found at [wellpointmass.com](https://wellpointmass.com).

The [unicaremass.com](https://unicaremass.com) site will remain in place until all UniCare plan officially become Wellpoint plans on **July 1, 2024**.

Members can still access their **member account and Sydney Health app** the same way.

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



**The family fitness reimbursement is increasing. Families can now be reimbursed up to \$200 in a plan year.**

The benefit for individuals remains the same — up to \$100 in a plan year.



**There will no longer be a limit on physical therapy or occupational therapy visits in a plan year.**

More than 30 visits will require preapproval.



**Nutritional counseling,** conditions other than obesity with risk of cardiovascular disease, diabetes, cleft lip/palate and certain eating disorders are now covered for up to three visits in a plan year.


# What's new this year for Medicare Extension?



**Nutritional counseling**, conditions other than obesity with risk of cardiovascular disease, diabetes, cleft lip/palate and certain eating disorders are now covered for up to three visits in a plan year.



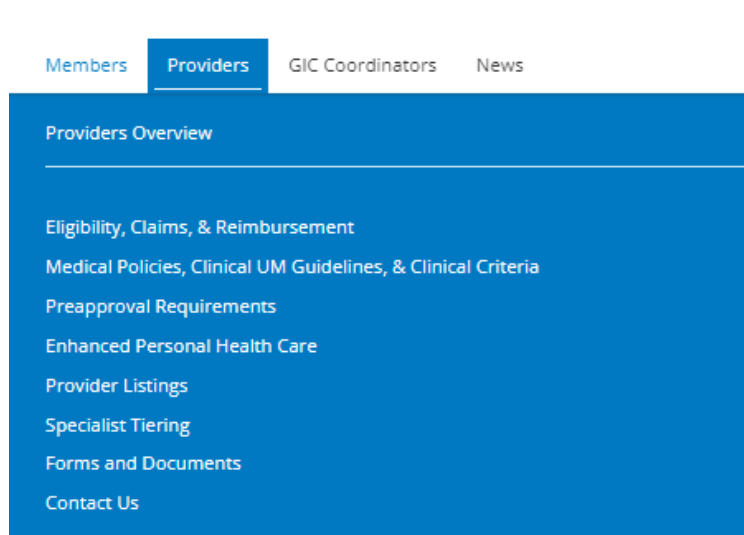
# How do Wellpoint plans compare?

Plan	Offered to	Plan type	Pharmacy	Behavioral Health
<b>Total Choice</b>	Members who live in New England (total access)	<b>Indemnity</b> – any provider, without referrals, no matter where the member gets services.	CVS	 <p>All UniCare plans provide access to the largest behavioral health network in the nation through <b>Carelton Health Options</b>.</p>
<b>PLUS</b>	Members residing in New England (CT, MA, ME, NH, RI and VT)	<b>Indemnity / PPO-type</b> – network of providers that are “preferred;” coverage and lower costs.	CVS	
<b>Community Choice</b>	Members residing in MA (not including Martha’s Vineyard or Nantucket)	<b>Indemnity / Limited network</b> – A PPO-type plan with a network of MA hospitals. If you need to use an out of network hospital you still have coverage with higher out of pocket member costs.	CVS	
<b>Medicare Extension (OME)</b>	Medicare members living anywhere in the U.S. Must be enrolled in Medicare Parts A & B.	<b>Medicare Supplement</b>	SilverScripts	



# Website overview

Dedicated Provider Section with the following resources: [Health Insurance in Massachusetts](#) | [Wellpoint Mass](#)



## 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](#)



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



[EnrollSafe EFT Enrollment Hub](#)



[Provider Newsletter](#)

# Credentialing

## About UniCare's Credentialing Department

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

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



For more information contact us at:

Phone: (800) 516-7587

Fax: (978) 474-6188

[WellpointProviderRelations@Wellpoint.com](mailto:WellpointProviderRelations@Wellpoint.com)

# Preauth

Preauth / preapproval	UniCare	Wellpoint
UniCare/Wellpoint Managed Care – Preauth for medical; behavioral health; oncology specialty drugs		
Mailing address	P.O. Box 2011 Andover, MA 01810-0035	P.O. Box 4077 Woburn, MA 01888-4077
Phone	800-442-9300	
Email	contact.us@anthem.com	contact.ma@wellpoint.com
Fax	800-848-3623	
Carelton Medical Benefits Management <i>[previously AIM]</i> – preauth for BPAP/CPAP; some cardiology; high-tech imaging; genetic testing; radiation therapy; sleep studies		
Phone	866-766-0247	
CMBM provider portal	www.providerportal.com	
Availity portal	www.availity.com	
Email (for guidelines)	MedicalBenefitsManagement.guidelines@carelon.com	
Website (for guidelines)	guidelines.carelonmedicalbenefitsmanagement.com	
CareltonRx – preauth for some non-oncology specialty drugs		
Phone	833-293-0659	
Website	covermymeds.com/main/prior-authorization-forms/	
CVS Caremark – preauth for some non-specialty drugs and some non-oncology specialty drugs		
Phone	800-294-5979	
Website	caremark.com	
Fax	866-836-0730	
CVS Specialty Pharmacy – preauth for some specialty and site-of-care drugs		
Phone (specialty drugs)	866-814-5506	
Phone (site-of-care drugs)	866-655-7444	
Website	CVSspecialty.com	
Fax (specialty drugs)	866-249-6155	



# 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 UniCare 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
<a href="mailto:WellpointAppealsRequests@wellpoint.com">WellpointAppealsRequests@wellpoint.com</a>



# 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.



# Contact Us



## **Provider Relations**

800-480-7587

[WellpointProviderRelations@wellpoint.com](mailto: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

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## **Customer Service**

800-442-9300

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# Questions?

