



WellFirst Health™

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Frequently Asked Questions about WellFirst Health™

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1. Overview

1.1 What is WellFirst Health™?

A: Effective January 1, 2020, WellFirst Health is the administrator of the SSM Health Employee Health Plan for SSM Health employees and their dependents in Illinois, Missouri, Oklahoma, and Wisconsin. WellFirst Health also offers Affordable Care Act (ACA) Plans in St. Louis City, St. Louis County, and St. Charles County in Missouri,

1.2 When did the SSM Health Employee Health Plan open for enrollment?

A: The SSM Health Employee Health Plan was open for enrollment in October 2019 and is effective for dates of service on and after January 1, 2020.

1.3 Where can I find more information about WellFirst Health?

A: Refer to the following resources for more information:

- Visit the WellFirst Health website at wellfirstbenefits.com
- Call the Customer Care Center:
 - 877-274-4693 – for SSM Health Employee Health Plan
 - 866-514-4194 – for ACA
- Providers in Illinois and Missouri, email your WellFirst Health™ Provider Network Consultants (PNCs) at ProviderRelations@wellfirstbenefits.com
- Providers in Oklahoma, email your WellFirst Health PNC Diane Ballard at diane.ballard@wellfirstbenefits.com.

2. Member ID Numbers and Cards

2.1 Will members have the same member ID numbers?

A: No. Members enrolled in the SSM Health Employee Health Plan will be issued new member ID cards with new member ID numbers. The new member ID cards and numbers will be effective for dates of service on and after January 1, 2020.

2.2 How will I know from a member's ID card which SSM Health Employee Health Plan a member is enrolled?

A: All members enrolled in the SSM Health Employee Health Plan will be issued a member ID card with the WellFirst Health name and logo in the top, left corner. The new member ID cards will be differentiated per plan by the information in the top, right corner of the member ID card starting with the listed Network.

Refer to the document titled [WellFirst Health™ 2020 Quick Reference](#) for a preview of the new member ID cards.

3. Member Eligibility

3.1 When will member eligibility information for the SSM Health Employee Health Plan be available?

A: Member eligibility information will be available on January 1, 2020, via the 270/271 Eligibility and Benefit Inquiry and Response transaction and the WellFirst Health Provider Portal. Providers can call the Customer Care Center for 2020 member eligibility information in December 2019, if needed.

3.2 How will I check member eligibility for WellFirst Health?

A: Member eligibility for WellFirst Health can be verified via one of the following:

- The 270/271 Eligibility and Benefit Inquiry and Response transaction
- The WellFirst Health Provider Portal accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers
- Calling the Customer Care Center at:
 - 877-274-4693 – for SSM Health Employee Health Plan
 - 866-514-4194 – for ACA
- Calling the telephone number listed on the back of the member ID card

4. Authorizations

4.1 Will WellFirst Health require prior authorization for services?

A: Yes, WellFirst Health will require an approved prior authorization when a service requires an approved authorization per the medical policy or when the rendering provider is out-of-network.

4.2 How will I know which services require authorization?

A: For current listings of services that require approved prior authorization, refer to the Master Service List (MSL) and the Medical Injectables list, both on the Medical Management page, accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers. Providers are advised to always check if a service requires an approved authorization prior to providing services.

4.3 When can I start submitting authorization requests to WellFirst Health?

A: Authorization requests can be submitted starting in December 2019.

4.4 Will I need to submit new authorization requests for currently approved authorizations with 2020 end dates?

A: No. Approved authorization requests with end dates in 2020 will continue to be in effect for members enrolled in the SSM Health Employee Health Plan on January 1, 2020. No action is required from providers. The authorizations carried over to 2020 will be converted in the system

to list the new member ID and will be assigned a new Authorization Number. As a result, the new authorizations will not be viewable or searchable in the provider's Provider Portal account. Providers can call the Customer Care Center to request information on these authorizations, if needed. Providers are encouraged to have the previously assigned Authorization Number from 2019 available when calling, if possible.

4.5 Will I need to submit new authorization requests for currently approved authorizations with 2019 end dates?

A: Yes. If an authorization ends on or before December 31, 2019, a new authorization request with the new member ID number will need to be submitted to WellFirst Health if continued services are needed on and after January 1, 2020.

4.6 How will I submit authorization requests to WellFirst Health?

A: Authorization requests are to be submitted to WellFirst Health via the WellFirst Health Provider Portal for most services. Refer to the Medical Management page accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers for specific authorization request submission information.

4.7 Are there exceptions to the kind of authorization requests that can be submitted to WellFirst Health?

A: Yes, there are some important exceptions. WellFirst Health partners with other entities for authorization of certain services, such as Navitus/Navi-Gate for authorization of medical injectables and Magellan Healthcare for authorization of physical and occupational therapy, radiology, and musculoskeletal services. For specific authorization request submission information, refer to the Medical Management page accessible from the Providers page of the WellFirst Health website at wellfirstbenefits.com/Providers.

4.8 Where can I find the WellFirst Health prior authorization forms?

A: Providers are encouraged to submit authorization requests electronically whenever possible. Should a paper authorization request be necessary, WellFirst Health branded authorization forms are accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers.

4.9 What will be the turnaround time for authorization determinations?

A: WellFirst Health will follow National Committee for Quality Assurance standards and State and Federal-mandated turnaround times for authorization determinations.

5. Claims

5.1 *Updated* I submitted claims to CoreSource previously. Will I submit SSM Health Employee Health Plan claims to CoreSource?

A: No. CoreSource is not the third party administrator for SSM Health Employee Health Plan claims. For dates of service on and after January 1, 2020, providers must submit SSM Health Employee Health Plan claims to WellFirst Health. The exception to this direction is claims for services that span 2019 and 2020. Refer to question 5.4 about submitting SSM Health Employee Health Plan claims for services that span 2019 and 2020.

For providers who previously submitted claims to CoreSource, claims for dates of service before January 1, 2020, must be submitted to CoreSource. With the exception of claims for services that span 2019 and 2020, claims submitted to CoreSource with a 2020 date of service will receive a returned Explanation of Benefit stating, "Claims are not administered by CoreSource."

5.2 What member ID should I use on WellFirst Health claims?

A: Indicate on claims the member ID number that was effective on the date of service.

5.3 How will I submit claims to WellFirst Health?

A: SSM Health Employee Health Plan claims for dates of service can be submitted to WellFirst Health through one of the following:

- 837 Health Care Claim transactions - 837 Professional (837P) and 837 Institutional (837I) transactions. The Payer ID is 39113.
- Online Direct Data Entry Form which is an electronic claims tool that is available to providers at no cost. Providers may sign up at sdata.us.
- While electronic claims are preferred, paper claims will be accepted from providers without online access. Paper claims can be mailed to:
WellFirst Health
PO Box 56099
Madison, WI 53705

5.4 Updated How should I submit SSM Health Employee Health Plan claims for services that span 2019 and 2020, such as inpatient claims?

A: Providers who previously sent claims to CoreSource, must submit the entire claim for the 2019 and 2020 dates of service to CoreSource with the old member ID number.

5.5 How will I know if my claim has been accepted by WellFirst Health for processing?

A: Providers will be able to verify claims acceptance by signing up for the Confirmation Reports Portal or working with their clearinghouse to accept WellFirst Health's Health Care 277 Claim Acknowledgment (277CA) transaction.

Through the Confirmation Reports Portal, which is separate from the Provider Portal, providers can receive electronic reports of their accepted and rejected claims. Send an email to your WellFirst Health PNC to sign up for the Confirmation Reports Portal.

For more information about the 277CA, refer to the HIPAA transactions page on the WellFirst Health website at wellfirstbenefits.com/Providers/HIPAA-transactions.

5.6 How will I check the status of a claim after it has been successfully accepted for processing?

A: Providers will verify claim status through the following:

- 276/277 Health Care Claim Status Request and Response transaction
- WellFirst Health Provider Portal account
- Customer Care Center:
 - 877-274-4693 – for SSM Health Employee Health Plan
 - 866-514-4194 – for ACA

5.7 What will be the timely filing limit for WellFirst Health claims?

A: Timely filing limits are established as part of the provider contract. All submitted claims, corrected claims, and claims appeals, regardless of submission method, must be received by WellFirst Health within the specified timely filing limits.

6. Medical Policies

6.1 Where can I find WellFirst Health medical policies?

A: WellFirst Health medical policies are published on the Medical Management page accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers. Providers are encouraged to refer to the Medical Management information regularly for current policy.

Providers are also encouraged to read their WellFirst Health Provider Manual on the WellFirst Health website at wellfirstbenefits.com/Providers. Provider Manuals are intended as a guideline for policies, procedures, and other valuable information on all aspects of interaction with WellFirst Health. Providers should always refer to their contract agreement, the member's benefit certificate, and medical policy for specific coverage information.

7. 835 Remittance Advice, Explanation of Payments, and Payments

7.1 Will I be able to receive my remittance advice and payment electronically?

A: WellFirst Health has partnered with Change Healthcare for the exchange of both paper explanation of payments and checks as well as electronic remittance advice and electronic funds transfers. For more information about the electronic versions, refer to the HIPAA transactions page accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers or directly at wellfirstbenefits.com/Providers/HIPAA-transactions.

For electronic payments, providers may enroll with Change Healthcare ePayment Services at 866-506-2830 or online through their Enrollment Services web page at changehealthcare.com/support/customer-resources/enrollment-services.

7.2 What will be the WellFirst Health rates of reimbursement?

A: Rates and method of reimbursement are established as part of the provider contract.

7.3 How will contraceptive services be managed?

A: WellFirst Health will administer contraceptive benefits in compliance with the Women's Health Preventive Care guidelines under the Affordable Care Act mandate. Claims for contraceptive services will be identified by diagnosis or procedure code and the 835s and EOPs for the claims will be generated separately from WellFirst Health. Providers will receive two 835s or EOPs, as applicable — one showing the denial of payment for the contraceptive service(s) and the other showing the payment for the contraceptive service(s). Payments for contraceptive services also will be generated separately.

Note: There are no required changes to a provider's claim submission process for these claims.

8. Portal Accounts

8.1 What is the WellFirst Health Provider Portal?

A: The secure WellFirst Health Provider Portal allows users 24/7 access to resources and self-service applications to simplify everyday tasks, promote efficiencies in business, and streamline electronic transactions. The WellFirst Health Provider Portal is accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers or directly from the Account Login page at wellfirstbenefits.com/Account-Login.

8.2 Will I need to set up a Portal account for WellFirst Health?

A: Yes. Providers will use their WellFirst Health Provider Portal account for the SSM Health Employee Health Plan. Individuals need to register in order to create a Provider Portal account. Once a Portal account is created and verified, users can access information and perform tasks specific to their assigned Portal role(s).

For information about setting up a Provider Portal account, refer to the WellFirst Health Provider Portal Registration User Guide accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers or directly from the Account Login page at wellfirstbenefits.com/Account-Login.

8.3 What are the functions of the WellFirst Health Provider Portal?

Q: The following applications are available from the secure WellFirst Health Provider Portal:

- Eligibility – Real-time EDI 270/271 transactions with member eligibility, benefit plan coverage, copayments, and deductibles
- Authorization Submission – Request authorization for approval of treatment when authorization is required
- Authorization Review – View started and saved and completed and submitted authorizations
- Claim Status – Real-time EDI 276/277 transactions to view submitted claim status
- Claim Payments – View electronic remittance advice (or “remits”) showing claim payments
- Claim Appeals – Appeal claims that have finished processing and are in finalized status (paid or denied)
- Provider Admin – Allows Provider Site Administrators to make updates to Individual and Organization accounts

9. Electronic Data Interchange

9.1 Where can I find more information about EDI transactions?

A: For more information about setting up your organization to send and receive EDI transactions, refer to the HIPAA transactions page accessible from the Providers page on the WellFirst Health website at wellfirstbenefits.com/Providers or directly at wellfirstbenefits.com/Providers/HIPAA-transactions or call EDI at 800-356-7344, ext. 4320. The WellFirst Health Payer ID is 39113. Providers are encouraged to share EDI information with their third-party billing agency.

10. Provider Directory

10.1 What is the WellFirst Health Network Provider Directory?

A: Providers with certain specialties who are contracted as an in-network provider with WellFirst Health are listed in the electronic directory. The directory is a searchable, up-to-date list of providers and locations that is also accessible to members looking for providers. The directory is available from the Find A Doctor link at the top of the WellFirst Health website at wellfirstbenefits.com or directly at wellfirstbenefits.com/Find-A-Doctor.

11. Provider Support

11.1 Who can I contact with WellFirst Health questions?

A: Online resources are accessible from the Provider page of the WellFirst Health website at wellfirstbenefits.com/Providers. Additionally, this Frequently Asked Questions document will be

updated with new information as it is available. Providers are encouraged to check this document and the website regularly for updated information.

Providers can also contact the WellFirst Customer Care Center with both provider and member benefit-related questions:

- 877-274-4693 – for SSM Health Employee Health Plan
- 866-514-4194 – for ACA

11.2 Where can I refer members with benefit questions?

A: For benefit-related questions, members can refer to the WellFirst Health website at wellfirstbenefits.com or call the WellFirst Health Customer Care Center:

- 877-274-4693 – for SSM Health Employee Health Plan
- 866-514-4194 – for ACA

11.3 What is a Provider Network Consultant?

A: Provider Network Consultants (PNCs) are responsible for educating and supporting WellFirst Health in-network providers for matters such as contracting questions, credentialing inquiries, and updating provider demographics, as well as to assist with escalated operational issues. Providers are encouraged to obtain information from online resources and the Customer Care Center before contacting their WellFirst Health PNC.

11.4 How do I contact my WellFirst Health PNC?

A: Illinois and Missouri providers can contact their WellFirst Health PNCs at ProviderRelations@wellfirstbenefits.com. Oklahoma providers can contact their WellFirst Health PNC, Diane Ballard, at diane.ballard@wellfirstbenefits.com.