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Frequently Asked Questions about WellFirst Health Plans in Illinois 2021

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1. Overview

Effective for dates of service on and after January 1, 2021, WellFirst Health will support WellFirst Health Affordable Care Act (ACA) Individual Plans and WellFirst Health Medicare Advantage Plans for enrolled members residing in Madison County and St. Clair County in Illinois. Additionally, the WellFirst Health SSM Health Employee Health Plan (EHP) Administrative Services Only (ASO) will continue to be offered for SSM Health employees and their dependents.

Please note the following important dates for the 2021 WellFirst Health ACA individual and Medicare Advantage rollout:

- **October 1, 2020** – New WellFirst Health Medicare Advantage web pages will be available.
- **October 1, 2020** – Customer Call Center will open for WellFirst Health Medicare Advantage and ACA Individual plan questions.
- **October 5, 2020** – Provider trainings will be offered.
- **October 15 through December 7, 2020** – WellFirst Health Medicare Advantage member enrollment will be open.
- **November 1, 2020** – New WellFirst Health ACA web pages for Illinois will be available.
- **November 1 through December 15, 2020** – WellFirst Health ACA Individual member enrollment will be open.
- **December 1, 2020** – Providers can start submitting prior authorization requests for dates of service on and after January 1, 2021.
- **January 1, 2021** – WellFirst Health launches Medicare Advantage and ACA Individual coverage for enrolled members.

WellFirst Health is a brand of health benefit plans available in the Midwest and Central portions of the U.S. that is provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Such companies are affiliated with Dean Health Plan, Inc. in Wisconsin, also a subsidiary of the SSM Health Care Corporation. In each state, WellFirst Health products and services are supported by a local network of clinics, hospitals, and other health care providers. Named legal entities for WellFirst

Health are filed in adherence to applicable state laws and regulations and therefore may vary by state or product. SSM Health Plan is the risk bearing entity for WellFirst Health ACA Individual plans in Illinois. SSM Health Plan is also the risk bearing entity for WellFirst Health Medicare Advantage plans in Illinois and Missouri. SSM Health Insurance Company is the risk bearing entity for WellFirst Health ACA Individual plans in Missouri. Provider resources and communications are branded as WellFirst Health.

2. Products

Q: 2.1. What WellFirst Health ACA Individual Plans will be offered?

A: In Illinois for 2021, ten WellFirst Health ACA Individual Plan options will be offered under the following categories:

- Copay Plus – plan options designed for individuals who regularly visit doctor with affordable deductible and coinsurance options and lower copayments for office visits and many prescription drugs.
- Classic Plan – plan options designed for individuals who want to keep their health plan coverage as easy as possible with basic deductible/coinsurance.
- Value Copay Plan – plan options designed for individuals who prefer the lower premiums of a high-deductible plan as well as low out-of-pocket costs for office visits and generic drugs Low copays for office visits and many prescription drugs.
- HSA Eligible Plan – plan options designed for individuals who enjoy tax savings of an HSA to cover medical bills.
- Catastrophic Plan – plan options designed for individuals under the age of 30 who meet specific incomes guidelines with high-deductible and three free office visits.

In each category, there are Single and Family options with some offering variations in deductible, maximum-out-of-pocket, and copay amounts from the standard plan option.

Q: 2.2. What is WellFirst Health Medicare Advantage?

A: WellFirst Health Medicare Advantage is a Medicare replacement product. This means that WellFirst Health will be the one point-of-contact for providers for administrative ease. No claims go to Medicare, with the exception of hospice claims. WellFirst Health Medicare Advantage plans include Medicare benefits, additional value-added coverage, and supplemental benefits within a single plan. *Note:* Members may elect to receive hospice services while they are enrolled in a WellFirst Health Medicare Advantage Plan; however, if a member receives hospice services while enrolled in one of the plans, providers should bill CMS for those services.

Q: 2.3. What WellFirst Health Medicare Advantage products will be offered?

A: WellFirst Health will offer four Medicare Advantage plan designs, summarized below. Each plan allows members access to WellFirst Health's in-network providers and includes value-added coverage and designated supplemental benefits. Each is unique so members can select the plan with the coverage they want.

- SSM Unity – an HMO Medicare Advantage Plan that includes prescription drug (Part D) coverage and Part B buyback. Part B buyback is money from the health plan to the member for all or part of their Part B premium payment.
- SSM Companion – an HMO Medicare Advantage Plan that includes Part D coverage. This plan also offers 10 hours per month for in-home or virtual support and companionship. It does not offer Part B buyback.
- SSM Integrity – an HMO-POS Medicare Advantage Plan that includes an option to seek some services out-of-network at higher copays. This plan also includes Part D coverage. and 10 hours per month for in-home or virtual support and companionship. It does not offer Part B buyback.

- SSM Harmony – an HMO-POS Medicare Advantage Plan that includes an option to seek some services out-of-network at higher copays. It does not offer Part D coverage or Part B buyback.

Q. 2.4. Where can I find more information for WellFirst Health products in Illinois?

A: Please refer to the following resources for more provider information:

- Visit the WellFirst Health Provider page at wellfirstbenefits.com/Providers to access links to a variety of provider resources and medical management information including medical policies, authorization requirements, and pharmacy services.
- Visit the new WellFirst Health Medicare Advantage web pages available on October 1, 2020, which will be accessible from the WellFirst Health home page at wellfirstbenefits.com.
- Review the applicable provider manual, all accessible from the Provider page at wellfirstbenefits.com/Providers:
 - WellFirst Health Provider Manual. This manual contains WellFirst Health policies and practices for claim submission and procedural expectations and should be referred to as an extension of the provider contract.
 - WellFirst Health Medicare Advantage Provider Manual. This manual contains specific Medicare Advantage rules, processes, resources, and supplemental benefit information. This manual is to be referred to as an addendum to the WellFirst Health Provider Manual.
 - WellFirst Health SSM Health Employee Health Plan Administrative Services Only Provider Manual. This manual contains information to support in-network providers providing services to the SSM employee group.

Note: In addition to provider manuals, providers should always refer to their contract, the member's benefit certificate, and medical policy for specific coverage information.

- Beginning in October 2020, call the applicable Customer Care Center phone number with any questions you may have after reviewing our online resources:
 - 866-514-4194 for ACA Individual
 - 877-301-3326 for Medicare Advantage
 - 877-274-4693 for SSM Health EHP ASO
 - Email the WellFirst Health Provider Network Consultants with any remaining questions or to request training for your organization at ProviderRelations@wellfirstbenefits.com.

Q. 2.5. Are WellFirst Health Medicare Advantage resources different or separate from other WellFirst Health resources?

A: In most cases, no. The WellFirst Health resources such as the WellFirst Health Provider Portal, electronic data interchange (EDI) transactions, and Payor ID are the same across all WellFirst Health products. Notable differences are:

- The Customer Care Center phone number for WellFirst Health Medicare Advantage is 877-301-3326.
- The WellFirst Health Medicare Advantage Plans Prior Authorization List is a separate list from that used for other WellFirst Health products and also includes the Medical Injectables list. Refer to Authorizations section of this document for more information.
- The WellFirst Health Medicare Advantage Provider Manual. This manual is a reference to Medicare Advantage specific rules and is to be used as an addendum to the applicable primary base WellFirst Health Provider Manual.

Refer to the document titled *WellFirst Health 2021 Quick Reference* for an at-a-glance view of resources for WellFirst Health products.

3. In-Network Providers

Q: 3.1. What if I worked with INNOVA Health Solutions for my provider contracting?

A: In Illinois, INNOVA assisted the health plan to build the local network of clinics, hospitals, and health care partners ensuring that WellFirst Health members will have access to high-quality providers and the services in 2021. Providers who worked with INNOVA and have finalized contracts will be able to serve members enrolled in WellFirst Health ACA Individual and Medicare Advantage plans in 2021 under the terms of their provider contracts.

Moving forward, all providers who worked with INNOVA should now work directly with WellFirst Health. This includes questions about your provider contract which can be directed to WellFirst Health at WellFirst.Contracting@wellfirstbenefits.com. For other questions, refer to WellFirst Health online resources or call our Customer Care Center. For questions not easily addressed by these resources, contact the WellFirst Health Provider Network Consultants at ProviderRelations@wellfirstbenefits.com or 314-994-6262.

Q: 3.2. What does a Provider Network Consultant do?

A: Provider Network Consultants, also referred to as PNCs, are a team of specialized individuals dedicated to supporting our in-network providers. While online self-service resources and the Customer Care Center are a provider's first sources of information, PNCs assist with more in-depth inquiries to provide information beyond these resources, when necessary, such as escalated claims questions and making updates to provider file information. Furthermore, PNCs are available for orientation for new providers and ongoing education for existing providers. Contact the WellFirst Health PNCs at ProviderRelations@wellfirstbenefits.com.

Q: 3.3. How can I find out if a provider is contracted with WellFirst Health?

A: Refer to the Provider Directory available from the Find A Doctor link at the top of the WellFirst Health website at wellfirstthehealth.com or directly at wellfirstthehealth.com/Find-A-Doctor. The Provider Directory is an interactive, searchable, up-to-date listing of in-network providers and locations contracted with the health plan. The directory is also accessible to members looking for providers.

Q: 3.4. Will members enrolled in WellFirst Health ACA Individual and Medicare Advantage plans have to see in-network providers?

A: In most cases, yes. For instances, when the in-network primary care provider believes it is necessary for a member to obtain services from an out-of-network provider, that provider must submit the authorization request and obtain prior approval for the member to receive non-urgent/emergent services through an out-of-network provider.

For Medicare Advantage, it depends on which plan a member is enrolled. WellFirst Health Medicare Advantage members enrolled in an HMO plan must go to in-network providers for services and will need an authorization to go out-of-network. WellFirst Health Medicare Advantage members enrolled in an POS plan will have the option to see out-of-network providers for some services. Members will have lower out-of-pocket costs when seeing in-network providers.

Q: 3.5. Do members pick a primary care provider when they enroll?

A: Members are encouraged to choose a primary care provider (PCP) on their application. If they do not choose a PCP, WellFirst Health will assign them a PCP within the WellFirst Health network based upon their residence. Members can call the Customer Care Center to change their PCP at any time.

Q: 3.6. Will WellFirst Health Medicare Advantage members have to only see the primary care provider listed on their card?

A: No. Members are not limited to only seeing the PCP listed on their member ID card. Members can visit a different in-network PCP and this will not affect claims payment.

4. Member ID Cards


Q. 4.1. When will member ID cards be issued?

A: Illinois members enrolled in a WellFirst Health ACA Individual Plan or WellFirst Health Medicare Advantage Plan for 2021 will receive their member ID card in December 2020.

Q. 4.2. How will I know from a member's ID card which WellFirst Health plan a member is enrolled?




A: As shown in the sample card images further below, the WellFirst Health member ID cards will be differentiated per plan. Additionally, the WellFirst Health ACA Individual Plan and Medicare Advantage member ID cards for Illinois members will have "WellFirst Health, provided by SSM Health Plan" in the top, left corner.

In the top, right corner, the WellFirst Health ACA Individual member ID card for Illinois members will list "WellFirst ACA" as the Network and "HMO" as the Product Type.

 WellFirst Health <small>provided by SSM Health Plan</small>		Network: WellFirst ACA Group Number: XXXXXXXXXX Product Type: HMO Customer Care: 866-514-4194 (TTY: 711) Nurse Advice Line: 833-925-0398
Member Name	Member #	
TEST TEST	012345678901	
TEST TEST 1	012345678902	
TEST TEST 2	012345678903	
TEST TEST 3	012345678904	
<small>Form Date: XX/XX/XXXX • PCN Number: 9104 • BIN Number: 610602</small>		
wellfirsthealth.com		

The WellFirst Health Medicare Advantage member ID card will list the shortened plan name (Unity, Integrity, etc.) in which the member is enrolled and indicate whether the plan is an HMO or HMO/POS. The Medicare Rx logo will be on member ID cards for members who have prescription drug (Part D) coverage. The member ID number will be an 11-character alpha/numeric value, starting with an "A." This value is required for member enrollment and claims verification.

 WellFirst Health <small>provided by SSM Health Plan</small>		Customer Care Center: 1-877-301-3326 (TTY: 711)	
H8019-00<X> <Product Type>			
Member Name: <Member Name> Member Number: <Member Number> Issuer: <Issuer> Product: <PBP Name> Group Number: <Group Number> PCP: <PCP Name>			
		RxBIN: 610602 RxPCN: NVTD RxGrp: DHID	
			
Copays*: PCP: \$<XX> Specialist: \$<XX> <small>*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance, and other out-of-pocket costs.</small>			
wellfirsthealth.com/medicare			

 WellFirst Health <small>provided by SSM Health Plan</small>		Customer Care Center: 1-877-301-3326 (TTY: 711)	
H8019-00<X> <Product Type>			
Member Name: <Member Name> Member Number: <Member Number> Issuer: <Issuer> Product: <PBP Name> Group Number: <Group Number> PCP: <PCP Name>			
		RxBIN: 610602 RxPCN: NVTD RxGrp: DHID	
			
Copays*: PCP: \$<XX> Specialist: \$<XX> <small>*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance, and other out-of-pocket costs.</small>			
wellfirsthealth.com/medicare			

Refer to the document titled *WellFirst Health 2021 Quick Reference* to see additional sample images of WellFirst Health member ID cards.

5. Member Eligibility

Q. 5.1. How will I check member eligibility for WellFirst Health?

A: Member eligibility information for 2021 will be available on January 1, 2021, and can be verified through one of the following:

- The 270/271 Eligibility and Benefit Inquiry and Response transaction.
- The Eligibility application in the WellFirst Health Provider Portal accessible from the Providers page at wellfirstbenefits.com/Providers.
- Starting December 1, 2020, if needed, the Customer Care Center at:
 - 866-514-4194 for ACA
 - 877-301-3326 for Medicare Advantage
 - 877-274-4693 for SSM Health EHP ASO

6. Authorizations

Q. 6.1. Will WellFirst Health require authorization for services?

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

Q. 6.2. How will WellFirst Health manage referrals?

A: In compliance with Illinois Department of Insurance (DOI) requirements, WellFirst Health expects that in-network Primary Care Providers (or a Woman's Health Care Provider) coordinate with Specialists to obtain necessary referrals for members needing specialist care. Providers must indicate the name of the referring provider and the referral number when submitting claims for the specialty services.

Per DOI requirements, referrals are **not** required for urgent/emergent services, treatment for behavioral health, and substance use disorder services.

Q. 6.3. How will I know which services require authorization?

A: Providers are advised to always check if a service requires an approved authorization before providing services. For a current listing of services under the WellFirst Health ACA Individual Plans that require approved prior authorization, refer to the following:

- Medical Prior Authorization Service List/Master Service List
- Medical Injectables List
- WellFirst Health Medical Policies
- Non-Covered Services (If the service is not listed in Medicare Advantage Prior Authorization Services List, verify it is not listed on the Non-Covered Services List.)

For services under the WellFirst Health Medicare Advantage Plans that require approved authorization, refer to the following:

- WellFirst Health Medicare Advantage Plans Prior Authorization List which includes medical drug injectables
- Medicare Coverage Guidelines
- Non-Covered Services (If the service is not listed in Medicare Advantage Prior Authorization Services List, verify it is not listed on the Non-Covered Services List.)

All are accessible from the WellFirst Health Medical Management page at wellfirstbenefits.com/Providers/Medical-Management.

Q: 6.4. Will prior authorization review for WellFirst Health Medicare Advantage differ from requirements for other WellFirst Health products?

A: Yes, in some cases. WellFirst Health will review all prior authorization requests for WellFirst Health Medicare Advantage using the CMS-established Medicare Coverage Guidelines for coverage and determinations, when available, and will reference the following resources in the order they are listed:

1. National Coverage Determinations (NCDs) – CMS criteria for an item or service applicable on a national basis to Medicare beneficiaries meeting the criteria for coverage are referred to first.
2. Local Coverage Determinations (LCDs) – when there is not NCD criteria, LCDs (coverage decisions made by Medicare Administrative Contractors) are referenced. WellFirst Health refers to MCG Guidelines (formerly Milliman Care Guidelines) for LCD criteria.
Health plan medical policies – when there is not NCD or LCD criteria, WellFirst Health's medical policies are referenced.

Q. 6.5. When can I start submitting authorization requests to WellFirst Health?

A: It is anticipated that authorization requests can be submitted starting on December 1, 2020. If there is a change to this date, it will be communicated to providers through a message in their WellFirst Health Plan Provider Portal account.

Q. 6.6. How will I submit authorization requests to WellFirst Health?

A: Authorization requests are to be submitted to WellFirst Health through the Eligibility application in the WellFirst Health Provider Portal for **most** services. There are exceptions to this. WellFirst Health contracts with other entities for authorization of certain services, such as Navitus/Navi-Gate for authorization of medical injectables and NIA Magellan Healthcare for authorization of physical and occupational therapy, high-end radiology, and musculoskeletal services. For specific authorization request submission information, refer to the Medical Management page at wellfirstbenefits.com/Providers/Medical-Management. Additionally, links to the WellFirst Health Provider Portal, Navitus/Navi-Gate, and NIA Magellan Healthcare are available by clicking the Go to Portals link located on the Providers page at wellfirstbenefits.com/Providers.

Q. 6.7. Where can I find the WellFirst Health prior authorization forms?

A: Providers are encouraged to submit authorization requests through the secure WellFirst Health Provider Portal accessible 24/7. Refer to the Provider Portal section of this document for more information about the health plan's portal and how it can serve as your direct line to the health plan. Providers without an account can register for a Provider Portal account by clicking the Go to Portals link located on the Providers page at wellfirstbenefits.com/Providers. Refer to the WellFirst Health Provider Registration User Guide for complete instructions on how to create an account.

Should a paper authorization request be necessary, WellFirst Health authorization forms are accessible from the Medical Management page at wellfirstbenefits.com/Providers/Medical-Management.

Q. 6.8. 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 WellFirst Health ACA Individual Plan authorization determinations. Refer to the WellFirst Health Provider Manual for state-specific information.

For WellFirst Health Medicare Advantage authorization requests, WellFirst Health will adhere to the following National Committee for Quality Assurance standards and Federally mandated turnaround times for authorization determinations:

- Standard Medical Service prior authorization requests are reviewed and determined within 14 days of receipt.
- Expedited Medical Service prior authorization requests are reviewed and determined within 72 hours of receipt. A prior authorization request should be submitted as “Expedited” if waiting for a decision under the standard time frame could place the member’s life, health, or ability to regain maximum function in serious jeopardy.

The date of receipt is defined as the date when all the authorization information and documentation required for a determination has been provided to the health plan.

Q. 6.9. Is concurrent authorization required for WellFirst Health Medicare Advantage?

A: Yes. Concurrent authorization is required for all urgent/emergent inpatient admissions to a hospital facility. Notification of the admission must be made to WellFirst Health on the next business day following the admission or within the time frame outlined in your provider contract.

7. Medical Policies

Q. 7.1. Where can I find WellFirst Health medical policies?

A: WellFirst Health medical policies are published to the Medical Management page accessible wellfirstbenefits.com/Providers/Medical-Management and in the Document Library. Providers are encouraged to refer to the Medical Management information regularly for current policy.

Please note some medical policies for WellFirst Health Medicare Advantage plans may differ from other WellFirst Health Plans. For Medicare Advantage information, refer to the Medicare Advantage Medical Management web page also linked from the Medical Management page at wellfirstbenefits.com/Providers/Medical-Management.

Providers should always refer to their contract agreement, the member’s benefit certificate, and medical policy for specific coverage information. Additionally, providers are encouraged to read their Provider Manuals.

8. Claims

Q. 8.1. How will I submit claims to WellFirst Health?

A: WellFirst Health claims for dates of service on and after January 1, 2020, 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. Refer to the Electronic Data Interchange section of this document for more information.
- 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 those providers without online access.
 - Mail ACA individual paper claims to:
WellFirst Health
PO Box 56099
Madison, WI 53705
 - Mail Medicare Advantage paper claims to:
WellFirst Health – MAPD Claims
PO Box 853937
Richardson, TX 75085-3937

Q. 8.2. How will I know if my claim has been accepted for processing?

A: Providers will be able to verify their WellFirst Health claims acceptance by signing up for the Confirmation Reports Portal or by 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 in lieu of paper confirmation. Send an email to ProviderRelations@wellfirstbenefits.com to sign up for the Confirmation Reports Portal.

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

Q. 8.3. How will I check the status of a claim after it has been accepted for processing?

A: Providers can verify claim status through the following:

- 276/277 Health Care Claim Status Request and Response transaction.
- WellFirst Health Provider Portal account using the Claim Status application.
- Customer Care Center:
 - 866-514-4194 for ACA
 - 877-301-3326 for Medicare Advantage

Q. 8.4. Can I submit corrected claims electronically?

A: Yes. WellFirst Health will accept corrected claims electronically within your filing limit window.

To submit a corrected claim:

1. Create a new claim with the corrected claim detail(s) that need to be corrected.
2. Include all lines billed on the original claim on the corrected claim.
3. Include the Claim Frequency Code ('7' for replacement claims) and the Payer Claim Control Number (original claim ID).
4. Submit the corrected claim using the same submission method of the original claim.

Refer to the WellFirst Health Provider Manual for more detailed instructions.

Q. 8.5. 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 contracted time frames.

9. Remittance Advice, Explanation of Payments, and Payments

Q. 9.1. Will I be able to receive my remittance advice and payment electronically?

A: WellFirst Health has contracted 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 WellFirst Health. For more information about the electronic versions, refer to the HIPAA transactions page accessible from the Providers page at wellfirstbenefits.com/Providers or directly at wellfirstbenefits.com/Providers/HIPAA-transactions.

Providers can enroll to receive electronic payments by calling Change Healthcare ePayment Services at 866-506-2830 or online at www.changehealthcare.com/support/customer-resources/enrollment-services.

Q. 9.2. Will remittance for each WellFirst Health product be separate?

A: Yes. Remittance will be issued per WellFirst Health product.

Q. 9.3. What will be the WellFirst Health rates of reimbursement?

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

10. Provider Portal

Q. 10.1. 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 at wellfirstbenefits.com/Providers or directly from the Account Login page at wellfirstbenefits.com/Account-Login.

Q. 10.2. Will I need to set up a WellFirst Health Portal account?

A: Yes. Providers will use their WellFirst Health Provider Portal account for the WellFirst Health ACA Individual Plans and Medicare Advantage Plans. Individuals need to register in order to create a Provider Portal account. One account can be used for all WellFirst Health products. 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 “Go to portals” link on the Providers page at wellfirstbenefits.com/Providers.

Q. 10.3. When can I register in the WellFirst Health Provider Portal?

A: Providers can register in the WellFirst Health Provider Portal now. Before creating an account and using the Portal, we strongly encourage new users to review the WellFirst Health Provider Portal available account setup options document accessible from the Account login page.

Q. 10.4. How do I access the WellFirst Health Provider Portal?

A: The WellFirst Health Portal can be accessed through one of the following ways:

- Directly from wellfirstbenefits.com/Account-Login
- From [the Providers page at wellfirstbenefits.com/Providers](https://wellfirstbenefits.com/Providers):
 - Click **Go to Portals**
 - On the Account Login page under Provider Portal, click **Provider Portal Login**

Q. 10.5. How long will it take to approve my Provider Portal registration?

A: New Organization and initial Site Administrator registrations are reviewed by a WellFirst Health Plan Administrator and confirmed within two business days. Once your registration is confirmed, you can begin using the WellFirst Health Provider Portal for your day-to-day business.

Q: 10.6. Will the WellFirst Health Provider Portal show a member’s maximum out-of-pocket for Medicare Advantage Plans?

A: Yes. The WellFirst Health Provider Portal has the capability to show a member’s maximum out-of-pocket as well as a member’s deductible.

Q: 10.7. Will the WellFirst Health Provider Portal specify which WellFirst Health Medicare Advantage plan design the member is enrolled (SSM Unity, SSM Companion, etc.)?

A: No. The WellFirst Health Provider Portal will indicate if the member is enrolled in WellFirst Health Medicare Advantage, but it will not list the specific plan.

Q. 10.8. What is Opt In/Opt Out for Electronic Communications in the Provider Portal?

A: Opt In allows Portal users to receive direct and expedited provider email communications from WellFirst Health. Communications will include notifications of the quarterly *Provider News* newsletters and ad hoc letters about changed or new policies, for example. Opt In will not replace all paper communications. Email addresses that are provided to WellFirst Health through Opt In will not be shared with outside organizations or used for purposes other than the electronic distribution of health plan communications.

Q. 10.9. How will I receive Opt In communications?

A: WellFirst Health Plan will email communications to the email address that was provided during registration. Check your email “junk” or “spam” folders periodically to ensure that communications are not being filtered as spam. WellFirst Health will not send a high volume of emails; however, you may want to consult your IT department if you have not received an email from WellFirst Health after three months of your Portal registration.

Q. 10.10. Can I opt-out from receiving communications after selecting Opt In?

A: While Opt In is available through the Portal, opting out after selecting Opt In can be done through the “Unsubscribe” link at the bottom of email communications that you will receive from WellFirst Health. Once you unsubscribe, your email address is automatically inactivated from the system and further electronic communications cannot be sent to that address.

Q. 10.11. What are the functions of the WellFirst Health Provider Portal?

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

- Eligibility – Real-time, human readable transactions with member eligibility, benefit plan coverage, copayments, and deductibles
- Authorization Submission – Request authorization for approval of treatment when authorization is required
- Authorization View – View started and saved and completed and submitted authorizations
- Claim Status – Real-time, human readable transactions to view submitted claim status
- Claim Payments – human readable Health Care Claim Payment/Advice transactions, Explanation of Payment images, and notes fields
- Claim Appeals – Appeal claims that have finished processing and are in finalized status (paid or denied)
- Provider Admin – For Provider Site Administrators to make updates to Individual and Organization accounts
- Provider Resources page – Convenient links to provider resources such as medical policies, user guides, provider manuals, and partner portals

Q. 10.12. Where is more information about the WellFirst Health Provider Portal applications?

A: For more information on applications, refer to the Portal User Guide available on the secure Provider Resources page once you have established your Portal account.

11. Electronic Data Interchange

Q. 11.1. Where can I find information about Electronic Data Interchange transactions?

A: For more information about setting up your organization to send and receive EDI transactions with WellFirst Health, refer to the HIPAA transactions page accessible from the Providers page at wellfirstbenefits.com/Providers or directly at wellfirstbenefits.com/Providers/HIPAA-transactions or call our EDI department 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.