



# WellFirst Health®

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## FREQUENTLY ASKED QUESTIONS ABOUT WELLFIRST HEALTH MEDICARE ADVANTAGE PLANS IN MISSOURI

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### 1. Overview

#### **Q: 1.1. What WellFirst Health insurance products will be available in Missouri in 2021?**

**A:** On January 1, 2021, WellFirst Health Medicare Advantage plans will be effective for eligible Medicare beneficiaries residing in St. Louis City, St. Louis County, and St. Charles County in Missouri and Madison County and St. Clair County in Illinois.

Additionally, SSM Health Plan will continue to offer WellFirst Health Affordable Care Act (ACA) Individual Plans in St. Louis City County, St. Louis County, and St. Charles County and the WellFirst Health SSM Health Employee Health Plan (EHP) Administrative Services Only (ASO) for SSM Health employees and their dependents. Refer to the Providers page at [wellfirstbenefits.com/Providers](https://wellfirstbenefits.com/Providers) for provider resources.

Please note the following anticipated dates for the new Medicare Advantage plans rollout:

- **October 15 through December 7, 2020** – WellFirst Health Medicare Advantage member enrollment will be open.
- **October 1, 2020** – Customer Call Center will open for WellFirst Health Medicare Advantage questions.
- **October 1, 2020** – WellFirst Health Medicare Advantage web pages will be available.
- **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 will launch Medicare Advantage for enrolled members in Missouri.

#### **Q: 1.2. 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: 1.3. What are the WellFirst Health Medicare Advantage plans?**

**A:** There are four WellFirst Health 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: 1.4. Where is additional information about WellFirst Health Medicare Advantage?**

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

- Visit the new WellFirst Health Medicare Advantage web pages accessible on October 1, 2020. *Note:* While this is a new website, it will be accessible from the WellFirst Health home page at [wellfirstbenefits.com](https://wellfirstbenefits.com).
- Review the future WellFirst Health Medicare Advantage Provider Manual for specific Medicare Advantage rules, processes, resources, and supplemental benefit information which will be accessible from the Providers page at [wellfirstbenefits.com/Providers](https://wellfirstbenefits.com/Providers).
- Beginning in October 2020, call the Medicare Advantage Customer Care Center at 877-301-3326 with any questions you may have after reviewing our online resources.
- Email the WellFirst Health Provider Network Consultants with any remaining questions or to request a training session for your organization at [ProviderRelations@wellfirstbenefits.com](mailto:ProviderRelations@wellfirstbenefits.com).

**Q: 1.5. When will WellFirst Health Medicare Advantage be open for member enrollment?**

**A:** WellFirst Health Medicare Advantage will be open for member enrollment starting on October 15 through December 7, 2020, with an effective date of January 1, 2021.

## **2. In-Network Providers**

**Q: 2.1. Do I need to be separately contracted for WellFirst Health Medicare Advantage?**

**A:** Providers directly contracted with WellFirst Health or who have opted in for WellFirst Health Medicare Advantage through the SSM MCO will be able to serve Medicare Advantage members under the terms of their existing provider contracts.

**Q: 2.2. How can I find out if a provider is contracted for WellFirst Health Medicare Advantage?**

**A:** Refer to the Provider Directory, accessible from the Find A Doctor link located at the top of WellFirst Health web pages at [wellfirstbenefits.com](https://wellfirstbenefits.com). The Provider Directory is an interactive, up-to-date listing of in-network providers and locations contracted with the health plan.

**Q: 2.3. Will WellFirst Health Medicare Advantage members have to see in-network providers?**

**A:** This depends on which Medicare Advantage 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: 2.4. Do members pick a Primary Care Provider (PCP) when they enroll?**

**A:** Members are encouraged to choose a PCP on their application. If they do not choose a PCP, WellFirst Health will assign them a PCP within the WellFirst Health network. Members can call the WellFirst Health Medicare Advantage Customer Care Center at 877-301-3326 to change their PCP at any time.

**Q: 2.5. Will members have to only see the PCP listed on their WellFirst Health Medicare Advantage 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.

**Q: 2.6. Are the 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 future Medicare Advantage Medical Management web page for specific Medicare policies.
- The future WellFirst Health Medicare Advantage Provider Manual accessible from the Providers page at [wellfirstbenefits.com/Providers](https://wellfirstbenefits.com/Providers). This manual details Medicare Advantage specific rules and is to be used as an addendum to the base WellFirst Health Provider Manual.

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

**Q: 2.7. What is the base provider manual?**

**A:** The base WellFirst Health Provider Manual contains WellFirst Health policies and practices as an extension of the provider contract. Providers should refer to the manual that contains policies and practices for claim submission and procedural expectations for the product and members for which they are providing services. In addition to the addendum WellFirst Health Medicare Advantage Provider Manual, the following provider manuals apply to Missouri:

- WellFirst Health Provider Manual to support in-network providers providing services to members enrolled in ACA individual plans.
- WellFirst Health SSM Health Employee Health Plan Administrative Services Only Provider Manual to support in-network providers providing services to the SSM employee group.

Providers should always refer to their contract, the member's benefit certificate, and medical policy for specific coverage information.



### **3. Member ID Numbers and Cards**

#### **Q. 3.1. When will member ID cards be issued?**

**A:** Missouri members enrolled in a WellFirst Health Medicare Advantage Plan for 2021 will receive their member ID card in December 2020.

#### **Q. 3.2. How will I know from the member ID card which WellFirst Health Medicare Advantage plan a member is enrolled?**

**A:** As shown in the images further below, the WellFirst Health Medicare Advantage member ID cards will have the WellFirst Health logo and "provided by SSM Health Plan" in the top, left corner. They 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.

 WellFirst Health <sup>®</sup> provided by SSM Health Plan 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> Copays*: PCP:\$<XX> Specialist:\$<XX> *Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance, and other out-of-pocket costs. <a href="http://wellfirsthealth.com/medicare">wellfirsthealth.com/medicare</a>	 WellFirst Health <sup>®</sup> provided by SSM Health Plan 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> Copays*: PCP:\$<XX> Specialist:\$<XX> *Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance, and other out-of-pocket costs. <a href="http://wellfirsthealth.com/medicare">wellfirsthealth.com/medicare</a>
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The WellFirst Health Medicare Advantage member ID number will be an 11-character alpha/numeric value, always starting with "A." This value is required for member enrollment and claims verification.

### **4. Member Eligibility**

#### **Q. 4.1. How will I check member eligibility for WellFirst Health Medicare Advantage?**

**A:** Member eligibility information will be available on January 1, 2021, and can be verified using the same methods for other WellFirst Health products through one of the following:

- The 270/271 Eligibility and Benefit Inquiry and Response transaction.
- The WellFirst Health Provider Portal accessible from the Providers page at [wellfirstbenefits.com/Providers](http://wellfirstbenefits.com/Providers).
- The Customer Care Center at 877-301-3326 starting on December 1, 2020, if needed.

### **5. Authorizations**

#### **Q. 5.1. Will WellFirst Health require authorization for Medicare Advantage services?**

**A:** Yes, for some services. Refer to the future WellFirst Health Medicare Advantage Plans Prior Authorization List which will be accessible from the Providers page at [wellfirstbenefits.com/Providers](http://wellfirstbenefits.com/Providers). This is a separate list from that used for other WellFirst Health

products and also includes the Medical Injectables list. Providers are advised to always check if a service requires an approved authorization before providing services.

**Q: 5.2. Will prior authorization requirements for WellFirst Health Medicare Advantage differ from requirements for other WellFirst Health products?**

**A:** Yes, in some cases. WellFirst Health will review prior authorization requests using the CMS-established Medicare Coverage Guidelines for WellFirst Health Medicare Advantage 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.
3. Health plan medical policies – when there is not NCD or LCD criteria, WellFirst Health's medical policies are referenced.

**Q: 5.4. How will I submit Medicare Advantage authorization requests to WellFirst Health?**

**A:** Authorization requests can be submitted to WellFirst Health in the same way they are for other WellFirst Health products, through the WellFirst Health Provider Portal, for most services. Just like it is done for other WellFirst Health products, WellFirst Health contracts with other entities for authorization of certain Medicare Advantage 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.

**Q: 5.5. 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. 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](https://wellfirstbenefits.com/Providers). Refer to the WellFirst Health Provider Registration User Guide for complete instructions on creating an account.

Should a paper authorization request be necessary, WellFirst Health authorization forms are accessible from the Providers page at [wellfirstbenefits.com/Providers](https://wellfirstbenefits.com/Providers).

**Q: 5.6. When can I start submitting authorization requests for Medicare Advantage?**

**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 Flash Message in their WellFirst Health Provider Portal account.

**Q: 5.7. What will be the turnaround time for authorization determinations?**

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

- 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: 5.8. Is concurrent authorization required for WellFirst Health Medicare Advantage?**

**A:** Yes. Like all WellFirst Health Plan products, concurrent authorization is required for all urgent/emergent inpatient admissions to a hospital facility for WellFirst Health Medicare Advantage. 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.

## **6. Claims**

**Q. 6.1. How will I submit Medicare Advantage claims to WellFirst Health?**

**A:** Just like for other WellFirst Health products, providers can submit WellFirst Health Medicare Advantage Claims 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](https://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 – MAPD Claims  
PO Box 853937  
Richardson, TX 75085-3937

**Q. 6.2. How will I know if my claim has been accepted for processing?**

**A:** Just like for other WellFirst Health products, providers will be able to verify Medicare Advantage claims acceptance through 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. Please contact the WellFirst Health Provider Network Consultants at [providerrelations@wellfirstbenefits.com](mailto:providerrelations@wellfirstbenefits.com) to sign up for the Confirmation Reports Portal. Providers already signed up for the Confirmation Reports Portal will receive their Medicare Advantage claims information through that same account.

For more information about the 277CA, refer to the HIPAA transactions page at [wellfirstbenefits.com/Providers/HIPAA-transactions](https://wellfirstbenefits.com/Providers/HIPAA-transactions).

**Q. 6.3. How will I check the status of a claim after it has been accepted for processing?**

**A:** Just like for other WellFirst Health products, providers will verify Medicare Advantage claim status through one the following:

- 276/277 Health Care Claim Status Request and Response transaction.
- WellFirst Health Provider Portal account.
- Customer Care Center at 877-301-3326.

**Q. 6.4. What will the timely filing limit be for WellFirst Health Medicare Advantage claims?**

**A:** The timely filing limit established in your contract will be your timely filing limit for WellFirst Health Medicare Advantage. All submitted claims, corrected claims, and claims appeals, regardless of submission method, must be received by WellFirst Health within contracted time frames.

**Q. 6.5. Can I submit corrected WellFirst Health Medicare Advantage claims electronically?**

**A:** Yes. WellFirst Health will accept corrected claims electronically within your timely 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.

## **7. Remittance Advice, Explanation of Payments, and Payments**

**Q. 7.1. Will remittance be separate for WellFirst Health Medicare Advantage?**

**A:** Yes. Remittance for WellFirst Health Medicare Advantage will be separate from that of other WellFirst Health products.

**Q. 7.2. Will I be able to receive my remittance advice and payment electronically?**

**A:** Providers will receive remittance for WellFirst Health Medicare Advantage in the same way they currently receive WellFirst Health remittance today. If you are not receiving remittance electronically, but would like to, WellFirst Health contracts with Change Healthcare for the exchange of both paper explanation of payments and checks as well as electronic remittance advice and electronic funds transfers. Enroll with Change Healthcare ePayment Services for electronic payments at 866-506-2830 or online through their Enrollment Services web page at [changehealthcare.com/support/customer-resources/enrollment-services](https://changehealthcare.com/support/customer-resources/enrollment-services).

**Q. 7.3. What will be the WellFirst Health Medicare Advantage rates of reimbursement?**

**A:** Refer to your fee schedules for applicable reimbursement rates.

## **8. Provider Portal**

**Q. 8.1. Is there a separate Provider Portal for WellFirst Health Medicare Advantage?**

**A:** No. Use your WellFirst Health Provider Portal account for all WellFirst Health products, including for Medicare Advantage.

**Q. 8.2. 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. 8.3. 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.