

# Provider Onboarding Guide

A welcome guide to WellFirst Health



WellFirst Health<sup>®</sup>

# Have questions? We are just a click or call away

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## Click

Discover information at your fingertips and take advantage of 24/7 self-service options.

Visit [wellfirstbenefits.com](https://www.wellfirstbenefits.com) and click the Providers link located at the top of WellFirst Health web pages.

## Call

**Call our Customer Care Center for questions about benefits and more.**

**877-274-4693** for SSM Health Employee Health Plan Administrative Services Only

**866-514-4194** for ACA Individual Plan

Monday – Thursday, 7:30 am – 5 pm

Friday, 8 am – 4:30 pm

**877-301-3326** for Medicare Advantage

Monday – Friday, 8 am – 8 pm

Weekends: October 1 – March 31, 8 am – 8 pm

## Email

**[ProviderRelations@wellfirstbenefits.com](mailto:ProviderRelations@wellfirstbenefits.com)**



**A better kind of health care experience for providers and members**

WellFirst Health serves providers and members in both the Midwest and Central portions of the U.S. We have more than 35 years of health coverage expertise through our health plans in Madison, Wisconsin. We are an integrated company, combining clinics, hospitals and health plan to drive lower costs, improve quality and deliver a better provider and member experience.

# New Provider Check List

Here's how to get started

## Get Familiar With

[wellfirstbenefits.com](http://wellfirstbenefits.com).

## Create Your Portal Account At

[wellfirstbenefits.com/providerportal](http://wellfirstbenefits.com/providerportal).

- ✓ Sign up for the Confirmation Reports Portal (separate from the Provider Portal) to get electronic reports of your accepted and rejected claims. Contact **ProviderRelations@wellfirstbenefits.com** to sign up.
- ✓ Sign up to exchange HIPAA transactions with WellFirst Health from [wellfirstbenefits.com/Providers/HIPAA-transactions](http://wellfirstbenefits.com/Providers/HIPAA-transactions) by calling 800-356-7344 ext. 4320 or [edi@wellfirsthealthbenefits.com](mailto:edi@wellfirsthealthbenefits.com).
  - Payer ID 39113.
- ✓ Sign up to receive electronic funds transfers (EFT) with Change Healthcare ePayment Services by calling 866-506-2830 or via [changehealthcare.com/support/customer-resources/enrollment-services](http://changehealthcare.com/support/customer-resources/enrollment-services).



## How to use this book

This book is a provider's guide to WellFirst Health resources. While it was designed to follow the onboarding process of the new in-network provider, keep this book handy for future reference. Each section of this document highlights a specific area of business or functionality. Refer to the WellFirst Health Resource Quick Reference to learn more about cited resources and how to easily access them.

# How to...



## Verify Member Eligibility

- 270/271 Eligibility and Benefit Inquiry and Response Transaction or;
- WellFirst Health Provider Portal secure Eligibility application or;
- Applicable Member Certificate or;
- Call the Customer Care Center

## Submit Authorization Requests and View Authorization Status



- WellFirst Health Provider Portal Authorization Submission and Authorization View applications or;
- Navitus/Navi-Gate Portal for authorization of medical injectables or;
- NIA Magellan's RadMD Portal for authorization of physical and occupational therapy, high-end radiology and musculoskeletal services

## Submit Claims

- 837 Health Care Claim transactions or;
- Online Direct Data Entry Form, a free electronic claims tool. Sign up at **sdata.us** or;
- Electronic claims are preferred. Paper claims are accepted from providers without online access. Send commercial claims to:  
WellFirst Health, PO Box 56099, Madison, WI 53705
- Send Medicare Advantage claims to:  
WellFirst Medicare Advantage Claims, PO Box 853937, Richardson, TX 75085-3937



## Check Acknowledgment of Submitted Claims

- 277 Claims Acknowledgement (277CA) transaction or;
- Confirmation Reports Portal

## Check Claim Status

- 276/277 Health Care Claim Status Request and Response transaction or;
- WellFirst Health Provider Portal Claim Status application or;
- Call the Customer Care Center



## View Weekly Claim Payments

- WellFirst Health Provider Portal Claim Payments application or;
- 835 Health Care Claim Payment/Advice or;
- Weekly Explanation of Payments (EOP) or;
- Call the Customer Care Center

## Correct A Claim\*

Submitted a claim with an error (e.g., changes or corrections needed to codes, dates of service, etc.)? Within your filing limit window, correct and submit for reconsideration of payment:



- 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.

*\* Full instructions are in your Provider Manual.*

## Submit A Claim Appeal\*

Do you believe your claim is correct and was denied in error? Within the contracted time frame, request a health plan review of your finalized claim through the WellFirst Health Provider Portal Claim Appeals application:



- 1** Start a New Claim Appeal action to prompt the Select Claim Appeal Type.
- 2** Validate the claim by entering the Claim Number and Member Number, and complete prompted fields.
- 3** In the Comments Field, include a brief but detailed explanation why the claim is being appealed.
- 4** Attach applicable documents to support your appeal.
- 5** Submit.

*\* Full instructions are in the WellFirst Health Provider Portal User Guide in the secure Portal.*

# Check if You Need Authorization Before Providing Services

Know WellFirst Health's authorization requirements to avoid claim denials and payment delays.



## ▶ What is a prior authorization?

Prior authorization is written approval from WellFirst Health prior to a member receiving services. Certain services require an approved authorization based on medical policy or when the servicing provider is out of network.

## ▶ What is concurrent authorization?

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 the provider agreement/contract.

## ▶ How do I know if a servicing provider is in-network?

In-network providers are listed in the online WellFirst Health Provider Directory. Any provider not listed is out-of-network. An authorization request from an in-network provider needs to be submitted for approval of an out-of-network servicing provider.

## ▶ What services require prior authorization?

Refer to the WellFirst Health Master Service List (MSL) and the Medical Injectables list for services that require approved authorization. If the service is not listed, also refer to the Non-covered services list to verify the service is not on that list.





▶ **How will I submit authorization requests to WellFirst Health?**

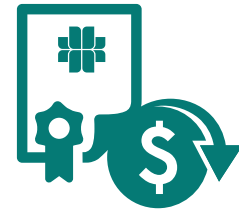
Submit authorizations through the WellFirst Health Provider Portal for most services.

▶ **Are there exceptions to the kinds of authorization requests that can be submitted to WellFirst Health?**

Yes. We partner with other entities for authorization of services, such as Navitus/Navi-Gate for authorization of medical injectables and NIA Magellan Healthcare for authorization of physical and occupational therapy, certain high-end radiology services and musculoskeletal services.

▶ **How can I tell if an authorization request should be submitted to WellFirst Health or to one of its partners?**

Refer to the WellFirst Health MSL and the Medical Injectables list to verify where an authorization request should be submitted.



**Separate Resources for Medicare Advantage**

WellFirst Health Medicare Advantage Plans Prior Authorization List includes medical injectables and medical policies separate from those for commercial plans. Refer to the Medicare Advantage Medical Management web page.

# Provider Portal

24/7 access at your fingertips!



Our secure WellFirst Health Provider Portal is a direct line between your organization and the health plan to exchange electronic transactions and share current health care information. Establish your Portal account and connect with us at your convenience, no matter what time of day (or night!).

## Portal Self-Service Applications

**Eligibility** - access real-time EDI 270/271 transactions with member eligibility, benefit plan coverage, co-payments and deductibles. It also provides the member's primary health coverage, if applicable.

**Authorization** - submit electronic prior authorization requests for most services. (Refer to our partner portals, Navitus/Navi-Gate for medical injectables or NIA Magellan Healthcare RadMD portal for physical and occupational therapy, certain high-tech radiology services and musculoskeletal services.)

**Authorization View** - see your authorizations that have been started and saved, and authorizations that have been completed and submitted.

**Claim Status** - access real time EDI 276/277 transactions to see if your submitted claim is pending, processed, or in a finalized status.

**Claim Payments** - view online electronic remittance advice (ERAs) or "remits" documenting payments of claims.

**Claim Appeals** - submit an online claim appeals for claims that have finished processing and are in a finalized status (paid/denied).

**Provider Admin Application** - allows Provider Portal Site Administrators to make updates to Individual user or Organization account information.

**Provider Resources Page** - repository of convenient links to provider resources such as medical policies, user guides, provider manuals and partner portals

## Common Questions

**I forgot my password. How can I find out what it is?**

Click the "**Forgot Password?**" link on the bottom of the Portal Login panel.

**What is my Provider Portal login ID?**

Your login ID is the email address that you use to create your Individual Provider Portal account. It must be your professional, work email address.

**Whom do I contact if I have issues with or questions about the Portal?**

Contact a Provider Network Consultant at **ProviderRelations@wellfirstbenefits.com** or **314-994-6262**



# Create Your Portal Account\*



Access the **Provider Portal** from the Providers page at:

- [wellfirstbenefits.com/providers](https://wellfirstbenefits.com/providers)

On the **Provider Portal Log In** page, Sign up at the bottom of the page. On the **Initial Registration** screen, choose the applicable account type:

- **Select** Organization if an Organization account is not yet registered. (The first user to register will need to register both the Organization account and their Individual account. They will also become a Site Administrator.)
- **Select** Individual if registering as a new user under an existing Organization account.

## Organization Registration

- Enter the primary billing NPI and Tax ID that is used by the Organization on the **Initial Registration** screen and click **Continue**.
- Complete the Questionnaire. Entered information will be used to populate the information on the next screen.
- Update and enter information on the **Organization Enrollment** screen.
- Click **Continue** to complete Organization registration, and begin Individual registration

**Note:** Organization registration details will not be saved until Individual registration is also complete. If the web browser is closed or you encounter an error prior to completing Individual registration, you will need to re-register beginning with the Organization registration.

## Individual Registration

- Select **Individual** on the **Initial Registration** screen, enter the primary NPI and TIN, and click **Continue**.
- Complete the **Individual Enrollment** screen and click **Send Code**. An email will be sent to the email address provided with a confirmation code.
- Enter confirmation code and click **Verify**.
- Choose **Opt in** or **Opt out** for communications and Click **Continue**. (The first individual to register under an Organization will automatically become the Organization's Site Administrator.)
- Set up password and complete authentication.
- Read **Terms And Conditions** and click **Accept**.
- Click **OK**.

## Registration Completion Confirmation

Once registration is completed, a confirmation message will display.

- If new registration was completed for both the Organization and Individual, the registration will be reviewed by a WellFirst Health Administrator within two business days.
- If a new Individual registered under an existing Organization account, the Organization's Site Administrator will review the registration.

\* Refer to the WellFirst Health Provider Portal Registration User Guide for a more detailed step-by-step registration process.

# Provider Network Consultants

Provider Network Consultants (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 your first sources of information, PNCs assist with more in-depth inquiries to provide information beyond these resources when necessary.

## When is a PNC your first point of contact?



Contact the WellFirst Health PNC team to report changes or updates to your demographic information, practitioners, office or practice locations, and services/specialties for your organization. Offer as much advance notice of changes as possible. PNCs work with you to keep your provider file up-to-date with your reported changes to avoid negative impacts to your claims processing and payments that may result when your current information is not on-file.

Step 1 Self-Service

Step 2 Customer Care Center

Step 3 Provider Network Consultants

**Step 1** - Refer to self-service resources first for 24/7, on-demand information.

**Step 2** - Call our Customer Care Center. Most questions can be answered with one simple call.

**Step 3** - Contact a PNC when a question is not easily addressed by other resources.

## How to Request New Practitioners, Locations or Services\*

**1** Submit a written request in advance to the WellFirst Health PNC team at [ProviderRelations@wellfirstbenefits.com](mailto:ProviderRelations@wellfirstbenefits.com).

- If adding a new provider who is replacing a practitioner in the organization, include the name, specialty, degree and termination date of the practitioner who left.

**2** Respond promptly to any requests from the PNC for additional information.

**3** WellFirst Health reviews and decides on the request:

- If denied, the PNC will notify you of the denial. Denials remain on file for 12 months.
- If approved, the PNC will notify you of the approval and instruct on whether the new practitioner must undergo credentialing.

Refer to the grid for guidance on interacting with the health plan for common tasks.

Task	Self-Service	Customer Care Center	PNC
Request orientation and ongoing education for you and your organization			Tailored to your organization, upon request.
Access health plan medical and authorization policies	Online from Medical Management page	If you cannot find the online resource or have further questions	Escalated questions about policies as they affect your organization after Customer Care Center contact
Stay informed of upcoming and recent updated policies	Quarterly <i>Provider News</i>	If you cannot find the online resource or have further questions	Escalated questions about policies as they affect your organization after Customer Care Center contact
Refer to your provider contract	Contact signatory of your Provider Agreement		If you cannot find your contract or have further questions
Refer to your timely filing limit	Contact signatory of your Provider Agreement		If you cannot find your contract or have further questions
Monitor your claims	Online claim resources Page 11 listed in How To... section of this book	If you cannot find the online resource or have further questions	Complex questions after Customer Care Center contact
Know your reimbursement rates	Your fee schedule		If you cannot find your fee schedule or have further questions
Request updates to your provider file (see side bar when a PNC is your first call)			Always! Updates provider files for reported changes to demographic information, your practitioners, office or practice locations, and services/specialties

**4** If credentialing is required, the health plan will send the practitioner a credentialing application to complete and submit. (The practitioner cannot provide services to WellFirst Health members until credentialing is approved.)

**5** The PNC will notify when credentialing is successfully passed, and the practitioner can provide services.

*\* Full details are in the Provider Manual including instructions for requests pertaining to specific practitioner types.*

# Timely Filing Limits

Providers are responsible for submitting (and resubmitting, if necessary) claims within the timely filing limit outlined in their contractual agreement with WellFirst Health. If the health plan does not receive claims within this time frame, rights to payment are forfeited and payment for the covered services cannot be collected from the member. Refer to your organization's agreement with WellFirst Health for your timely filing guidelines.

# Contraceptive Services

Contraceptive benefits for the WellFirst Health SSM Health Employee Health Plan ASO are administered in compliance with the Women's Health Preventive Care guidelines under the ACA mandate. Claims for contraceptive services will be identified by diagnosis or procedure code and the 835 Health Care Claim Payment Advice and Explanation of Payments (EOP) 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.



# WellFirst Health Resource Quick Reference

Resource / Direct Link	Description	Path to Access
<a href="#">Confirmation Reports Portal</a>	Separate from the Provider Portal. Confirmation reports shows whether your claims, submitted electronically or on paper, were accepted or rejected for processing. Confirmation reports are available within 48 hours of when the health plan receives a claim. Once users sign up, this is the only method they will receive as acknowledgement of claim acceptance.	Click the <a href="#">Go to portals</a> link located under <a href="#">Provider portals</a> at <a href="http://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<a href="#">Document Library</a>	Interactive document repository that allows users to search for manuals, policies, forms and other documents by keyword, policy number, audience and/or category.	Click the <a href="#">Go to manuals</a> link located under <a href="#">Manuals</a> at <a href="http://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<a href="#">Electronic funds transfers (EFT)</a>	Receive electronic payments from the health plan through Change Healthcare ePayment Services.	Sign up by calling <b>866-506-2830</b> or online at <a href="http://changehealthcare.com/support/customer-resources/enrollment-services">changehealthcare.com/support/customer-resources/enrollment-services</a> .
<a href="#">HIPAA transactions and Online Direct Data Entry Form</a>	Exchange HIPAA-compliant electronic transactions with the health plan, including an Online Direct Data Entry Form as alternative EDI claim submission.	Click the <a href="#">Learn more about EDI</a> link located under <a href="#">HIPAA transactions</a> at <a href="http://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .  Sign up for the online direct data form at <a href="http://sdata.us">sdata.us</a>
<a href="#">Medical and Drug Policies</a> <a href="#">Medicare Advantage Policy Guidelines</a>	Reviewed at least annually and based on technology assessment resources and feedback from in-network providers.  Material changes to our policies are communicated in the WellFirst Health Provider News or through special mailings.	Click the <a href="#">Medical policies</a> or <a href="#">Drug policies</a> link under <a href="#">Policies</a> at <a href="http://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .  For Medicare Advantage, also click the <a href="#">Medicare Coverage Guidelines</a> link at <a href="http://wellfirstbenefits.com/Providers/Medical-Management">wellfirstbenefits.com/Providers/Medical-Management</a> .
<a href="#">Medical Injectables List</a>	A reference of drugs covered under the medical benefit.	Click the <a href="#">Medical Injectables List</a> link located under <a href="#">Injectables</a> at <a href="http://wellfirstbenefits.com/Providers/Medical-Management">wellfirstbenefits.com/Providers/Medical-Management</a> .  For Medicare Advantage, the Medical Injectables List is in the WellFirst Health Medicare Advantage Plans Prior Authorization List.
<a href="#">Medical Prior Authorization Service List</a> <a href="#">WellFirst Health Medicare Advantage Plans Prior Authorization List</a>	Also referred to as the Master Service List, it is divided by products and lists medical service codes that require prior authorization. It also links to medical policies that require prior authorization and/or have coverage limitations.	Click the <a href="#">Medical prior authorization services list</a> link located under <a href="#">Prior Authorization Services</a> at <a href="http://wellfirstbenefits.com/Providers/Medical-Management">wellfirstbenefits.com/Providers/Medical-Management</a> .  For Medicare Advantage, click the <a href="#">WellFirst Health Medicare Advantage Plans Prior Authorization List</a> on the Medicare Advantage Medical Management web page.
<a href="#">Member Summary of Benefits and Coverage</a> <a href="#">Medicare Advantage IL</a> <a href="#">Medicare Advantage MO</a> <a href="#">WellFirst Health ACA IL</a> <a href="#">WellFirst Health ACA MO</a> <a href="#">WellFirst Health SSM Health Employee Health Plan (EHP) ASO</a>	Documentation related to member health plan benefits, including certificate of coverage, member policy or certificate and member handbook, including exclusions.	For Medicare Advantage, visit <a href="http://wellfirsthealth.com/medicare">wellfirsthealth.com/medicare</a> .  For Marketplace Plans in IL, visit <a href="http://wellfirsthealth.com/Individuals-and-Families">wellfirsthealth.com/Individuals-and-Families</a> .  For Marketplace Plans in MO, visit <a href="http://wellfirstbenefits.com/Individuals-and-Families">wellfirstbenefits.com/Individuals-and-Families</a> .  For EHP, click the <a href="#">Direct plans</a> link located under <a href="#">Individuals and Family</a> at <a href="http://wellfirstbenefits.com">wellfirstbenefits.com</a> .

## WellFirst Health Resource Quick Reference *continued*

Resource / Direct Link	Description	Path to Access
<b>Navitus/Navi-Gate Portal</b>	WellFirst Health partners with Navitus/Navi-Gate for the authorization of medical injectables. Providers must submit authorization requests for medical injectables directly to Navitus/Navi-Gate through its Portal.	Click the Go to portals link located under <b>Provider portals</b> at <a href="https://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<b>NIA Magellan Healthcare RadMD Portal</b>	WellFirst Health partners with NIA Magellan Healthcare for the authorization of physical and occupational therapy, radiology and musculoskeletal services. Providers must submit authorization requests for these services directly to NIA Magellan Healthcare through their RadMD Portal.	Click the Go to portals link located under <b>Provider portals</b> at <a href="https://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<b>Non-Covered Services</b>	List of medical procedures and services that are not covered by the health plan.	Click the Non-covered services link located under <b>Non-covered</b> at <a href="https://wellfirstbenefits.com/Providers/Medical-Management">wellfirstbenefits.com/Providers/Medical-Management</a> .
<b>Opt In/Opt Out for Electronic Communications</b>	Available during the Provider Portal registration process. Select Opt In to receive direct email communications from the health plan.	Click the Go to portals link located under <b>Provider portals</b> at <a href="https://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<b>Pharmacy Information</b>	Includes medical benefit drug policies, formulary coverage, and a listing of prior authorized drugs.	Click the Go to pharmacy link located under <b>Pharmacy services</b> at <a href="https://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<b>Provider Directory</b>	Titled as Find A Doctor on <a href="https://wellfirstbenefits.com">wellfirstbenefits.com</a> . Interactive, up-to-date listing of in-network providers and locations contracted with the health plan that is publicly accessible to members and providers.	Click the Find A Doctor link located at <a href="https://wellfirstbenefits.com">wellfirstbenefits.com</a> .
<b>Provider Manuals</b>	Provider resource for health plan policies and procedures intended to serve as supplemental information to a provider's contract.	Click the Go to manuals link located under <b>Manuals</b> at <a href="https://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<b>Provider News</b>	Quarterly newsletter with health care interest stories, provider and health plan highlights, and updated medical and drug policies.	Click the See our latest <i>Provider News</i> link located under <b>Newsletter</b> at <a href="https://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<b>Provider Portal</b>	Secure Provider Portal accessible 24/7 as a direct line between your organization and the health plan's self-service applications to exchange electronic transactions and share current health care information and health plan resources.	Click the Go to portals link located under <b>Provider portals</b> at <a href="https://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<b>Provider Portal Registration Guide</b>	Details the registration process to create individual and organization Provider Portal accounts.	Click the Go to portals link located under <b>Provider portals</b> at <a href="https://wellfirstbenefits.com/Providers">wellfirstbenefits.com/Providers</a> .
<b>Provider Portal User Guide</b>	Details how to use the self-service applications available in the Portal once a Provider Portal account is created.	Available to registered users in the secure Provider Portal once a Portal account is established.







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