



DeanHealthPlan

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Frequently Asked Questions about WellFirst Health™ SSM Health Employee Health Plan

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1. [Overview](#)

1.1 What is WellFirst Health™?

A: SSM Health is launching WellFirst Health™ to broaden their integrated care model regionally. Effective January 1, 2020, WellFirst Health™ will be the third party administrator of the SSM Health Employee Health Plan for SSM Health employees and their dependents in Illinois, Missouri, Oklahoma, and Wisconsin. In Wisconsin, WellFirst Health™ will leverage the Dean Administrative Services Only (ASO) network.

1.2. When can SSM Health employees begin enrolling in the SSM Health Employee Health Plan?

A: The SSM Health Employee Health Plan opened for enrollment on October 3, 2019.

1.3. Will the addition of WellFirst Health™ for the administration of the SSM Health Employee Health Plan change any of the other Dean Health Plan products?

A: No. The use of WellFirst Health™ for the SSM Health Employee Health Plan administration will not impact any Dean Health Plan products. This change is strictly for SSM Health employees.

1.4. Is the WellFirst Health™ SSM Health Employee Health Plan different than the Dean Health Plan Administrative Services Only?

A: Yes. While Dean Health Plan will continue to offer a self-funded ASO product for employer groups and their employee-enrollees, the WellFirst Health™ SSM Health Employee Health Plan is for enrolled SSM Health employees and their dependents.

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 numbers that will be different than the ID numbers they have today. The new member ID numbers will be effective on January 1, 2020.

2.2. Will members be issued new member ID cards?

A: Yes. Members enrolled in the SSM Health Employee Health Plan will be issued new member ID cards effective on January 1, 2020.

2.3. What will the new member ID card look like?

A: The WellFirst Health™ SSM Health Employee Health Plan member ID card will have the SSM Health logo and WellFirst Health™ logo on it. Refer to the document titled *Dean Health Network and WellFirst Health™ 2020 Quick Reference* for a preview of the new member ID card.

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 Dean Health Plan Provider Portal. Providers can call the Customer Care Center for member eligibility information for the 2020 SSM Health Employee Health Plan in December 2019, if needed.

3.2 How will I verify member eligibility for the SSM Health Employee Health Plan?

A: Providers will be able to verify member eligibility in the same way they do currently through the following:

- The 270/271 Eligibility and Benefit Inquiry and Response transaction
- The Dean Health Plan Provider Portal accessible from the Provider Home Page of the Dean Health Plan website at deancare.com
- The Customer Care Center by calling 877-274-4693 or by calling the telephone number listed on the back of the member ID card

4. Authorizations

4.1 Will the SSM Health Employee Health Plan require authorization for some services?

A: Yes. Authorization policies are not changing due to WellFirst Health™. Authorization is required 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 submit authorization requests for the SSM Health Employee Health Plan?

A: Authorization requests are to be submitted electronically through the Dean Health Plan Provider Portal or authorization partner portals (e.g., Navitus, NIA Magellan), as applicable, in the same way requests are submitted currently.

4.3 When can I start submitting authorization requests for the SSM Health Employee Health Plan?

A: It is anticipated that authorization requests can be submitted starting on December 1, 2019. If there is a change to this date, it will be communicated to providers through a Flash Message in their Dean Health Plan Provider Portal account.

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 2019 Authorization Number 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 Dean Health Plan if continued services are needed on and after January 1, 2020.

4.6 Who will be responding to authorization requests for the SSM Health Employee Health Plan?

A: Authorization determinations will come from Dean Health Plan branded as WellFirst Health™. Determinations from authorization partners (e.g., Navitus, NIA Magellan) will be branded as WellFirst Health™.

4.7 How will I know which services require authorization?

A: Refer to the Medical Prior Authorization Service List/Master Service List (MSL) and the Medical Injectables list on the Medical Management web page accessible from deancare.com or wellfirstbenefits.com for an up-to-date listing of services that require approved prior authorization. While WellFirst Health™ will use the same current policies, the MSL and Medical Injectables list are branded for each website respectively.

4.8 Where will I find the WellFirst Health™ authorization forms for SSM Health Employee Health Plan authorization requests?

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

5. Claims

5.1 What member ID should I use on claims for the SSM Health Employee Health Plan?

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

5.2 How will I submit SSM Health Employee Health Plan claims for services that span 2019 and 2020?

A: SSM Health Employee Health Plan claims that span 2019 and 2020, such as inpatient claims, are to be submitted as two separate claims — one claim for the 2019 dates of service and another claim for the 2020 dates of service. Because SSM Health Employee Health Plan members will have new member ID numbers for 2020, the claim for the 2019 dates of service must have the old member ID number and the claim for the 2020 dates of service must have the new member ID number.

5.3 How will I submit SSM Health Employee Health Plan claims?

A: Claims are to be submitted in the same way they are currently 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.

5.4 How will I know if my SSM Health Employee Health Plan claim has been accepted for processing?

A: Providers will verify claim acceptance through their existing methods including signing up for the Confirmation Reports Portal or working with their clearinghouse to accept the 277CA transaction (claim acknowledgement).

5.5 How will I check the status of an SSM Health Employee Health Plan claim?

A: Providers will verify claim status through their existing methods including the following:

- 276/277 Health Care Claim Status Request and Response transaction
- Dean Health Plan Provider Portal account
- Customer Care Center

5.6 What will be the timely filing limit for SSM Health Employee Health Plan claims?

A: The timely filing limits that are established in the existing provider contracts will apply. Regardless of submission method, all submitted SSM Health Employee Health Plan claims, corrected claims, and claims appeals must be received within the specified timely filing limits.

6. Medical Policies

6.1 Are the requirements under the medical policies changing?

A: No. Medical policies are not changing due to WellFirst Health™. Medical policies are published on the Medical Management web page accessible from deancare.com or wellfirstbenefits.com. While WellFirst Health™ will use the same current policies, the policies are branded for each website respectively.

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

7.1 Will there be changes to the Health Care Claim Payment /Remittance Advice (835) or Explanation of Payment (EOP) for the SSM Health Employee Health Plan?

A: Yes. The 835s and EOPs for the SSM Health Employee Health Plan will be from WellFirst Health™; however providers will receive their 835s and EOPs in the same way they do currently.

7.2 How will I receive payments for the SSM Health Employee Health Plan?

A: While providers will receive their electronic funds transfers (EFT) or paper checks, as applicable, in the same way they do currently, WellFirst Health™ payments will be issued separately from other lines of business.

7.3 Who will be the listed payer for the SSM Health Employee Health Plan?

A: SSM Health will be the payer for the SSM Health Employee Health Plan, with the exception of payments for covered contraceptive services.

7.4 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 (ACA) 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 with Dean Health Service Company as the payer.

7.5 What will be the rates of reimbursement?

A: The rates that are established in the existing provider contracts will apply.

8. Portal Accounts

8.1 Will I need to set up another Portal account for the SSM Health Employee Health Plan?

A: No. For the SSM Health Employee Health Plan, providers will use their Dean Health Plan Provider Portal account accessible from the link Deancare.com/providerportal and their Dean Health Plan username and password to log in.

8.2 I already have a Dean Health Plan ASO Provider Portal account. Can I use that account for the SSM Health Employee Health Plan?

A: No. Providers must use their Dean Health Plan Provider Portal account accessible from the link Deancare.com/providerportal for the SSM Health Employee Health Plan. However, providers should continue to use their Dean Health Plan ASO Provider Portal account for members enrolled in a Dean Health Plan self-funded ASO product for other employer groups.

Refer to the document titled *Dean Health Network and WellFirst Health™ 2020 Quick Reference* for more information about Provider Portals.

9. Electronic Data Interchange

9.1 Will I need to establish separate electronic data interchange (EDI) transactions for the SSM Health Employee Health Plan?

A: No. Providers who are set up to exchange EDI transactions with Dean Health Plan Commercial will continue to use them for the SSM Health Employee Health Plan transactions. The Payer ID is 39113. Providers are encouraged to share this information with their third-party billing agency.

9.2 Where can I find more information about EDI transactions?

A: For more information about sending and receiving EDI transactions, visit the [HIPAA Transactions](#) web page accessible from the Dean Health Plan Provider Home page under Helpful Links or call EDI at 800-356-7344, ext. 4320. Providers are encouraged to share this information with their third-party billing agency.

10. Provider Directory

10.1 Is the Network Provider Directory for the SSM Health Employee Health Plan going to be different?

A: No. The Provider Directory is not changing. The directory will continue to include Dean Network ASO providers.

10.2 Where can I find the Network Provider Directory for the SSM Health Employee Health Plan?

A: The Provider Directory will continue to be accessible from the Find a Doctor link from the Dean Health Plan Home Page of the Dean Health Plan website at deancare.com and will also be available on the WellFirst Health™ website at wellfirstbenefits.com.

11. Provider Support

11.1 Where can I find more information about WellFirst Health™?

A: Visit the WellFirst Health™ website at wellfirstbenefits.com and check it regularly for updated information and more content, as it is available. Additionally, refer to the [WellFirst Health™ SSM Health Employee Health Plan Administrative Services Only Provider Manual](#) accessible from the Provider page of the WellFirst Health™ website.

11.2 How will I know the name of my assigned Provider Network Consultant?

A: Provider Network Consultants are not changing in Wisconsin as a result of WellFirst Health™. Refer to the Provider Network Services Team information on the Provider Home Page

of the Dean Health Plan website at deancare.com for the name and contact information of the Provider Network Consultant assigned to your region or specialty.

11.3 When can I start calling the Customer Care Center regarding the SSM Health Employee Health Plan?

A: The Customer Care Center for the SSM Health Employee Health Plan opened on October 1, 2019. The Customer Care Center number for the SSM Health Employee Health Plan is 877-274-4693.

11.4 Where should I refer members with questions about SSM Health Employee Health Plan benefits?

A: Education sessions for SSM Health employees about the 2020 employee benefits are ongoing. Additionally, members can refer to the WellFirst Health™ website at wellfirstbenefits.com or contact the Customer Care Center at 877-274-4693.