

## Provider and facility digital guidelines

### Texas | Medicaid

Wellpoint understands that working together digitally streamlines processes and optimizes efficiency. We developed the provider and facility digital guidelines to outline our expectations and to fully inform providers and facilities about our digital platforms.

Wellpoint expects providers and facilities will utilize digital tools unless otherwise prohibited by law or other legal requirements.

Digital guidelines establish the standards for using secure digital provider platforms (websites) and applications when transacting business with Wellpoint. These platforms and applications are accessible to both participating and nonparticipating providers and facilities and encompass [Availity.com](https://www.availity.com), electronic data interchange (EDI), electronic medical records (EMR) connections, and business-to-business (B2B) desktop integration.

The digital guidelines outline the digital/electronic platforms Wellpoint has available to participating and nonparticipating providers and facilities who serve its members. The expectation of Wellpoint is based on our contractual agreement that providers and facilities will use these digital platforms and applications, unless otherwise mandated by law or other legal requirements.

Digital and/or electronic transaction applications are accessed through these platforms:

- Availity EDI Clearinghouse
- B2B application programming interfaces (APIs)
- EMR connections

Digital guidelines available through Availity Essentials include:

- Acceptance of digital ID cards.
- Eligibility and benefit inquiry and response.
- Prior authorization submissions including updates, clinical attachments, authorization status, and claim appeals.
- Claim submission, including attachments, claim status.
- Remittances and payments.
- Provider enrollment.

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

Carelon Behavioral Health Inc. is an independent company providing utilization management services on behalf of the health plan.

### [provider.wellpoint.com/tx](https://provider.wellpoint.com/tx)

Medicaid coverage provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.

Medicare coverage provided by Wellpoint Texas, Inc. or Wellpoint Insurance Company.

Medicare-Medicaid Plan coverage provided by Wellpoint Texas, Inc.

TXWP-CDCRMMP-059401-24 | May 2024

- Demographic updates.

Additional digital applications available to providers and facilities include:

- Pharmacy prior authorization drug requests.
- Services through Carelon Medical Benefits Management, Inc.
- Services through Carelon Behavioral Health, Inc.

Wellpoint expects providers and facilities transacting any functions and processes above will use available digital and/or electronic self-service applications in lieu of manual channels (paper, mail, fax, call, chat, etc.). All channels are consistent with industry standards. All EDI transactions use version 5010.

**Note:** *As a mandatory requirement, all trading partners must currently transmit directly to the Availity EDI gateway and have an active Availity Trading Partner Agreement in place. This includes providers using their practice management software and clearinghouse billing vendors.*

Providers and facilities who do not transition to digital applications may experience delays when using non-digital methods such as mail, phone, and fax for transactions that can be conducted using digital applications.

## Section 1: accepting digital ID cards

As our members transition to digital member ID cards, providers and facilities may need to implement changes in their processes to accept this new format. Wellpoint expects that providers and facilities will accept the digital version of the member identification card in lieu of a physical card when presented. If providers and facilities require a copy of a physical ID card, members can email a copy of their digital card from their smartphone application, or providers and facilities may access it directly from Availity Essentials through the *Eligibility and Benefits Inquiry* application.

## Section 2: eligibility and benefits inquiry and response

Providers and facilities should leverage these Availity clearinghouse hosted channels for electronic eligibility and benefit inquiry and response:

- EDI transaction: X12 270/271 – eligibility inquiry and response:
  - Wellpoint supports the industry standard X12 270/271 transaction set for eligibility and benefit inquiry and response as mandated by HIPAA.
- Availity Essentials:
  - The *Eligibility and Benefits Inquiry* verification application allows a provider and facility to key an inquiry directly into an online eligibility and benefit look-up form with real-time responses.
- Provider desktop integration via B2B APIs:
  - Wellpoint has also enabled real-time access to eligibility and benefit verification APIs that can be directly integrated within participating vendors' practice management software,

revenue cycle management software and some EMR software. Contact Availity for available vendor integration opportunities.

### Section 3: prior authorization submission, attachment, status, and clinical appeals.

Providers and facilities should leverage these channels for prior authorization submission, status inquiries and to submit electronic attachments related to prior authorization submissions:

- EDI transaction: X12 278 — prior authorization and referral:
  - Wellpoint supports the industry standard X12 278 transaction for prior authorization submission and status inquiry as mandated per *HIPAA*.
- EDI transaction: X12 275 — patient information, including HL7 payload for authorization attachments:
  - Wellpoint supports the industry standard X12 275 transaction for electronic transmission of supporting authorization documentation including medical records via the HL7 payload.
- Availity Essentials:
  - Authorization applications include the Availity Essentials multi-payer Authorization and Referral application and the Interactive Care Reviewer (ICR) for authorization submissions not accepted through Availity Essentials' multi-payer application:
    - Both applications enable prior authorization submission, authorization status inquiry, and the ability to review previously submitted authorizations.
- Provider desktop integration via B2B APIs:
  - Wellpoint has enabled real-time access to prior authorization APIs, which can be directly integrated within participating vendors' practice management software, revenue cycle management software and some EMR software. Contact Availity for available vendor integration.

### Section 4 — claims: submissions, claims payment disputes, attachments, and status

#### Claim submissions status and claims payment disputes

Providers and facilities should leverage these channels for electronic claim submission, attachments (for both pre- and post-payment), and status:

- EDI transaction: X12 837 — Professional, institutional, and dental Claim submission (version 5010):
  - Wellpoint supports the industry standard X12 837 transactions for all fee-for-service and encounter billing as mandated per *HIPAA*.
  - 837 Claim batch upload through EDI allows a provider to upload a batch/file of claims (must be in X12 837 standard format).
- EDI transaction: X12 276/277 — Claim status inquiry and response:
  - Wellpoint supports the industry standard X12 276/277 transaction set for claim status inquiry and response as mandated by *HIPAA*.

- Availity Essentials: The claims & payments application enables a provider to enter a claim directly into an online claim form and upload supporting documentation for a defined claim.
- Claim Status application enables a provider to access online claim status. Access the Appeal Tool from Claim Status by initiating a dispute when the option is available on the claim status result. It is the expectation of Wellpoint that electronic claim payment disputes are adopted when and where it is integrated.
- Provider desktop integration via B2B APIs:
  - Wellpoint has also enabled real-time access to Claim Status via APIs, which can be directly integrated within participating vendor's practice management software, revenue cycle management software, and some EMR software. Contact Availity for available vendor integration.

### Claim attachments

Providers and facilities should leverage these channels for electronic claim attachments from [Availity.com](https://www.availity.com):

- EDI transaction: X12 275 — Patient information, including HL7 payload attachment:
  - Wellpoint supports the industry standard X12 275 transaction for electronic transmission of supporting claim documentation including medical records via the HL7 payload.
- Availity Essentials — Claim Status application enables a provider or facility to digitally submit supporting claims documentation, including medical records, directly to the claim:
  - Digital Request for Additional Information (Digital RFAI) — The Medical Attachments application on Availity Essentials enables the transmission of digital notifications when additional documentation including medical records are needed to process a claim.

## Section 5: electronic remittance advice and electronic claims payment

### Electronic remittance advice

Electronic remittance advice (ERA) is an electronic data interchange (EDI) transaction of the explanation of payment of your claims. Wellpoint supports the industry standard X12 835 transaction as mandated per *HIPAA*.

Providers and facilities can register, enroll, and manage ERA preference through [Availity.com](https://www.availity.com).

Printing and mailing remittances will automatically stop 30 days after the ERA enrollment date:

- Viewing an ERA on Availity Essentials is under *Claims & Payments, Remittance Viewer*. Features of remittance viewer include the ability to search a two-year history of remittances and access the paper image.
- Viewing a portable document format (PDF) version of a remit is under Payer Spaces which provides a downloadable PDF of the remittance.

To stop receiving ERAs for your claims, contact Availity Client Services at **800-AVAILITY (282-4548)**.

To re-enable receiving paper remittances, contact Provider Services.

### **Electronic claims payment**

Electronic claims payment is a secure and fast way to receive payment, reducing administrative processes. There are several options to receive claims payments electronically:

- **Electronic funds transfer (EFT)**

Electronic funds transfer (EFT) uses the automated clearinghouse (ACH) network to transmit healthcare payments from a health plan to a provider's or facility's bank account at no charge for the deposit. Health plans can use a provider's or facility's banking information only to deposit funds, not to withdraw funds. The EFT deposit is assigned a trace number (TRN) to help match the payment to the correct 835 electronic remittance advice (ERA), a process called reassociation.

**To enroll in EFT:** Providers and facilities can register, enroll, and manage account changes for EFT through EnrollSafe at [enrollsafe.payeehub.org](https://enrollsafe.payeehub.org). EnrollSafe enrollment eliminates the need for paper registration. EFT payments are deposited faster and are generally the lowest cost payment method.

For help with enrollment, use this convenient [EnrollSafe User Reference Manual](#).

**To disenroll from EFT:** Providers and facilities are entitled to disenroll from EFT. Disenroll from EFT payments through EnrollSafe at [enrollsafe.payeehub.org](https://enrollsafe.payeehub.org).

### **Virtual Credit Card (VCC)**

For providers and facilities who don't enroll in EFT, and in lieu of paper checks, Wellpoint is shifting some reimbursements to virtual credit card (VCC). VCC allow providers and facilities to process payments as credit card transactions. Check with your merchant processor regarding standard transaction fees that will apply.

Note that Wellpoint may receive revenue for issuing a VCC.

**Opting out of virtual credit card payment.** Providers and facilities are entitled to opt out of electronic payment. To opt out of virtual credit card payment, there are two options:

- Enrolling for EFT payments automatically opts you out of virtual credit card payments. To receive EFT payments instead of virtual credit cards payments, enroll for EFT through EnrollSafe at [enrollsafe.payeehub.org](https://enrollsafe.payeehub.org) or;
- To opt out of virtual credit card payments, contact Comdata at **800-833-7130** and provide your taxpayer identification number.

### **Zelis Payment Network (ZPN) electronic payment and remittance combination**

The Zelis Payment Network (ZPN) is an option for providers and facilities looking for the additional services Zelis can offer. Electronic payment (ACH or VCC) and Electronic Remittance Advice (ERA) via the Zelis portal are included together with additional services. For more information, go to [Zelis.com](https://Zelis.com). Zelis may charge fees for their services.

Note that Wellpoint may receive revenue for issuing ZPN.

ERA through Availity is not available for providers and facilities using ZPN.

To disenroll from ZPN payment, there are two options:

- Enrolling for EFT payments automatically removes you from ZPN payments. To receive EFT payments instead of ZPN payments, enroll for EFT through EnrollSafe at [enrollsafe.payeehub.org](https://enrollsafe.payeehub.org) or;
- To disenroll from ZPN payments, update your Zelis registration on the Zelis provider portal or contact Zelis at **877-828-8770**.

Not being enrolled for EFT, VCC, or ZPN will result in paper checks being mailed. If you have any additional questions, contact Availity Client Services at **800-282-4548** Monday through Friday from 8 a.m. until 8 p.m.