



Registering for Electronic Claims Submission

Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Q1: Where can I find information about submitting claims electronically to Wellmark Blue Cross and Blue Shield (Wellmark)?

A1: You will find information about electronic claims at Wellmark.com (Provider > Claims & Payment, Submitting Electronic Claims). You may also obtain information by calling the EC Solutions Help Desk at 800-407-0267.

Q2: What do I need to do to begin submitting claims electronically?

A2: Begin the process of submitting electronic transactions by selecting the Registration Instructions and Forms link (found on page referenced in A1, above). Contact the EC Solutions Help Desk for assistance.

Note: to request a specific effective date, please make a note of the effective date on the registration form or send a separate letter with your registration forms. This date can precede the date you complete the form, but cannot precede the date you were credentialed by Wellmark.

Q3: When can I begin submitting electronic claims?

A3: After your registration information is received and processed, Wellmark EC Solutions Registration will send you an e-mail with your effective date. The registration process usually takes 10-14 business days from receipt of the enrollment forms. You can begin submitting claims for services provided on or after your effective date.

Q4: Now that I have received my effective date from EC Solutions, is there any way I can file claims for services provided before my effective date?

A4: You can electronically file claims for services provided on or after your effective date. Claims for services that precede your effective date must be submitted on paper. (See question 2 above to see how to request a specific effective date on your registration.) Timely filing rules apply to claims submitted electronically or via paper.

Secure Create and Submit Claims Tool

Q5: I use the free Create and Submit Claims tool at Wellmark.com, and see several Wellmark members regularly. Is there any way to avoid entering member information each time I create a claim?

A5: You can prepopulate member information from a previously created claim. To learn how, access the training document called Create & Submit Prepopulate Claims from the Education pages of Wellmark.com.

Secure Wellmark Website Access

Q6: I have registered for access to Wellmark.com. How soon can I start using the website?

A6: You will be able to log in with the user ID and password you set up during the registration process once:

- You receive on signed copy of the Web Based Applications Access Agreement in the mail from Wellmark.
- You receive an e-mail from Wellmark Web Security with further instructions on setting up your account.

If you are unsure whether or not your access has been granted, please contact EC Solutions at 800-407-0267.

Q7: I am the DSC (Designated Security Coordinator) for our organization and my email address has changed. How do I notify Wellmark so I continue to receive important e-mail communications?

A7: The first step is to update your email address in the maintenance site. Please contact EC Solutions if you need assistance.

The second step is to send an e-mail to websecurity@wellmark.com, advising them of the change. The e-mail should include your name, your new e-mail address, the organization name, and your phone number. You should also include your taxpayer ID number (TIN).

Electronic Claims and Reports

Q8: I have just received my electronic claims report. What do I do next?

A8: Review your electronic claims reports and address any rejected claims as soon as possible. The *Electronic Claims Report Manual* explains how to read the reports and gives samples of some of the more common error messages. You'll find the manual at the Account Library on the Web BBS Website. Look for the file name "reptman.pdf".

You'll find a link to the Web BBS from Wellmark.com (Provider > Claims & Payment > Electronic Transaction/HIPAA Guides). If you need assistance accessing the *Electronic Claims Report Manual* or understanding rejection messages, please contact EC Solutions.

Q9: How long are electronic claim reports available?

A9: Reports can be retrieved for 14 days. With the Web BBS, you may view or download reports as many times as needed during the 14 days.

Q10: I have a Wellmark Payer Report (.Z16) with the following error: Prov not Auth for Electronic Submission.

A10: This error occurs for one of two reasons:

- The provider billing or rendering National Provider Identifier (NPI) on the claim is not currently registered with Wellmark for electronic claims submissions.
- The *billing* provider NPI field was submitted with a *rendering* provider NPI. If the rendering provider is attached to a billing provider NPI, the billing provider NPI needs to be submitted. Correct and resubmit the claim.

Contact EC Solutions if you are unsure of the reason for the rejection, or if you need additional assistance.

Q11: Why did I receive a 999 report?

A11: If you receive a 999 report, your entire batch was rejected. Please call the EC Solutions Help Desk and they will be happy to help you determine the cause of the rejection and the steps needed to resolve the problem.

Q12: How can I obtain eligibility information for Wellmark Blue Cross and Blue Shield members, beside calling provider services?

A12: There are three ways to obtain eligibility information electronically:

Access the Wellmark.com secure site and select "Check Patient Eligibility & Benefits." If you need access to this tool, contact your DSC and request access to the Eligibility Verification/Benefits Inquiry role.

- Send ANSI 270 (eligibility request) transaction to EC Solutions through the Web BBS system (INet). You'll receive an ANSI 271 (eligibility response) transaction containing Wellmark members' eligibility. The ANSI 270/271.
- Transactions can contain eligibility information for multiple Wellmark members.
- Use real-time eligibility and receive member information within seconds from Wellmark. For this option, you must use a clearinghouse that Wellmark currently works with. Also, your front end/practice management system must be able to send the clearinghouse the necessary file format and data.

Contact one of these clearinghouses for more information.

Change Healthcare
Passport Health Communications/Nebo Systems
Relay Health/McKesson
Siemens/Med US/HDX
CPSI
HMS
Rycan
Custom Computing
Recondo
MedData Health
MPV

EC Solutions

Q13: What lines of business am I able to send through EC Solutions?

A13: EC Solutions is able to receive Wellmark and most commercial lines of business. However, EC Solutions is unable to receive Medicare A, Medicare B, or any Medicaid lines of business; those should be submitted direct to their respective electronic data interchange services.

Q14: What information will I be asked to provide when I contact EC Solutions for assistance with electronic claims?

A14: If calling for claims assistance, you may be asked to provide:

- Your name and phone number
- The submitter number that was assigned when you were set up for electronic claims submission
- The submitter number on the submission ID from your clearinghouse or billing service, if applicable
- The exact error message and the submission number assigned to your batch of claims; this number displays on the Web BBS screen immediately after uploading your submission and on the Transaction Status Report (.TXN)

Q15: How do I contact the EC Solutions Help Desk?

A15: If you have questions about electronic claims or registering for claims submission or secure access, call EC Solutions Assistance Center at 800-407-0267. EC Solutions Help Desk hours are Monday through Friday, 7 a.m. to 5:30 p.m., Central time (CT).