



2025 provider digital engagement supplement

West Virginia | Mountain Health Trust

Purpose

The purpose of this supplement is to establish the standards for using secure digital provider platforms (websites) and applications when transacting business with us. These platforms and applications are accessible to both participating and nonparticipating providers and encompass <https://Availity.com>, electronic data interchange (EDI), electronic medical records (EMR) connections, and business-to-business (B2B) desktop integration. This supplement is applicable to Wellpoint for commercial, Federal Employee Program, Medicaid, and Medicare members. The products include medical, behavioral health, dental, and vision.

In support of this digital supplement, the following efficiencies have been documented as industry averages per the annual *Council for Affordable Quality Healthcare, Inc. (CAQH®) CORE Efficiency Index Study*.¹

Average, minimum, and maximum provider time spent conducting transactions, dental, 2021 CAQH Index

| Transaction | Mode | Avg. time per transaction (mins) | Min. time per transaction (mins) | Max. time per transaction (mins) | Avg. time savings opportunity (mins) |
|--------------------------------------|------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| Eligibility and benefit verification | Manual | 12 | 2 | 30 | 10 |
| | Partial | 8 | 1 | 19 | 6 |
| | Electronic | 2 | <1 | 4 | |
| Claim submission | Manual | 6 | 1 | 15 | 4 |
| | Electronic | 2 | <1 | 5 | |
| Claim status inquiry | Manual | 17 | 3 | 4 | 14 |
| | Partial | 7 | 1 | 16 | 4 |
| | Electronic | 3 | <1 | 6 | |

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

<https://www.provider.wellpoint.com>

Coverage provided by Wellpoint West Virginia, Inc.
WVWP-CD-079059-25 | April 2025

| Transaction | Mode | Avg. time per transaction (mins) | Min. time per transaction (mins) | Max. time per transaction (mins) | Avg. time savings opportunity (mins) |
|--|------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| Claim payment | Manual | 5 | 1 | 10 | 2 |
| | Electronic | 3 | <1 | 5 | |
| Remittance advice | Manual | 5 | 1 | 12 | 3 |
| | Partial | 5 | 1 | 10 | 3 |
| | Electronic | 2 | <1 | 5 | |
| Total time savings opportunity (manual) | | | | | 33 |
| Total time savings opportunity (partial) | | | | | 13 |

Supplement statement

This supplement outlines the digital platforms Wellpoint has available to participating and nonparticipating providers who serve its members. The expectation of Wellpoint is based on our contractual agreement that providers will use these digital platforms and applications unless mandated to do otherwise by law or other legal requirement.

The electronic transaction applications are accessed on Availity Essentials (<https://Availity.com>), including EDI transaction gateway, B2B application programming interfaces (APIs), and EMR connections.

This supplement addresses the following processes and transactions:

- Acceptance of digital ID cards
- Eligibility and benefit inquiry and response
- Prior authorization submissions including updates, attachments, authorization status, and clinical appeals
- Claim submission, including attachments, claim status and disputes (except for disputes in CO, CA, and NV)
- Remittances and payments

These digital applications are preferred when they are available and, in markets where they have been recently implemented, as soon as they are available:

- Provider enrollment
- Demographic updates
- Pharmacy prior authorization drug requests
- Services through Caredon Medical Benefits Management, Inc.
- Services through Caredon Behavioral Health, Inc.

Wellpoint expects that all providers transacting any functions and processes above will use available electronic self-service applications in lieu of manual channels (such as paper, mail, fax, telephone, and chat). Availity Essentials provides access to all our self-service

applications across all electronic channels outlined above. All digital channels are consistent with industry standards.

Access to all Wellpoint digital applications and capabilities is available on Availity Essentials. Go there to learn more about available EDI, B2B API, and EMR connection options. For administration simplification standard transaction requirements, visit [Other Administrative Simplification Rules \(hhs.gov\)](https://www.hhs.gov/other-administrative-simplification-rules).

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 who do not transition to digital applications will experience delays when using nondigital methods — such as mail, phone, and fax — for transactions that could be conducted digitally.

Section I — Accepting digital ID cards

As our members transition to electronic member ID cards, providers may need to implement changes in their processes to accept them. We expect that providers will accept the electronic version of the member ID card in lieu of a physical card when presented by patients. If providers require a copy of a physical ID card, patients can email a copy of the electronic ID card from their phone application, or providers can access it directly from Availity Essentials through the Eligibility and Benefits Inquiry application.

Section II — Eligibility and benefits inquiry and response

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

- EDI transaction: X12 270/271 — eligibility inquiry and response (version 5010):
 - We support 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 to key an inquiry directly into an online eligibility and benefit lookup form with real-time responses.
- Provider desktop integration via B2B APIs:
 - We have 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 Essentials for available vendor integration opportunities.

Section III — Preapproval submission, attachment, status, and clinical appeals

Providers should leverage these channels for preapproval submission, status inquiries, and to submit electronic attachments related to preapprovals on Availity Essentials:

- EDI transaction: X12 278 — preapproval and referral (version 5010):
 - We support the industry standard X12 278 transaction for preapproval submission and status inquiry as mandated per *HIPAA*.
- EDI transaction: X12 275 — patient information, including HL7 payload (version 5010) for authorization attachments:
 - We support the industry standard X12 275 transaction for electronic transmission of supporting approval documentation including medical records via the HL7 payload.
- Availity Essentials:
 - Approval applications include the Availity Essentials multipayer Authorization and Referral application and the Interactive Care Reviewer (ICR) for authorization submissions not accepted through Availity Essentials' multipayer application.
 - Both applications enable preapproval submission, approval status inquiry, and the ability to review previously submitted requests.
- Provider desktop integration via B2B APIs:
 - We have enabled real-time access to preapproval APIs, which can be directly integrated within participating vendors' practice management software, revenue cycle management software, and some EMR software. Contact Availity Essentials for available vendor integration.

Section IV — Claims

Claim submissions status and disputes

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

- 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 an entire batch/file of claims (must be in X12 837 standard format).
- EDI transaction: X12 276/277 — claim status inquiry and response (version 5010):
 - Wellpoint supports the industry standard X12 276/277 transaction set for claim status inquiry and response as mandated by *HIPAA*.
- Availity Essentials:
 - The Claims and Payments application enables a provider to key a claim directly into an online claim form and upload supporting documentation for a defined claim.
 - The Claim Status application enables a provider to access online claim status. Claim Status also enables online claim disputes in most markets and for most claims. We expect that electronic claim disputes are adopted when and where the ability is integrated.
- Provider desktop integration via B2B APIs:
 - We have 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 Essentials for available vendor integration.

Claim attachments

Providers should leverage these channels for electronic claim attachments from Availity Essentials:

- EDI transaction: X12 275 — patient information, including HL7 payload attachment (version 5010):
 - We support the industry standard X12 275 transaction for electronic transmission of supporting claims documentation including medical records via the HL7 payload.
- Availity Essentials — The Claim Status application enables a provider to digitally submit supporting claims documentation, including medical records, directly to the claim.
 - Digital Request for Additional Information (Digital RFAI): The Medical Attachments application in Availity Essentials enables the transmission of digital notifications when additional documentation (including medical records) is needed to process a claim. (Medical Attachments app requires registration.)

Section V — Remittances and payments

Electronic funds transfer

Like payroll direct deposit, a feature that most employers offer their employees, electronic funds transfer (EFT) uses the automated clearinghouse (ACH) network to transmit healthcare payments from a health plan to a healthcare provider's bank account. Health plans can use a provider's banking information only to deposit funds, not to withdraw funds. We expect providers to accept payment via EFT in lieu of paper checks.

Providers can register, enroll, and manage account changes for EFT through [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, refer to the [EnrollSafe User Reference Manual \(PDF\)](#).

To facilitate quicker reimbursement for providers who have not enrolled in EFT, Wellpoint may move paper checks to a virtual card payment method. Virtual cards allow physicians and facilities to process payments as credit card transactions.

Using the same Trace Identifier Segment (TRN) helps to match the payment to the correct remittance advice — a process called reassociation. Health plans are required to input the X12 835 TRN segment into Field 3 of the *Addenda Record of the CCD+Addenda*. The TRN segment in the *Addenda Record of the CCD+Addenda* should be the same as the TRN segment in the associated ERA that describes the payment.

Electronic remittance advice

Providers should leverage these channels for electronic remittance advice (ERA) on Availity Essentials:

- EDI transaction: X12 835 — ERA (version 5010):
 - We support the industry standard X12 835 transaction as mandated per *HIPAA*.
- The Remittance Inquiry application provides a downloadable digital version (PDF) of the paper remittance. The application is located on Availity Essentials Payer Spaces.

¹ <https://www.caqh.org/sites/default/files/explorations/index/2021-caqh-index.pdf>