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June 14, 2021

Dear WellFirst Health Provider:

WellFirst Health Plan temporarily waived requirements and operationalized interim processes for certain services in response to the COVID-19 pandemic. As the public health emergency stabilizes, WellFirst Health is evaluating these requirements and processes to determine appropriate timing for resumption of pre-COVID-19 operations. This notification contains information regarding:

- Reinstating member cost share for facility stays.
- Resuming usual processes for prior authorization of some services.

Information in this notification applies to the following WellFirst Health products: ACA Individual, Medicare Advantage, and SSM Health Employee Health Plan Administrative Services Only (ASO) in Illinois, Missouri, and Oklahoma.

Reinstating Member Cost Share for Facility Stays

WellFirst Health temporarily waived cost share for in-network hospitalizations for COVID-19. Effective July 1, 2021, member cost share amounts will be reinstated, and members will be responsible for payment of their out-of-pocket costs for facility stays under the terms of their health care coverage.

Prior Authorization

In the [April 23, 2020, COVID-19 provider communication](#), WellFirst Health published interim prior authorization processes for some services in response to the public health emergency.

Reinstating In-Network Facility Requirement

WellFirst Health Plan temporarily suspended any requirement for members to be transferred from an out-of-network facility to an in-network facility. Effective June 21, 2021, WellFirst Health may require that members be transferred from an out-of-network facility to an in-network facility, when medically appropriate.

Authorization Date Spans

WellFirst Health adjusted prior authorization processes for some services to eliminate timeline constraints and allow for care unique to the COVID-19 pandemic. For authorization requests received on and after June 21, 2021, the Health Plan is resuming full reliance on our published medical policies, authorization requirements, and member coverage. As such, providers are reminded to submit all relevant medical documentation with their authorization requests.

WellFirst Health offers the following comprehensive and up-to-date resources accessible from the [WellFirst Health Medical Management](#) web page:

- Medical Prior Authorization Service List, also referred to as the Master Service List, which includes medical service codes that require prior authorization and links to medical policies that require prior authorization and/or have coverage limitations.

- Non-Covered Services which lists medical procedures and services not covered by the Health Plan.
- Medical and Drug Policies which are published in our Document Library.
- Prior Authorization web pages designated for certain services.

Please call the Customer Care Center at 866-514-4194 if you have any questions about your prior authorizations.

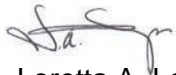
Additional Health Plan Information

For additional health plan information and previous provider communications, refer to our [COVID-19 provider information web page](#) link located at the top of all wellfirstbenefits.com web pages. Providers are encouraged to check our website regularly for new and updated information.

Please contact a WellFirst Health Provider Network Consultant at 314-994-6262 or ProviderRelations@wellfirstbenefits.com.

Thank you for your continued dedication and commitment to the health and well-being of our members during this public health emergency.

Sincerely,



Loretta A. Lorenzen
Vice President- Network Management & Contracting