Sent on Behalf of DES/DDD

WELLSKY CLAIMS SYSTEM UPDATES

Target Audience - Qualified Vendors and Providers

Transmittal Date - 09/09/2022

On September 1, 2022, the Division implemented the WellSky claims system that utilizes the Healthcare Common Procedure Coding System (HCPCS) and standard Centers for Medicare & Medicaid Services (CMS) claims forms when reimbursing Qualified Vendors for submitted claims. This includes the use of standardized Health Insurance Portability and Accountability Act (HIPAA) Transactions and Code Sets (TCS).

Since the system went live on September 1, 2022, over 290,000 total claims have been submitted. On average, the Division has received 58,000 claims per day. Prior to the WellSky launch, the Focus system averaged 61,000 claims per day. The WellSky system is approving 97% of claims submitted. The Division would like to thank all the providers who have participated in training and preparing their systems for this change. The Division's Provider Relations team continues to be available to support Qualified Vendors with questions about the WellSky system. This unit has identified a few trends that all Qualified Vendors should be aware of when submitting claims through the WellSky system.

Identified Trends

- Diagnosis Code must have a minimum of four characters and decimals and all other formatting should be removed when entering them into the WellSky system. For example, service F84.0 should be entered as F840.
- Some vendors encountered claim denials due to incorrect rates for habilitation-hourly, occupational therapy, and physical therapy. These rates were updated in WellSky earlier this week. Vendors who received a previous denial should re-submit their denied claims.
- As the Division continues to review claim denials and monitor the workflow, vendors submitting claims via 837 continue to include extraneous trailing spaces that cause claims to deny or fail to process correctly. Vendors must create 837P files that are compliant with the companion guide and the underlying TR3. Trailing spaces, except where explicitly called for, extraneous delimiters, and any other deviation from a compliant file may result in claim denials, incomplete, or inappropriate processing, ultimately resulting in a delay in payment or non-payment.

Question and answer sessions are being held at which Qualified Vendors can have their questions answered. The schedule for these sessions is available on the C2F - HIPAA TCS Compliance WellSky Claims Processing System web page. The session being held on **Wednesday, September 14, 2022 at 9:00 a.m. will be dedicated specifically to third party billers**.

Additional information and resources including Frequently Asked Questions and a form to submit questions are available on the Division's web page dedicated to this project.