

Provider Frequently Asked Questions

1. What is happening?

On April 1, 2026, National Government Services will begin operating under a new name: Wellpoint Federal. This is a name and brand transition. CMS remains the contracting authority, and our role as your Medicare Administrative Contractor (MAC) remains unchanged.

2. Will this affect claims processing?

No.

- Claims submission processes remain the same.
- Claims processing systems remain the same.
- Timelines and payment cycles remain the same.
- There is no planned interruption to reimbursement.

Our operational infrastructure and teams remain in place to ensure continuity.

3. Will there be any delays in payment?

No delays are anticipated. We are implementing transition controls and monitoring to ensure reimbursement cycles continue without disruption. Payment integrity and timeliness remain top priorities.

4. Do we need to update our billing systems?

Currently:

- Payer IDs remain unchanged.
- Electronic claim submission processes remain unchanged.
- Clearinghouse connections remain unchanged.

If any technical identifiers require updates in the future, advance notice and detailed instructions will be provided.

5. Will EFT, ERA (835), or remittance advice change?

No changes are expected to:

- EFT enrollment
- Remittance formats
- 835 transaction standards

If administrative branding updates appear on remittance documents, they will not affect payment processing.

6. Is CMS still overseeing this contract?

Yes. CMS remains the contracting authority. All statutory, regulatory, and oversight requirements remain in effect. This transition does not change CMS authority or Medicare policy.

7. Will Medicare policies, coverage determinations, or reimbursement methodologies change?

No.

- National and Local Coverage Determinations (NCDs/LCDs) remain unchanged.
- Reimbursement methodologies remain unchanged.
- Medicare regulations and manuals remain unchanged.

This transition does not introduce new Medicare policy.

8. Will audit or medical review activity increase?

No changes to audit frequency or review protocols are tied to this transition.

- Targeted Probe and Educate (TPE) processes remain the same.
- Appeals timelines and procedures remain the same.
- Documentation requirements remain aligned with CMS policy.

Any future policy-driven changes would be communicated through standard CMS channels.

9. Will provider enrollment or PECOS processes change?

No.

- PECOS enrollment remains under CMS.
- Revalidation cycles remain unchanged.
- Reassignment of benefits remains unaffected.

Providers do not need to re-enroll due to the name change.

10. Will contact information change?

Phone numbers, provider portals, and contact channels are expected to remain the same. If any updates are required, providers will receive advance notice and clear transition guidance.

11. What about FQHC reimbursement and cost reporting?

For FQHCs:

- PPS reimbursement methodology remains unchanged.
- Cost reporting processes remain unchanged.
- Wraparound payments and encounter processing remain unchanged.

There are no changes to statutory reimbursement frameworks.

12. Why is this transition happening?

This alignment reflects integration under the Wellpoint brand, an affiliate of Elevance Health dedicated to delivering whole-person health solutions. While the name is changing, our commitment to serving providers, beneficiaries, and communities remains the same. For decades, we have supported vulnerable populations and partnered with providers to ensure access to quality care. That commitment continues under the Wellpoint Federal name.

13. Should providers expect any operational disruption?

No disruption is anticipated. Our goal is a seamless transition for providers.

14. Who should we contact if we experience issues?

Providers should continue using existing MAC contact channels. If any transition-related issue arises, we will have dedicated support resources available to ensure rapid resolution.