



# WellTrans Provider Billing Reference Guide

WellTrans, Inc.  
Transportation Management Group



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## Trip Details Submission for Payment Reimbursement

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Trip details can be submitted to WellTrans one of two ways - *Electronically* or *Manually* (see the process outlined below for each method). Regardless if the details are submitted electronically or manually, there are specific trip details Transportation Providers must capture to be reimbursed for each trip they perform:

- Provider Name
- Provider ID Number
- Vehicle Number
- Driver's Name
- Driver's Signature
- Trip ID Number (job number)
- Names of Members Transported
- Member Signature for Each Drop Off (or indication that member refused or was unable to sign)
- Mode of Transportation (authorized and actually performed)
- Miles Driven Per Odometer
- No Show Indicator (if applicable)
- Actual Arrival Time at Pick-Up Point
- Actual Arrival Time at Drop-Off Point
- Date of Service
- Name of Attendant (if any) and Attendant's Signature
- Authorization Stamp or Signature of Provider

Trips-details provided by Transportation Providers will be verified against the trip manifest that has been assigned and performed.

On a weekly basis, WellTrans will generate a report for each Transportation Provider that reflects the status of their payment reimbursement.

- For Transportation Providers who utilize TripSpark, the report will appear in the *Report Explorer* section of TripSpark. Training on this process will be provided in the Transportation Provider orientation.
- For Transportation Providers who does-not utilize TripSpark, the report will be faxed or mailed.

Trips with missing information will be put back into a **Open** status. If payment is denied due to missing trip details, the Transportation Providers can document the missing trip details as appropriate and resubmit the updated information for payment reimbursement. To resubmit corrected trip details electronically, the trip details need to be corrected in TripSpark.

### Electronic Submission:

Transportation Providers who utilize the *Trip Broker* portal to manage trip details, the details are instantly/electronically captured in TripSpark (accessible by WellTrans) as the information is populated in the portal. Training on this process will be provided in the Transportation Provider orientation.

**Note:** For more details about electronically submitting trip details through TripSpark, refer to the *TripSpark Software Manual for Providers*.

### Member Signature Submission:

All Providers that do not use the mobile app must submit an *Indiana Provider Daily Trip Log* signed by the member. The document can be downloaded at <https://www.welltransnemt.com/provider-info/> (or see the attachments in the *Transportation Provider Manual*).



- *Indiana Provider Daily Trip Log* (see Exhibit A - requires a signature by the driver and member)
- *Provider Cancellation Report* (see Exhibit B)

**Submission Deadline:** The *Indiana Provider Daily Trip Log* and *Provider Cancellation Report* should be submitted by 12:00 am ET the same business day the trips were performed or cancelled. Under no circumstances will any trip submitted later than 90 days after a trip date be paid.

**Fax Number:** 317-819-0160

**Note:** For more details about manually submitting trip details and logs, refer to the *Transportation Provider Manual* in the sections titled **Transportation Assignment** and **Notification** and **Trip Log**.

Transportation Providers who utilize TripSpark to manage their trip details can keep track of their payments by running a report within TripSpark. Manual Transportation Providers will either be emailed or faxed a copy of this report on a weekly basis. This report is useful when managing payment reimbursements as it will display if any information is missing. Refer to the *TripSpark Software Manual for Providers* on how to run reports in TripSpark.



## Payment Terms

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### Payment Overview

No payments will be made for services performed by non-compliant drivers or vehicles, including drivers or vehicles that are not registered with and approved by WellTrans to provide services prior to trip completion. All Transportation Providers must have a current W-9 (exhibit D) on file with WellTrans in order to receive payments. Transportation Providers can be paid via check or Electronic Funds Transfer (EFT) – WellTrans will require authorization from provider to do so. Transportation Providers must execute the *EFT Authorization Agreement* (see exhibit C) in order to receive electronic payments for transportation services rendered by the Provider. The terms of the *WellTrans Provider In Network Agreement* shall supersede any contrary provision of this *EFT Authorization Agreement*.

All payments made by WellTrans to Transportation Providers are inclusive of, and constitute billing of, all applicable state and local sales and use taxes on transportation services. Transportation Providers understand they are responsible to calculate and remit all applicable taxes on such services. Transportation Providers must provide proof of registration with taxing agencies and payment of such taxes upon WellTrans request.

Payment terms are 14 days upon the receipt of a clean claim. If a Transportation Provider believes their payment contains an error (i.e., missing trips in a payment batch), they must contact the Claims department for a resolution at [claims@welltransnemt.com](mailto:claims@welltransnemt.com).

### Missing Payments

If a check or electronic claims payment failed to arrive, Transportation Provider must immediately contact the Claims department at [claims@welltransnemt.com](mailto:claims@welltransnemt.com).

### Disputing Denied Payments

If a Transportation Provider believes their trip details were denied due to incomplete, incorrect, or unclear information, they should submit corrected trip details electronically via TripSpark or manually on the *Indiana Provider Daily Trip Log*. If reasonable attempts to correct trip details do not resolve the issue, a dispute may be filed.

**Note:** This process must be completed prior to the Transportation Provider requesting a claim appeal. Claims appeals filed without first submitting a dispute will not be processed.

1. Within 60 days of determination of the claim, the Transportation Provider must submit, in writing, a letter of dispute. The dispute can be mailed or faxed.
  - **Mail:** WellTrans, Inc.  
Attn: Claims Dept.  
9245 N Meridian St, Suite 225  
Indianapolis, IN 46260
  - **Fax:** 317-819-0160



2. WellTrans will review and respond in writing within 30 calendar days.

## Payment Appeals

After a Transportation Provider has received a claims dispute resolution, or 30 calendar days have passed since the dispute has been received by WellTrans, they may submit a claim appeal to request reconsideration of the denied claim. The Transportation Provider must provide the following:

- A copy of the denied claim.
- Any supporting documentation that pertains to the claim in question.

Claims appeals must be submitted in writing within 60 days of receipt of the denied dispute. The mailing address is listed above in the **Disputing Denied Claims** section. Submission via fax is also acceptable.

All claims appeals will be adjudicated and Transportation Provider notified of the decision in writing within 10 business days of receipt of the appeal.

**Note:** All disputes and appeals will be monitored by the Claims Director and Compliance department to ensure resolution is made in a timely manner.





Exhibit C



### Electronic Funds Transfer (EFT) Authorization Agreement

I/we hereby authorize WellTrans ("The Company") to initiate electronic credit entries to the financial institution and account indicated below. I/we further authorize "The Company" to initiate electronic debit entries to the account listed below to correct any errors. This authority is to remain in full force and effect until "The Company" has received written notification to terminate the agreement. All changes must be submitted in writing and may require a new EFT agreement.

<b><u>Section 1 (to be completed by the Transportation Provider)</u></b>
Type of Transaction: Add: <input type="checkbox"/> Change: <input type="checkbox"/> Delete: <input type="checkbox"/>
Transportation Provider Information: Name: _____ Address: _____ Phone: _____
Federal Tax Identification Number: _____
Authorized Signer Name: _____
Authorized Signature: _____
<b><u>Section 2 (to be completed by the Financial Institution)</u></b>
Direct Deposit to be made to: _____
Financial Institution Information: Name: _____ Address: _____ Phone: _____
Routing & Transit Number/ABA #: _____
Account Number (Transportation Provider): _____
Bank Official Signature: _____ Date: _____
<b><u>Section 3 (to be completed by WellTrans)</u></b>
Date Received: _____ Vendor Code: _____
A/P Approval: _____ Treasury Approval: _____
<b>ATTACH VOIDED CHECK HERE</b> <b>No Counter/Starter Checks</b>





Exhibit D

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer          Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the          requester. Do not          send to the IRS.</b>
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Print or type. See Specific Instructions on page 3.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%; padding: 5px;"> <b>1</b> Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank.         </td> <td style="width:25%;"></td> </tr> <tr> <td style="padding: 5px;"> <b>2</b> Business name/disregarded entity name, if different from above         </td> <td></td> </tr> <tr> <td style="padding: 5px;"> <b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC              <input type="checkbox"/> C Corporation              <input type="checkbox"/> S Corporation              <input type="checkbox"/> Partnership              <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____         </td> <td style="padding: 5px;"> <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):            Exempt payee code (if any) _____            Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i> </td> </tr> <tr> <td style="padding: 5px;"> <b>5</b> Address (number, street, and apt. or suite no.) See instructions.         </td> <td style="padding: 5px;">           Requester's name and address (optional)         </td> </tr> <tr> <td style="padding: 5px;"> <b>6</b> City, state, and ZIP code         </td> <td></td> </tr> <tr> <td style="padding: 5px;"> <b>7</b> List account number(s) here (optional)         </td> <td></td> </tr> </table>	<b>1</b> Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank.		<b>2</b> Business name/disregarded entity name, if different from above		<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	<b>6</b> City, state, and ZIP code		<b>7</b> List account number(s) here (optional)	
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<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="text-align: center; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div> </td> </tr> <tr> <td style="text-align: center; padding: 2px;">or</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="text-align: center; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div> </td> </tr> </table>	Social security number	<div style="display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div>	or	Employer identification number	<div style="display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div>
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<b>Part II Certification</b> Under penalties of perjury, I certify that:
<ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>3. I am a U.S. citizen or other U.S. person (defined below); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*