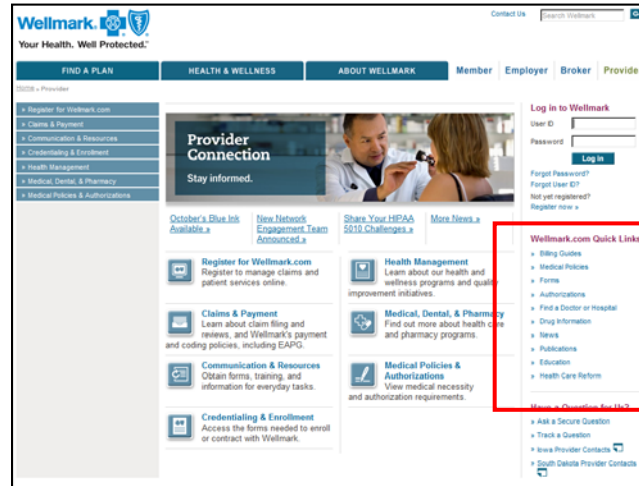
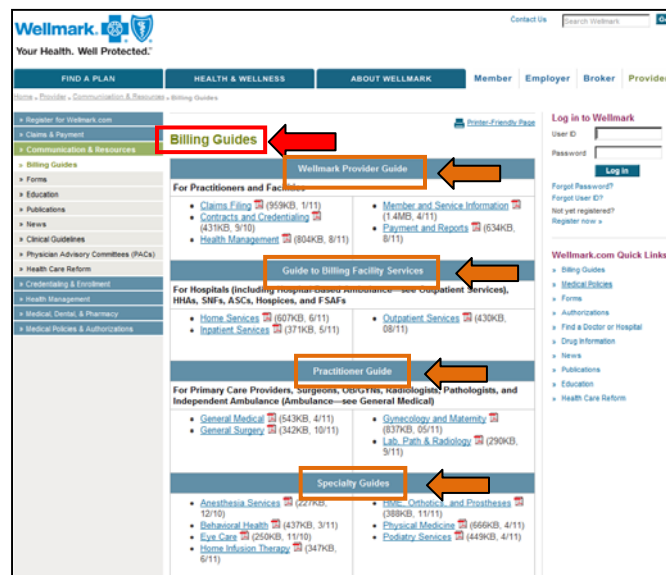


## Wellmark Self-Serve Provider Web Tools – Quick Links

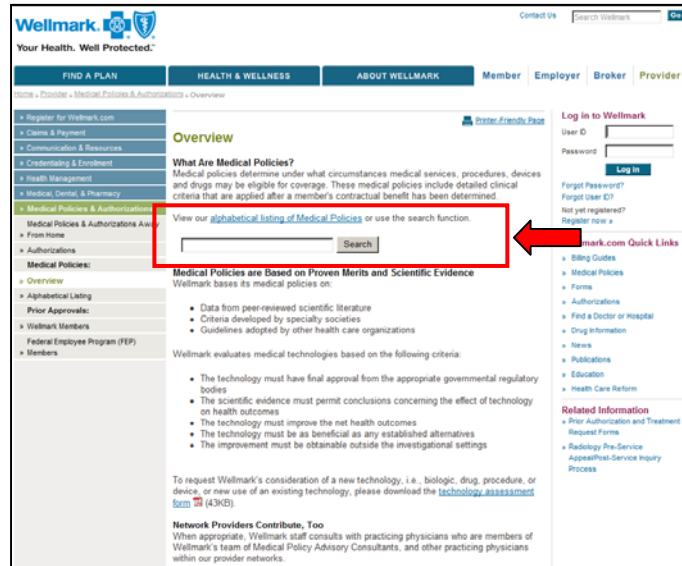
Log into [www.wellmark.com](http://www.wellmark.com) and choose the *Provider* tab. Look at the right side of the screen and you'll find *Wellmark.com Quick Links*. These links are commonly used by providers and make it easier to self-serve. The Quick Links are available without the need to sign in with a user ID or password.



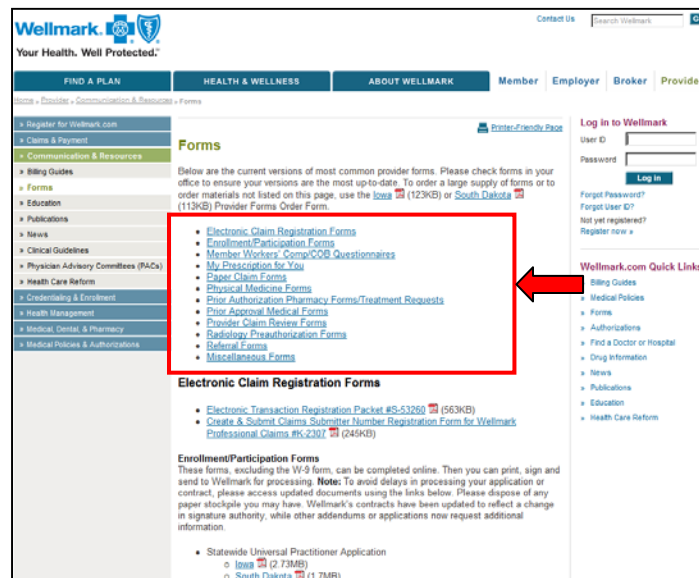
The first link under the Quick Links is **Billing Guides**. The *Wellmark Provider Guide* can be used by all providers, both practitioners and facilities. The *Guide to Billing Facility Services* applies only to facilities (i.e., hospitals, skill nursing facilities, home health agencies), while the *Practitioner Guide* is intended for MD/DO audiences. The *Specialty Guides* pertain only to specific types of providers.



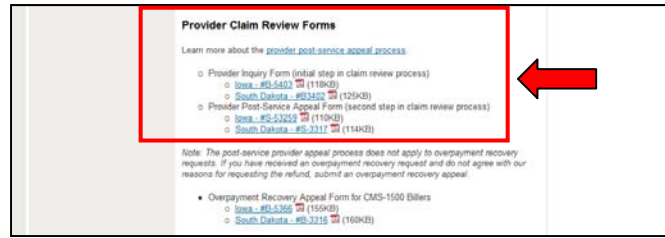
The second link under Quick Links is **Medical Policies**. Medical policies determine under what circumstances medical services, procedures, devices and drugs may be eligible for coverage. The medical policies include detailed clinical criteria that are applied after a member's contractual benefit has been determined. **You can search the policies by policy name, a key word, or a CPT/ICD-9 code. By bringing up the alpha listing, you can see every policy that is available.**



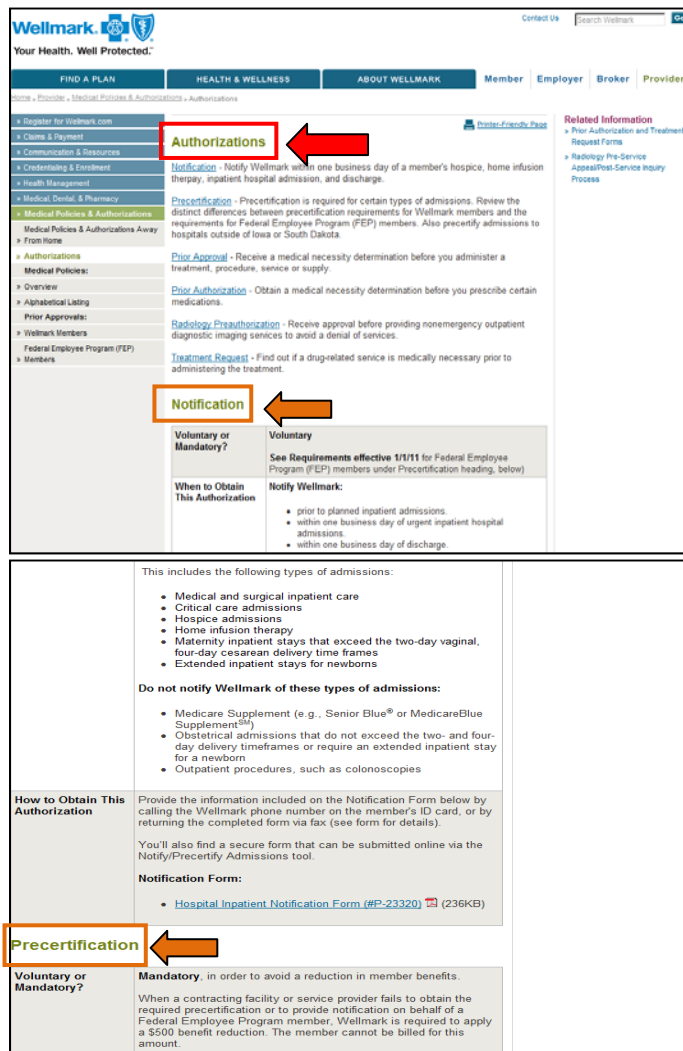
The third link under Quick Links is the **Forms** link. Under this link you will find a list of Wellmark forms that a provider may need. These hyperlinks will take you to a detailed list of forms.



For instance, if a provider is looking for the Provider Inquiry form, he or she can choose the link called *Provider Claim Review Forms*, which expands as shown below.



The fourth link under Quick Links is **Authorizations**. There are several different types of authorizations including *Notification*, *Precertification*, *Prior Approval*, *Prior Authorization*, *Radiology Preauthorization*, and *Treatment Request*. This page provides a definition of each type of authorization and explains how each authorization is used.



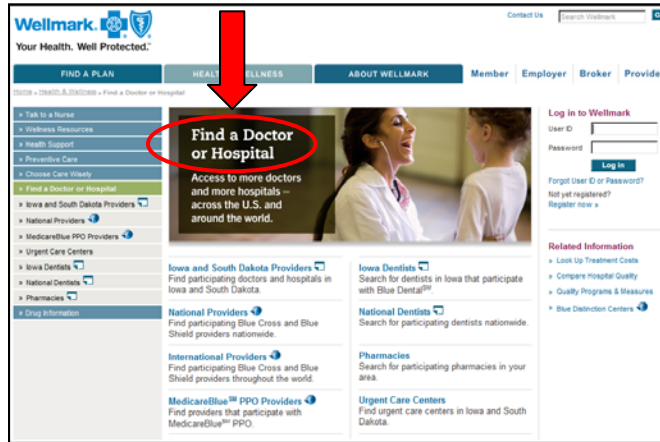
<b>When to Obtain This Authorization</b>	<p><b>Before you provide these types of care for Wellmark members:</b></p> <ul style="list-style-type: none"> <li>• Home health</li> <li>• Skilled nursing</li> <li>• Acute rehabilitation</li> <li>• Inpatient behavioral health/chemical dependency depending on member contract; always verify benefits with Wellmark</li> <li>• Hospital inpatient care outside Iowa and South Dakota (except maternity)</li> </ul> <p><b>Before the following admissions for FEP members:</b></p> <ul style="list-style-type: none"> <li>• Hospital inpatient elective emergency admissions</li> <li>• Skilled nursing</li> <li>• Hospice</li> <li>• Acute rehabilitation</li> <li>• Inpatient behavioral health/substance abuse</li> </ul> <p><b>FEP also requires notification:</b></p> <ul style="list-style-type: none"> <li>• within two business days of a hospital admission for emergency care.</li> <li>• of maternity stays that extend beyond two days for vaginal or four days for cesarean delivery.</li> <li>• of extended stays for newborns.</li> </ul>
<b>How to Obtain This Authorization</b>	<p>Call the Wellmark phone number on the member's ID card.</p> <p>For FEP members, call 800-532-1537.</p>
<b>Prior Approval</b>	
<b>Voluntary or Mandatory?</b>	<p><a href="#">Wellmark and FEP - Voluntary</a></p> <p><a href="#">FEP only - Mandatory</a></p>
<b>When to Obtain This Authorization</b>	<p><b>Before a treatment, procedure, service or supply has been provided,</b> for a medical necessity determination.</p> <p>Prior approvals are valid for a specific length of time - usually 6 months - as long as the patient's benefits do not change between the approval date and date of service.</p>

<b>How to Obtain This Authorization</b>	<p>Prior Approval Forms:</p> <ul style="list-style-type: none"> <li>• <a href="#">Iowa - Medical - #P-4602</a> (158KB)</li> <li>• <a href="#">South Dakota - Medical - #N-3614</a> (140KB)</li> <li>• <a href="#">FEP Medical/Surgical Prior Approval Form - #P-4306</a> (152KB)</li> </ul>
<b>Prior Authorization</b>	
<b>Voluntary or Mandatory?</b>	(Rx only) - <b>Mandatory</b>
<b>When to Obtain This Authorization</b>	<p><b>Before prescribing a medication</b> - Certain medications require prior authorization to ensure that a drug is medically necessary and part of a specific treatment plan.</p> <p>The approval is valid for one year for most drugs.</p>
<b>How to Obtain This Authorization</b>	<p><b>By phone:</b></p> <ol style="list-style-type: none"> <li>1. Call 1-800-600-8065</li> <li>2. Choose Option 1</li> <li>3. Most prior authorizations will be completed in less than 10 minutes</li> <li>4. Prior authorization support is available 24 hours a day, seven days a week</li> </ol> <p><b>By fax:</b></p> <ol style="list-style-type: none"> <li>1. Complete the prior authorization form online</li> <li>2. Print and fax the forms to</li> <li>3. 1-866-864-4345</li> <li>4. An approval or denial will be faxed back to you by the next business day</li> </ol> <p>Have the member fill the prescription at any pharmacy that contracts with Catalyst Rx.</p>

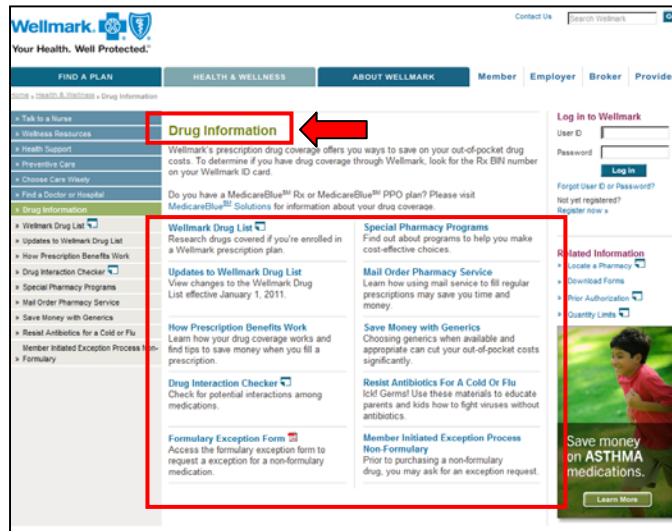
<b>Radiology Preauthorization</b>	
Administered by American Imaging Management (AIM) for Wellmark Blue Cross and Blue Shield plans	
<b>Voluntary or Mandatory?</b>	<p><b>Mandatory</b> for patients who have coverage through the following:</p> <ul style="list-style-type: none"> <li>• Wellmark Blue Cross and Blue Shield of Iowa</li> <li>• Wellmark Health Plan of Iowa, Inc.</li> <li>• Wellmark Blue Cross and Blue Shield of South Dakota</li> <li>• SelectFirst® members, depending on member's coverage</li> </ul> <p><b>More than 1 plan?</b> Preauthorization is required if the patient is covered by Wellmark and:</p> <ul style="list-style-type: none"> <li>• another health plan.</li> <li>• the Federal Employee Program (FEP) or SelectFirst®.</li> <li>• another Wellmark Plan.</li> <li>• Medicare as the secondary payer.</li> </ul> <p><b>Preauthorization is not required for:</b></p> <ul style="list-style-type: none"> <li>• Wellmark members whose <b>primary</b> coverage is with Medicare.</li> <li>• Patients covered by the Federal Employee Program (FEP) <b>unless</b> the patient is also covered (primary or secondary) by a Wellmark health plan.</li> <li>• Wellmark members receiving out-of-area diagnostic imaging services.</li> </ul> <p><b>Requirements for Patients Covered by Plans Other than Wellmark</b> Some Blue Cross and Blue Shield Plans require diagnostic imaging preauthorization for their members who receive out-of-area (BlueCard®) services. To locate information for your patient, access <a href="#">Medical Policies and Authorizations Away from Home</a>. Then:</p> <ul style="list-style-type: none"> <li>• select the General precertification/preauthorization information button.</li> <li>• enter the member's alpha prefix.</li> </ul>

Treatment Request (for drug-related services)	
Voluntary or Mandatory?	Voluntary
When to Obtain This Authorization	Before providing treatment, to obtain a medical necessity determination.
How to Obtain This Authorization	Complete the service's unique Treatment Request.

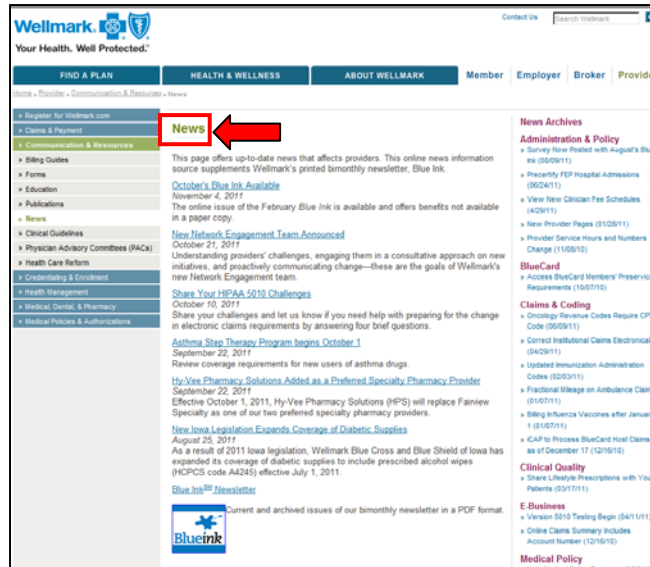
The fifth link under Quick Links is **Find a Doctor or Hospital**. You can find a doctor or hospital by the category from the list below, and then use the search function by provider name, provider type, or specialty.



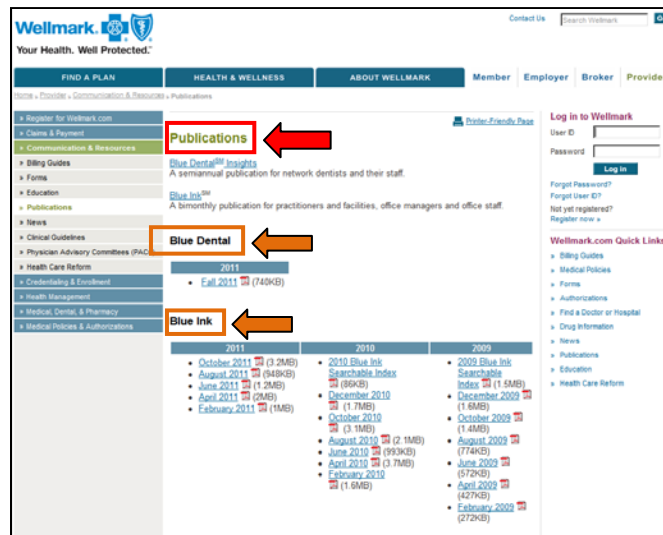
The sixth link under Quick Links is **Drug Information**. This link provides specific information about Wellmark's prescription drug coverage, including special programs associated with drug benefits.



The seventh link under Quick Links is **News**. This page offers up-to-date news from Wellmark that affects providers. This online news information source supplements Wellmark's newsletter, Blue Ink.



The eighth link under Quick Links is **Publications**. This link includes the Blue Ink provider newsletter. Blue Ink is published bi-monthly, on the even-numbered months. There is an archive of past issues that goes back two calendar years. There is also information about a newsletter called Blue Dental Insights.



The ninth link under Quick Links is **Education (Training)**. This page provides announcements of upcoming training sessions and offers online classes that can be taken to increase a provider's knowledge about the Wellmark web tools, coding, billing, and other specialty offerings.

The screenshot shows the Wellmark website interface. At the top, there are navigation tabs for 'FIND A PLAN', 'HEALTH & WELLNESS', and 'ABOUT WELLMARK'. Below these, there are user roles: 'Member', 'Employer', 'Broker', and 'Provider'. A search bar is located in the top right corner. On the left side, there is a vertical navigation menu with categories like 'Register for Wellmark.com', 'Claims & Payment', 'Communication & Resources', 'Billing Guides', 'Forms', 'Education', 'Publications', 'News', 'Clinical Guidelines', 'Physician Advisory Committees (PACs)', 'Health Care Reform', 'Credentialing & Enrollment', 'Health Management', 'Medical, Dental, & Pharmacy', and 'Medical Policies & Authorizations'. The 'Education (Training)' link is highlighted in a red box with a red arrow pointing to it. The main content area displays 'Wellmark offers a variety of courses that you can take online or attend in person to help you do business with us.' Below this, there are sections for 'Online Training', 'Specialty Online Training', and 'Wellmark's Web Tools'. The 'Claims Coding Online Training' section is expanded, showing 'Modifiers', 'CPT Coding', and 'ICD-9 Coding' with various course links and quizzes.

**Health Care Reform**, known as the Patient Protection and Affordable Care Act, Affordable Care Act (ACA), or simply health care reform, is the tenth link in Quick Links and includes a variety of provisions that will affect members, employers, and health care providers over the next several years. Wellmark has a section on the Provider website dedicated to the latest information about Health Care Reform.

The screenshot shows the 'Reform for Providers' page on the Wellmark website. The page is titled 'Reform for Providers' and features a red box around the title with a red arrow pointing to it. The content includes a sub-header 'The Patient Protection and Affordable Care Act, also known as the Affordable Care Act (ACA), or simply health care reform, was signed into law on March 23, 2010.' Below this, there is a paragraph stating 'It includes a variety of provisions that will affect members, employers, and health care providers over the next several years.' The page lists 'The ACA includes mandates that will expand coverage to many more Americans:' followed by bullet points: 'Large employers (50 or more employees) will be required to offer coverage to their employees.', 'Small employers will be encouraged, but not required, to offer coverage.', and 'Individuals will be required to obtain coverage, and will be offered premium subsidies to help make that coverage more affordable.' It also lists 'ACA also includes a variety of insurance reforms, including:' followed by bullet points: 'The elimination of pre-existing condition exclusions.', 'The guaranteed issue of health insurance.', 'The elimination of lifetime dollar limits and restricted annual limits.', and 'A requirement that health insurance companies meet a minimum loss ratio; the proportion of premium dollars used to pay health care providers for services received by its members.' The page also features sections for 'Wellmark's Response to the ACA:', 'Information for Providers:', 'Feedback:', 'Timelines:', 'Tools & Video:', and 'Related Websites:'.