



Wellmark Web Applications

Web Based Inquiry

- » **Background information needed to ask a question are prefilled and meet HIPAA privacy and security guidelines**
- » **Need to type your specific question**
- » **Also need to select the type of inquiry**
- » **Receive an email when the inquiry is completed**
- » **You can track the status of the question and view the response**

Web Based Inquiry – how to start



Use the Contact Us link from Check Claim Status or View Eligibility and Benefits

The screenshot shows the Wellmark website interface. At the top, there is a navigation bar with the Wellmark logo and the tagline 'You Just Can't Beat The Blues'. The navigation menu includes links for 'Members', 'Employers', 'Providers', 'Brokers', and 'About Wellmark'. A secondary navigation bar contains 'home', 'provider', 'contact us', 'glossary', 'Check Claim Status', 'GO', and 'Log out'. The 'contact us' link is circled in blue. Below the navigation, the 'Check Claim Status' section is highlighted in orange. The text explains how to search for claim status and provides a 'Claim Search' form with various input fields and a 'Claim Search' button.

Home | Contact Wellmark | Work @ Wellmark

Members | Employers | Providers | Brokers | About Wellmark

home | provider | **contact us** | glossary | Check Claim Status | GO | Log out

Check Claim Status

To search the status of a claim, enter the Plan Member Number and any other criteria and select the Claim Search button.
To search pended claims by provider number, enter the provider number only and select the Claim Search button. You may narrow the Pended Search by date of service.

Claim Search

Fields marked with an asterisk (*) are required.

*Plan Member Number as it appears on member card(no hyphens):
 Not sure what the plan member number is? Use [Member Number Lookup](#).

OR

*Billing Provider Number:
 for a listing of pended claims or use with Plan Member Number to find claims associated with that number.

Patient First Name: Amount Charged:
From - To Dates of Service (mm/dd/yyyy)[Hint](#): - Calendar Year (yyyy):
Claim Number:

Web Based Inquiry – ask a question



Fill in the Information Below for This Question	
Contact Name	Monaco, Kim
E-Mail Address	<input type="text" value="monacokb@wellmark.com"/> Valid format: "xxx@xxx.com, or xxx@xxx.edu, or xxx@xxx.org, etc..."
Contact Phone	<input type="text" value="515"/> - <input type="text" value="237"/> - <input type="text" value="6594"/>
Caller Name	<input type="text"/>
Caller Home Phone	<input type="text"/>
Caller Work Phone	<input type="text"/>
Caller Relationship	<input type="text"/>
*Question/Concern (Limited to 1000 characters)	<div style="border: 1px solid gray; padding: 5px; min-height: 100px;">fill in your question here...</div>
*Type of Inquiry	<p><input type="radio"/> Claim Adjustment (Claim Needs Corrected/Adjusted, such as: change a code, add charges, delete lines, etc.)</p> <p><input type="radio"/> Benefit Question</p> <p><input type="radio"/> Claim Question</p> <p><input type="radio"/> Eligibility Question</p> <p><input type="radio"/> Other Question</p> <p><input type="radio"/> Medical Records</p>
<input type="button" value="Add"/>	
<input type="checkbox"/> Check this box if you are mailing or faxing additional supporting documents.	
Please fax your documents to: (800) 717-4869 for Wellmark BCBS of Iowa (605) 373-7231 for Wellmark BCBS of South Dakota	

Need to select the type of inquiry to improve the timeliness of your request.

We added Medical Record as a selection December 20, 2008.



Web Based Inquiry - confirmation



Contact Wellmark

Verify Information

Please confirm the following information

Plan Member Number		
Plan Member Name		
Contact Name		
E-Mail Address		
Contact Phone		
Caller Name		
Caller Home Phone		
Caller Work Phone		
Caller Relationship		
Claim Number		
Patient Name		
Patient Date of Birth		
Patient Gender		
Provider Name		
Patient Relations		
Claim Status		Paid
Service Date(s)		09/12/2008-09/12/2008
Question/Concern		Fill in your question here.
Type of Inquiry		Medical Records
Is it okay to process with this information, or do you wish to make a change?		

Web Based Inquiry – assign number



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home provider glossary Ask a Question GO Log out

Your submission has been received.

Thank you for contacting Wellmark Blue Cross and Blue Shield.
Your correspondence number is: 18083590000100

We will make every effort to provide you with a final response within two business days. Some inquiries may take longer if they require additional research. In every case, a final response will be provided once we have completed the necessary research.

You may check the status of your Benefit, Claim, or General question by visiting the [Track a Benefit or Claim Question](#) option on Wellmark.com. To use this utility, you will need to enter the correspondence number above or the Plan Member identification number.

To enter another question, return to Wellmark.com, or use the navigation above to visit another area of the Wellmark Web site.

Note – if we are unable assign the correspondence number, you will receive a temporary number starting with EXT that will allow you to continue to submit your request. The message on the screen reminds the user to use the plan member number when using *Track a Question*.

Web Based Inquiry – E-mail Reply



» Optional E-mail – we have forwarded request

From: Automated_Response@wellmark.com Sent: Tue 3/24/2009 10:37 AM
To: Monaco, Kim B
Cc:
Subject: Correspondence Number: 16090830000100

Thank you for contacting Wellmark Blue Cross and Blue Shield. This is an automatic response to acknowledge receipt of your request for information. We will make every effort to provide you with a final response within two business days. Some inquiries may take longer if they require additional research. In every case, a final response will be provided once we have completed the necessary research.

You may check the status of your inquiry, and/or the response to your correspondence number 16090830000100, by visiting the [Track a Benefit or Claim Question](#) option located in the "Contact Wellmark" section of www.wellmark.com. To use this utility, you will need to enter the correspondence number above or the Plan Member identification number.

Keep this e-mail message or print this page for future follow-up of this inquiry.

» Final E-mail – we have completed the inquiry

From: Automated_Response@wellmark.com Sent: Mon 3/30/2009 10:11 AM
To: Monaco, Kim B
Cc:
Subject: Response to Correspondence Number: 14090860000700

We have completed the research on your question for the above correspondence number. You may review the response by selecting this link [Track a Benefit or Claim Question](#) or by using the [Track a Benefit or Claim Question](#) link located in the Contact Wellmark section of www.wellmark.com.

Additional questions may be submitted by selecting [Ask a Question](#) or by contacting our office by phone or mail. To obtain a list of phone numbers and addresses, go to Contact Wellmark on Wellmark.com and select Phone or Mail.

This email is not set up to return to Wellmark Blue Cross and Blue Shield; therefore, attempted replies will not reach us.

Web Based Inquiry - tracking



We display the questions from your office from the prior six months.

You can also search by the plan member number, specific correspondence number, contact name and date span up to 31 days for all – closed - open inquiries. You can view questions and responses that were submitted using this contact tool.

This does not include phone or written inquiry status information.

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home provider glossary Track a Question Go Log out

Track a Benefit or Claim Question

Here is a list of the most current inquiries from your organization. Please select a correspondence number for further detail. You also have the option to request open and closed inquiries, or include a specific date range or search by plan member number or correspondence number.

Plan Member Number: [] Display: All Closed Open Date Range: (mm/dd/yy) [] to []

Search Clear Search

Displaying the past 6 months worth of inquiries [View Printable Version](#)

Correspondence Number	Submission date	Contact Name	Type Of Inquiry	Member Number	Member Name	Patient Account Number	Related
27083180000100	11/13/2008	Monaco, Kim	Benefit				
03083470000100	12/12/2008	Monaco, Kim	Claim				
06083470000100	12/12/2008	Monaco, Kim	Adjustment				
18083520000100	12/17/2008	Monaco, Kim	Medical Records				
34083520000100	12/17/2008	Monaco, Kim	Medical Records				
06083520000100	12/17/2008	Monaco, Kim	Medical Records				
03083520000100	12/17/2008	Monaco, Kim	Medical Records				
18083590000100	12/24/2008	Monaco, Kim	Medical Records				

Web Based Inquiry – view the reply



home provider glossary Track a Question GO Log out

Track a Benefit or Claim Question

Here is a list of the most current inquiries from your organization. Please select a correspondence number for further detail. You also have the option to request open and closed inquiries, or include a specific date range or search by plan member number or correspondence number.

Select the correspondence number and view the question and the reply.

Search Clear Search

Correspondence Number	Submission date	Completion Date	Contact Name	Type Of Inquiry	Status	Me Nu
18083520000100	12/17/2008		Monaco, Kim	Medical Records	Open	08:1

Click this page for your records.

Inquiry Status	
Correspondence Number	
Plan Member Number	
Plan Member Name	
E-Mail Address	
Contact Phone	515-237-6594
Submit Date	12/17/2008 13:36:42
Completion Date	
Caller Name	
Caller Home Phone	
Caller Work Phone	
Caller Relationship	
Question	test
Response	testing
Status	Inquiry in Progress
Inquiry Replied To	
Replies To This Inquiry	
	Reply Close

Ability to reply to a question or send a follow up inquiry using the REPLY button.

Web Based Inquiry – follow up



Caller Relationship	
*Question/Concern (Limited to 1000 characters)	Add new question or reply here.
*Type of Inquiry	<input type="radio"/> Adjustment <input type="radio"/> Benefits <input checked="" type="radio"/> Claims <input type="radio"/> Membership <input type="radio"/> Other
<input type="checkbox"/> Check this box if you are mailing or faxing additional supporting documents	
Please fax your documents to: (800) 717-4869 for Wellmark BCBS of Iowa (605) 373-7231 for wellmark BCBS of South Dakota (800) 717-4869 for Blue Card Iowa Service Unit (605) 373-7231 for Blue Card South Dakota Provider Service Unit (515) 237-6524 for Federal Employee Program Iowa (605) 373-7231 for Federal Employee Program South Dakota (800) 590-1812 for Wellmark Tyson Service Unit (800) 717-4869 for Wellmark Health Plan of Iowa contracts	
Add the correspondence number found on the confirmation screen to your fax documents to help us match the inquiry with these records.	
Original Inquiry	
Correspondence Number	20053570000100
Question	TEST TIMESTAMP 02-22-06 13:40:20 ZIKM
Response	COMPLETED REQUEST. KIM M. TIMESTAMP 02-22-06 13:40:20
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

The REPLY button displays the Contact Wellmark screen and enables a new inquiry.

You can also see the original inquiry and reply below.

Web Based Inquiry



If you have questions on security or other access questions, please contact EC Solutions Assistance Center at

800-407-0267.

Phone hours – 7:00 AM to 5:30 PM (M-F) Central Time