



# Wellmark Out of Area Search

Using the Eligibility Tool for Other Plan Members

**On March 31, 2007, all Plans are required to implement improvements to their eligibility inquiry transactions, so that providers have better information about member eligibility before their members receive service.**

**Plans will respond to specific service type inquiries with designated service type responses. It offers providers only the information they requested, making it quicker and easier for them to get valuable eligibility and benefit data.**

**December 31, 2008, addition of accumulation information**

- **New detail on remaining amounts**
- **No information on MHCD due to sensitivity**

### **The Wellmark search screen has a new field called Service Type.**

**All other functionality is the same.**

#### **DEFINITION:**

- » Service type is a HIPAA description that can help locate specific benefit information from other BCBS plans. Service types are a mixture of provider specialty, place of service and diagnosis. In the past we have always given a description of the universal medical insurance benefit. We have added this as the default – it is labeled as Health Benefit Plan Coverage – 30 in our table.

#### **Change or Add Service Types:**

- » You can select one service type using the drop down box. You can request multiple service types by using the ADD button and selecting more from the drop down box. You will see your list in the box below. You can remove a service type from the box by selecting the service type and use the REMOVE button.

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## Provider Connection

**NEWS SPOTLIGHT:**  
Clinician fee schedules  
now online.



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## Providers

### Provider Tools

- » **View Eligibility and Benefits**
- » Update Other Insurance Information
- » Submit a Prior Approval
- » Manage Radiology Preauthorizations
- » Notify / Precertify Admissions
- » Create & Submit Claims
- » Check Claims Status
- » Physical Medicine Pilot on Quality
- » Provider Fee Schedules
- » Update User Security

### Payment Policies

[Professional Claims \(CMS-1500\)](#)

[Outpatient Facility Claims \(UB-04\)](#)

### Improving Health Care Quality

[Collaboration on Quality<sup>SM</sup>](#)

[Program Manual](#)

[Blue Distinction](#)

[Hospital Measurement & Improvement Program<sup>SM</sup>](#)

# Eligibility and Benefits – Local Search



## View Eligibility & Benefits

No change for entry or display.

### Member Search

You must fill in all the boxes below for out-of-area plan members, Federal employees, and Medicare Advantage members (prefix IAZ or SDZ).

#### Plan Member (Policy Holder) Information

Plan Member Number as it appears on member card (no hyphens):

Not sure what the plan member number is? Use [Member Number Lookup](#)

Coverage Date:

 (mm/dd/yyyy OR mddyyyyy)

Service Type:

  [Help](#)

Selected Service Type(s):

First Name:

 Last Name: 

#### Patient Information

Relationship:

Patient Date of Birth:

 (mm/dd/yyyy OR mddyyyyy)

Patient First Name:

 Patient Last Name:  

Enter the *Plan Member Number* and *Search Members* for today's eligibility and benefits for an Iowa or South Dakota member.

Change the *Coverage Date* for prior coverage.

A *Look Up* button has been added for Iowa and South Dakota members to allow you to find the identification number if you have a name and date of birth.



# Out of Area Search



**By using the alpha prefix with the member's identification number and all additional fields, you will be offered the opportunity to research Federal Employees, other Blue Cross and Blue Shield Plans and Medicare Advantage members.**

## View Eligibility & Benefits

### Member Search

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#### Plan Member (Policy Holder) Information

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

Coverage Date:  (mm/dd/yyyy OR mmdyyy)

Service Type:   [Help](#)

Selected Service Type(s):

First Name:  Last Name:

#### Patient Information

Relationship:

Patient Date of Birth:  (mm/dd/yyyy OR mmdyyy)

Patient First Name:  Patient Last Name:

# New Layout of Information



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Out of Area Search

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## View Eligibility & Benefits

The member's general Health Benefit Plan information appears below. It has been modified for HIPAA service types. Go directly to specific information by selecting one of these links:

Member Benefit Information		
<a href="#">Deductibles</a>	<a href="#">Co-Insurance</a>	<a href="#">Co-Payment</a>
<a href="#">Out of Pocket Maximum</a>	<a href="#">Other Benefit Limitations</a>	

Enrollment Information			
Patient Name	[REDACTED]	Subscriber Name	[REDACTED]
Patient Identification Number	[REDACTED]	Subscriber Identification Number	[REDACTED]
Relationship	Dependent	Subscriber Gender	[REDACTED]
Patient Gender	Female	Subscriber Date of Birth	[REDACTED]
Patient Date of Birth	[REDACTED]	Subscriber Policy Effective Date	[REDACTED]
Patient Eligibility Begin Date	01/09/2005	Subscriber Policy Expiration Date	[REDACTED]
Patient Eligibility End Date	12/31/9999		
Patient Benefit Begin Date	01/01/2007		

Patient information will all be on the left and policyholder information on the right side.

This is an active contract and they are sending a default date.

Address Information			
Patient Address	[REDACTED]	Subscriber Address	[REDACTED]
Patient City	[REDACTED]	Subscriber City State	[REDACTED]
Patient State	[REDACTED]	Subscriber State	[REDACTED]
Patient Zip	[REDACTED]	Subscriber Zip	[REDACTED]

Addresses are Optional and will be available if included in the transaction.

Corrected Information			
Subscriber Identification Number	7555214012	Subscriber Identification Number	1455214012

# Status and Deductible



Please note the original search information is displayed with the corrected information in the above slide.

Corrected Information			
Submitted Patient Name	[REDACTED]	Submitted Subscriber Name	[REDACTED]

Coverage Status			
Health status as of 3/24/2007	Active	Coverage Level	Family
Insurance Type	Preferred Provider Organization (PPO)	Plan Description	STANDARD AND Med A Secondary Disability

### Member Primary Care Physician (PCP)

Source Information			
Entity	Payer	Entity Type	Non-Person Entity
Last Name	WELLMARK BLUE CROSS BLUE SHIELD	First Name	
Identification Code Qualifier	Payor Identification	Identification Code	140

### Deductibles for 2007

Service Type	Time Period	In/Out Network	Coverage Level	Amount	Remaining	Percent	Quantity	Quantity Type	Auth/Cert Req	Place of Service
Health Benefit Plan Coverage	Calendar Year	In-Network	Individual	\$250.00						
Health Benefit Plan Coverage	Calendar Year	In-Network	Family	\$500.00						
Health Benefit Plan Coverage	Calendar Year	Out-of-Network	Individual	\$250.00						
Health Benefit Plan Coverage	Calendar Year	Out-of-Network	Family	\$500.00						

More fields are available

# Deductible Waivers are Listed in a Category



This is an example of zero liability.

Deductibles Waived for 2007

Service Type	Time Period	In/Out Network	Coverage Level	Quantity	Quantity Type	Auth/Cert Req	Place of Service
	Calendar Year	In-Network	Individual				
	Calendar Year	In-Network	Family				
	Calendar Year	In-Network	Individual				Office
	Calendar Year	In-Network	Family				Office
Health Benefit Plan Coverage	Year to Date		Individual				
Health Benefit Plan Coverage	Year to Date		Family				
Hospital - Inpatient	Calendar Year	In-Network	Individual				
Hospital - Inpatient	Calendar Year	In-Network	Family				
Hospital - Inpatient	Calendar Year	Out-of-Network	Individual				
Hospital - Inpatient	Calendar Year	Out-of-Network	Family				
Hospital - Outpatient	Calendar Year	In-Network	Individual				
Hospital - Outpatient	Calendar Year	In-Network	Family				
Hospital - Outpatient	Calendar Year	Out-of-Network	Individual				
Hospital - Outpatient	Calendar Year	Out-of-Network	Family				
Hospital - Emergency Medical	Calendar Year	In-Network	Individual				Inpatient Hospital
Hospital - Emergency Medical	Calendar Year	In-Network	Family				Inpatient Hospital
Hospital - Emergency Medical	Calendar Year	Out-of-Network	Individual				Inpatient Hospital
Hospital - Emergency Medical	Calendar Year	Out-of-Network	Family				Inpatient Hospital
Professional (Physician) Visit - Office	Calendar Year	In-Network	Individual				
Professional (Physician) Visit - Office	Calendar Year	In-Network	Family				
Psychiatric - Inpatient	Calendar Year	In-Network	Individual				
Psychiatric - Inpatient	Calendar Year	In-Network	Family				
Psychiatric - Inpatient	Calendar Year	Out-of-Network	Individual				
Psychiatric - Inpatient	Calendar Year	Out-of-Network	Family				
Psychiatric - Outpatient	Calendar Year	In-Network	Individual				
Psychiatric - Outpatient	Calendar Year	In-Network	Family				

# Coinsurance and Co-Payments



[\[top\]](#)

## Co-Insurance for 2007

Service Type	Time Period	In/Out Network	Coverage Level	Amount	Remaining	Percent	Quantity	Quantity Type	Auth/Cert Req	Place of Service
Health Benefit Plan Coverage		In-Network				10%				
Health Benefit Plan Coverage		Out-of-Network				25%				
Health Benefit Plan Coverage						25%				
Hospital - Emergency Medical	Admission					30%			Yes	Inpatient Hospital
Psychiatric - Inpatient	Visit	Out-of-Network				40%			Yes	

- Plus any difference between allowed and billed amounts.
- Plus any difference between allowed and billed amounts.
- Plus any difference between allowed and billed amounts.

[\[top\]](#)

## Co-Payment for 2007

Service Type	Time Period	In/Out Network	Coverage Level	Amount	Remaining	Percent	Quantity	Quantity Type	Auth/Cert Req	Place of Service
	Visit	In-Network		\$15.00						
	Visit	In-Network		\$15.00						Office
Hospital - Inpatient	Admission	In-Network		\$100.00					Yes	
Hospital - Inpatient	Admission	Out-of-Network		\$300.00					Yes	
Hospital - Inpatient	Admission			\$300.00					Yes	
Hospital - Emergency Medical	Admission	In-Network		\$100.00					Yes	Inpatient Hospital
Hospital - Emergency Medical	Admission	Out-of-Network		\$300.00					Yes	Inpatient Hospital
Hospital - Emergency Medical	Admission			\$300.00					Yes	Inpatient Hospital
Professional (Physician) Visit - Office	Visit	In-Network		\$15.00						
Psychiatric - Inpatient	Admission	In-Network		\$100.00					Yes	
Psychiatric - Inpatient	Day	Out-of-Network		\$400.00					Yes	
Psychiatric - Outpatient	Visit	In-Network		\$15.00						

- Urgent
- Plus any difference between allowed and billed amounts.
- Plus any difference between allowed and billed amounts.
- Plus any difference between allowed and billed amounts.

# Out of Pocket and Benefit Limitations



This is an example of an omission situation. We did not receive information on lifetime maximum, therefore, by default, they do not have a limit.

## Out of Pocket Maximum for 2007

Service Type	Time Period	In/Out Network	Coverage Level	Amount	Remaining	Percent	Quantity	Quantity Type	Auth/Cert Req	Place of Service
Health Benefit Plan Coverage	Calendar Year	In-Network		\$4,000.00						
Health Benefit Plan Coverage	Calendar Year	Out-of-Network		\$6,000.00						

## Out of Pocket Maximum Waived for 2007

Service Type	Time Period	In/Out Network	Coverage Level	Quantity	Quantity Type	Auth/Cert Req	Place of Service
Health Benefit Plan Coverage	Year to Date	In-Network					
Health Benefit Plan Coverage	Year to Date	Out-of-Network					

[\(top\)](#)

## Other Benefit Limitations for 2007

Service Type	Time Period	In/Out Network	Coverage Level	Amount	Remaining	Percent	Quantity	Quantity Type	Auth/Cert Req	Place of Service
Psychiatric - Inpatient	Calendar Year	Out-of-Network					100	Days		
Psychiatric - Outpatient	Calendar Year	In-Network					25	Visits		
Psychiatric - Outpatient	Calendar Year	Out-of-Network					25	Visits		

- Combined outpatient and in/out of network maximum
- Combined outpatient and in/out of network maximum

[\(top\)](#)

## Benefit Disclaimer

- UNLESS OTHERWISE REQUIRED BY APPROPRIATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITATIONS AND THE MEMBER'S ELIGIBILITY STATUS ON THE DATE OF SERVICE. PAID-TO-DATE AMOUNTS REFLECT ONLY FINALIZED CLAIMS.

[\(top\)](#)

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**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)**