



SPECIAL SECTION

Medicare Advantage resources will soon be made available on Wellmark.com

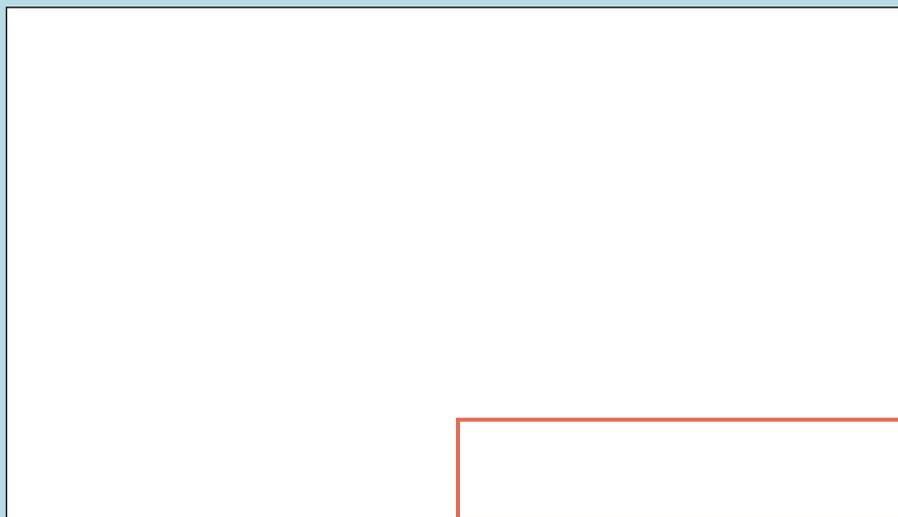
A webinar will be held in early October.

Wellmark Advantage Health PlanSM, Wellmark’s new affiliate, will have Medicare Advantage (MA) options available to Iowans and South Dakotans during this year’s annual election period (Oct. 15 through Dec. 7), pending Centers for Medicare & Medicaid Services’ (CMS) approval. The plans will be available for coverage beginning Jan. 1, 2022.

Offering MA plans, in addition to Wellmark’s Medicare supplement plans, allows more Iowans and South Dakotans greater access to a variety of options that best fit their unique needs. This includes a range of affordable price points, benefit designs and network access — backed by the quality, value and trust you expect from Wellmark.

Look for new Medicare Advantage content on provider portal

Wellmark will be building out new sections within both the public and secure provider portals that will serve as hubs for all the MA resources providers will need to do business with Wellmark.



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Subscribe to WINS to learn more about October Medicare Advantage webinar

Wellmark will be holding an MA-specific webinar during the first week of October to educate participating providers on everything they need to know about Wellmark's new MA options. The best way to get the latest information about the webinar, including specific dates and content, is to [subscribe to WINS](#), Wellmark's real-time notification system for providers.

Look for new Medicare Advantage WINS topic

Be on the lookout for a new message topic added [to WINS](#) that is specific to MA. Wellmark recommends all participating MA providers subscribe to this in order to receive the latest information on MA and to stay informed on when new resources are made available.

Certain processes will differ for MA providers

As some processes will differ for MA providers, training, education, and updates will be made available for participating providers late summer or early fall 2021 through the additional following resources:

- [BlueInk articles](#)
- **DSC CONNECTION** — Wellmark's monthly e-publication sent to designated security coordinators at each provider.

Medicare Advantage participation

For its inaugural year, Wellmark Advantage Health Plan intends to offer coverage in select Iowa and South Dakota counties.

Providers located outside those counties may not have received a network participation agreement. In the future, there is potential for expansion into additional counties. However, if you are located outside our proposed service area and are interested in participating in our network, please let us know. Our goal is to develop a robust network of doctors and hospitals to serve the needs of our MA members.



Prior authorization of Synagis[®] (palivizumab) for respiratory syncytial virus (RSV) season 2021–2022

Changes will go into effect on Sept. 3, 2021.

In response to the published [American Academy of Pediatrics \(AAP\) interim guidance on preventing RSV during delayed season](#) and the atypically high levels of RSV currently circulating, Wellmark Blue Cross and Blue Shield is updating the prior authorization criteria for [Synagis \(palivizumab\)](#) to allow coverage season to start Aug. 1, 2021 and last through April 30, 2022. This change will go into effect on Sept. 3, 2021. Up to five monthly doses can be covered per RSV season. RSV activity will be closely monitored during the nine-month timeframe along with any additional guidance from AAP to determine if the season length and/or number of doses allowed should be adjusted.



Wellmark electronic corrected claims automation

Effective July 26, 2021, Wellmark began accepting corrected professional claims electronically. See below for more details.

Electronic professional claim submissions

Effective July 26, 2021, Wellmark Blue Cross and Blue Shield began accepting corrected professional claims electronically for Wellmark regular business (PPO and HMO) claims and BlueCard[®] out-of-state corrected medical claims. Electronic corrected claims are recognized by Wellmark's claims system by the frequency code submitted on the claim. The ANSI X12 837 claim format allows you to submit changes to claims that were not included on the original submission. Additionally, claims that were originally filed on paper can be corrected by submitting corrections electronically.

Automation for electronic claim corrections

Wellmark has automated adjustments initiated by electronic claim submissions for both professional 837P and facility 837I claims for Wellmark members. Therefore, claim corrections received electronically will be automatically adjusted for Wellmark PPO and HMO members. The fully automated process for out-of-state BlueCard[®] members is expected to be implemented in the fourth quarter of 2021. Until the process is fully automated, the claims will pend internally for manual adjudication of original claim.

Electronic claim corrections that reject with a clean claim rejection

Electronic claims received with a frequency code 5, 7 or 8 that do not meet Wellmark's clean claim criteria for Wellmark PPO and HMO members will reject electronically to your clearinghouse on the z16/277CA equivalent report. Clean claim rejections for BlueCard[®] out-of-state members will reject back on your Provider Claim Remittance (PCR) until the fully automated process is implemented.

Billing guidance

Frequency codes

The 837 Implementation guides refer to the National Uniform Billing Data Element Specifications Loop 2300 CLM05-3 for explanation and usage. In the 837 formats, the codes are called "claim frequency codes." Using the appropriate code, you can indicate that the claim is an adjustment of a previously submitted finalized claim.

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Use the below frequency codes for claims that were previously adjudicated.

CLAIM FREQUENCY CODES			
Code	Description	Filing Guidelines	Action
5 Late Charge(s)	Use to submit additional charges for the same date(s) of service as a previous claim.	File electronically and include only the additional late charges that were not included on the original claim. Do not submit other changes to the claim.	Wellmark will add the late charges to the previously processed claim.
7 Replacement of Prior Claim	Use to replace an entire claim except core identifiers (reference the Claims Filing Section of the Provider Guide for details).	File the claim electronically in its entirety, including all late charges and other changes to the claim for which you are requesting reconsideration.	Wellmark will adjust the original claim and make all the changes to the previously processed claim.
8 Void/Cancel of Prior Claim	Use to eliminate a previously submitted claim.	File electronically, as usual. Include all charges that were on the original claim.	Wellmark will void the original claim based on request.

837I/837P required information for claim corrections

The following information is required with the 837-adjustment request transaction. Please work with your vendor or clearinghouse to ensure your electronic transactions are being submitted correctly.

When submitting claims noted with claim frequency code 5, 7 or 8, the original Wellmark claim number must be submitted in Loop 2300 REF02 – Payer Claim Control Number with qualifier F8 in REF01. The original claim number can be obtained from the 835 Electronic Remittance Advice (ERA) or Provider Claim Remittance (PCR). Without the original Wellmark Claim number, adjustment requests will reject.

837I/837P REQUIRED INFORMATION FOR CLAIM CORRECTIONS	
Frequency Code	The appropriate Frequency Code must be present on 837 transactions to indicate the information submitted is for a claim adjustment. The third position of the Type of Bill for institutional and Place of Service for professional (values 5, 7, 8) indicates the transaction is an adjustment.
Original Claim Number	All 837 electronic adjustment transactions must include the claim number of the originally adjudicated claim found on your most recent claim remittance advice (i.e., the claim number you want adjusted).



Coming soon: Additional services to be transitioned to the new Jiva Medical Authorization Tool

Please watch for additional communications via *DSC Connection*, Wellmark Information Notifications (WINS), or *BlueInk* to stay informed of timelines and training opportunities.

Wellmark's new medical authorization tool, Jiva, officially launched in December 2020. However, there are still additional inpatient levels of care that are currently submitted via phone or fax that will be transitioning to the Jiva tool in the coming months. This includes Skilled Nursing (facilities), Acute Rehabilitation (hospitals), and Residential Treatment (behavioral and/or substance abuse treatment).

Please watch for additional communications via *DSC Connection*, Wellmark Information Notifications (WINS), or *BlueInk* to stay informed of timelines and training opportunities. To prepare for this, Wellmark encourages all those who submit authorization requests/ pre-certifications for these levels of care, to work with their designated security coordinator (DSC) to register for secure access to the Wellmark Provider Portal with the user role of "Manage Authorizations" to make sure they will have access to this tool. For more information about registering for access to the secure Wellmark Provider Portal, please visit the [Welcome to Wellmark](#) page.

Skilled nursing facilities, acute rehabilitation hospitals, residential treatment centers (FSAFs)

Skilled nursing facilities, acute rehabilitation hospitals, residential treatment centers (FSAFs) are the provider user groups transitioning from paper/fax authorization submissions to a fully electronic process in the coming months. It will be important that these providers stay informed on the new system and have access to all training materials. For this, we recommend:

- If you are one of these provider types, please encourage your coworkers to [subscribe to BlueInk](#) if they aren't already.
- If you are one of these provider types, please visit [Wellmark.com/Provider/WINS](#) to register for WINS to stay informed on the upcoming training opportunities.
- Registering for Wellmark.com or work with your organization's designated security coordinator (DSC) to register for secure access to the Wellmark Provider Portal with the user role of "Manage Authorizations."
- If you have one of these departments within your organization, please forward them this issue of BlueInk and encourage them to subscribe.

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Additional Jiva Best Practices

CLINICAL DOCUMENTATION — If additional documentation is required as part of the review process, please make sure to upload complete information in Jiva. This may include examination details, laboratory, imaging, and other ancillary studies that are needed by the Wellmark Clinical Reviewer. While the preferred method is to upload and attach the documentation, if the Web Note function is used, please be sure to copy/paste the detailed information from the record. A high-level summary of the visit is not adequate information to inform the clinical decision, but rather, needs to be the direct documentation from the medical record.

RESOURCES — The [Manage Authorizations](#) page contains several resources to help guide providers when working with the Jiva Tool. Under the User Guides and Resources section, you will find the following tools:

- [Jiva Provider User Guide](#)
- [Quick Reference Guide for Submitting Inpatient Requests](#)
- [Quick Reference Guide for Submitting Outpatient Requests](#)
- [Quick Reference Guide for Submitting Out of Network Referrals](#)
- [Launching InterQual Clinical Review](#) — a short video of how to launch InterQual Review in a Jiva episode

Resources

- [Claims Filing Section of the Provider Guide](#)
- [Payment Policies and Reports Section of the Provider Guide](#)
- [Electronic Claims Report Manual](#)
- [Wellmark Companion Guides](#)
- [Webinar](#)



Questions about our pharmacy program services?

Use the [Wellmark Drug List](#) for information on Wellmark Pharmacy Programs.

Wellmark works closely with CVS Caremark[®], our pharmacy benefits manager to assess current utilization management practices regarding pharmaceuticals. Prescribing practitioners are encouraged to use the [Wellmark Drug List](#) for information on Wellmark Pharmacy Programs, which include: drugs that require prior authorization, quantity limits, generic substitution and alternatives, specialty drugs and exclusive specialty pharmacy information. All this information, including prior authorization policies and how to obtain a formulary exception request, can be found [here](#).

If you have questions regarding quantity limits or generic substitution, you may call Wellmark Pharmacy Services at 800-600-8065.



The National Drug Code (NDC) numbers will be required for professional and outpatient facility drugs on the fee schedule

Keep an eye out for more information about these changes in the [Wellmark Provider Guide](#).

The National Drug Code (NDC) numbers are the industry standard identifier for drugs. The NDC number identifies the manufacturer, drug name, dosage, strength, package size and quantity.

Effective Oct. 1, 2021, the NDC, NDC unit of measure (UOM) and NDC units will be required for all fee-scheduled drugs submitted on professional claims and those submitted under revenue code 63X on outpatient facility claims in addition to the current HCPCS/CPT[®] information. Any claim submitted on Oct. 1 or after without valid NDC information will be rejected in its entirety, regardless of date of service.

837 REQUIREMENTS: In addition to the applicable HCPCS or CPT[®] code and units, enter the following qualifier and NDC information.

FIELD NAME	FIELD DESCRIPTION	LOOP ID	SEGMENT
Product ID Qualifier	Enter N4 in this field	2410	LIN02
National Drug Code	Enter the 11-digit NDC	2410	LIN03
National Drug Unit Count	Enter the quantity (number of NDC units)	2410	CTP04
Unit or Basis for Measurement	Enter the NDC unit of measure. Valid entries include: UN (unit) MC (milliliter) Gram (gram) F2 (international unit)	2410	CTP05

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BlueInk is published by Wellmark Blue Cross and Blue Shield's Marketing Department.

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For other questions, visit Wellmark.com.

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