

TRAINING GUIDE

SYMPHONY

Provider Portal

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Introduction

Inpatient services, outpatient services, and Part B drugs requiring authorization will be submitted through the Symphony Tool. This tool is accessed through the secure provider portal on Wellmark.com. See more under the *How to Access* section in this guide.

TECHNICAL REMINDERS

Symphony software is best optimized in Internet Explorer 8 or higher, Chrome version 55 or higher and MS Edge version 92.0.902.73.

DEFINITIONS

Pre-service Review — This is a planned admission or service prior to the delivery of a service. Services requiring a prior authorization before scheduling or performing the service are identified in the Wellmark Advantage Health Plan provider manual.

Concurrent Review — Concurrent review is conducted on hospitalizations and other services that require review for continued care. Concurrent review includes utilization management activities that take place during inpatient level of care or an ongoing outpatient course of treatment.

Retrospective Review — Authorization is requested for an admission or service that has already been delivered.

LEAD TIMES

Shown in calendar days.

TYPE OF REQUEST		DECISION	INITIAL NOTIFICATION	WRITTEN NOTIFICATION
Medical Services	Pre-service urgent/concurrent	Within 72 hours from receipt of request	Within 72 hours from receipt of request	Within 3 days of initial notification
	Pre-service standard	Within 14 days from receipt of request	Within 14 days from receipt of request	Within 14 days from receipt of request
	Post-Service	Within 30 days from receipt of request	NA	Within 30 days from receipt of request
Part B Drugs	Pre-service urgent/concurrent	Within 24 hours from receipt of request	Within 24 hours from receipt of request	Within 3 days of initial notification
	Pre-service standard	Within 72 hours from receipt of request	Within 72 hours from receipt of request	Within 3 days of initial notification
	Post-Service	Within 7 days from receipt of request	Within 7 days from receipt of request	Within 7 days of initial notification

ASSISTANCE

Please review the Wellmark Advantage Health Plan Provider Manual that is found in the provider portal, under [Medicare Advantage > Forms and Resources](#) for details on Utilization Management, prior authorizations and notifications.

For assistance with the tool, please contact customer service at 1-855-716-2556.

It is preferred that authorizations are submitted electronically. If issues arise and this is not possible, providers may call or fax in authorization requests to:

	Phone	Fax
Part B	1 (855) 673-4225	1 (877) 218-0941
Medical	1 (855) 673-4225	1 (866) 313-8595

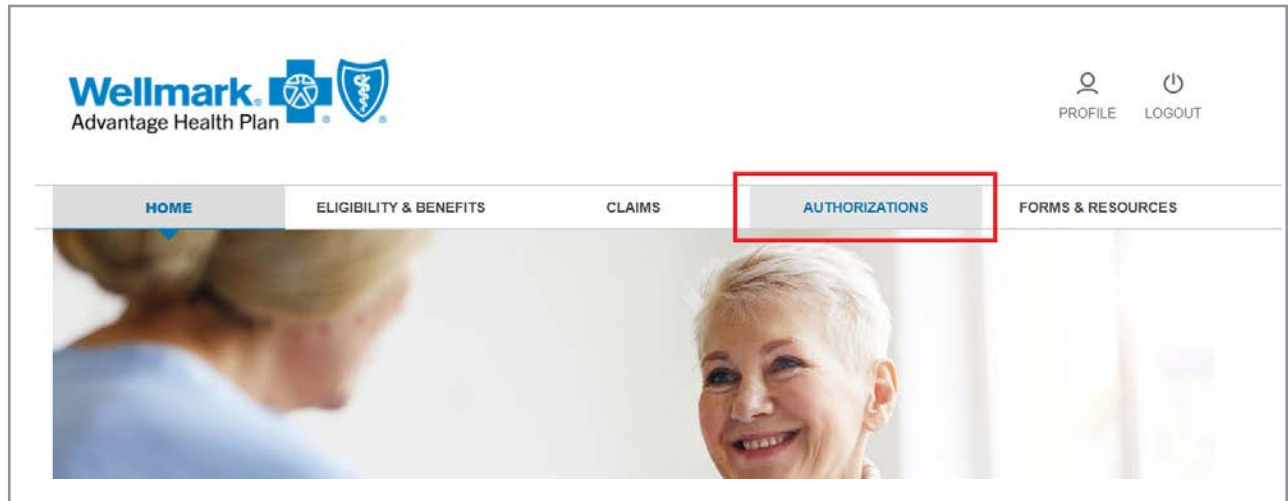
How to access Symphony

GETTING TO SYMPHONY FROM THE WELLMARK PROVIDER PORTAL

1. Log in to the provider portal on Wellmark.com.
2. Click Manage Authorizations under Medicare Advantage.

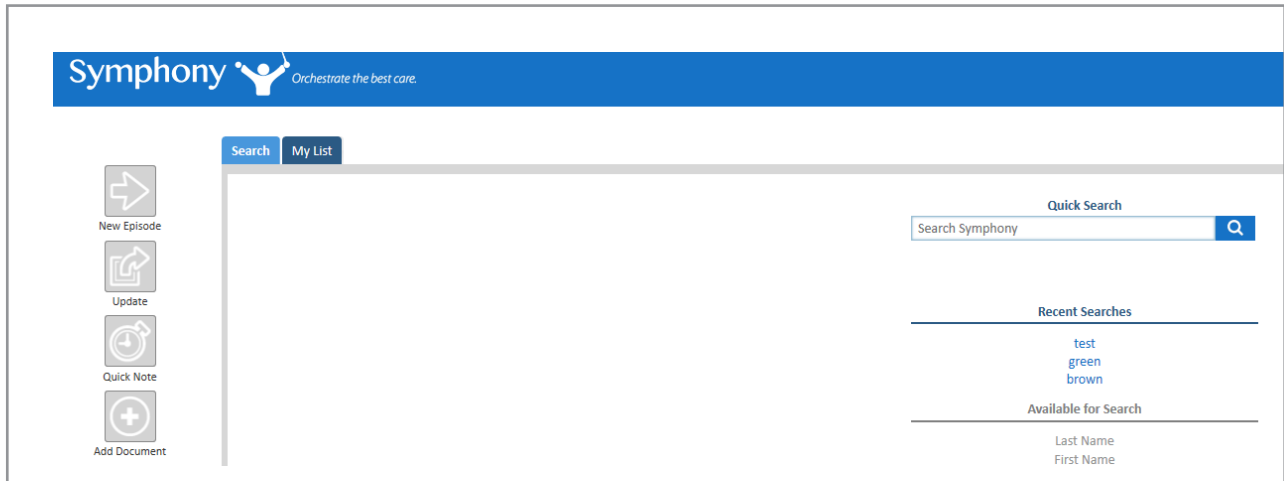


3. This will take you to the Wellmark Advantage Health Plan secure provider portal. Select Authorizations in the top navigation. This will take you directly into Symphony, no additional login required.



Understanding the Symphony home screen

The Symphony home screen is first thing you will see when beginning a request for authorization. From here, providers can submit a new request or look up the status or authorizations previously submitted

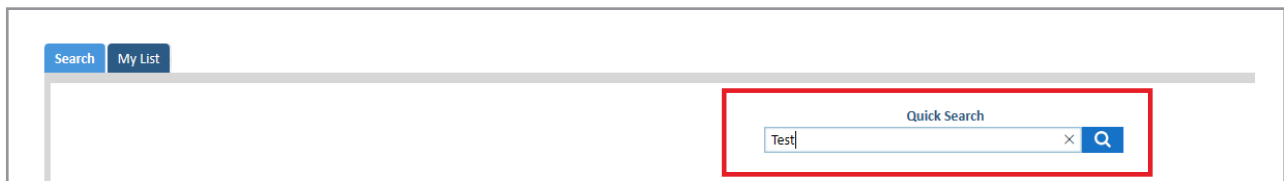


Note: Recent Searches are specific to user login. All users under a Tax ID can see other user’s requests in progress.

Submitting inpatient and outpatient authorization requests

ENTERING MEMBER AND SERVICE REQUEST DETAILS

1. Search for member by: Last Name, First Name, Date of Birth (MM/DD/YYYY) or Member ID (MBR ID), with or without the alpha prefix. Note that extra zeros on Member ID are not needed in Symphony.
 - Membership is refreshed daily. If member does not populate, please call Provider Services at (855) 716-2556 to verify eligibility.
2. Enter the search criteria and then click on the magnifying glass icon.



A list of members matching the criteria you entered will display. Note that “TAT” refers to Turnaround Time.

TAT ▼		Last Name	First Name	MBR ID	DOB	Episode Id
<input type="checkbox"/>	13.2 days	Test	KC	KC3456	60 (01/03/1960)	UM00005863
<input type="checkbox"/>	DONE	Test	KC	KC3456	60 (01/03/1960)	KSU00005258
<input type="checkbox"/>	DONE	Test	KC	KC3456	60 (01/03/1960)	NEU00005386
<input type="checkbox"/>		Test	KC	KC3456	60 (01/03/1960)	

3. Check the box to the left of the member for whom you want to submit a request.

The screenshot shows a user interface with a sidebar on the left containing icons for 'New Episode', 'Update', 'Quick Note', and 'Add Document'. The main area has tabs for 'Search' and 'My List'. A table lists members with columns for 'TAT', 'Last Name', 'First Name', 'MBR ID', and 'DOB'. The third row is highlighted in blue, and its selection checkbox is marked with a red box.

TAT	Last Name	First Name	MBR ID	DOB
<input type="checkbox"/>				
<input type="checkbox"/> 13.2 days	Test	KC	KC3456	60 (01/03/1960)
<input type="checkbox"/> DONE	Test	KC	KC3456	60 (01/03/1960)
<input type="checkbox"/> DONE	Test	KC	KC3456	60 (01/03/1960)
<input checked="" type="checkbox"/>	Test	KC	KC3456	60 (01/03/1960)
<input type="checkbox"/>	Test	KC	KC3456	60 (01/03/1960)

4. Click on New Episode on the top, left of the screen.

This screenshot is identical to the previous one, but the 'New Episode' button in the sidebar is highlighted with a red box.

5. Select the type of request you'd like to submit and then click Next.

The screenshot shows a 'Today's Encounter' screen with tabs for 'All' and 'Favorites'. Two radio button options are listed: 'Authorization Request (Inpatient & Outpatient)' and 'Authorization Request (Part B Drugs)'. At the bottom, there are 'Discard' and 'Next' buttons. The 'Next' button is highlighted with a red box.

6. Select the Requested Priority: Standard or Expedited

- Standard Requests will be returned within 14 days for medical services and 72 hours from receipt of request for Part B drugs.
- Expedited Requests will be returned within 72 hours for medical services and 24 hours from receipt of request for Part B drug requests.

The screenshot shows a form titled "Provider Portal Entry". The "Requested Priority:" field has two radio buttons: "Standard ..." (unselected) and "Expedited ..." (selected). The "Reason given for Expedited request:" field is empty. Below it, "For reporting purposes:" is set to "EXPEDITED". The "Additional Comments:" field is also empty.

IMPORTANT: if request is expedited, “Reason given for Expedited request” is a required field and clinical justification is required. If providers are attaching records for justification, users should state “see attached documentation.”

- **Expedited** — Provider believes that waiting for a decision under the standard time frame could place the enrollee’s life, health or ability to regain maximum function in serious jeopardy.

This screenshot is identical to the previous one, but the "Reason given for Expedited request:" text box is highlighted with a red border, indicating it is a required field when expedited service is selected.

7. Select the Request Type: Preservice, Concurrent or Retrospective

- **Pre-service Review** — This is a planned admission or service prior to the delivery of a service. Services requiring a prior authorization before scheduling or performing the service are identified in the Wellmark Advantage Health Plan provider manual.
- **Concurrent Review** — Concurrent review is conducted on hospitalizations and other services that require review for continued care. Concurrent review includes utilization management activities that take place during inpatient level of care or an ongoing outpatient course of treatment.
- **Retrospective Review** — Authorization is requested for an admission or service that has already been delivered.

The screenshot shows a form titled "Request Details". The "Request Type:" dropdown menu is open, showing options: "--None--", "PRESERVICE", "CONCURRENT", and "RETROSPECTIVE". The "Service Type:" field is set to "Outpatient ...". Below the dropdown, the "Requester:" field has radio buttons for "Provider", "Beneficiary", and "Bene".

8. Select the Service Type: Inpatient or Outpatient

The screenshot shows a form titled "Request Details". The "Request Type" field is a dropdown menu with "--None--" selected. The "Service Type" field has two radio buttons: "Inpatient ..." and "Outpatient ...". Both the dropdown and the radio buttons are highlighted with red boxes.

9. If **Inpatient** is selected, you will be prompted to:

- Select Place of Service.
- Enter Authorization Type, you can search by number or alphas.
- Enter Admission Type: Urgent or Elective.
 - Urgent pre-service means that the provider believes waiting for a decision under the standard timeframe could place a Wellmark Medicare Advantage member's life, health or ability to regain maximum function in serious jeopardy.
- Enter date range for the admission being requested.
- Enter number of days requested.
- For a precertification request, enter the planned admission date.
- For a member who is already admitted, enter the actual admission date.

The screenshot shows the "INPATIENT REQUEST DETAILS" form. The "Place of Service" field has radio buttons for "Inpatient Hospital ..." (selected), "LTAC ...", "SNF ...", and "Inpatient Rehab ...". The "Service Location" field is "21: Inpatient Hospital | Service Type: INPATIENT". The "Authorization Type" field is a dropdown menu with "1: Medical Care" selected. The "Level of Care" field is a dropdown menu with "--None--" selected. The "Admission Type" field is a dropdown menu with "URGENT" selected. The "Requested Stay Dates" field has two date pickers: "10/28/2021" and "10/29/2021" with a "to" separator. The "Requested # of Days" field has a text input "2" and a "Days" label. The "Admission Date" field has a date picker "10/28/2021" and a text input field with the instruction "(Enter estimated admit date if un...".

When entering the Requested Stay Dates, enter the dates you are requesting member to stay inpatient overnight. The day of discharge is not counted. In the example above, the request is for the member to admit on Oct. 28 and discharge on Oct. 30 (two-day admission).

10. If **Outpatient** is selected, you will be prompted to:

- Enter the Service Start and End Date range.
- Enter the Service Location, you can search by number or alphas.
- Enter the Authorization Type, you can search by number or alphas.

OUTPATIENT REQUEST DETAILS

Service Type: **OUTPATIENT**

Estimated Service Date (range): **11/19/2020** to **01/19/2021**

Service Location: **22: On Campus- Outpatient Hospital**

Authorization Type: **18: Durable Medical Equipment Rental**

ENTERING PROVIDER INFORMATION

- Enter NPI, or click on blue Search link to search by provider name and other identifiers.
- Note that system will default to PAR provider. If provider does not participate in Wellmark Advantage Health Plan network, mark Non-PAR.
- If provider does not return, see Troubleshooting section at end of user guide for how to enter “dummy provider” information.

REQUESTING PROVIDER

[Search](#)

Quick Search  

Last Name: FI

City: State:

Provider ID: NPI:

Phone Number: Fax:

Provider Relationship: PAR Non-PAR

An **Inpatient** authorization requires four providers: Requesting, Servicing Facility, Treating and Admitting.

Requesting — Physician requesting the admission/service (often the same as Admitting for IP). Enter professional rendering NPI.

Servicing — This is the facility or other place of service

Treating — Physician delivering the members care. Enter professional rendering NPI.

Admitting (IP only) — Physician that wrote the orders for admission. Enter professional rendering NPI.

REQUESTING PROVIDER

Search Please use this Search link to populate the fields below. Do not type directly.

Quick Search [input] [Q]

Last Name: [input] First Name: [input]

City: [input] State: [input]

Provider ID: [input] NPI: [input]

Phone Number: [input] Fax: [input]

Provider Relationship: PAR Non-PAR

Dummy Provider ...

SERVICING FACILITY

Claims requires that a facility is chosen for this entry. Please do not select individual providers.

Search Please use this Search link to populate the fields below. Do not type directly.

Quick Search [input] [Q]

Last Name: [input] First Name: [input]

City: [input] State: [input]

Provider ID: [input] NPI: [input]

Phone Number: [input] Fax: [input]

Provider Relationship: PAR Non-PAR

Dummy Provider ...

TREATING PROVIDER

Search Same as Requesting Please use this Search link to populate the fields below. Do not type directly.

Quick Search [input] [Q]

Last Name: [input] First Name: [input]

City: [input] State: [input]

Provider ID: [input] NPI: [input]

Phone Number: [input] Fax: [input]

Provider Relationship: PAR Non-PAR

Dummy Provider ...

ADMITTING PROVIDER

Search Same as Servicing Please use this Search link to populate the fields below. Do not type directly.

Quick Search [input] [Q]

Last Name: [input] First Name: [input]

City: [input] State: [input]

Provider ID: [input] NPI: [input]

Phone Number: [input] Fax: [input]

Provider Relationship: PAR Non-PAR

Dummy Provider ...

- An **Outpatient** authorization requires three providers: Requesting, Servicing Facility and Treating.

Providers

REQUESTING PROVIDER

Search Please use this Search link to populate the fields below. Do not type directly.

Quick Search

Last Name: First Name:

City: State:

Provider ID: NPI:

Phone Number: Fax:

Provider Relationship: PAR Non-PAR

Dummy Provider ...

SERVICING FACILITY

Claims requires that a facility is chosen for this entry. Please do not select individual providers.

Search Please use this Search link to populate the fields below. Do not type directly.

Quick Search

Last Name: First Name:

City: State:

Provider ID: NPI:

Phone Number: Fax:

Provider Relationship: PAR Non-PAR

Dummy Provider ...

TREATING PROVIDER

Search [Same as Requesting](#) Please use this Search link to populate the fields below. Do not type directly.

Quick Search

Last Name: First Name:

City: State:

Provider ID: NPI:

Phone Number: Fax:

Provider Relationship: PAR Non-PAR

Dummy Provider ...

- Repeat these steps for the remaining providers. If the Requesting and Treating Providers are the same, click on **Same as Requesting** and they will populate for you.

TREATING PROVIDER

Search [Same as Requesting](#) [Same as Facility](#) Please use this Search link to populate the fields below. Do not type directly.

Last Name: First Name:

City: State:

Provider ID: NPI:


Provider Relationship: PAR Non-PAR

If user cannot return a provider, see Troubleshoot section at end of user guide.

ENTERING DIAGNOSIS AND PROCEDURE CODES

- Enter the diagnosis by entering the code and clicking on the magnifying glass. The Primary Diagnosis goes in the first box, but you can add as many additional codes as needed under Secondary Diagnosis.
- Providers must enter specific codes individually, tool will not accept code range.
- Providers can enter unlimited number of diagnosis and procedure codes per provider within an authorization.

Diagnosis and Procedure Codes

 *Reminder: ensure that all codes have been "loaded" by pressing the green (Add) button.*

PRIMARY DIAGNOSIS	
ICD-10	Description
<input type="text" value="E11.9"/>	<input type="button" value="x"/> <input type="button" value="Q"/> <input type="button" value="Add"/>

SECONDARY DIAGNOSES (IF APPLICABLE)	
ICD-10	Description
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
<input type="text" value="Code"/>	<input type="button" value="x"/> <input type="button" value="Q"/> <input type="button" value="Add"/>

- For an inpatient authorization, enter the Procedure Code by entering the code and clicking on the magnifying glass.
 - Providers should use code 99222 for Inpatient requests.
 - Providers should use code 99304 for Skilled Nursing Facility requests.

PROCEDURE CODES

Procedure Codes	Description
<input type="text" value="99222"/>	<input type="button" value="x"/> <input type="button" value="Q"/> <input type="button" value="Add"/>

To remove a code entered in error, click on the **X** at the end of the description and enter the desired code.

- For an outpatient authorization, enter the Procedure Code by entering the code and clicking on the magnifying glass.

PROCEDURE CODES

Health Services	Description
<input type="text" value="K0003"/>	<input type="button" value="x"/> <input type="button" value="Q"/> <input type="button" value="Add"/>

A larger box will open.

- Enter the Start Date and End Date for your request.
- Select the Days, Units or Visits applicable to your request. Note that Symphony defaults to units for items such as DME. Example: K0003 Lightweight wheelchair. A two month rental equals 2 units.
- If you select Days, it will add the Value for you. For Units and Visits, please enter the number being requested.

Health Services	Description			
K0003 Lightweight wheelchair				
	Start Date	End Date	Units	Value
Requested	<input type="text" value="11/19/2020"/>	<input type="text" value="01/19/2021"/>	Units ▾	<input type="text" value="1"/>
Approved				
Code	<input type="text"/>	<input type="button" value="Q"/>	<input type="button" value="Add"/>	

You can continue to add codes by repeating the steps above.

ATTACHING REQUIRED CLINICAL DOCUMENTATION

11. Attach documentation by clicking on the box. You also have an option to add a comment, if needed.

Attach Clinical Documentation

Ready to attach clinical documentation: ...

Attach Clinical Documentation

Ready to attach clinical documentation: ...

Use the Attachments button in the upper left of the screen. Multiple files can be attached.

Additional Comments:

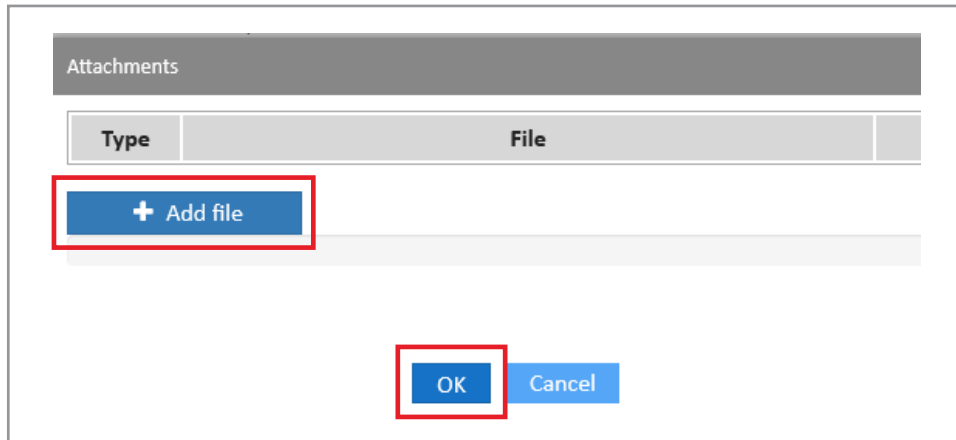
12. Click on the paperclip on the top, left of the screen.

Details Attachments Quick Note

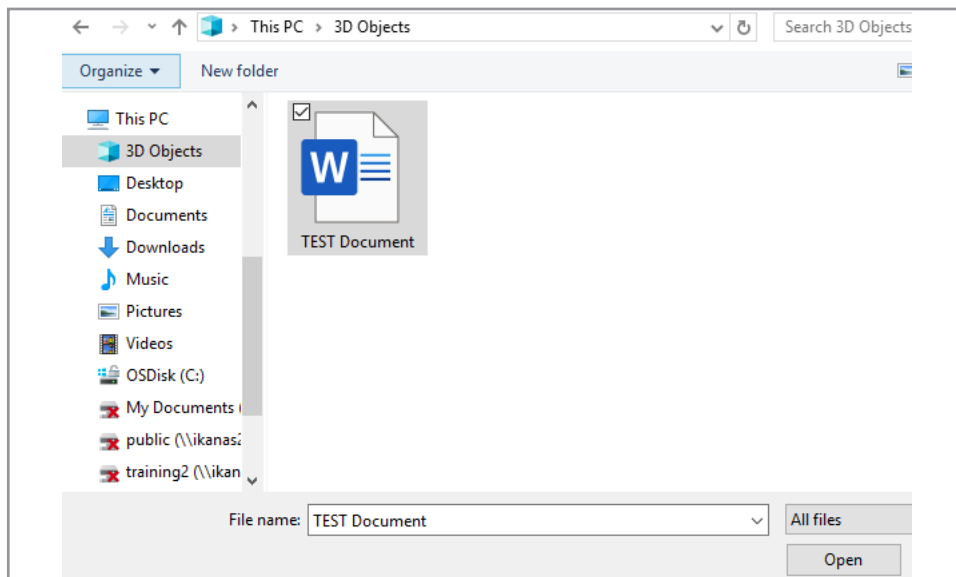
Stoplights

None

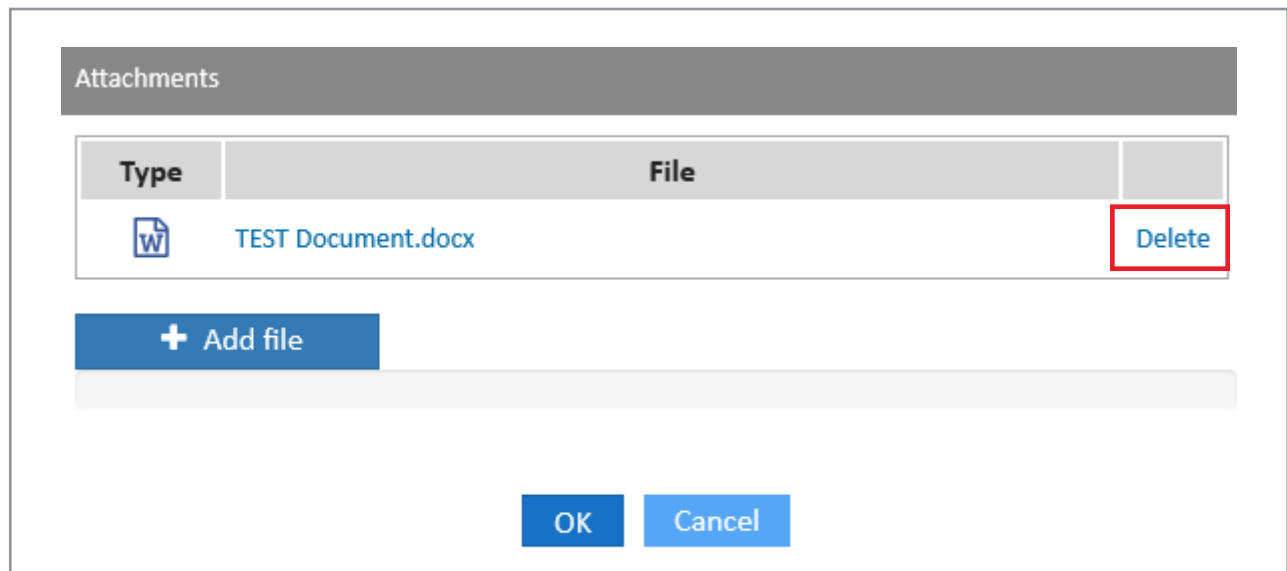
13. Click on + Add file, then click on OK.



14. Select your document to upload and click Open.

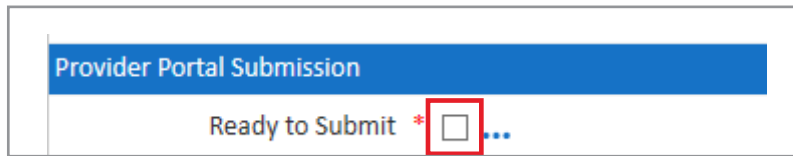


The document has now been attached to your authorization request. If you uploaded the incorrect document, you can delete by clicking on Delete. To attach additional documents, repeat these steps. There is no file size limit on attachments.



SUBMITTING THE REQUEST

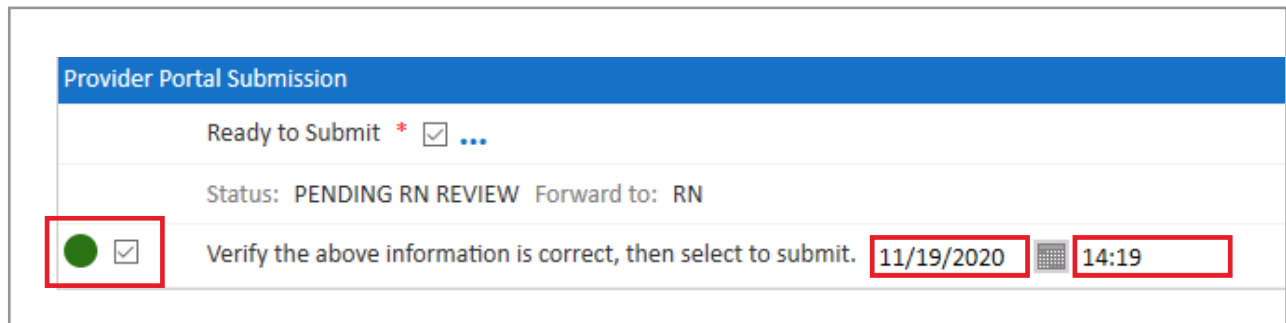
- Click the box next to Ready to Submit



Provider Portal Submission

Ready to Submit * ...

- Verify that the information entered is correct and click the check box.



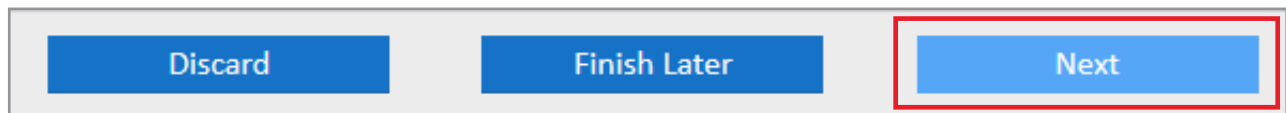
Provider Portal Submission

Ready to Submit * ...

Status: PENDING RN REVIEW Forward to: RN

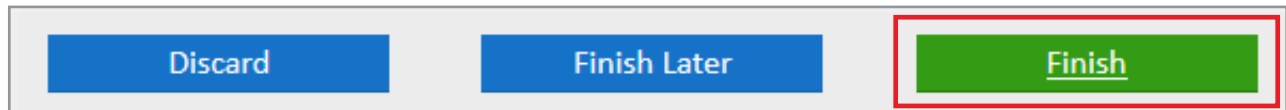
Verify the above information is correct, then select to submit. 11/19/2020 14:19

- Click Next.



Discard Finish Later Next

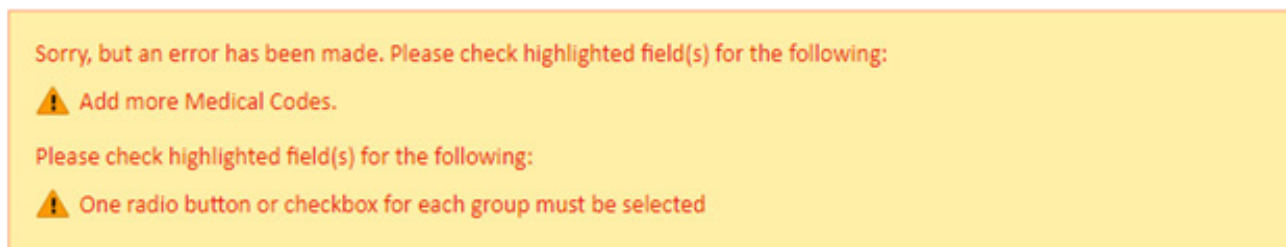
- Click Finish.



Discard Finish Later Finish

ERROR MESSAGES

If any mandatory fields are empty, the system will populate an error message directing you to the missing information. Once this information is populated you will be able to submit your request.



Sorry, but an error has been made. Please check highlighted field(s) for the following:

- ⚠ Add more Medical Codes.

Please check highlighted field(s) for the following:

- ⚠ One radio button or checkbox for each group must be selected

You will now see the summary screen that confirms your request has been submitted.

- Approvals: For all service requests, the members and providers receive written notification. Providers will also receive verbal notification for inpatient and post-acute services.
- Denials: Wellmark’s Care Management team will send the member, practitioner, and facility a letter within the time frames stated in the Provider Manual.

Symphony *Orchestrate the best care.*

Home

Details

Amend

Print

Letters

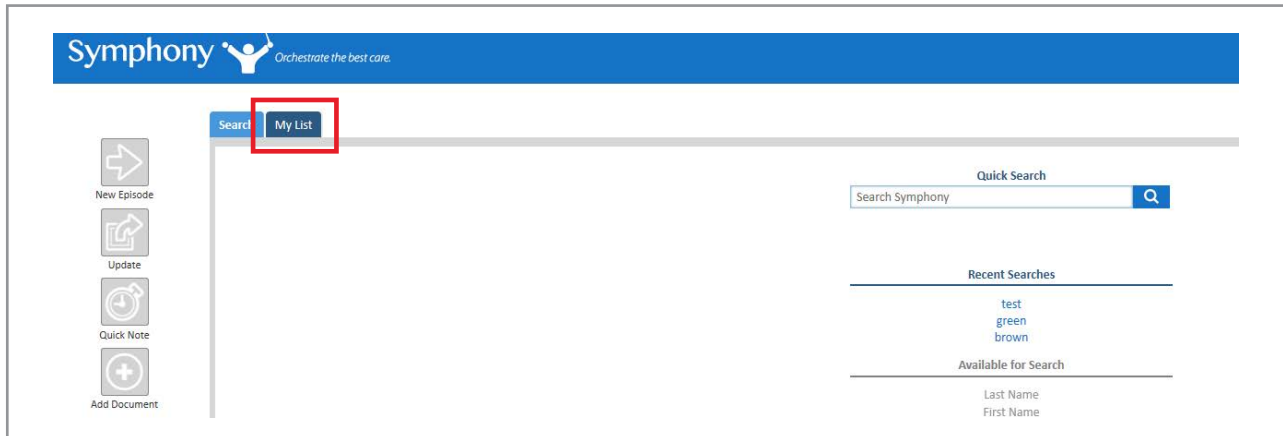
New Episode

Quick Note

Authorization ID:	XXUM00005902
Enrollment Date:	Disenrollment Date:
Created:	11/19/2020 13:06 Started: 11/19/2020 13:06
Provider Portal Entry	
Requested Priority:	Standard
For reporting purposes:	STANDARD
Request Details	
Request Type:	PRESERVICE
Service Type:	Inpatient
Inpatient Type:	All other Inpatient
INPATIENT REQUEST DETAILS	
Place of Service: *	Inpatient Hospital
Service Location:	21: Inpatient Hospital Service Type: INPATIENT
Authorization Type:	1: Medical Care
Level of Care:	
Admission Type:	URGENT
Requested Stay Dates:	11/19/2020 to 11/21/2020
Requested # of Units:	3 Days

Checking the status of a previous request

1. On the Symphony provider portal home screen, click on My List.



2. The display will show you all your previous requests. Use the search feature to search by Last Name, First Name, Date of Birth (MM/DD/YYYY,) Member ID (MBR ID) or Episode number.

The screenshot shows the Symphony provider portal displaying a list of previous requests. The search bar is highlighted with a red box. The table has the following columns: TAT, Last Name, First Name, MBR ID, DOB, Episode Id, Auth Status, and Auth Category. The data rows are as follows:

TAT	Last Name	First Name	MBR ID	DOB	Episode Id	Auth Status	Auth Category
☐ -112.0 days	Test	Laura	222222222	19 (01/01/2001)	KSOD0005169	DENIED	INPATIENT
☐ -105.1 days	Test	Laura	222222222	19 (01/01/2001)	KSOD0005172	APPROVED	OUTPATIENT
☐ -97.1 days	Test	Laura	222222222	19 (01/01/2001)	KSOD0005179	PENDING MD REVIEW	OUTPATIENT
☐ 12.0 days	Test	KC	KC3456	60 (01/03/1960)	UM00005863		OUTPATIENT
☐ 14.0 days	Test	KC	KC3456	60 (01/03/1960)	XXUM00005902	PENDING RN REVIEW	INPATIENT
☐	Test	KC	KC3456	60 (01/03/1960)			
☐	Test	KC	KC3456	60 (01/03/1960)	XXUM00005892		

The Auth Status column will identify the status of the request.

The close-up screenshot shows the Auth Status column for a specific request. The Auth Status is 'PENDING RN REVIEW'.

TAT	Last Name	First Name	MBR ID	DOB	Episode Id	Auth Status
☐ 14.0 days	Test	KC	KC3456	60 (01/03/1960)	XXUM00005902	PENDING RN REVIEW

Providers can also search by Authorization Status to filter as well.

The screenshot shows the Symphony provider portal displaying a list of previous requests. The search bar is set to 'test'. The Auth Status dropdown menu is open, showing a list of authorization statuses.

TAT	Last Name	First Name	MBR ID	DOB	Episode Id	Auth Status
☐	Test	Test	234567890	64 (01/02/1957)	WMUM00009686	VOID
☐	Test	Test	234567890	64 (01/02/1957)	WMUM00009688	APPROVED ON APPEAL
☐	Test	Test	234567890	64 (01/02/1957)	WMUM00009697	UPHELD ON APPEAL
☐	Test	Darlene	WM07082021	21 (01/01/2000)	WMUM00009677	APPROVED
☐	Test	Darlene	WM07082021	21 (01/01/2000)	WMOD00009679	PARTIAL APPROVAL
☐	Test	Darlene	WM07082021	21 (01/01/2000)	WMUM00009682	DENIED
☐	Test	Darlene	WM07082021	21 (01/01/2000)	WMOD00009932	VOID AUTHORIZATION
☐	Test	Darlene	WM07082021	21 (01/01/2000)	WMOD00009932	NEW
☐	Test	Darlene	WM07082021	21 (01/01/2000)	WMOD00009933	PENDING CLINICAL
						PENDING ADDITIONAL INFO
						PENDING AOR
						PENDING RN REVIEW
						PENDING REVIEW
						PENDING PHARMACY REVIEW
						PENDING PHARMACY TECH
						PENDING MD REVIEW
						APPROVED OON PROVIDER
						PENDING P2P
						APPEALED

Updating an existing request

- Under My List, click on an episode.
- The Episode will open to the Documents Tab. Go to the far-right of line item where it says Actions.
 - Select Amend to amend an existing request within 48 hours of original submission.
 - Select Update to update a request after 48 hours. This will create a new entry in the queue.

09/08/2021	WMUM00009973	09/08/2021	14.0 days	18: Durable Medical Equipment Rental	Kathleen Craft	APPROVED	✓	Open										
08/24/2021	WMUM00009891	08/24/2021	-19 hrs	2: Surgical	Kathleen Craft	PENDING RN REVIEW	✓	Open										
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> Details Documents Attachments Reminders TAT (Auth) </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Started</th> <th>Situation</th> <th>Author</th> <th>Progress</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>09/08/2021 08:08</td> <td>Auth Req</td> <td>Kathleen Craft</td> <td>✓</td> <td>View Print Fax Amend Update</td> </tr> </tbody> </table>									Started	Situation	Author	Progress	Actions	09/08/2021 08:08	Auth Req	Kathleen Craft	✓	View Print Fax Amend Update
Started	Situation	Author	Progress	Actions														
09/08/2021 08:08	Auth Req	Kathleen Craft	✓	View Print Fax Amend Update														

Troubleshooting

CANNOT FIND PROVIDER

In the unlikely scenario that one of the providers (physicians) is not found, users can search using the term “dummy” and select “ITS Authorization Dummy Professional.”

Results						
Last Name	First Name	Provider #	NPI	Tax ID	Address	Adc
ITS Authorization Dummy Professional		0094280	1999999984	999999999	1000 Towne Center MC 1415	

Last Name:	<input style="width: 95%;" type="text" value="ITS Authorization Dummy Professional"/>	First Name:	<input style="width: 95%;" type="text"/>
City:	<input style="width: 95%;" type="text" value="Southfield"/>	State:	<input style="width: 95%;" type="text" value="MI"/>
Provider ID:	<input style="width: 95%;" type="text" value="0094280"/>	NPI:	<input style="width: 95%;" type="text" value="1999999984"/>
Phone Number:	<input style="width: 95%;" type="text"/>	Fax:	<input style="width: 95%;" type="text"/>
Provider Relationship: <input type="radio"/> PAR <input checked="" type="radio"/> Non-PAR			
<input type="checkbox"/> Dummy Provider ...			

- Check the “Dummy Provider” box and enter the provider’s name and address.

<input checked="" type="checkbox"/> Dummy Provider ...				
Facility Name:	<input type="text" value="Joseph Jones, MD"/>			
Facility Street Address:	<input type="text" value="123 Main Street"/>			
Facility City, State Zip:	<input type="text" value="Anytown"/>	<input type="text" value="USA"/>	<input type="text" value="12345"/>	

If the facility or other service provider (ambulatory center, DME provider, etc.) is not found, search term “dummy” and Select “ITS Home PPO Dummy Provider.”

ITS Home PPO Dummy Provider	0084401	9999999999	9999999999	1000 Towne Center, MC 1415
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Check the “Dummy Provider” box and enter the facility or other service provider’s name and address.

<input checked="" type="checkbox"/> Dummy Provider ...				
Facility Name:	<input type="text" value="St Mary's Hospital"/>			
Facility Street Address:	<input type="text" value="123 Main Street"/>			
Facility City, State Zip:	<input type="text" value="Anytown"/>	<input type="text" value="USA"/>	<input type="text" value="12345"/>	



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