

BlueInkSM

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Information for Iowa and South Dakota physicians, hospitals and health care providers

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Upgrades to Find a Provider and other search tools are coming soon

Enhancements will make it easier for members to find providers.

In order to make it easier for members to search for providers, Wellmark made several enhancements to the Find a Provider tool. And coming soon, even more beneficial updates will be made to the [Find a Provider](#) tool.

Easier scheduling

Members will soon be able to book an appointment with their provider directly from their provider's directory listing. To enable this feature, providers will need to update their scheduling URL in the Change Request Tool within [E-credentialing Central](#). A screenshot of where this option is located can be seen to the right.

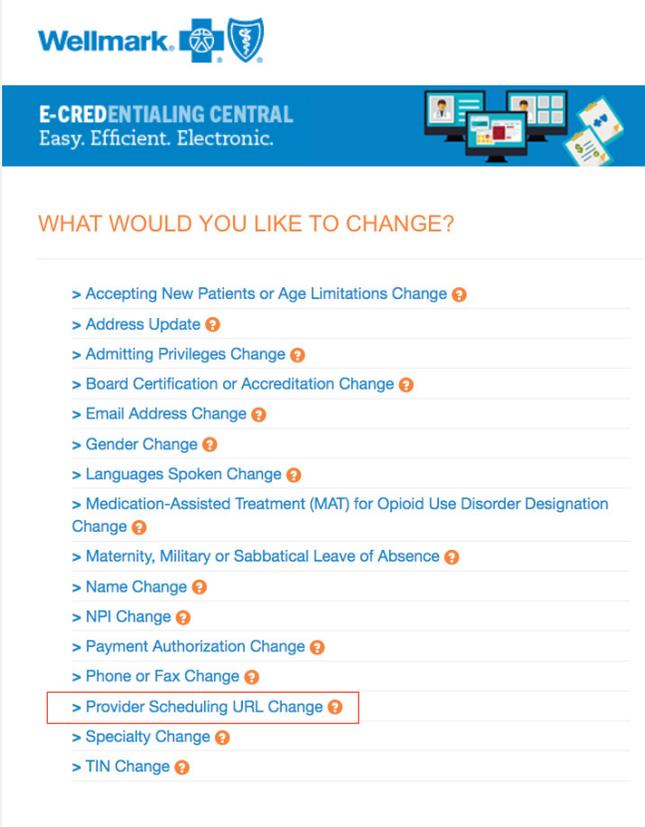
Providers are also prompted to enter their scheduling URL during the application process or if they are changing their address.

Blue Distinction Center (BDC) reminders

Members with health plans that require them to use a BDC for specific procedures will soon see a reminder message when searching for those service costs. This will help prevent confusion from members on which providers are in their network. Members will need to be logged in to their myWellmark account to see this improvement.

Higher tiered providers will be moved up in search results

Members with tiered benefits will soon see search results sorted with their highest tiers/levels first. For instance, a tier/level one provider will be pushed to the top of the search results for one of these members. Members will need to be logged in to their myWellmark account to see this improvement as well.



Wellmark[®] 

E-CREDENTIALING CENTRAL
Easy. Efficient. Electronic.

WHAT WOULD YOU LIKE TO CHANGE?

- > Accepting New Patients or Age Limitations Change ?
- > Address Update ?
- > Admitting Privileges Change ?
- > Board Certification or Accreditation Change ?
- > Email Address Change ?
- > Gender Change ?
- > Languages Spoken Change ?
- > Medication-Assisted Treatment (MAT) for Opioid Use Disorder Designation Change ?
- > Maternity, Military or Sabbatical Leave of Absence ?
- > Name Change ?
- > NPI Change ?
- > Payment Authorization Change ?
- > Phone or Fax Change ?
- > Provider Scheduling URL Change ?**
- > Specialty Change ?
- > TIN Change ?

4 ways to attract (and keep) millennial patients

And, it won't cost you a thing.

Though Iowa and South Dakota millennials are healthier than the national average, they still face **physical- and behavioral-health issues** at rates unseen in other generations. On top of that, only **68 percent of millennials** have a primary care provider (PCP) compared to 91 percent of Generation X. So, what are millennials looking for in a PCP?

-  1. Same-day appointment availability
-  2. Focus on whole-person health
-  3. Listen, listen, listen
-  4. Up-front cost estimates

**DIGITAL
E-BOOK
COMING
THIS SPRING**



Wellmark Blue Cross and Blue Shield will publish a digital e-book to help employers attract, retain and maximize the potential of their millennial workforce for the success and sustainability of the company.

But, the information isn't only for employers — you will find tips, resources and insights to inspire long-term, sustainable changes within your practice, too.

Part 2 providers should use new confidentiality statement

Who qualifies as a Part 2 provider?

As you are aware, Congress enacted legislation to protect the privacy of health records that would identify, directly or indirectly, an individual as having been diagnosed, treated, or referred for treatment for a substance use disorder (SUD). This law and the regulations around it are titled “42 Code of Federal Regulations (CFR) Part 2,” and are commonly referred to as “Part 2.” Part 2 providers are required to:

1. Obtain written consent from the patient before filing claims or, otherwise, disclosing information with SUD information to Wellmark.
2. If the claim, pre-service request, or disclosure includes a SUD diagnosis or other identifying information, the provider must include a required notice whenever filing or disclosing such information to Wellmark.

Standard language for required notice to be used beginning April 1, 2020

Wellmark has worked to standardize the manner in which we receive the required notice from Part 2 providers when they are submitting claims. To do this, Part 2 providers must include the statement “42 CFR Part 2 prohibits unauthorized disclosure of these records” on electronic and paper claims **submitted to Wellmark on or after April 1, 2020**. Receipt of the notice in this manner helps streamline the process for the provider and Wellmark. The notice should be placed in the following locations, depending on claim type and submission format:

- In the electronic 837 professional or facility, the required notice should be placed in a claim level note Loop 2300 NTE:
 - NTE01 = “ADD”
 - NTE02 = “42 CFR Part 2 prohibits unauthorized disclosure of these records”
- On the CMS-1500, the required notice should be placed in block 19 additional claim information.
- On the UB-04, the required notice should be placed in form locator 80.

Standard processes for consent required for pre-service requests to be used beginning April 1, 2020

Part 2 providers will need to follow the steps below when requesting pre-service review for SUD-related services:

1. Providers must obtain authorized consent from the member or member’s guardian for disclosure of patient-identifying information to be released to Wellmark for:
 - a. Treatment
 - b. Payment of claims
 - c. Health care operations
 - d. Wellmark to re-disclose information with current and future treating entities related to this episode of care
2. By submitting a request, the provider is confirming that written consent has been obtained.

continued on next page

Who is a Part 2 provider?

Part 2 providers are defined as those who identify themselves as providing, and who provide, substance abuse diagnosis, treatment, or referral for treatment while also receiving federal assistance. Federally assisted providers meet the following requirements:

1. Authorized, licensed, certified, or registered by the federal government.
2. Receive federal funds in any form, even if the funds do not directly pay for alcohol or drug abuse services.
3. Assisted by the Internal Revenue Service through a grant of tax-exempt status or allowance of tax deductions for contributions.
4. Authorized to conduct business.



Non-compliance of required standard language

If Wellmark receives claims containing identifying SUD patient information without the required notice, Wellmark will handle the information consistent with requirements of the federal rule. It is the provider's responsibility to obtain consent in compliance with federal law. Wellmark may follow up with Part 2 providers who consistently submit identifying SUD patient information without the required notice in order to ensure compliance with Wellmark's provider contracts.

Omnipod and Omnipod DASH Insulin Management Systems

The manufacturer of the [Omnipod Insulin Management System](#) has created a newer version of the product, called the [Omnipod DASH Insulin Management System](#). Omnipod DASH combines a tubeless, waterproof, wearable pod that communicates wirelessly with a personal diabetes manager (PDM) to program insulin delivery. The Omnipod DASH system also consists of a new and improved touchscreen PDM and a Bluetooth-enabled tubeless pod that allows a patient's insulin data to be monitored from a smartphone.

While both are considered durable medical equipment (DME), our DME suppliers are not able to bill Wellmark for Omnipod DASH due to manufacturer constraints and Wellmark not allowing DME to be billed by a pharmacy. DME suppliers are able to bill the original Omnipod to Wellmark's health coverage using CPT codes A9274 and A9276.

If you have questions on filing claims for Omnipod or Omnipod DASH, please contact provider service at the following numbers:

- **HMO AND PPO PLANS** — 800-362-2218
- **FEDERAL EMPLOYEE PROGRAM (FEP) PLANS** — 800-532-1537

Receive your payments faster with electronic funds transfer (EFT)

Sign up today to end the receipt of paper checks.

Did you know paper checks from Wellmark can take up to 14 days to reach you? If you currently receive payments from Wellmark via paper check, enroll in electronic payments now by [submitting the EFT Form](#). This will allow you to receive payment directly to your bank account within approximately five calendar days after your claims finalize with Wellmark.

If your providers are paid in the name of the clinic, you will only need to submit the organizational NPI and tax ID for all providers within your clinic. The [Frequently Asked Questions on EFT](#) document contains answers to a variety of common questions from providers on the EFT process.

If you have questions regarding a missing or invalid EFT payment, please use the [Ask & Track a Question tool](#) to submit an inquiry.

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BlueInk helps our providers stay up-to-date on policy changes, new or updated tools, changes in process, and more!



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