

BlueInkSM

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

APRIL 2019



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Members now have access to new, preferred durable medical equipment supplier

Using our preferred supplier will help members reduce costs.

Wellmark is excited to announce a new collaboration with a preferred, in-network durable medical equipment (DME) and disposable medical supply vendor. [Better Living Now](#) is a mail-order DME supplier that is a preferred participating provider for all Wellmark members. This is in addition to [Edgepark[®] Medical Supplies](#), another preferred DME vendor that works with Wellmark.

Using one of our preferred DME suppliers will help Wellmark members decrease their out-of-pocket expenses. Whenever possible, members should be referred to in-network providers to keep their costs low.

Use the Find a Provider tool

If you need to order DME supplies for a member, visit the Find a Provider tool at [Wellmark.com/Finder](#). Whenever a search is conducted for a DME-related term, a window will appear at the top of the search results displaying helpful information that directs users to one of our preferred DME vendors.

What are DME supplies?

DME supplies are normally ordered by a health care provider or patient for the patient's every day or extended use. Coverage for DME may include but is not limited to:

- Insulin pumps and continuous glucose monitors
- Breast pumps
- Ostomy supplies
- Urological supplies

Preferred Mail-Order Supplier - Better Living Now (BLN)

BLN can deliver insulin pumps, breast pumps, ostomy, urological supplies and more. All supplies are shipped to your home free of charge within 1-2 days of insurance verification. To place your order, call (855) 872-0089, Mon-Fri 8am-10pm and Sat 9am-10pm EST or visit [www.BetterLivingNow.com](#).

Better Living Now window at top of [Wellmark.com/Finder](#) results

Electronic ordering

Better Living Now has the ability to accept e-scribed (electronic) physician orders for disposable medical supplies. This allows providers the flexibility to place member orders without the need to fax or call in prescriptions. This ordering option is in addition to faxing, email, and verbal order options.

Orders can also be placed directly through the DME supplier webpages:

- [BetterLivingNow.com](#)
- [Edgepark.com](#)

Prevent phone tag by indicating whether or not voicemail is confidential

By doing this, Wellmark's care Management team could leave you voicemails.

If a provider's voicemail message does not indicate that information left on it will be confidential, Wellmark can only leave a message requesting the provider return their call. This creates more back-and-forth and can extend the utilization management (UM) process.

If a provider's voicemail meets HIPAA standards for confidentiality, one way providers can help shorten the UM process is to indicate that any information left on their voicemail is confidential. This allows Wellmark to leave information relevant to specific UM cases in the provider's voicemail.



DOES YOUR VOICEMAIL MEET HIPAA STANDARDS FOR CONFIDENTIALITY?



LET US KNOW by indicating that on your voicemail greeting.

Wellmark's Credentialing Committee review process

This impacts all Wellmark participating providers.

Wellmark's Credentialing Committee ("Committee") ensures Wellmark networks include qualified providers who deliver services in an environment that is safe for Wellmark members. The Committee reviews initial and recredentialing provider applications and provides recommendations on network participation status for the provider based on Wellmark's uniformly applied credentialing and network participation requirements. The Committee may also review providers based on an action and/or issue discovered between recredentialing cycles as part of ongoing monitoring.

If a provider does not meet all credentialing and network participation requirements or an action and/or issue is discovered as part of ongoing monitoring, the provider's credentialing information may be reviewed by the Committee. Reasons a provider may be taken to the Committee may include, but are not limited to: state license disciplinary sanctions, loss or limitation of clinical privileges, and medical malpractice case(s).

When a provider is being taken to the Committee for review, Wellmark sends a letter notifying the provider that his or her application and/or file is being evaluated pursuant to Wellmark's uniformly applied credentialing and network participation criteria. The letter will outline what needs to be reviewed by the Committee and will request an explanation from the provider. The Committee meets monthly and reviews the provider's credentialing materials, along with additional information received from the provider, in order to determine status of the provider's application and/or network participation.

If Wellmark does not receive an explanation or additional information from the provider to support the Committee's request, the Committee may not be able to make a decision on the provider's participation status. Wellmark requires a response from the provider on issue(s) needing review by the Committee.

New policy for responding to Wellmark's requests

If the provider is sent to the Committee for review, Wellmark will request and require a response from the provider asking for an explanation on the issue(s). A response to Wellmark's request is required and failure to provide a response may result in denial of your application, participation in Wellmark networks or removal from participation in Wellmark networks.

In its sole discretion, Wellmark reserves the right not to accept or process a provider's application for any Wellmark network and to determine a provider's participation in Wellmark networks.

Refer to the Credentialing and Network Participation section of the Provider Guide for the credentialing and network participation requirements that may need review by the Committee.



Prior authorization will no longer be needed for hysterectomy procedures

Wellmark looks at latest usage trends to guide decision.

EFFECTIVE MAY 23, 2019, Wellmark will remove authorization requirements for hysterectomy surgeries, other than when done as part of gender reassignment surgery. This change is based upon review of the past year's results, current volumes, and review outcomes. The [Wellmark Authorization Table](#) will be updated to reflect this change.

Looking ahead

Wellmark monitors usage trends to identify opportunities for medical management to ensure the most appropriate use of Wellmark members' health care dollars and, as a result, may add or remove authorization requirements to services. We will continue to look at usage patterns of this procedure to determine if future actions are needed.

Use the Authorization Table

As a reminder, the [Wellmark Authorization Table](#) is your best resource to view medical policies and criteria used by Wellmark. It should be your first stop in learning whether an authorization is required. The Authorization Table can be found on the [provider portal](#) (*Medical Policies/Authorizations > Authorization Tables > Medical Authorization Table*). Other questions may be directed to your Network Engagement business partner in Iowa or South Dakota via the Contact Us link on Wellmark.com.

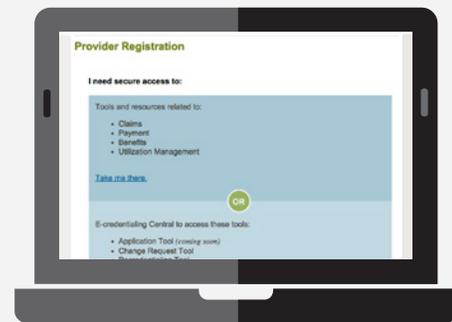
Wellmark's annual provider payment update

Effective for dates of service on and after July 1, 2019.

Practitioners

Participating providers can access the practitioner fee schedules for dates of service on and after July 1, 2019, as well as the practitioner update letter, on the secure provider portal at Wellmark.com. If you do not have secure access to Wellmark.com, take one of the following steps:

- If your Taxpayer Identification Number (TIN) is not registered, select “Register now” on the provider page at Wellmark.com.
- If your TIN is registered and you want to expand or change your user access, contact your office’s designated security coordinator (DSC).



Facilities

Letters and rate sheets for the July 1, 2019, payment year were sent to participating facilities on April 1. These letters were sent to the facility’s chief financial officer. Supporting exhibits are also available to participating facilities on the secured 3M (Treo) website.

If you have questions about the annual payment update, or how to access the secure 3M (Treo) website and fee schedules, contact your Network Engagement Business Partner.

Important notice for providers servicing members on the Farm Bureau Health Plan

Reminder about medical records requested by a
Farm Bureau Health Plan member.



In the December issue of *BlueInk*, we announced that effective Jan. 1, 2019, the Iowa Farm Bureau Federation is offering a non-Affordable Care Act (ACA) health benefits plan to Iowans who meet plan requirements and are also members of the Iowa Farm Bureau Federation. Wellmark Administrators, Inc. will provide claims administration for the Farm Bureau Health Plan (FBHP). You may already be seeing members with the FBHP logo on their ID card. Note that the Wellmark Blue HMOSM Network is the network for the FBHP.

Members enrolling in the FBHP must complete a health questionnaire as part of the underwriting process. FBHP will monitor claims for a period of time following enrollment and claims may be flagged if they appear to be for a condition the member may not have disclosed at the time of application. The claim in question and all subsequent claims will be held pending review. Letters will then be sent to the provider who submitted the claim, the member, and the member's agent notifying them that medical records are required.

- It is the member's responsibility to provide all of their medical records to Wellmark.
- Providers should not send medical records directly to Wellmark or to Farm Bureau.



EC Solutions is now “Wellmark Technical Support”

EC SOLUTIONS — the department that provides technical support for any issues you may experience with Wellmark online tools and applications, claims or medical forms — is now called **Wellmark Technical Support**.

There are no changes to the phone number, support hours, or current procedures. The email address is now techsupport@wellmark.com.

If you call in to Wellmark Technical Support, you will hear the phone menu reference “Wellmark Technical Support, formerly EC Solutions” to serve as a reminder that you’ve reached the right department.

Look for these medical authorization tool improvements coming this fall with Jiva



Jiva, a medical utilization management tool new to Wellmark, will be launching this fall. Some of the benefits providers can expect to see with the new tool include:

Expanded options

- All request types may be submitted electronically through Jiva, including
 - Acute rehabilitation
 - Home health
 - Residential treatment centers
 - Skilled nursing facility
- This will eliminate the need to call Wellmark for these requests and offer providers the ability to receive an automatic approval in many situations.

Improved interface

- Jiva will have a dashboard where providers can see pending requests, alerts, and important messages.
- This will reduce the need to search for the status of a request and will make it easier to see responses from Wellmark, including requests for additional clinical information.

Member information

- Providers will be able to see more information about the member during their request process, as the member banner will be a static display at the top of the Jiva tool.

Watch for more communications regarding educational opportunities on Jiva coming soon! If you think any specific training methods would be helpful to get up to speed before Jiva launches, please contact your [Iowa](#) or [South Dakota](#) business partner.

Wellmark formulary changes

Part of our commitment to keeping drugs affordable, effective and safe for all our members.

Wellmark and a statewide committee of pharmacists and physicians review the Wellmark Drug List several times a year. This review enables us to identify drugs that are the safest and most-effective, while reducing costs and ensuring members have access to the drugs they need.

Some of the formulary updates will change a member’s coverage and/or cost share for certain drugs. Members affected by these changes were notified by mail and instructed to speak with their physician about lower-cost options. The formulary changes, effective March 15, 2019, impact approximately 981 Wellmark members.

Changes across all formularies effective March 15, 2019

DRUG CATEGORY/CLASS	FORMULARY CHANGE
Antiseborrheic products, misc.	MOVING TO NOT COVERED as they are not FDA approved or are available over-the-counter (OTC).
Emollient combination no.43	
Silver nitrate-potassium nitrate	
Sulfacetamide sodium	
Silver nitrate	
Trichloroacetic acid	
Sulfacetamide sodium w/ sulfur	
Benzoyl peroxide & salicylic acid & vitamin e	
Clindamycin-tretinoin-cholestyramine	
Phenobarbital-hyoscyamine-atropine-scopolamine	
Isometheptene-caffeine-acetaminophen	
Isometheptene-dichloralphenazone-acetaminophen	
Potassium bicarbonate	
Anthralin	
Belladonna alkaloids & opium	
Selenium sulfide	
Benzoyl peroxide	
Chlordiazepoxide hcl-clidinium bromide	
Fluoxetine tablets	MOVING TO NOT COVERED as lower-cost alternatives are available. Fluoxetine capsules contain the same medication in capsule form.

Wellmark normally updates its drug lists in January and July, and posts notices of changes at Wellmark.com. You can view all updates to the drug list on Wellmark.com (*For Providers > Drug Information > Wellmark Drug List*) or request a copy by contacting Provider Service.

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