

BlueInkSM



THANK YOU

Thank you to all of our health care providers and health care support staff who are working tirelessly during this unprecedented time. Your bravery, dedication and commitment to our members' health is inspiring.

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

APRIL 2020



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Use online resources for latest updates regarding coronavirus (COVID-19)

Wellmark has launched a provider-specific webpage

In the wake of coronavirus (COVID-19), Wellmark Blue Cross and Blue Shield is using several digital resources to send out the most up-to-date information:



A **new webpage** is now live on the [public provider portal](#) to give provider-specific updates on COVID-19. It can be found in *Provider > Communication and Resources > COVID-19 Updates*.



Additional provider correspondence regarding COVID-19 may be sent through the [Wellmark Information Notification System \(WINS\)](#).



Wellmark has created a member-facing webpage that can be found at: Wellmark.com/Coronavirus.

Wellmark continues to use the [World Health Organization \(WHO\)](#), the [Centers for Disease Control and Prevention \(CDC\)](#), [Iowa Department of Public Health \(IDPH\)](#), and [South Dakota Health Department](#) as our official sources of information. For the latest U.S. impacts of COVID-19, please see the data reported by the CDC.



[Contact Us](#)

Important updates from Wellmark on COVID-19

Wellmark's response to COVID-19

Wellmark's top priority is to ensure the health and safety of our members. We continue to follow the developing guidance of local, state and federal health officials regarding the impact of the coronavirus (COVID-19).

To support the healthcare system and providers to contain and minimize the impact of COVID-19, Wellmark has made several significant changes very quickly in response to the rapidly evolving pandemic. We are constantly monitoring the ever-changing environment to ensure our members receive necessary care and providers serve the most critical patients.

Get important information on the following topics as they relate to COVID-19 and check back often to stay updated.

Topic	Updated
Overview (A high-level summary of the policy updates below)	4/13/20
Virtual visits (telehealth)	4/6/20
Testing and Diagnosis Coding	4/10/20
Required authorizations	4/8/20
Pharmacy	3/30/20
Appeals	3/31/20
Credentialing	4/8/20
Federal Employee Program (FEP) COVID-19 updates	

Questions

Visit our [COVID-19 health system and provider FAQ](#) (updated 4/1/20) for answers to commonly asked questions. For further questions, please contact your Network Engagement Business Partner.

Register for the [Wellmark Information Notification System \(WINS\)](#) to receive real-time updates.

Omnipod DASH billing update

The new process is now in effect

Omnipod and Omnipod DASH™ are **insulin management systems**, highlighted in the **February issue of BlueInk**, that have had billing questions due to their designation as durable medical equipment (DME), which is covered under a member's health benefits. Wellmark Blue Cross and Blue Shield's DME suppliers have not been able to bill Wellmark for Omnipod DASH pods due to manufacturer constraints and Wellmark requirements that DME cannot be billed by a pharmacy.

Omnipod DASH billing update

Effective March 18, 2020, Wellmark's pharmacy benefit manager (PBM), CVS, began a new process for Omnipod DASH reimbursement:

1. Wellmark members can buy Omnipod DASH pods fully priced at a retail pharmacy.
2. The Omnipod DASH pods claim is passed directly to Wellmark from the PBM for processing.
3. Member claims will be processed at the in-network level according to the member's DME-specific benefits (if applicable) under their health coverage.
4. Reimbursement will be made directly to the member or the subscriber of the policy.

No changes to Omnipod billing

No billing changes are being made to the original Omnipod system. DME suppliers are able to bill the original Omnipod to Wellmark's health coverage using CPT codes A9274 and A9276.



Billing questions

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

Wellmark's annual provider payment update

Effective for dates of service on and after July 1, 2020.

COVID-19 update

Due to limited office access for both providers and Wellmark, all payment update communications will be delivered electronically this year.

Practitioners

Participating providers can access the practitioner fee schedules for dates of service on and after July 1, 2020, as well as the practitioner update letter, on the [Annual Payment Update Notice section](#) of the [secure provider portal](#). Letters and fee schedules for ambulance, home infusion therapy, home health, and hospice are available as well.

If you do not have access to the [secure provider portal](#), 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, rate sheets, and supporting exhibits were available to participating facilities on the secured 3M (Treo) website on April 1. Please note that the 3M (Treo) website is only compatible with the Google Chrome browser. The website is available at: Treoservices.net.

To avoid delays, Wellmark has re-activated many user accounts in the past two weeks. If you try to login and are unable to, please contact:

PaymentAccessT@wellmark.com.

If you have questions about the annual payment update, contact your Network Engagement Business Partner. Links to partner contact information are below:

- [Iowa](#)
- [South Dakota](#)

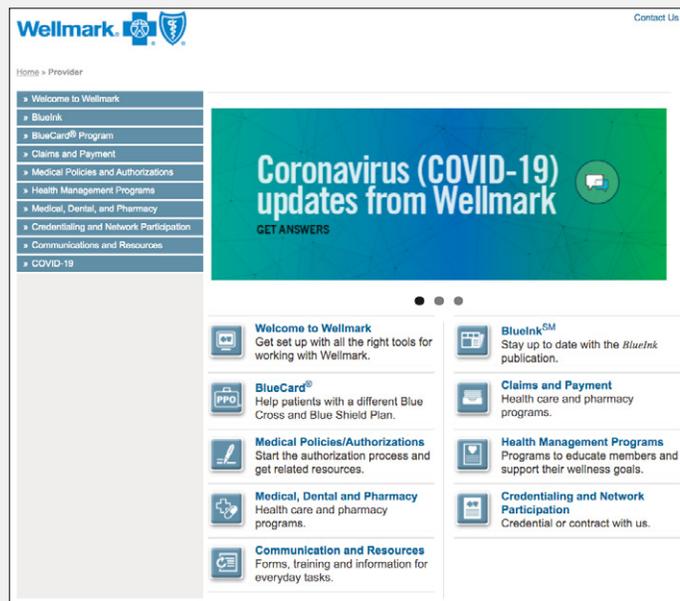
Updated Provider Portal URLs

Update your bookmarks and embedded links to prevent any issues

Many of the tools on the [provider portal](#) are undergoing a transition to the cloud, which means the URLs for each of them will be updated (a couple examples include the [Authorization Tables](#) and the [Create & Submit a Claim tool](#)). When the updates are initially made, users will be automatically redirected to the new pages if they try to visit the old URL. However, these redirects will eventually expire.

What you need to do

It is important that users update all Wellmark provider portal bookmarks and embedded links so they point to the new URLs. This will prevent providers from experiencing any issues with their systems when the redirected links expire.





Part 2 providers should use new confidentiality statement

Effective for dates of service on and after April 1, 2020.

The new policy outlined in the [February BlueInk article](#), “Part 2 providers should use new confidentiality statement,” went into effect on Wednesday, April 1. Please refer to the full *BlueInk* article (on pages 4–5) for comprehensive information on this policy.

Please refer to the information at the top of page five of the *BlueInk* article for information on who qualifies as a Part 2 provider.



Avoid denials with prompt claim filing

Avoid timely filing denials by filing claims with Wellmark and other payers simultaneously.

The [“Claims Filing”](#) section of the Provider Guide outlines detailed requirements for filing claims in a timely manner. To avoid provider liability on the claim, be sure to follow the timely filing guidelines. This includes instances when a third-party carrier or settlement may be involved in the injury or illness. Even when this is the case, providers should still file claims with Wellmark and any alternate payers at the same time. Please do not hold claims in anticipation of a third-party settlement or other payer. This could result in claim denial if the claims that are eventually submitted to Wellmark do not meet Wellmark’s timely filing requirements.

For more information, refer to the [“Claims Filing”](#) section of the [Provider Guide](#) on Wellmark.com.



Ensure accurate payment for workers’ compensation claims

Check the box for workers’ compensation when you submit claims for work injuries or conditions.

You can ensure accurate payment for workers’ compensation claims by checking the workers’ compensation box on claims related to work injuries or illnesses. Additionally, by identifying workers’ compensation claims as such on the initial claim, it reduces any rework or adjustments. It also prevents any outreach by our vendor, The Rawlings Group, that may require your time and attention to respond.

Through our work with The Rawlings Group, Wellmark Blue Cross and Blue Shield has identified several claims that are not being identified as workers’ compensation claims. Simply check the box to indicate if the claim is related to a work injury or illness. If it’s unknown, please discuss with your patients and ensure you’re collecting information from them about their workers’ compensation carrier.

For more information, refer to the [“Claims Filing”](#) section of the [Provider Guide](#) on Wellmark.com.

Blue Distinction Total Care Rebranding

Program will now be branded as Total Care

In an effort to rationalize and prioritize the BCBS network portfolio, The Blue Cross Blue Shield Association (BCBSA) is refocusing the use of the Blue Distinction brand name to Specialty Care and the continued emphasis on Value-Based Care (i.e., Total Care). As a result, the Blue Distinction Total Care program will now be known as **Total Care**. There is also an updated program logo.

Total Care recognizes doctors who focus on health care instead of sick care. These doctors go above and beyond to enhance the overall health of their patients, providing preventive services and wellness coaching, as well as working with patients with chronic conditions to better meet their care needs. Total Care is coordinated, patient-focused and, in many cases, more affordable health care.

For more information on the Total Care program, [please visit this page](#).

Total Care

Save time for you and your coworkers by encouraging them to sign up for *BlueInk*

No secure login required

Is everyone in your office [subscribed to BlueInk](#), our primary source of provider news and information? If not, encourage them to sign up today so they can receive the issues as soon as they are released.

Spread the word!

Currently, many *BlueInk* subscribers forward the latest issue to others in the office. But, did you know anyone in the office can subscribe to *BlueInk*? It **does not require** an account on the secure provider portal. Tell your colleagues to sign up now.

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



SAVE TIME
and work more
efficiently with
Wellmark.



SIGN UP

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For other questions, visit Wellmark.com.

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Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction, Total Care or other provider finder information or care received from Blue Distinction, Total Care or other providers.

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Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

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