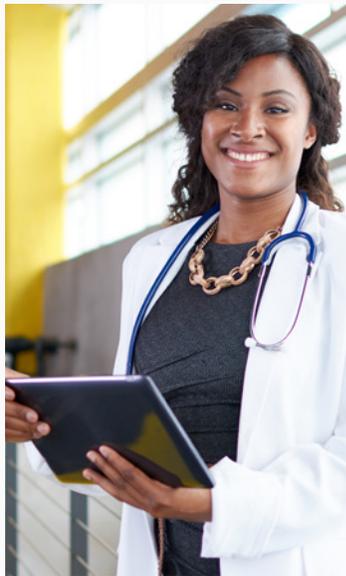


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Information for Iowa and South Dakota physicians, hospitals and health care providers

JUNE 2019



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New Network Engagement business partner covers most central Iowa providers

Meet Morgan Baumert.

Wellmark's Network Engagement team has added a new business partner to cover the majority of central Iowa providers. Morgan Baumert has been part of the larger Network Engagement team since 2017, but has recently moved into the business partner role. She will be the business partner for most central Iowa providers who were previously in Nicky Cooney's territory.

Nicky will remain the dedicated business partner for several providers, indicated in the table on the following page.

When providers should contact their business partner

- **IF THERE IS AN ISSUE ON A CLAIM THAT NEEDS TO BE ESCALATED,** providers should always submit a provider inquiry. If the matter is still unresolved, it is important to reach out to a business partner soon after it arises so they have enough time to resolve the issue.
- **THE PROVIDER GUIDE** contains helpful content that can walk providers through the majority of the day-to-day issues and questions that arise. It should be used as an initial resource, followed by outreach to a business partner.
- **EVERY INQUIRY MADE TO BUSINESS PARTNERS IS IMPORTANT.** By the time an issue reaches a business partner, it may require research on complex issues and scenarios. Your business partner will perform their due diligence to ensure they give an effective, consistent answer when they return your call or email.



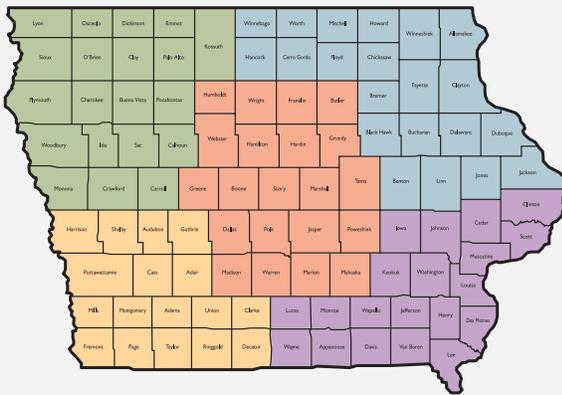
Morgan Baumert

Morgan joined Wellmark's Network Engagement team in 2017. Prior to that she spent five years in Wellmark marketing and product development focusing on ACA-compliant benefits, value-based product design, and consumer transparency solutions. Morgan graduated from Des Moines University with a master's degree in healthcare administration in 2015. In her current role she works with providers in central Iowa, supports provider group value-based arrangements, and other strategic initiatives.

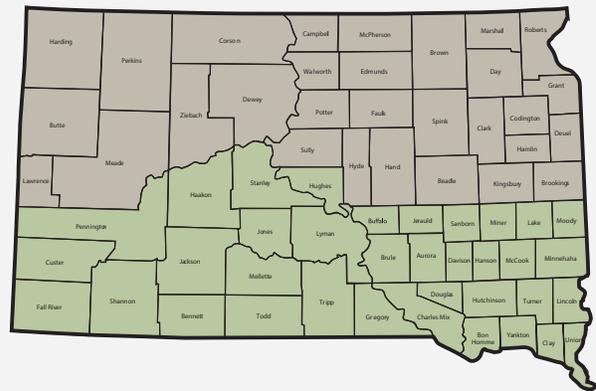
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Map updates

For a better look at the updates, please see the map and chart below with the new alignments. Full maps of the business partners' territories and contact information can be found on Wellmark.com (Contact us > Iowa Providers/South Dakota Providers > Network Engagement > Questions about Wellmark policies, procedures, guidelines, or initiatives > Iowa Territories Map/South Dakota Territories Map).



Iowa territories map territories map



South Dakota territories map

NAME	REGION	EMAIL
Morgan Baumert	Central Iowa	BaumertME@wellmark.com
Nicky Cooney	Broadlawns Medical Center Great River Medical Center The Iowa Clinic UnityPoint Health	CooneyNM@wellmark.com
Kathy Johnson	Northern portion of South Dakota	JohnsonKK@wellmark.com
Nat Kongtahworn	Southeast Iowa	KongtahwornC@wellmark.com
Jackie Landers	Northeast Iowa	LandersJM@wellmark.com
Melissa Sudman	Southwest Iowa National Ancillary Providers	SudmanMJ@wellmark.com
Deb Wilcke	Northwest Iowa and southern portion of South Dakota	WilckeD@wellmark.com

Updates made to Wellmark's ACA preventive services list

As always, the services identified on this list are recommendations to clinicians, not mandated services.

The Affordable Care Act (ACA) mandates that all non-grandfathered group and non-grandfathered individual health plans must provide coverage for preventive services with no member cost share when provided by in-network or participating providers. In accordance with this ACA requirement, Wellmark provides coverage at no member cost share for certain preventive services.

Preventive services are routine health care services that prevent illness, disease, or other health problems before symptoms occur.

To help our members understand what qualifies as a preventive service, Wellmark developed a list of services that are generally covered at no member cost share, based on recommendations from the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), Bright Futures, and the federal Centers for Disease Control (CDC). This list is not all-inclusive, and benefits are not guaranteed. All information is dependent upon member-specific benefits, outlined in the coverage manual, and is also contingent upon accurate claims submission by the provider, including diagnosis and procedure codes.

WE RECENTLY UPDATED THE LIST. This list is updated at least bi-annually. The most recent changes include:

Addition

Newborns/children/adolescents

- Newborn bilirubin screening, birth through 28 days

Changes

Adults

- Tobacco use screening, counseling, and cessation interventions including FDA-approved tobacco cessation over-the-counter products and prescription medications (prescription required for all options; limited to 180-day supply per year). Counseling will be limited to 8 visits annually. **This replaces: "Tobacco use screening, counseling, and cessation interventions including FDA-approved tobacco cessation medications (prescription required), counseling will be limited to 8 visits annually."**
- Unhealthy alcohol use screening and behavioral counseling interventions. **This replaces: "Alcohol misuse screening and behavioral counseling interventions."**



VERIFY WELLMARK MEMBER BENEFITS

by using the Check Member Information

Tool found under the "Eligibility, Benefits & Accumulations" section on the secure provider portal.

Newborns/children/adolescents

- Dyslipidemia screening for those at higher risk of lipid disorders age 9 through 20 years. **This replaces: "Dyslipidemia screening for those at higher risk of lipid disorders age 1 through 17 years."**
- Hearing screening for newborns and children, birth through age 20. **This replaces: "Hearing screening for newborns and children, birth through age 10."**
- Hematocrit or hemoglobin screening through age 1 year. **This replaces: "Hematocrit or hemoglobin screening through age 2 years."**
- Visual acuity screening in children and adolescents, age 3 through 15 years. **This replaces: "Visual acuity screening in children and adolescents, age 3 through 16 years."**

The most updated version of this list can be found at [Wellmark.com/ACAPreventive](https://www.wellmark.com/ACAPreventive).



New workers' compensation recovery process effective July 1, 2019

An improved research and recovery process for workers' compensation claims will make it easier for providers to refile claims and collect payments.

EFFECTIVE JULY 1, 2019, Wellmark Blue Cross and Blue Shield will transition all workers' compensation research and recovery services to The Rawlings Group. In addition to the subrogation and disputed workers' compensation services Rawlings already provides, they will begin researching claims to identify accepted workers' compensation cases and work with Wellmark and providers to recover funds improperly paid by Wellmark.

Please be aware that you may receive communications from Rawlings on our behalf. We appreciate your response as requested. We are confident that Rawlings has the expertise and extensive industry knowledge to make this process more efficient for you. This includes making you aware of a patient's workers' compensation carrier if it is necessary for you to refile the claim.

If you have any questions about this process or working with Rawlings, please contact Provider Service.

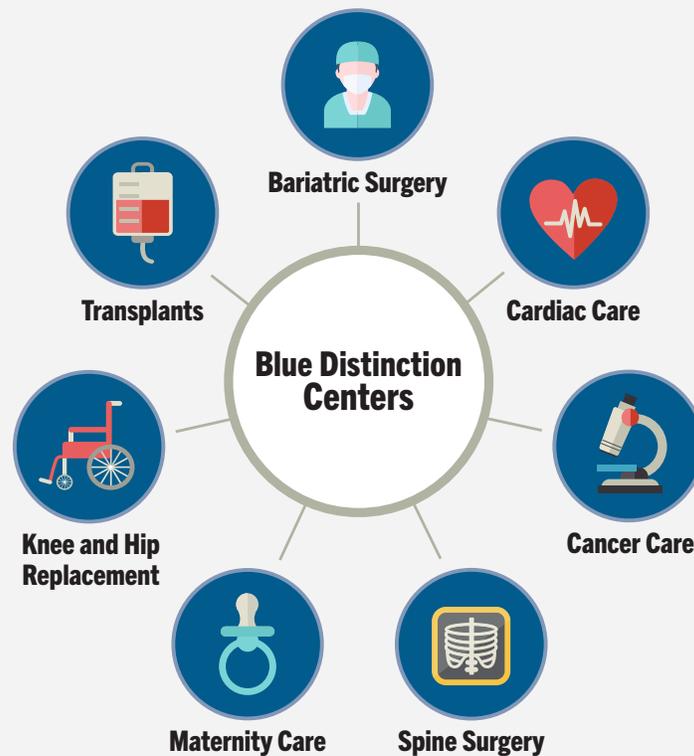
Blue Distinction[®] Centers may be required for certain procedures

Make sure to check requirements before performing a procedure or submitting a prior authorization request.

Many Wellmark insurance plans require certain procedures, like knee and hip replacements, cardiac care, bariatric surgeries, or transplants, to be performed at a **Blue Distinction[®] Center (BDC)** for reimbursement. If a member's plan requires them to have a procedure at a BDC, and they go elsewhere, the member may end up paying out-of-pocket for the entire procedure.

To help provide a positive member experience, it is important that providers **always check member benefits** and BDC requirements, before performing a procedure or before submitting a prior authorization request to Wellmark.

BDCs can be located by visiting [Wellmark.com/Finder](https://www.wellmark.com/Finder) and clicking Find a Blue Distinction Center.



These services are eligible for BDC.
Member benefits determine if it is required to visit specific facilities.

Excludes 1 Note iCAP editing

There have been updates since editing began last year.

IN OCTOBER 2018, Wellmark began editing for Excludes 1 Note and Laterality concepts. The iCAP edits for the Excludes 1 Note and Laterality logic were taken directly out of the ICD-10-CM coding manual. The specific section within the manual that references these two concepts is the “ICD-10-CM Official Guidelines for Coding and Reporting.”

After provider feedback and further review of the Excludes 1 Note editing, Wellmark has made the decision to exclude the following Evaluation and Management codes (99201-99499, 92002-92014) from this edit, as well as CPT 36415.

Evaluation and Management codes denied for the Excludes 1 Note will be adjusted to allow it effective on the implementation date.

Save time with these E-credentialing Central tips

Get the most out of this helpful tool.

Each month, Wellmark's Network Administration department responds to inquiries related to provider credentialing and network participation. The top-three inquiry requests are centered on questions regarding:

- Completing applications
- Submitting change requests
- Status of submissions to Wellmark

Responding to these inquiries may take Wellmark up to three days. By self-serving through the E-credentialing (E-cred) Central Tool, answers to your questions are immediately available.

E-cred Central is a tool created to help providers submit applications, recredentialing requests, change requests, and complete directory validation requests. The E-cred Central tools were developed by Wellmark's Network Administration team to meet the unique needs of providers in Iowa and South Dakota.

Completing applications

The **E-cred Central Application Tool** is the required online tool used to submit an application to be a participating provider in Wellmark networks or to submit claims to Wellmark as a non-participating provider. There are two main types of applications available in E-cred Central:

- Practitioner
- Facility/Entity

In order to submit an application, Wellmark requires that the provider be an approved provider type in order to participate in Wellmark networks. A list of approved provider types for practitioners, facilities and entities can be found in the "Credentialing and Network Participation," section of the [Wellmark Provider Guide](#).

Application examples:



A GROUP IS OPENING A NEW CLINIC LOCATION, but the clinic is not one of the approved facility/entity types. **The practitioner application should be submitted for each practitioner at the new clinic location.**



A NEW FACILITY OR ENTITY, which is listed as an approved facility/entity type, **IS OPENING A NEW LOCATION.** **The facility/entity application should be submitted.**



A PRACTITIONER, who already participates in Wellmark networks, **IS ADDING AN ADDITIONAL PRACTICE LOCATION.** **The practitioner application must be submitted for the additional practice location address.**

continued on next page

Submitting change requests

The **E-cred Central Change Request Tool** is used to submit requests to update information, such as address change, address cancel, TIN change, specialty change, or email address change. Once your submission has been sent it will automatically be sent to Wellmark for review and completion.

Change request examples:



A PRACTITIONER IS NO LONGER PRACTICING AT A PRACTICE LOCATION. Within the tool, users need to:

1. Select Address Update.
2. Select Cancel practice location address.
3. Select option to cancel one address for one or more practitioners.
 - a. During the submission, users will be prompted to select the appropriate practitioner and the effective date for the change. The option to select multiple practitioners is also available for providers who need to cancel multiple practitioners at one location.



A PRACTITIONER WANTS TO CHANGE THEIR BILLING ADDRESS. To do so, users need to:

1. Select Address Update.
2. Select the option to change the practice location.
 - a. This allows providers to change both the physical location and the billing location address, or either address individually.
3. Users will be asked if the physical practice or billing address locations are changing. Select either yes or no.
 - a. If yes is selected, users will be prompted to enter the new physical practice or billing address.

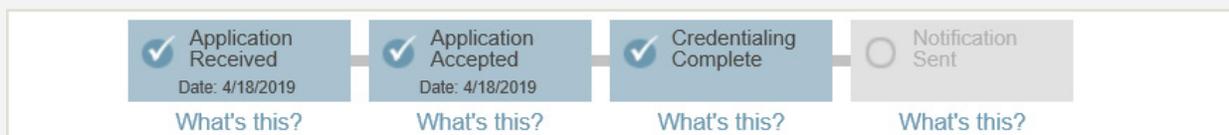
Status of Submissions to Wellmark

The **Submission Status Tracker** is the resource to get an immediate response on the current status of provider:

- Credentialing applications
- Recredentialing applications
- Change requests

Within the **tool**, users can search using the E-credentialing Central submission number or the individual National Provider Identifier (NPI) number.

Results are immediately displayed with the dates of key activities associated with the submission. Steps that are completed will be highlighted in blue with a white check mark. Steps that are not completed will be greyed out. The submission is still being processed until the final box is checked. Hover over the “What’s this?” icon to view more information for each step.



To view all submissions for a provider, search by the rendering NPI number. This allows users to view all submissions for the NPI within the past 90 days. This is especially helpful if a submission has been returned for missing information and/or multiple submissions have been done for one NPI number.

When using this tool, users see exactly what Wellmark staff see. This eliminates any need for status inquiries by phone or email to provider credentialing.

Experiencing delayed claims payment?

Claims processing delays.

We appreciate your patience while we process claims. Through the process of transitioning to a new claims systems, we are conducting additional quality reviews to ensure claims are paying accurately. These additional reviews may be causing delays in processing.

Our goal is to process claims correctly to ensure accurate payment to our providers. Wellmark continues to make progress and the total volume of claims is decreasing. We understand you expect timely and accurate payments, and we are committed to providing the quality and reliable service you've come to know from Wellmark.

Check a Claim

As we work through claims, you can continue to check claim status online, 24/7, by using the [Check a Claim tool](#) on Wellmark.com. When the claim is finalized, the status will change from "Pending" to either "Paid" or "Denied" and will have an issue date listed for the provider claim remittance (PCR). A new field, titled "pend reason," has been added to the Claim Settlement column within the Claim Status view. If a claim is pending due to this work, the pend reason will read: "Quality Review." This will also be reflected in your Pended Claim Report.

Need assistance?

If you are experiencing issues due to claim payment delays, please contact your Network Engagement Business Partner.

[Iowa Network Engagement territories map](#)

[South Dakota Network Engagement territories map](#)

This is a top priority for Wellmark. Again, thank you for your patience.

Wellmark formulary changes for July 2019

Some updates may change member coverage or cost share.

Wellmark, along with a statewide committee of pharmacists and physicians, reviews the Wellmark Drug List several times a year. This review enables Wellmark 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 and utilization management (UM) updates will change member coverage and/or cost share for certain drugs. Members affected negatively by these changes will be notified by mail and instructed on next steps. Providers will also be notified for changes that require prior authorization or a new prescription.

The formulary and utilization management changes effective July 1, 2019, which impact fewer than 100 members, include:

DRUG	FORMULARY CHANGE/UM
Riomet [®] Oral Solution (metformin)	MOVING FROM TIER 2 TO TIER 3 (no change to BlueSimplicity SM level). PA REQUIRED. Not covered when able to swallow oral solid dosage forms (e.g., an oral tablet or capsule) and there is a lower cost alternative of the same medication available on the formulary.
Lyrica [®] Oral Solution (Pregabalin)	PA REQUIRED. Not covered when able to swallow oral solid dosage forms (e.g., an oral tablet or capsule) and there is a lower-cost alternative of the same medication available on the formulary.
Naproxen Oral Suspension	MOVING FROM TIER 1 (LEVEL 2) TO NON-FORMULARY (LEVEL 5). PA REQUIRED. Not covered when able to swallow oral solid dosage forms (e.g., an oral tablet or capsule) and there is a lower cost alternative of the same medication available on the formulary.
Nuedexta [®]	QUANTITY LIMIT of two capsules per day will apply.
Azasan [®] (azathioprine) Tablets 75MG	MOVING FROM TIER 1 (LEVEL 2) TO NON-FORMULARY (LEVEL 4).
Rayos [®] (prednisone delayed release) Tablets 1MG, 2MG, and 5MG	MOVING FROM TIER 4 (LEVEL 5) TO NOT COVERED as lower-cost alternatives prednisone and methylprednisolone are available.
Azasan [®] (azathioprine) Tablets 100MG	MOVING FROM TIER 1 (LEVEL 2) TO NOT COVERED as lower-cost alternative azathioprine 50mg tablet is available.
Dutoprol [®] Tablet 25-12.5MG Metoprolol/HCTZ Tablet 25-12.5MG	MOVING FROM TIER 4 (LEVEL 4) TO NOT COVERED as lower-cost alternatives metoprolol + hydrochlorothiazide are available.

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The formulary and utilization management changes effective July 1, 2019, *continued*:

DRUG	FORMULARY CHANGE/UM
Dutoprol® Tablet 50-12.5MG Metoprolol/HCTZ Tablet 50-12.5MG	MOVING FROM TIER 4 (LEVEL 4) TO NOT COVERED as lower-cost alternatives metoprolol + hydrochlorothiazide are available.
Dutoprol® Tablet 100-12.5MG Metoprolol/HCTZ Tablet 100-12.5MG	MOVING FROM TIER 4 (LEVEL 4) TO NOT COVERED as lower-cost alternatives metoprolol + hydrochlorothiazide are available.
Fenofibrate Tablet 40MG (Fenoglide Tablet 40MG)	MOVING FROM TIER 1 (LEVEL 3) TO NOT COVERED as lower-cost fenofibrate alternatives are available.
Fenofibrate Tablet 120MG (Fenoglide Tablet 120MG)	MOVING FROM TIER 1 (LEVEL 3) TO NOT COVERED as lower-cost fenofibrate alternatives are available.
Anatara® (fenofibrate micronized) Capsule 30MG and 90mg	MOVING FROM TIER 4 (LEVEL 5) TO NOT COVERED as lower-cost fenofibrate alternatives are available.

Wellmark updates its drug lists in January and July, and posts notices of changes on Wellmark.com. You can view all updates to the drug list on Wellmark.com or request a copy by contacting Provider Service.

Still have questions about submitting online drug authorization requests?

Get answers on the provider portal

Users of the NovoLogix tool, Wellmark's new method for submitting drug authorization requests, now have access to new materials on the provider portal to assist them. These include:

- **[Frequently asked questions \(FAQ\) document](#)**
 - This newly created FAQ covers everything from NovoLogix access to turnaround times of drug authorization submissions.
 - It is posted on both the [Manage Authorizations](#) and [Webinars](#) pages on the provider portal.
- **[Updated NovoLogix user guide](#)**
 - An updated version of the user guide for NovoLogix is now available on the [Manage Authorizations](#) page.
 - The guide walks users through all the basics of how to use the tool, and provides helpful contact information for NovoLogix support.

Please note that paper and fax drug authorization submissions are still being accepted. Federal Employee Program (FEP) drug authorization requests cannot be submitted through NovoLogix until Aug. 1.



Subscribing to *BlueInk* is best way to hear about the new medical authorization tool, Jiva

Wellmark will also be launching a new medical authorization tool, Jiva. The best way to get the latest information on dates around the tool launch and training opportunities will be through *BlueInk*. Encourage your coworkers to [subscribe to BlueInk](#) to get the latest information!

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