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Understanding Wellmark’s credentialing criteria and application process

Learn about five common topics providers inquire about most.



Wellmark’s provider credentialing area receives and responds to provider inquiries on topics related to credentialing. Below are five of the most common topics Provider Credentialing has received questions on this year.

- Credentialing criteria
- Application completion
- Change request
- Status
- Participation status

TOPIC	DESCRIPTION
<p>CREDENTIALING CRITERIA</p> 	<p>Before an application is submitted to Wellmark, it is important to understand Wellmark policies and procedures associated with credentialing. Be sure to review the “Credentialing and Network Participation” section of the Provider Guide, as it outlines key information you need to know.</p>
<p>APPLICATION COMPLETION</p> 	<p>E-credentialing Central (E-cred Central) is your primary source to guide you through application submissions. In E-cred Central, select the Application Tool. You will first be asked if you want to submit an application for a Practitioner or Facility/Entity. If you’re unsure which to select, refer to Chapter 2 in the “Credentialing and Network Participation” section of the Provider Guide.</p> <p>The chapter lists approved practitioners, as well as approved facilities and entities. This list will help determine the type of application you should submit. Then, once you select the corresponding application type in the Application Tool, you will be led through the application which consists of answering a series of questions.</p> <p>If you have additional questions as you go through the tool, check out the E-cred Central User Guide. The User Guide is located in the E-cred Central menu and provides information in more detail.</p>

continued on next page

TOPIC	DESCRIPTION
<p>CHANGE REQUEST</p> 	<p>E-cred Central is also your primary source to submit change requests. In E-cred Central, select the Change Request Tool. The Change Request Tool provides a list of 16 types of changes. Next to each change is the  icon, which you can hover over to read about that type of change.</p> <p>Once you identify which change request you need to submit, click the corresponding link and you will be guided through submitting that change request. Refer to the E-cred Central User Guide for additional information.</p>
<p>STATUS</p> 	<p>Once your application or change request is submitted, use the Submission Status Tracker to track the status of your submissions. The Submission Status Tracker is the same tool Wellmark uses when you inquire about the status of your submission. As Wellmark processes your submission, the Submission Status Tracker will update so you can quickly identify where your submission is at in the process. One key thing to remember with the Submission Status Tracker is that all boxes must be checked in order for the submission to be considered complete.</p> <p>Below is an example of a submission that is still being processed. Continue to check the Submission Status Tracker to monitor the submission's progress.</p> <div data-bbox="423 1024 1421 1108" style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;">  <p style="font-size: small; margin: 0;">  Application Received Date: 4/30/2020  Application Accepted Date: 4/30/2020  Credentialing Complete  Notification Sent </p> </div>
<p>PARTICIPATION STATUS</p> 	<p>Refer to the provider's notification letter for information regarding participation status, effective date information, billing national provider identifier (NPI), and location information.</p> <p>In E-cred Central, organizational security coordinators (OSCs) and backup OSCs can use the View My Organization Tool to view information about their organization, such as the practitioners who are active under a tax identification number.</p>

Questions?

Check out the [February webinar](#) for additional detail regarding these topics.

Resources

Various resources are available and can provide you answers to questions you have. Be sure to use the following resources regularly.

- “Credentialing and Network Participation” section of the Provider Guide
- E-cred Central User Guide (*Available in the E-cred Central menu after you log in*)
- Submission Status Tracker

Telehealth and Wellmark

See how Wellmark supports telehealth services.

EFFECTIVE FOR DATES OF SERVICE ON AND AFTER JAN. 1, 2019, Wellmark participating providers could provide services via telehealth. Most Wellmark members have benefits for telehealth or virtual visits.

During COVID-19, we have extended benefits and provided clarity around billing guidance and claim processing. Wellmark has waived member cost share for telehealth services starting March 16, 2020 through Aug. 31, 2020* for all fully insured members. Wellmark is working with self-funded plans to see if they want to implement the same benefit. Refer to the COVID-19 resources page and FAQ with questions regarding Telehealth on Wellmark.com as this is continually updated

To refresh yourself with resources regarding telehealth, please review the following.

WELLMARK TELEHEALTH RESOURCES	
COVID-19 RESOURCES	<ul style="list-style-type: none"> • COVID-19 Landing Page
PROVIDER GUIDE	<ul style="list-style-type: none"> • Payment Policies and Reports
WEBINARS	<ul style="list-style-type: none"> • Telemedicine and telehealth — Refresher, 09/25/19 • Telemedicine and telehealth — Changes for 2019, 11/14/18
BLUEINK	<ul style="list-style-type: none"> • December 2018

While much of the information in our past resources is still helpful, please refer to the COVID-19 landing page for the most up-to-date COVID-19-specific information.

** This article was updated on July 7, 2020.*

PROVIDERS USING TELEHEALTH



**MORE THAN
2,500
PROVIDERS**
are using telehealth

This information comes from Wellmark claims data.

**THERE HAS BEEN
A NEARLY
600% INCREASE**

in providers submitting telehealth claims since the COVID-19 pandemic began.



Update made to Wellmark’s ACA Preventive Services List

As always, the services identified on this list are recommendations by the ACA 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. Clinicians are best able to determine which services to provide. 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 change includes:



Verify Wellmark member benefits

Use the [Check Member Information Tool](#) found under the “Eligibility, Benefits & Accumulations” section of the secure Provider tab of Wellmark.com.

TYPE	SEGMENT	DESCRIPTION
ADDITIONS	Adults	<ul style="list-style-type: none"> Cardiovascular disease risk assessment for men and women, added “lipid panel”
	Newborns/ Children/ Adolescents	<ul style="list-style-type: none"> Fluoride varnish application in the primary care setting to the primary teeth of all children from birth through age 5 years
CHANGES	Adults	<ul style="list-style-type: none"> Cardiovascular disease risk assessment for men and women: Updated age span from “40 through 75” to “40 to 75” Lung cancer screening: Updated age span from 55 – 80 to “55 to 80”
	Men only	<ul style="list-style-type: none"> Abdominal aortic aneurysm: Updated age span from “65–75” to “65 to 75”
	Women only	<ul style="list-style-type: none"> Cervical cancer screening: Updated age span from “21 – 65” to “21 to 65”
	Newborns/ Children/ Adolescents	<ul style="list-style-type: none"> Updated “Fluoride treatment for children under the age of 5 years (prescription required)” to “Prescription of oral fluoride supplementation by the primary care clinician for children from birth through age 5 years whose water supply is deficient in fluoride”
REMOVAL	Newborns/ Children/ Adolescents	<ul style="list-style-type: none"> Dental Caries in children from birth through age 5 screening

Members can access the preventive services list on our website at Wellmark.com/ACAPreventive.



Wellmark moving to only electronic payment in 2021

The change will be effective July 1, 2021.

Beginning July 1, 2021, Wellmark will discontinue issuing paper checks as payments on finalized claims. Wellmark will make payments only through electronic funds transfer (EFT) to providers' banks. Requiring acceptance of EFT allows for faster payment. Providers currently receiving paper check remittances from Wellmark may make this transition over the next 12 months by completing and submitting the [Electronic Funds Transfer \(EFT\) Enrollment](#) form available online at Wellmark.com.

If you are unsure under which National Provider Identifier (NPI) payments are issued, submit both the individual practitioner(s) NPI(s), as well as the group/billing NPI.

Changes to bank information (routing number, account number, etc.) must be submitted to Wellmark, via the EFT form (mark as "change") to avoid any disruption in your EFT payments.

An [FAQ](#) is available to help you with questions you may have surrounding EFT and the EFT form.

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No secure login required

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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!





Claims in Wellmark's legacy system will be processed manually, effective August 1, 2020

Wellmark's legacy claims processing system will be sunsetting

Wellmark is nearing the end of its ongoing, multiple year effort [to update its claims processing system](#). As the end of this project approaches, Wellmark wants providers to be ready for a few impacts they could see:

- Claims processed in the prior (legacy) system that are received by Wellmark after **August 1, 2020**, will be processed manually.
 - Claims that process through the legacy claims system may be identified by the Wellmark member ID submitted on the claims. Legacy Wellmark member ID numbers begin with a 3-letter prefix followed by 123AD4567 (e.g. XQH123AD4567).
 - This is different than ID numbers from our new system, which contain the 3-letter prefix before the ID number but have the structure W00123456 (e.g. XQHW00123456).
 - Federal Employee Program (FEP) and BlueCard member claims that processed prior to migrating to the new claims system will also be impacted.
 - Claims processed or adjusted in our legacy system will be processed manually which means providers will receive a paper PCR, along with a physical check, if applicable, for each claim that is processed.
 - The legacy claim will not be accessible within the [Check a Claim tool](#) and the PCR will not be available on the provider portal, or electronically.
 - A general web inquiry can be submitted for the claim but it will not be claim-specific, so the provider will need to enter their question and the claim detail (such as date of service and claim number) in the Notes section.
 - **Paper inquiries can also** be submitted for these claims.
- Wellmark encourages providers to stay caught up on submitting claims electronically as August 1 approaches, so there are fewer chances that a paper PCR will be returned. Any inquiries associated with claims that processed in the legacy system should also be submitted as soon as possible in case adjustments are needed.
- The way providers submit claims will not change.

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

Wellmark has launched a provider-specific webpage

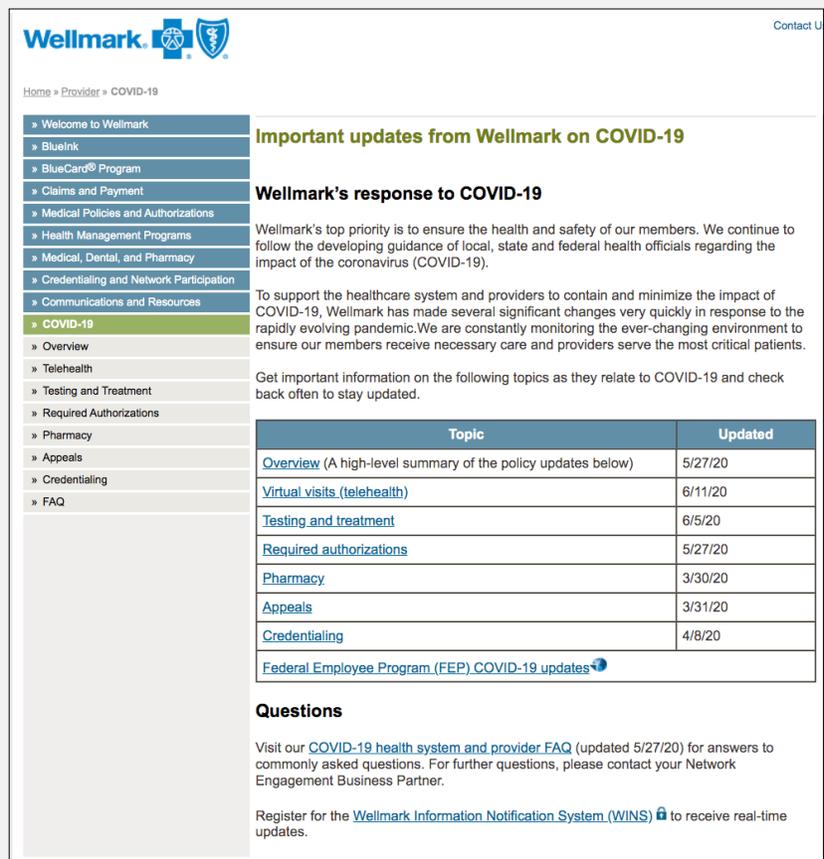
In the wake of coronavirus (COVID-19), Wellmark Blue Cross and Blue Shield is using several digital resources to send out the most up-to-date information:

- 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.

There is a page 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, which can be found at: [Wellmark.com/Coronavirus](https://www.wellmark.com/coronavirus).



The screenshot shows a webpage titled "Wellmark" with a navigation menu on the left. The menu includes items like "Welcome to Wellmark", "BlueInk", "BlueCard® Program", "Claims and Payment", "Medical Policies and Authorizations", "Health Management Programs", "Medical, Dental, and Pharmacy", "Credentialing and Network Participation", "Communications and Resources", "COVID-19", "Overview", "Telehealth", "Testing and Treatment", "Required Authorizations", "Pharmacy", "Appeals", "Credentialing", and "FAQ". The "COVID-19" item is highlighted.

The main content area is titled "Important updates from Wellmark on COVID-19" and "Wellmark's response to COVID-19". It contains text stating that Wellmark's top priority is to ensure the health and safety of its members and that it is following the developing guidance of local, state, and federal health officials. It also mentions that Wellmark has made several significant changes to support the healthcare system and providers to contain and minimize the impact of COVID-19.

Below the text is a table with two columns: "Topic" and "Updated".

Topic	Updated
Overview (A high-level summary of the policy updates below)	5/27/20
Virtual visits (telehealth)	6/11/20
Testing and treatment	6/5/20
Required authorizations	5/27/20
Pharmacy	3/30/20
Appeals	3/31/20
Credentialing	4/8/20
Federal Employee Program (FEP) COVID-19 updates	

Below the table is a "Questions" section with text stating: "Visit our [COVID-19 health system and provider FAQ](#) (updated 5/27/20) for answers to commonly asked questions. For further questions, please contact your Network Engagement Business Partner." It also includes a link to register for the Wellmark Information Notification System (WINS) to receive real-time updates.



Wellmark's updated drug policy for osteoarthritis

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

Wellmark Blue Cross and Blue Shield's viscosupplementation for osteoarthritis drug policy will be updated beginning July 1, 2020. Viscosupplementation treats pain in knee osteoarthritis in patients who have failed to respond to conservative non-pharmacologic therapy and simple analgesics. The change will only apply to patients who are newly initiated on therapy or initiating a new treatment course of therapy.

Wellmark's viscosupplementation for osteoarthritis drug policy will be updated to reflect the following changes to the hyaluronate preferred product strategy:

1. **ORTHOVISC[®]** will change to preferred
2. **SYNVISC[®] AND SYNVISC-ONE[®]** will remain preferred
3. **HYALGAN[®] AND HYMOVIS[®]** will no longer be preferred

The intent of the new viscosupplementation for osteoarthritis drug policy is to ensure appropriate selection of therapy based on product labeling, clinical guidelines and clinical studies while steering utilization to the most cost-effective medication within the therapeutic class.



Submitting compounded drug claims

Avoid delays by submitting claims correctly.

Compounded drugs are medications that are formulated by combining two or more drugs. Facility and professional providers billing for compounded drugs must submit a paper claim form and mail the paper claim to Wellmark. When submitting the claim:

- List the national drug code (NDC) for each of the drugs that are combined in the compounded drug. List only one NDC per claim line.
- Attach a copy of the corresponding drug procurement invoice that lists the NDCs and quantities of each of the drugs that are combined in the compounded drug.

Providers should allow more time for paper claims processing.

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