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

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How millennial health is impacting your practice

It could have a bigger impact than you think.

When it comes to millennials, many of us have a number of preconceived notions about this generation. But each of these assumptions can [easily be debunked](#), or applied to a number of other generations.

One assumption that likely doesn't come to mind about millennials? Unhealthy. But, the data tells us otherwise.

Based on a recent Blue Cross[®] and Blue Shield[®] (BCBS) [Health of America Report[®]](#), the health of millennials is a serious issue. In fact, once a millennial hits age 27, they see a decline in their health. Millennials begin to see a higher prevalence of physical disorders driven by cardiovascular and endocrine conditions (e.g., [diabetes](#)), making them healthier than their Generation X counterparts.

This news may come as a surprise — especially because millennials are [focused on healthy living](#) more than any other generation. Just open any social media site to see healthy lifestyle influencers sharing clean-eating recipes, workout tips, and more.

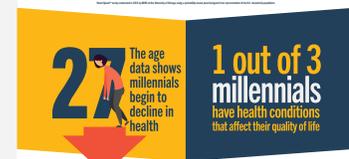
But it's important to remember that millennial health is far [more than healthy diets and exercise habits](#). According to the report, 6 of the top 10 conditions affecting millennials are behavioral conditions that impact mental and emotional well-being. And, nearly eight conditions saw a double-digit increase — notably [tobacco use](#).

HERE'S WHERE THE PROBLEM WORSENS: Millennials are more likely to access medical advice online or read blogs on health-related matters, rather than consult with their primary care provider (PCP). It's no surprise only 68 percent of millennials have a PCP — compared to 91 percent of Generation X — which is key to [preventive care](#).

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WHEN ASKED ABOUT THEIR HEALTH:



TOP-10 CONDITIONS AFFECTING MILLENNIALS IN 2017

Rank	Condition	Prevalence
1	Major depression	31%
2	Substance abuse disorder	10%
3	Alcohol abuse disorder	1%
4	Hypertension	16%
5	Hyperactivity	29%
6	Psychotic disorder	4%
7	Crohn's disease/ulcerative colitis	10%
8	High cholesterol	12%
9	Tobacco use disorder	7%
10	Type II diabetes	22%

Double-digit increases FOR 8 OF THE TOP 10 CONDITIONS

MILLENNIALS are less healthy than Generation Xers were AT THE SAME AGE

Major depression, HYPERACTIVITY AND DIABETES II had the largest growth in prevalence

Total adverse health for millennial women is 20% greater than for men

MAINLY DRIVEN BY MAJOR DEPRESSION, TYPE II DIABETES AND OTHER ENDOCRINE CONDITIONS*

With the potential to be the largest segment of your workforce, the health of millennials may directly impact the health of your organization. That's why now is the time to start the conversation about this generation.

[Click here](#) to view larger.

Peer into the health of millennials in Iowa and South Dakota

While these numbers raise alarm for providers throughout the country, if we take a closer look at the data, the millennial populations in Iowa and South Dakota are healthier than the national average.

Though these local numbers may cause a sigh of relief across Iowa and South Dakota, it doesn't mean we can avoid the conversation about millennial health.



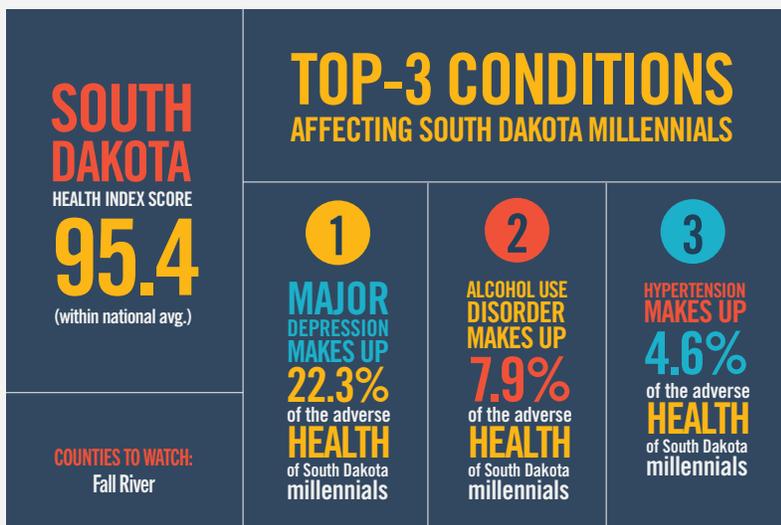
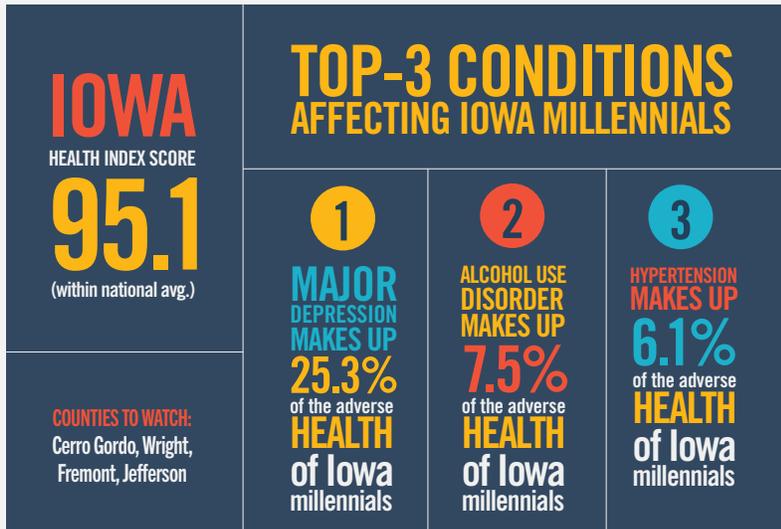
Why millennial health is important to your practice

As millennials have aged out of pediatric care and are looking for a new PCP, you could have an opportunity to fill that role. When millennials visit your office for sickness or injury, consider discussing with them the importance of a PCP, annual wellness exams, and the potential positive impact these could have on their overall health.

How can I stay in the know about millennial health?

Stay up to speed by reading or downloading the Health of America Report on "[The Health of Millennials](#)" by the Blue Cross Blue Shield Association (BCBSA).

You can also visit Wellmark.com/BlueAtWork for more information, tools, and resources to learn more and take action regarding millennials in your workplace.



Telemedicine and telehealth services coverage reminder

See the resources available for information on billing guidelines.

Wellmark makes the following distinction between telehealth and telemedicine:



- **TELEHEALTH (VIRTUAL VISIT)** is a method to provide health care services to patients through real time video interaction between a provider and the patient. Virtual visit involves only the patient at the originating site and a provider at the distant site.



- **TELEMEDICINE** is a method to provide health care services to patients which involves a provider with a patient at an originating site and a provider at a distant site. Telemedicine involves a provider using interactive audio/video and/or electronic images to treat patients.

Wellmark covers telemedicine and telehealth services consistent with Iowa Code 514C.34 and South Dakota Codified Law (SDCL) 58-17. This applies to providers within Wellmark's geographical service area.

For information about telemedicine and telehealth, including billing guidelines, you can access the following resources:

- [Claims Filing section](#) of the Provider Guide
- [Telemedicine and telehealth webinar](#) (November 2018)
 - [Telemedicine and telehealth webinar Q&A](#)

A refresher webinar will also be given this fall. [Subscribe to WINS](#), the provider real-time notification system, to receive registration information when it becomes available.

Anthem Blue Cross and Blue Shield changes timely filing guidelines

Effective Oct. 1, providers will need to submit claims for Anthem members within 90 days of treatment.



BEGINNING OCT. 1, 2019, all Anthem[®] Blue Cross[®] and Blue Shield[®] members' claims will be subject to a 90-day timely filing requirement.

Below are examples of different claims filing scenarios that could impact a Wellmark provider.

1. A Wellmark provider treats an Anthem member and submits the claim to Wellmark in **LESS THAN 180 DAYS BUT MORE THAN 90 DAYS**. Wellmark will allow the claim as it meets Wellmark's timely filing guidelines of 180 days, but the Home plan will deny the claim as it does not meet their member's timely filing guidelines (90 days). This will be member liability.
2. A Wellmark provider treats an Anthem member and submits the claim to Wellmark **MORE THAN 180 DAYS** after the date of service. Wellmark will deny the claim for not meeting Wellmark's timely filing guidelines. The claim will deny as provider liability.

New medical authorization tool will launch in 2020

Subscribe to *BlueInk* to get up-to-date information on launch dates.

In order to provide the best provider experience, Wellmark will be launching the medical authorization tool, Jiva[™], in 2020. 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!

FEP claim identification numbers have new look

FEP member ID numbers will remain the same.

Federal Employee Program (FEP)[®] claims have begun transitioning to a new claims processing system beginning with claims that have service dates of June 1, 2019, or later. With this update, FEP claim identification numbers on the new system will have 11 alphanumeric characters instead of 14 numeric characters. See example below:

TYPE OF FEP CLAIM	Old claims system	New claims system
CLAIM SERVICE DATE	Prior to June 1, 2019	June 1, 2019, or later
CLAIM ID NUMBER EXAMPLE	12345678901234	123456789AB
CLAIM ID NUMBER INFORMATION	14 numeric digits	9 numeric digits, 2 alpha characters



What is not changing

FEP member ID numbers will not be changing with the transition to the new system. Also, the format of each provider claim remittance (PCR) will remain the same.

Preventive service claims on same date may now be billed separately

Improved process means providers do not have to bill on a single claim.

Wellmark will now allow multiple outpatient preventive services that occur on the same date to be billed separately. Previously, Wellmark has required all preventive services be billed on a single claim for the date of service.

Facilities should submit all services provided to a member on a single date of service on one claim. When multiple outpatient facility claims are submitted for the same member with the same date of service, the subsequent claim lines with the same dates of service will be denied. See below for exceptions to this rule for outpatient preventive services.

Example scenarios



IF A MEMBER HAS BOTH A PREVENTIVE AND DIAGNOSTIC CLAIM THAT HAVE THE SAME DATE OF SERVICE, they will need to be billed separately.

EXAMPLE: A patient has a routine mammogram performed on the same day as a colonoscopy procedure for gastrointestinal/rectal bleeding. They need to be billed on separate claims.



MULTIPLE DISTINCT PREVENTIVE SERVICES performed for different indications on the same date can be billed on separate claims.

EXAMPLE: A patient is given an HPV vaccine on the same day as a routine mammogram. They can be submitted on separate claims.



AMBULANCE SERVICES may be submitted on a separate claim from other non-ambulance outpatient services provided on the same date of service.

Wellmark pays for covered outpatient facility services according to the terms of the member's benefit contract. Payment rates are based on your facility's agreement and the payment rate in effect at the time services are provided.

Outpatient facility claims are processed in the order in which they are received by Wellmark.

If Wellmark receives an outpatient diagnostic/therapeutic facility claim for the same member with a claim line for the same date of service as a previously processed outpatient diagnostic/therapeutic facility claim, Wellmark will deny the claim line with either GF5 or I652, advising that all diagnostic/therapeutic services provided on the same date of service should be billed on the same claim.

Services billed on claim lines that have denied with either GF5 or I652 should be added to the previously processed outpatient diagnostic/therapeutic facility claim as an adjustment request through the online provider inquiry process.

Providers can refer to the [Outpatient Services section](#) of the Provider Guide for more information.

Improved Claims Filing section of the Provider Guide coming soon

Part of larger effort to make the Wellmark Provider Guide easier to use

Of the more than 20 sections that make up the [Wellmark Provider Guide](#), the [Claims Filing section](#) is not only the largest, but also the most utilized by providers. With that in mind, Wellmark has been performing a comprehensive review of this section to make it more organized, understandable, and to give providers the ability to find the answers they need more quickly.

The updates to the Claims Filing section are the beginning of a larger effort to update every section of the Provider Guide to organize them in a better way for readers. To be notified when the updates to the [Claims Filing section](#) of the Provider Guide are complete, [subscribe to WINS](#), Wellmark's real-time provider notification system.



Get real-time Wellmark updates directly to your inbox

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- Education and training
- Federal Employee Program
- Medical policies
- Pharmacy
- Provider guide
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Be on the lookout for fraudulent prescription requests

Ongoing scams send fraudulent prescriptions directly to providers.

Wellmark wants providers to be aware of an ongoing scam involving fraudulent prescriptions being faxed directly to providers. Telemarketing companies first reach out to members to get the contact information for their personal doctor. Following that, the companies will send the prescriptions to providers to obtain an authorization.

Commonly used fraud requests

To prevent being targeted by one of these scams, providers should take note of the prescriptions or certificates of medical necessity (CMN) being sent to their offices. They are typically received through fax from pharmacies or suppliers indicating that the patient has requested the medication or supplies.

The following types of requests should be of particular note:

- Acid reflux or gastroesophageal reflux disease (GERD) medication, including omeprazole sodium bicarbonate
- Braces, including:
 - Back
 - Knee
 - Neck
 - Wrist
- Compound creams
- Diabetic supplies, including:
 - Alcohol pads
 - Blood glucose meters
 - Control solutions
 - Test strips
 - Lancets
 - Lancet devices
- Non-steroidal anti-inflammatory drugs, including:
 - Fenoprofen calcium
 - Mefenamic acid
- Naproxen oral suspension topical steroids, including:
 - Calcipotriene
 - Diflorasone
- Fluocinonide
- Triamcinolone
- Transcutaneous electrical nerve stimulation (TENS) units and associated supplies, including:
 - Batteries
 - Electrodes
 - Leads
- Topical antifungal medications, including:
 - Econazole
 - Ketoconazole
 - Oxiconazole
- Topical pain creams, including:
 - Combination packs
 - Diclofenac sodium
 - Lidocaine
 - Vanatol LQ
- Vitamins

This list changes frequently, so please be sure to take a close look at any prescription that was not written by your office.



Warning signs of a fraudulent prescription

- The prescription will be partially completed when sent over, including the number of refills.
- The medication quantity will be higher than normal.
- The prescription will come from an out-of-state pharmacy.
- The prescription may list multiple options in categories, including:
 - Acid reflux
 - Arthritis
 - Eczema
 - General or diabetic neuropathy
 - GERD
 - Inflammatory pain
 - Scar or dermatitis
 - Topical pain therapy
 - Wellness

Suspected fraud, waste, and abuse (FWA) referrals [can be made on Wellmark.com](https://www.wellmark.com).



Questions about Wellmark's pharmacy program?

Online resources answer most questions.

Wellmark works closely with CVS/Caremark[™], our pharmacy benefit manager to assess current utilization management practices regarding pharmaceuticals. Prescribing practitioners are encouraged to use the [Wellmark Drug List](#) to find information on the different Wellmark pharmacy programs, including:

- Drugs that require prior authorization
- Quantity limits
- Generic substitution and alternatives
- Specialty drugs

Information on exclusive specialty pharmacies [is also available on Wellmark.com](#). For questions regarding quantity limits or generic substitution, providers may call Wellmark Pharmacy Services at 800-600-8065.

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