

SOUTH DAKOTA AAHAM MEETING

SEPTEMBER 27, 2018

PRESENTED BY

KATHY JOHNSON AND DEB WILCKE

Network Engagement Business Partners

OPERATIONS

MEDICAL

CREDENTIALING

PAYMENT UPDATE

TELEMEDICINE VERSUS
TELEHEALTH
WORKING WITH WELLMARK

CONTACTS



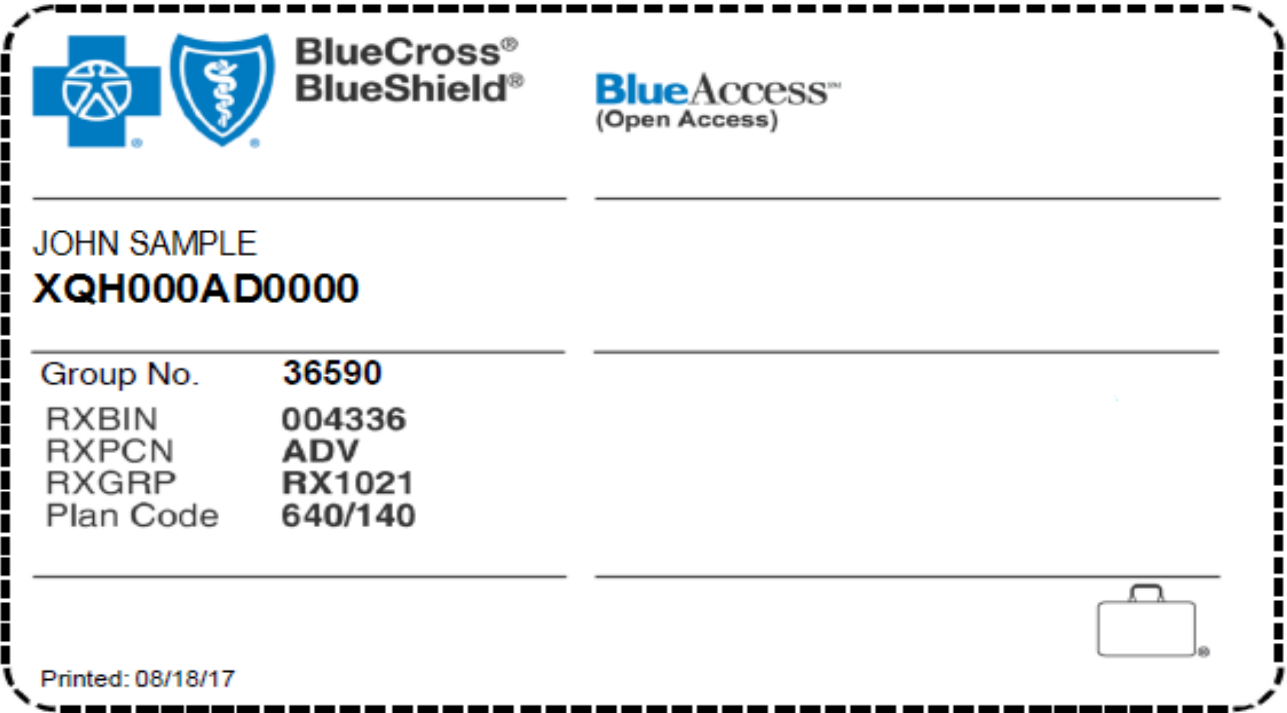
OPERATIONS

SYSTEM MIGRATION

- Project launch in 2014 beginning with small group, non-grandfathered and individual family plans
- Migrated more than **1 Million members** to new claims processing system
- Wellmark will continue to migrate groups throughout 2018-2019; including BlueCard Host claims
- **Important** to review ID cards at each visit

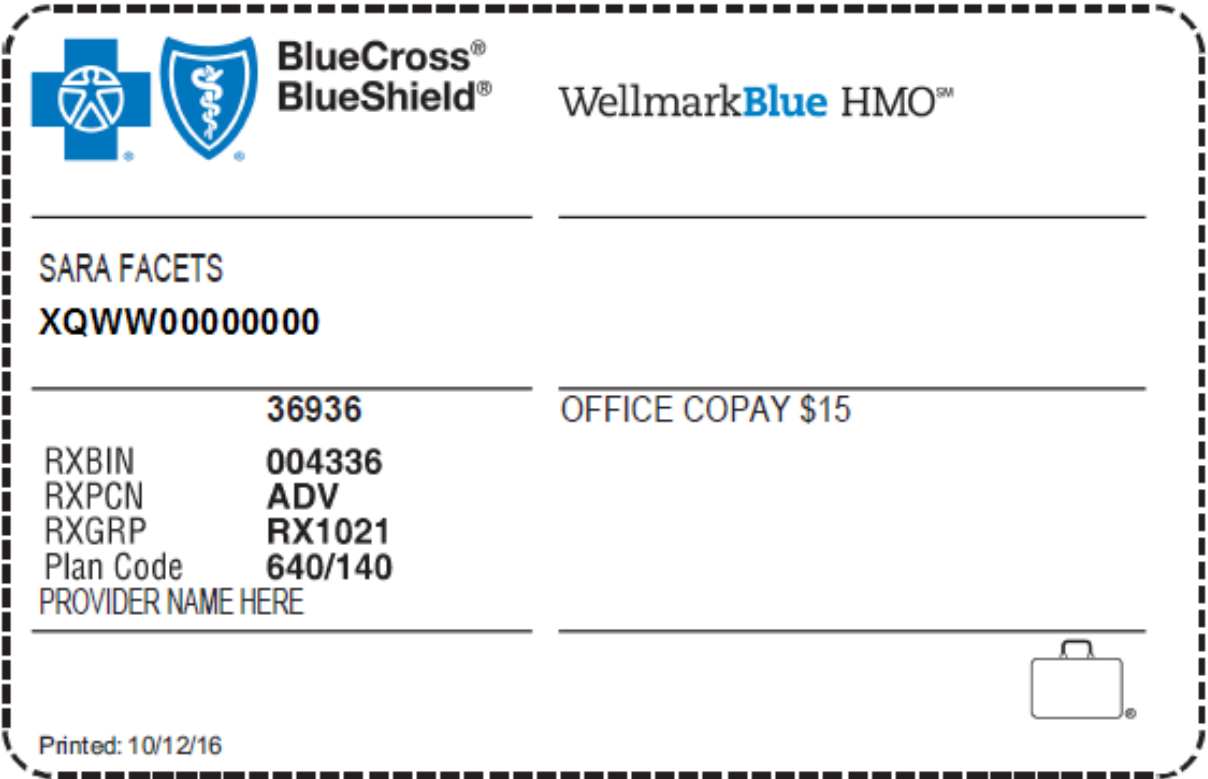
MEMBER ID CARDS - LEGACY SYSTEM

- ID Structure –3 letter prefix followed by 123AD4567



MEMBER IDENTIFICATION CARDS - NEW SYSTEM

- ID Structure –3 letter prefix followed by W00123456



REMINDER - OUTPATIENT CLAIMS

- Submit all outpatient facility services provided on a single date of service on a single claim.
 - EXCEPTIONS
 - Preventive and diagnostic services provided to a member on the same date of service.
 - Ambulance services provided to a member on the same date of service.

REMINDER - INPATIENT CLAIMS

- Submit claim with the active ID at the time of admission

PROVIDE OTHER INSURANCE INFORMATION

Wellmark

Log out

- » Claims
- » Doing Business With Wellmark
- » Payments
- » Quality and Transparency
- » Eligibility, Benefits and Accumulations
- » Pre-Service Review
- » Communication and Learning

CLAIMS AND BENEFITS QUICK LOOK-UP (all fields required)

Patient Last Name: Patient First Name: Identification Number: Date of Birth (mm/dd/yyyy):

Dates of Service (mm/dd/yyyy)
From: To:

CLAIMS

- Check a Claim
- Create & Submit a Claim
- View Provider Claim Remittance (PCR)

ELIGIBILITY, BENEFITS & ACCUMULATIONS

- Check Member Information
- Update Information for Coordination of Benefits**

[DOING BUSINESS WITH WELL MARK](#) [PRE-SERVICE REVIEW](#)

UPCOMING WEBINAR: UNDERSTANDING COORDINATION OF BENEFITS
[REGISTER ▶](#)

FEBRUARY BLUE INK
[OPEN BLUE INK ▶](#)

Wellmark

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Claim Summary

Plan Member Number:

Plan Member Name:

Patient Name:

Claim Number: [Claim Status View](#)

Message

Our records show that we need to validate Other Insurance information. Use this [link](#) to update. You will be prompted for this information until it is completed. Keeping this information current helps Wellmark control claim expense.

- [Claim Lines](#)
- [View Provider Claim Remittance \(PCR\)](#)
- [Printable Version](#)

Claim Status: Paid

- View Accounts Receivable
- Check a Claim
- View Provider Claim Remittance (PCR)
- Repeat Claims Search
- Out of Area Search
- Create Pending Claim Report
- Check Member Information
- Check Member Information -
- Update Information for Coordination of Benefits**
- Update Information for Coordination of Benefits -**
- Ask a Member Question
- Inquire or Submit Documents on this Claim
- Ask a Question about this Member
- Track Previous Inquiries

PROVIDE OTHER INSURANCE INFORMATION

secure provider home | contact us | glossary Ask a General Question

Other Insurance

Plan Member #: [Member Number Lookup](#)

Wellmark Identification Number:
Plan Member Name:

Whether or not you have provided us with Other Insurance information in the past, at this time, we need to collect all relevant Other Insurance information.
Do you, your spouse, or your dependent(s) have any other insurance coverage in addition to Wellmark coverage? Please include any additional Wellmark policies.

No Yes

Other Insurance Policies

[Add Other Insurance](#)

Comments related to other insurance, if applicable:

This information has not yet been sent to Wellmark. You must click the Update button below to Submit the information once you have added all other insurance policies.

Please provide details of the other health insurance policy.
Bold indicates required fields.

Other Insurance Policyholder Information	
Other Health Insurance Policyholder's Name:	<input type="text"/>
Other Health Insurance Policyholder's Date of Birth:	<input type="text"/>
Other Health Insurance Policyholder's ID#:	<input type="text"/>
Other Health Insurance Group Number:	<input type="text"/>
Relationship of other health insurance Policyholder to Wellmark Policyholder:	<input type="text"/>

Other Health Insurance Carrier	
Carrier Name:	<input type="text"/>
Address Street Line 1:	<input type="text"/>
Street Line 2:	<input type="text"/>
City:	<input type="text"/> State: <input type="text"/> ZIP: <input type="text"/>
Phone:	<input type="text"/>
Other health insurance offered by:	<input type="text"/>
Effective Date of other health insurance:	<input type="text"/>
Cancel Date of other health insurance (if applicable):	<input type="text"/>
Type of other insurance:	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pharmacy/Prescription Drug

Select Members Covered by the Other Insurance Policy

Is a covered member not listed? [Click Here](#)

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MEDICAL

OPIOID MEDICATION MANAGEMENT PROGRAM

- Wellmark working in conjunction with CVS/Caremark on UM management program to insure clinically appropriate usage
- Program is intended to insure smaller quantities of opioids are dispensed for acute (short-term) pain needs
- Based on morphine milligram equivalents, or MME
- No intent to impact to members with chronic pain or those undergoing care for serious illnesses
- Prescribing limits are in line with the CDC and National Governor's Association Opioid Briefing guidelines
- Additional guidance in the April 2018 Blue Ink

AFFORDABLE CARE ACT PREVENTIVE SERVICES LIST

Wellmark provides coverage at no member cost share for certain preventive services mandated by the Affordable Care Act for all non-grandfathered group and non-grandfathered individual health plans

Wellmark logo

WELLMARK'S ACA PREVENTIVE SERVICES LIST

INFORMATION UPDATE: SEPTEMBER 2016

Affordable Care Act (ACA) coverage for preventive services

The ACA mandates that all non-grandfathered group and individual health plans must provide coverage for preventive services without member cost share when provided by in-network providers. In accordance with this ACA requirement, Wellmark provides coverage for preventive services when they are provided by in-network providers.

Benefit coverage and cost sharing will still apply for out-of-network services as specified by member coverage manuals. Additionally, health plans may apply cost sharing to out-of-network preventive care and use reasonable medical management techniques to help control costs and promote efficient delivery of care.

How preventive services are defined

Preventive services are defined under Section 2713 of the ACA as examinations, screenings, and other services that are listed as recommended by the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), or the Federal Centers for Disease Control (CDC).

The services identified by the ACA to clinicians are recommendations, not mandated services. Clinicians are best able to determine which services to provide.

BACKGROUND



- In contrast to ICD-9-CM coding, the ICD-10-CM diagnosis codes can more accurately define and specify the patient's clinical condition which will provide higher-quality information for measuring quality of service, safety, and efficacy.
- This in turn allows providers and payers to capture better data, etc.
- Each year, as providers and payers learn more about ICD-10-CM, Wellmark will continue to have iCAP edits in place to assist with appropriate coding.
- Effective with dates of service on or after **October 1, 2018**, Wellmark will begin editing for the Excludes 1 note and Laterality concepts.
 - For complete details on Excludes 1 note and Laterality concepts, see the [ICD-10-CM Official Guidelines for Coding and Reporting](#).

EXCLUDES 1

- Used to indicate when two conditions cannot occur together
 - Example: a congenital form versus an acquired form of the same condition
- Indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note.

EXCLUDES 1 NOTE: EXAMPLE A

- Code range Q03 ***Congenital*** Hydrocephalus should never be billed with code range G91-G91.9 ***Acquired*** Hydrocephalus.

 Q03 Congenital hydrocephalus
INCLUDES hydrocephalus in newborn
EXCLUDES 1 Arnold-Chiari syndrome, type II (Q07.0-) (Q07.0-Q07.03)
 acquired hydrocephalus (G91.-) (G91-G91.9)
hydrocephalus due to congenital toxoplasmosis (P37.1) (P37.1)
hydrocephalus with spina bifida (Q05.0-Q05.4) (Q05.0-Q05.4)
Q03.0 Malformations of aqueduct of Sylvius
Anomaly of aqueduct of Sylvius
Obstruction of aqueduct of Sylvius, congenital
Stenosis of aqueduct of Sylvius
Q03.1 Atresia of foramina of Magendie and Luschka

EXCLUDES ONE NOTE: EXCEPTION

Per ICD-10-CM Official Guidelines for Coding and Reporting:


Exception to the Excludes 1 note definition is the circumstance when the two conditions are unrelated to each other.

If it is not clear whether the two conditions involving an Excludes 1 note are related or not, query the provider.

- For example, code F45.8, Other somatoform disorders, has an Excludes 1 note for “sleep related teeth grinding (G47.63),” because “teeth grinding” is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding. However psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep related teeth grinding. In this case, the two conditions are clearly unrelated to each other, and so it would be appropriate to report F45.8 and G47.63 together

EXCLUDES 1 NOTE: *EXCEPTION*

- Typically, with diagnosis F45.8, the provider should not separately bill diagnosis G47.63 “sleep related teeth grinding” because the teeth grinding condition is already considered part of the F45.8 disorder. However, there are some exceptions.

F45.8	Other somatoform disorders
	Psychogenic dysmenorrhea
	Psychogenic dysphagia, including 'globus hystericus'
	Psychogenic pruritus
	Psychogenic torticollis
	Somatoform autonomic dysfunction
	Teeth grinding
	EXCLUDES 1 sleep related teeth grinding (G47.63) (G47.63)

LATERALITY

- Laterality refers to the side of the body affected; left, right or bilateral.
- This coding convention was added to certain ICD-10 codes to increase specificity.
- Designated codes for conditions such as fractures, burns, ulcers and certain neoplasms will require documentation of the side/region of the body where the condition occurs.
 - C50.511 Malignant neoplasm of lower-outer quadrant of *right* female breast
 - H16.013 Central corneal ulcer, *bilateral*
 - L89.022 Pressure ulcer of *left* elbow, stage 2

LATERALITY: EXAMPLE A

Patient has both a right and left artificial knee joint:

Incorrect Coding

Z96.651 Presence of **right** artificial knee joint

Z96.652 Presence of **left** artificial knee joint

Correct Coding

Z96.653 Presence of artificial knee joint, **bilateral**

LATERALITY: ADDITIONAL REMINDERS

- When a patient has a bilateral condition and each side is being treated, assign the “bilateral” diagnosis code, if available.
- It is not appropriate to bill a right and left unilateral diagnosis if there is an accurate bilateral diagnosis. However, if a bilateral code is not available and the condition is bilateral, assign separate codes for both the left and right sides.
- Provider should append an LT or RT (left or right) modifier to the procedure code(s) when appropriate.

REMOTE PATIENT MONITORING

Remote patient monitoring (RPM), is a type of ambulatory healthcare that allows a patient to use an internet-capable device to perform a routine test and send the test data to a healthcare professional in real-time for analysis and follow-up

Wellmark will not be covering RPM for the following reasons:

- Wellmark currently does not cover Chronic Care Management, Transitional Care Management or Behavioral Health Integration services
- Patient is not interacting with the provider one on one

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CREDENTIALING

FULL APPLICATION - LIVE

- Participating providers have expressed interest in accessing and completing the full application electronically
- The launch of the full application using the E-Credentialing tool occurred on May 14, 2018
- Effective May 14, 2018, Paper applications no longer available on Wellmark.com
- Education Webinars available on wellmark.com
- Going Green: Target date to be paperless is October of 2018

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ANNUAL PAYMENT UPDATE

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- Annual Payment Update letter
 - April 1, 2018
 - Notification of the annual review and highlights the revisions made for the July 1, 2018
 - Log in to secure provider portal
 - Supporting exhibits available on the 3M (TREO)website
- Reach out to your Business Partner with questions

ANNUAL PAYMENT UPDATE NOTICE

- » Claims
- » Doing Business With Wellmark
- » Payments
- » Quality and Transparency
- » Eligibility, Benefits and Accumulations
- » Pre-Service Review
- » Communication and Learning

CLAIMS AND BENEFITS QUICK LOOK-UP (all fields required)

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ELIGIBILITY, BENEFITS & ACCUMULATIONS

- Check Member Information
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DOING BUSINESS WITH WELLMARK

- Credentialing and Network Participation
- E-credentialing Central (requires logout)
- User Security
- Forms
- Provider Guide
- Provider Experience Council Insights
- Treating patients in Wellmark's new networks

PRE-SERVICE REVIEW

- Authorization Table
- Utilization Management Tools and Resources
- SmartSheets™
- Pre-service Review for Out-of-Area Members

COMMUNICATION AND LEARNING

- BlueInk Magazine
- WINS - Wellmark Information Notification System
- Education and Training
- How-to Videos for Secure Tools
- Clinical Guidelines

PAYMENTS

- Professional Fee Schedules
- Annual Payment Update Notice
- Payment Policies for Professional and Outpatient Facility Claims

QUALITY & TRANSPARENCY

- Value Index Score (VIS)



UPCOMING WEBINAR:
COMMON QUESTIONS ABOUT CREDENTIALING WITH WELLMARK

[REGISTER ▶](#)

FEBRUARY BLUE INK



[OPEN BLUE INK ▶](#)

QUICK LINKS

- » [Drug Information](#)
- » [Find a Doctor or Hospital](#)
- » [Medical Policies](#)
- » [Wellmark.com/Provider](#)

HAVE A QUESTION FOR US?

- » [Ask & Track a Question \(Inquiry\)](#)
- » [IA Provider Contacts](#)
- » [SD Provider Contacts](#)

ACCESS ISSUES?

[Learn who to contact regarding access issues for secure tools](#)



TELEMEDICINE VERSUS TELEHEALTH

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DEFINITIONS

- Telemedicine
 - Involves a provider at the distant site and a provider with the patient/member at the originating site
 - Involves physicians using interactive audio/video and/or electronic images to treat patients
 - **Standard** benefit for Wellmark members
- Telehealth (Virtual Visit)
 - Provides health care services to members through real time video interaction between a provider and the patient/member
 - Involves a provider at the distant site and only the patient/member at the originating site
 - **Not a standard** benefit for all Wellmark members

TELEHEALTH

Involves a provider at the distant site and only the patient/member at the originating site

- Wellmark does not accept applications for practitioners with specialty of telehealth
- Telehealth is **not a standard benefit** for all Wellmark members
- Wellmark has a preferred vendor, Doctor's on Demand, for telehealth services
 - Other vendors requested by self-funded groups must be approved by Wellmark
 - Only low acuity visits, additional information can be found in the Claims Filing Provider Guide
 - Iowa General Assembly passed a mandate that goes into effect on 01/01/2019, more guidance will be coming soon
 - Guidance for South Dakota will be coming soon

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PROVIDER SERVICES EXTENDED HOURS

Effective June 6, 2018 Provider Services phone lines will be open from 07:30 a.m. – 5 p.m. CDT

- Includes regular and Federal Employee Program (FEP) business
- Previously the opening time was 8:30 a.m.

Provider service representatives can be reached at:

- Regular business: 1-800-774-3892
- FEP: 1-888-800-1359

FIND A DOCTOR TOOL

Where to Find the tool

- Clicking on “Find a Doctor or Hospital” under Quick Links
- Visiting [Wellmark.com/Finder](https://www.wellmark.com/finder)

Common Reasons to use the Tool

- Verifying in-network status
- When referring a patient to another physician
- Lab and pathology incur high incidence of out of network processing

MEDICAL RECORDS AND SUPPORTING DOCUMENTS

Wellmark accepts medical records, supporting documents and inquiries filed in the following ways:

- Attached to an electronic provider inquiry via the Check a Claim tool
- Attached to a paper provider inquiry form
- Attached to a medial records request letter sent by Wellmark
- Rare situations where documentation is needed to process a claim (i.e. invoices, MSRP statements) attach to a paper claim


BLUE INK GOING DIGITAL

Important to sign up to receive the *BlueInk* magazine electronically

- Wellmark is moving away from the printed/mailed copy of the magazine

CLAIMS Check a Claim Create & Submit a Claim View Provider Claim Remittance (PCR)	ELIGIBILITY, BENEFITS & ACCUMULATIONS Check Member Information Update Information for Coordination of Benefits
DOING BUSINESS WITH WELLMARK Credentialing and Network Participation E-credentialing Central (requires logout) User Security Forms Provider Guide Provider Experience Council Insights Treating patients in Wellmark's new networks	PRE-SERVICE REVIEW Authorization Table Utilization Management Tools and Resources SmartSheets™ Pre-service Review for Out-of-Area Members
PAYMENTS Professional Fee Schedules Annual Payment Update Notice Payment Policies for Professional and Outpatient Facility Claims	COMMUNICATION AND LEARNING <u>BlueInk Magazine</u> WING - Wellmark Information Notification System Education and Training How-to Videos for Secure Tools Clinical Guidelines
QUALITY & TRANSPARENCY Value Index Score (VIS)	

BlueInk



BlueInk is Wellmark's flagship provider publication. Published bimonthly, the in-depth articles are written to help you work more efficiently with Wellmark.

- [Current issue - February 2018](#)
- [Subscribe now](#) to get *BlueInk* delivered directly to your inbox.

Archives

2018	2017
<ul style="list-style-type: none">• February 2018	<ul style="list-style-type: none">• December 2017• October 2017• August 2017• June 2017• April 2017• February 2017

EDUCATIONAL WEBINARS

Archived Webinars

- E-Credentialing Central: Application Tool
- Utilization Management Resources
- Claims and Payment

New Webinars

- October 10, 2018– Telehealth
- December 12, 2018 – Network Update

Register at [Wellmark.com/provider/webinars](https://www.wellmark.com/provider/webinars)

NEW - VIRTUAL HOLD TECHNOLOGY

Virtual Hold is being implemented to eliminate extended hold times.

- Provider will have the option to stay on hold, receive a callback or schedule a callback
- Provider can enter area code and phone number for callback
- Go Live Date – September 24, 2018

WELLMARK INFORMATION NOTIFICATION SYSTEMS (WINS)

- Real time notification
- Messaging focuses on:
 - Wellmark policy changes that impact you and your business and/or business processes – including Medical Policy Updates
 - Issues that impact how Wellmark does business with the provider community
- How Do Providers Sign-up for WINS?
 - Log into Wellmark.com secure portal
 - Click on [Wellmark Information Notification System \(WINS\)](#) under **Quick Links**
 - Complete basic demographic information
 - Select message categories in which you are interested

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NETWORK ENGAGEMENT TEAM



Front row (left to right): Melissa Sudman, Kathy Johnson, Nicky Cooney, Charlene Fairchild (network operations coordinator). Back row (left to right): Deb Wilcke, Nat Kongtahworn, Jackie Landers, Shanna Kenworthy (network operations coordinator).

THANK YOU

Kathy Johnson and Deb Wilcke, Network Engagement Business Partners



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