

Wellmark **Advantage Health Plan**SM quick reference guide

Find the Wellmark AdvantageSM answers you need

Check eligibility and benefits	- Review benefit overview documents on Wellmark.com/provider/medicare-advantage Iowa plan benefit overview South Dakota plan benefit overview - Log in to Wellmark Advantage Health Plan Provider Portal to check specific member eligibility
Manage authorizations	- Review the Wellmark Advantage Provider Manual for details on which services require prior authorization and medical necessity review - Submit requests electronically through Symphony in the Provider Portal. See the Symphony User Guide.
Review billing guidance and submit claims	- To submit claims electronically, refer to Wellmark's HIPAA-AS 5010 Companion Guides - Refer to CMS.gov for billing guidance unless otherwise stated in the Wellmark Advantage Provider Manual
Follow-up on claims	- Review Electronic Remittance Advice (ERA) (835) - Review Explanations of Payment (EOPs) - Check claim status
Correct or appeal claims and submit payment disputes	- Submit all claim corrections electronically - Fax payment disputes and Level 1 and 2 post-pay appeals using the Provider Appeal Form

Reminders

Authorizations

- Inpatient admissions and post-acute care services — medical necessity review is required.
- Other medical services — effective Jan. 1, 2025, authorizations are suspended.
- Part B medications — certain medications require prior authorization.
- Refer to member's home plan for out-of-state BlueCard® members' pre-service requirements and pre-service authorization appeal process.
- Follow directions on determination letters for pre-service review appeals.

See the **Provider Manual** for details.



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Advantage Health
Plan networks?
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Billing guidance and submitting claims

- Submit claims electronically to Wellmark for the most efficient processing.
- Refer to the **Provider Manual** and CMS.gov for billing guidance.
- NCCI edits apply to Wellmark Advantage claims.

Following up on claims

- Rejected claims will not produce a remittance. They will be returned by mail to the address on the claim with a letter of explanation. Claims must meet clean claim requirements as defined by CMS and the Claims Filing section of the Wellmark Provider Guide to be accepted.
- Refer to EOPs and ERA/835s when following up on claims.
- EOPs for out-of-state Medicare Advantage claims are not available on the Provider Portal; refer to ERA/835s.

Claim corrections, disputes and appeals

- Submit all claim corrections electronically. Refer to CMS.gov and the Wellmark Advantage Health Plan **Provider Manual** for requirements.
- For faster receipt, fax all post-service claim payment disputes and appeals to 1-866-533-6950 with a completed **Provider Appeal Form**. You will receive confirmation of receipt via fax.
- Important: if a pre-service denial is received, resolve that first before submitting a claim by following the instructions on the determination letter.

Stay informed

Register for WINS

The Wellmark Information Notification System (WINS) sends important provider updates straight to your inbox. Be sure you are registered for the Medicare Advantage category at **Wellmark.com/Provider/WINS**.

Subscribe to *Blue Ink*SM

Wellmark's bi-monthly newsletter for providers offers in-depth information on working with Wellmark and Wellmark Advantage. Subscribe today: **Blue Ink provider newsletter | Wellmark**

Need portal access?

Go to the **Welcome to Wellmark page** to register.

Know where to go

Wellmark.com

Go to **Wellmark.com/provider/medicare-advantage** to access key resources. Browse the accordions for information on utilization management, forms, policy papers, benefits, quality and risk adjustment.

Secure Provider Portal

Go to **Wellmark.com** and select "login" to enter your credentials. Scroll down to Wellmark Advantage Health Plan to check eligibility and claim status and manage authorizations through Symphony.



Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Symphony is a tool that enables authorization services on behalf of Wellmark Advantage Health Plan, Inc.

Accessing Medicare Advantage secure provider portal

Log in to **Provider Secure Portal** (), scroll down to the Wellmark Advantage Health Plan section, and click on Wellmark Advantage Health Plan Provider Portal to:

- Check eligibility
- Check claim status
- Manage authorizations and more for Wellmark AdvantageSM members

Medicare Advantage resources

[Provider Manual for Wellmark Advantage Health PlanSM](#) ()

[Quick Reference Guide for Wellmark Advantage Health PlanSM](#) ()

[Medical authorizations and policies, including Part B Drugs](#) ()

[Part D drug authorizations, policies and formularies](#) ()

[Forms and resources](#) ()

[Plan benefit and policy papers](#) ()

[Benefits](#) ()

[Quality and risk adjustment](#) ()



MEDICARE ADVANTAGE

Working with Wellmark AdvantageSM

- [Review the Wellmark Advantage Health Plan Provider Manual](#) ()
- [Access Provider Resources](#)

[First Tier, Downstream, or Related Entities \(FDRs\) Provider Resource Guide](#) ()

Wellmark Advantage Health PlanSM Provider Portal

[Access the portal to:](#)

- Check eligibility
- Check claim status and
- Manage authorizations for Wellmark Advantage members.