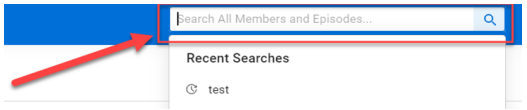
Wellmark Advantage Health Plan

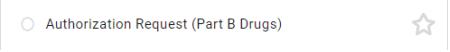
Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Submitting a Part B Authorization in Symphony

1. Log into the provider portal on **Wellmark.com**, click **Manage MA authorizations** under **Medicare Advantage**. This will take you to the Wellmark Advantage Health Plan secure provider portal. Select **Manage Authorizations** in the top navigation. This will take you directly into Symphony, no additional login required.
2. Locate the member by using the Search field in the top right and search by **Member ID**

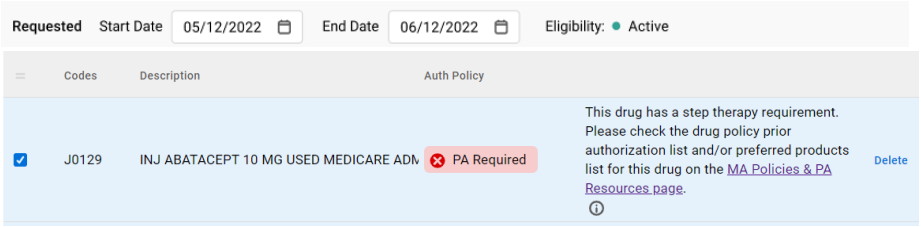


3. The member search results will appear. Select the check box next to the member and click the + New button to start an authorization.
4. Select the appropriate authorization request type and click Next.

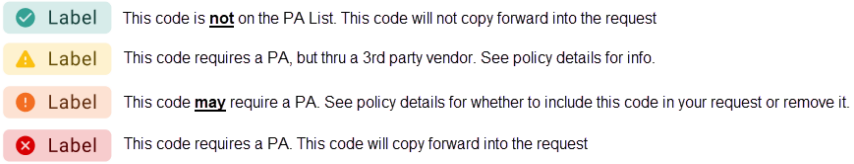


5. Enter the date range to confirm member eligibility and then enter the procedure codes. As codes are entered, the auth policy for those codes will display. Note, only the automatically selected codes ☑ will carry forward into the auth request.

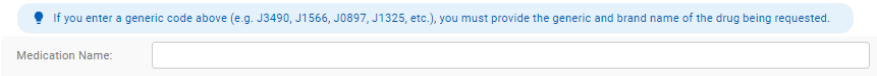
*Make sure to review any codes in orange that **may** require a PA.*



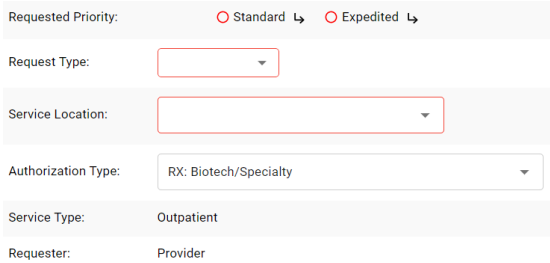
Authorization Policy Legend:



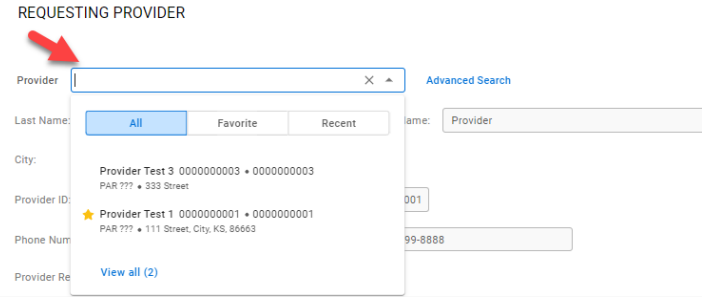
6. The Medication Name is required when choosing a generic drug code.



7. After all codes are entered, click Next.
8. Enter additional request details such as **Priority**, **Request Type** and **Service Location.** The **Authorization Type** will automatically populate.

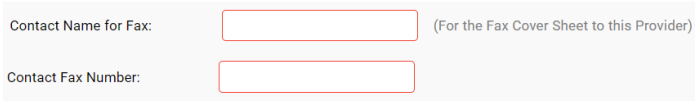


9. Enter the provider information by typing the provider name or NPI in the search box. If unable to locate a specific provider, use the Advanced Search for additional options.

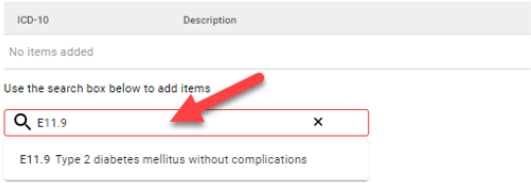


Use the button Same as: Requesting *to copy requesting provider into treating provider.*

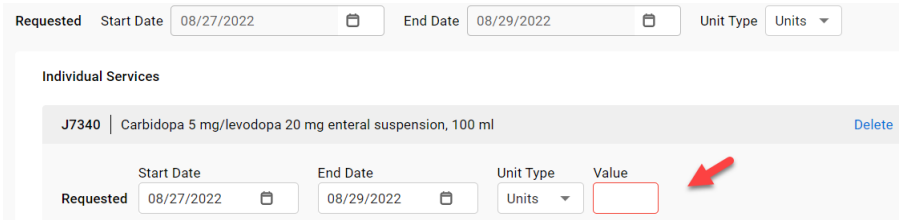
10. Enter the contact name and number for fax cover sheet.

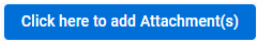


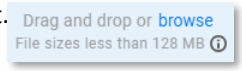
11. Enter diagnosis codes. A primary code is required, but additional secondary codes may also be added.

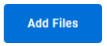


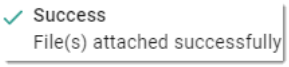
12. Confirm procedure code date range and unit types and enter the unit value. The procedure codes that required a PA in step 5 will be populated here automatically.



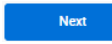
13. Click the Attachment(s) button 

to upload documentation.
14. Click browse or drag and drop the file(s) to attach to the request. Most file types allowed. Click icon to see allowed file types.


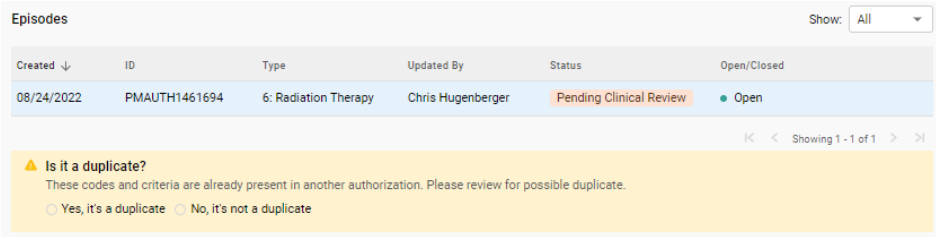
15. Click 

and the following success message will appear on the lower left corner.


16. Add additional notes if needed.

17. Verify all the auth information is correct and click 

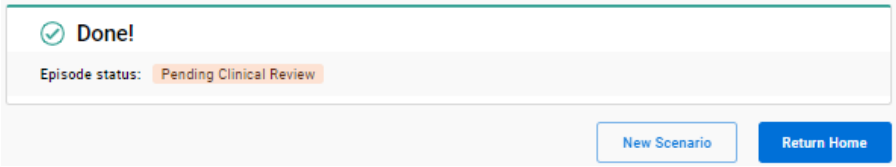
.
18. The request will run through a duplicate check. A warning may appear to review if this request is a duplicate of an existing authorization.



- Choose "***No, it's not a duplicate***" if you want to continue with the request.
- Choose "***Yes, it's a duplicate***" if you want to cancel this request.

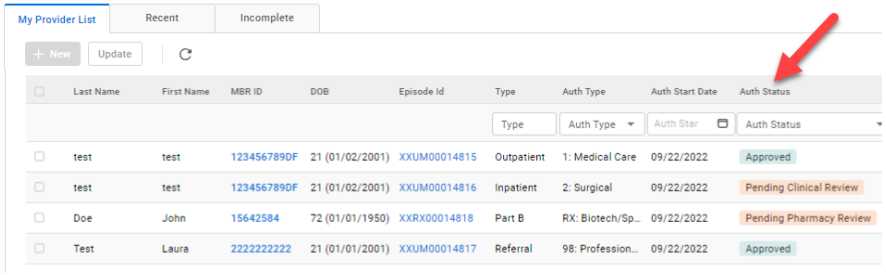
19. Authorization rules will fire and pend the auth for clinical review.

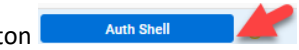
20. The system will indicate that the user is done. Click "**Return Home**" to search for a new member or "**New Scenario**" to submit another auth for the same member.



Checking the Status of a Previous Request

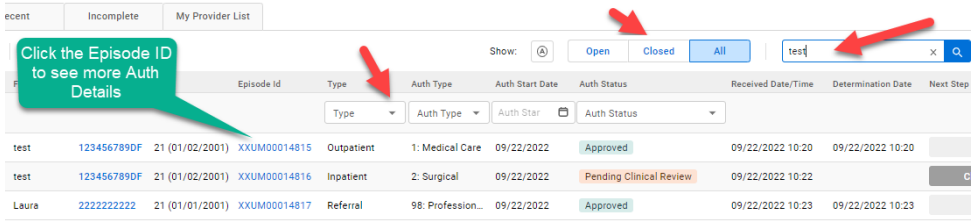
1. On the home screen, there are three different tabs.
   a. The **My Provider List** tab will list all auth requests associated with the user's TIN. The Authorization Status column will identify the status of the request.



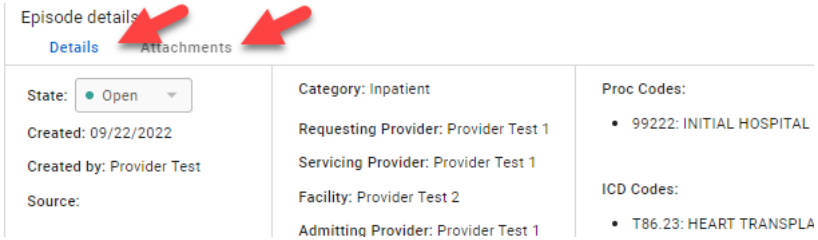
   b. The **Recent** tab will list any authorizations recently updated by the user.
   c. The **Incomplete** tab will list any authorizations that are incomplete and have not been submitted. Click the Next Step button 

to finish.

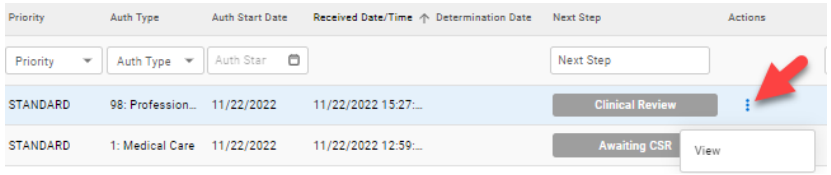
2. To filter the list to a specific request, utilize the filter buttons, column filters or tab search box. Use the **Open** filter button to only see auths that have not been finalized. Use the tab search box to search by name or other criteria.



Clicking the Episode ID hyperlink will open the auth details and attachments.



Clicking the Other Actions button and selecting **View** will open the auth request



Copyright © 2023 Advantasure and/or one of its subsidiaries. All Rights Reserved.