



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and
Blue Shield Association

Amendment to Your Coverage Manual or Summary Plan Description

This amendment to your coverage manual or summary plan description (SPD) is effective January 1, 2014. The headings refer to sections in the coverage manual or SPD. Please review this amendment and keep it with your coverage manual or SPD.

General Conditions of Coverage, Exclusions, and Limitations

Benefit Limitations – Precertification

If there are provisions in your coverage manual or SPD indicating that if you receive services subject to precertification, and do not obtain precertification, benefits can be reduced or denied, the “precertification” clause, under Benefit Limitations, is revised:

- If you do not obtain precertification for certain medical services, benefits can be reduced or denied. You are responsible for benefit reductions if you receive the services from a nonparticipating provider. You are responsible for benefit denials only if you are responsible (not your provider) for notification.

Notification Requirements and Care Coordination

Precertification, Prior Approval, and Concurrent Review – Process

The timeliness requirement to submit, within 48 hours, supporting clinical information with precertification requests, prior approval requests, and concurrent reviews is hereby removed; however, the requirement that precertification requests, prior approval requests, and concurrent reviews include supporting clinical information to determine medical necessity of the service or admission remains in effect.

Therefore, Process, under Precertification, Prior Approval, and Concurrent Review is revised:

Precertification

Process	Precertification requests must include supporting clinical information to determine medical necessity of the service or admission.
----------------	--

Prior Approval

Process	Prior approval requests must include supporting clinical information to determine medical necessity of the service or admission.
----------------	--

Concurrent Review

Process	Responses to Wellmark’s concurrent review requests must include supporting clinical information to determine medical necessity of the service or admission.
----------------	---

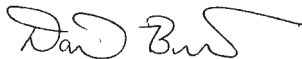
Precertification – Importance

If you receive services subject to precertification from a nonparticipating provider and we determine the procedure is medically necessary and otherwise covered, without precertification, benefits can be reduced. Therefore, Importance, under Precertification, is revised:

Importance If you choose to receive services subject to precertification and we determine that the procedure was not medically necessary, you will be responsible for the charges.

 If you receive the services from a nonparticipating provider and we determine the procedure is medically necessary and otherwise covered, without precertification, benefits can be reduced. You are subject to this benefit reduction only if you receive the services from a nonparticipating provider.

All other terms and provisions of your coverage manual or SPD, including any amendments we may have issued previously, remain unaltered and in effect.



David S. Brown
Executive Vice President, Chief Financial Officer and
Treasurer
Wellmark Blue Cross and Blue Shield of Iowa and
Wellmark Health Plan of Iowa, Inc.