Preface

The *Wellmark Provider Guide* is a resource for Practitioners, Facilities, and Entities (“Providers”) doing business with Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota. The Provider Guide is incorporated by reference in your Provider Agreement and includes information that applies to all benefit plans in Iowa and South Dakota unless specified otherwise within the text.

**Authority**

Wellmark in its sole discretion reserves the right to decline, limit, suspend, or terminate the participation of any Provider in Wellmark Network(s) that does not comply with the guidelines set forth in the Provider Agreement and Provider Guide.

**Provider's Rights**

Providers have the right to request the status of their credentialing and recredentialing applications. To access the status of your credentialing and recredentialing submissions online, visit the Submission Status Tracker on Wellmark.com (Provider > Credentialing and Contracting).

Providers may request to review the information submitted in support of their credentialing or recredentialing applications. You may correct any erroneous information found in your record; you will be notified if any information collected during the credentialing or recredentialing process varies substantially from the information previously submitted. Send any corrections or requests by emailing Provider Credentialing.

**Confidentiality**

Wellmark staff and Wellmark’s Credentialing Committee (“Committee”) activities, as well as materials reviewed or compiled as part of the credentialing and recredentialing process by Wellmark are considered confidential. All Wellmark staff and Credentialing Committee members sign the Wellmark, Inc. Confidentiality and Conflict of Interest Certification Form on an annual basis. The Committee members follow the Confidentiality/Conflict of Interest policy.

**Categories of the Provider Guide**

There are four categories of the Provider Guide that include the following:

- General sections for all Providers,
- Sections for Hospitals (including Hospital-Based Ambulance—see Outpatient Services), Home Health Agencies (HHA), Skilled Nursing Facilities (SNF), Ambulatory Surgery Centers (ASC), Hospices, and Freestanding Substance Abuse Facilities (FSAF),
- Sections for Primary Care Providers, Surgeons, OB-GYNs, Radiologists, Pathologists, and Independent Ambulance (Ambulance—see General Medical), and
- Sections for Specialty Services.
Provider Guide Updates
To stay up-to-date on Provider Guide updates, register for the Wellmark Information Notification System (WINS). With WINS, information about changes or issues that impact your business are sent directly to your inbox. You can subscribe to any of the message categories, including Provider Guides. How and where do I register? If you have secure access to Wellmark.com, you can register for WINS by going to the Real-time Updates page. If you do not have secure access, contact the main designated security coordinator (DSC) in your organization or click on Register Now on Wellmark.com to register your organization.

The Provider Guide is updated regularly to provide the most current information. The following items identify when the section was last updated:

- The date of the most current update can be found next to the linked section name on Wellmark.com (Provider > Communications and Resources > Provider Guide).
- The most current date is printed on the front cover and inside pages of the section. The date of the version replaced is also printed on the front cover of the section.
- A Summary of Changes page lists all the substantial changes made in the most recent update. The page(s) affected and a brief explanation of the change is linked from the Summary of Changes page to the change within the section.
- Changed text and most links appear in blue text.

Copies of the Wellmark Provider Guide
The most current version of the Wellmark Provider Guide may be found on Wellmark.com (Provider > Communications and Resources > Provider Guide).

No fee schedules, basic units, relative values, or related listings are included in CPT.
The AMA assumes no liability for the data contained herein.
Applicable FARS/DFARS restrictions apply to government use.
CPT® is a trademark of the American Medical Association.

Blue Cross®, Blue Shield® and the Cross® and Shield® symbols are registered marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.
Wellmark® is a registered mark of Wellmark, Inc.
Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.
How to Find Answers to Your Questions

The table below describes the various methods you can use to find answers to your questions either through the Web tools available on Wellmark.com, by email or mail. To access the self-serve secure tools, you must be registered for Wellmark.com. For more information about Web access, refer to Chapter 17: Secure Access to Wellmark.com.

<table>
<thead>
<tr>
<th>Method</th>
<th>Resources</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Serve secure tools available</strong></td>
<td>Check a Claim</td>
<td>Check the status of a submitted and accepted claim.</td>
</tr>
<tr>
<td></td>
<td>Create &amp; Submit a Claim</td>
<td>Create and submit claims electronically.</td>
</tr>
<tr>
<td></td>
<td>View Provider Claim Remittance (PCR)</td>
<td>Access PCR statements.</td>
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<tr>
<td></td>
<td>Electronic Funds Transfer (EFT) Form</td>
<td>Enrollment form to receive electronic payments.</td>
</tr>
<tr>
<td></td>
<td>Electronic Remittance Advice (ERA)/835 Enrollment Form</td>
<td>Enrollment form to receive electronic remittances.</td>
</tr>
<tr>
<td></td>
<td>Check Member Information</td>
<td>Check member benefits and accumulations.</td>
</tr>
<tr>
<td></td>
<td>Update Information for Coordination of Benefits (COB)</td>
<td>Enter other insurance information for a member.</td>
</tr>
<tr>
<td></td>
<td>Professional Fee Schedules</td>
<td>View the Provider fee schedules.</td>
</tr>
<tr>
<td></td>
<td>Utilization Management Tool</td>
<td>Submit pre-service review requests.</td>
</tr>
<tr>
<td></td>
<td>Ask &amp; Track a Question</td>
<td>Submit and track the status of a question online.</td>
</tr>
<tr>
<td></td>
<td>View Accounts Receivable (A/R)</td>
<td>Provides details regarding recoupments or requested refund of overpayments.</td>
</tr>
<tr>
<td></td>
<td>Out-of-Area Claims Search</td>
<td>Search for out-of-area plan members’ claims (e.g., BlueCard).</td>
</tr>
<tr>
<td></td>
<td>Out-of-Area Benefits Search</td>
<td>Verify benefits and eligibility for out-of-area, Federal Employee Program (FEP).</td>
</tr>
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<td></td>
<td>Provider Video Gallery</td>
<td>3-4 minute instructional videos on Wellmark’s Web tools.</td>
</tr>
<tr>
<td><strong>Self-Serve non-secure tools available</strong></td>
<td>Authorization Table</td>
<td>A resource to help you determine when to request a pre-service review.</td>
</tr>
<tr>
<td></td>
<td>Pre-service Review for Out-of-Area Members</td>
<td>Notification, pre-certification, pre-authorization and prior approval for services and procedures for members of Blue plans not contracted directly with the Provider.</td>
</tr>
<tr>
<td></td>
<td>Submission Status Tracker</td>
<td>Check the current status of Provider credentialing and recredentialing applications, and Provider change requests.</td>
</tr>
<tr>
<td></td>
<td>Find a Doctor or Hospital</td>
<td>Check Network status of Providers and help refer patients to in-Network Providers.</td>
</tr>
<tr>
<td></td>
<td>Medical Policies</td>
<td>Guidelines for determining what medical services, procedures, devices and drugs may be eligible for coverage.</td>
</tr>
<tr>
<td></td>
<td>Wellmark Drug List</td>
<td>List of medications that help guide Practitioners and Pharmacists in selecting the medications that provide the most appropriate treatment for the best price.</td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td>Provider Credentialing</td>
<td>Responses to questions submitted are processed in order of date received. To ensure an accurate response, you must include the following information: • Individual and group NPI • Provider name • Location • Your contact information • Your specific question</td>
</tr>
<tr>
<td><strong>Mail</strong></td>
<td>Wellmark, Inc.</td>
<td>Applications, supporting documents and Agreements may be mailed to Network Administration.</td>
</tr>
<tr>
<td></td>
<td>PO Box 14509</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Des Moines IA 50306-3509</td>
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Summary of Changes
July, August, and October 2017

Summaries below link to the actual changes in the text. The most recent changes appear in blue.

Page 5: (July)
Updated wording in “Telehealth Providers” section.

Pages 6-7: (July)
Replaced Iowa and South Dakota maps with clearer images.

Page 8: (October)
Added statement regarding requirements to be considered a non-participating provider.

Page 10: (August)
Added (MD/DO) after references of Practitioner regarding Locum Tenens and updated footnote.

Page 16: (July)
Updated information in Medical Director category in Facility/Entity Credentialing and Contracting Requirements table.

Page 37: (July)
Updated note regarding paper applications for practitioners.

Page 37: (July)
Updated practitioner applications scenario table with language for the applications that are required to be submitted using the E-cred Application Tool.

Page 39: (July)
Updated note regarding paper applications for facilities and entities.

Page 41: (July)
Added information regarding not highlighting application fields.

Page 62: (October)
Removed HEDIS® and NCQA from Appendix A.

Page 66: (October)
Removed NCQA from Appendix B.
Table of Contents

Chapter 1: Introduction .................................................................................................................................................. 1
  Background .............................................................................................................................................................. 1
  Wellmark Insurance Plans ...................................................................................................................................... 1
  Wellmark Products .................................................................................................................................................. 1
  Wellmark Network(s) .............................................................................................................................................. 2
  Geographical Plan Area .......................................................................................................................................... 2

Chapter 2: Requirements to Participate in Wellmark Network(s) ...................................................................................... 3
  Approved Provider Types ......................................................................................................................................... 3
  National Provider Identifier (NPI) Number ............................................................................................................. 5
  Physical Presence at Practice Location .................................................................................................................. 6
  Practice Locations for Iowa and South Dakota Geographical Plan Areas ............................................................ 6
  Practice Location Requirements .......................................................................................................................... 8

Chapter 3: Wellmark Provider Credentialing and Contracting Requirements ................................................................. 9
  Definitions ............................................................................................................................................................... 9
  Review of Provider Information ............................................................................................................................ 9
  Practitioner Credentialing and Contracting Requirements .................................................................................... 10
  Facility and/or Entity Credentialing and Contracting Requirements .................................................................... 15
  Facility/Entity Accreditation/CMS Requirements ............................................................................................... 17
  Network Monitoring - Quality and Safety for Wellmark Members ......................................................................... 18

Chapter 4: Contracting Relationships .......................................................................................................................... 19
  Contracting Directly as a Practitioner .................................................................................................................... 19
  Contracting as a Group ......................................................................................................................................... 20
  Contracting as a Corporation ................................................................................................................................ 20
  Contracting as a Provider Hospital Organization (PHO) ....................................................................................... 20
  Contracting as a Provider Organization (PO) ........................................................................................................ 21
  Network Participation through an Employment Relationship .................................................................................. 21
  Subcontracting ...................................................................................................................................................... 21
  Hospital-Based Practitioners ............................................................................................................................... 21

Chapter 5: Changing Your Contract Relationship ....................................................................................................... 22
  Group/Corporate Agreement ................................................................................................................................ 22
  PO or PHO Agreement ........................................................................................................................................... 22

Chapter 6: Provider Agreement Termination .................................................................................................................... 23
  Provider Agreement Termination by Provider ...................................................................................................... 23
  Provider Agreement Termination by Wellmark .................................................................................................... 23

Chapter 7: Network(s) Effective Dates ................................................................................................................................ 24

Chapter 8: Changes in Ownership, Location, or Tax Identification Number (TIN) ............................................................ 26
  New Ownership ..................................................................................................................................................... 26
  Practice Location Address Change and/or TIN Change ........................................................................................ 27

Chapter 9: Leave of Absence ............................................................................................................................................. 28

Chapter 10: Applications and Credentialing .................................................................................................................. 29
  E-credentialing Central .......................................................................................................................................... 29
  Application and Credentialing Process .................................................................................................................. 31
  When Credentialing Does Not Apply .................................................................................................................... 32

Chapter 11: Wellmark, Inc., Credentialing Committee ..................................................................................................... 33

Chapter 12: Provider Applications .................................................................................................................................. 34
  Participation Options ............................................................................................................................................. 34
  How to Apply with Wellmark ................................................................................................................................ 34
  Missing Information and Returning Applications .................................................................................................. 41
The Provider Credentialing and Network Participation section of the Wellmark Provider Guide includes information on:

- approved Provider types and locations to participate in Wellmark Network(s)
- requirements for Credentialing and Contracting with Wellmark to participate in Wellmark Network(s)
- applying to Wellmark to be credentialed and recredentialed
- applying to Wellmark to bill for services without contracting and participating in Wellmark Network(s)
- how to keep Provider information current with Wellmark

Background

Wellmark Inc. is authorized by the Iowa Division of Insurance to transact the business of health insurance and is licensed by the Blue Cross and Blue Shield Association. Wellmark Inc. d/b/a Wellmark Blue Cross and Blue Shield of Iowa, is the parent company of Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc., and Wellmark of South Dakota, Inc. This section of the Wellmark Provider Guide applies to all Wellmark plans, Network(s), and products.

Wellmark Insurance Plans

Information in this section applies to the following plans unless otherwise indicated:

- Wellmark Blue Cross and Blue Shield of Iowa (WBCBSI),
- Wellmark Health Plan of Iowa (WHPI),
- Wellmark Synergy Health, Inc. (WSHI),
- Wellmark Value Health Plan, Inc. (WVHP), and
- Wellmark Blue Cross and Blue Shield of South Dakota (WBCBSSD) Plans.

When a policy, procedure, and/or rule applies to all Wellmark Network(s) or products, "Wellmark" is indicated. When information applies to a specific Plan, that Plan is identified with the initials WBCBSI, WHPI, WSHI, WVHP, or WBCBSSD.

Wellmark Products

WBCBSI Plan products include, but not limited to, Alliance SelectSM, BlueSimplicitySM, Classic Blue®, CompleteBlueSM, EnhancedBlueSM, myBlue HSA®SM, PremierBlueSM, SimplyBlueSM, and Senior Blue®.

WHPI Plan products include, but not limited to, Blue Access®, Blue Advantage®, Blue Choice®, Blue RewardsSM, BlueSimplicitySM, CompleteBlueSM, EnhancedBlueSM, myBlue HSA®SM, PremierBlueSM, and SimplyBlueSM.

WBCBSSD Plan products include, but not limited to, Blue Select®, Classic Blue®, CompleteBlueSM, EnhancedBlueSM, myBlue HSA®SM, PremierBlueSM, Senior Blue®, SimplyBlueSM, and Federal Employee Program (FEP) Dental.
Wellmark Network(s)

Indemnity Network
The Indemnity Network is used to support indemnity or traditional products, including, but not limited to, Classic Blue, FEP Health Benefits, and the Blue Cross and Blue Shield Association Out-of-Area Program (BlueCard).

Preferred Provider Organization Network (PPO)
The PPO Network is used to support PPO products, including, but not limited to, Alliance Select, Blue Select, FEP Health Benefits, and the Blue Cross and Blue Shield Association Out-of-Area Program (BlueCard Basic PPO). The PPO Network may be referred to as Wellmark Blue PPOSM.

Point of Service Network (POS)
The POS Network is used to support POS products, including, but not limited to, Blue Choice, Blue Rewards, and the Blue Cross and Blue Shield Association Out-of-Area Program (BlueCard POS). The POS Network may be referred to as Wellmark Blue POSSM.

Health Maintenance Organization (HMO) Network
Wellmark has three HMO Networks that are used to support HMO products and are as follows:
- Wellmark Health Plan of Iowa HMO Network, which may be referred to Wellmark Blue HMO™.
- Wellmark Synergy™ HMO Network
- Wellmark Value™ Health Plan HMO Network

Preferred Dentist- FEP Dental Network
The FEP Dental Network is used to support the preferred dental Network program of FEP located in South Dakota.

Note: Wellmark may collaborate with large employer groups to offer employees custom Network(s).

Geographical Plan Area
Wellmark’s geographic plan area includes Iowa and Contiguous Counties (HMO Network only), and South Dakota. Refer to the maps in the “Practice Locations for Iowa and South Dakota Geographical Plan Areas” section of this guide.
Chapter 2: Requirements to Participate in Wellmark Network(s)

Although all Blue Cross and Blue Shield companies are members of the Blue Cross and Blue Shield Association, each is an independent licensee and independently operated; except for Delegated Credentialing Entities, Provider Hospital Organizations (PHO) or Provider Organizations (PO). Wellmark does not accept credentialing submissions or contract Agreements from other Blues plans or other credentialing Entities in place of Wellmark’s own credentialing and/or Provider Agreements.

In Order to Participate in Wellmark Network(s)
Wellmark, Inc. (Wellmark) requires Providers to meet uniformly applied Credentialing and Network Participation requirements in order to contract with and participate in Wellmark Network(s) as listed below. Note: Details of each requirement can be found throughout this guide.

- Be an approved Provider type to contract with Wellmark;
- Have a regular physical presence at a Practice Location(s);
- Have a National Provider Identifier (NPI) number to submit claims;
- Have a Practice Location in Iowa and Contiguous Counties (HMO Network only), or in South Dakota;
- Attest that all minimum Practice Location(s) requirements are met; and
- Meet all practitioner or facility/entity Credentialing and Contracting requirements (Refer to Chapter 3).

Approved Provider Types

<table>
<thead>
<tr>
<th>Approved Provider Types (Practitioners, Facilities, Entities)</th>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI1</th>
<th>WVHP1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Registered Nurse Practitioner (ARNP)</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>• Certified Clinical Nurse Specialist (CNS)</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>• Certified Nurse Midwife (CNM)</td>
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<tr>
<td>• Certified Nurse Practitioner (CNP)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Certified Registered Nurse Anesthetist (CRNA)</td>
<td>X</td>
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<td>Audiologist (AUD)</td>
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<tr>
<td>Doctor of Chiropractic (DC)</td>
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<td>ICPC2</td>
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<td>ICPC2</td>
<td>ICPC2</td>
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<tr>
<td>Doctor of Dental Surgery (DDS)</td>
<td>--</td>
<td>--</td>
<td>FEP Dental Only</td>
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<tr>
<td>Doctor of Medical Dentistry (DMD)</td>
<td>--</td>
<td>--</td>
<td>FEP Dental Only</td>
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<tr>
<td>Doctor of Osteopathic Medicine (DO)</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Licensed Marriage &amp; Family Therapist (LMFT)</td>
<td>X</td>
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<tr>
<td>Licensed Mental Health Counselor (LMHC)</td>
<td>X</td>
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<td>X</td>
</tr>
</tbody>
</table>

1 If interested in participating in this Network, contact ProviderContracting@Wellmark.com.
2 Doctors of Chiropractic participate in HMO and POS Network(s) through affiliation with the Iowa Chiropractic Physicians Clinic (ICPC). ICPC can be contacted by phone at 515-225-0393 or by email at icpc@icpc.net.
3 Doctors of Dental Surgery (DDS) and Doctor of Medical Dentistry (DMD) in Iowa should contact Blue Dental at 515-558-7744.
## Credentialing and Network Participation

### Approved Provider Types

<table>
<thead>
<tr>
<th>(Practitioners, Facilities, Entities)</th>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI1</th>
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#### Licensed Practitioners

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<tr>
<th>Type</th>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI1</th>
<th>WVHP1</th>
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<tbody>
<tr>
<td>Licensed Professional Counselor – Mental Health (LPC-MH)</td>
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<td>Medical Doctor (MD)</td>
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<td>Occupational Therapist (OT)</td>
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<td>Optometrist (OD)</td>
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<tr>
<td>Oral/Maxillofacial Pathologist</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Oral/Maxillofacial Surgeon</td>
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<tr>
<td>Physical Therapist (DPT, PT, LPT)</td>
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<tr>
<td>Physician Assistant (PA)</td>
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<td>Podiatrist (DPM)</td>
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<td>Psychologist (PhD, PsyD, EdD)</td>
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</table>

**Iowa only:**

- HSP required

#### Qualified Mental Health Professional (QMHP)

- Certified Social Worker (CSW)
- Licensed Professional Counselor (LPC)

<table>
<thead>
<tr>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI1</th>
<th>WVHP1</th>
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</tbody>
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#### Social Worker

- IA: Licensed Independent Social Worker (LISW)
- SD: Certified Social Worker with Master’s Degree-Private Independent Practice (CSW-PIP)

<table>
<thead>
<tr>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI1</th>
<th>WVHP1</th>
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#### Speech Pathologist (SLP)

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#### Licensed Facilities

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<th>WBCBSSD</th>
<th>WSHI1</th>
<th>WVHP1</th>
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<tr>
<td>Ambulatory Surgery Center (ASC)</td>
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<tr>
<td>Chemical Dependency Treatment Facility (CDTF2)</td>
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<tr>
<td>Dialysis Center (ESRD)</td>
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<tr>
<td>Freestanding Substance Abuse Facility (FSAF3)</td>
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<tr>
<td>Home Health Agency (HHA)</td>
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<td>Hospice</td>
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<td>Hospital</td>
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<tr>
<td>Psychiatric Medical Institution for Children (PMIC4)</td>
<td>X</td>
<td>X</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Specialty Hospital2</td>
<td>--</td>
<td>--</td>
<td>X</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

#### Licensed Entities

<table>
<thead>
<tr>
<th>Type</th>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI1</th>
<th>WVHP1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Community Mental Health Center (CMHC3)</td>
<td>X</td>
<td>X</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Durable Medical Equipment Supplier (DME)/Home Medical Equipment Supplier (HME)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Freestanding Sleep Center</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Home Infusion Therapy (HIT)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Independent Laboratory</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

---

1 If interested in participating in this Network, contact ProviderContracting@Wellmark.com.

2 CDTFs and Specialty Hospitals are approved facility types in South Dakota only.

3 FSAFs are approved facility types in Iowa and contiguous counties only.

4 CMHCs and PMICs are approved facility types in Iowa only.
Approved Provider Types (Practitioners, Facilities, Entities) | WBCBSI | WHPI | WBCBSSD | WSHI | WVHP
---|---|---|---|---|---
**Licensed Entities**
Magnetic Resonance Imaging Center (MRI) | X | X | X | X | X
Mammography Center (FMC) | X | X | X | X | X
Orthotics and Prosthetics Supplier (O&P) | X | X | X | X | X
Public Health Agency (PHA) | X | X | X | X | X
Radiology/Imaging Center | X | X | X | X | X
Urgent Care Centers (UCC) | X | X | X | X | X
Visiting Nurse Association (VNA) | X | X | X | X | X
**Out-of-State Entities**
Air Ambulance | X | X | X | X | X
Clinical Laboratories | X | X | X | X | X
Durable Medical Equipment (DME) Supplier | X | X | X | X | X

Wellmark is not accepting applications from HIT Providers to participate in Wellmark Network(s). HIT Providers may apply for consideration as a Non-Participating Provider in order to submit claims. Refer to Chapter 12: Provider Applications in this guide.

**Telehealth Providers**
Wellmark's approach to providing telehealth services for eligible members is through a preferred vendor, Doctor on Demand. Telehealth is not an approved provider (practitioner) type to apply for credentialing and network participation nor is it considered a specialty. Telehealth is a means to provide services by an approved provider type. Applications submitted for individual practitioners solely for the purposes of providing telehealth services will be denied.

**Special Considerations**
Wellmark does not consider birthing centers for Network participation and only contracts with the individual Practitioners. Therefore, birthing centers only need to submit a Non-Participating Provider application to Wellmark in order to submit claims. Refer to Chapter 12: Provider Applications in this guide.

**National Provider Identifier (NPI) Number**
Each Practitioner is required to file claims using his/her unique NPI number. You can apply for an NPI at the National Plan and Provider Enumeration System (NPPES) website found at https://nppes.cms.hhs.gov/NPPES/Welcome.do.

Clinics that use a common taxpayer identification number (TIN) may obtain a unique organizational NPI to bill for all services provided by staff within the clinic. Practitioners associated with a clinic’s TIN must also have their own NPI number.

---

1 If interested in participating in this Network, contact ProviderContracting@Wellmark.com.
2 Refer to Appendix H for the Credentialing and Contracting Criteria for Urgent Care Centers.
3 To apply for participation in Wellmark Network(s), Air Ambulance Providers should contact ProviderContracting@Wellmark.com to initiate the application process.
4 Individual Practitioners working at these Facilities may submit an application for Network participation, if desired.
individual NPI number. When submitting claims, both the rendering NPI of the Practitioner and the organization NPI need to be used.

For claims filing instructions, please refer to the “Claims Filing” section of the Wellmark Provider Guide on Wellmark.com (Provider > Communications and Resources > Provider Guide).

**Physical Presence at Practice Location**

Practitioners are required to have a physical presence at their Practice Location(s) in order to participate in Wellmark Network(s). Refer to Appendix C for more information about telehealth and telemedicine.

**Note:** The billing office address is not considered the Practice Location. In order to participate in Wellmark Network(s), you must have a physical presence at a Practice Location within Wellmark’s geographical plan area as defined in the “Practice Locations for Iowa and South Dakota Geographical Plan Areas” section of this guide.

**Practice Locations for Iowa and South Dakota Geographical Plan Areas**

The maps below represent the geographic plan areas for Practice Locations in Iowa and Contiguous Counties (HMO Network only), and South Dakota that are approved for participation in Wellmark’s Network(s).
Practice Locations are identified in the table below based on Wellmark Network(s).

<table>
<thead>
<tr>
<th>Network(s)</th>
<th>Practice Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indemnity Network</td>
<td>-Practice must have an Iowa or South Dakota address.</td>
</tr>
<tr>
<td>PPO Network</td>
<td>-Practice must have an Iowa address (e.g., Alliance Select).</td>
</tr>
<tr>
<td></td>
<td>-Practice must have a South Dakota address (e.g., Blue Select).</td>
</tr>
<tr>
<td>POS Network</td>
<td>-Practice must have an Iowa address or be located in counties bordering Iowa (contiguous).</td>
</tr>
<tr>
<td>HMO Network (WHPI)</td>
<td>-Practice must have an Iowa address or be located in counties bordering Iowa (contiguous).</td>
</tr>
<tr>
<td>Wellmark SynergySM HMO Network</td>
<td>-Practice must have one practice location in the service area (see map).</td>
</tr>
<tr>
<td></td>
<td>-If interested in participating in this Network, contact <a href="mailto:ProviderContracting@Wellmark.com">ProviderContracting@Wellmark.com</a>.</td>
</tr>
<tr>
<td>Wellmark ValueSM Health Plan HMO Network</td>
<td>-Practice must have one practice location in the service area (see map).</td>
</tr>
<tr>
<td></td>
<td>-If interested in participating in this Network, contact <a href="mailto:ProviderContracting@Wellmark.com">ProviderContracting@Wellmark.com</a>.</td>
</tr>
<tr>
<td>Preferred FEP Dental</td>
<td>-Practice must have a South Dakota address.</td>
</tr>
</tbody>
</table>

Refer to the maps in the "Practice Locations for Iowa and South Dakota Geographical Plan Areas" section of this guide.
Minimum quality criteria

Practice Location Exceptions:
Air ambulance Providers, clinical laboratories, DME suppliers, and public health agencies are not required to meet the Practice Location requirements in Iowa or South Dakota.

Practice Location Requirements
Practitioners that wish to participate with Wellmark must have a Practice Location(s) within Wellmark’s geographic plan area to provide services to Wellmark members. Wellmark requires that Participating Practitioner locations, where care is delivered to members, meet minimum requirements which include, but may not be limited to, physical accessibility, physical appearance, and adequacy of waiting and examination room space.

Practitioners must attest that all Practice Locations meet minimum requirements. This information is attested to in the application as part of the application process. Practitioners who have Practice Locations that do not meet the minimum requirements will not be allowed Network participation.

1. Must accept all Wellmark members at all Practice Locations unless Practitioner specialty is limited to a specific patient population (e.g., pediatrician).
2. All Practice Locations must have at least one entryway into the building, one exam room, and one restroom which are free from architectural barriers that impede a disabled person’s access.
3. All Practice Locations must have at least one handicapped parking space available within close proximity to a handicap-accessible building entrance.
4. All Practice Locations must have external office signage that is easily identifiable and in readable print from public access areas (e.g., city street, building lobby area).
5. All Practice Locations must have office hours posted (signage) that is easily identifiable and in readable print from public access areas.

Wellmark may, at any time, conduct an onsite visit with or without notification at any Practice Location.

Non-participating providers

Providers that are not an approved provider type to apply for credentialing and network participation or do not want to contract with Wellmark and only want to submit claims to Wellmark as a non-participating provider shall:

- Complete and submit a non-participating application.
- Be licensed to provide the services being billed for a Wellmark member.

To monitor the progress of claims submitted to Wellmark, you must register for Wellmark.com and sign a Wellmark Web-Based Applications Access Agreement.
Chapter 3: Wellmark Provider Credentialing and Contracting Requirements

The following tables outline Credentialing and Contracting requirements for participation in Wellmark Network(s) by Practitioners, Facilities and/or Entities.

Definitions
Categories: the overall classifications of requirements.

Requirements: the different criteria that must be met under each category. In some instances, sub-bullets provide further detail, explanation or exceptions to the requirement.

Committee Review: referred to as needs review, means the discussions that occur during a Wellmark Credentialing Committee meeting in order to determine if the Provider meets the requirements.

Automatic Denial or Termination: means the automatic denial from participation in Wellmark Network(s) or immediate termination from participation in Wellmark Network(s).

Review of Provider Information
During initial credentialing, Wellmark may go back a minimum of five years for review of Provider information. For recredentialing, the look back period for review of Provider information is 36 months.
<table>
<thead>
<tr>
<th>Categories</th>
<th>Requirements</th>
<th>Committee Review</th>
<th>Automatic Denial or Termination (Does Not Meet Requirements)</th>
</tr>
</thead>
</table>
| Licensure  | - Each Practitioner must hold a current professional license in the state(s) in which he/she practices.  
- Practitioners may not be currently on or be placed on indefinite probation or probation for life.  
- The Practitioner should not have any current or history of state medical license disciplinary sanctions.  
- A Practitioner with his or her license, certificate, permit or registration should not have any current or history of receiving a citation and/or warning, probation, been limited in any way, restricted, or any other disciplinary type action or other action.  
- For South Dakota, Wellmark accepts temporary licenses for DDS.  
- If the appropriate state board grants a temporary license to an MD or DO that meets all requirements, but the board only meets several times a year, Wellmark will consider the temporary license.  
- A state’s board of medicine may grant a special license to a physician who is an academic staff member of a college of medicine, if that physician does not meet the qualifications for a permanent license. The physician holding the special license may only practice at the medical college or a health care Facility affiliated with the same medical college.  
- Practitioners (MD/DO) licensed in South Dakota under a Locum Tenens permit may practice in Wellmark Network(s) for the duration of the permit, as long as all other requirements are met. A Locum Tenens is a Practitioner (MD/DO) who fills in for another Practitioner (MD/DO) while he/she is temporarily away from his/her practice. If a Locum Tenens serves for less than 60 consecutive days\(^1\), he/she may bill for services under the permanent Practitioner’s National Provider Identifier (NPI).  
- Practitioners working in Veteran’s Administration (VA) or an Indian Health clinic must have a license in the United States or Puerto Rico\(^2\), but do not need to be licensed in the state where they practice if they are only practicing for VA or Indian Health. | | |

\(^1\) 60 day timeframe aligns with Centers for Medicare and Medicaid Services (CMS) requirement. If a Locum Tenens serves beyond 60 days, the Practitioner (MD/DO) must be credentialed with Wellmark (refer to Chapter 12: Provider Applications) or Practitioners (MDs/DOs) already credentialed with Wellmark should add the new address by submitting the Wellmark, Inc. Practitioner Additional Location or Hospital-based Application.  

\(^2\) Puerto Rican Practitioners working in VA or an Indian Health clinic shall submit, as part of the application process, a current copy of his or her medical license to practice medicine.
<table>
<thead>
<tr>
<th>Categories</th>
<th>Requirements</th>
<th>Committee Review</th>
<th>Automatic Denial or Termination (Does Not Meet Requirements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure (cont.)</td>
<td>• According to the Iowa and South Dakota Boards of Medical Examiners, a Practitioner performing telemedicine services for persons located in Iowa or South Dakota must be licensed both in the state where the Practitioner is located (distant site) and the state where the patient is located (originating site).</td>
<td></td>
<td>✅</td>
</tr>
</tbody>
</table>
| Registration and/or Certification, Endorsement, Permit, or Other Governmental Authorization | • The Practitioner (MD, DO, DPM, DDS, Oral Surgeons, Maxillofacial Surgeons, Oral Pathologists) shall hold a current Drug Enforcement Administration (DEA) registration or a Controlled Substance Registration (CSR) certificate issued by each state that the Practitioner will be providing services to Wellmark members or identify another participating Practitioner that will prescribe on the Practitioner’s behalf.  
• In addition, all PAs and ARNPs serving as PCP or OB/GYN (PCP) should hold a current DEA or CSR certificate issued by each state that the Practitioner will be providing services to Wellmark members or identify another participating Practitioner that will prescribe on the Practitioner’s behalf.  
• If a MD, DO, DPM, DC, or DDS indicates board certification on his/her application, Wellmark will source verify. Any negative change in board certification during the credentialing cycle requires an explanation and may be reviewed by the Credentialing Committee.  
• All South Dakota Licensed Professional Counselor’s must have a Licensed Professional Counselor-Mental Health (LPC-MH) designation from the South Dakota Board of Social Services.  
• All Iowa psychologists must have a Health Services in Psychology (HSP) number or be listed on the National Registry of Health Services Providers.  
• Qualified Mental Health Professionals (QMHPs) that are not an approved Wellmark Provider Type for contracting (refer to the table of approved Provider types in Chapter 2: Requirements to Participate in Wellmark Network(s)) must have a QMHP designation endorsed by the South Dakota Department of Human Services to be considered for participation in Wellmark Network(s). South Dakota Practitioners eligible for QMHP endorsement include:  
  o Certified Social Worker (CSW)  
  o Licensed Professional Counselor (LPC)  
  All other Practitioner types including: Psychologist (PhD, PsyD, EdD), Certified Social Worker – Private Independent Practice (CSW-PIP), Licensed Professional Counselor – Mental Health (LPC-MH), Licensed Marriage and Family Therapist (LMFT), Certified Nurse Practitioner (CNP), and Physician Assistant (PA) are approved to apply for participation in Wellmark Networks. |                  | ✅                                                          |
<table>
<thead>
<tr>
<th>Categories</th>
<th>Requirements</th>
<th>Committee Review</th>
<th>Automatic Denial or Termination (Does Not Meet Requirements)</th>
</tr>
</thead>
</table>
| **Ability to Perform Professional Duties** | - All Practitioners must have the physical, mental, and emotional ability to perform their professional duties in a manner that will not adversely affect the quality of care rendered to Wellmark members.  
- All Practitioners may not be engaged in the use of illegal substances and/or the use of and/or dependency of prescription medications that could affect the Practitioner’s ability to perform their professional duties and/or could adversely affect the quality of care or safety of Wellmark members. | ✓                 |                                                             |
| **Professional Work History**       | - If a gap in professional work history (employment) exceeds six months, the Practitioner is required to provide an explanation in writing on the application.                                                                                                                                                                                                 | ✓                 |                                                             |
| **Admitting and Clinical Privileges** | - All MDs and DOs, excluding Allergy, Anesthesiology, Dermatology, Emergency Medicine, Genetics, Occupational Medicine, Physical Medicine, Palliative Medicine, Pathology, Psychiatry, Public Health, and Radiology; must have either admitting privileges or a referral mechanism for patient admissions to a Hospital currently participating in Wellmark Network(s). In South Dakota a licensed Specialty Hospital is acceptable.  
- All DDS and DMD oral/maxillofacial surgeons must have either admitting privileges or a referral mechanism for patient admissions to a Hospital currently participating in Wellmark Network(s).  
- All Physician Assistants and Nurse Practitioners serving as a Primary Care Provider (PCP), OB/GYN (PCP) and Podiatrists must have either admitting privileges or a referral mechanism for patient admissions to a Hospital currently participating in Wellmark Network(s).  
- Student Health Service Practitioners can identify an emergency room (ER) at a currently participating Hospital in Wellmark Network(s) as a referral mechanism.  
- All practitioners must attest to the absence or presence of history of loss or limitation of clinical privileges at any hospital or other health care facility or organization. |                                                             | ✓ |
| **Backup Coverage**                 | - Applies to the HMO Network(s): MDs, DOs, PAs, and ARNPs practicing as PCPs or OB/GYNs are required to identify a Participating Practitioner or group that may provide backup coverage in the event the Practitioner is unavailable. For example, PCP must choose another participating PCP; OB/GYN must select another participating OB/GYN.  
  - In rural areas when no PCP is available for backup, a PCP who offers OB/GYN services may serve as backup. The PCP backup must have Hospital privileges to perform routine vaginal deliveries and C-sections. |                                                             | ✓ |

Wellmark Provider Guide

October 2017
## Credentialing and Network Participation

<table>
<thead>
<tr>
<th>Categories</th>
<th>Requirements</th>
<th>Committee Review</th>
<th>Automatic Denial or Termination (Does Not Meet Requirements)</th>
</tr>
</thead>
</table>
| **Insurance and Liability** | • All Practitioners are required to carry at least one million dollars per occurrence and one million dollars aggregate in professional liability insurance and attest to such coverage in their application. Coverage must be current and in effect at the time of the Wellmark, Inc., Credentialing Committee review and on the effective date in Wellmark Network(s). If the coverage will expire within the next 30 days, the new policy information must be provided on the application at the time the application is submitted or the application will be returned for missing information.  
  o Residents must have a separate malpractice insurance coverage from the residency program to participate in any Wellmark Network when working outside of the residency program.  
  • Wellmark requires coverage by one of the following:  
    o Commercial  
    o Self-Funded  
    o The Nebraska Hospital Liability Act-Excess Liability Fund for Malpractice Insurance Coverage. Note: The Nebraska Hospital Liability Act covers Nebraska Practice Locations only.  
    o Federal Tort  
    o State Tort – IA Act  
    o State Tort – SD Act  
  Refer to Appendix B for definitions on malpractice coverage types. | ✔                |                                                            |
|                             | • Malpractice cases that meet at least one of the following three criteria will be brought to the Credentialing Committee for review: 1) the case involved negligence or gross negligence; 2) the case involved a payment which was equal to or exceeds a dollar threshold of $350,000; or 3) the Provider has a history of malpractice cases which is currently defined as three cases in the last 36 months for recredentialing applications and three cases in the last five years for initial credentialing applications. | ✔                                       |                                                             |
| **Medicare/ Medicaid Sanctions** | • If the Practitioner is currently under Medicare or Medicaid sanctions or appears on the Office of Inspector General’s (OIG)’s list of excluded individuals, he/she will be denied and/or terminated from participation in Wellmark Network(s).  
  • If the Practitioner employs, contracts with, or receives services from anyone on the OIG’s list of excluded individuals, he/she will be denied and/or terminated from participation in Wellmark Network(s).  
  • The Practitioner should have no history of Medicare or Medicaid sanctions or have appeared on the OIG’s list of excluded individuals. This includes any positions held as an officer, director, partner, key employee, or controlling stockholder of a legal Entity at the time of the sanction. | ✔                |                                                            |
## Felony Convictions
- The Practitioner or the Practitioner’s affiliates should never have been convicted of, or pled no contest to, any felony charge(s). This includes any Practitioner who was an officer, director, partner, key employee, or controlling stockholder of a legal Entity that was convicted of a felony and who held that position at the time activities resulting in the felony conviction occurred.

## Professional Conduct
- All Practitioners who are convicted of any crime(s) involving sexual misconduct that result in current placement on the sex offender registry will be denied participation in Wellmark Network(s) and existing participating Practitioners will be immediately excluded from participation in Wellmark Network(s) through contract termination.¹

## Member Complaints
- The Practitioner may not have three or more member complaints within the last 36 months.

## Wellmark Risk Management History
- The Practitioner should not have any Wellmark risk management history. Risk management history may include, but is not limited to: Network participation denials or terminations, member complaints, special investigations unit activities, and/or quality program information.

## Residency Training & Residents
- Completion of residency training is required for non-board certified MD/DOs, DPMs, and DDSs. Wellmark requires all other Practitioners to have completed appropriate education.
- Residents are not recognized Practitioners for the purposes of credentialing. However, if a resident is moonlighting outside of his/her residency training program and has a full medical license (not a resident’s license) in Iowa or has a residency permit in South Dakota, the resident may be credentialed for the moonlighting Practice Location.

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¹ All Practitioners seeking Wellmark Network participation for the first time or existing contractual Practitioners who are already a part of Wellmark Network(s) have an affirmative duty to truthfully report the existence of convictions for sexual misconduct and the requirement that the Practitioner register on the sex offender registry or any action related to Practitioner’s licensure relating to matters involving Practitioner’s sexual misconduct. Practitioners must provide this information immediately upon application or within 10 days of conviction. For purposes of this Policy, Sexual Misconduct is defined in accordance with Iowa Code 692A.102 by the sex offense classifications as tier 1, tier 2 and tier 3 offenses.
Facility and/or Entity Credentialing and Contracting Requirements
Wellmark contracts with Facilities and Entities either by location (address) or through a Corporate Agreement. A Corporation is any organization that owns four or more sites of the same Provider type within Wellmark’s Network service area.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Requirements</th>
<th>Committee Review</th>
<th>Automatic Denial or Termination (Does Not Meet Requirements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure and Accreditation</td>
<td>All Facilities and Entities must hold a current license in the state(s) in which the Facility or Entity provides service, and/or have appropriate accreditation and/or certification. Wellmark does not accept temporary/provisional licenses or accreditations for Facilities and Entities issued by any state. See the Facility/Entity Accreditation/CMS Requirements table in this guide.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Home Infusion Therapy (HIT) Providers must have a general or Hospital pharmacy license.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance and Liability</td>
<td>All Facilities and Entities are required to carry at least one million dollars per occurrence and one million dollars aggregate in liability insurance and attest to such coverage in their application. Coverage must be current and in effect at the time of the Wellmark, Inc., Credentialing Committee review and on the Wellmark Network(s) effective date. If the coverage will expire within the next 30 days, the new policy information must be provided on the application at the time the application is submitted or the application will be returned for missing information. Wellmark requires coverage by one of the following:</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• Commercial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Self-Funded</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The Nebraska Hospital Liability Act-Excess Liability Fund for Malpractice Insurance Coverage. <strong>Note</strong>: The Nebraska Hospital Liability Act covers Nebraska Practice Locations only.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Federal Tort</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• State Tort – IA Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• State Tort – SD Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refer to Appendix B for definitions on malpractice coverage types.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare/Medicaid Sanctions</td>
<td>The Facility and/or Entity may not be currently under any Medicare or Medicaid sanctions or appear on the OIG’s list of excluded Entities. If the Facility or Entity employs, contracts with, or receives services from anyone on OIG’s list of excluded Entities, the Facility or Entity will be denied and/or terminated from participation in Wellmark Network(s).</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>• The Facility and/or Entity should have no history of Medicare or Medicaid sanctions or have appeared on the OIG’s list of excluded Entities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Categories

#### Medicare/Medicaid Sanctions (cont.)
- The Facility and/or Entity may not be under a Corporate Integrity Agreement (CIA) with the OIG.\(^1\)
- Home Infusion Therapy (HIT) and DME/HME suppliers are required to be approved to bill the Centers for Medicare and Medicaid Services (CMS).

#### Medical Director, Staffing, and Location Specific Facility and/or Entity Requirements
- The following facilities/entities are required to have a Medical Director (MD/DO): Freestanding Substance Abuse Facilities (IA), Chemical Dependency Treatment Facilities (SD), Freestanding Radiology/Imaging Centers, Sleep Centers, Public Health Agencies, Urgent Care Centers, and Visiting Nurse Associations.
- The facilities/entities listed above must have a Medical Director that participates in the same Wellmark Network(s) as the facility/entity.
- All Community Mental Health Centers (IA) are required to have a medical director (MD/DO).
- Home Infusion Therapy (HIT) Providers must have a medical director (MD/DO) with expertise in infusion therapy services to provide overall direction for the clinical aspect of Home Infusion Therapy.
- Home Infusion Therapy (HIT) Providers must have a medical director (MD/DO) or registered nurse (RN) that develops, coordinates, and supervises all activities of nursing services, including responsibility for assuring that only qualified individuals administer home infusion drugs.
- Home Infusion Therapy (HIT) Provider locations must meet the state sterile compounding requirements.
- Sleep Centers must have a Medical Director (MD/DO) who is Board Certified in sleep medicine.

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\(^1\) OIG negotiates CIAs with health care Providers and other entities as part of the settlement of Federal health care program investigations.
Facility/Entity Accreditation/CMS Requirements
All Facilities/Entities must have at least one of the following licenses/certifications/accreditations to meet credentialing requirements. **Note:** A copy of the CMS letter of approval is required for any Facility or Entity that is Medicare certified. A list of approved certifying bodies can be found in Appendix A.

<table>
<thead>
<tr>
<th>Facility/Entity</th>
<th>Licensure/Accreditation/Certification Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>State license</td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td>State License&lt;br&gt;Medicare certified and Accredited by <em>either</em> The Joint Commission, AAAHC or AAAASF Note: License for IA is not applicable.</td>
</tr>
<tr>
<td>Chemical Dependency Treatment Center</td>
<td>State License &lt;br&gt;State accreditation (Level III.7 Medically Monitored Intensive Inpatient or Intensive Outpatient) and Accredited by <em>either</em> The Joint Commission, CARF or COA</td>
</tr>
<tr>
<td>Community Mental Health Center&lt;sup&gt;1&lt;/sup&gt;</td>
<td>State certified or Medicare certified or Accredited by The Joint Commission</td>
</tr>
<tr>
<td>Dialysis Center&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Medicare certified</td>
</tr>
<tr>
<td>Durable Medical Equipment Supplier (DME)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Accreditation by The Joint Commission, The Compliance Team, CARF, CHAP, HQAA, ACHC, NABP, ABC or BOC</td>
</tr>
<tr>
<td>Freestanding Substance Abuse Facility</td>
<td>State license &lt;br&gt;Accredited by <em>either</em> The Joint Commission, CARF or COA</td>
</tr>
<tr>
<td>Home Health Agency&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Medicare certified &lt;br&gt;Accredited by The Joint Commission, CHAP or ACHC</td>
</tr>
<tr>
<td>Home Infusion Therapy (HIT)</td>
<td>Accredited by The Joint Commission, ACHC, CHAP, HQAA or The Compliance Team</td>
</tr>
<tr>
<td>Hospice</td>
<td>State license or Medicare certified or Accredited by CHAP, ACHC or The Joint Commission</td>
</tr>
<tr>
<td>Hospital&lt;sup&gt;1&lt;/sup&gt;</td>
<td>For hospitals with 50 beds or less: State license &lt;br&gt;and <em>either</em> Medicare certified or Accredited by The Joint Commission, HFAP or DNVHC</td>
</tr>
<tr>
<td></td>
<td>For hospitals with greater than 50 acute beds: &lt;br&gt;• Current state license and&lt;br&gt;• Current Medicare certification and&lt;br&gt;• The hospital must also meet one of the following:&lt;br&gt;1. Accredited by an accreditation organization (i.e. The Joint Commission, Healthcare Facilities Accreditation Program (HFAP), Det Norske Veritas Healthcare (DNVHC)), or contracted with a Patient Safety Organization (PSO), Health Engagement Network (HEN), Hospital Improvement Innovation Network (HIIN), or a Quality Improvement Organization (QIO); or&lt;br&gt;2. The hospital utilizes a patient safety evaluation system and implements a mechanism for comprehensive person-centered hospital discharge to improve care coordination and health care quality for each patient; or&lt;br&gt;3. The hospital has an evidence-based initiative, to improve health care quality through the collection, management and analysis of patient safety events that reduces all cause preventable harm, prevents hospital readmission, or improves care coordination.</td>
</tr>
<tr>
<td>Laboratory</td>
<td>One of the following types of CLIA Certificate: Certificate of Compliance or Certificate of Accreditation</td>
</tr>
<tr>
<td>Orthotics &amp; Prostheses</td>
<td>Certification by ABC or BOC</td>
</tr>
<tr>
<td>Ocularist</td>
<td>Certification by NEBO</td>
</tr>
<tr>
<td>Psychiatric Medical Institution for Children</td>
<td>State license &lt;br&gt;Accredited by <em>either</em> The Joint Commission, CARF, or COA</td>
</tr>
<tr>
<td>Public Health Agency</td>
<td>Designation as such by the County Board of Supervisors or Board of Health</td>
</tr>
</tbody>
</table>

<sup>1</sup> The following facilities/entities are required to provide a copy of the most recent state or CMS survey letter or full survey report with results if the facility/entity is not accredited: Community Mental Health Center, Dialysis Center, Home Health Agency, Hospice, Hospital, Specialty Hospital, or Skilled Nursing Facility.

<sup>2</sup> Pharmacies that are not accredited must provide a copy of the CMS accreditation exemption letter.
### Facility/Entity

<table>
<thead>
<tr>
<th>Facility/Entity</th>
<th>Licensure/Accreditation/Certification Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology/Imaging Center (including, but not limited to, the following types of centers):</td>
<td>Centers offering any of the services listed immediately below must be accredited by ACR or one of the accrediting agencies of the Intersocietal Accreditation Commission (IAC Vascular Testing, IAC Echocardiography, IAC Nuclear/PET, IAC MRI, or IAC CT):</td>
</tr>
<tr>
<td>- General Radiology</td>
<td>CT, PET</td>
</tr>
<tr>
<td>- CT, CTA</td>
<td>CTA, PET/CT</td>
</tr>
<tr>
<td>- Echocardiography</td>
<td>Nuclear, MRI</td>
</tr>
<tr>
<td>- Mammography</td>
<td>Cardiology, MRA</td>
</tr>
<tr>
<td>- MRI, MRA</td>
<td>Echocardiology</td>
</tr>
<tr>
<td>- Nuclear Cardiology</td>
<td>PET</td>
</tr>
<tr>
<td>- PET Scan</td>
<td>PET/CT</td>
</tr>
<tr>
<td>- Radiation Oncology</td>
<td>MRI</td>
</tr>
<tr>
<td>- Ultrasound</td>
<td>Cardiology</td>
</tr>
<tr>
<td>- Portable X-Ray</td>
<td>MRA</td>
</tr>
<tr>
<td>Centers offering any of the services listed immediately below must be accredited by ACR or one of the accrediting agencies of the Intersocietal Accreditation Commission (IAC Vascular Testing, IAC Echocardiography, IAC Nuclear/PET, IAC MRI, or IAC CT):</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation as part of the Hospital</td>
<td>Medicare certified</td>
</tr>
<tr>
<td>Skilled Nursing Facility¹</td>
<td>State license and either Medicare certified or Accredited by The Joint Commission, AAAHC or CARF</td>
</tr>
<tr>
<td>Sleep Centers</td>
<td>Accredited by AASM, The Joint Commission, ACHC or The Compliance Team</td>
</tr>
<tr>
<td>Specialty Hospital¹</td>
<td>State license and either Medicare certified or Accredited by The Joint Commission or HFAP</td>
</tr>
<tr>
<td>By July 1, 2017, regardless of the effective date as a Participating Urgent Care Center, the Facility must be accredited by one of the following acceptable accrediting Entities: UCAOA, The Joint Commission, NUCCA, or AAAHC.</td>
<td></td>
</tr>
<tr>
<td>Visiting Nurse Association</td>
<td>Member of Visiting Nurse Association of America</td>
</tr>
</tbody>
</table>

### Network Monitoring - Quality and Safety for Wellmark Members

Following initial Credentialing and Contracting, Providers are required to continually meet all Credentialing and Contracting requirements for participation in Wellmark Network(s). Wellmark performs regular monitoring of actions such as licensure, accreditation, certification, permits, registrations, board certifications, criminal activity, and governmental sanctions. Specific monitoring examples include, but are not limited to:

- Medicare and Medicaid Sanctions
- Licensure warnings, citations, probations, limitations, sanctions, restrictions, suspensions, terminations, or voluntary surrender
- Member complaints regarding service and quality of care
- Peer review
- Special Investigations Unit activities

If an action and/or issue is discovered, it may result in an automatic termination of the Practitioner from Wellmark Network(s) or be sent to the Credentialing Committee for review depending on the nature of the action/issue. For information about the Credentialing Committee, refer to Chapter 11: Wellmark, Inc.; Credentialing Committee.

¹ The following facilities/entities are required to provide a copy of the most recent state or CMS survey letter or full survey report with results if the facility/entity is not accredited: Community Mental Health Center, Dialysis Center, Home Health Agency, Hospice, Hospital, Specialty Hospital, or Skilled Nursing Facility.
Chapter 4: Contracting Relationships

Providers must meet contracting requirements to participate in any Wellmark Network. Providers who do not meet contracting requirements may apply to submit claims to Wellmark as a Non-Participating Provider (see Chapter 12: Provider Applications).

A contracting relationship with Wellmark is typically done through the following types of Agreements:

1) Direct
2) Group
3) Corporation
4) Provider Hospital Organization (PHO)
5) Provider Organization (PO)

**Contracting Directly as a Practitioner**

In order for a Practitioner to directly sign an Agreement with Wellmark, the Practitioner must meet all Credentialing and Contracting requirements; sign, date, and execute a direct Practitioner Agreement with Wellmark.

If a Practitioner has signed a group Agreement with Wellmark, the Practitioner does not need to sign a direct Agreement. If a Practitioner is not part of a group Agreement with Wellmark, the Practitioner will be required to execute a direct Agreement with Wellmark.

**Hospital-based Practitioners**

A Hospital may have a staffing arrangement with its Hospital-based Practitioners. As part of this arrangement, each Practitioner bills for his/her professional component for the service using his/her individual and/or group NPI number. Under this type of arrangement, Wellmark requires a direct Agreement completed by the Practitioner, the Practitioner’s group, or in Iowa only, by the PHO or PO.

**For Group, Corporation, PHO, and PO, the following general contracting requirements apply:**

All Providers associated with the tax identification number (TIN) are required to be included as part of the group Agreement. This may include Practitioners, Facilities, and Entities.

Some Providers participate with Wellmark through multiple contracting relationships. If a Provider has multiple Agreements in force (e.g., a direct, PHO, PO, and/or Provider group) the:

- group Agreement is primary for the group-affiliated locations.
- direct Agreement is second and does not carry over locations where the TIN is covered under another contracting relationship.
Credentialing and Network Participation

- PHO or PO Agreement is third. If the Provider is claimed by two or more PHOs/POs under the same TIN, the Provider must designate which PHO/PO arrangement is primary.

Providers and Practice Locations Tied to Agreements
To execute an Agreement with Wellmark, the Provider group, Corporation, PHO, or PO must submit a list of the Providers and all Practice Locations tied to the Agreement. The list must include the following information for each Provider:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Group</th>
<th>Corporation</th>
<th>PHO</th>
<th>PO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider name</td>
<td>✓</td>
<td>--</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>All Practice Locations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Provider specialty/Facility or Entity type</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Provider NPI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tax Identification Number(s) (TIN)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

All information must be submitted and met in order for the Agreement to be executed.

Contracting as a Group
A Provider group can contract as a single unit if:
- two or more approved Practitioners are to be covered under the Agreement
- the group operates under the same TIN
- the group has the authority to bind Provider group members
- the Practitioners are all approved Provider types to participate in Wellmark Network(s) and the Provider group consists of single or multiple specialties

Contracting as a Corporation
A corporate Facility or corporate Entity can contract as a single unit if:
- there are at least four or more Facilities or Entities under the organization.
- there must be at least four Provider locations to execute a corporate Agreement.
- the Corporation operates under the same TIN or multiple TINs
- the Corporation has the authority to bind all locations
- the Facilities and/or Entities are all approved Provider types to participate in Wellmark Network(s)

Contracting as a Provider Hospital Organization (PHO)
A PHO can contract as a single unit if:
- Practitioners, Facilities, and Entities are part of the PHO
- one signature is on the Agreement
- the PHO assumes incorporation as an Entity
- the PHO may have single or multiple TINs
The following contracting requirements apply:

- All approved Providers associated with the TIN and all approved Practice Locations within the geographical plan area (Iowa and South Dakota) are required to be included as part of the PHO Agreement.
- Wellmark’s Network effective date policy will apply to determine the Provider’s Network effective date.
- If a Provider ends the relationship with the PHO or the PHO ends the relationship with a Provider, the PHO must notify Wellmark within 30 days of termination (refer to Chapter 5: Changing Your Contract Relationship).
- Directory validation is required to be completed semi-annually.

**Contracting as a Provider Organization (PO)**

A PO can contract as a single unit if:
- only Practitioners are part of the group
- one signature is on the Agreement
- a PO assumes incorporation as an Entity
- a PO operates under the same TIN or multiple TINs

**Direct hires or consulting**

There may be situations when a Practitioner is not approved to participate with Wellmark, but instead direct hires or contracts with an approved Practitioner as a consultant. This Practitioner may not use the consultant’s direct contracting status with Wellmark to file claims and receive payment.

**Network Participation through an Employment Relationship**

A Participating Practitioner is accountable for all Agreement requirements for himself or herself, as well as any employees. The employer must provide supervision and ensure appropriate patient management by employees for the services they render and bill to Wellmark.

**Subcontracting**

Sometimes Providers subcontract with vendors to perform specialized services or supply Home Medical Equipment inventory in their offices. The services or supplies provided by the subcontractor are then billed by the subcontractor. Often the patient is unaware that the service or supply will be billed by the vendor. There may be reduced payment or no payment at all, depending on the patient’s benefit plan. It is recommended that Providers gain an understanding of these potential billing and payment arrangements prior to contracting with a vendor.

**Hospital-Based Practitioners**

Practitioners who use the Hospital’s TIN for claims submissions must complete a Provider group Agreement, consistent with the Agreement(s) the Hospital has executed with Wellmark. A list of all the Practitioners covered under the group Agreement is required. Each Practitioner is responsible to complete the appropriate application (see Chapter 12: Provider Applications) in order to provide and bill services performed at the Hospital.

For contracting questions, please contact ProviderContracting@Wellmark.com.
A Practitioner who participates in Wellmark Network(s) through a group, corporate, PO or PHO Agreement may terminate his/her affiliation with that group, Corporation, PO or PHO by working with them directly. It is the responsibility of the contract holder to notify Wellmark of the change by submitting an Address Cancel using the E-cred Change Request Tool on Wellmark.com. If the Practitioner wants to remain in Network with Wellmark through a different contracting relationship or if a contracting relationship with Wellmark does not already exist, two options may be applicable:

1. Work through a different group, Corporation, PHO, or PO to sign an Agreement with Wellmark, or
2. Directly sign an Agreement with Wellmark.

Group/Corporate Agreement
If a Provider under a group or Corporate Agreement leaves the clinic or corporate practice or the clinic or Corporate practice closes, the Agreement remains in full force and effect for the remaining Providers and Practice Locations that exist under the Agreement. The Provider leaving the group or Practice Location that is closed, is no longer considered participating through the group/corporate Agreement and must sign a direct Agreement with Wellmark or join a contracted group, Corporation, PHO, or PO that is contracted with Wellmark to remain or be considered participating in Wellmark Network(s). The Provider who left the group or location that closed may have to complete the application and credentialing process to become participating in Wellmark Network(s) again.

PO or PHO Agreement
All Providers tied to the terminating PO or PHO will be Non-Participating at the PO/PHO contracted Practice Location(s) at the end of the termination period, unless a new Agreement (either direct, group, PO, or PHO) is fully executed on or before the end of the termination period. This will ensure no lapse in Network participation status.

Change in contracting relationship

A Provider of a PO/PHO may end its contracting relationship with the PO/PHO at any time by working with them directly. If a Provider of the PO/PHO chooses to end its contracting relationship with the PO/PHO, the PO/PHO must notify Wellmark in writing prior to the termination date. Provider Agreements will not be in effect for that Provider after termination of the PO/PHO Agreement. The Provider would need to sign a direct Agreement with Wellmark or join another group who is already contracted with Wellmark in order to remain participating in Wellmark Network(s).

Opting out of a Wellmark Network
A Provider of a PO/PHO may choose to opt out of a Wellmark Network in accordance with his/her Agreement with the PO/PHO. The PO/PHO must notify Wellmark that the Provider is opting out of a Wellmark Network under the PO/PHO. The Provider is bound by the termination clause of the PO/PHO Agreement in force for that Practice Location.
Chapter 6: Provider Agreement Termination

Provider Agreement Termination by Provider
Refer to Section 12.2 “Termination” in your current Agreement for termination information.

Wellmark acknowledges receipt of a Provider termination notice by sending the Provider a letter noting the date of termination required under the Agreement (unless the Provider gives a termination date farther into the future).

When Wellmark receives a notice of termination from the Provider, the termination period begins. During this period, Wellmark continues to pay Provider claims at the rate established in the Provider Agreement. The Provider is required to continue to provide care to the member/covered person and not balance bill the member/covered person for the period set by the Provider Agreement.

The Provider has the following obligations in the event of a Provider initiated termination:

- Notify patients of the decision to terminate Network participation status
- Assist member/covered person transfer to a Participating Provider of the same specialty
- Do not balance bill the Wellmark member during the termination period

Provider Agreement Termination by Wellmark
For termination information, refer to Section 5.3 “Rights Reserved to Wellmark” and 12.2 “Termination” of your current Agreement.
Chapter 7: Network(s) Effective Dates

After you have completed an application and/or signed a Wellmark Agreement, please wait to submit claims until you have been notified of your acceptance into Wellmark Network(s). Please refer to the Effective Date table on the next page to determine when you can expect your participation in Wellmark Network(s) to be effective, so that you may begin submitting claims.

Provider Network(s) Effective Date Guidelines

• Do not submit claims during the credentialing period. Claims submitted during this period may be denied. Upon receipt of Wellmark’s notification of the Provider’s acceptance into Wellmark Network(s) and complete execution of a Wellmark Provider Agreement, Providers may begin to submit claims based on Wellmark’s 180 day timely filing guidelines.

• When a Provider joins an existing group Agreement, the Provider cannot be effective with the group prior to the group’s Agreement effective date. If a Provider wants to participate in Wellmark Network(s) prior to the group’s Agreement effective date, it’s the Provider’s responsibility to submit a credentialing application in order to obtain a direct Agreement with Wellmark.

• PHOs and POs may have special effective date policies stating that the Provider cannot be covered under the PHO or PO Agreement until the PHO or PO has accepted the Provider into the organization. If a Provider wants to participate in Wellmark Network(s) prior to the date chosen by the PHO or PO, it’s the Provider’s responsibility to submit a credentialing application in order to obtain a direct Agreement with Wellmark.

Once you have received notification of your Network(s) effective date from Wellmark, you must wait two business days to submit claims. The following steps must be completed before submitting claims to Wellmark:

1. Register for secure access to Wellmark.com (refer to Chapter 17: Secure Access to Wellmark.com).
2. Complete the Electronic Transaction Registration form found on Wellmark.com (Provider > Claims and Payment > Submitting Electronic Claims).

After you have completed the steps above, log in to Wellmark.com to access the Create & Submit a Claim or Check a Claim tools. For claims filing instructions, please refer to the “Claims Filing” section of the Wellmark Provider Guide on Wellmark.com (Provider > Communications and Resources > Provider Guide).
Credentialing and Network Participation

Provider (Practitioner, Facility and Entity)
- Providers must meet all Wellmark Credentialing and Contracting requirements.
- The Network Effective Date Policy applies to all Providers credentialed by Wellmark and credentialed by Wellmark’s Delegated Entities.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Network Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Provider new to Wellmark or a Provider adding additional Practice Locations.</td>
<td>A Provider’s Network(s) effective date shall begin on the practice effective date, as long as that date is within timely filing (180 days) and the Provider meets all Wellmark Credentialing and Contracting requirements.</td>
</tr>
<tr>
<td>A Hospital-based Provider (radiologists, Hospitalists, anesthesiologists, pathologists, and emergency department physicians) not credentialed who are now requesting credentialing for a non-Hospital based practice site.</td>
<td>A Provider’s Network(s) effective date shall begin on the practice effective date as long as that date is within timely filing (180 days) and the Provider meets all Wellmark Credentialing and Contracting requirements.</td>
</tr>
<tr>
<td>A credentialed Provider already practicing at a Practice Location, is participating in some Wellmark Network(s) and is requesting participation in additional Network(s).</td>
<td>The Provider’s Network(s) effective date shall be the Agreement execution date for the new Agreement.</td>
</tr>
<tr>
<td>A Non-Participating Provider already submitting claims to Wellmark and is applying for in-Network participation.</td>
<td>The Provider’s Network(s) effective date shall be the application complete date (application accepted as displayed on the Submission Status Tracker) as long as the Provider meets all Wellmark Credentialing and Contracting requirements.</td>
</tr>
</tbody>
</table>

Provider Groups

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Network Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Provider group new to Wellmark submitting claims as a group under a new group Agreement.</td>
<td>The Provider group Network(s) effective date shall be the earliest start date of the first Practitioner for the group as long as that start date is within timely filing (180 days).</td>
</tr>
</tbody>
</table>
Chapter 8: Changes in Ownership, Location, or Tax Identification Number (TIN)

New Ownership
This policy applies to Providers who are currently participating in Wellmark Network(s), but have been purchased and need to change their tax identification number (TIN).

New Agreements are required from current Participating Providers when there is a change in ownership that requires a change in TIN.

For Facilities:
The following must be completed when there is a change of ownership:

• Complete and submit an Iowa Statewide Universal Facility Application with Wellmark, Inc. Addendum and any other required documentation and be credentialed.

• Obtain a fully executed Agreement with Wellmark for participation in approved Network(s).

• Submit a copy of the Centers for Medicare and Medicaid Services (CMS) approval letter covering the new ownership.

• Submit a new W-9 form found on Wellmark.com (Provider > Credentialing and Contracting > Apply Now).

For Entities:
The following must be completed when there is a change of ownership:

• Complete and submit an Iowa Statewide Universal Facility Application with Wellmark, Inc. Addendum and any other required documentation and be credentialed.

• Obtain a fully executed Agreement with Wellmark for participation in approved Network(s).

• Submit a new W-9 form found on Wellmark.com (Provider > Credentialing and Contracting > Apply Now).
Practice Location Address Change and/or TIN Change

- If a Practitioner is changing from a Social Security Number (SSN) to a TIN, but the Practice Location does not change, the Practitioner is required to submit a TIN Change using the E-cred Change Request Tool on Wellmark.com and a new W-9 form.

- If a Provider changes from one TIN to another TIN, but the Practice Location does not change, the Provider is required to submit a TIN Change using the E-cred Change Request Tool on Wellmark.com and a new W-9 form.

- If the Provider changes Practice Location, but not his/her TIN, he/she is required to submit an Address Change using the E-cred Change Request Tool on Wellmark.com and a new W-9 form.

- If the Provider or Provider group changes their TIN and address, Practitioners must complete the Wellmark, Inc. Practitioner Additional Location or Hospital-based Application and Facilities/Entities must complete the Iowa Statewide Universal Facility Application with Wellmark, Inc. Addendum found on Wellmark.com (Provider > Credentialing and Contracting > Apply Now).

- If the entire practice is changing to a different location, the Provider is required to submit an Address Change using the E-cred Change Request Tool on Wellmark.com and a new W-9 form.
Chapter 9: Leave of Absence

Any Practitioner who is on active military assignment, maternity leave, or sabbatical must notify Wellmark of the effective date of his/her leave of absence and an estimated time of return by submitting a Maternity, Military or Sabbatical Leave of Absence using the E-cred Change Request Tool on Wellmark.com. The record for the Practitioner on active military assignment, maternity leave, or sabbatical will be updated to reflect the effective dates of the leave of absence and will be maintained. The Agreement for the Practitioner will remain in force during the leave of absence effective dates.

**Recredentialing**

If the Practitioner was due for recredentialing while on active military assignment, maternity leave, or sabbatical, upon the estimated date of return provided to Wellmark in the submitted change request, he/she will be sent a notification by email advising to complete the recredentialing application using the E-cred Recredentialing Tool on Wellmark.com. When the recredentialing application is submitted, the submission will go through the recredentialing process (see Chapter 14: Recredentialing). Because the Agreement is still in force, there is no lapse in contracting; therefore, the Provider does not need to go through initial credentialing. However, the recredentialing process must be completed within 60 days of his/her return to practice.
Chapter 10: Applications and Credentialing

Credentialing by Wellmark or one of Wellmark’s Delegated Entities is required for Providers (Practitioners, Facilities, Entities):

- who are located within Wellmark’s geographic plan area (Iowa and South Dakota),
- who have approved Practice Location(s), and
- who want to participate in Wellmark’s Network(s).

Refer to the table of approved Provider types in Chapter 2: Requirements to Participate in Wellmark Network(s) regarding the approved Provider types.

E-credentialing Central
Wellmark E-credentialing Central is a set of Web-based tools designed specifically for Providers to make doing business with Wellmark easier and more efficient. E-cred Central is a completely electronic means of submitting Provider credentialing applications, recredentialing applications, and change requests. Within each tool there are a series of questions to answer to help ensure all necessary information is submitted, and you have the ability to review the selections you make every step of the way.

Effective July 1, 2017, applications to add an additional practice location or for Hospital-based Practitioners will only be accepted electronically through E-cred Central. Recredentialing applications and change requests are only accepted electronically through E-cred Central.

Users will have the ability to submit change requests and recredentialing submissions, check the status and review submissions, validate the information published in Wellmark’s Provider Directory, view their organization, and manage users [for organizational security coordinators (OSCs) only]. Effective April 10, 2017, participating practitioners will be able to add a new practice location or apply to participate in Wellmark networks as a Hospital-based Practitioner using the Application Tool.
E-cred Central tools

- **Application Tool**: (refer to Chapter 12: Provider Applications).
  - April 10, 2017 – add a practice location, apply as a Hospital-based Practitioner
  - End of 2017 – apply to join a network, apply to submit claims as a non-participating Provider
- **Change Request Tool**: Submit requests to have Provider information updated (refer to Chapter 15: Change Request: Keeping Provider Information Current with Wellmark).
- **Recredentialing Tool**: Submit recredentialing applications online and receive notifications by email when recredentialing is due (refer to Chapter 14: Recredentialing).
- **Provider Directory Validation Tool**: Validate the accuracy of the provider information that is displayed in Wellmark’s Provider Directory (refer to Chapter 16: Directory Validation).
- **Submission Status Tracker**: Check the status of Provider credentialing and recredentialing applications, and Provider change requests (refer to Chapter 12: Provider Applications).
- **Submission History Tool**: Review history of all requests submitted through E-cred Central. The submission history is available to view for 120 days after the date of submission.
- **View My Organization**: Provides a list of all TINs and NPIs associated with the organization.
- **Manage My Users**: (Only available to OSCs) Provides the OSC the ability to add individuals as users of E-cred Central and edit their access.

Additional resources

- The following resources are available for more information about E-cred Central:
  - E-cred webinar series offer a complete picture of the new E-cred tools and the security required to gain access. All slides, recordings and Q&A document are archived on the Webinars page on Wellmark.com (Provider Secure Home > Education and Training > Webinar registration and materials).
A Quick Start Guide provides information to help you start using E-cred Central and can be found on Wellmark.com (Provider > Credentialing and Contracting).

Registered users will also be able to access the E-cred User Guide through E-cred Central. For more information on how to register for E-cred Central, visit the Credentialing and Contracting page on Wellmark.com (Provider > Credentialing and Contracting).

Application and Credentialing Process
If you are applying for participation in a Wellmark Network(s), your application should follow this general credentialing process:

1. Receipt of your application is entered into Wellmark’s credentialing database.
2. The application is screened to ensure all Credentialing and Contracting requirements are met and all required information has been received. If information is missing, the entire application is returned to the Provider and will not be processed. If all required information has been received and is complete (accepted by Wellmark), the application continues through the process. The credentialing period begins at the time Wellmark accepts the application.
3. Primary source verification of the Provider’s information is performed (checking licensing, sanctions, accreditation, etc.).
4. Following primary source verification and data entry into Wellmark’s credentialing database, the Provider is presented to the Medical Director on behalf of the Credentialing Committee as a clear pass (meets all requirements) or to the Credentialing Committee as a needs review (i.e. gap in career history, malpractice history) for approval.¹
5. Upon approval by the Credentialing Committee/Medical Director, Provider Agreements are sent to the Provider via DocuSign® to be executed, when applicable.
6. Provider information is then entered into Wellmark payment systems.
7. A notification is sent to the Provider with Network(s) effective dates and other pertinent information. This notification signifies that the credentialing period has ended.
8. Following execution of Provider Agreements with Wellmark the Credentialed Provider information is included in the Provider directories.

Check status
To track the status of your application, access the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Contracting).

If, during the course of the credentialing process, Wellmark obtains information that is inconsistent from the information submitted by the Provider, the Provider is notified of the discrepancy and requested to clarify the discrepancy.

¹ Refer to Chapter 3: Wellmark Provider Credentialing and Contracting Requirements for the instances in which the Provider meets the needs review criteria and is required to be presented to the Credentialing Committee for review.
Credentialing and Network Participation

A graphic of the application business process is displayed in Appendix G: Process Maps.

**Professional conduct**

All Practitioners seeking Wellmark Network participation for the first time or existing contractual Practitioners who are already a part of Wellmark Network(s) have an affirmative duty to truthfully report the existence of convictions for sexual misconduct and the requirement that the Practitioner register on the sex offender registry or any action related to Practitioner’s licensure relating to matters involving Practitioner’s sexual misconduct. Practitioners must provide this information immediately upon application or within 10 days of conviction. For purposes of this Policy, Sexual Misconduct is defined in accordance with Iowa Code 692A.102 by the sex offense classifications as tier 1, tier 2 and tier 3 offenses.

**When Credentialing Does Not Apply**

**Hospital-Based Practitioners**

Credentialing does not apply to Practitioners such as pathologists, radiologists, anesthesiologists, ER physicians, Hospitalists, who practice exclusively within an inpatient Hospital setting or a freestanding Facility\(^1\) setting such as Mammography Centers or surgical centers. Exclusivity is based on all the Practitioner’s Practice Locations, not just locations tied to a specific Agreement:

- If a Practitioner only practices in a Hospital, the Practitioner does not need to be credentialed.
- If a Practitioner practices in a Hospital and also at a clinic or other Practice Location, the Practitioner must be credentialed.

**Residents**

Residents are not recognized Practitioners for the purposes of credentialing. However, if a resident is moonlighting outside of his/her training program and has a full medical license (not a resident’s license), the resident can be credentialed for the moonlighting Practice Location.

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\(^1\) A freestanding Facility is a health care Facility that is separate from a Hospital or other health care organization.
Chapter 11: Wellmark, Inc., Credentialing Committee

The Wellmark Credentialing Committee (“Committee”) is a standing committee of the Wellmark Quality Oversight Committee (QOC). The QOC is authorized by Wellmark, Inc., Board of Directors to review and approve quality management activities under the umbrella of Wellmark Inc.’s quality management program. The Credentialing Committee is one of two subcommittees of the QOC. The Credentialing Committee may review, make recommendations, and adopt the credentialing and recredentialing criteria for Wellmark, Inc. The Committee may at any time initiate discussions and/or make recommendations regarding Credentialing Criteria, standards, policies, and procedures.

The purpose of the Committee is to ensure Wellmark Network(s) are comprised of Providers who are well qualified and who provide service in an environment that is safe for Wellmark members.

The Committee of seven individuals is comprised of six physicians that participate in Wellmark’s Network(s) and a Wellmark Medical Director. The Wellmark Medical Director participates as chairperson and is a voting member of the Committee. Credentialing Committee membership is approved by Wellmark’s Chief Medical Officer.

Credentialing Committee Review
The Credentialing Committee and/or Wellmark’s designated Medical Director reviews Provider credentialing information. If a Provider meets all Credentialing and Contracting requirements, the Provider and application may be considered a clear pass. Clear pass is a term used by Wellmark to signify that all Credentialing and Contracting Requirements have been met and verified. If the Provider does not meet all of the Credentialing and Contracting requirements, Provider credentialing information may go to the Credentialing Committee for review. Refer to the tables in Chapter 3: Wellmark Provider Credentialing and Contracting Requirements for the requirements and those requirements that if not met require needs review by the Credentialing Committee.

Quorum Requirements and Meeting Frequency
The presence of greater than fifty percent of the voting members constitutes a quorum for the purpose of conducting official Credentialing Committee business. Action is taken by a majority vote. If the quorum requirements have not been satisfied, the chairperson will adjourn the meeting. The return of greater than fifty percent of the fax/e-mail ballots by the Credentialing Committee constitutes a quorum for the purpose of conducting official Credentialing Committee business. The Committee meets on the third Wednesday of each month via teleconference.
Chapter 12: Provider Applications

To submit claims to Wellmark on behalf of your patients, you must complete and submit an application for approval by Wellmark. In its sole discretion, Wellmark reserves the right not to accept or process a Provider’s application for any Wellmark Network and to determine a Provider’s participation in a Wellmark Network(s).

Participation Options

Participating Providers: Providers who have entered into a services Agreement (contract) with Wellmark to deliver health care services to Wellmark members as an in-Network Provider.

Non-Participating Providers: Providers who do not participate in any Wellmark Network (have not entered into a services Agreement with Wellmark), but who are interested in submitting claims for health care services provided to Wellmark members.

If approved, you may request to participate with one or more of Wellmark’s Network(s). If you participate in Wellmark Network(s), you will:

- Receive direct payment from Wellmark for covered services.
- Be listed in Wellmark’s Provider Directory, unless otherwise stipulated in this guide.
- Be approved to access claim and member benefit information on Wellmark’s secure website.

How to Apply: Participating Providers

To apply with Wellmark, there are four steps that must be completed.

Step 1: Determine Provider Type and Practice Location

To apply for participation in Wellmark Network(s), you need to have a Practice Location in Wellmark’s geographical plan area (Iowa/South Dakota) and you must be one of the approved Provider types listed on the table in Chapter 2: Requirements to Participate in Wellmark Network(s).

Step 2: Complete Correct Application Forms

All fields on the application are required to be completed unless otherwise indicated on the application. An application is considered completed (accepted) when all required information is successfully submitted. To view the Wellmark application accepted date, refer to the Submission Status Tracker on Wellmark.com (Provider > Credentialing and Contracting).

For credentialing, the information gathered and used on the application during the credentialing process must be less than 180 days old at the time of the Credentialing Committee review and decision. For information
submitted on the application, the 180-day time requirement begins on the date Wellmark accepts the application.

**Practitioner Applications**

If you are interested in contracting with Wellmark, Inc.¹ for participation in any Wellmark Network, please complete and submit the appropriate application and supporting documents as indicated below. In its sole discretion, Wellmark reserves the right not to accept or process a Provider’s application for participation in Wellmark’s Network(s). If a Practitioner has been required to register as a sex offender on any state’s sex offender registry for life they are not eligible to apply to participate in Wellmark Network(s).

**Note:** The applications listed in the table below are required in order to participate in Wellmark Network(s). Wellmark will not accept other applications. The most current applications and accompanying documents are available online at Wellmark.com (Provider > Credentialing and Contracting > Apply Now). These fillable forms cannot be submitted electronically, but can be filled out online, then printed and mailed.

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¹ Wellmark, Inc., doing business as Wellmark Blue Cross and Blue Shield of Iowa or any of its affiliates, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota, or (collectively, “Wellmark”).
The applications in the tables below apply to Iowa and South Dakota Practitioners. Refer to the geographical plan area maps in the “Practice Locations for Iowa and South Dakota Geographical Plan Areas” section in this guide.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Complete and submit…</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are applying to participate in Wellmark’s Network(s) for the first time.</td>
<td>• <a href="#">Iowa Statewide Universal Practitioner Application with Wellmark, Inc. Addendum</a></td>
</tr>
<tr>
<td></td>
<td>• <a href="#">W-9 Federal Tax Identification Form</a></td>
</tr>
<tr>
<td>You are applying to Wellmark for a new office or clinic and there has been a 30-day gap in active practice between your current Practice Location and your new Practice Location.</td>
<td>• <a href="#">Iowa Statewide Universal Practitioner Application with Wellmark, Inc. Addendum</a></td>
</tr>
<tr>
<td></td>
<td>• <a href="#">W-9 Federal Tax Identification Form</a></td>
</tr>
<tr>
<td>You have previously been denied participation in or have been terminated from Wellmark’s Network(s).</td>
<td>• <a href="#">Iowa Statewide Universal Practitioner Application with Wellmark, Inc. Addendum</a></td>
</tr>
<tr>
<td></td>
<td>• <a href="#">W-9 Federal Tax Identification Form</a></td>
</tr>
</tbody>
</table>
## Credentialing and Network Participation

### Scenario
You do not have a Provider record with Wellmark, but would like to submit claims as a Non-Participating Practitioner.

*The electronic application is currently not available. You are required to complete and submit a paper application.*

<table>
<thead>
<tr>
<th>Complete and submit…</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <a href="#">Wellmark, Inc. Practitioner Non-Participating Application</a></td>
</tr>
<tr>
<td>• <a href="#">W-9 Federal Tax Identification Form</a></td>
</tr>
</tbody>
</table>

### Note:
Applications are subject to change without notice. Only the current application (Iowa Statewide Universal Practitioner Application with Wellmark, Inc. Addendum) available on the Credentialing and Contracting page of Wellmark.com (Provider > Credentialing and Contracting > Apply Now) will be considered for processing. For non-participating practitioners, only the current application (Wellmark, Inc. Practitioner Non-Participating Application) available on the Credentialing and Contracting page of Wellmark.com (Provider > Credentialing and Contracting > Apply Now) will be considered for processing. Other applications will be returned in full and not processed. **DO NOT** save applications and other documents to your hard drive or print for reuse.

Effective April 10, 2017, participating practitioners will be able submit an application to add a new practice location or apply to participate in Wellmark networks as a Hospital-based Practitioner electronically by using the E-cred Application Tool.

### Scenario
You are already credentialed with Wellmark at one or more Practice Locations and are adding or changing a location.

**Electronic application and materials:**
- Use of the [E-cred Application Tool](#) is required for this application.

### Scenario
You are a Hospital-based Practitioner (radiology, anesthesiology, pathologist, emergency room, Hospitalists) not listed in the Directory.

**Electronic application and materials:**
- Use of the [E-cred Application Tool](#) is required for this application.
Facilities/Entities Applications

If you are interested in contracting with Wellmark, Inc. for participation in any Wellmark Network, please complete and submit the appropriate application and supporting documents as indicated below. In its sole discretion, Wellmark reserves the right not to accept or process a Provider’s application for participation in Wellmark’s Network(s).

Note: The applications listed in the table below are required in order to participate in Wellmark Network(s). Wellmark will not accept other applications. The most current applications and accompanying documents are available online at Wellmark.com (Provider > Credentialing and Contracting > Apply Now). These fillable forms cannot be submitted electronically, but can be filled out online, printed and mailed.

The applications below apply to Iowa and South Dakota Facilities or Entities. Refer to the geographical plan area maps in the “Practice Locations for Iowa and South Dakota Geographical Plan Areas” section in this guide.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Complete and submit…</th>
</tr>
</thead>
</table>
| You are applying to participate in Wellmark’s Network(s) for the first  | • Iowa Statewide Universal Facility Application with Wellmark, Inc. Addendum
| time.                                                                   | • W-9 Federal Tax Identification Form                                                 |
|                                                                         |   ▪ A copy of the Centers for Medicare and Medicaid Services (CMS) letter of approval | |
|                                                                         |   ▪ A copy of the CMS letter of approval is required for any Facility or Entity that  |
|                                                                         |   ▪ is Medicare certified.                                                            |
| You have previously been denied participation in or have been terminated | • Iowa Statewide Universal Facility Application with Wellmark, Inc. Addendum
| from Wellmark’s Network(s).                                             | • W-9 Federal Tax Identification Form                                                 |
|                                                                         |   ▪ A copy of the CMS letter of approval is required for any Facility or Entity that  |
|                                                                         |   ▪ is Medicare certified.                                                            |
| You are applying with Wellmark for the first time and would like to submit | • Wellmark, Inc. Facility and Entity Non-Participating Application
| claims as a Non-Participating Facility or Entity.                       | • W-9 Federal Tax Identification Form                                                 |

1 Wellmark, Inc., doing business as Wellmark Blue Cross and Blue Shield of Iowa or any of its affiliates, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota, or (collectively, “Wellmark”).
### Credentialing and Network Participation

| The electronic application is currently not available. You are required to complete and submit a paper application. |

**Note:** Applications are subject to change without notice. Only the current application (Iowa Statewide Universal Facility Application with Wellmark, Inc. Addendum) available on the [Credentialing and Contracting page of Wellmark.com](https://www.wellmark.com) (Provider > Credentialing and Contracting > Apply Now) will be considered for processing. For non-participating facilities or entities, only the current application (Wellmark, Inc. Facility and Entity Non-Participating Application) available on the [Credentialing and Contracting page of Wellmark.com](https://www.wellmark.com) (Provider > Credentialing and Contracting > Apply Now) will be considered for processing. Other applications will be returned in full and not processed. **DO NOT** save applications and other documents to your hard drive or print for reuse.

### Step 3: Submit Forms

Once steps 1-2 are complete when submitting a paper application, both Iowa and South Dakota Providers can send the application and accompanying documents by mail:

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Parcel Delivery Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellmark, Inc.</td>
<td>1331 Grand Avenue</td>
</tr>
<tr>
<td>PO Box 14509</td>
<td>Station 5W390</td>
</tr>
<tr>
<td>Des Moines, IA 50306-3509</td>
<td>Des Moines, IA 50309-2901</td>
</tr>
</tbody>
</table>

### Step 4: Complete Provider Agreements

After submitting your application, Wellmark will send the Provider Agreement(s) to you by email through [DocuSign](https://www.docusign.com) to review, complete, and sign. DocuSign allows you to sign the Provider Agreement(s) electronically in a safe, secure, and legally binding environment. With DocuSign there are no minimum system requirements, installation, application download, or log in necessary. Once you receive the email document, the following steps must be completed within seven days of receipt. If the Provider Agreement is not returned within seven days of receipt, it will be automatically voided and may result in your application being returned by Wellmark.

- Follow the tabs to complete the required fields. The text shown in the indicator arrow is the action you are expected to take throughout the document.

  **Note:** Be sure to review the document and make sure the information is correct before confirming.

- When you have reviewed the document and the information is correct, you will then have the opportunity to confirm signing and save a copy for your records.

  **Note:** In order for the Agreement to be binding it must be signed by the Practitioner or an authorized representative for a
Credentialing and Network Participation

To reassign the envelope to the appropriate signer, click “Change Signer” from the signing overview or from the “More Options” menu. The new signer’s email address, name, and reason for the change must be provided.

- The Provider Agreement will automatically be sent back to Wellmark for review.

For more information about DocuSign, refer to https://www.docusign.com.

Notification Letter
Following the completion of the application process, a notification of your acceptance into Wellmark’s Network(s) will be sent to you via DocuSign indicating a final determination was made regarding Credentialing and Contracting. Please refer to the notification itself for more details, including Network effective dates and timing for claims submission. Notification should be received within seven business days of the date shown, “Notification Sent,” on the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Contracting). Refer to the “Submission Status Tracker” section of this guide for more information. Once the notification letter has been received, you must wait two business days to begin submitting claims.

In addition, the fully executed Provider Agreement will be returned to you through DocuSign. An example of the notification letter can be found in Appendix E.

How to Apply: Non-Participating Providers
In order to submit claims to Wellmark as a Non-Participating Provider, an application is required to be submitted and you are required to be licensed in the state of your practice address and have obtained a National Provider Identifier (NPI):

- **Practitioners** complete and return the Wellmark, Inc. Practitioner Non-Participating Application and W-9 Federal Tax Identification Form found on Wellmark.com (Providers > Credentialing and Contracting).
- **Facilities and Entities** complete and return the Wellmark, Inc. Facility and Entity Non-Participating Application and W-9 Federal Tax Identification Form found on Wellmark.com (Providers > Credentialing and Contracting).

Send the application and supporting documents to:

**Mailing Address:**
Wellmark, Inc.
PO Box 14509
Des Moines, IA 50306-3509

**Parcel delivery address:**
1331 Grand Avenue
Station 5W390
Des Moines, IA 50309-2901

Following the application process, a notification will be sent to you indicating a final determination was made. Notification should be received.
within seven business days of the date shown, “Notification Sent,” on the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Contracting). Refer to the “Submission Status Tracker” section on the next page for more information.

Once the notification letter has been received, you must wait two business days to begin submitting claims. Claims for covered services will process as Non-Participating and payment will be sent to the member. Payment for services is based on medical necessity, scope of practice, and the member’s benefits.

A graphic of the application business process is displayed in Appendix G: Process Maps.

Missing Information and Returning Applications
All fields on Wellmark applications are required to be completed, unless otherwise indicated on the application. If required information is not received, all documents, including the application submitted will be returned to the Provider. You will then be required to resubmit the entire application and all supporting documents, as a new submission to Wellmark for consideration.

As determined by Wellmark, if the application is not legible it will be returned. Note: Do not highlight the application fields. Highlighting makes the application difficult to read and may result in the application being returned as an incomplete application that cannot be processed.

If your application is returned, please note that Wellmark will not retain copies of the originally submitted documents. Refer to Appendix D for an application checklist to assist you in identifying required information to be submitted to Wellmark for review and processing.

Submission Status Tracker
After an application and/or change request has been submitted, you may track its progress by using the Submission Status Tracker. Credentialing and recredentialing applications, and Provider change requests can all be tracked by using this tool and results will be available online for 90 days after completion. Note: Delegated Credentialing Entities and VA Providers are not included in the Submission Status Tracker.

Status of your submission is available by entering a Provider’s individual NPI number; up to ten individual NPI numbers can be entered to check status on multiple Providers. Wellmark’s average processing time for all Provider submissions for credentialing and recredentialing applications, and Provider change requests is also displayed on the Submission Status Tracker page.

To check the status of your application, go to Wellmark.com (Provider > Credentialing and Contracting > Submission Status Tracker). For more
Chapter 13: Reapplication and Reinstatement

Providers previously denied participation by Wellmark or who have been terminated from any Wellmark Network for any reason(s) as outlined in the table below will not be considered for reapplication to Wellmark for Network participation.

<table>
<thead>
<tr>
<th>Denial or Termination Reason</th>
<th>When Provider May Reapply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement on any state’s sex offender registry for life.</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Currently on permanent probation by licensing board.</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Previously terminated from participation in Wellmark Network(s) more than once.</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Wellmark terminated without cause.</td>
<td>Not eligible</td>
</tr>
</tbody>
</table>

Providers previously denied participation by Wellmark or who have been terminated from any Wellmark Network(s) may be considered for reapplication to Wellmark for Network(s) participation based on the following timeframes listed in the table below.

<table>
<thead>
<tr>
<th>Denial or Termination Reason</th>
<th>When Provider May Reapply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing Board action</td>
<td>90 days following reinstatement of license.</td>
</tr>
<tr>
<td>Material breach¹</td>
<td>Up to 12 months following Network termination date.</td>
</tr>
<tr>
<td>Medicare/Medicaid sanctions</td>
<td>Following resolution of the sanctions and if applicable, removed from exclusion list.</td>
</tr>
<tr>
<td>Adverse action²</td>
<td>After 12 months following final adverse action date.</td>
</tr>
</tbody>
</table>

¹ Material breach is defined as failure to perform the terms and conditions of the Provider Agreement. The reapplication timeframe will be communicated in the termination letter.

² Adverse action is defined as reducing, restricting, suspending, revoking, denying or failing to renew Provider’s contracting privileges with Wellmark as a result of the Provider’s competence or professional conduct.
Reinstatement after Provider Agreement Termination

For Providers that make the decision to be reinstated after a Provider’s Network(s) participation ends due to his/her decision to terminate the contractual relationship with Wellmark or the Provider terminates his/her relationship with another Entity that holds an Agreement with Wellmark, the following may occur:

• If the Provider decides to remain participating in Wellmark Network(s) within 30 days of the termination date and is current in his/her recredentialing cycle, the Provider should be reinstated to participate in Wellmark Network(s).

• If the Provider decides to remain participating in Wellmark Network(s) within 30 days of termination, but is not current in his/her recredentialing cycle, the Provider must meet all Credentialing and Contracting requirements currently in effect and must successfully complete the initial credentialing application process to participate in Wellmark Network(s).

• If Wellmark terminates a Provider for administrative reasons (e.g., the Provider failed to provide complete credentialing information) and not for quality reasons, Wellmark may reinstate the Provider within 30 calendar days of termination and the Provider is not required to perform initial credentialing.

• If the Provider does not decide to remain participating in Wellmark Network(s) within 30 days of the termination date, the termination date stands. The Provider must then meet all Credentialing and Contracting requirements currently in effect and must successfully complete the initial credentialing application process to participate in Wellmark Network(s).

• If a Practitioner leaves one Practice Location and starts a new Practice Location within 30 days, the Practitioner does not need to complete the initial credentialing application process. If there is a gap in contracting with Wellmark greater than 30 days, the Practitioner must meet all Credentialing and Contracting requirements currently in effect and successfully complete the initial credentialing application process.

How to reapply

If a Provider would like to reapply with Wellmark, please submit an application and supporting documents by mail. Applications can be found on Wellmark.com (Provider > Credentialing and Contracting > Apply Now).
Chapter 14: Recredentialing

Recredentialing criteria
Practitioners, Facilities, and Entities are required to be recredentialed every 36 months from the application acceptance date, for all Wellmark Network(s). During the credentialing period and/or recredentialing process, Wellmark’s Credentialing Committee reserves the right to reduce the Provider credentialing period to less than 36 months. All Credentialing and Contracting requirements must be met in order to be recredentialed.

E-cred Recredentialing Tool
Providers are required to submit recredentialing applications online and receive notifications by email when recredentialing is due using the E-cred Recredentialing Tool. For more information, refer to the E-cred Central section of this guide.

Recredentialing notifications will be sent to all credentialing contact email addresses that Wellmark has on file for the Provider that is due for recredentialing. The notification will direct the credentialing contact to complete the recredentialing application using the Recredentialing Tool.

The recredentialing notification is sent to all credentialing contact email addresses approximately four months prior to the Provider’s recredentialing due date. Completion and submission of the recredentialing application is required under the terms and conditions of the Wellmark Provider Agreement.

Failure to complete and submit the recredentialing application by the application deadline date, as displayed in the Recredentialing Tool lobby, may result in the initiation of the termination process from Wellmark Network(s).

In its sole discretion, Wellmark reserves the right not to process or accept a Provider’s application for any Wellmark Network and to determine a Provider’s participation in a Wellmark Network. Refer to Chapter 2: Requirements to Participate in Wellmark Network(s) for the criteria.

Professional conduct
All Practitioners seeking Wellmark Network participation for the first time or existing contractual Practitioners who are already a part of Wellmark Network(s) have an affirmative duty to truthfully report the existence of convictions for sexual misconduct and the requirement that the Practitioner register on the sex offender registry or any action related to Practitioner’s licensure relating to matters involving Practitioner’s sexual misconduct. Practitioners must provide this information immediately upon application or within 10 days of conviction.
For purposes of this Policy, Sexual Misconduct is defined in accordance with Iowa Code 692A.102 by the sex offense classifications as tier 1, tier 2 and tier 3 offenses.

For recredentialing, the information gathered during the recredentialing process must be less than 180 days old at the time of the Credentialing Committee decision. For information submitted on the application, the 180 day time requirement begins on the date Wellmark accepts the application, which may be displayed on the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Contracting).

All information on the recredentialing application is required, unless stated otherwise on the application. If all required information is not completed, the recredentialing application cannot be submitted through the Recredentialing Tool. If changes are needed to the Provider’s demographic information, submit a change request using the E-cred Change Request Tool.

Notification Email
Upon submission you will receive an e-mail notification advising that your E-cred submission was received and you will be provided an E-cred Submission Number. This number can used in the E-cred Submission History Tool to view the details of the submission. You can monitor the status of the submission through the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Contracting). An example of the E-cred notifications can be found in Appendix E.

A graphic of the recredentialing business process is displayed in Appendix G: Process Maps.

Following the recredentialing process, a notification will be sent to the Provider indicating a final determination was made regarding Credentialing and Network participation. Notification should be received within seven business days of the date shown, “Notification Sent,” on the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Contracting).
Chapter 15: Change Request: Keeping Provider Information Current with Wellmark

Once you receive notification from Wellmark of acceptance to participate in Wellmark Network(s), it is a requirement as part of your Provider Agreement with Wellmark to keep the Wellmark Network Administration department informed of any changes and/or updates to your Provider information record. If you do not update Wellmark of changes, it may be considered a material breach of your Provider Agreement.

Current and correct Provider information impacts:

- reimbursement;
- reports to the Internal Revenue Service (IRS);
- informing you of updated Wellmark policy and procedural information; and
- accurate listings of your Practice Locations in Wellmark’s Provider directories.

E-cred Change Request Tool
The E-cred Change Request Tool is the definitive online tool to submit requests to Wellmark to have information updated such as address change, address cancel, TIN change, specialty change, or email address change. Once a change request has been submitted it will automatically be sent to Wellmark for review and completion.

Types of Provider Information Changes

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting new patients or age limitations change</td>
<td>Change information for accepting new patients or change age limitations for one or more practitioners at a practice location.</td>
</tr>
<tr>
<td>Address update</td>
<td>Cancel, change or add a practice location address.</td>
</tr>
<tr>
<td>Admitting privileges change</td>
<td>Change the admitting privileges for one or more practitioners.</td>
</tr>
<tr>
<td>Backup Provider change</td>
<td>Change the practitioner backup information for one or more practitioners at a practice location.</td>
</tr>
<tr>
<td>Change Type</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Board certification or accreditation change</td>
<td>Change certifications or accreditations for one or more providers at all practice locations.</td>
</tr>
<tr>
<td>Email address change</td>
<td>Change email address for credentialing contact, provider directory update notices, and other notifications from Network Administration.</td>
</tr>
<tr>
<td>Gender change</td>
<td>Change gender.</td>
</tr>
<tr>
<td>Languages spoken change</td>
<td>Change languages spoken.</td>
</tr>
<tr>
<td>Maternity, military, or sabbatical leave of</td>
<td>Notify Wellmark of military assignment, sabbatical or maternity leave.</td>
</tr>
<tr>
<td>absence</td>
<td></td>
</tr>
<tr>
<td>Name change</td>
<td>Change the name of a group, clinic, facility, entity or a practitioner.</td>
</tr>
<tr>
<td>NPI change</td>
<td>Change national provider identifier (NPI) for one or more providers.</td>
</tr>
<tr>
<td>Payment authorization change</td>
<td>Change authorization of payment to be made to the clinic on behalf of a group of two or more practitioners.</td>
</tr>
<tr>
<td>Phone or fax change</td>
<td>Change main office or scheduling phone, fax or TDD number.</td>
</tr>
<tr>
<td>Specialty change</td>
<td>Change one or more practitioner specialty roles or area of focus at a practice location.</td>
</tr>
<tr>
<td>TIN change</td>
<td>Update a tax identification number (TIN) for one or more providers at one or more practice locations and simultaneously update associated billing address(es), organizational national provider identifier (NPI) and group/clinic name.</td>
</tr>
</tbody>
</table>

**Tax ID and address changes**

If you are changing both your TIN and your address, the [E-cred Change Request Tool](https://wellmark.com) will prompt you to complete a new application.

- Both Iowa and South Dakota Practitioners must complete the [Wellmark, Inc. Practitioner Additional Location or Hospital-Based Application](https://wellmark.com), along with the [W-9 Form](https://wellmark.com) found on Wellmark.com (Provider > Credentialing and Contracting > Apply Now).
• Both Iowa and South Dakota Facilities and Entities must complete the Iowa Statewide Universal Facility Application with Wellmark, Inc. Addendum, along with the W-9 Form found on Wellmark.com (Provider > Credentialing and Contracting > Apply Now).

Notification Email
Upon submission you will receive an e-mail notification advising that your E-cred submission was received and you will be provided an E-cred Submission Number. This number can used in the E-cred Submission History Tool to view the details of the submission. You can monitor the status of the submission through the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Contracting). An example of the E-cred notifications can be found in Appendix E.

A graphic on the business process of a change request is displayed in Appendix G: Process Maps.

Notification sent
A notification will be sent to you indicating that the information Wellmark keeps on file for the Provider has been updated. Notification should be received within seven business days of the date shown on the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Contracting).
Chapter 16: Directory Validation

Providers who are participating in Wellmark Network(s) are displayed in Wellmark’s online Provider Directory to allow members the ability to validate that a specific Provider at a particular Practice Location is in-Network for their plan type. Wellmark’s online Provider Directory is local (Iowa/South Dakota) based on Wellmark’s geographic plan service area.

Providers are listed based on their specialty and license. Additional board information is available for MD/DO/DPM on the Provider detail screen.

The online Directories are updated regularly. All Providers credentialed by Wellmark should be found in the Provider Directory. Members have the opportunity to search for Providers via the Find a Doctor or Hospital tool found on Wellmark.com. To ensure accuracy, please utilize the online Provider Directory for verification.

It is critical that Provider information displayed on the online Directory is accurate for use by Wellmark members. Semi-annually Wellmark will send out a Provider Directory Validation email to all providers whom indicated a Directory Validation email on the initial credentialing application or recredentialing application. In addition, the organizational security coordinator (OSC) and backup OSC will also receive the Directory Validation email notice. The email notice will include a link to the E-cred Provider Directory Validation Tool for Providers to review and validate the information that is published in Wellmark’s Provider Directory. If updates are needed, you are required to use the E-cred Change Request Tool to immediately submit those updates.

The following information will be available to review and verify in the Provider Directory Validation Tool:

**For Practitioners:**
- Practitioner name
- Gender
- Specialty
- Scheduling phone number
- Hospital admitting privileges (if applicable)
- Accepting new patients
- Languages spoken by the Practitioner
- Locations

**For Facilities and Entities:**
- Facility name
- Location
- Facility type
- Phone number
Use of Provider information

Wellmark may use the Provider’s name and other identifying information concerning the Provider for purposes of publishing online Participating Provider directories; marketing, informing covered persons (members) of the Participating Providers in Wellmark Network(s) and as necessary to carry out day-to-day business. Wellmark may also publish or otherwise disseminate ratings, recognition programs, and quality data related to Provider performance.

The National Doctor and Hospital Finder displays some of the Provider information found in the Wellmark Provider Directory and is comprised of Blue Cross and Blue Shield Providers nationwide, but is only available for certain Networks. The Networks include:

- BlueCard PPO/EPO
- BlueCard PPO Basic
- BlueCard Traditional
- Medicare Advantage PPO
- Federal Employee Program
Chapter 17: Secure Access to Wellmark.com

Secure access to Wellmark.com or Web-based applications, allows the Provider to obtain information regarding Wellmark member eligibility and claims processing for Wellmark members.

Participating Providers
Providers who have entered into a Provider Agreement (i.e. contract) with Wellmark to deliver health care services to Wellmark members as an in-Network Provider are considered Participating Providers. The Web-based access Agreement is included as part of your Provider Agreement with Wellmark (Exhibit C). To complete the online registration process go to Wellmark.com (Provider > Working with Wellmark.com > Register for Wellmark.com):

Step 1: Identify and name a main designated security coordinator (DSC) who shall act as the Provider’s contact person for receipt of notices or other information from Wellmark pertaining to web-based access. To learn more about the DSC responsibilities, go to Wellmark.com (Provider > Working with Wellmark.com > Provider DSC Responsibilities).

Step 2: Accept and agree to the online terms and conditions.

Non-Participating Providers
Providers who do not participate in any Wellmark Network, but who are interested in submitting claims for health care services provided to Wellmark members are considered Non-Participating Providers. To complete the online registration process go to Wellmark.com (Provider > Working with Wellmark.com > Register for Wellmark.com):

Step 1: Identify and name a main DSC who shall act as the Provider’s contact person for receipt of notices or other information from Wellmark pertaining to web-based access. To learn more about the DSC responsibilities, go to Wellmark.com (Provider > Working with Wellmark.com > Provider DSC Responsibilities).

Step 2: Request a Web-Based Applications Access Agreement by filling out the online request form. An Agreement will then be sent back to you through DocuSign to complete and sign. Refer to Step 4 in Chapter 12: Provider Applications for more information about the DocuSign process.

Step 3: Accept and agree to the online terms and conditions.

Once the process is completed, you will receive an email notification from Wellmark Web Security with your activation date. For a list of the secure tools available on Wellmark.com, refer to the “How to Find Answers to Your Questions” table in this guide.
# Chapter 18: Delegated Credentialing

**Definition**
Wellmark may delegate credentialing and recredentialing functions to an external party, referred to as a “Delegated Credentialing Entity.” Delegated credentialing is a formal process by which Wellmark grants another Entity the authority to perform credentialing functions on Wellmark’s behalf.

Prior to delegating credentialing, Wellmark evaluates the Entity’s ability to successfully carry out the delegated functions. If approved, the Delegated Credentialing Entity enters into an Agreement with Wellmark to perform delegated credentialing for a specified group of Providers Participating in Wellmark Network(s).

**Credentialing process**
Providers covered under a delegated credentialing arrangement do not have to submit credentialing paperwork to Wellmark. The Provider will be credentialed by the Delegated Credentialing Entity and the Delegated Credentialing Entity will submit the appropriate information to Wellmark. While the authority to make initial decisions regarding credentialing and recredentialing of Providers is delegated to a Delegated Credentialing Entity, Wellmark retains the right to approve, deny, decline, limit, restrict, suspend and/or terminate a Provider in accordance with Wellmark’s contracting, credentialing and/or recredentialing policies and procedures; and/or the terms of a Provider Agreement between such Provider and Wellmark.

**How to become a Delegated Credentialing Entity**
If your organization is interested in becoming a Delegated Credentialing Entity for Wellmark, please contact us at DelegatedCredentialing@Wellmark.com.
Chapter 19: Provider Denial, Termination, Appeal and Reporting Procedure

I. RECITAL

This Provider Denial, Termination, Appeal and Reporting Procedure (Procedure) addresses Provider Agreement terminations and/or suspensions as a result of Provider’s competence or professional conduct (“Adverse Action”) and the steps needed to appeal such a decision by Wellmark.

II. DEFINITIONS

Adverse Action

A. The term Adverse Action means reducing, restricting, suspending, revoking, denying or failing to renew Provider’s Contracting Privileges with Wellmark as a result of Provider’s competence or professional conduct.

Contracting Privileges

B. The term Contracting Privileges means the furnishing of covered services under the terms and conditions of any Provider Agreement (“Agreement”) with Wellmark.

Covered Person

C. The term Covered Person means any eligible individual employee, individual or group member and any sponsored dependent, entitled to receive covered services according to the terms and conditions of an Agreement and an applicable benefit certificate, policy or other document setting forth the health care benefits the Covered Person is entitled to receive.

Professional Review Action

D. The term “Professional Review Action” means an action or recommendation of a Professional Review Body pursuant to a Professional Review Activity that is based upon the competence or professional conduct of an individual Provider (which affects or which could affect adversely the health or welfare of a Covered Person) which affects (or may affect) adversely the Contracting Privileges of the Provider. Such term includes a decision of a Professional Review Body not to take an action or make such a recommendation, and also includes Professional Review Activity relating to a Professional Review Action.

Professional Review Activity

E. The term “Professional Review Activity” means an activity of Company with respect to an individual Provider to determine, as a result of such Provider’s competence or professional conduct, whether the Provider may have, or may continue to have, Contracting Privileges with Company, the scope or conditions of such Contracting Privileges, and any change or modification in Contracting Privileges.
F. The term “Professional Review Body” means the Company and the Hearing Panel appointed by the Company’s Chief Medical Officer (“CMO”) to conduct Professional Review Activity.

III. PROCEDURE — APPLICABILITY, NOTICES, REQUEST FOR HEARING

A. Applicability. This Procedure shall apply when an Adverse Action is proposed by Wellmark with respect to a Provider.

This procedure does not apply to circumstances that do not constitute an Adverse Action. See Article VIII herein.

B. Notices.

1. Notice of Proposed Adverse Action. Wellmark shall notify Provider, in writing, of the proposed Adverse Action. The Notice of Proposed Adverse Action shall be delivered to Provider (i) by certified or registered U.S. Mail, or (ii) by overnight courier service (i.e., an overnight courier service that tracks the delivery of the item sent to the intended recipient), and shall include the following information:

a. A statement that an Adverse Action against Provider is proposed by Wellmark and the specific reasons therefore;

b. A statement that if the proposed Adverse Action (i) is taken and affects the Contracting Privileges of Provider for a period of longer than thirty (30) calendar days, or (ii) results in acceptance of the surrender of the Provider’s Contracting Privileges while the Provider is under investigation by Wellmark in return for not conducting such an investigation or proceeding, such Adverse Action shall be reported as set forth under Article IX of this Procedure.

c. A statement regarding the Provider’s right to request an appeal hearing before a hearing panel designated by the CMO, and that Provider’s request for an appeal hearing must be made in writing, directed to the CMO and sent to Wellmark within thirty (30) calendar days from the date of the Notice;

d. A statement that should Provider (i) not request a hearing within the time and manner prescribed above, or, (ii) without good cause fail to appear on the scheduled hearing date, the right to a hearing will be forfeited and the Provider shall be deemed to have accepted Wellmark’s proposed Adverse Action, which shall become a final action;

e. The name and mailing address of the CMO; and
f. A copy of this Procedure.

2. Provider Response to Notice of Proposed Adverse Action. If Provider desires an appeal hearing regarding the Notice of Proposed Adverse Action, Provider must hand deliver, place in the U.S. mail with sufficient postage for first class mail, or deposit with an overnight courier service, a written request for an appeal hearing addressed to the CMO before the expiration of the thirty (30) calendar day period set forth in Article III, section B.1 “c” of this Procedure.

In the event Provider desires legal counsel or another person to act on his or her behalf, Provider shall notify Wellmark, in writing, regarding the name of the attorney or other person so designated prior to any verbal or written contact with Wellmark by the attorney or other person representing Provider. Should Provider subsequently discontinue the designated attorney or other person or change counsel or other designated person, the responsibility for so notifying Wellmark, in writing, rests solely with the Provider.

3. Notice of Appeal Hearing. If Provider timely requests an appeal hearing as provided above, Wellmark shall, within thirty (30) calendar days of the receipt of the Provider’s written request for an appeal hearing, issue a Notice of Hearing to Provider, which Notice of Hearing shall include the following information:

a. A statement setting forth the place, time and date of the hearing, said date not to be less than thirty (30) calendar days after the date of the Notice of Hearing; and
b. A list of witnesses (if any) expected to testify at the hearing on behalf of Wellmark.

Such Notice of Hearing shall be delivered to Provider (i) by certified or registered U.S. mail, or (ii) by deposit of such notice with an overnight courier service.

IV. HEARING

A. Hearing Panel.

1. The Hearing Panel shall be appointed by the CMO and shall, at the CMO’s discretion, consist of not less than three (3) nor more than five (5) members with the requisite expertise, as determined by the CMO, to ensure an effective and fair hearing. Where feasible and as appropriate (as determined by the CMO), at least one (1) member of the Hearing Panel shall be a Provider in practice in the same specialty as that practiced by the Provider under review.
2. The Hearing Panel shall not include:
   
a. Providers in direct economic competition with the Provider involved;

b. Providers who would gain direct financial benefit from the outcome of the hearing; or

c. Providers who have acted as accusers, investigators, fact-finders or initial decision-makers in the matter under review.

The determination whether any member of the Hearing Panel is in direct economic competition with Provider or would gain direct financial benefit from the outcome of the hearing shall be made by the CMO, whose determination shall be final.

3. In the event a member of the Hearing Panel is unable to complete the hearing for any reason, the remaining members may render a decision, provided at least three (3) members remain to participate in the Hearing Panel’s decision.

4. The CMO shall designate one (1) member of the Hearing Panel as Chairperson to address all pre- and post-hearing matters and to preside over the Hearing Panel. The Chairperson shall be a voting member of the Hearing Panel.

The Chairperson:

a. Shall act to assure that proper decorum is maintained and that participants in the hearing have a reasonable opportunity to be heard and to present all relevant oral and documentary evidence;

b. Shall be entitled to determine the order of, and procedure for, presenting evidence and argument during the hearing; and

c. Shall have the authority and discretion, in accordance with this Procedure, to grant continuances, to rule on disputed discovery requests, to decide when evidence may or may not be introduced, to rule on objections to the participation of any member of the Hearing Panel, and to rule on questions which are raised prior to or during the hearing pertaining to matters of law, procedure or the admissibility of evidence. Any evidence which the Chairperson determines to be relevant to the matter under consideration shall be admitted regardless of its admissibility in a court of law.
Challenges to impartiality

5. The Provider under review shall be afforded the right to reasonably question members of the Hearing Panel regarding impartiality in the matter to be heard.

a. Challenges to the impartiality of any member of the Hearing Panel shall be ruled upon by the Chairperson.

b. If the Chairperson is disqualified or for any other reason unable or unwilling to act as such, the proceedings shall be suspended until a new Chairperson is appointed by the CMO.

c. If one (1) or more members of the Hearing Panel are disqualified, the hearing shall proceed before the remaining members of the Hearing Panel, provided at least three (3) members remain to participate in the Hearing Panel’s decision.

B. Conduct of Hearing

1. Each party shall have the right to inspect and copy any documentary information in the possession or control of the other party that is relevant to the proposed Adverse Action; provided, however, that these rights shall not extend to information protected by any privilege recognized by law, any information that may constitute a trade secret or other proprietary information subject to protection, or to information relating to Providers other than the Provider under review, including, but not limited to, the identity of Providers involved in any recommended or proposed Adverse Action.

2. The parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced at the hearing no less than ten (10) calendar days prior to the hearing.

3. The Chairperson shall consider and rule upon any disputes regarding access to information and may impose any safeguards or other conditions required to protect the integrity and confidentiality of the information and the process.

Each party’s rights

4. Each party shall have the right during the hearing:

a. To be represented by an attorney; provided, however, that the Provider may be represented by another person of the Provider’s choice;

b. To be provided with all information relevant to the matter under consideration made available to the Hearing Panel;
c. To have a record made of the proceedings, copies of which may be obtained by either party upon payment of any appropriate charges associated with the preparation thereof;

d. To call, examine and cross examine witnesses;

e. To present evidence determined by the Chairperson to be relevant to the matter under consideration regardless of its admissibility in a court of law;

f. To rebut any evidence; and

g. To submit a written statement at the close of the hearing;

5. Company shall have the right to call the Provider to testify, and to examine Provider as if Provider is under cross-examination.

6. The members of the Hearing Panel may ask questions of the Provider and all witnesses, and call additional witnesses if the Hearing Panel deems such action appropriate.

7. The rules of law relating to the examination of evidence shall not apply in any hearing conducted under this Procedure; provided, however, that the attorney-client and attorney work product privileges shall apply. Any evidence relevant to the matter under consideration, including hearsay, shall be admitted by the Chairperson if it is the kind of evidence upon which responsible persons customarily rely in the conduct of serious affairs, regardless, of the admissibility of such evidence in a court of law.

8. The burden of presenting evidence and the burden of persuasion at the hearing are as follows:

a. Company shall have the initial duty to present evidence which supports the Wellmark’s proposed Adverse Action;

b. The Provider shall be given an opportunity to rebut the evidence presented by Wellmark and to present evidence in support of the Provider’s challenge to the Wellmark’s proposed Adverse Action;

c. If the issue under review involves the qualifications of a Provider to have Contracting Privileges with Wellmark the Provider shall have the burden of persuading the Hearing Panel regarding the Provider’s qualifications to have such Contracting Privileges;
d. Except as provided in Article IV, Section B.8 “c” of this Procedure, Wellmark shall have the burden of persuading the Hearing Panel that the Wellmark’s proposed Adverse Action is substantiated by a preponderance of evidence presented.

9. Wellmark and the Provider shall have five (5) business days from the close of the appeal hearing to submit their final written statements to the Hearing Panel.

10. In the absence of justification accepted by the Hearing Panel, the failure of the Provider to appear at the time and place scheduled for a hearing shall be a waiver of the Provider’s right to an appeal hearing as provided in Article III, Section B.1 “d” of this Procedure.

11. Company will comply with all applicable state and federal privacy and confidentiality laws.

V. COMPLETION OF HEARING AND RENDERING OF DECISION

A. The Hearing Panel’s decision shall be reached after private deliberations at which only members of the Hearing Panel are present.

B. Only those members of the Hearing Panel present during all hearing sessions shall be entitled to vote on the Hearing Panel’s decision.

C. At least a majority of all members of the Hearing Panel that are entitled to vote must concur in the decision of the Hearing Panel. The decision shall be based on the evidence and arguments presented at the hearing.

D. The Hearing Panel’s decision is final and not subject to further administrative action by, or appeal to, Wellmark.

E. The Hearing Panel shall issue a written report to the CMO setting forth its decision and the basis therefore within ten (10) business days from the close of the appeal hearing. The report may include recommendations for further handling, including any corrective action.

VI. REPORT TO PROVIDER

Within thirty (30) calendar days after receipt of the Hearing Panel’s written report, the CMO will send to the Provider (by certified or registered U.S. Mail, or by deposit with an overnight courier service) the Hearing Panel’s decision and the basis for the decision.
VII. IMMEDIATE SUSPENSION OR RESTRICTION OF PROVIDERS

Nothing in this Procedure shall be construed to require Wellmark to conduct a hearing before acting to immediately suspend or limit a Provider’s Contracting Privileges with Wellmark where the failure to take immediate action, in the judgment of Wellmark, could result in imminent danger to the health of Wellmark’s members. In the event of such an immediate action, Provider shall subsequently be provided with the notice and hearing rights set forth in this Procedure.

VIII. WHEN THIS PROCEDURE DOES NOT APPLY

This Procedure only applies to Adverse Actions, and the Procedure only applies to individual Providers (not legal Entities). Wellmark is not obligated to accept an application for Contracting Privileges from any Provider. This Procedure is not applicable to the Wellmark’s determination to deny an application for Contracting Privileges when such denial is not based on the Provider’s competence or professional conduct. This Procedure is not applicable when Provider has failed to meet Wellmark’s credentialing and contracting standards (including, but not limited to, professional licensure, accreditation, certification, professional liability insurance, eligibility (Provider and/or location), or Hospital privileges) unrelated to the Provider’s competence or professional conduct. If Provider’s Agreement is terminated or suspended because (i) Provider fails to maintain professional licensure, accreditation, certification, a permit, or other governmental authorization required to provide services or (ii) has failed to continue to meet the Wellmark's credentialing and contracting standards (unrelated to Provider's competence or professional conduct), Provider shall have no right to an appeal hearing under this Procedure concerning such termination or suspension.

IX. REPORTING

When Wellmark takes an Adverse Action affecting the Contracting Privileges of a Provider pursuant to this Procedure, or accepts the Provider’s surrender of Contracting Privileges while the Provider is under investigation by Company regarding possible competence or professional conduct (or accepts the Provider’s surrender of Contracting Privileges in lieu of Company conducting such an investigation), Company shall report such an Adverse Action or surrender of Contracting Privileges in accordance with applicable state and federal laws, rules and regulations.
Appendix A defines the acronyms that are used throughout this section of the Provider Guide.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AAAASF</td>
<td>American Association for Accreditation of Ambulatory Surgery Facilities</td>
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<tr>
<td>AAAHC</td>
<td>Accreditation Association for Ambulatory Health Care</td>
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<tr>
<td>AASM</td>
<td>American Academy of Sleep Medicine</td>
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<tr>
<td>ABC</td>
<td>American Board of Certification for Orthotics, Prosthetics and Pedorthics</td>
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<td>ACHC</td>
<td>Accreditation Commission for Health Care, Inc.</td>
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<td>ACR</td>
<td>American College of Radiology</td>
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<tr>
<td>AMA</td>
<td>American Medical Association</td>
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<td>A/R</td>
<td>Accounts Receivable</td>
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<td>ARNP</td>
<td>Advanced Registered Nurse Practitioner</td>
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<td>ASC</td>
<td>Ambulatory Surgery Center</td>
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<td>ATA</td>
<td>American Telemedicine Association</td>
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<td>AUD</td>
<td>Audiologist</td>
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<td>BOC</td>
<td>Board of Certification/Accreditation, International</td>
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<tr>
<td>CAH</td>
<td>Critical Access Hospital</td>
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<td>CARF</td>
<td>Commission on Accreditation of Rehabilitation Facilities</td>
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<tr>
<td>CDTF</td>
<td>Chemical Dependency Treatment Facility</td>
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<td>CHAP</td>
<td>Community Health Accreditation Program</td>
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<td>CIA</td>
<td>Corporate Integrity Agreement</td>
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<td>CLIA</td>
<td>Clinical Laboratory Improvement Amendments</td>
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<td>CMHC</td>
<td>Community Mental Health Center</td>
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<td>CMO</td>
<td>Chief Medical Officer</td>
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<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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<td>CNM</td>
<td>Certified Nurse Midwife</td>
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<td>CNP</td>
<td>Certified Nurse Practitioner</td>
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<td>CNS</td>
<td>Certified Clinical Nurse Specialist</td>
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<td>COA</td>
<td>Council on Accreditation</td>
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<td>COB</td>
<td>Coordination of Benefits</td>
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<td>CPT</td>
<td>Current Procedural Terminology</td>
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<tr>
<td>CRNA</td>
<td>Certified Registered Nurse Anesthetist</td>
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<tr>
<td>CSR</td>
<td>Controlled Substance Registration</td>
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<tr>
<td>CSW-PIP</td>
<td>Certified Social Worker – Private Independent Practice</td>
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<tr>
<td>CT</td>
<td>Computed Tomography</td>
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<tr>
<td>CTA</td>
<td>Computed Tomography Angiography</td>
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<tr>
<td>DC</td>
<td>Doctor of Chiropractic</td>
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<td>DDS</td>
<td>Doctor of Dental Surgery</td>
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<td>DEA</td>
<td>Drug Enforcement Administration</td>
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<td>Doctor of Medical Dentistry</td>
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<td>DME</td>
<td>Durable Medical Equipment</td>
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<td>DNVHC</td>
<td>Det Norske Veritas Healthcare</td>
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<td>DO</td>
<td>Doctor of Osteopathic Medicine</td>
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<td>DPM</td>
<td>Doctor of Podiatry Medicine</td>
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<td>DPT</td>
<td>Doctor of Physical Therapy</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>DSC</td>
<td>Designated Security Coordinator</td>
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<td>EdD</td>
<td>Doctorate in Education</td>
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<td>EFT</td>
<td>Electronic Funds Transfer</td>
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<td>EIN</td>
<td>Employer Identification Number</td>
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<td>EKG</td>
<td>Electrocardiogram</td>
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<td>ER</td>
<td>Emergency Room</td>
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<td>ERA</td>
<td>Electronic Remittance Advice</td>
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<td>ESRD</td>
<td>Dialysis Center</td>
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<td>FEP</td>
<td>Federal Employee Program</td>
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<td>FMC</td>
<td>Freestanding Mammography</td>
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<td>FSAF</td>
<td>Freestanding Substance Abuse Facility</td>
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<td>HFAP</td>
<td>Healthcare Facilities Accreditation Program</td>
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<td>Home Health Agency</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<td>Home Infusion Therapy</td>
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<td>Home Medical Equipment</td>
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<td>Health Maintenance Organization</td>
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<td>Healthcare Quality Association on Accreditation</td>
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<td>Health Services in Psychology</td>
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<td>Iowa</td>
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<td>IAC CT</td>
<td>The Intersocietal Commission for the Accreditation of Computed Tomography Laboratories</td>
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<td>The Intersocietal Commission for the Accreditation of Echocardiography Laboratories</td>
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<td>IAC MRI</td>
<td>The Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories</td>
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<td>IAC Nuclear/PET</td>
<td>The Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories</td>
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<tr>
<td>IAC Vascular Testing</td>
<td>The Intersocietal Commission for the Accreditation of Vascular Laboratories</td>
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<tr>
<td>LISW</td>
<td>Licensed Independent Social Worker</td>
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<tr>
<td>LMFT</td>
<td>Licensed Marriage &amp; Family Therapist</td>
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<tr>
<td>LMHC</td>
<td>Licensed Mental Health Counselor</td>
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<td>LPC</td>
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<tr>
<td>LPT</td>
<td>Licensed Physical Therapist</td>
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<tr>
<td>MD</td>
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<td>MRA</td>
<td>Magnetic Resonance Angiography</td>
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<td>Magnetic Resonance Imaging</td>
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<tr>
<td>NABP</td>
<td>National Association of Boards of Pharmacy</td>
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<tr>
<td>NEBO</td>
<td>National Examining Board of Ocularists</td>
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<tr>
<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
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<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<td>NUCCA</td>
<td>National Urgent Care Accreditation</td>
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<td>PO</td>
<td>Provider Organization</td>
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<td>POS</td>
<td>Point of Service</td>
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<td>Qualified Mental Health Professional</td>
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<td>State Controlled Substance Certification</td>
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<tr>
<td>WVHP</td>
<td>Wellmark Value Health Plan, Inc.</td>
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</table>
Appendix B provides definitions for terms used throughout this section of the Provider Guide.

**Agreement** means a legally binding document (contract) used to participate in Wellmark's Network(s).

**Ambulatory Surgery Center (ASC)** provides surgical services on an outpatient basis for patients with conditions that can be safely and effectively treated in an outpatient setting. Does not provide services or other accommodations for inpatient acute care.

**Certified Social Worker – Private Independent Practice (CSW-PIP)** is the designation for South Dakota Social Workers. Only social workers with a PIP designation are able to apply for participation.

**Chemical Dependency Treatment Facility (CDTF)** is a licensed South Dakota Facility approved to provide treatment for chemical dependency conditions.

**Community Mental Health Center (CMHC)** provides outpatient treatment of mental health conditions.

**Commercial** means a product designed for and bought by a business to cover medical malpractice liability exposure.

**Contiguous County** is a county which touches the state of Iowa or South Dakota.

**Credentialing and Contracting Requirements** are criteria for Providers to become Participating in Wellmark Network(s).

**Corporation** means any organization that owns four or more sites of the same Provider type within Wellmark's Network service area.

**Dialysis Center** is an Entity that provides dialysis care to patients in an office or outpatient setting.

**Doctor of Chiropractic (D.C.)** means a licensed Practitioner who specializes in a system of healing based on manipulation of body structure.

**Doctor of Dental Surgery (D.D.S)** means a licensed Practitioner who treats the teeth, oral cavity, and associated structures; this specialty includes the diagnosis and treatment of diseases and the restoration of defective and missing tissue.

**Doctor of Medicine (M.D.)** means a licensed Practitioner of medicine and/or surgery who has received the degree Doctor of Medicine from a medical school.

**Doctor of Osteopathy (D.O.)** means a licensed Practitioner of medicine and/or surgery who has received the degree of Doctor of Osteopathy from an osteopathic medical school.

**Doctor of Podiatric Medicine (D.P.M.)** means a professional practicing in the branch of medicine dealing with ailments of the foot. Podiatry is also called chiropody. A D.P.M. may also be known as a doctor of surgical chiropody (D.S.C.).
Durable Medical Equipment is a device, system or equipment prescribed by a physician for a patient’s use that is usable for an extended period of time.

Entity means for example: DME supplier, ambulance service, Home Infusion Therapy (HIT).

Facility means for example: Hospital, Skilled Nursing Facility (SNF).

Federal Employee Program (FEP) means health care coverage for federal government employees and their dependents available through Blue Cross and Blue Shield Plans.

Federal Tort is for eligible health centers who applied to the U.S. Federal Government and been deemed immune from medical malpractice lawsuits resulting from the performance of medical, surgical, dental or related functions while acting in the scope of their employment. This type of coverage is site specific and is valid through the duration of the practitioner’s employment with the group. Generally, Tort does not include coverage amounts or dates.

Freestanding Sleep Centers provide clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders.

Freestanding Substance Abuse Facility (FSAF) is a state licensed Facility approved by Wellmark to provide inpatient and outpatient treatment for chemical dependency.

Health Maintenance Organization (HMO) means a prepaid health plan that offers comprehensive services. HMOs stress preventive health care and patient education.

Home Health Agency (HHA) is a public or private organization that provides home health care. To be certified under Medicare, the agency must provide skilled nursing service and one additional therapeutic service (physical therapy, occupational therapy, speech therapy, medical social service or home health aide) in home.

Home Infusion Therapy (HIT) are services directly related to the administration of drug therapy by continuous or intermittent infusion to patients or clients in their place of residence.

Hospice provides care in a comfortable setting (usually the home) for patients who are terminally ill with a life expectancy of six months or less. Services include home health care and respite care.

Hospital is an institution that primarily provides diagnostic, therapeutic and surgical services for surgical and medical diagnoses, treatment and care of injured or sick persons. Hospitals may have a number of Facilities as departments of the Hospital (i.e., Hospice, HHA, SNF, Rehab, Swing bed, psychiatric unit).

Hospitalist is a Hospital-based general physician who assumes the care of hospitalized patients in the place of patients’ primary care physician.

Laboratory is a Facility in which clinical tests and experiments are performed on specimens. Labs can be considered Hospital-Based, Reference or Independent. Hospital-Based labs are contracted under the Hospital’s Agreement. Reference and Independent Labs are freestanding. Wellmark does not contract with Reference labs.
**Locum Tenens** are Practitioners (MD/DO) who temporarily fills in for another Practitioner (MD/DO) who is absent. If the Locum Tenens covers for less than 60 consecutive days, then services provided by the Locum Tenens should be billed under the supervising physician. If a Practitioner (MD/DO) leaves a practice and someone is hired to temporarily fill the vacancy until a new Practitioner (MD/DO) is found, that “replacement Practitioner (MD/DO)” must get his/her own NPI and establish his/her own contracting relationship with Wellmark either individually or through the group.

**Mammography Centers** are health care organizations capable of providing diagnostic imaging of the breast.

**National Provider Identifier (NPI)** means a standard unique identifier for health care Providers and health plans assigned by the National Plan and Provider Enumeration System (NPPES).

**Nebraska Hospital – Medical Liability Act** provides an alternative method for determining malpractice claims and malpractice coverage. A health care Provider must be qualified under the Act and a patient must be covered under the Act.

**OB-GYN Provider** is a physician, physician assistant (PA) or advanced nurse practitioner (ARNP) whose specialty is obstetrics and/or gynecology.

**Non-Participating Provider** is a Provider who does not participate in any Wellmark Network, but is interested in submitting claims for health care services provided to Wellmark members.

**Ocularist** is a supplier who fabricates prosthetic eyes. An Ocularist is approved following the Orthotic and Prosthetic guidelines.

**Orthotics & Prosthetics Supplier** is a supplier who measures, fits and creates braces, splints, and/or artificial parts such as limbs and eyes.

**Participating Provider** is a Provider who has entered into a services Agreement (contract) with Wellmark to deliver health care services to Wellmark members as an in-Network Provider.

**Point of Service (POS)** means a health insurance plan providing various levels of benefits which differ based on how each enrollee chooses to receive care.

**Practitioner** means an individual medical professional.

**Practice Location** depends on the Network in which a Provider may or may not be able to participate in Wellmark Network(s).

**WBCBS**: only Providers with Practice Locations in Iowa. *Exception* for DME Suppliers, Air Ambulance, and Independent Labs: These Provider types are not required to have a physical presence within Wellmark’s geographic plan area.

**WBCBSSD**: only Providers with Practice Locations in South Dakota. *Exception* for DME Suppliers, Air Ambulance, and Independent Labs: These categories are not required to have a physical presence within Wellmark’s geographic plan area.

**WHPI**: Provider in Iowa and counties contiguous to Iowa or by exception. *Exception* for DME Suppliers, Air Ambulance, and Independent Labs: These categories are not required to have a physical presence within Wellmark’s geographic plan area.
Preferred Provider Organization (PPO) means a system in which a payer, such as an insurance company, negotiates lower prices with certain doctors and Hospitals.

Primary Care Provider (PCP) means MD/DO, ARNP, or PA who provides services in family practice, general practice, internal medicine, or pediatrics.

Provider(s) means Practitioners, Facilities, and Entities. If information is specific to one or the other, Practitioner, Facility, and/or Entity will be identified.

Provider Groups are defined as two or more Providers that may apply to operate in a Wellmark Practice Location under the same tax identification number (TIN) that may or may not practice in the same specialty.

Provider Guide is a billing resource for Providers doing business with Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota.

Public Health Agency/Visiting Nurse Association (PHA/VNA) are agencies recognized by Wellmark to administer immunizations. Other services billed by these locations may not be covered. Public Health Agencies and Visiting Nurse Association locations may also provide a variety of services including home health care and Hospice care.

Psychiatric Medical Institution for Children (PMIC) is a state licensed Facility approved by Wellmark to provide inpatient treatment to children for behavioral health and chemical dependency.

Quality Oversight Committee (QOC) is authorized by Wellmark, Inc., Board of Directors to review and approve quality management activities under the umbrella of Wellmark, Inc.’s quality management program.

Qualified Mental Health Professional (QMHP) is an endorsement required by the South Dakota Department of Human Services for eligible South Dakota Practitioners only, that are not an approved Wellmark Provider type (refer to the table of approved Provider types in Chapter 2: Requirements to Participate in Wellmark Network(s)). South Dakota Practitioners eligible for QMHP endorsement include:
- Certified Social Worker (CSW)
- Licensed Professional Counselor (LPC)

Radiology Center provides radiology/imaging services as recommended by a physician. Includes freestanding centers providing services such as general radiology, CT/CTA, MRI/MRA, ultrasound, mammography, radiation oncology, nuclear cardiology, echocardiography, PET, portable x-ray, mobile imaging.

Self-Funded is the concept of assuming a financial risk on oneself, instead of paying an insurance company to take it on.

Skilled Nursing Facility (SNF) provides continuous skilled nursing services ordered and certified by the attending physician. A registered nurse (RN) must supervise services and supplies on a 24-hour basis.

State Tort – IA Act is except as otherwise provided, the state shall defend a practitioner, if considered an employee of the state, and shall indemnify and hold harmless an employee against any claim, including claims arising under the Constitution statutes, or rules of the United State or any state. This type of coverage is site specific and is valid through the duration of the practitioner’s employment with the group. Generally, Tort does not include coverage amounts or dates.
State Tort – SD Act is the Public Entity Pool for Liability (PEPL) shall provide defense and liability coverage for any state entity or employee on certain claims and defenses. This type of coverage is site specific and is valid through the duration of the practitioner’s employment with the group. Generally, Tort does not include coverage amounts or dates.

The Centers for Medicare and Medicaid Services (CMS) is a Federal agency within the U.S. Department of Health and Human Services that is responsible for oversight of HIPAA administrative simplification transaction and code sets, health identifiers, and security standards.

Urgent Care Center (UCC) is a medical Entity that must accept walk-in patients of all ages with no appointment to provide diagnosis and treatment for a broad spectrum of illnesses, injuries and diseases during all hours the Facility is open to see patients (pediatric specialty centers are exempt from the “all ages” requirement if pediatric only specialization is included in the name of the Facility).

Wellmark Health Plan of Iowa (WHPI) means Wellmark’s’ health management organization.

Wellmark Blue Cross and Blue Shield of Iowa (WBCBSI) is an independent licensee of the Blue Cross and Blue Shield Association doing business in Iowa.

Wellmark Blue Cross and Blue Shield of South Dakota (WBCBSSD) is an independent licensee of the Blue Cross and Blue Shield Association doing business in South Dakota.
Telehealth Services
Telehealth (virtual visit) is a method to provide health care services to members through real time video interaction between a virtual visit Provider and the patient/member. Virtual visit involves a Provider at the distant site and only the patient/member at the originating site.

Telemedicine Services
Telemedicine usually involves physicians using interactive audio/video and/or electronic images to treat patients. Interactive audio/video allows medical specialists to directly communicate with their patients who are in another location, using television monitors and specially adapted equipment. Physicians may send electronic images such as pictures, x-rays, and other patient information directly to the computer of a specialist. After reviewing that information, the specialist sends the diagnosis back to the local doctor, who treats the patients and provides follow-up care.

Telemedicine Exemption From Face-to-Face Meeting Requirement
To qualify as a telemedicine encounter the following criteria must be met or the encounter cannot be performed via telemedicine. The criteria is either required by the Centers for Medicare and Medicaid Services (CMS) or recommended by the American Telemedicine Association (ATA).

At the distant site:
- A Practitioner performs an exam of a patient at a separate, remote originating site location.
- The information available to the distant site physician for the medical problem to be addressed is:
  - equivalent in scope and quality to what would be obtained with an original or follow-up face-to-face encounter
  - meets all applicable standards of care for that medical problem, including:
    - documentation of a history
    - a physical exam
    - ordering diagnostic tests
    - making a diagnosis
    - initiating a treatment plan with discussion and informed consent

At the originating site:
- An individual with approved clinical training background (e.g., PA, ARNP, RN, etc.) and trained in the use of the equipment:
  - presents the patient
  - manages cameras
  - performs any physical activities to successfully complete the exam

A medical record, preferably a shared Electronic Medical Record:
- must be kept
- must be accessible at both distant and originating sites
- must be full and complete and meet the standards as a valid medical record

Follow-up care:
- must be equivalent to that available to face-to-face patients
Equipment and technical standards

- **Physicians** providing telemedicine medical care must comply with all relevant safety laws, regulations, and codes for technology and technical safety.
- **Organizations** shall meet required published technical standards for safety and efficiency for devices that interact with patients or are integral to the diagnostic capabilities of the Practitioner when and where applicable.
- **Telemedicine technology** must be sufficient to provide the same information to the Provider as if the exam had been performed face-to-face.
- **Telemedicine encounters** must comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) security measures to ensure that all patient communications and records are secure and remain confidential.

Technology guidelines

- Audio and video equipment must permit interactive, real-time communications.
- Video screens must be of sufficient size, quality and resolution for the size and layout of the room at the originating site.
- Video cameras must provide high quality resolution and clarity.
- Audio equipment must provide clear and audible sound.
- A Network connection must have sufficient bandwidth so that no audio or video latency, jittering, or artifacting exists.
- Lighting must be sufficient for the size and layout of the room at the originating site.
- Technology must be HIPAA compliant.

Audiovisual Services

The CMS have authorized specific originating sites as “qualified” for furnishing a telehealth service. CMS uses telehealth and telemedicine interchangeably.

Originating sites authorized as qualified by CMS are listed below:

- The office of a physician or Practitioner
- A Hospital (inpatient or outpatient)
- A critical access Hospital (CAH)
- A Hospital-based or critical access Hospital-based renal Dialysis Center (including satellites);
- A Skilled Nursing Facility (SNF)
- A Community Mental Health Center (CMHC)

Telemedicine services may be provided by:

- A physician
- A nurse Practitioner
- A physician’s assistant
- A nurse midwife
- A clinical nurse specialist
- A clinical psychologist
- A clinical social worker
- A registered dietitian or nutrition professional
- A licensed mental health counselor
Services provided by telemedicine may include the following:

- Office or other outpatient visits
- Individual psychotherapy
- Pharmacologic management
- Psychiatric diagnostic interview examination
- End-stage renal disease related services
- Neurobehavioral status exam
- Individual medical nutrition therapy performed by a dietetic professional under the supervision of a Primary Care Provider.

**Imaging/Monitoring Services**

If your practice or Facility uses out-of-state Providers for imaging and monitoring telemedicine services, bill Wellmark the global service (i.e., both the professional and the technical component). Wellmark will reimburse you for the services at your Wellmark contracted rate. As the Entity that contracts with the out-of-state Provider, it is your responsibility to pay the out-of-state Provider for the telemedicine services. Blue Cross and Blue Shield licensing rules state that Wellmark cannot contract with Providers based outside our service area, except for Durable Medical Equipment suppliers, air ambulance, clinical laboratories, and specialty pharmacies.

If you contract with other Iowa or South Dakota Providers for imaging and monitoring telemedicine services:

1) You may each bill for the service you provided—professional or technical—as long as each of you participates in Wellmark's Network(s), or

2) You may bill for both the technical and professional service, depending on your contractual arrangement with the telemedicine Provider, as long as you perform the technical service and the other Provider has agreed not to bill Wellmark direct.
Application Checklists
Our Wellmark Credentialing and Contracting Checklists were created to assist you in completing the application and help to ensure all required information has been provided to Wellmark for review and processing. The information provided within the checklists includes some of the most common reasons why Wellmark may return an application for missing and/or incomplete information that is required in order to process. The checklists are intended to be a guide only. If information is requested on an application, it is required. If required information is not received, all documents originally submitted will be returned.

Be sure to verify you are an approved Provider type for contracting and practice in an approved location. Refer to Chapter 2: Requirements to Participate in Wellmark Network(s) for more information.

Wellmark, Inc. Statewide Universal Practitioner Credentialing Application and Addendum

<table>
<thead>
<tr>
<th>Section B</th>
<th>Office/Practice Site Information</th>
<th>Confirm</th>
</tr>
</thead>
</table>
|           | □ Effective date(s) supplied for the Practice Location(s) you are applying for.  
           | □ Billing address is supplied and complete.  
           | □ Federal Tax Identification Number (Tax ID) or Employer Identification Number (EIN) supplied.  
           | □ Signed and dated copy of the most current W-9 form supplied.  |
| Directory Information | □ Primary and secondary specialties documented.  
| | □ The appropriate Provider role checkbox is checked and checked correctly.  |
| National Provider Identifier (NPI) | □ Individual Practitioner NPI supplied.  
| | □ Organizational NPI, if applicable, supplied.  |

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<th>Section C</th>
<th>Licensure</th>
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<td>Drug Enforcement Administration (DEA) or State Controlled Substance Certification (SCSC)</td>
<td>□ If applicable, DEA or SCSC information is indicated for each state you are applying for.</td>
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<tr>
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<th>Malpractice Liability Coverage</th>
<th>Confirm</th>
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</table>
|           | □ Current and previous carrier information supplied along with carrier name, coverage amounts, and dates of coverage.  
           | □ If the coverage will expire within the next 30 days, the new policy information is provided.  
<pre><code>       | □ Attest to coverage; $1M/$1M coverage must be in effect for the location effective date. If attested to malpractice on application, do not include a face sheet.  |
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<th>Section E</th>
<th>Hospital Privileges</th>
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<tbody>
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<td></td>
<td>□ All Physician Assistants and Nurse Practitioners serving as a Primary Care Provider (PCP), OB/GYN (PCP) and Podiatrists are required to list the Hospital(s) which you can admit Wellmark members.</td>
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<tr>
<td></td>
<td>□ You must document the name of a physician or physician group who has agreed to admit Wellmark members on your behalf if you do not have hospital admitting privileges.</td>
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<tr>
<th>Section F</th>
<th>Education</th>
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<th>Section G</th>
<th>Training</th>
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<th>Professional History</th>
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<td>□ If there is an employment gap of more than six months, an explanation is included.</td>
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<td>□ Locations, names, cities, and states along with start and stop dates are present (From/To MM/DD/YYYY).</td>
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<th>Quality Focus Questions</th>
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<th>Backup Physician Information (only needed for HMO Network)</th>
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<td>□ If you are a PCP, a Participating PCP backup was designated on the Wellmark Addendum.</td>
</tr>
<tr>
<td>□ If you are an OB/GYN Provider, a Participating OB/GYN Provider backup was designated on the Wellmark Addendum.</td>
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<th>Directory Validation E-mail Address</th>
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<th>Credentialing Contact E-mail Address</th>
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<td>□ A valid credentialing contact e-mail address was provided. This e-mail is used as contact for the Provider credentialing questions and to send the recredentialing application.</td>
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<tr>
<td></td>
<td>□ Certification and Release is signed and dated on the Wellmark Addendum. Signature date must be within 180 days of receipt date.</td>
</tr>
</tbody>
</table>
## Criteria

### Section A: Provider Information
- Confirm: Provider type was selected and marked.
- Confirm: Applicable Chapters that follow were completed per your Provider type.

### Section C: Organizational National Provider Identifier (NPI)
- Confirm: Organizational NPI supplied.

#### Tax ID
- Confirm: Federal Tax Identification Number (Tax ID) or Employer Identification Number (EIN) supplied.
- Confirm: Signed and dated copy of the most current **W-9 form** supplied.

### Section D: Medical Director
- Confirm: Community Mental Health Centers, Freestanding Radiology/Imaging Centers, Freestanding Sleep Centers, Public Health Agencies, Urgent Care Centers, and Visiting Nurse Associations must have a Medical Director and supply his or her name.

### Section E: Accreditation and/or Certification
- Confirm: Complete information regarding accreditation and/or certification was provided.

#### Licensure
- Confirm: If your Facility has a license in the state in which you will practice, this information was supplied.

### Section H: Malpractice Liability Coverage
- Confirm: Current and previous carrier information supplied along with carrier name, coverage amounts, and dates of coverage.
- Confirm: If the coverage will expire within the next 30 days, the new policy information is provided.
- Confirm: Attest to coverage; $1M/$1M coverage must be in effect for the location effective date.
- Confirm: If attested to on the application, do not include a face sheet.

### Other: Medicare Certification
- Confirm: A copy of the CMS letter including effective date is provided for Ambulatory Surgery Centers, Dialysis Centers, Durable Medical Equipment Suppliers, Home Health Agencies, Hospices, Hospitals, and Skilled Nursing Facilities.
### Credentialing and Network Participation

<table>
<thead>
<tr>
<th>Section</th>
<th>Effective date</th>
<th>CMS Survey or State Survey</th>
<th>Directory Validation E-mail Address</th>
<th>Credentialing Contact E-mail Address</th>
<th>Notifications</th>
<th>Certification and Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>□ An effective date for the practice date you are applying for was included.</td>
<td>□ Date of your most recent on-site CMS Survey or State Survey was provided.</td>
<td>□ A valid directory validation e-mail address was provided. This e-mail is used to validate the Provider’s information in the Wellmark Provider Directory.</td>
<td>□ A valid credentialing contact e-mail address was provided. This e-mail is used as contact for the Provider credentialing questions and to send the recredentialing application.</td>
<td>□ This e-mail will be used to send electronic confirmation communications.</td>
<td>□ Certification and Release is signed and dated on the Wellmark Addendum. Signature date must be within 180 days of receipt date.</td>
</tr>
</tbody>
</table>
Example of Credentialing and Network Participation Notification Letter:

01/01/2015
John Doe and Associates
John Doe, MD
123 4th St
Any City, IA 11111-1111

Dear Provider,

In response to your recent application, we have completed a review of your credentials and are pleased to welcome you as a participating provider with Wellmark, Inc. The following is a summary of the information that is associated with your new participation status.

Tax ID Number 00-0000000
Specialty Family Practice
Rendering NPI 1111111111
Organizational NPI 2222222222
Networks Alliance Select HMO/WHPI Classic Blue UI Care/UI Grad Care
Effective Date 1/1/2015 1/1/2015 1/1/2015 1/1/2015

Blue Rewards POS 1/1/2015

When billing for services provided to Wellmark, Inc. members, please use the NPI numbers as they appear above. If you plan to transmit claims electronically, please do so by completing the Registration Packet available at the Provider section at Wellmark.com. Claims and/or member benefit/eligibility questions can be answered by using our online tools at Wellmark.com.

Be sure to register for secure access to Wellmark.com where you find information needed to do business with Wellmark Blue Cross and Blue Shield of Iowa and South Dakota, including provider guides, forms, and secure Web tools which can assist you with claim and/or member benefit/eligibility questions.

Members’ Rights and Responsibilities information can be found in the Member and Service section of the Wellmark Provider Guide at Wellmark.com. If you do not have Web access, or would prefer a paper copy of this information, please call WHPI Provider/Customer Service at 800-355-2031.

In addition, if you are a WHPI Primary Care provider, you have access to the following:

1. Health Maintenance Guidelines – the central purpose of these guidelines is to clearly identify those
Example of E-cred Submission Received Notification:

From: Wellmark Network Administration  
Subject: E-cred Submission Received  

Dear [Firstname Lastname],

Thank you for using Wellmark E-credentialing Central. Your submission has been received. Your E-cred Submission Number is 123456789. To view the details of this submission, enter this number in the E-cred Submission History Tool.

To monitor the status of this or any other submission, please use the Submission Status Tracker.

If this is a change request and you determine there were errors in your submission, please return to the E-cred Change Request Tool and submit a new request.

Sincerely,

Wellmark Network Administration

Example of E-cred Submission Processed Notification:

From: Wellmark Network Administration  
Subject: E-cred Submission Processed  

Dear [Firstname Lastname],

Thank you for using Wellmark E-credentialing Central. We have completed the processing of your E-cred submission.

To view the details of E-cred Submission Number 123456789, please use the E-cred Submission History Tool.

Sincerely,

Wellmark Network Administration
The Submission Status Tracker is the definitive resource for obtaining the current status of Provider credentialing and recredentialing applications, and Provider change requests necessary for doing business with Wellmark. The Submission Status Tracker can be found on Wellmark.com (Provider > Credentialing and Contracting).

How it works

Simply enter up to 10 National Provider Identifier (NPI) numbers in the field below.

Results will be displayed along with the dates associated with your submission. The NPI that was entered, the name of the Provider that the NPI belongs to, the type of submission, and the status of the submission will display.

For credentialing and recredentialing submissions, results will be displayed as follows:

For change requests, results will be displayed as follows:

Missing Information Example:

- The red checkmark indicates missing information.
- The ‘What’s this?’ icon provides descriptions on what each step means.
For **credentialing** applications, the table below displays what each step means.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Application Received</strong></td>
<td>This shows the date the credentialing application was received by Wellmark. It is not an indication regarding the completeness of the submission.</td>
</tr>
<tr>
<td><strong>Application Accepted</strong></td>
<td>This status indicates that all required information was successfully submitted. Processing can now begin. The credentialing period begins.</td>
</tr>
<tr>
<td><strong>Credentialing Complete</strong></td>
<td>The Credentialing Committee has reviewed the application and verified the status of the pertinent licenses, certifications and accreditations.</td>
</tr>
<tr>
<td><strong>Notification Sent</strong></td>
<td>This status indicates that a final determination was made regarding whether the applicant meets all credentialing requirements. Please refer to the notification itself for more details, including Network effective dates and claims submissions. The credentialing period ends. Notification should be received within 7 working days of date shown.</td>
</tr>
<tr>
<td><strong>Source Verified</strong></td>
<td>This status indicates that all pertinent licenses, certifications and accreditations have been verified.</td>
</tr>
</tbody>
</table>

For **recredentialing** applications, the table below displays what each step means.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Application Received</strong></td>
<td>This shows the date the recredentialing application was received by Wellmark. It is not an indication regarding the completeness of the submission.</td>
</tr>
<tr>
<td><strong>Application Accepted</strong></td>
<td>This status indicates that all required information was successfully submitted. Processing can now begin. The recredentialing period begins.</td>
</tr>
<tr>
<td><strong>Credentialing Complete</strong></td>
<td>The Credentialing Committee has reviewed the application and verified the status of the pertinent licenses, certifications and accreditations.</td>
</tr>
<tr>
<td><strong>Notification Sent</strong></td>
<td>This status indicates that a final determination was made regarding whether the applicant meets all recredentialing requirements. Please refer to the notification itself for more details, including Network effective dates and claims submissions. The recredentialing period ends. Notification should be received within 7 working days of date shown.</td>
</tr>
<tr>
<td><strong>Source Verified</strong></td>
<td>This status indicates that all pertinent licenses, certifications and accreditations have been verified.</td>
</tr>
</tbody>
</table>

For **change requests**, the table below displays what each step means.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Request Received</strong></td>
<td>This shows the date the change request was received by Wellmark. It is not an indication regarding the completeness of the submission.</td>
</tr>
<tr>
<td><strong>Request Accepted</strong></td>
<td>This status indicates that all required information was successfully submitted. Processing can now begin.</td>
</tr>
<tr>
<td><strong>Notification Sent</strong></td>
<td>This status indicates that the information Wellmark keeps on file for the applicant has been updated. Notification should be received within 7 working days of date shown.</td>
</tr>
</tbody>
</table>
Credentialing Process Map
The Credentialing Process Map is a visual display on the steps the application takes within Wellmark business processes.
Recredentialing Process Map
The Recredentialing Process Map is a visual display on the steps on the recredentialing application takes within Wellmark business processes.
Change Request Process Map
The Change Request Process Map is a visual display on the steps the change request takes within Wellmark business processes.
The following Credentialing and Contracting Criteria applies to Urgent Care Centers.

**Definition:**
An Urgent Care Center is a medical Entity that must accept walk-in patients of all ages with no appointment to provide diagnosis and treatment for a broad spectrum of illnesses, injuries and diseases during all hours the Facility is open to see patients (pediatric specialty centers are exempt from the “all ages” requirement if pediatric only specialization is included in the name of the Facility).

**Credentialing and Contracting Requirements**
To be credentialed and contract with Wellmark for Network participation, your Facility must meet all requirements below.

- **Access:** The Facility must be open for business seven days per week.
- **Services available on-site:** The Facility must be able to: perform phlebotomy; obtain and read electrocardiograms (EKG) and X-rays; administer oral (PO), intramuscular (IM) and intravenous (IV) medication/fluids; perform minor procedures (e.g., sutures, incisions, drainage and splinting); administer basic cardiac life support; and provide oxygen, nebulizer and defibrillator services.
- **On-site MD/DO staffing:** The Facility must have at least one medical doctor (MD) or doctor of osteopathic medicine (DO) on site at least 80 percent of the time during business hours, and if not on site, then available on site within 15 minutes of notification by urgent care staff.
- **Medical director staffing:** The Facility must have a medical director (MD/DO) to oversee all operations. He or she must also participate in the same Wellmark Network(s) in which the Facility itself participates.
- **Practice Location:** The Facility must be located in Iowa, South Dakota or in a county bordering Iowa.
- **Malpractice insurance:** The Facility must maintain coverage for $1,000,000 per occurrence and $1,000,000 aggregate.
- **Sanctions:** The Facility must be free of current Medicare/Medicaid sanctions.

**Accreditation**
By July 1, 2017, regardless of the effective date as a Participating Urgent Care Center, the Facility must be accredited by one of the following acceptable accrediting Entities:

1) Urgent Care Association of America (UCAOA),
2) The Joint Commission,
3) National Urgent Care Center Accreditation (NUCCA), or
4) The Accreditation Association for Ambulatory Health Care (AAAHC).
<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Iowa</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address</strong></td>
<td>Wellmark Blue Cross and Blue Shield of Iowa</td>
<td>Wellmark Blue Cross and Blue Shield of South Dakota</td>
</tr>
<tr>
<td></td>
<td>Wellmark Health Plan of Iowa, Inc.</td>
<td>1601 W. Madison Street</td>
</tr>
<tr>
<td></td>
<td>1331 Grand Avenue</td>
<td>Sioux Falls, SD 57104</td>
</tr>
<tr>
<td></td>
<td>PO Box 9232</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Des Moines, IA 50306-9232</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Provider/Customer Service</strong></td>
<td>800-362-2218</td>
<td>800-774-3892</td>
</tr>
<tr>
<td><strong>Federal Employee Program</strong></td>
<td>800-532-1537</td>
<td>800-532-1537</td>
</tr>
<tr>
<td><strong>Credentialing Email</strong></td>
<td>Provider Credentialing</td>
<td></td>
</tr>
<tr>
<td><strong>Contracting Email</strong></td>
<td><a href="mailto:ProviderContracting@Wellmark.com">ProviderContracting@Wellmark.com</a></td>
<td></td>
</tr>
<tr>
<td><strong>Delegated Credentialing</strong></td>
<td><a href="mailto:DelegatedCredentialing@Wellmark.com">DelegatedCredentialing@Wellmark.com</a></td>
<td></td>
</tr>
</tbody>
</table>

For additional contact information, visit the “Contact Us” link in the upper right hand corner of Wellmark.com.
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