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 Networks 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 Network Participation).

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. 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.
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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 or by email. 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>
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<tbody>
<tr>
<td><strong>Self-Serve</strong></td>
<td><strong>Claim</strong></td>
<td>Check the status of a submitted and accepted claim.</td>
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<tr>
<td><strong>secure tools</strong></td>
<td><strong>Submit a Claim</strong></td>
<td>Create and submit claims electronically.</td>
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<tr>
<td><strong>available</strong></td>
<td><strong>View Provider Claim Remittance (PCR)</strong></td>
<td>Access PCR statements.</td>
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<td><strong>Electronic Funds Transfer (EFT) Form</strong></td>
<td>Enrollment form to receive electronic payments.</td>
</tr>
<tr>
<td></td>
<td><strong>Electronic Remittance Advice (ERA)/835</strong></td>
<td>Enrollment form to receive electronic remittances.</td>
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<td>Check Member Information</td>
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<td>Check member benefits and accumulations.</td>
</tr>
<tr>
<td>Update Information for Coordination of Benefits (COB)</td>
<td></td>
<td>Enter other insurance information for a member.</td>
</tr>
<tr>
<td>Professional Fee Schedules</td>
<td></td>
<td>View the Provider fee schedules.</td>
</tr>
<tr>
<td></td>
<td><strong>Utilization Management Tool</strong></td>
<td>Submit pre-service review requests.</td>
</tr>
<tr>
<td>Ask &amp; Track a Question</td>
<td></td>
<td>Submit and track the status of a question online.</td>
</tr>
<tr>
<td>View Accounts Receivable (A/R)</td>
<td></td>
<td>Provides details regarding recoupments or requested refund of overpayments.</td>
</tr>
<tr>
<td><strong>Out-of-Area Claims Search</strong></td>
<td></td>
<td>Search for out-of-area plan members’ claims (e.g., BlueCard).</td>
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<tr>
<td><strong>Out-of-Area Benefits Search</strong></td>
<td></td>
<td>Verify benefits and eligibility for out-of-area, Federal Employee Program (FEP).</td>
</tr>
<tr>
<td>Provider Video Gallery</td>
<td></td>
<td>3-4 minute instructional videos on Wellmark’s Web tools.</td>
</tr>
<tr>
<td><strong>Self-Serve</strong></td>
<td><strong>Authorization Table</strong></td>
<td>A resource to help you determine when to request a pre-service review.</td>
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<tr>
<td><strong>non-secure tools</strong></td>
<td><strong>Pre-service Review for Out-of-Area Members</strong></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><strong>Submission Status Tracker</strong></td>
<td>Check the current status of Provider credentialing and recredentialing applications, and Provider change requests.</td>
</tr>
<tr>
<td></td>
<td><strong>Find a Provider</strong></td>
<td>Check Network status of Providers and help refer patients to in-Network Providers.</td>
</tr>
<tr>
<td></td>
<td><strong>Medical Policies</strong></td>
<td>Guidelines for determining what medical services, procedures, devices and drugs may be eligible for coverage.</td>
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<td></td>
<td><strong>Wellmark Drug List</strong></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><strong>Provider Credentialing</strong></td>
<td>Responses to questions submitted are processed in order of date received. To ensure an accurate response, you must include the following information:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individual and group NPI</td>
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<td></td>
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<td>• Provider name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Location</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Your contact information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Your specific question</td>
</tr>
</tbody>
</table>
Summary of Changes

June, July, and October 2018

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

Throughout: (July)
Removed references of notification timeframe.

Throughout: (July)
Updated name of links to Credentialing and Network Participation.

Page iii: (October)
Updated “Find a Doctor or Hospital” to “Find a Provider.”

Page 11: (October)
Updated Locum Tenens definition in Practitioner Credentialing and Contracting requirements table.

Page 11: (July)
Added DC to references of Practitioner in Locum Tenens definition.

Page 11: (July)
Added bullet to Practitioner Credentialing and Contracting requirements table.

Page 11: (June)
Revised bullet in Practitioner Credentialing and Contracting Requirements table regarding BCBAs and BCBA-Ds.

Page 17: (October)
Removed Sleep Centers from the requirement to have a Medical Director (MD/DO).

Page 17: (October)
Removed requirement that Sleep Centers must have a Medical Director (MD/DO) who is Board Certified in sleep medicine.

Page 18: (July)
Added CARF to the list of accrediting bodies for Community Mental Health Centers.

Page 19: (October)
Removed The Compliance Team from the list of approved accrediting organizations for Sleep Centers.

Page 31: (July)
Added steps outlining the application and credentialing process.

Page 36: (October)
Removed reference to Application Checklists appendix.

Page 42: (October)
Updated “Find a Doctor or Hospital” to “Find a Provider.”

Page 58: (October)
Updated Locum Tenens definition.

Page 58: (July)
Added DC to references of Practitioner in Locum Tenens definition.

Pages 61-64: (October)
Removed Application Checklists appendix.

Pages 69-71: (July)
Updated credentialing process maps.
# Table of Contents

Chapter 1: Introduction ........................................................................................................... 1
  Background ......................................................................................................................... 1
  Wellmark Insurance Plans ............................................................................................... 1
  Wellmark Products ........................................................................................................... 1
  Wellmark Networks .......................................................................................................... 2
  Geographical Plan Area .................................................................................................... 2

Chapter 2: Requirements to Participate in Wellmark Networks ........................................... 3
  Approved Provider Types ................................................................................................. 3
  National Provider Identifier (NPI) Number ....................................................................... 6
  Physical Presence at Practice Location ............................................................................. 6
  Practice Locations for Iowa and South Dakota Geographical Plan Areas ......................... 7
  Practice Location Requirements ...................................................................................... 9

Chapter 3: Wellmark Provider Credentialing and Contracting Requirements ....................... 10
  Definitions ......................................................................................................................... 10
  Review of Provider Information ....................................................................................... 10
  Practitioner Credentialing and Contracting Requirements ............................................. 11
  Facility and/or Entity Credentialing and Contracting Requirements ............................. 16
  Facility/Entity Accreditation/CMS Requirements ......................................................... 18
  Network Monitoring - Quality and Safety for Wellmark Members ................................ 19

Chapter 4: Contracting Relationships .................................................................................. 20
  Contracting Directly as a Practitioner .............................................................................. 20
  Contracting as a Group ..................................................................................................... 21
  Contracting as a Corporation ............................................................................................ 21
  Contracting as a Provider Hospital Organization (PHO) .................................................. 21
  Contracting as a Provider Organization (PO) .................................................................. 21
  Network Participation through an Employment Relationship ......................................... 22
  Subcontracting ................................................................................................................ 22
  Hospital-Based Practitioners ............................................................................................ 22

Chapter 5: Changing Your Contract Relationship .................................................................. 23
  Group/Corporate Agreement ........................................................................................... 23
  PO or PHO Agreement ....................................................................................................... 23

Chapter 6: Provider Agreement Termination ........................................................................ 24
  Provider Agreement Termination by Provider ................................................................ 24
  Provider Agreement Termination by Wellmark ............................................................. 24

Chapter 7: Network(s) Effective Dates ................................................................................ 25

Chapter 8: Changes in Ownership, Location, or Tax Identification Number (TIN) ............. 27
  New Ownership ............................................................................................................... 27
  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 ......................................................... 32

Chapter 12: Provider Applications ........................................................................................ 33
  Participation Options ....................................................................................................... 33
  How to Apply .................................................................................................................. 33
  How to Apply .................................................................................................................. 35
  Missing Information and Returning Applications .......................................................... 36
Chapter 1: Introduction

The Provider Credentialing and Network Participation section of the Wellmark Provider Guide includes information on:

- approved Provider types and locations to participate in Wellmark Networks
- requirements for Credentialing and Contracting with Wellmark to participate in Wellmark Networks
- applying to Wellmark to be credentialed and recredentialed
- applying to Wellmark to bill for services without contracting and participating in Wellmark Networks
- 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, Networks, 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 (WCBSSD) Plans.

*When a policy, procedure, and/or rule applies to all Wellmark Networks or products, "Wellmark" is indicated. When information applies to a specific Plan, that Plan is identified with the initials WBCBSI, WHPI, WSHI, WVHP, or WCBSSD.*

Wellmark Products

Refer to the “Member and Service Information” section of the Provider Guide for information regarding Wellmark products.
Wellmark Networks

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 PPO℠.

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 POS℠.

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.
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 Networks
Wellmark, Inc. (Wellmark) requires Providers to meet uniformly applied Credentialing and Network Participation requirements in order to contract with and participate in Wellmark Networks 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>
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</thead>
<tbody>
<tr>
<td>Licensed Practitioners</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Advanced Registered Nurse Practitioner (ARNP)</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Certified Clinical Nurse Specialist (CNS)</td>
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<tr>
<td>Certified Nurse Midwife (CNM)</td>
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<tr>
<td>Certified Nurse Practitioner (CNP)</td>
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<tr>
<td>Certified Registered Nurse Anesthetist (CRNA)</td>
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<td>Audiologist (AUD)</td>
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<td>Board Certified Behavior Analyst (BCBA)</td>
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<tr>
<td>Board Certified Behavior Analyst – Doctoral (BCBA-D)</td>
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<td>ICPC²</td>
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<td>ICPC²</td>
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<td>Doctor of Chiropractic (DC)</td>
<td>X</td>
<td>ICPC²</td>
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<tr>
<td>Doctor of Dental Surgery (DDS)³</td>
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<td>FEP Dental Only</td>
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<td>Doctor of Medical Dentistry (DMD)³</td>
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<td>Doctor of Osteopathic Medicine (DO)</td>
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<td>Licensed Marriage &amp; Family Therapist (LMFT)</td>
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<tr>
<td>Licensed Mental Health Counselor (LMHC)</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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</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.
<table>
<thead>
<tr>
<th>Approved Provider Types</th>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI</th>
<th>WVHP</th>
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<tr>
<td><strong>Licensed Practitioners</strong></td>
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<td>Licensed Professional Counselor – Mental Health (LPC-MH)</td>
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<td>Qualified Mental Health Professional (QMHP)</td>
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<td>• Certified Social Worker (CSW)</td>
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<tr>
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<td>Social Worker</td>
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<tr>
<td>• IA: Licensed Independent Social Worker (LISW)</td>
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<td>• SD: Certified Social Worker with Master’s Degree-Private Independent Practice (CSW-PIP)</td>
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<td><strong>Licensed Facilities</strong></td>
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<td>Ambulatory Surgery Center (ASC)</td>
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<td>Chemical Dependency Treatment Facility (CDTF)</td>
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<td>Dialysis Center (ESRD)</td>
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<td>Freestanding Substance Abuse Facility (FSAF)</td>
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<td>Home Health Agency (HHA)</td>
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<tr>
<td>Psychiatric Medical Institution for Children (PMIC)</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>
<tr>
<td><strong>Licensed Entities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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 (CMHC)²</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)*

<table>
<thead>
<tr>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI</th>
<th>WVHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Resonance Imaging Center (MRI)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mammography Center (FMC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Orthotics and Prosthetics Supplier (O&amp;P)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Public Health Agency (PHA)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Radiology/Imaging Center</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Urgent Care Centers (UCC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Visiting Nurse Association (VNA)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### Licensed Entities

### Out-of-State Entities

<table>
<thead>
<tr>
<th>WBCBSI</th>
<th>WHPI</th>
<th>WBCBSSD</th>
<th>WSHI</th>
<th>WVHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Ambulance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Clinical Laboratories</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME) Supplier</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### Home Infusion Therapy (HIT)
Wellmark is not accepting applications from HIT Providers to participate in Wellmark Networks. 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 and Telemedicine
Wellmark recognizes both telehealth and telemedicine as a means by which to provide medical services. Wellmark differentiates telehealth from telemedicine, and these two terms are not interchangeable/synonymous.

Telehealth and telemedicine are not approved provider (practitioner) types to apply for credentialing and network participation nor are they considered provider specialties.

### Telehealth Services
Telehealth (virtual visit) is a method to provide health care services to patients through real time video interaction between a provider and the patient. Virtual visit involves only the patient at the originating site and a provider at the distant site. Wellmark’s approach regarding services being provided via telehealth is by a preferred telehealth vendor only. Wellmark’s preferred telehealth provider is Doctor on Demand. Wellmark will consider reimbursement for services provided via telehealth only if the services are provided by Doctor on Demand and the patient has the telehealth benefit. Telehealth is not an approved provider type to apply for credentialing and network participation nor is it considered a provider specialty. Applications submitted to Wellmark for individual practitioners solely for the purposes of providing services via telehealth will be denied.

---

1. If interested in participating in this Network, contact ProviderContracting@Wellmark.com.
2. Refer to Appendix F for the Credentialing and Contracting Criteria for Urgent Care Centers.
3. To apply for participation in Wellmark Networks, Air Ambulance Providers should contact ProviderContracting@Wellmark.com to initiate the application process.
Telemedicine Services
Wellmark’s approach regarding services being provided via telemedicine is with a provider and patient at an originating site (often times this is in a clinic or hospital setting) and a provider (often a specialist) at a distant site. There are approved provider types that may provide services via telemedicine and approved services that may be payable when provided via telemedicine. Wellmark has specific guidelines for the use of telemedicine related to approved provider types, authorized services, authorized originating sites, and coding. These guidelines can be found in the “Claims Filing” section of the Provider Guide. Telemedicine is not an approved provider type to apply for credentialing and network participation nor is it considered a provider specialty.

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 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 Networks. Refer to the information listed above for more information about telehealth and telemedicine.

Note: The billing office address is not considered the Practice Location. In order to participate in Wellmark Networks, you must have a physical presence at a Practice Location within Wellmark’s geographical plan area as defined in the

---

1 Individual Practitioners working at these Facilities may submit an application for Network participation, if desired.
2 Radiologists and Pathologists are exempt from the physical presence requirement but must still meet all other applicable credentialing and network participation requirements in order to participate in Wellmark Networks.
Credentialing and Network Participation

“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 Networks.

Iowa and Contiguous Counties
Practice Locations are identified in the table below based on Wellmark Networks.

<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.
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.

Minimum quality criteria

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 Networks 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 Networks or immediate termination from participation in Wellmark Networks.

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.  
• For South Dakota, BCBAs and BCBA-Ds must hold a current ABA license.  
• For Iowa, BCBAs and BCBA-Ds must be licensed no later than January 1, 2020.  
• For both Iowa and South Dakota, BCBAs and BCBA-Ds must hold a current BCBA or BCBA-D certification from the Behavior Analyst Certification Board (BACB).  
• 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. | ✓ | ✓ |
| | A Locum Tenens is a Physician who fills in for another Physician while he/she is temporarily away from his/her practice. If a Locum Tenens serves for less than 60 consecutive days1, he/she may bill for services under the permanent Practitioner’s National Provider Identifier (NPI).  
• **In Iowa**, a Physician means MD, DO, DDS, DMD, DPM, OD, or DC licensed under a Locum Tenens permit may practice in Wellmark Networks for the duration of the permit, as long as all other requirements are met.  
• **In South Dakota**, a Physician means MD or DO licensed under a Locum Tenens permit may practice in Wellmark Networks for the duration of the permit, as long as all other requirements are met.  
• Practitioners working in Veteran’s Administration (VA) or an Indian Health clinic must have a license in the United States or Puerto Rico2, 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 Physician must be credentialed with Wellmark (refer to Chapter 12: Provider Applications) or Physicians already credentialed with Wellmark should add the new address by submitting an application in E-cred Central, Application Tool.
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 (cont.)</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 for 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.  
• For certification of BCBAs and BCBA-Ds, refer to the Licensure section of this table.  
• 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 Networks) must have a QMHP designation endorsed by the South Dakota Department of Human Services to be considered for participation in Wellmark Networks. South Dakota Practitioners eligible for QMHP endorsement include:  
  ○ Certified Social Worker (CSW)  
  ○ 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.                                                                 |                  |                                                           |
### 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>
| 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 Networks. 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 Networks.  
• 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 Networks.  
• Student Health Service Practitioners can identify an emergency room (ER) at a currently participating Hospital in Wellmark Networks 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.  
  o 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. | ✓                |                                                               |
<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>Insurance and Liability</td>
<td>• 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 Networks. 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.&lt;br&gt;  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.&lt;br&gt; • Wellmark requires coverage by one of the following:&lt;br&gt;  o Commercial&lt;br&gt;  o Self-Funded&lt;br&gt;  o 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.&lt;br&gt;  o Federal Tort&lt;br&gt;  o State Tort – IA Act&lt;br&gt;  o State Tort – SD Act&lt;br&gt; Refer to Appendix B for definitions on malpractice coverage types.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medicare/ Medicaid Sanctions</td>
<td>• 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.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medicare/ Medicaid Sanctions</td>
<td>• 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 Networks.&lt;br&gt; • 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 Networks.&lt;br&gt; • 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.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Categories</td>
<td>Requirements</td>
<td>Committee Review</td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Felony Convictions</td>
<td>• 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.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Professional Conduct</td>
<td>• 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 Networks and existing participating Practitioners will be immediately excluded from participation in Wellmark Networks through contract termination.¹</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Member Complaints</td>
<td>• The Practitioner may not have three or more member complaints within the last 36 months.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Wellmark Risk Management History</td>
<td>• 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.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Residency Training &amp; Residents</td>
<td>• 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.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

¹ All Practitioners seeking Wellmark Network participation for the first time or existing contractual Practitioners who are already a part of Wellmark Networks 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>
</table>
| **Licensure and Accreditation** | • 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.  
  • Home Infusion Therapy (HIT) Providers must have a general or Hospital pharmacy license.                                                                                                                                                                                                                                                                              |                  | ✓                                                         |
| **Insurance and Liability** | • 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 Networks 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:  
    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.                                                                                                                                                                                                                                                                                                          |                  | ✓                                                         |
| **Medicare/Medicaid Sanctions** | • 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 Networks.  
  • 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.                                                                                                                                                                                                                   |                  | ✓                                                         |
## Medicare/ Medicaid Sanctions (cont.)

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Committee Review</th>
<th>Automatic Denial or Termination (Does Not Meet Requirements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Facility and/or Entity may not be under a Corporate Integrity Agreement (CIA) with the OIG.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Home Infusion Therapy (HIT) and DME/HME suppliers are required to be approved to bill the Centers for Medicare and Medicaid Services (CMS).</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

## Medical Director, Staffing, and Location Specific Facility and/or Entity Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Committee Review</th>
<th>Automatic Denial or Termination (Does Not Meet Requirements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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, Public Health Agencies, Urgent Care Centers, and Visiting Nurse Associations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The facilities/entities listed above must have a Medical Director that participates in the same Wellmark Networks as the facility/entity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All Community Mental Health Centers (IA) are required to have a medical director (MD/DO).</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>• 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.</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>• 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.</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>• Home Infusion Therapy (HIT) Provider locations must meet the state sterile compounding requirements.</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

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>
</tbody>
</table>
| Ambulatory Surgery Center                 | State License Medicate certified and Accredited by either The Joint Commission, AAHC or AAAASF  
**Note:** License for IA is not applicable. |
| Chemical Dependency Treatment Center      | State License and State accreditation (Level III.7 Medically Monitored Intensive Inpatient or Intensive Outpatient) and Accredited by either The Joint Commission, CARF or COA |
| Community Mental Health Center¹           | State certified or Medicare certified or Accredited by The Joint Commission or CARF   |
| Dialysis Center¹                          | Medicare certified                                                                     |
| Durable Medical Equipment Supplier (DME)² | Accreditation by The Joint Commission, The Compliance Team, CARF, CHAP, HQAA, ACHC, NABP, ABC or BOC |
| Freestanding Substance Abuse Facility     | State license and Accredited by either The Joint Commission, CARF or COA               |
| Home Health Agency¹                       | Medicare certified or Accredited by The Joint Commission, CHAP or ACHC                |
|                                           | **Note:** License for IL and NE is required. License for IA or SD is not applicable.    |
| Home Infusion Therapy (HIT)               | Accredited by The Joint Commission, ACHC, CHAP, HQAA or The Compliance Team           |
| Hospice                                   | State license or Medicare certified or Accredited by CHAP, ACHC or The Joint Commission |
| Hospital¹                                 | For hospitals with 50 beds or less: State license and either Medicare certified or Accredited by The Joint Commission, HFAP or DNVHC  
For hospitals with greater than 50 acute beds:  
- Current state license and  
- Current Medicare certification and  
- The hospital must also meet one of the following:  
  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  
  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  
  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. |
| Laboratory                                | One of the following types of CLIA Certificate: Certificate of Compliance or Certificate of Accreditation |
| Orthotics & Prostheses                   | Certification by ABC or BOC                                                             |
| Ocularist                                 | Certification by NEBO                                                                   |
| Psychiatric Medical Institution for Children | State license and Accredited by either The Joint Commission, CARF, or COA              |
| Public Health Agency                      | Designation as such by the County Board of Supervisors or Board of Health               |

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.

² Pharmacies that are not accredited must provide a copy of the CMS accreditation exemption letter.
Facility/Entity | Licensure/Accreditation/Certification Requirements
--- | ---
Radiology/Imaging Center (including, but not limited to, the following types of centers): | 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):
- General Radiology | CT
- CT, CTA | PET
- Echocardiography | PET/CT
- Mammography | Nuclear
- MRI, MRA | MRI
- Nuclear Cardiology | Cardiology
- PET Scan | MRA
- Radiation Oncology | Echocardiology
- Ultrasound | If the center does not offer any of the services above, it must be accredited by AAAHC, The Joint Commission, 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).
- Portable X-Ray | Mobile Imaging Center
- Mobile Imaging Center | Mammography centers must also be state certified.
Rehabilitation as part of the Hospital | Medicare certified
Skilled Nursing Facility\(^1\) | State license and either Medicare certified or Accredited by The Joint Commission, AAAHC or CARF
Sleep Centers | Accredited by AASM, The Joint Commission, or ACHC
Specialty Hospital\(^1\) | State license and either Medicare certified or Accredited by The Joint Commission or HFAP
Urgent Care Centers | 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.
Visiting Nurse Association | Member of Visiting Nurse Association of America

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 Networks. 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:

**Monitoring examples**
- 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 Networks 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 Networks 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 Networks

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
Credentialing and Network Participation

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.
Chapter 5: Changing Your Contract Relationship

A Practitioner who participates in Wellmark Networks 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 E-cred Central, 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 Networks. The Provider who left the group or location that closed may have to complete the application and credentialing process to become participating in Wellmark Networks 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.

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 Networks.

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 Networks. Please refer to the Effective Date table on the next page to determine when you can expect your participation in Wellmark Networks 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 Networks 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 Networks 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 Networks 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).
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 Networks 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 Networks, 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.

When there is a change of ownership, facilities and entities are required to use E-cred Central, Application Tool to complete and submit an application.

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 E-cred Central, 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 E-cred Central, 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 E-cred Central, 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 and submit an application in E-cred Central, Application Tool.

• If the entire practice is changing to a different location, the Provider is required to submit an Address Change using E-cred Central, 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 E-cred Central, 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 E-cred Central, 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.
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 Networks.

Refer to the table of approved Provider types in Chapter 2: Requirements to Participate in Wellmark Networks.

Effective May 14, 2018, Wellmark requires all practitioners to be credentialed including hospital-based practitioners and those practitioners who practice exclusively within an inpatient setting or freestanding Facility setting. This includes pathologists, radiologists, anesthesiologists, ER physicians, and Hospitalists.

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.

Users have the ability to submit credentialing and non-participating applications, change requests, and recredentialing requests, 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).

All applications are available in E-cred Central. Effective July 1, 2018, all applications must be submitted electronically. Submissions will only be accepted through E-cred Central. Paper requests received will not be accepted and will be destroyed by Wellmark.
E-cred Central tools

- **Application Tool:** Apply to join a network, apply to submit claims as a non-participating Provider (refer to Chapter 12: Provider Applications).
- **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 Network Participation).

• 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 Network Participation page on Wellmark.com (Provider > Credentialing and Network Participation).

Application and Credentialing Process

If you are applying for participation in Wellmark Networks, 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 required information has been submitted.
   a. If information is missing, the entire application is returned to the Provider in E-cred Central, Application Tool and will not be processed. The Provider will need to wait one day to make corrections in E-cred Central, Application Tool and submit the application back to Wellmark.
   b. 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.

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

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 reviewed by the Credentialing Committee.
To track the status of your application, access the Submission Status Tracker found on Wellmark.com (Provider > Credentialing and Network Participation).

Professional conduct

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.

All Practitioners seeking Wellmark Network participation for the first time or existing contractual Practitioners who are already a part of Wellmark Networks 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

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.

Chapter 11: Wellmark, Inc., Credentialing Committee

Wellmark’s Credentialing Committee ("Committee") is part of Wellmark's Quality Management Program, which is committed to improving the safety and quality of health care services. The purpose of the Committee is to ensure Wellmark Networks include qualified Providers who provide services in an environment that is safe for Wellmark members. The Committee functions as an oversight body that reviews initial and recredentialing provider applications, and provides recommendations on network participation status for the provider based on Wellmark’s uniformly applied credentialing and network participation requirements. The Committee may also review providers based on an action and/or issue discovered between recredentialing cycles as part of ongoing monitoring, and the Committee may at any time initiate discussions and/or make recommendations regarding credentialing policies and procedures.

The Committee is comprised of seven individuals including six physicians that participate in Wellmark Networks and a Wellmark Medical Director. The Wellmark Medical Director participates as chairperson and is a voting member of the Committee. 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 Wellmark Networks.

**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 Networks. If you participate in Wellmark Networks, 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, three steps must be completed.
Step 1: Determine Provider Type and Practice Location
To apply for participation in Wellmark Networks, 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 Networks.

Step 2: Complete Application in E-cred Central, Application Tool
All fields on the application are required to be completed unless otherwise indicated. 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 Network Participation).

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 participating in Wellmark Networks, use E-cred Central, Application Tool to complete and submit your application. In its sole discretion, Wellmark reserves the right not to accept or process a Provider’s application for participation in Wellmark Networks. 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 Networks.

Facilities/Entities Applications
If you are interested in participating in Wellmark Networks, use E-cred Central, Application Tool to complete and submit your application. In its sole discretion, Wellmark reserves the right not to accept or process a Provider’s application for participation in Wellmark Networks.

Step 3: Complete Provider Agreements
After submitting your application, Wellmark will send the Provider Agreement(s) to you by email through DocuSign® 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 facility or entity. 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 Networks 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. 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 C.

**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). Use E-cred Central, Application Tool to complete and submit your application.

Following the application process, a notification will be sent to you by email indicating a final determination was made. 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 E: Process Maps.
Missing Information and Returning Applications

**Paper Application Submissions**
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.

If your application is returned, please note that Wellmark will not retain copies of the originally submitted documents.

Effective July 1, 2018, all applications must be submitted electronically. Submissions will only be accepted through E-cred Central. Paper requests received will not be accepted and will be destroyed by Wellmark.

**Electronic Application Submissions**
If required information is not submitted, an email will be sent to the email address associated with the submitter’s account indicating that the application was returned. You will then be required to correct the application in E-cred Central, Application Tool and resubmit to Wellmark for consideration.

**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 Network Participation > Submission Status Tracker). For more information on how to use the Submission Status Tracker, refer to Appendix D.
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 Networks 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 Networks 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>

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 Networks within 30 days of the termination date and is current in his/her

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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.
recredentialing cycle, the Provider should be reinstated to participate in Wellmark Networks.

- If the Provider decides to remain participating in Wellmark Networks 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 Networks.

- 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 Networks 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 Networks.

- 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, use E-cred Central, Application Tool to complete and submit your application.

**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 Networks. 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 Central, Recredentialing Tool**

Providers are required to submit recredentialing applications online and receive notifications by email when recredentialing is due using the E-cred Central, 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 Networks.**

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 Networks 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 Networks 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 Network Participation).

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.
Credentialing and Network Participation

Tool. If changes are needed to the Provider’s demographic information, submit a change request using **E-cred Central, 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 be used in **E-cred Central, 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 Network Participation). An example of the E-cred notifications can be found in **Appendix C**.

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

**Notification sent**
Following the recredentialing process, a notification will be sent to the Provider by email indicating a final determination was made regarding Credentialing and Network participation.

Chapter 15: Change Request: Keeping Provider Information Current with Wellmark

Once you receive notification from Wellmark of acceptance to participate in Wellmark Networks, 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 Central, Change Request Tool**
The **E-cred Central, 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.
Please notify Wellmark of changes and the effective date of those changes by using E-cred Central, Change Request Tool.

### 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>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 absence</td>
<td>Notify Wellmark of military assignment, sabbatical or maternity leave.</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</td>
</tr>
</tbody>
</table>
Credentialing and Network Participation

<table>
<thead>
<tr>
<th>Tax ID and address changes</th>
<th>area of focus at a practice location.</th>
</tr>
</thead>
<tbody>
<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>

If you are changing both your TIN and your address, E-cred Central, Change Request Tool will prompt you to complete a new application.

**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 E-cred Central, 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 Network Participation). An example of the E-cred notifications can be found in Appendix C.

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

**Notification sent**

A notification will be sent to you by email indicating that the information Wellmark keeps on file for the Provider has been updated.

**Chapter 16: Directory Validation**

Providers who are participating in Wellmark Networks 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 Provider 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
Semi-annual verification

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 E-cred Central, 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 E-cred Central, 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 Networks 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 Networks.

**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

**Overview and Background**
The purpose of this chapter is to outline the procedures for a Practitioner to use when appealing an Adverse Action determination by Wellmark and Wellmark’s Credentialing Committee.

**When This Procedure Does and Does Not Apply**
This Procedure only applies to Adverse Actions, and the Procedure only applies to individual Practitioners (not facilities or entities). Wellmark is not obligated to accept an application for network participation or Contracting Privileges from any Practitioner.

This Procedure does not apply based on Wellmark’s determination to deny an application for network participation or Contracting Privileges when that denial is not based on the Practitioner’s competence or professional conduct.

This Procedure does not apply when a Practitioner has failed to meet Wellmark’s credentialing and network participation requirements (refer to Chapter 3: Wellmark Provider Credentialing and Contracting Requirements) unrelated to the Practitioner’s competence or professional conduct.
If the Practitioner’s Agreement is terminated or suspended because (i) Practitioner 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 network participation requirements as outlined in Chapter 3: Wellmark Provider Credentialing and Contracting Requirements (unrelated to Practitioner’s competence or professional conduct), the Practitioner shall have no right to an appeal hearing under this Procedure.

Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Action</td>
<td>Limiting, restricting, suspending, revoking, denying or not renewing a Practitioner’s network participation through a Provider Agreement with Wellmark as a result of a Practitioner’s competence or professional conduct</td>
</tr>
<tr>
<td>Contracting Privileges</td>
<td>Furnishing of covered services under the terms and conditions of any Provider Agreement (“Agreement”) with Wellmark.</td>
</tr>
<tr>
<td>Appeal Hearing Panel</td>
<td>The Company's Chief Medical Officer (“CMO”), or their designee, will contact applicable professional societies for recommendations for Appeal Hearing Panel participation. Wellmark and the Appeal Hearing Panel members are approved by the CMO.</td>
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</tbody>
</table>

Practitioner Appeal Timeline Overview

The timeline below is a summary of the critical timeframes, and the details regarding each step follows throughout this chapter.

- Practitioner has **30 calendar days** from date of Adverse Action letter to request an Appeal Hearing.
- Appeal Hearing date must be at least **30 calendar days** from the date of the Notice of Hearing letter.
- If a written request for an Appeal Hearing is received within **30 calendar days**, a Notice of Hearing must be issued within **30 calendar days** of that request.
- The Appeal Hearing Panel will issue a written report within **15 calendar days** from the close of the hearing. Within **30 calendar days of receipt**, Wellmark will send to the Practitioner.
Wellmark Notice of Proposed Adverse Action

Wellmark shall notify the Practitioner, in writing, of the proposed Adverse Action. The Notice of Proposed Adverse Action shall be delivered to the Practitioner (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 the letter shall include the following information:

- A statement that an Adverse Action against the Practitioner is proposed by Wellmark and the specific reasons therefore;
- A statement that if the proposed Adverse Action (i) is taken and affects the network participation and Contracting Privileges of the Practitioner for a period of longer than thirty (30) calendar days, or (ii) results in acceptance of the surrender of the Practitioner’s network participation and Contracting Privileges while the Practitioner is under review by Wellmark.
- A statement regarding the Practitioner’s right to request an appeal hearing before a hearing panel designated by the CMO, and that the Practitioner’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;
- A statement that should the Practitioner (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 Practitioner shall be deemed to have accepted Wellmark’s proposed Adverse Action, which shall become a final action;
- The name and mailing address of the CMO; and
- A copy of this Procedure.

Practitioner Response to Notice of Proposed Adverse Action

If the Practitioner desires an appeal hearing regarding the Notice of Proposed Adverse Action, the Practitioner 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 indicated in the Notice of Proposed Adverse Action.

The Practitioner shall notify Wellmark, in writing, with his or her response to the Notice of Proposed Adverse Action. In the event the Practitioner desires legal counsel or another person to act on his or her behalf, the letter must include 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 the Practitioner. Should the Practitioner 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 Practitioner.

The Practitioner shall also notify Wellmark, in writing, with any changes to his or her practice location(s).

**Notice of Appeal Hearing**

If the Practitioner timely requests an appeal hearing as provided above, Wellmark shall, within thirty (30) calendar days of the receipt of the Practitioner’s written request for an appeal hearing, issue a Notice of Hearing to the Practitioner. The Notice of Hearing shall include 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.

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

**Appeal Hearing Preparation**

The Practitioner and Wellmark shall exchange the following information no less than fourteen (14) calendar days prior to the hearing:

- A list of witnesses (if any) expected to testify at the hearing on behalf of Wellmark or the Practitioner; and
- Copies of all documents to be introduced at the hearing.

**Appeal Hearing**

The Appeal Hearing Panel shall be approved 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.

Wellmark outside counsel shall serve as Chairperson of the Appeal Hearing Panel to address all pre- and post-hearing matters and to preside over the Appeal Hearing Panel. The Chairperson shall be a voting member of the Appeal Hearing Panel.

The Chairperson:

- 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;
- Shall be entitled to determine the order of, and procedure for, presenting evidence and argument during the hearing; and
- 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
Credentialing and Network Participation

rule on objections to the participation of any member of the Appeal 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.

Appeal Hearing Panel members

Where feasible and as appropriate (as determined by the CMO), at least one (1) member of the Appeal Hearing Panel shall be a Practitioner in practice in the same specialty as that practiced by the Practitioner under review.

The Appeal Hearing Panel shall not include:

- Chairperson or Practitioners in direct economic competition with the Practitioner involved;
- Chairperson or Practitioners who would gain direct financial benefit from the outcome of the hearing; or
- Chairperson or Practitioners who have acted as accusers, investigators, fact-finders or initial decision-makers in the matter under review.

Each Appeal Hearing Panel member is required to complete and sign an attestation for conflict of interest to ensure there is no personal or professional conflict of interest regarding the Practitioner involved.

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

In the event a member of the Appeal 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 Appeal Hearing Panel’s decision.

Challenges to impartiality

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

- Challenges to the impartiality of any member of the Appeal Hearing Panel shall be ruled upon by the Chairperson.
- 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.
- If one (1) or more members of the Appeal Hearing Panel are disqualified, the hearing shall proceed before the remaining members of the Appeal
Hearing Panel, provided at least three (3) members remain to participate in the Appeal Hearing Panel’s decision.

**Conduct of Hearing**
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 Practitioners other than the Practitioner under review, including, but not limited to, the identity of Practitioners involved in any recommended or proposed Adverse Action.

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 shall have the right during the hearing:

- To be represented by an attorney; provided, however, that the Practitioner may be represented by another person of the Practitioner’s choice;
- To be provided with all information relevant to the matter under consideration made available to the Appeal Hearing Panel;
- 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;
- To call, examine and cross examine witnesses;
- To present evidence determined by the Chairperson to be relevant to the matter under consideration regardless of its admissibility in a court of law;
- To rebut any evidence; and
- To submit a written statement.

Wellmark shall have the right to call the Practitioner to testify, and to examine the Practitioner as if the Practitioner is under cross-examination.

The members of the Appeal Hearing Panel may ask questions of the Practitioner and all witnesses, and call additional witnesses if the Appeal Hearing Panel deems such action appropriate.
Examination of evidence

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.

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

- Wellmark shall have the initial duty to present evidence which supports Wellmark’s proposed Adverse Action;
- The Practitioner’s shall be given an opportunity to rebut the evidence presented by Wellmark and to present evidence in support of the Practitioner’s challenge to Wellmark’s proposed Adverse Action;
- If the issue under review involves the qualifications of a Practitioner to have network participation and Contracting Privileges with Wellmark the Practitioner shall have the burden of persuading the Appeal Hearing Panel regarding the Practitioner’s qualifications to have such network participation and Contracting Privileges;
- Except as indicated above, Wellmark shall have the burden of persuading the Appeal Hearing Panel that Wellmark’s proposed Adverse Action is substantiated by a preponderance of evidence presented.

Wellmark and the Practitioner shall have ten (10) calendar days from the close of the appeal hearing to submit their final written statements to the Appeal Hearing Panel Chairperson.

In the absence of justification accepted by the Appeal Hearing Panel, the failure of the Practitioner to appear at the time and place scheduled for a hearing shall be a waiver of the Practitioner’s right to an appeal hearing as provided in Wellmark’s Notice of Proposed Adverse Action.

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

**Appeal Hearing Panel Rendering of Decision**

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

Only those members of the Appeal Hearing Panel present during all hearing sessions shall be entitled to vote on the Appeal Hearing Panel’s decision.
At least a majority of all members of the Appeal Hearing Panel that are entitled to vote must concur in the decision of the Appeal Hearing Panel. The decision shall be based on the evidence and arguments presented during the hearing.

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

The Appeal Hearing Panel shall issue a written report to the CMO setting forth its decision and rationale for the decision within fifteen (15) calendar days from the close of the appeal hearing. The report may include any recommendations for further handling of the matter, including any corrective action.

**Appeal Panel Decision to Practitioner**

Within thirty (30) calendar days after receipt of the Appeal Hearing Panel’s written report, the CMO will send to the Practitioner (by certified or registered U.S. Mail, or by deposit with an overnight courier service) the Appeal Hearing Panel’s decision, and the Practitioner’s network participation and contracting status.

**Immediate Suspension or Limitation of a Practitioner’s Network Participation and Contracting Privileges**

Nothing in this Procedure shall be construed to require Wellmark to conduct a hearing before acting to immediately suspend or limit a Practitioner’s network participation and 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, the Practitioner shall subsequently be provided with the notice and hearing rights set forth in this Procedure.

**Reporting**

When Wellmark takes an Adverse Action affecting the network participation and Contracting Privileges of a Practitioner pursuant to this Procedure, or accepts the Practitioner’s surrender of network participation and Contracting Privileges while the Practitioner is under review by Wellmark regarding possible competence or professional conduct (or accepts the Practitioner’s surrender of network participation and Contracting Privileges in lieu of Wellmark conducting such an investigation), Wellmark shall report such an Adverse Action or surrender of network participation and Contracting Privileges in accordance with applicable state and federal laws, rules and regulations, including but not limited to, reports required to be submitted to the National Practitioner Data Bank.
### Appendix A

Appendix A defines the acronyms that are used throughout this section of the Provider Guide.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAAASF</td>
<td>American Association for Accreditation of Ambulatory Surgery Facilities</td>
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<td>AAAHC</td>
<td>Accreditation Association for Ambulatory Health Care</td>
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<td>AASM</td>
<td>American Academy of Sleep Medicine</td>
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<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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<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>Advanced Registered Nurse Practitioner</td>
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<td>ASC</td>
<td>Ambulatory Surgery Center</td>
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<td>American Telemedicine Association</td>
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<td>Audiologist</td>
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<td>BOC</td>
<td>Board of Certification/Accreditation, International</td>
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<td>Critical Access Hospital</td>
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<td>CARF</td>
<td>Commission on Accreditation of Rehabilitation Facilities</td>
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<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>Community Mental Health Center</td>
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<td>Chief Medical Officer</td>
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<td>Certified Nurse Midwife</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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<td>Controlled Substance Registration</td>
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<td>CSW-PIP</td>
<td>Certified Social Worker – Private Independent Practice</td>
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<td>Computed Tomography</td>
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<td>Computed Tomography Angiography</td>
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<td>Drug Enforcement Administration</td>
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<td>Durable Medical Equipment</td>
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<td>Doctor of Osteopathic Medicine</td>
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<td>Doctor of Podiatry Medicine</td>
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<td>Doctor of Physical Therapy</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<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>Electronic Funds Transfer</td>
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<td>Employer Identification Number</td>
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<td>Electrocardiogram</td>
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<td>Emergency Room</td>
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<td>Electronic Remittance Advice</td>
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<td>Freestanding Substance Abuse Facility</td>
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</tr>
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<td>Health Insurance Portability and Accountability Act</td>
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<td>IAC CT</td>
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<td>NPPES</td>
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<td>NPI</td>
<td>National Provider Identifier</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<td>National Urgent Care Accreditation</td>
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<td>WVHP</td>
<td>Wellmark Value Health Plan, Inc.</td>
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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 Networks.

**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 Networks.

**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 Physicians who temporarily fills in for another Physician 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 Physician leaves a practice and someone is hired to temporarily fill the vacancy until a new Physician is found, that “replacement Physician” must get his/her own NPI and establish his/her own contracting relationship with Wellmark either individually or through the group.

- In Iowa, a Physician means MD, DO, DDS, DMD, DPM, OD, or DC licensed under a Locum Tenens permit may practice in Wellmark Networks for the duration of the permit, as long as all other requirements are met.
- In South Dakota, a Physician means MD or DO licensed under a Locum Tenens permit may practice in Wellmark Networks for the duration of the permit, as long as all other requirements are met.

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 Networks.

WBCBSI: 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.
Credentialing and Network Participation

**WBCRSSD**: 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.

**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 Networks). 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.
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**: 00-000000
- **Specialty**: Family Practice
- **Rendering NPI**: 111111111
- **Organizational NPI**: 222222222
- **Networks**: Alliance Select, HMO/WHP, Classic Blue, UI Care/UI Grad Care
- **Effective Date**: 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 E-cred Central, 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 E-cred Central, 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 E-cred Central, 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 Network Participation).

**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.
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>Application Received</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>Application Accepted</td>
<td>This status indicates that all required information was successfully submitted. Processing can now begin. The credentialing period begins.</td>
</tr>
<tr>
<td>Credentialing Complete</td>
<td>The Credentialing Committee has reviewed the application and verified the status of the pertinent licenses, certifications and accreditations.</td>
</tr>
<tr>
<td>Notification Sent</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>Source Verified</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>Application Received</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>Application Accepted</td>
<td>This status indicates that all required information was successfully submitted. Processing can now begin. The recredentialing period begins.</td>
</tr>
<tr>
<td>Credentialing Complete</td>
<td>The Credentialing Committee has reviewed the application and verified the status of the pertinent licenses, certifications and accreditations.</td>
</tr>
<tr>
<td>Notification Sent</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>Source Verified</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>Request Received</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>Request Accepted</td>
<td>This status indicates that all required information was successfully submitted. Processing can now begin.</td>
</tr>
<tr>
<td>Notification Sent</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 upon submission via E-cred Central, Application Tool.
Recredentialing Process Map
The Recredentialing Process Map is a visual display on the steps on the recredentialing application takes upon submission via E-cred Central, Recredentialing Tool.
Change Request Process Map
The Change Request Process Map is a visual display on the steps the change request takes upon submission via E-cred Central, Change Request Tool.
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 Networks 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).
# Service Contacts

<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><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>
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</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.