



Provider Guide

Credentialing and Network Participation section

Update: August 2026

Replaces: January 2026

Preface

The *Wellmark Provider Guide* serves as a resource for the policies and procedures for Practitioners, Facilities, and Entities (“Providers”) doing business with Wellmark, Inc., its subsidiaries and affiliates. The Provider Guide includes information that applies to all benefit plans in Iowa and South Dakota unless specified otherwise within the text.

The Provider Guide is incorporated by reference in your Provider Agreement between Wellmark Blue Cross and Blue Shield and Providers. The Provider Guide is regularly reviewed and updated.

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](#).

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.

Sections of the Provider Guide

The [Provider Guide](#) consists of various sections that you can reference any time on Wellmark.com.

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. How and where do I register? If you have access to the secure

Provider Portal, you can register for WINS by going to the [Real-time Updates](#) page. If you do not have access to the Provider Portal, contact the main designated security coordinator (DSC) in your organization or [register your organization](#).

WELLMARK INFORMATION NOTIFICATION SYSTEMSM (WINS)

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 section name on the [Provider Guide](#) page.
- The most current date is printed on the front cover 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 appears in **red** text.
- Most links appear in **blue** text.

Copies of the Wellmark Provider Guide

The most current version of the [Wellmark Provider Guide](#) may be found in the Provider section of Wellmark.com.

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Summary of Changes

May 2025, January 2026, and August 2026

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

August 2026:

- **Throughout:** Completed full review of the section.
- Removed sentence from Provider Guide Updates page.
- **Page 27:** Updated bullet in Contracting as a Group subsection.
- **Pages 36 – 37:** Updated E-credentialing (E-cred) Central subsection.
- **Page 44:** Updated sentence in Submission Status Tracker subsection.
- **Page 47:** Updated sentence in Recredentialing criteria.
- **Page 74:** Updated Appendix D: Submission Status Tracker.

January 2026:

- **Throughout:** Completed full review of the section.
- Updated Preface.
- **Pages 1 – 2:** Removed references of Wellmark Value Health Plan, Inc.
- **Pages 4 – 6:** Removed WVHP column from Approved Provider Types table.
- **Page 7:** Removed Home Infusion Therapy (HIT) sentences.
- **Page 11:** Removed Wellmark ValueSM Health Plan HMO Network row from table.
- **Page 13:** Added to sentence in Non-Participating Providers.
- **Page 14:** Added Postal Service Health Benefits Program phone number to Federal Employee Program bullet.
- **Page 15:** Added Practitioner information.
- **Page 15:** Added Facility and/or entity information.
- **Page 26:** Updated language in Contracting Directly as a Practitioner subsection.
- **Page 55:** Updated Chapter 18: Secure Access to the Provider Portal.
- **Page 66:** Removed WVHP from Appendix A: Acronyms.
- **Page 70:** Updated Provider Guide definition in Appendix B: Definitions.
- **Page 71:** Removed Wellmark Value Health Plan, Inc. (WVHP) from Appendix B: Definitions.

May 2025:

- **Page 9:** Updated National Provider Identifier (NPI) Number subsection.

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Chapter 1: Introduction

The purpose of this chapter is to provide an overview of information for this section of the Provider Guide.

The 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 Network Participation with Wellmark.
- 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 of South Dakota, Inc., Wellmark Advantage Health Plan, Inc., and Wellmark Administrators, 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 Advantage Health Plan, Inc. (WMAHP), and
- Wellmark Blue Cross and Blue Shield of South Dakota (WBCBSSD) 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, WMAHP, or WBCBSSD.

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 PPOSM.

Point of Service Network (POS)

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

Health Maintenance Organization (HMO) Network

The HMO Network is used to support HMO products, including but not limited to, Wellmark Health Plan of Iowa HMO Network, which may be referred to Wellmark Blue HMOSM.

Exclusive Provider Organization (EPO) Network

The EPO Network (South Dakota) is used to support EPO products, including, but not limited to, Wellmark Traditional EPO® and Wellmark Standard EPO®. The EPO Network may be referred to as Wellmark Blue EPOSM.

Medicare Advantage

Wellmark has two Medicare Advantage (MA) Networks that are used to support MA products and are as follows:

- Wellmark's Medicare Advantage PPO Network, which may be referred to as Blue Medicare AdvantageSM PPO or Blue Medicare AdvantageSM Enhanced PPO
- Wellmark's Medicare Advantage HMO Network, which may be referred to as Blue Medicare AdvantageSM HMO

Preferred Dentist- FEP Dental Network

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

TriWest Network

Wellmark functions as the network subcontractor for TriWest Healthcare Alliance® to build a provider network to support the Department of Defense's TRICARE West Region, which includes Iowa and South Dakota.

Large employer group Network(s)

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

Geographical Plan Area

Wellmark's geographic plan area includes Iowa and Contiguous Counties (HMO Network only), and South Dakota. Refer to the maps in the ["Practice Locations for Iowa and South Dakota Geographical Plan Areas"](#) section of this guide.

Chapter 2: Requirements to Participate in Wellmark Networks

The purpose of this chapter is to outline requirements to participate in Wellmark Networks.

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

Requirements

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)¹;
- 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;
- Meet applicable Medicare approval or certification requirements;
- To participate in the Medicare Advantage program, Provider may not have opted out of participation in the Medicare Program under Section 1802(b) of the Social Security Act, unless providing emergency or urgently needed services;
- Not be on the U.S. Department of Health and Human Services Office of Inspector General excluded and sanctioned provider lists, the CMS Preclusion List, the SAM Exclusion list, the Office of Foreign Asset Control (OFAC) lists, or other disciplinary action by any federal or state entities identified by CMS; **and**
- Meet all practitioner or Facility/Entity Credentialing and Network Participation requirements ([Refer to Chapter 3](#)).

¹Practitioners submitting applications for the sole purpose of providing services via telehealth will not be required to have a physical presence at a practice location or meet the practice location requirements. Practitioners also wanting to provide services in an office or clinic setting in person will be required to meet the physical presence at a practice location and practice location requirements.

Approved Provider Types

Approved Provider Types (Practitioners, Facilities, Entities)	WBCBSI	WHPI	WBCBSSD	WMAHP ¹	TriWest ²
Licensed Practitioners					
Acupuncturist ³	--	--	X	--	--
Addiction Counselor ³	--	--	X	--	--
Advanced Registered Nurse Practitioner (ARNP)	X	X	X	X	X
• Certified Clinical Nurse Specialist (CNS)	X	X	X	X	X
• Certified Nurse Midwife (CNM)	X	X	X	X	X
• Certified Nurse Practitioner (CNP)	X	X	X	X	X
• Certified Registered Nurse Anesthetist (CRNA)	X	X	X	X	X
Athletic Trainer ³	--	--	X	--	--
Audiologist (AUD)	X	X	X	X	X
Board Certified Behavior Analyst (BCBA)	X	X	X	--	X
Board Certified Behavior Analyst – Doctoral (BCBA-D)	X	X	X	--	X
Certified Professional Midwife (CPMW)	X	X	X	X	--
Dental Hygienist ³	--	--	X	--	--
Dietitian ³	--	--	X	--	X
Doctor of Chiropractic (DC)	X	ICPC ⁴	X	ICPC ⁴	--
Doctor of Dental Surgery (DDS) ⁵	--	--	FEP Dental Only	--	--
Doctor of Medical Dentistry (DMD) ⁵	--	--	FEP Dental Only	--	--
Doctor of Osteopathic Medicine (DO)	X	X	X	X	X
Emergency Medical Responder (EMR) ³	--	--	X	--	--
Emergency Medical Technician (EMT) ³	--	--	X	--	--
Licensed Marriage & Family Therapist (LMFT)	X	X	X	X	X
Licensed Mental Health Counselor (LMHC)	X	X	--	X	X
Licensed Professional Counselor – Mental Health (LPC-MH)	--	X	X	X	X
Massage Therapist ³	--	--	X	--	--
Medical Doctor (MD)	X	X	X	X	X
Nutritionist ³	--	--	X	--	X
Occupational Therapist (OT)	X	X	X	X	X
Occupational Therapist Assistant ³	--	--	X	--	X
Optometrist (OD)	X	X	X	X	X
Oral/Maxillofacial Pathologist	X	X	X	X	--
Oral/Maxillofacial Surgeon	X	X	X	X	X
Physical Therapist (DPT, PT, LPT)	X	X	X	X	X
Physical Therapist Assistant ³	--	--	X	--	X
Physician Assistant (PA)	X	X	X	X	X
Podiatrist (DPM)	X	X	X	X	X

¹If interested in participating in this Network, contact [Provider Credentialing](#).

²If interested in participating in this Network, contact ProviderContracting@Wellmark.com.

³Provider type approved in South Dakota only. If interested in participating in the WBCBSSD Network, contact [Provider Credentialing](#).

⁴Doctors of Chiropractic participate in HMO, POS, and MA Network(s) through affiliation with the Iowa Chiropractic Physicians Clinic (ICPC) in Iowa and Contiguous Counties only. ICPC can be contacted by phone at 515-225-0393 or by email at icpc@icpc.net.

⁵Doctors of Dental Surgery (DDS) and Doctor of Medical Dentistry (DMD) in Iowa should contact Blue Dental at 877-258-3685.

Approved Provider Types (Practitioners, Facilities, Entities)	WBCBSI	WHPI	WBCBSSD	WMAHP ¹	TriWest ²
Licensed Practitioners					
Psychologist (PhD, PsyD, EdD) - <i>Iowa only</i> : HSP required	X	X	X	X	X
Qualified Mental Health Professional (QMHP) • Certified Social Worker (CSW) • Licensed Professional Counselor (LPC)	--	X	X	--	X
Social Worker • IA: Licensed Independent Social Worker (LISW) • SD: Certified Social Worker with Master's Degree-Private Independent Practice (CSW-PIP)	X	X	X	X	X
Social Worker Associate ³	--	--	X	--	--
Speech Pathologist (SLP)	X	X	X	X	X

¹If interested in participating in this Network, contact [Provider Credentialing](#).

²If interested in participating in this Network, contact ProviderContracting@Wellmark.com.

³Provider type approved in South Dakota only. If interested in participating in the WBCBSSD Network, contact [Provider Credentialing](#).

Approved Provider Types (Practitioners, Facilities, Entities)	WBCBSI	WHPI	WBCBSSD	WMAHP ¹	TriWest ²
Licensed Facilities					
Ambulatory Surgery Center (ASC)	X	X	X	X	X
Chemical Dependency Treatment Facility (CDTF ³)	--	--	X	X	--
Comprehensive Outpatient Rehabilitation Facility	--	--	--	X	X
Dialysis Center (ESRD)	X	X	X	X	X
Federally Qualified Health Center	--	--	--	X	X
Freestanding Substance Abuse Facility (FSAF ⁴)	X	X	--	X	--
Home Health Agency (HHA)	X	X	X	X	X
Hospice	X	X	X	--	X
Hospital	X	X	X	X	X
Psychiatric Medical Institution for Children (PMIC ⁵)	X	X	--	--	--
Rural Health Clinic	--	--	--	X	X
Skilled Nursing Facility (SNF)	X	X	X	X	X
Specialty Hospital ³	--	--	X	X	--
Licensed Entities					
Ambulance Services	X	X	X	X	X
Community Mental Health Center (CMHC ⁵)	X	X	--	X	--
Diabetic Education	--	--	--	X	--
Durable Medical Equipment Supplier (DME)/Home Medical Equipment Supplier (HME)	X	X	X	X	X
Freestanding Sleep Center	X	X	X	X	X
Home Infusion Therapy (HIT)	X	X	X	X	X
Independent Laboratory	X	X	X	X	X
Magnetic Resonance Imaging Center (MRI)	X	X	X	X	X
Mammography Center (FMC)	X	X	X	X	X
Orthotics and Prosthetics Supplier (O&P)	X	X	X	X	X
Portable X-Ray	--	--	--	X	--
Public Health Agency (PHA)	X	X	X	X	X
Radiology/Imaging Center	X	X	X	X	X
Urgent Care Centers (UCC) ⁶	X	X	X	X	X
Visiting Nurse Association (VNA)	X	X	X	X	--
Out-of-State Entities					
Air Ambulance ⁷	X	X	X	X	--
Independent Laboratories	X	X	X	X	--
Durable Medical Equipment (DME) Supplier	X	X	X	X	--
Medicare Certified Entities	--	--	--	X	--

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

²If interested in participating in this Network, contact ProviderContracting@Wellmark.com.

³CDTFs and Specialty Hospitals are approved Facility types in South Dakota only.

⁴FSAFs are approved Facility types in Iowa and Contiguous Counties only.

⁵CMHCs and PMICs are approved Facility types in Iowa only.

⁶Refer to [Appendix F](#) for the Credentialing and Contracting Criteria for Urgent Care Centers.

⁷To apply for participation in Wellmark Networks, Air Ambulance Providers should contact ProviderContracting@Wellmark.com to initiate the application process.

Telehealth and Telemedicine

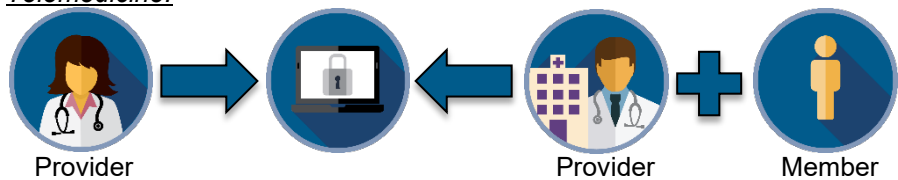
Telehealth and Telemedicine

Wellmark recognizes both telehealth and telemedicine as a means by which to provide medical services. Wellmark differentiates telehealth from telemedicine. See diagram below.

Telehealth:



Telemedicine:



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

There are specific guidelines for filing claims for telehealth and telemedicine. These guidelines can be found in the [“Payment Policies and Reports”](#) section of the Wellmark Provider Guide.

Telehealth Services

Telehealth (virtual visit) is a method to provide health care services to members through real time video interaction between a Provider and the member. Virtual visit involves only the member at the originating site and a Provider at the distant site. Any application submitted to add telehealth as a Provider (practitioner) type or specialty will be denied.

Practitioners submitting applications for the sole purpose of providing services via telehealth will not be required to have a physical presence at a practice location or meet the practice location requirements. Practitioners also wanting to provide services in an office or clinic setting in person will be required to meet the physical presence at a practice location and practice location requirements.

Note: The practitioner must still be physically located within Wellmark’s geographical plan area to apply for Credentialing and Network Participation with Wellmark. This means that the practitioner is delivering services from Wellmark’s geographical area. Refer to the maps in the [“Practice Locations for Iowa and South Dakota Geographical Plan Areas”](#) section of this guide.

If an entity (i.e., a telehealth vendor) will submit claims on behalf of providers under a single NPI, the entity must seek contracting with Wellmark as a telehealth vendor through Wellmark’s Contracting and Sourcing Department. If you are a telehealth vendor and interested in contracting with Wellmark, contact ProviderContracting@Wellmark.com.

Telemedicine Services

Wellmark’s approach regarding services being provided via telemedicine is with a Provider and member at an originating site (often times this is in a clinic or hospital setting) and a Provider (often a specialist) at a distant site. Any application submitted to add telemedicine as a Provider (Practitioner) type or specialty will be denied.

Note: The practitioner must still be physically located within Wellmark’s geographical plan area to apply for Credentialing and Network Participation with Wellmark. This means that the practitioner is delivering services from Wellmark’s geographical area. Refer to the maps in the [“Practice Locations for Iowa and South Dakota Geographical Plan Areas”](#) section of this guide.

Special Considerations
Birthing Centers Wellmark does not consider birthing centers for Network participation and only contracts with the individual Practitioners¹. 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 their applicable NPI number(s).

Practitioners who are Sole Proprietors may submit claims using their Type 1 (individual or rendering) or their Type 2 (organizational or group) NPI number as their billing NPI. All other Practitioners must submit claims using their Type 2 NPI number as their billing NPI. This includes, but is not limited to, Practitioners associated with a clinic/group or an individual practitioner who is not a Sole Proprietor.

All practitioners must submit claims using their Type 1 NPI as their rendering NPI.

All billing processes must align with credentialing.

You can apply for an NPI at the [National Plan and Provider Enumeration System \(NPPES\)](#) website.

For claims filing instructions, refer to the “[Claims Filing](#)” section of the *Wellmark Provider Guide*.

Physical Presence at Practice Location

Practice Location Practitioners are required to have a physical presence at their Practice Location(s) in order to participate in Wellmark Networks². 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 “[Practice Locations for Iowa and South Dakota Geographical Plan Areas](#)” section of this guide.

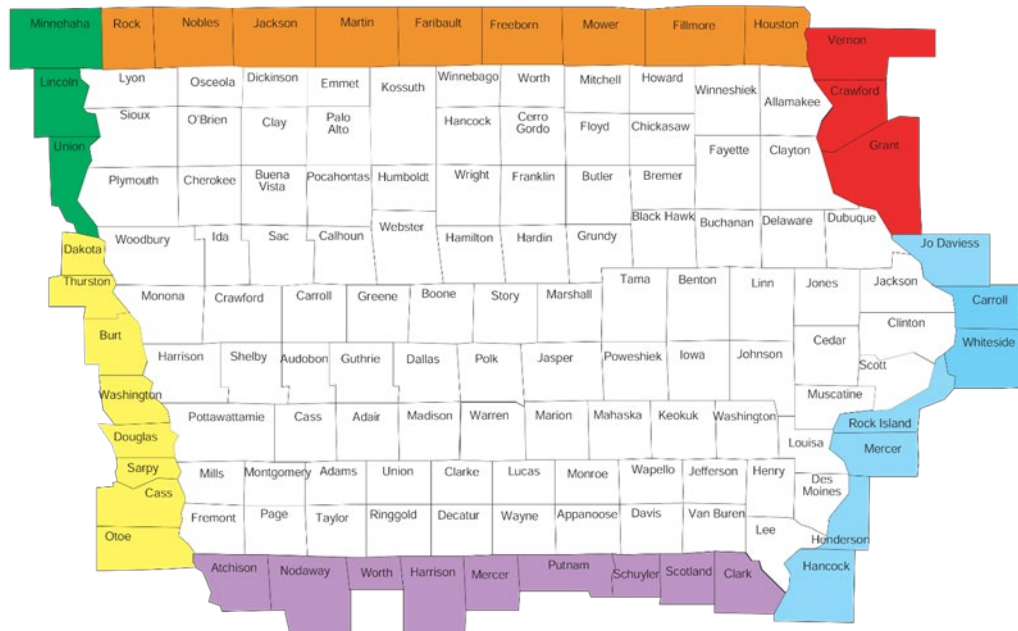
¹ Individual Practitioners working at these Facilities may submit an application for Network participation, if desired.

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.

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 and MA HMO Network only), and South Dakota that are approved for participation in Wellmark Networks.

Iowa and Contiguous Counties



South Dakota



Practice Locations are identified in the table below based on Wellmark Networks.

Network(s)	Practice Locations
Indemnity Network	-Practice must have an Iowa or South Dakota address.
PPO Network	-Practice must have an Iowa address (e.g., Alliance Select). -Practice must have a South Dakota address (e.g., Blue Select).
POS Network	-Practice must have an Iowa address or be located in counties bordering Iowa (contiguous).
HMO Network (WHPI)	-Practice must have an Iowa address or be located in counties bordering Iowa (contiguous).
EPO Network	-Practice must have a South Dakota address.
Wellmark Advantage Health Plan Networks	-If interested in participating in this Network, contact Provider Credentialing (Practitioners) or MAProviderContracting@Wellmark.com (Facilities/Entities/Hospitals).
Preferred FEP Dental	-Practice must have a South Dakota address.
TriWest Network	-If interested in participating in this Network, contact ProviderContracting@Wellmark.com .
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, ancillary Providers (independent laboratories, DME suppliers/orthotics & prosthetic suppliers), and public health agencies are not required to meet the Practice Location requirements in Iowa or South Dakota.

Practice Location Requirements

Minimum quality criteria

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.

Practitioners submitting applications for the sole purpose to provide services via telehealth will not be required to have a physical presence or meet the practice location requirements¹.

¹A provider must still reside in Wellmark's geographic service area.

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, along with the applicable taxonomy.
- Must be located within Wellmark's geographic service area, with the exception of ancillary providers.

Note: Providers that need to submit claims pursuant to the No Surprises Act will need to complete a Non-Participating application and meet requirements listed above.

To monitor the progress of claims submitted to Wellmark, you must register for Wellmark.com and sign a Wellmark Web-Based Applications Access Agreement.

Notice and consent under the No Surprises Act If the No Surprises Act applies to the services delivered by the Non-Participating Provider, the Non-Participating Provider may only balance bill Wellmark members if the member has signed a Notice and Consent form. This applies to Non-Participating Providers providing certain non-emergency items/services at an in-network facility or certain post-stabilization services. This does not apply to Non-Participating provider emergency services or Non-Participating provider air ambulance services. Ancillary services as defined under the law are not eligible to request a Notice and Consent.

Submitting Notice and Consent form All fields on the claim must be filled out with member and provider information. Type all information in the fields (exception: signatures).

For an electronic claim, refer to the table below for how to file the claim.

Loop	Segment	Element Identifier	5010 837 Example
2300	PWK	01 02 05 06	PWK01 = CK (Consent Form) PWK02 = BM (qualifier-by mail) PWK05 = AC (attachment control number) PWK06 = YES PWK*CK*BM***AC*YES~

Electronic claim submitters must submit the Notice and Consent form either by email or by mail:

- Email:
SurpriseBillingProtectionsNoticeandConsentForm@Wellmark.com. Only Notice and Consent forms will be reviewed when received at this email box; all other document types will be deleted and not processed.
- Mail:
Wellmark Blue Cross and Blue Shield of Iowa
Station 1E238
PO Box 9291
Des Moines, IA 50306-9291

Paper claim submitters must include the Notice and Consent form directly behind the claim form and mail to the address above.

- Negotiation request* Non-Participating Providers may initiate a negotiation if they do not agree with Wellmark's payment amount, how member cost share was applied, or the provider's write-off amount. The Non-Participating Provider has 30 business days, beginning the day the provider receives the initial payment or denial, to submit a negotiation request. To initiate a negotiation, refer to the contact information below:
- Provider/Customer Service: 1-800-362-2218
 - For member ID cards starting with three alphanumeric characters.
 - Federal Employees Health Benefits Program: 800-532-1537; Postal Service Health Benefits Program: 800-864-3689
 - For member ID cards starting with "R."
 - Email: SurpriseBillingNegotiation@Wellmark.com
 - Only 30-day negotiation or Independent Dispute Resolution emails will be reviewed when received at this email box; all other document types will be deleted and not processed.

Chapter 3: Wellmark Provider Credentialing and Network Participation Requirements

The purpose of this chapter is to outline Wellmark Provider Credentialing and Network Participation requirements.

The following tables outline Credentialing and Network Participation requirements for participation in Wellmark Networks by Practitioners, Facilities and/or Entities.

Practitioner Practitioner and practitioner groups (see applicable provider types listed on the Approved Provider Types table) must submit a practitioner application in [E-cred Central](#).

Facility and/or entity Licensed hospital, facility or entity types interested in applying to participate in a Wellmark network must complete contracting prior to credentialing. Applicable provider types are listed on the [Approved Provider Types](#) table. Complete the following steps:

1. Submit a request to ProviderContracting@Wellmark.com
2. Once contracting is completed, submit the Facility/Entity credentialing application in [E-cred Central](#)

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: the automatic denial from participation in Wellmark Networks or immediate termination from participation in Wellmark Networks.

Review of Provider Information

During initial credentialing, Wellmark will 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.

Practitioner Credentialing and Network Participation Requirements			
Categories	Requirements	Committee Review	Automatic Denial or Termination (Does Not Meet Requirements)
Licensure	- Each Practitioner must hold a current professional license in the state(s) in which they practice. - Practitioners may not be currently on or be placed on indefinite probation or probation for life.		✓
	BCBAs and BCBA-Ds must hold a current ABA license.		✓
	- 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 <u>DDS</u>. - 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 temporarily away from their practice. If a Locum Tenens serves for less than 60 consecutive days¹, they 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.			

Categories	Requirements	Committee Review	Automatic Denial or Termination (Does Not Meet Requirements)
Licensure (cont.)	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).		✓
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 their 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

Categories	Requirements	Committee Review	Automatic Denial or Termination (Does Not Meet Requirements)
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 on the application.	✓	
Admitting and Clinical Privileges	- All MDs and DOs, excluding Allergy, Anesthesiology, Dermatology, Emergency Medicine, Genetics, Nuclear Medicine, 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. The hospital referral mechanism is defined as a practitioner participating in Wellmark's networks with current admitting privileges who has agreed to admit patients on behalf of a provider and located in the nearest geographical area to the patient for service. Admission to the Emergency Department or by a Hospital Group does not meet this requirement. - All DPM, 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.	✓	

Categories	Requirements	Committee Review	Automatic Denial or Termination (Does Not Meet Requirements)
Insurance and Liability	- All Practitioners are required to carry at least one million dollars per occurrence and one million dollars aggregate in professional liability insurance and attest to such coverage in their application. The coverage must be current and in effect on the requested effective date provided on the application for participation in Wellmark Networks. If the coverage provided will not be in effect on the requested effective date, then a request for additional coverage may be requested by Wellmark. The coverage information must be provided on the application at the time of submission, or the application will be returned for missing information. - Residents must have a separate malpractice insurance coverage from the residency program to participate in any Wellmark Network when working outside of the residency program. - Wellmark requires coverage by one of the following: - Commercial - Self-Funded - The Nebraska Hospital Liability Act-Excess Liability Fund for Malpractice Insurance Coverage. Note: The Nebraska Hospital Liability Act covers Nebraska Practice Locations only. - Federal Tort - State Tort – IA Act - State Tort – SD Act Refer to Appendix B for definitions on malpractice coverage types.		✓
	Malpractice cases that meet at least one of the following three criteria will be brought to the Credentialing Committee for review: 1) the case involved negligence or gross negligence; 2) the case involved a payment which was equal to or exceeds a dollar threshold of \$350,000; or 3) the Provider has a history of malpractice cases which is currently defined as three cases in the last 36 months for recredentialing applications and three cases in the last five years for initial credentialing applications.	✓	
Medicare/Medicaid	- If any of the following conditions apply to a Practitioner, they will be denied and/or terminated from participation in Wellmark Networks: - Practitioner is ineligible, excluded, debarred or precluded from participation in Medicare and/or Medicaid and related state and federal programs. - Practitioner is terminated for cause from Medicare or any state's Medicaid or Children's Health Insurance Program (CHIP) program. - Sanctions levied against Practitioner by the Office of Inspector General's (OIG's), the CMS Preclusion List. - Practitioner has received any other disciplinary action taken by any federal or state entities identified by CMS. - Practitioner employs, contracts with, or receives services from anyone on the OIG's list of excluded individuals. - Practitioner is on the System for Award Management (SAM) exclusion list. - Practitioner is on the Office of Foreign Asset Control (OFAC) Specifically Designated Nationals ("SDN") list or on any other OFAC sanction list (non-SDN).		✓
	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.		✓
	Practitioner must not have opted out of participation in the Medicare program if seeking to contract with Wellmark for the Medicare Advantage program.		✓
Felony Convictions	The Practitioner or the Practitioner's affiliates should never have been convicted of, or pled no contest to, any felony charge(s). This includes any Practitioner who was an officer, director, partner, key employee, or controlling stockholder of a legal Entity that was convicted of a felony and who held that position at the time activities resulting in the felony conviction occurred.	✓	

Credentialing and Network Participation

Categories	Requirements	Committee Review	Automatic Denial or Termination (Does Not Meet Requirements)
Professional Conduct	All Practitioners who are convicted of any crime(s) involving sexual misconduct that result in current placement on the sex offender registry will be denied participation in Wellmark Networks and existing participating Practitioners will be immediately excluded from participation in Wellmark Networks through contract termination¹.		✓
Member Complaints	The Practitioner may not have three or more member complaints within the last 36 months.	✓	
Wellmark Risk Management History	The Practitioner should not have any Wellmark risk management history. Risk management history may include, but is not limited to: Network participation denials or terminations, member complaints, special investigations unit activities, and/or quality program information.	✓	
Residency Training & Residents	- Completion of residency training is required for non-board certified MD/DOs, DPMs, and DDSs. Wellmark requires all other Practitioners to have completed appropriate education. - Residents are not recognized Practitioners for the purposes of credentialing. However, if a resident is moonlighting outside of their 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.		✓

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 Network Participation 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.

Facility/Entity Credentialing and Network Participation Requirements			
Categories	Requirements	Committee Review	Automatic Denial or Termination (Does Not Meet Requirements)
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. The coverage must be current and in effect on the requested effective date provided on the application for participation in Wellmark Networks. If the coverage provided will not be in effect on the requested effective date, then a request for additional coverage may be requested by Wellmark. The coverage information must be provided on the application at the time of submission, or the application will be returned for missing information. - Wellmark requires coverage by one of the following: - Commercial - Self-Funded - The Nebraska Hospital Liability Act-Excess Liability Fund for Malpractice Insurance Coverage. Note: The Nebraska Hospital Liability Act covers Nebraska Practice Locations only. - Federal Tort - State Tort – IA Act - State Tort – SD Act Refer to Appendix B for definitions on malpractice coverage types.		✓

Credentialing and Network Participation

Categories	Requirements	Committee Review	Automatic Denial or Termination (Does Not Meet Requirements)
Medicare/Medicaid	- The Facility and/or Entity must be approved to participate with Medicare. - 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 or the CMS Preclusion List. - 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. - Facility or Entity should not be on the System for Award Management (SAM) exclusion list. - Facility or Entity should not be on the Office of Foreign Asset Control (OFAC) Specifically Designated Nationals ("SDN") list and should not be on any other OFAC sanction list (non-SDN).		✓
	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.		✓
	The Facility and/or Entity may not be under a Corporate Integrity Agreement (CIA) with the OIG¹.		✓
	Home Infusion Therapy (HIT) and DME/HME suppliers are required to be approved to bill the Centers for Medicare and Medicaid Services (CMS).		✓
Medical Director, Staffing, and Location Specific Facility and/or Entity Requirements	- The following Facilities/Entities are required to have a Medical Director (MD/DO): Community Mental Health Centers (IA), Freestanding Substance Abuse Facilities (IA), Chemical Dependency Treatment Facilities (SD), Freestanding Radiology/Imaging Centers, and Urgent Care Centers. - The following Facilities/Entities are required to have a Medical Director (MD/DO/ARNP): Public Health Agencies and Visiting Nurse Associations. - The Facilities/Entities listed above must have a Medical Director that participates in the same Wellmark Networks as the Facility/Entity.		✓
	Home Infusion Therapy (HIT) Providers must have a medical director (MD/DO) with expertise in infusion therapy services to provide overall direction for the clinical aspect of Home Infusion Therapy.		✓
	Home Infusion Therapy (HIT) Providers must have a medical director (MD/DO) or registered nurse (RN) that develops, coordinates, and supervises all activities of nursing services, including responsibility for assuring that only qualified individuals administer home infusion drugs.		✓
	Home Infusion Therapy (HIT) Provider locations must meet the state sterile compounding requirements.		✓

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. A list of approved certifying bodies can be found in [Appendix A](#).

Facility/Entity	Licensure/Accreditation/Certification Requirements
Ambulance	State license
Ambulatory Surgery Center	State License Medicare certified and Accredited by <i>either</i> The Joint Commission, AAAHC or AAAASF <i>Note:</i> 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 <i>either</i> The Joint Commission, CARF or COA
Community Mental Health Center	State certified or Medicare certified or Accredited by The Joint Commission or CARF
Dialysis Center	Medicare certified
Durable Medical Equipment Supplier (DME) ¹	Accreditation by The Joint Commission, The Compliance Team, CARF, CHAP, HQAA, ACHC, NABP, ABC or BOC
Federally Qualified Health Center (FQHC)	Medical Director License Accreditation – Wellmark will use: - The initial CMS certifying letter - HRSA (hrsa.gov) - AAAASF or - Verified through the accreditation body provided upon enrollment (The Joint Commission, etc.). <i>Note: Applicable for Medicare Advantage network participation only.</i>
Freestanding Substance Abuse Facility	State license and Accredited by <i>either</i> The Joint Commission, CARF or COA
Home Health Agency	Medicare certified or Accredited by The Joint Commission, CHAP or ACHC <i>Note:</i> 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
Hospital	For hospitals with 50 beds or less: State license or Rural Emergency Health license and <i>either</i> Medicare certified or Accredited by The Joint Commission, ACHC, DNVHC, or CIHQ 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: - Accredited by an accreditation organization [i.e. The Joint Commission, Accreditation Commission for Health Care (ACHC), Det Norske Veritas Healthcare (DNVHC)], The Center for Improvement in Healthcare Quality (CIHQ) or contracted with a Patient Safety Organization (PSO), Health Engagement Network (HEN), Hospital Improvement Innovation Network (HIIN), or a Quality Improvement Organization (QIO); or - 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 - 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

¹ Pharmacies that are not accredited must provide a copy of the CMS accreditation exemption letter.

Credentialing and Network Participation

Facility/Entity	Licensure/Accreditation/Certification Requirements										
Orthotics & Prostheses	Certification by ABC or BOC										
Ocularist	Certification by NEBO										
Psychiatric Medical Institution for Children	State license and Accredited by <i>either</i> The Joint Commission, CARF, or COA										
Public Health Agency	Designation as such by the County Board of Supervisors or Board of Health										
Radiology/Imaging Center (including, but not limited to, the following types of centers): -General Radiology -CT, CTA -Echocardiography -Mammography -MRI, MRA -Nuclear Cardiology -PET Scan -Radiation Oncology -Ultrasound -Portable X-Ray -Mobile Imaging Center	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): <table border="0"> <tr> <td>CT</td><td>PET</td></tr> <tr> <td>CTA</td><td>PET/CT</td></tr> <tr> <td>Nuclear</td><td>MRI</td></tr> <tr> <td>Cardiology</td><td>MRA</td></tr> <tr> <td>Echocardiology</td><td></td></tr> </table> 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). Mammography centers must also be state certified.	CT	PET	CTA	PET/CT	Nuclear	MRI	Cardiology	MRA	Echocardiology	
CT	PET										
CTA	PET/CT										
Nuclear	MRI										
Cardiology	MRA										
Echocardiology											
Rehabilitation as part of the Hospital	Medicare certified										
Rural Health Clinic (RHC)	Medical Director License Accreditation – Wellmark will use: • The initial CMS certifying letter • HRSA (hrsa.gov) • AAAASF or • Verified through the accreditation body provided upon enrollment (The Joint Commission, etc.). <i>Note: Applicable for Medicare Advantage network participation only.</i>										
Skilled Nursing Facility	State license and <i>either</i> Medicare certified or Accredited by The Joint Commission, AAAHC or CARF										
Sleep Centers	Accredited by AASM, The Joint Commission, or ACHC										
Specialty Hospital	State license and <i>either</i> Medicare certified or Accredited by The Joint Commission, ACHC, or CIHQ										
Urgent Care Centers	Accredited by <i>either</i> UCAOA, The Joint Commission, NUCCA, or AAAHC.										
Visiting Nurse Association	Member of Visiting Nurse Association of America or LeadingAge®										

Network Monitoring - Quality and Safety for Wellmark Members

Following initial Credentialing and Network Participation, Providers are required to continually meet all Credentialing and Network Participation 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 or placement on the Preclusion List or OIG List
- 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 regarding any Credentialing or Network Participation requirement is discovered, it may result in the Provider's credentialing

information being sent to the Credentialing Committee for review and/or automatic termination of the Provider from Wellmark Networks. If the Provider is sent to the Credentialing Committee for review, Wellmark will request and **require a response** from the Provider asking for an explanation on the issue(s). **A response to Wellmark's request is required** and failure to provide a response may result in denial of your participation in Wellmark Networks or removal from participation in Wellmark Networks. For information about the Credentialing Committee, refer to [Chapter 11: Wellmark, Inc., Credentialing Committee](#).

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.

Appointment Wait Time Standards

45 CFR §156.230(a)(2)(i)(B) mandates that Qualified Health Plan issuers comply with appointment wait time standards established by the Federally-facilitated Exchange (CMS). This requirement is applicable beginning January 1, 2025. To ensure compliance with this requirement, Providers must, at minimum, meet the following appointment wait time standards for Qualified Health Plan members:

Provider Specialty Type	Appointments Must Be Available Within
Behavioral Health	10 business days
Primary Care (routine)	15 business days
Specialty Care (non-urgent)	30 business days

The appointment wait time standards measure the number of business days between when an individual requests an appointment and when the first in-person appointment is available. The appointment wait time standard is equally applicable to both new and existing Qualified Health Plan members requesting appointments with the Provider.

Providers that do not meet the appointment wait time standards as outlined above will be deemed noncompliant with the requirements set forth in the Provider Guide.

Chapter 4: Contracting Relationships

The purpose of this chapter is to provide information on contracting relationships.

Providers must meet Credentialing and Network Participation requirements to participate in any Wellmark Network. Providers who do not meet Credentialing and Network Participation 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) Group
- 2) Corporation
- 3) Provider Hospital Organization (PHO)
- 4) Provider Organization (PO)

Contracting as a Practitioner

Group Agreement

In order for a Practitioner to sign an Agreement with Wellmark, the Practitioner must meet all Credentialing and Network Participation requirements; sign, date, and execute a group 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 group 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 their professional component for the service using their individual and/or organizational NPI number. Under this type of arrangement, the Practitioner, the Practitioner's group, PHO, or in Iowa the PO may complete a direct Agreement.

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

Contracting requirements

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.
- 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:

Requirement	Group	Corporation	PHO	PO
Provider name	✓	--	✓	✓
All Practice Locations	✓	✓	✓	✓
Provider specialty/Facility or Entity type	✓	✓	✓	✓
Provider NPI	✓	✓	✓	✓
Tax Identification Number(s) (TIN)	✓	✓	✓	✓

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

Contracting as a Group

Group Agreements A Provider group can contract as a single unit if:

- **One** 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

Corporate Agreements 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)

PHO Agreements A PHO can contract as a single unit if:

- Practitioners, Facilities, and Entities are part of the PHO.
- One signature is on the Agreement.
- The PHO assumes incorporation as an Entity.
- The PHO may have single or multiple TINs.

The following contracting requirements apply:

- All approved Providers associated with the TIN and all approved Practice Locations within the geographical plan area (Iowa and South Dakota) are required to be included as part of the PHO Agreement.
- Wellmark's Network effective date policy will apply to determine the Provider's Network effective date.
- If a Provider ends the relationship with the PHO or the PHO ends the relationship with a Provider, the PHO must notify Wellmark within 120

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)

PO Agreements 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

Employment Relationships 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.

Providers are required to notify members if the referral or subcontractor providing services is non-participating. 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, contact ProviderContracting@Wellmark.com.

Chapter 5: Changing Your Contract Relationship

The purpose of this chapter is to provide information regarding changing your contract relationship.

A Practitioner who participates in Wellmark Networks through a group, corporate, PO or PHO Agreement may terminate their 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-credentialing Central \(E-cred\)](#), [Change Request Tool](#). 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.

Change in contracting relationship

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

Opting out of a Wellmark Network

A Provider of a PO/PHO may choose to opt out of a Wellmark Network in accordance with their 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

The purpose of this chapter is to provide information regarding Provider Agreement termination.

Provider Agreement Termination by Provider

Refer to Article 12 “Contract Term and 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 Article 12 “Contract Term and Termination” of your current Agreement.

Chapter 7: Network(s) Effective Dates

The purpose of this chapter is to outline Provider Network(s) effective date guidelines and to provide scenario tables for:

- Provider (Practitioner, Facility and Entity)
- Provider Groups

After you have completed an application and/or signed a Wellmark Agreement, wait to submit claims until you have been notified of your acceptance into Wellmark Networks. 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.

Before submitting claims to Wellmark

Once you have received notification of your Network(s) effective date from Wellmark, you must wait two business days to submit claims. Before submitting claims to Wellmark, register for secure access to the Provider Portal (refer to [Chapter 18: Secure Access to the Provider Portal](#)). Then, visit the [Welcome to Wellmark](#) page for next steps and additional resources to assist you with efficiently working with Wellmark.

Electronic Funds Transfer (EFT) Enrollment form

Participating providers are required to complete and submit the [Electronic Funds Transfer \(EFT\) Enrollment](#) form. By completing the form, participating providers will receive payments electronically from Wellmark.

For claims filing instructions, refer to the ["Claims Filing"](#) section of the *Wellmark Provider Guide*.

Provider (Practitioner, Facility and Entity)

- Providers must meet all Wellmark Credentialing and Network Participation requirements.
- The Network Effective Date Policy applies to all Providers credentialed by Wellmark and credentialed by Wellmark's Delegated Entities.

Scenario	Network Effective Date
A Provider new to Wellmark or a Provider adding additional Practice Locations.	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 Network Participation requirements.
A Hospital-based Provider (radiologists, Hospitalists, anesthesiologists, pathologists, and emergency department (ER) physicians) not credentialed who are now requesting credentialing for a non-Hospital based practice site.	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 Network Participation requirements.
A credentialed Provider already practicing at a Practice Location, is participating in some Wellmark Networks and is requesting participation in additional Network(s).	The Provider's Network(s) effective date shall be the Agreement execution date for the new Agreement.
A Non-Participating Provider already submitting claims to Wellmark and is applying for in-Network participation.	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 Network Participation requirements.

Provider Groups

Scenario	Network Effective Date
A Provider group new to Wellmark submitting claims as a group under a new group Agreement.	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).

Chapter 8: Changes in Ownership, Location, or Tax Identification Number (TIN)

The purpose of this chapter is to outline information regarding 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](#) 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](#) and a new [W-9 form](#).
- If the Provider changes Practice Location, but not their TIN, the Provider is required to submit an Address Change using [E-cred Central, Change Request Tool](#) 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

The purpose of this chapter is to outline information regarding leave of absence.

Any Practitioner who is on active military assignment, maternity leave, or sabbatical must notify Wellmark of the effective date of their 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](#). 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, the Practitioner will be sent a notification by email advising to complete the recredentialing application using [E-cred Central, Recredentialing Tool](#). 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 their return to practice.

Chapter 10: Applications and Credentialing

The purpose of this chapter is to provide information regarding applications and credentialing.

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

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

Refer to the table of approved Provider types in [Chapter 2: Requirements to Participate in Wellmark Networks](#).

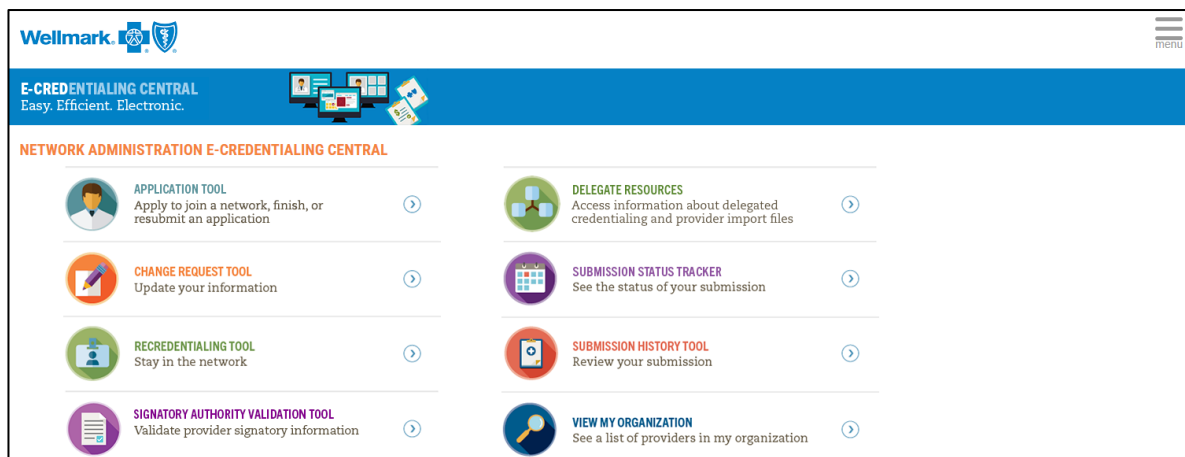
Wellmark requires all practitioners to be credentialed including hospital-based practitioners and those practitioners who practice exclusively within an inpatient setting or freestanding Facility setting. This includes pathologists, radiologists, anesthesiologists, ER physicians, and Hospitalists.

E-credentialing (E-cred) 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 applications, 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 and must be submitted electronically through E-cred Central in order to be accepted for processing. 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](#)).
- **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 slides, recordings and Q&A documents are available on the [Webinars](#) page on the Provider Portal.
- 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.

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 approval¹.
5. Upon approval by the Credentialing Committee/Medical Director, Provider Agreements are sent to the Provider via DocuSign® to be executed, when applicable.
6. Provider information is then entered into Wellmark payment systems.
7. A notification is sent to the Provider with Network(s) effective dates and other pertinent information. This notification signifies that the credentialing period has ended.
8. Following execution of Provider Agreements with Wellmark the Credentialed Provider information is included in the Provider directories.

Check status A graphic of the application business process is displayed in [Appendix E: Process Maps](#).

To track the status of your application, access the [Submission Status Tracker](#).

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.

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.

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 their 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

The purpose of this chapter is to provide information regarding Wellmark's Credentialing Committee.

Wellmark's Credentialing Committee ("Committee") is part of Wellmark's Quality Management Program. The Committee is part of Wellmark's credentialing and recredentialing process which is committed to improving the safety and quality of health care services from providers in Wellmark's networks. 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 Network Participation 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 Network Participation Requirements have been met and verified and the application may continue to be processed.

If the Provider does not meet all of the Credentialing and Network Participation requirements, the Provider's credentialing information may go to the Credentialing Committee for review. If the Provider is sent to the Credentialing Committee for review, Wellmark will request and **require a response** from the Provider asking for an explanation on the issue(s).

A response to Wellmark's request is required and failure to provide a response may result in a denial of your application or removal from participation in Wellmark Networks. Refer to the tables in [Chapter 3: Wellmark Provider Credentialing and Network Participation Requirements](#) for the requirements and those requirements that if not met require needs review by the Credentialing Committee.

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.

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.



Credentialing and Network Participation

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

The purpose of this chapter is to provide information regarding 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.

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.

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.

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](#).

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.

Medicare Advantage Applications

If you are interested in participating in Wellmark's Medicare Advantage Network, contact [Provider Credentialing](#) (Practitioners) or MAProviderContracting@Wellmark.com (Facilities/Entities/Hospitals).

TriWest Applications

If you are interested in participating in the TriWest Network, contact ProviderContracting@Wellmark.com.

Step 3: Complete Provider Agreements

DocuSign process

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 notification from DocuSign, 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 provider group, 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 and execution.

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 Network Participation. 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

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 an E-credentialing submission number or a Provider’s individual NPI number; up to ten numbers total can be entered to check status on multiple Providers. Wellmark’s average processing time for submissions is displayed on the [Provider credentialing](#) page.

To check the status of your application, access the [Submission Status Tracker](#). For more information on how to use the [Submission Status Tracker](#), refer to [Appendix D](#).

Chapter 13: Reapplication and Reinstatement

The purpose of this chapter is to outline information regarding 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.

Denial or Termination Reason	When Provider May Reapply
Placement on any state's sex offender registry for life.	Not eligible
Currently on permanent probation by licensing board.	Not eligible
Previously terminated from participation in Wellmark Networks more than once.	Not eligible
Wellmark terminated without cause.	Not eligible

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.

Denial or Termination Reason	When Provider May Reapply
Licensing Board action	90 days following reinstatement of license.
Material breach ¹	Up to 12 months following Network termination date.
Medicare/Medicaid sanctions	Following resolution of the sanctions and if applicable, removed from the preclusion and/or the exclusion list.
Adverse action ²	After 12 months following final adverse action date.

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

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

Reinstatement after Provider Agreement Termination

For Providers that make the decision to be reinstated after a Provider's Network(s) participation ends due to their decision to terminate the contractual relationship with Wellmark or the Provider terminates their 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 their 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 their recredentialing cycle, the Provider must meet all Credentialing and Network Participation 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 Network Participation 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 Network Participation 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

The purpose of this chapter is to provide information regarding recredentialing.

Recredentialing criteria Practitioners, Facilities, and Entities are required to **complete the recredentialing process** every 36 months from the **date of the initial credentialing effective date** for 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 Network Participation 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 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 [E-cred Central, 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](#).

All information on the recredentialing application is required, unless stated otherwise on the application. If all required information is not completed, the recredentialing application cannot be submitted through the Recredentialing Tool. If changes are needed to the Provider's demographic information, submit a change request using [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](#). 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

The purpose of this chapter is to provide information regarding change requests.

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.



Notify Wellmark of changes *and* the effective date of those changes by using [E-cred Central, Change Request Tool](#).

Types of Provider Information Changes

Type of Change	Description
Accepting new patients or age limitations change	Change information for accepting new patients or change age limitations for one or more practitioners at a practice location.
Address update	Cancel, change or add a practice location address for one of more practitioners.
Admitting privileges change	Change the admitting privileges for one or more practitioners.
After-hours designation change	Update the after-hours designation for clinic locations.

Credentialing and Network Participation

Board certification or accreditation change	Change certifications or accreditations for one or more providers at all practice locations.
Digital contact information change	Update the website URL and/or e-mail address for which Wellmark members can reach out for information or questions. This website URL or e-mail address will be published in Wellmark's Provider Directory.
Email address change	Change email address for credentialing contact, provider directory update notices, and other notifications from Network Administration.
Gender change	Change gender.
Intrapartum services designation change	Update the intrapartum services offered by a practitioner at a practice location.
Languages spoken change	Change languages spoken.
Maternity, military, or sabbatical leave of absence	Notify Wellmark of military assignment, sabbatical or maternity leave.
Medication-Assisted Treatment (MAT) for opioid use disorder designation change	Update the MAT designations for eligible Provider types.
Name change	Change the name of a group, clinic, Facility, Entity or a practitioner.
NPI change	Change national provider identifier (NPI) for one or more providers.
Pediatric services designation change	Update the pediatric services offered by a practitioner at a practice location.
Phone or fax change	Change main office or scheduling phone, fax or TDD number.
Signatory authority contact change	Change the contact information of the Signatory Authority for Provider Agreements.
Specialty change	Change one or more practitioner specialty roles or area of focus at a practice location.
Telehealth designation change	Update the telehealth designation for practitioners.
TIN change	Update a tax identification number (TIN) for one or more providers at one or more

Note: TIN and Address Change - If you are changing both your TIN and your address, [E-cred Central, Change Request Tool](#) will prompt you to complete a new application.

practice locations and simultaneously update associated billing address(es), organizational national provider identifier (NPI) and group/clinic name.

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](#). 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

The purpose of this chapter is to provide information regarding 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, 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 and is required by the Consolidated Appropriations Act. Wellmark requires validation every 90 days. Wellmark utilizes Quest Analytics' BetterDoctor¹ service to assist in streamlining the validation process. Iowa and South Dakota providers receive quarterly notices from BetterDoctor via email, fax, direct mail, and/or phone calls that direct Providers to BetterDoctor's online portal to review and validate the information that is published in Wellmark's Provider Directory. Once your information is reviewed and verified, Wellmark's Provider Directory will be updated within two business days. During the validation process, if you determine updates are needed, you are required to use [E-cred Central](#), [Change Request Tool](#) to immediately submit those updates. If provider information is not validated, the provider may be removed from Wellmark's Provider Directory as required by the Consolidated Appropriations Act. Further, if a provider does not validate its directory information for 180 days, the provider may receive a termination notice from Wellmark for breach of its Provider Agreement with Wellmark and the contractual obligation to keep directory information accurate.

¹BetterDoctor is an independent company that will help maintain an accurate directory of network providers on behalf of Wellmark.

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: Signatory Authority Validation

The purpose of this chapter is to provide information regarding signatory authority validation.

Annual verification Annually Wellmark will send out a Provider Signatory Validation email notice to the email address listed on the Provider Agreement. The email notice will include a link to E-cred Central to review and validate Signatory Authority information. 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 E-cred Central, Signatory Authority Validation Tool:

- Signatory Name & Title
- Signatory Email Address
- Signatory Mailing Address

Chapter 18: Secure Access to the Provider Portal

The purpose of this chapter is to provide information regarding secure access to the Provider Portal.

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

Refer to [Chapter 12: Provider Applications](#) for the definitions of Participating Providers and Non-Participating Providers.

Participating and Non-Participating Providers follow the two steps below to register for the Provider Portal. Participating Providers must have first received a welcome letter confirming participation in Wellmark's networks.

- 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. [Learn more about the DSC responsibilities.](#)
- Step 2:** [Complete online registration](#) as your organization's main DSC. Begin by reading the Terms and Conditions, and after clicking I Accept, complete the registration process.
- Note: Non-participating providers will receive the Wellmark Web Access Agreement once their registration is received, prior to activation.

Once the process is completed, an email notification will be sent to the DSC with the activation information.

Chapter 19: Delegated Credentialing

The purpose of this chapter is to provide information regarding 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 organization the authority to perform credentialing functions on Wellmark’s behalf.

Prior to delegating credentialing, Wellmark evaluates the organization’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, contact DelegatedCredentialing@Wellmark.com.

Chapter 20: Provider Denial, Termination, Appeal and Reporting Procedure

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

When the Procedure applies 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.

When this Procedure does not apply 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 Network Participation Requirements](#)) unrelated to the Practitioner's competence or professional conduct.

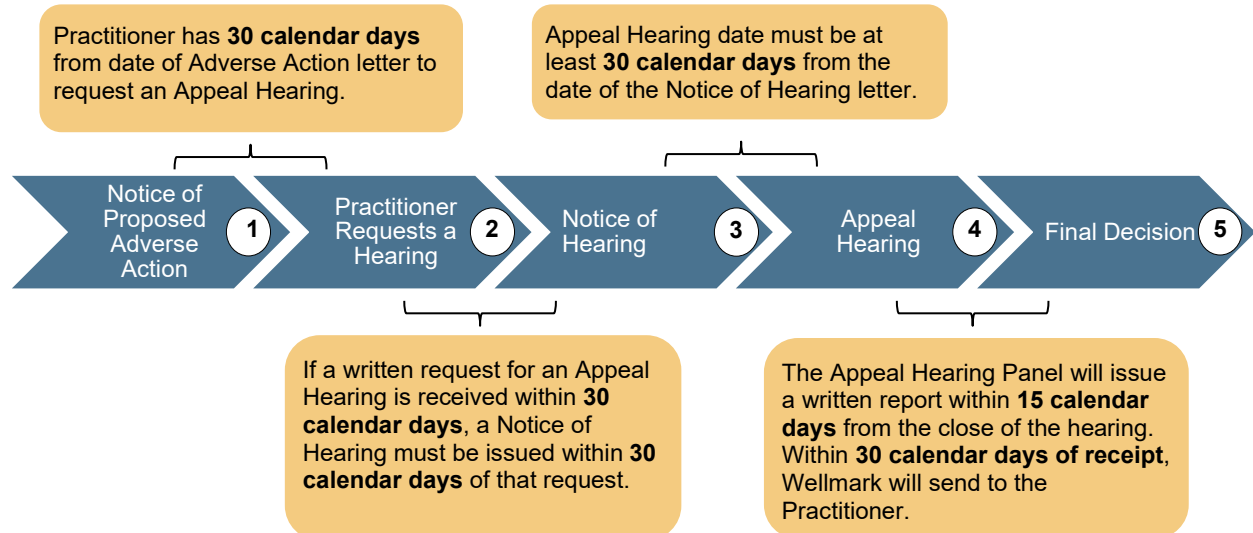
If the Practitioner's Agreement is terminated or suspended because (i) Practitioner fails to maintain professional licensure, accreditation, certification, a permit, or other governmental authorization required to provide services or (ii) has failed to continue to meet the Wellmark's Credentialing and Network Participation requirements as outlined in [Chapter 3: Wellmark Provider Credentialing and Network Participation Requirements](#) (unrelated to Practitioner's competence or professional conduct), the Practitioner shall have no right to an appeal hearing under this Procedure.

Definitions

Term	Definition
Adverse Action	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.
Contracting Privileges	Furnishing of covered services under the terms and conditions of any Provider Agreement ("Agreement") with Wellmark.
Appeal Hearing Panel	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.

Practitioner Appeal Timeline Overview

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



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
Requests a
Hearing

2

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
Hearing

3

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

4

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.

*Appeal Hearing Panel
Chairperson*

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 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, factfinders 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's rights

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.

Final
Decision

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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: Acronyms

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

Acronym	Definition
AAAASF	American Association for Accreditation of Ambulatory Surgery Facilities
AAAH	Accreditation Association for Ambulatory Health Care
AASM	American Academy of Sleep Medicine
ABC	American Board of Certification for Orthotics, Prosthetics and Pedorthics
ACHC	Accreditation Commission for Health Care, Inc.
ACR	American College of Radiology
AMA	American Medical Association
A/R	Accounts Receivable
ARNP	Advanced Registered Nurse Practitioner
ASC	Ambulatory Surgery Center
AUD	Audiologist
BOC	Board of Certification/Accreditation, International
CARF	Commission on Accreditation of Rehabilitation Facilities
CDTF	Chemical Dependency Treatment Facility
CHAP	Community Health Accreditation Program
CIA	Corporate Integrity Agreement
CIHQ	Center for Improvement in Healthcare Quality
CLIA	Clinical Laboratory Improvement Amendments
CMHC	Community Mental Health Center
CMO	Chief Medical Officer
CMS	Centers for Medicare and Medicaid Services
CNM	Certified Nurse Midwife
CNP	Certified Nurse Practitioner
CNS	Certified Clinical Nurse Specialist
COA	Council on Accreditation
COB	Coordination of Benefits
CPMW	Certified Professional Midwife
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
CSR	Controlled Substance Registration
CSW-PIP	Certified Social Worker – Private Independent Practice
CT	Computed Tomography
CTA	Computed Tomography Angiography
DC	Doctor of Chiropractic
DDS	Doctor of Dental Surgery
DEA	Drug Enforcement Administration
DMD	Doctor of Medical Dentistry
DME	Durable Medical Equipment
DNVHC	Det Norske Veritas Healthcare
DO	Doctor of Osteopathic Medicine
DPM	Doctor of Podiatry Medicine

Acronym	Definition
DPT	Doctor of Physical Therapy
DSC	Designated Security Coordinator
EdD	Doctorate in Education
EFT	Electronic Funds Transfer
EIN	Employer Identification Number
EKG	Electrocardiogram
EPO	Exclusive Provider Organization
ER	Emergency Room
ERA	Electronic Remittance Advice
ESRD	Dialysis Center
FEP	Federal Employee Program
FQHC	Federally Qualified Health Center
FMC	Freestanding Mammography
FSAF	Freestanding Substance Abuse Facility
HHA	Home Health Agency
HIPAA	Health Insurance Portability and Accountability Act
HIT	Home Infusion Therapy
HME	Home Medical Equipment
HMO	Health Maintenance Organization
HQAA	Healthcare Quality Association on Accreditation
HSP	Health Services in Psychology
IA	Iowa
IAC CT	The Intersocietal Commission for the Accreditation of Computed Tomography Laboratories
IAC Echocardiography	The Intersocietal Commission for the Accreditation of Echocardiography Laboratories
IAC MRI	The Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories
IAC Nuclear/PET	The Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories
IAC Vascular Testing	The Intersocietal Commission for the Accreditation of Vascular Laboratories
ICPC	Iowa Chiropractic Physician's Clinic
IRS	Internal Revenue Service
LISW	Licensed Independent Social Worker
LMFT	Licensed Marriage & Family Therapist
LMHC	Licensed Mental Health Counselor
LPC	Licensed Professional Counselor (Mental Health)
LPT	Licensed Physical Therapist
MD	Doctor of Medicine
MRA	Magnetic Resonance Angiography
MRI	Magnetic Resonance Imaging
NABP	National Association of Boards of Pharmacy
NEBO	National Examining Board of Ocularists
NPES	National Plan and Provider Enumeration System

Acronym	Definition
NPI	National Provider Identifier
NUCCA	National Urgent Care Accreditation
O&P	Orthotics and Prosthetics Supplier
OB-GYN	Obstetrics and Gynecology
OD	Doctor of Optometry
OIG	Office of Inspector General
OSC	Organizational Security Coordinator
OT	Occupational Therapist
PA	Physician Assistant
PCP	Primary Care Provider
PCR	Provider Claim Remittance
PET Scan	Positron Emission Tomography
PHA	Public Health Agency
PhD	Doctorate Level Psychologist
PHO	Provider Hospital Organization
PMIC	Psychiatric Medical Institution for Children
PO	Provider Organization
POS	Point of Service
PPO	Preferred Provider Organization
PsyD	Doctor of Psychology
PT	Physical Therapist
QMHP	Qualified Mental Health Professional
RHC	Rural Health Clinic
SCSC	State Controlled Substance Certification
SD	South Dakota
SLP	Speech Pathologist
SNF	Skilled Nursing Facility
SSN	Social Security Number
TIN	Tax Identification Number
UCAOA	Urgent Care Association of America
UCC	Urgent Care Centers
VA	Veterans Administration
VNA	Visiting Nurse Association
WMAHP	Wellmark Advantage Health Plan, Inc.
WBCBSI	Wellmark Blue Cross and Blue Shield of Iowa
WBCBSSD	Wellmark Blue Cross and Blue Shield of South Dakota
WHPI	Wellmark Health Plan of Iowa
WINS	Wellmark Information Notification System

Appendix B: Definitions

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 Network Participation 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 a facility that provides dialysis care to patients in 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).

Exclusive Provider Organization (EPO) is a local network that provides members with access to care throughout the state of South Dakota and access to emergency care nationwide.

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 an entity 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 fill 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 their own NPI and establish their 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.

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

WHPI: Provider in Iowa and counties contiguous to Iowa or by exception. *Exception* for DME Suppliers, Air Ambulance, and Independent Labs: These categories are not required to have a physical presence within Wellmark's geographic plan area.

Preferred Provider Organization (PPO) means a system in which a payer, such as an insurance company, negotiates lower prices with certain doctors and Hospitals.

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

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

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

Provider Guide is a billing resource for Providers doing business with Wellmark Inc., its subsidiaries and affiliates.

Public Health Agency/Visiting Nurse Association (PHA/VNA) are agencies recognized by Wellmark to administer immunizations and tuberculosis testing. 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 Health Plan is an insurance plan that is certified by the Health Insurance Marketplace (CMS), provides essential health benefits, follows established limits on cost sharing, and meets other requirements outlined within the application process.

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.



Credentialing and Network Participation

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 Entity 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 Entity).

Wellmark Advantage Health Plan, Inc. (WMAHP) is an independent licensee of the Blue Cross and Blue Shield Association doing business in Iowa and South Dakota.

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.

Appendix C: Examples of Notifications

Example of Credentialing and Network Participation Notification Letter:



An Independent Licensee of the Blue Cross and Blue Shield Association

01/01/2015

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

Dear Provider,

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

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

Blue Rewards POS
1/1/2015

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

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

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

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

1. Health Maintenance Guidelines – the central purpose of these guidelines is to clearly identify those



Credentialing and Network Participation

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

Appendix D: Submission Status Tracker

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 [the Provider credentialing page](#).

How it works

Simply enter an E-credentialing submission number or individual National Provider Identifier (NPI) number in the field below. Up to ten numbers total can be entered.

Search Now

Enter your E-credentialing submission number or individual NPI to begin your search. You can enter up to ten numbers total, separated by a comma.

Results will be available in this tracker for 90 days after notification sent.

Next

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:

NPI Number: 1234567890
Name: John Doe
Submission Type: Application
Status: Notification Sent

 Application Received
Date: 6/9/2014
[What's this?](#)

 Application Accepted
Date: 6/13/2014
[What's this?](#)

 Source Verified

[What's this?](#)

 Notification Sent
Date: 7/3/2014
[What's this?](#)

For change requests, results will be displayed as follows:

 Change Request Received
Date: 9/5/2014
[What's this?](#)

 Change Request Accepted
Date: 9/5/2014
[What's this?](#)

 Notification Sent

[What's this?](#)

The **'What's this?'** icon provides descriptions on what each step means.

Missing Information Example:

NPI Number: 1234567890
Name: John Doe
Submission Type: Application
Status: Submission Returned for Missing Information

 Application Received
Date: 6/26/2014
[What's this?](#)

 Application Accepted

[What's this?](#)

 Credentialing Complete

[What's this?](#)

 Notification Sent
Date: 7/15/2014
[What's this?](#)

The **red** checkmark indicates missing information.

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

Application Received	This shows the date the credentialing application was received by Wellmark. It is not an indication regarding the completeness of the submission.
Application Accepted	This status indicates that all required information was successfully submitted. Processing can now begin. The credentialing period begins.
Credentialing Complete	The Credentialing Committee has reviewed the application and verified the status of the pertinent licenses, certifications and accreditations.
Notification Sent	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.
Source Verified	This status indicates that all pertinent licenses, certifications and accreditations have been verified.

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

Application Received	This shows the date the recredentialing application was received by Wellmark. It is not an indication regarding the completeness of the submission.
Application Accepted	This status indicates that all required information was successfully submitted. Processing can now begin. The recredentialing period begins.
Credentialing Complete	The Credentialing Committee has reviewed the application and verified the status of the pertinent licenses, certifications and accreditations.
Notification Sent	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.
Source Verified	This status indicates that all pertinent licenses, certifications and accreditations have been verified.

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

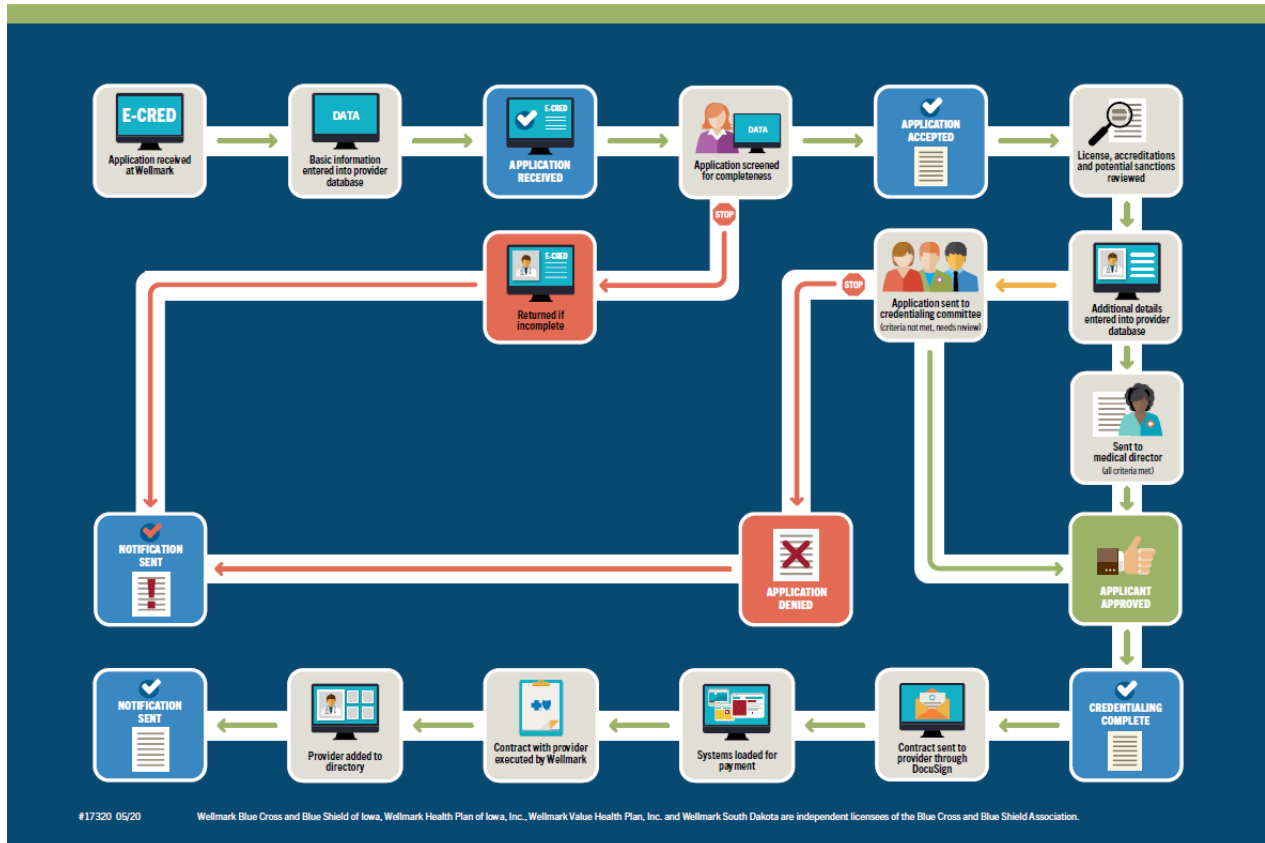
Request Received	This shows the date the change request was received by Wellmark. It is not an indication regarding the completeness of the submission.
Request Accepted	This status indicates that all required information was successfully submitted. Processing can now begin.
Notification Sent	This status 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.

Appendix E: Process Maps

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.

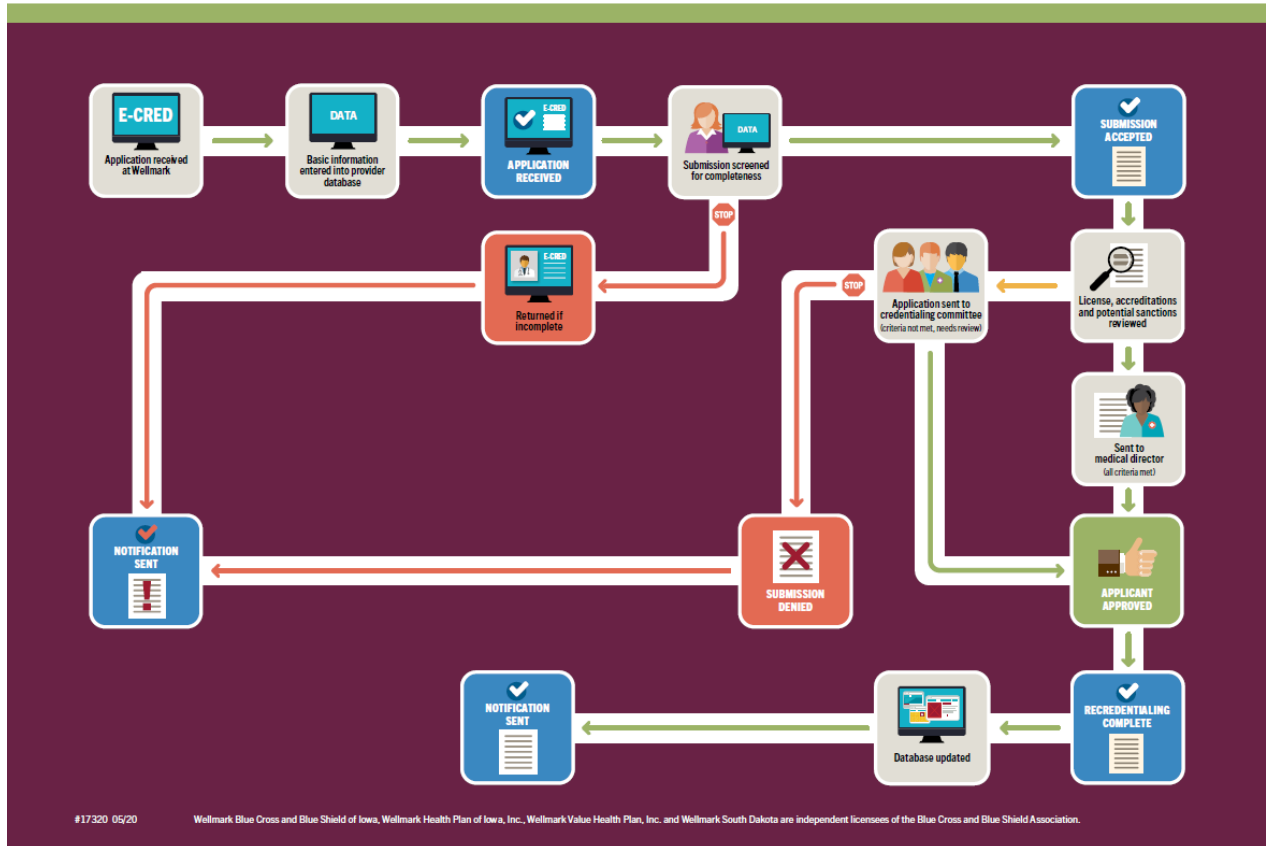
Wellmark Provider CREDENTIALING APPLICATION Process



Recredentialing Process Map

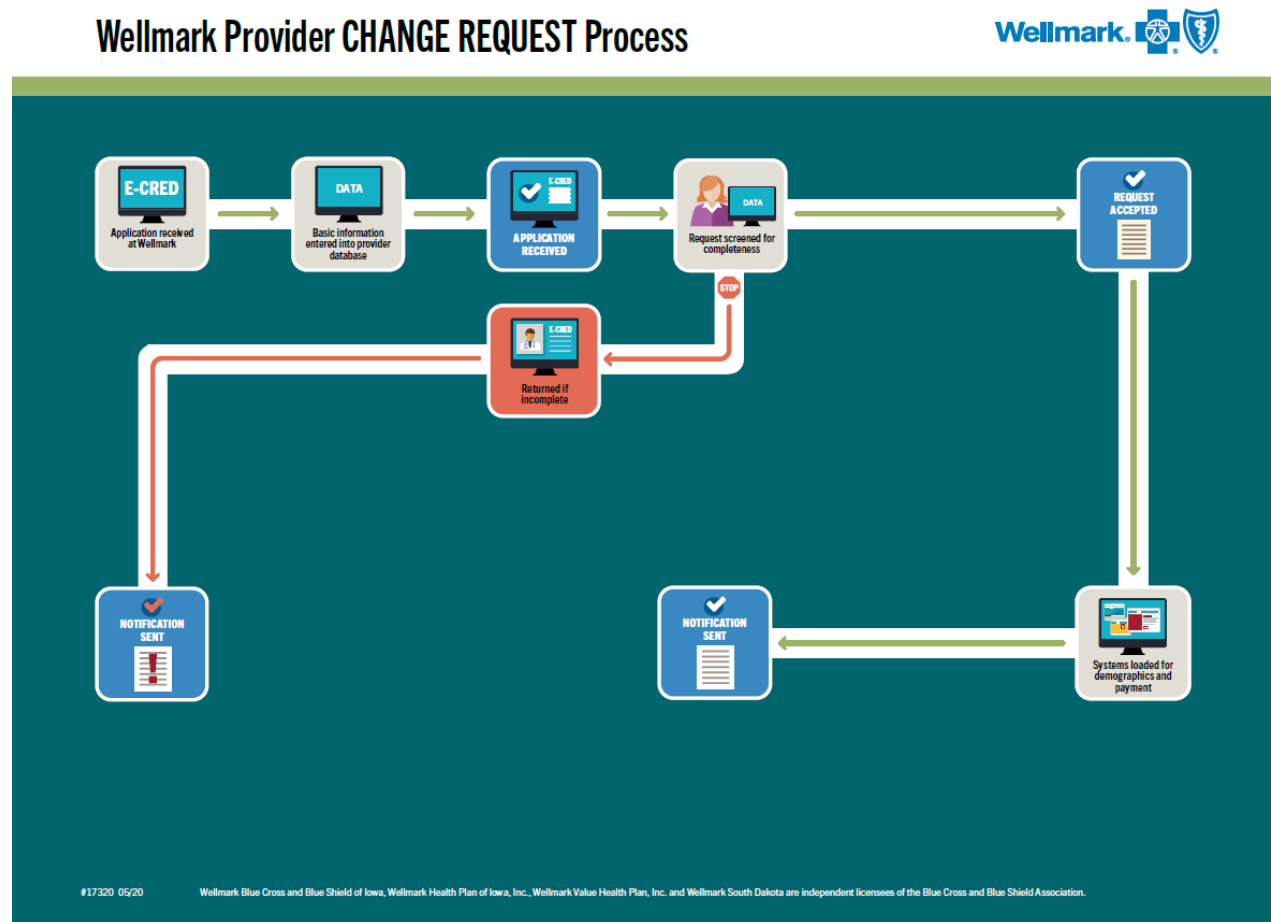
The Recredentialing Process Map is a visual display on the steps on the recredentialing application takes upon submission via E-cred Central, Recredentialing Tool.

Wellmark Provider RECREDENTIALING SUBMISSION Process



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.



Appendix F: Urgent Care Center Criteria

The following Credentialing and Network Participation 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 Entity 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 Entity).

Credentialing and Network Participation Requirements

To be credentialed and contract with Wellmark for Network participation, your Entity must meet all requirements below.

- **Access:** The Entity must be open for business seven days per week.
- **Services available on-site:** The Entity 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 Entity 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 Entity must have a medical director (MD/DO) to oversee all operations and must also participate in the same Wellmark Networks in which the Entity itself participates.
- **Practice Location:** The Entity must be located in Iowa, South Dakota or in a county bordering Iowa.
- **Malpractice insurance:** The Entity must maintain coverage for \$1,000,000 per occurrence and \$1,000,000 aggregate.
- **Sanctions:** The Entity must be free of current Medicare/Medicaid sanctions.

Accreditation

The Entity must be accredited by one of the following acceptable accrediting organizations:

- 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		
Contact Information	Iowa	South Dakota
Address	Wellmark Blue Cross and Blue Shield of Iowa Wellmark Health Plan of Iowa, Inc. 1331 Grand Avenue PO Box 9232 Des Moines, IA 50306-9232	Wellmark Blue Cross and Blue Shield of South Dakota 1601 W. Madison Street Sioux Falls, SD 57104
Provider/Customer Service	800-362-2218	800-774-3892
Federal Employee Program	Federal Employees Health Benefits Program: 800-532-1537 Postal Service Health Benefits Program: 800-864-3689	
Credentialing Email	Provider Credentialing	
Contracting Email	ProviderContracting@Wellmark.com	
Delegated Credentialing	DelegatedCredentialing@Wellmark.com	
For additional contact information, visit the Contact Us page on Wellmark.com.		



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Blue Cross and Blue Shield of South Dakota, Wellmark Advantage Health Plan, Inc., and Wellmark Administrators, Inc. are independent licensees of the Blue Cross and Blue Shield Association.