



# Meet Wellcare Complete

2024 Provider Orientation

# Agenda



- Plan Overview
- Key Resources for Providers
- Membership, Benefits, and Additional Services
- Providers and Authorizations
- Preventive Care and Screenings
- Model of Care (MMP and DSNP only)
- Medicare Star Ratings
- Web Based Tools
- Network Partners
- Billing Overview
- Electronic Funds Transfer & Electronic Medical Records
- Advance Directives
- Fraud, Waste, and Abuse
- CMS Mandatory Trainings

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# Plan Overview

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# Meet Wellcare



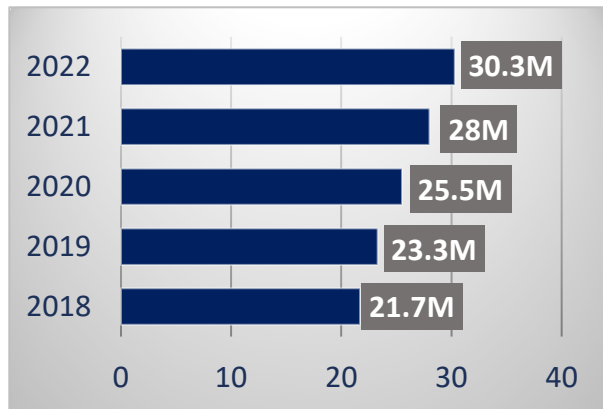
- Welcome to Wellcare!
- We have combined multiple national Medicare brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses, and specialists
- We believe this change will make things easier for members, brokers, and providers like you
- Our goal is to ensure your patients receive the best care

# The Strength of Wellcare

*For more than 20 years, Wellcare has offered comprehensive plans featuring affordable coverage and innovative benefits beyond original Medicare.*

- Local management with national expertise
- Full continuum of Medicare products including:
  - HMO
  - PPO
  - DSNP
  - CSNP
  - MMP
  - PSP
  - EGWP
  - PDP

## Total Medicare Advantage Members Nationwide



**1.3M**

Medicare members across 37 STATES

**377K**

Special Needs Plan members across 33 STATES

**4.4M**

Prescription Drug Plan members across 50 STATES

**8.7%**

Avg. YoY Growth Medicare Advantage Enrolled

**30M**

Medicare Advantage enrolled members nationwide

**47%**

Medicare Advantage Penetration Rate nationwide



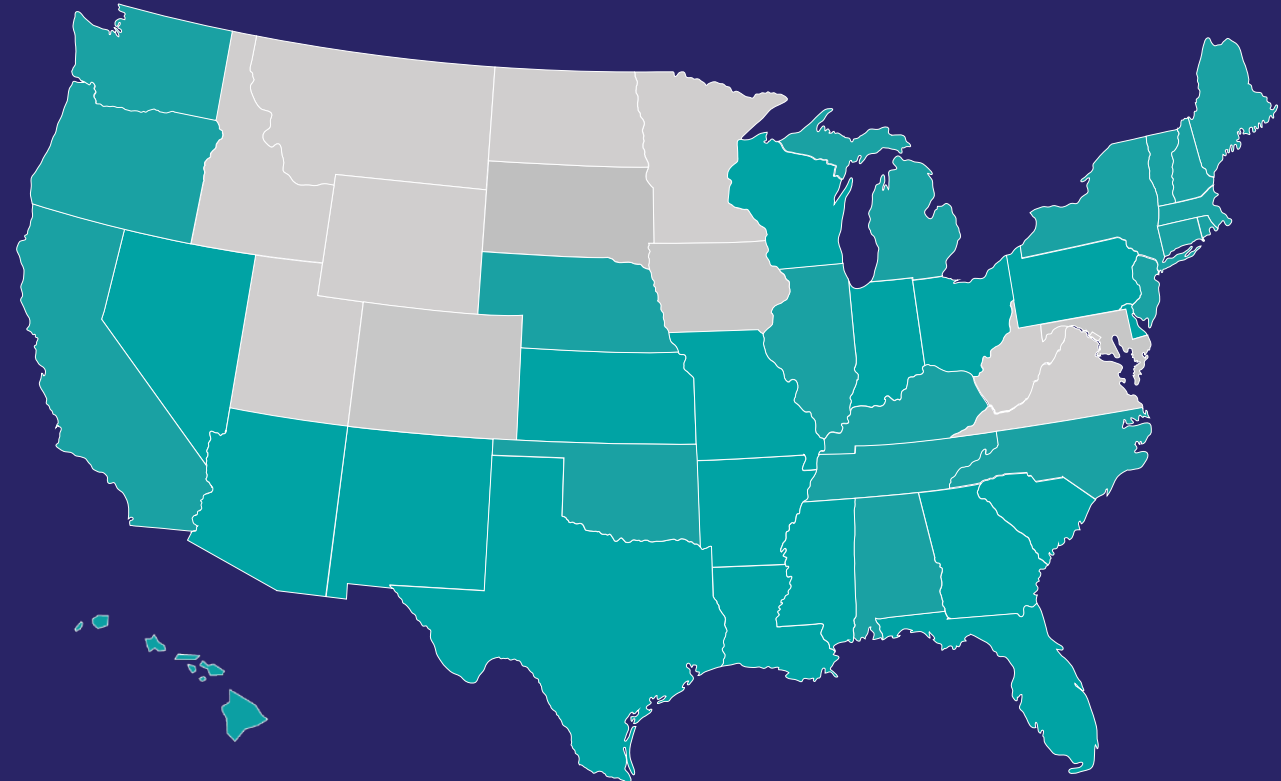
## 1.3 Million Medicare Members

**#6**

largest MA plan






**#2**

largest MAPD plan



# Who We Are






## Wellcare is designed to give members

-  Affordable healthcare coverage
-  Benefits they need to take good care of themselves
-  Access to doctors, nurses and specialists who work together to help them feel their best
-  Coverage for prescription drugs
-  **Extra benefits that aren't covered by Medicare Part A or Part B (Original Medicare)**

Confidential and Proprietary Information

# Exceptional Benefits



-  **Telehealth** – Doctors are available by teleconference, day and night and on weekends and holidays.
-  **Free In-Home Support & Chore Services** – Available services to keep members' homes safe and clean, including help with light cleaning, household chores, and meal prep.
-  **Free Transportation** – Free unlimited trips to doctor's offices and pharmacies with some plans eligible for non-medical transportation.
-  **OTC Allowances** – Members receive annual over-the-counter (OTC) allowances and pay \$0 for certain OTC products, depending on the plan.
-  **24-Hour Nurse Advice Line** – Speak with a live nurse, 24 hours a day, any day of the year.

# Our Whole Health Approach



Wellcare provides complete continuity of care to Medicare members.

This includes:

- Integrated coordination care
- Care management
- Co-location of behavioral health expertise
- Integration of pharmaceutical services with the PBM
- Additional services specific to the beneficiary needs

Our approach to care management facilitates the integration of community resources, health education, and disease management.

Wellcare promotes members' access to care through a multidisciplinary team – Including registered nurses, social workers, pharmacy technicians and behavioral health case managers – all co-located in a single, locally based unit.

# We Are Proud to be Your Medicare Advantage Partner

- As our partner, you can count on Wellcare to provide:
  - Fast and accurate claims payments
  - Efficient and convenient processes for providing care to our members
  - Responsive Provider Engagement representatives to assist with all of your needs
- We are committed to working with you to ensure your patients receive the quality, affordable healthcare they deserve







# Key Resources for Providers

# Key Contact Information

## PHONE

1-800-977-7522

Or

1-844-796-6811 (DSNP)

## TTY/TDD

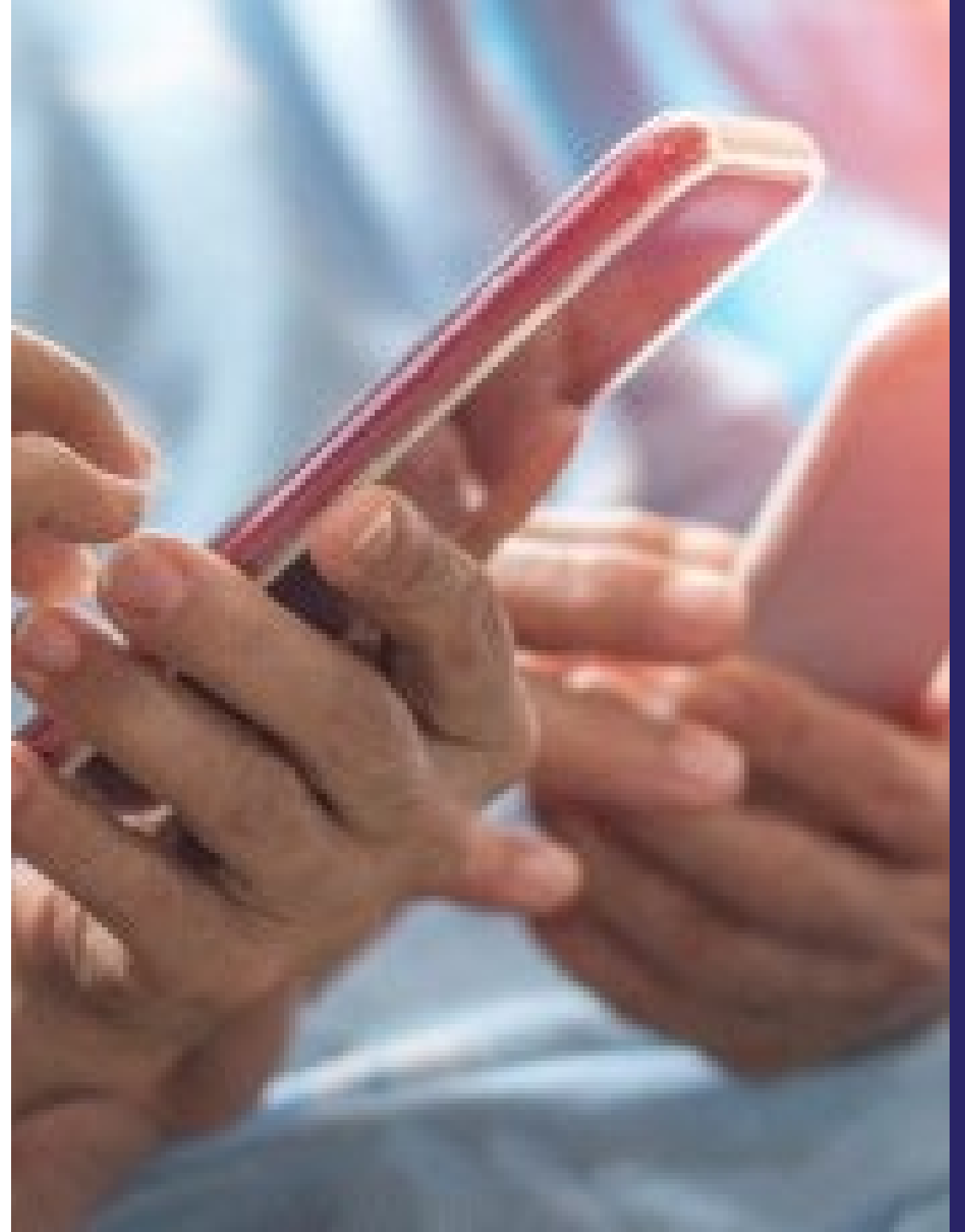
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## WEB

[www.wellcarecomplete.com](http://www.wellcarecomplete.com)

## PORTAL

<https://provider.wellcarecomplete.com/>



# Provider Manual



- The Provider Manual is your comprehensive guide to doing business with Wellcare
- The manual includes a wide-array of important information relevant to providers that includes:
  - Network information
  - Billing guidelines
  - Claims information
  - Regulatory information
  - Key contact list
  - Quality initiatives
- The Provider Manual can be found in the Provider section of the Wellcare website at <https://www.wellcarecomplete.com/providers/provider-resources.html>



# Provider Engagement

- Our Provider Engagement team includes trained staff available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:
  - Credentialing/Network status
  - Claims
  - Request for adding/deleting physicians to an existing group
- By calling Provider Services at 1-800-977-7522 providers are able to access real time assistance for all their service needs

# Provider Engagement

- As a Wellcare provider, you will have a dedicated Provider Network Specialist available to assist you
- Our Provider Network Specialists serve as the primary liaisons between our health plan and provider network
- Your Provider Network Specialist is here to help you operate your practice and address needs:

- ✓ Inquiries related to administrative policies, procedures, and operational issues
- ✓ Performance pattern monitoring
- ✓ Contract clarification
- ✓ Membership/provider roster questions
- ✓ Secure Portal registration and Pay Span
- ✓ Provider education
- ✓ HEDIS/Care gap reviews
- ✓ Financial analysis
- ✓ EHR Utilization
- ✓ Demographic information updates
- ✓ Initiate credentialing of a new practitioner



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# Membership, Benefits, and Additional Services

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# Membership



- Medicare beneficiaries have the option to stay in the original fee-for-service Medicare Plan or choose a Medicare Health Plan.
- Advantage members may change PCPs at any time. Changes take effect on the first day of the month.
- Providers should verify eligibility before every visit by using one of the below options:
- Website: <https://provider.wellcarecomplete.com/>
- Provider Services with 24/7 Interactive Voice Response: 1-800-977-7522
- 24/7 Nurse Advice Line: 1-877-236-0230
- TTY - 711

# Member ID Cards



## FRONT PANEL



**Wellcare By Allwell**  
**Wellcare Complete Giveback**  
**CMS#:** XXXXX-XXX  
**Effective Date:** MM/DD/YYYY

### MEMBER INFORMATION

**Name:** Doe, John  
**Member ID#:** C111111111-01  
**Issuer ID:** (80840) 9151014609

### PROVIDER INFORMATION

**PCP Name:** Charles Smith, MD  
**PCP Phone:** 222-222-2222  
**PCP Office Visit:** \$0

**FOR EMERGENCIES:** Dial 911 or go to the nearest Emergency Room (ER).

### PHARMACY INFORMATION



**Rx Processor Part D:**  
Express Scripts®  
**RXBIN:** 610014  
**RXPCN:** MEDDPRIME  
**RXGRP:** 2FFA

## BACK PANEL

[www.wellcarecomplete.com](http://www.wellcarecomplete.com)

### FOR MEMBERS

**Member Services:** 1-800-977-7522 (TTY: 711)  
**Nurse Advice Line:** 1-877-236-0230 (TTY: 711)  
**Dental:** 1-XXX-XXX-XXXX (TTY: 711)  
**Premier Eye Care Vision:** 1-XXX-XXX-XXXX (TTY: 711)

### FOR PROVIDERS



**For Member eligibility; Medical prior auth/referrals:** 1-800-977-7522

**Medical Claims:** Wellcare By Allwell Attn: Claims, P.O. Box 8050  
Farmington, MO 63640-8050 Payor ID: 68069



**Pharmacy prior auth:** 1-800-867-6564

For help: (PHARMACY USE ONLY) 1-833-750-0202

**Submit Part D Drug Claims to:** Wellcare By Allwell, Attn: Member Reimbursement Dept., P.O. Box 31577, Tampa, FL 33631-3577







# Plan Coverage

- Medicare Advantage covers:
  - **All Part A and Part B benefits by Medicare**
  - **Part B drugs – such as chemotherapy drugs**
  - **Part D drugs – no deductible at network retail pharmacies or mail order\***
  - **Additional benefits and services such as dental, vision, \$0 PCP copay, \$0 generics, etc.**

*\*DSNP and ISNP plans may have a deductible.*

# Pharmacy Formulary



- The Advantage formulary is available at:

<https://www.wellcarecomplete.com/drug-pharmacy/formulary.html>

- Please refer to the formulary for specific types of exceptions
- When requesting a formulary exception, a *Request for Medicare Prescription Drug Coverage Determination* form must be submitted. The form can be found on the health plan web address provided above.
- The completed form can be faxed to the Pharmacy Prior Authorization department using the fax number on the form.



# Covered Services

- Hospital Inpatient
- Hospital Outpatient
- Physician Services
- Prescribed Medicines
- Lab and X-Ray
- Transportation
- Home Health Services
- Screening Services
- Dental
- Vision Services
- Hearing Services
- Behavioral Health
- Medical Equipment & Supplies
- Appropriate Cancer Screening Exams
- Appropriate Clinical Screening Exams
- Initial Preventative Physical Exam – Welcome to Medicare
- Annual Wellness Visit
- Therapy Services
- Chiropractic Services
- Podiatric Services



# Additional Benefits

## Hearing Services

- **\$0 co-pay for one routine hearing test every year**
- **\$0 co-pay for one hearing aid fitting evaluation**
- **\$350 coverage limit per year for hearing aids (dollar coverage dependent upon service area); 2 hearing aid every year**

## Dental Services

- **Two Oral exams per year with no co-pay**
- **Two Cleanings per year with no co-pay**
- **One Dental X-Ray every 12 to 36 months with no co-pays**
- **Up to \$1,000 in comprehensive dental benefits per year (dollar coverage dependent upon service area)**

# Additional Benefits *(continued)*



## Vision Services

- **One routine eye exam every year**
- **\$0 copay for Contact lenses / Eyeglasses (lenses and frames) / Eyeglasses**
- **Up to a \$100 combined allowance towards glasses or contacts lenses every year**

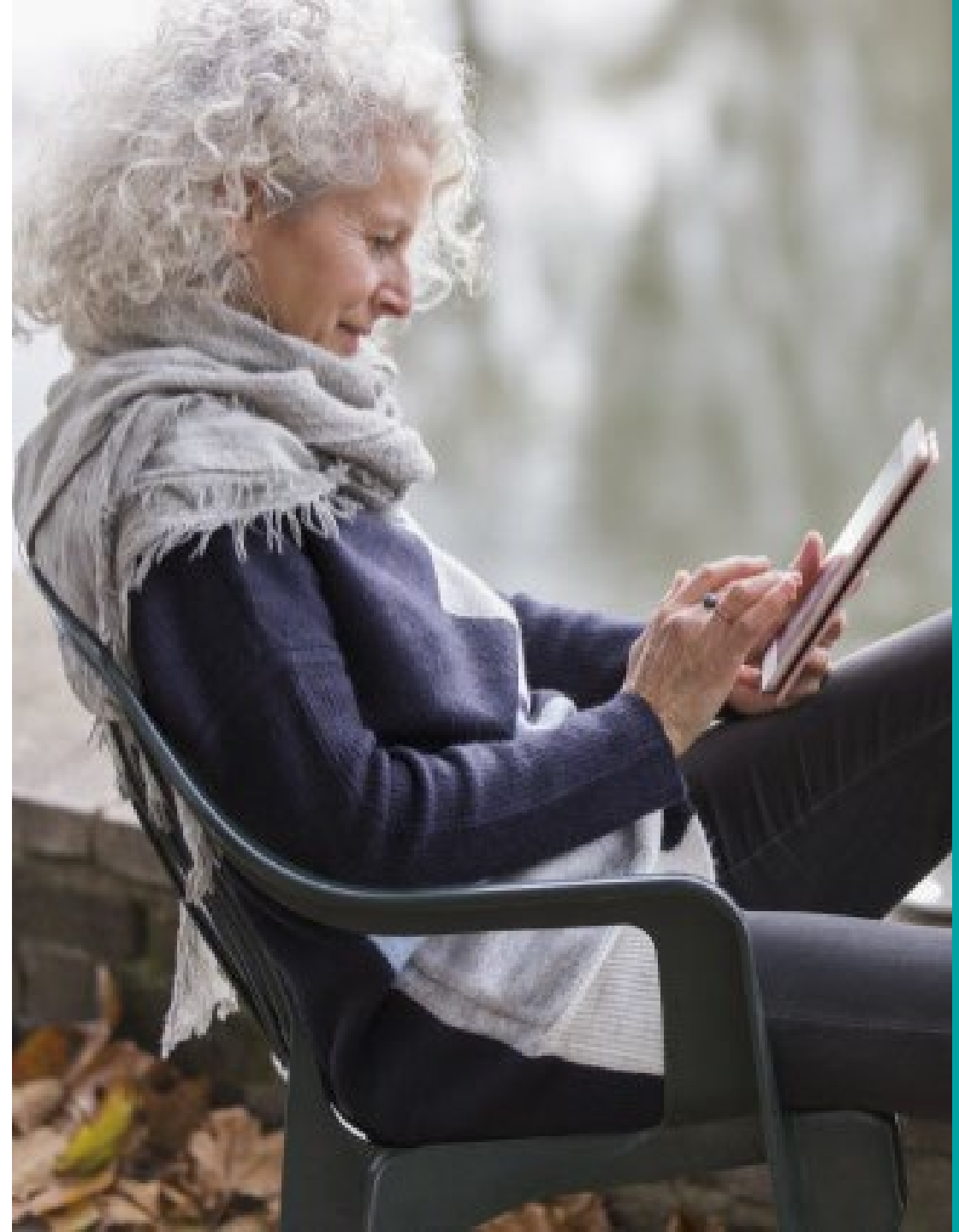
## Over-the-Counter Items

- Commonly used over-the-counter items – listing available at: [www.wellcarecomplete.com](http://www.wellcarecomplete.com)
- Conveniently shipped to member's home within 5 – 12 business days
- Call Member Services at 1- 800-977-7522

# Additional Benefits

*(continued)*

- 24-Hour Nurse Advice Line  
Free health information line  
staffed with registered nurses  
24/7 to answer health questions
- Certified fitness program at  
specified gyms at no extra  
cost



# Additional Services



## Multi-language Interpreter Services

- Interpreter services are available at no cost to Wellcare Complete members and providers without unreasonable delay at all medical points of contact
- To get an interpreter, call us at 1-800-977-7522 (TTY: 711)

## Non-Emergency Transportation

- Covered for a specified number of one-way trips per year, to approved locations (dependent upon the member's service area)
- Schedule trips 48 hours in advance using the plan's contracted providers
- Contact us at 1-800-977-7522 to schedule non-emergency transportation

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# Medical Home & Prior Authorization

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# Primary Care Physicians (PCP)

- PCPs serve as a “medical home” and provide the following:
  - Sufficient facilities and personnel
  - Covered services as needed
    - 24-hours a day, 365 days a year
- Coordination of medical services and specialist referrals
- Members with after-hours accessibility using one of the following methods:
  - Answering service
  - Call center system connecting to a live person
  - Recording directing member to a covering practitioner
  - Live individual who will contact a PCP





# Prior Authorizations

- Authorization must be obtained prior to the delivery of certain elective and scheduled services
- The preferred method for submitting authorization requests is through the Secure Web Portal at: <https://provider.wellcarecomplete.com/>

Service Type	Time Frame
Elective/scheduled admissions	Required five calendar days prior to the scheduled admit date
Emergent inpatient admissions	Notification required within one business day
Emergency room and post stabilization	Notification requested within one business day





# Out-of-Network Coverage

- Prior authorization is required for out-of-network services, except:
  - Emergency care
  - Urgently needed care when the network provider is unavailable (usually due to out-of-area)
  - Kidney dialysis at Medicare-certified dialysis centers, when the member is temporarily out of the service area

# Medical Necessity Determination



- When medical necessity cannot be established, a peer-to-peer conversation is offered
- Denial letters will be sent to the member and provider
- The clinical basis for the denial will be indicated
- Member appeal rights will be fully explained

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# Preventive Care & Screening Tests

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# Preventive Care



- No copay for all preventive services covered under original Medicare at zero cost-sharing.
- Initial Preventative Physical Exam –Welcome to Medicare:
  - Measurement of height, weight, body mass index, blood pressure, visual acuity screen, and other routine measurements. Also includes an electrocardiogram, education, and counseling. Does not include lab tests. Limited to one per lifetime.
- Annual Wellness Visit:
  - Available to members after the member has the one-time initial preventative physical exam (Welcome to Medicare Physical).

# Preventive Care *(continued)*



Abdominal Aortic Aneurysm Screening	Cervical and Vaginal Cancer Screenings	Medical Nutrition Therapy Services
Alcohol Misuse Counseling	Colonoscopy	Medication Review
Blood Pressure Screening	Colorectal Cancer Screenings	Obesity Screening and Counseling
BMI, Functional Status	Depression Screening	Pain Assessment
Bone mass measurement	Diabetes Screenings	Prostate Cancer Screenings (PSA)
Breast Cancer Screening (mammogram)	Fecal Occult Blood Test	Sexually Transmitted Infections Screening and Counseling
Cardiovascular Disease (behavioral therapy)	Flexible Sigmoidoscopy	Tobacco Use Cessation Counseling (counseling for people with no sign of tobacco-related disease)
Cardiovascular Screenings	HIV screening	Vaccines, Including Flu Shots, Hepatitis B Shots, Pneumococcal Shots



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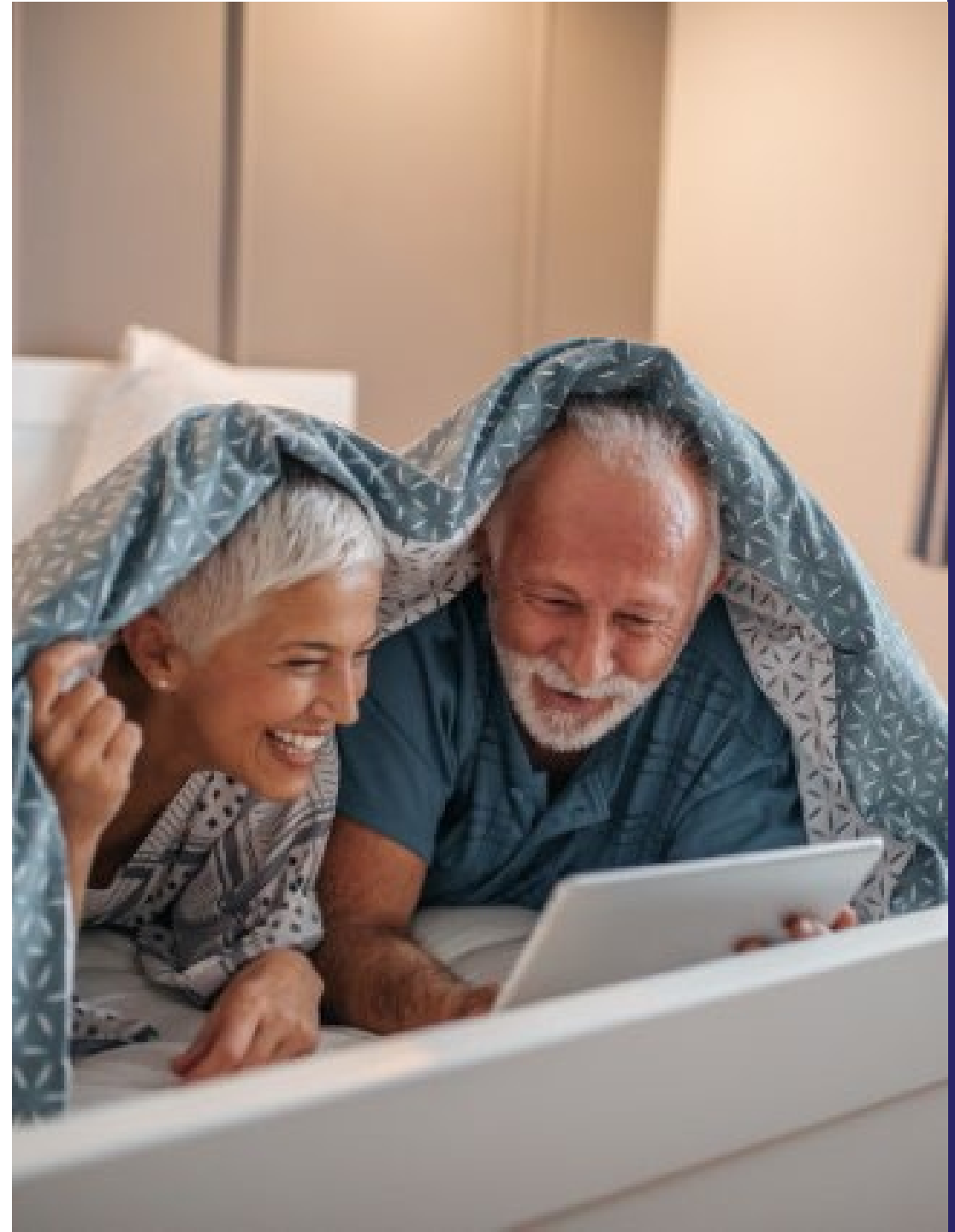
# Model of Care

(DSNP and MMP only)

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# Model of Care

- Wellcare's Model of Care plan delivers our integrated care management program for members with special needs
- Only applies to DSNP and MMP members
- The goals of our Model of Care are:
  - Improve access to medical, mental health, and social services
  - Improve access to affordable care
  - Improve coordination of care through an identified point of contact
  - Improve transitions of care across healthcare settings and providers
  - Improve access to preventive health services
  - Assure appropriate utilization of services
  - Assure cost-effective service delivery
  - Improve beneficiary health outcomes





# Model of Care Elements

- ✓ Description of the SNP population
- ✓ Care coordination and care transitions protocol
- ✓ Provider network
- ✓ Quality measurement



# Model of Care Process

- Every dual/SNP member is evaluated with a comprehensive Health Risk Assessment (HRA) within 90 days of enrollment, and at a minimum annually, or more frequently with any significant change in condition or transition of care.
- The HRA collects information about the member's medical, psychosocial, cognitive and functional needs, and medical and behavioral health history.
- Members are then triaged to the appropriate Wellcare Case Management Program for follow up.

# Model of Care Process *(continued)*



- Wellcare values our partnership with our physicians and providers.
- The Model of Care requires all of us to work together to benefit our members by:
  - Enhanced communication between members, physicians, providers, and Wellcare.
  - Interdisciplinary approach to the member's special needs.
  - Comprehensive coordination with all care partners.
  - Support for the member's preferences in the Model of Care.
  - Reinforcement of the member's connection with their medical home.

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# Medicare Star Ratings

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# Medicare Star Ratings



## What Are CMS Star Ratings?

- The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare beneficiaries' experience with their health plans and the healthcare system. This rating system applies to Medicare Advantage plans that cover both health services and prescription drugs (MA-PD).
- The ratings are posted on the CMS consumer website, **www.medicare.gov**, to give beneficiaries help in choosing an MA and MA-PD plan offered in their area. The Star Rating program is designed to promote improvement in quality and recognize primary care providers for demonstrating an increase in performance measures over a defined period of time.



# Star Rating Program Measures

## Part C

1. Staying healthy: screenings, tests and vaccines
2. Managing chronic (long-term) conditions
3. Member experience with the health plan
4. Member complaints, problems getting services and improvement in the health plan's performance
5. Health plan customer service

## Part D

1. Drug plan customer service
2. Member complaints and changes in the drug plan's performance
3. Member experience with the drug plan
4. Drug safety and accuracy of drug pricing



# How Can Providers Improve Star Ratings?



- Continue to encourage patients to obtain preventive screenings annually or when recommended.
- Management of chronic conditions such as hypertension and diabetes including medication adherence.
- Continue to talk to your patients and document interventions regarding topics such as fall prevention, bladder control, and the importance of physical activity and emotional health and well-being (HOS).
- Create office practices to identify noncompliant patients at the time of their appointment.
- Follow up with patients regarding their test results (CAHPS).

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# Web-Based Tools

[www.wellcarecomplete.com](http://www.wellcarecomplete.com)

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# Public Provider Website



Through the provider page on the Wellcare website, providers can access:

- Provider Manuals
- Forms
- HEDIS Quick Reference Guides
- Provider news
- Pre-Auth Needed tool
- Provider resources

EXPLORE NOW:

[HTTPS://WWW.WELLCARECOMPLETE.COM/PROVIDERS/PROVIDER-RESOURCES.HTML](https://www.wellcarecomplete.com/providers/provider-resources.html)



- Providers can improve member access to care by ensuring that their data is current in our provider directory.
- To update your provider data:
  - Login to the Secure Provider Portal at <https://provider.wellcarecomplete.com/>
  - From the main tool bar, select “Account Details”
  - Select the provider whose data you want to update
  - Choose the appropriate service location
  - Make appropriate edits and click “Save”



# Primary Care Provider Reports

## Patient List

- Located on the Secure Provider Portal at <https://provider.wellcarecomplete.com/>
- Includes member's name, ID number, date of birth, and telephone number
- Available to download to Excel or PDF formats and includes additional information such as member's effective date, termination date, product, gender, and address

The screenshot shows a web interface titled "Patient List as of 10/08/2014". It includes a "Download" button, a "Filter" search box, and a "Cost Reports" menu icon. Below the header is a table with the following columns: ELIGIBLE, MEMBER NAME, MEMBER #, DATE OF BIRTH, and PHONE NUMBER. The table contains ten rows of data, each with a green thumbs-up icon in the "ELIGIBLE" column.

ELIGIBLE	MEMBER NAME	MEMBER #	DATE OF BIRTH	PHONE NUMBER
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	(772) 971-0000
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	(772) 971-0000
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	(772) 971-0000
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	(772) 971-0000
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	(888) 760-0000
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	
👍	MEMBER NAME	MEMBER #	DATE OF BIRTH	



## Members With Frequent ER Visits

- Located on the Secure Provider Portal at <https://provider.wellcarecomplete.com/>
- This report includes members who frequently visit the ER on a monthly basis
- The report is available in Excel and PDF formats, and provides member information, paid (ER) provider information, claim number, procedure information, diagnosis, and cost information

FL207 - Members with Frequent ER Visits - FL  
 Claims Detail from 08/01/2014 to 08/31/2014 for members with at least 3 ER claims  
 Last Refreshed: 10/1/14 6:21:30 PM GMT-05:00  
 Enterprise Report Generated by Business Intelligence

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IRS Number and Name: [REDACTED]  
 PCP ID and Name: [REDACTED]  
 Medicaid ID: [REDACTED] Member Name: [REDACTED] DOB: [REDACTED] ER Visits: 1  
 Provider Total Paid Amt: \$5,493.95  
 Total Paid Amt for Member: \$171.78

Service Date	Paid Provider Name	Claim Nbr	Proc Nbr	Procedure Description	Modifier	Diag Nbr	Diagnosis Description	Service Paid \$
8/7/14	[REDACTED]	[REDACTED]	[REDACTED]	I&D ABSCESS; COMPLIC/MX	-1	6826	CELLULITIS&ABSCESS LEG EXCEPT FOOT	\$109.58
8/7/14	[REDACTED]	[REDACTED]	[REDACTED]	EMERGENCY DEPT VISIT	M125	6826	CELLULITIS&ABSCESS LEG EXCEPT FOOT	\$62.20

# PCP Cost Reports *(Continued)*



## High Cost Claims

- Located on the Secure Provider Portal at <https://provider.wellcarecomplete.com/>
- This report includes members with high cost claims
- The report is available in Excel and PDF formats, and provides detailed member information, provider information, claim number, procedure information, diagnosis, and cost information

FL207 - Members with Frequent ER Visits - FL  
Claims Detail from 08/01/2014 to 08/31/2014 for members with at least 3 ER claims  
Last Refreshed: 10/1/14 6:21:30 PM GMT-05:00  
Enterprise Report Generated by Business Intelligence

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IRS Number and Name: [REDACTED]  
PCP ID and Name: [REDACTED]  
Medicaid ID: [REDACTED] Member Name: [REDACTED] DOB: [REDACTED] ER Visits: 1  
Provider Total Paid Amt: \$5,493.95  
Total Paid Amt for Member: \$171.78

Service Date	Paid Provider Name	Claim Nbr	Proc Nbr	Procedure Description	Modifier	Diag Nbr	Diagnosis Description	Service Paid \$
8/7/14	[REDACTED]	[REDACTED]	[REDACTED]	I&D ABSCESS; COMPLIC/MX	-1	6826	CELLULITIS&ABSCESS LEG EXCEPT FOOT	\$109.58
8/7/14	[REDACTED]	[REDACTED]	[REDACTED]	EMERGENCY DEPT VISIT	M125	6826	CELLULITIS&ABSCESS LEG EXCEPT FOOT	\$62.20

# PCP Cost Reports *(Continued)*



## Rx Claims Report

- Located on the Secure Provider Portal at <https://provider.wellcarecomplete.com/>
- This report includes members with pharmacy claims on a monthly basis
- The report is available in Excel and PDF formats, provides detailed member information, provider information, detailed prescription information (such as pharmacy, units, days refill, etc.), and cost information

FL211 - Rx Claims Report Pharmacy Claims Detail: Members with Rx Claims from 6/1/14 to 8/31/14 Last Refreshed: 9/1/14 6:40:34 PM GMT-05:00 Enterprise Report Generated by Health Informatics										
IRS Number and Name: [REDACTED] PCP ID and Name: [REDACTED] Medicaid ID: [REDACTED]      Member Name: [REDACTED]										Total Member Claim Amount by Provider: \$186,054.80 Date of Birth: [REDACTED]      Member Claim Amount: \$10.33
Prescription #	Prescribing Practitioner Name	Pharmacy Provider Name	Fill Date	NDC #	Units	Days	Refill #	Drug Type Description	Drug Description	Bill Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	14	7	0	GENERIC	METRONIDAZOL TAB 500	\$10.33



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# Network Partners

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# Partners and Vendors in *Alabama*



Service	Specialty Company/Vendor	Contact Information
Acupuncture and Chiropractic Services	American Specialty Health Group (ASH)	1-833-350-1163
NIA Imaging Services	Evolent	1-800-424-4911 <a href="http://RadMD.com">RadMD.com</a>
Vision Services	Premier Eye Care	1-855-865-9729 <a href="http://www.premiereyecare.net">www.premiereyecare.net</a>
Dental Services	DentaQuest	1-833-206-6286
Pharmacy Services	<b>Retail</b> Express Scripts <b>Mail Order</b> Express Scripts and Amazon	Express Scripts 1-800-867-6564 (Phone) Amazon 1-855-754-5725 (Phone)

# Partners and Vendors in *Florida*



Service	Specialty Company/Vendor	Contact Information
Acupuncture and Chiropractic Services	American Specialty Health Group (ASH)	1-833-350-1163
NIA Imaging Services	Evolut	1-800-424-4911 <a href="http://RadMD.com">RadMD.com</a>
Vision Services	Premier Eye Care	1-855-749-1911 <a href="http://www.premiereyecare.net">www.premiereyecare.net</a>
Dental Services	DentaQuest	1-833-206-6288
Pharmacy Services	<b>Retail</b> Express Scripts <b>Mail Order</b> Express Scripts and Amazon	Express Scripts 1-800-867-6564 (Phone) Amazon 1-855-754-5725 (Phone)

# Partners and Vendors in *Illinois*



Service	Specialty Company/Vendor	Contact Information
Acupuncture and Chiropractic Services	American Specialty Health Group (ASH)	1-833-350-1163
NIA Imaging Services	Evolut	1-800-424-4911 <a href="http://RadMD.com">RadMD.com</a>
Vision Services	Premier Eye Care	1-855-865-9724 <a href="http://www.premiereyecare.net">www.premiereyecare.net</a>
Dental Services	DentaQuest	1-844-822-8111
Pharmacy Services	<b>Retail</b> Express Scripts <b>Mail Order</b> Express Scripts and Amazon	Express Scripts 1-800-867-6564 (Phone) Amazon 1-855-754-5725 (Phone)

# Partners and Vendors in *Indiana*



Service	Specialty Company/Vendor	Contact Information
Acupuncture and Chiropractic Services	American Specialty Health Group (ASH)	1-833-350-1163
NIA Imaging Services	Evolut	1-800-424-4911 <a href="http://RadMD.com">RadMD.com</a>
Vision Services	Premier Eye Care	1-888-285-2895 <a href="http://www.premiereyecare.net">www.premiereyecare.net</a>
Dental Services	DentaQuest	1-833-206-6290
Pharmacy Services	<b>Retail</b> Express Scripts <b>Mail Order</b> Express Scripts and Amazon	Express Scripts 1-800-867-6564 (Phone) Amazon 1-855-754-5725 (Phone)



# Partners and Vendors in *Kansas*

Service	Specialty Company/Vendor	Contact Information
Acupuncture and Chiropractic Services	American Specialty Health Group (ASH)	1-833-350-1163
NIA Imaging Services	Evolent	1-800-424-4911 <a href="http://RadMD.com">RadMD.com</a>
Vision Services	Premier Eye Care	1-866-419-0861 <a href="http://www.premiereyecare.net">www.premiereyecare.net</a>
Dental Services	DentaQuest	1-833-206-6291
Pharmacy Services	<b>Retail</b> Express Scripts <b>Mail Order</b> Express Scripts and Amazon	Express Scripts 1-800-867-6564 (Phone) Amazon 1-855-754-5725 (Phone)

# Partners and Vendors in *Michigan*



Service	Specialty Company/Vendor	Contact Information
Acupuncture and Chiropractic Services	American Specialty Health Group (ASH)	1-833-350-1163
NIA Imaging Services	Evolut	1-800-424-4911 <a href="http://RadMD.com">RadMD.com</a>
Vision Services	Premier Eye Care	1-888-208-8201 <a href="http://www.premiereyecare.net">www.premiereyecare.net</a>
Dental Services	DentaQuest	1-844-822-8111
Pharmacy Services	<b>Retail</b> Express Scripts <b>Mail Order</b> Express Scripts and Amazon	Express Scripts 1-800-867-6564 (Phone) Amazon 1-855-754-5725 (Phone)

# Partners and Vendors in *Texas*



Service	Specialty Company/Vendor	Contact Information
Acupuncture and Chiropractic Services	American Specialty Health Group (ASH)	1-800-678-9133
NIA Imaging Services	Evolent	1-800-424-9226 <a href="http://RadMD.com">RadMD.com</a>
Vision Services	Premier Eye Care	1-855 879-1456 <a href="http://www.premiereyecare.net">www.premiereyecare.net</a>
Dental Services	Liberty (Texas Only)	1-866-544-4669
Pharmacy Services	<b>Retail</b> Express Scripts <b>Mail Order</b> Express Scripts and Amazon	Express Scripts 1-800-867-6564 (Phone) Amazon 1-855-754-5725 (Phone)



# DME and Lab Partners



DME	
180 Medical	J&B Medical
ABC Medical	KCI
American Home Patient	Lincare
Apria	Hanger Prosthetics and Orthotics
Breg	National Seating & Mobility
CCS Medical	Numotion
Critical Signal Technologies	Shield Healthcare
DJO	St. Louis Medical
EBI	Tactile Medical
Edge Park	Zoll

Lab	
Bio Reference	Diatherix Laboratories, LLC
Sequenome Center	Ambry Genetics Corp.
MD Labs	Natera, Inc.
Lab Corp	Myriad Genetic Laboratories
Quest	Eurofins NTD
CPL	

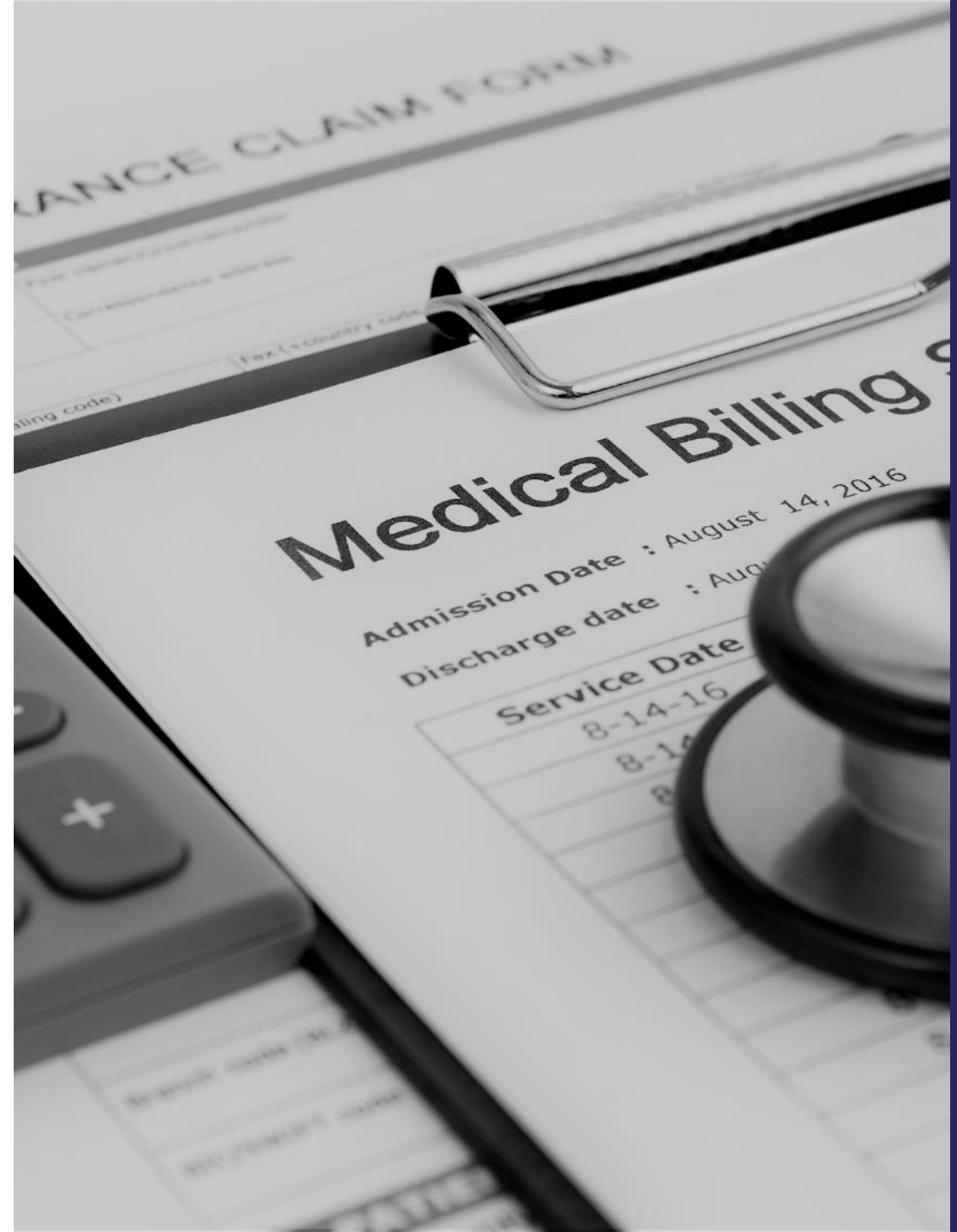
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# Billing Overview

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# Electronic Claims Transmission

- When possible, we recommend utilizing Electronic Data Interchange (EDI) to submit claims and attachments for payment
- EDI allows for a faster processing turn around time than paper submission
- Wellcare partners with six clearinghouses for submission:
  - Emdeon – Payer ID 68069
  - Availity



# Need EDI Support?



Companion guides for EDI billing requirements plus loop segments can be found on the Wellcare website:

[www.wellcarecomplete.com](http://www.wellcarecomplete.com)

For more information about EDI, contact:

Wellcare  
c/o Centene EDI Department  
1-800-225-2573, ext. 6075525  
E-mail: [EDIBA@centene.com](mailto:EDIBA@centene.com)

# Claims Submission Timelines



- Medicare Advantage claims need to be mailed to the following billing address:  
**Wellcare By Allwell**  
**Attn: Claims**  
**P.O. Box 8050**  
**Farmington, MO 63640-8050**
- Participating providers have 180 days from the date of service to submit a timely claim
- All requests for reconsideration or claim disputes must be received within 90 days from the original date of notification of payment or denial

# Claims Payment



- A clean claim is received in a nationally accepted format in compliance with standard coding guidelines, and requires no further information, adjustment, or alteration for payment
- A claim will be paid or denied with an Explanation of Payment (EOP) mailed to the provider who submitted the original claim
- Providers may **not** bill members for services when the provider fails to obtain authorization and the claim is denied
- Dual-eligible members are protected by law from balance billing for Medicare Parts A and B services. This includes deductibles, coinsurance, and copayments
- Providers may **not** balance bill members for any differential

# Electronic Funds Transfer (EFT) Electronic Remittance Advice (ERA)



- Electronic payments can mean faster payments, leading to improvements in cash flow
- Eliminate re-keying of remittance data
- Match payments to statements quickly
- Providers can quickly connect with any payers that are using PaySpan Health to settle claims
- Free service for network providers:  
[www.payspanhealth.com](http://www.payspanhealth.com)





# Coding Auditing & Editing

Wellcare uses code editing software based on a variety of edits:

- American Medical Association (AMA)
- Specialty society guidance
- Clinical consultants
- Centers for Medicare & Medicaid Services (CMS)
- National Correct Coding Initiative (NCCI)
- Software audits for coding inaccuracies such as:
  - Unbundling
  - Upcoding
  - Invalid codes



# Claims Reconsideration & Disputes



A claim dispute is to be used only when a provider has received an unsatisfactory response to a request for reconsideration.

Contracted providers can submit claims payment disputes by submitting a reconsideration form within 90 from the claim determination notice.

Submit reconsiderations or disputes to:

**Wellcare Complete**  
**Attn: Request for Reconsideration**  
**PO BOX 30560**  
**Farmington, MO 63640-3822**

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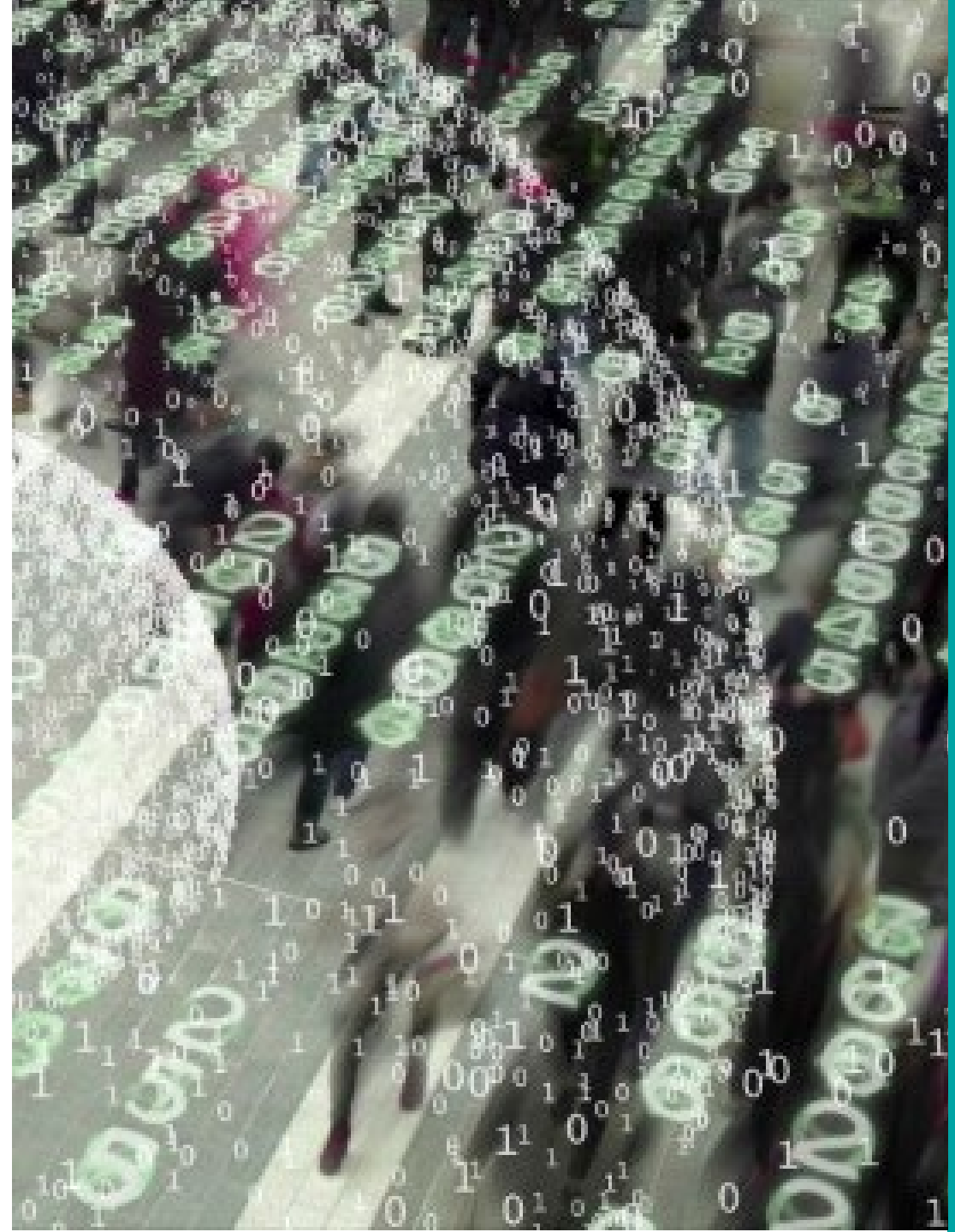
# Meaningful Use: Electronic Medical Records

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# Meaningful Use

- The exchange of patient data between healthcare providers, insurers, and patients themselves is critical to advancing patient care, data security, and the healthcare industry as a whole
- Electronic Health Records/Electronic Medical Records (EHR/EMR) allow healthcare professionals to provide patient information electronically instead of using paper records
- EHR/EMR can provide many benefits, including:
  - Complete and accurate information
  - Better access to information
  - Patient empowerment

*(Incentive programs may be available)*



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# Advance Directives

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# Advance Medical Directives



- An advance directive will help the PCP understand the member's wishes about their healthcare in the event they become unable to make decisions on their own behalf. Examples include:
  - Living will
  - Healthcare power of attorney
  - “Do Not Resuscitate” orders
- Execution of an advance directive must be documented on the member's medical records.
- Providers must educate staff on issues concerning advance directives and maintain written policies that address a member's right to make decisions about their own medical care.

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# Regulatory Information

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# Medicare Outpatient Observation Notice (MOON)



- Contracted hospitals and critical access hospitals must deliver the Medicare Outpatient Observation Notice (MOON) to any member who receives observation services as an outpatient for more than 24 hours
- The MOON is a standardized notice to a member informing them they are an outpatient receiving observation services and not an inpatient of the hospital or critical access hospital and the implications of such status
- The MOON must be delivered no later than 36 hours after observation services are initiated, or if sooner upon release
- The OMB approved Medicare Outpatient Observation Notice and accompanying form instructions can be found at: [www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html)

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# Fraud, Waste and Abuse

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# Fraud, Waste and Abuse



Wellcare follows the four parallel strategies of the Medicare and Medicaid programs to prevent, detect, report, and correct fraud, waste, and abuse:

- Preventing fraud through effective enrollment and education of physicians, providers, suppliers, and beneficiaries.
- Detection through data analytics and medical records review.
- Reporting any identified or investigated violations to the appropriate partners, including contractors, the NBI-MEDIC and federal and state law enforcement agencies, such as the Office of Inspector General (OIG), Federal Bureau of Investigation (FBI), Department of Justice (DOJ) and Medicaid Fraud Control Unit (MFCU).
- Correcting fraud, waste or abuse by applying fair and firm enforcement policies, such as pre-payment review, retrospective review, and corrective action plan.

# Fraud, Waste and Abuse *(continued)*



Wellcare performs front and back-end audits to ensure compliance with billing regulations. Most common errors include:

- Use of incorrect billing code
- Not following the service authorization
- Procedure code not being consistent with provided service
- Excessive use of units not authorized by the case manager
- Lending of insurance card

# Fraud, Waste and Abuse *(continued)*



Benefits of stopping fraud, waste, and abuse:

- Improves patient care
- Helps save dollars and identify recoupments
- Decreases wasteful medical expenses

A black and white photograph of a stethoscope resting on a document. The document is titled "HIPAA Health Insurance Portability and Accountability Act of 1996". The word "HIPAA" is prominently displayed in large, bold, serif letters. Below it, the full name of the act is written in a smaller, sans-serif font, following the curve of the document. The stethoscope's chest piece and tubing are visible, resting on the paper.

# Fraud, Waste and Abuse *(continued)*

Wellcare expects all of our providers, contractors, and subcontractors to comply with applicable laws and regulations including, but not limited to, the following:

- Federal and State False Claims Act
- Qui Tam Provision (Whistleblower)
- Anti-Kickback Statute
- Physician Self-Referral Law (Stark Law)
- Health Insurance Portability and Accountability Act (HIPAA)
- Social Security Act (SSI)
- U.S. Criminal Codes



# Fraud, Waste and Abuse *(continued)*

- Potential fraud, waste, or abuse reporting may be called to our anonymous and confidential hotline at **1-866-685-8664** or by contacting the Compliance Officer at:

***Wellcare Complete***

***Attn: Medicare Compliance Officer***

***P.O. Box 10420***

***Van Nuys, CA 91410***

- To report suspected fraud, waste, or abuse in the Medicare program, please use one of the following avenues:
  - Office of Inspector General (HHS-OIG): **1-800-447-8477/** TTY: **1-800-377-4950**
  - Fax: **1-800-223-8164**
  - NBI MEDIC: **1-877-7SafeRx (1-877-772-3379)**
  - Email: [www.OIG.HHS.gov/fraud](http://www.OIG.HHS.gov/fraud) or [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)
  - Medicare's <https://oig.hhs.gov/fraud/> Fraud Hotline: **1-866-685-8664**
  - Email: [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

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# CMS Mandatory Trainings

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# CMS Mandatory Trainings



All Wellcare contracted providers, contractors, and subcontractors are required to complete three required trainings:

- Model of Care (MOC): For DSNP and MMP only. Within 30 days of joining Wellcare and annually thereafter
- General Compliance (Compliance): Within 90 days of joining Wellcare and annually thereafter
- Fraud, Waste, and Abuse (FWA): Within 90 days of joining Wellcare and annually thereafter

# Model of Care Training

- Model of Care training is a CMS requirement for newly contracted Medicare providers within 30 days of execution of contract
- Model of Care training must be completed annually by each participating provider
- Model of Care information is available on:

[www.wellcarecomplete.com](http://www.wellcarecomplete.com)

## Provider Education and Training

- [Provider Orientation Deck \(PDF\)](#) - last updated Jan 6, 2023
- [Model of Care Training Attestation Form](#)
- [Provider Quality Assurance](#)

The Centers for Medicare & Medicaid Services (CMS) requires health plans to provide annual education and training on Wellcare By Allwell's Model of Care to providers who treat our Special Needs Plan (SNP) members. This applies to our Dual Eligible Special Needs Plan (D-SNP) members, who are eligible for both Medicare and Medicaid, and our Chronic Condition Special Needs Plan (C-SNP) members, who have one or more qualifying conditions.

- [MOC Training Self-Study Program \(PDF\)](#) - last updated Nov 21, 2023
- [MOC Training Self-Study Program Cover Letter \(PDF\)](#) - last updated Dec 13, 2023



# General Compliance & Medicare Fraud, Waste, And Abuse Training



- Providers are required to complete training via the Medicare Learning Network (MLN) website.
- Must be completed by each individual provider/practitioner within the group rather than one person representing the group collectively.
- Training must be completed within 90 days of contracting and annually thereafter.
- Complete the certificate(s) of completion or attestation through the CMS MLN and provide a copy to Wellcare.

A screenshot of the CMS.gov website, specifically the Medicare Learning Network (MLN) Provider Compliance page. The page header includes the CMS.gov logo and navigation links like Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below the header is a search bar and a navigation menu with categories like Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations &amp; Guidance, Research, Statistics, Data &amp; Systems, and Outreach &amp; Education. The main content area is titled "MLN Provider Compliance" and features the Medicare Learning Network logo with the tagline "Official Information Health Care Professionals Can Trust". A "Fast Fact" section discusses Medicare review contractors and signature requirements. Below this, there is a "Downloads" section with links to PDF documents such as "Medicaid Program Integrity, Safeguarding Your Medical Identity Educational Products [PDF, 193KB]" and "Medicare Parts C and D Fraud, Waste, and Abuse Training and Medicare Parts C and D General Compliance Training [PDF, 131KB]".

# General Compliance & Medicare Fraud, Waste, And Abuse Training



- First-Tier, Downstream, and Related Entities (FDR), as well as delegated entities, are required to complete training via the Medicare Learning Network (MLN) website.
- The trainings must be completed by each individual provider/practitioner within the group rather than one person representing the group collectively.
- The updated regulation requires all applicable entities (providers, practitioners, administrators) to complete the training within 90 days of contracting or becoming a delegated entity and annually thereafter.
- Once training is complete, each applicable entity will need to complete the certificate(s) of completion or attestation through the CMS MLN and provide a copy to Wellcare.



# Questions & Answers