

Task:	2011 Dual Eligible Special Needs Plans (D-SNP) Claims Payment Methodology - Companion Guide Addendum
Step	Action
Intro	This document provides information related to the D-SNP claims for 2011. The <b>WellCare</b> standard payment methodology is used unless a unique payment methodology is identified (i.e. 2011 Texas).
1	<b>Due to CMS Regulations and state contracts, members in Medicare D-SNP plans are protected from cost share.</b> <b>WellCare</b> is entering into agreements with the state Medicaid agencies that have a capitated or non-capitated reimbursement structure. In some instances, WellCare assumes the state's responsibility to pay co-payment, co-insurance and deductibles (cost-sharing obligation) for certain members enrolled in Medicare Advantage Special Needs Plans who are also eligible for Medicaid (dual eligible members).
2	<b>WellCare Contracted Providers and Non-Participating Providers</b> submit one claim to the <b>WellCare Claims Department or WellCare vendors' delegated Claims Department</b> for dual eligible members.
3	<b>WellCare Contracted Providers and Non-Participating Providers</b> will receive separate checks and a separate Provider EOP or Remittance Advice for each claim if both a Medicare and Medicaid claim is processed.
4	<b>WellCare Claims Department</b> and <b>WellCare Vendors Delegated for Claims</b> will pay claims according to the requirements within this document. The 834 requirements apply to all <b>WellCare Vendors Delegated for Claims</b> .
5	<b>WellCare Vendors Delegated for Claims</b> receive an additional column/field on the 834 file that will include a code that impacts claims adjudication.
6	<b>The WellCare Vendors Delegated for Claims</b> will configure their systems to identify the code/value or define a manual process to pay accordingly. If REF segment 17 qualifier = NULL ( <b>no REF segment</b> will be generated in the 2300-loop); REF segment 17 qualifier = NM (Ex. REF*17*NM); REF segment 17 qualifier = UC (Ex. REF*17*UC).

**WellCare Claims Department and WellCare Vendors Delegated for Claims** will process a Medicare claim.

STATE	LOB	2011 Plan Name	2011 Plan Codes		Value in REF segment 17 qualifier
CT	CMR	Access (HMO SNP)	409-005		Null or NM
FL	WMR	Access (HMO SNP)	444-124		Null or NM
		Select (HMO-POS SNP)	444-061	444-101	Null or NM or UC
GA	GMR	Access (HMO SNP)	413-006		Null or NM
HI	ZMR	'Ohana Liberty (HMO-POS SNP)	415-004		Null or NM or UC
IL	IMR	Access (HMO SNP)	417-007		Null or NM
LA	LMR	Access (HMO SNP)	422-011		Null or NM
MO	MMR	Access (HMO SNP)	429-003		Null or NM
NJ	JMR	Access (HMO SNP)	434-003		Null or NM
NY	NMR	Access (HMO SNP)	445-065	445-109	Null or NM
		Advocate Complete (HMO SNP)	445-105		Null or NM
		Liberty (HMO SNP)***	445-043	445-098	Null or NM
OH	OMR	Access (HMO SNP)	439-007		Null or NM
TX**	TMR**	Access (HMO SNP)**	448-007		Null or NM

\*\* WellCare has a capitated arrangement with the state for 2011.

\*\*\* WellCare has a capitated agreement in 2011 with NY for the NY Liberty plan only.

All references to capitation pertain to the arrangement between WellCare and the state.

A Medicaid claim is also processed if the REF segment 17 qualifier is Null (exceptions are NY Liberty & Texas Access). Refer to the payment methodology section for more detailed information.

Use of the word "NULL" indicates that **no Ref Segment 17** qualifier will be generated.

**EOP Message Information** –The value in the Ref Segment 17 field determines that the claim line in the EOP should include the appropriate balance billing message (for example - the member should **not** be balance billed).

STATE	LOB	Ref segment 17 Value	
		Null	NM, UC
CT	CMR	EOP message – member should not be balance billed	N/A
FL	WMR	EOP message – member should not be balance billed	N/A
GA	GMR	EOP message – member should not be balance billed	N/A
HI	ZMR	EOP message – member should not be balance billed	N/A
IL	IMR	EOP message – member should not be balance billed	N/A
LA	LMR	EOP message – member should not be balance billed	N/A
MO	MMR	EOP message – member should not be balance billed	N/A
NJ	JMR	EOP message – member should not be balance billed	N/A
NY	NMR***	EOP message – member should not be balance billed	N/A
OH	OMR	EOP message – member should not be balance billed	N/A
TX**	TMR**	EOP message – member should not be balance billed	N/A

\*\* WellCare has a capitated arrangement with the state for 2011.  
 \*\*\* WellCare has a capitated agreement in 2011 with NY for the NY Liberty plan only.  
 All references to capitation pertain to the arrangement between WellCare and the state.

**WellCare** maintains multiple payment methodologies.

The standard payment methodology is used unless a separate agreement has been initiated with the state.

In 2011, unique payment methodologies exist for the Texas Access plan and the New York Liberty plan.

**Separate sections of the document address the WellCare standard payment methodology and all unique payment methodologies.**

**WELLCARE STANDARD** Payment Methodology

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STANDARD Payment Methodology					
Plan Type	Ref segment 17 qualifier	Provider Payment Methodology Medicare Part A	Provider Payment Methodology Medicare Part B	CAPITATION Agreement with State Cost Share PAID BY	NO CAPITATION Agreement with State Cost Share PAID BY
Access Select HI Liberty	NULL	WellCare CCP Medicare Benefit Plan	WellCare CCP Medicare Benefit Plan	WellCare or Delegated Vendor	STATE
Access Select HI Liberty	NM	pay 100% of Medicare contracted rate*	pay 100% of Medicare contracted rate*	WellCare or Delegated Vendor	WellCare or Delegated Vendor
Select	UC	WellCare CCP Medicare Benefit Plan	WellCare CCP Medicare Benefit Plan	MEMBER	MEMBER

\*Cost Share is a part of the 100% Medicare contracted rate payment.

Sections 11 – 13 provide additional information.

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**WELLCARE STANDARD - If Ref segment 17 Qualifier is NULL – no ref segment 17 qualifier is generated**

The member is enrolled in a SNP plan and is a dual eligible member who meets the eligibility requirements of the cost-sharing protections.

Payment methodology: WellCare CCP Medicare Benefit Plan.

As applicable, EOP language should direct the **provider to the STATE regarding Medicaid payment.**

**A secondary Medicaid claim is not created.**

<p><b>12</b></p>	<p><b>WELLCARE STANDARD - If Ref segment 17 Qualifier is NM</b></p> <p>The member is enrolled in a SNP plan and has been deemed eligible for a special election period (lost Medicaid eligibility). The member is provided cost share protection during this period and remains eligible for all benefits.</p> <p>Payment methodology: 100% of Medicare contracted rate.</p> <p><b>A secondary Medicaid claim is not created.</b></p>
<p><b>13</b></p>	<p><b>WELLCARE STANDARD - If Ref segment qualifier is UC – FLORIDA SELECT Plan only</b></p> <p>The member is enrolled in a SNP plan and is <b>NOT</b> a dual eligible member who meets the eligibility requirement for cost-sharing protection. The member is responsible for cost share payments and remains eligible for all benefits.</p> <p>Payment methodology: WellCare CCP Medicare Benefit Plan. As applicable, EOP language should direct the provider to the <b>member</b> regarding cost-share payment.</p> <p><b>A secondary Medicaid claim is not created.</b></p>

<b>14</b>	<b>TEXAS Payment Methodology</b>				
	Plan Type	Ref segment 17 qualifier	Provider Payment Methodology Medicare Part A	Provider Payment Methodology Medicare Part B	CAPITATED Agreement with state Cost Share PAID BY
	Access	NULL	"Lesser of" (Medicare Net or Medicaid Allowed) <b>Minus</b> Medicare Net	WellCare CCP Medicare Benefit Plan plus member cost share	WellCare or Delegated Vendor
Access	NM	pay 100% of Medicare contracted rate*	pay 100% of Medicare contracted rate*	WellCare or Delegated Vendor	
<p>*Cost Share is a part of the 100% Medicare contracted rate payment.</p> <p><b>Sections 15 &amp; 16</b> provide additional information regarding the <b>TEXAS</b> payment methodology.</p>					
<b>15</b>	<b>TEXAS - If Ref segment qualifier is NULL– no ref segment 17 qualifier is generated</b>				
	<p>The member is a dual eligible Access member who meets the eligibility requirement of the <b>TEXAS</b> cost-sharing agreement.</p> <p><b>Part A Medicare Services</b>  <b>WellCare</b> will pay the Provider per WellCare’s Medicare Advantage Coordinated Care Health Plan benefits and contracted rates plus coordinated benefits and the Member Medicare Cost-Sharing Obligations portion of the Claim based on a lesser of Medicare vs. Medicaid methodology for Medicare Part A Covered Services.</p> <p><b>Vendors delegated to pay WellCare claims</b> will adjudicate claims based on the following formula.</p> <p><b>Part A - Formula for Part A Medicare Services</b> “Lesser of”:  Medicaid Payment = Lesser of Medicare Net or (Medicaid Allowed – Medicare Net)  Medicare Net = Medicare Allowed payment less any applicable and unpaid Cost Sharing Amount still due for the benefit year.</p> <p><b>A secondary Medicaid claim is created.</b></p> <p><b>Part B Medicare Services:</b>  <b>WellCare’s</b> assumed Medicaid payment for the Medicare Cost Sharing Obligations for those certain Dual Eligible Members will be 100% of the member cost share.  <b>Vendors delegated to pay WellCare Claims</b> will adjudicate claims using the payment methodology of 100% of the Medicare contracted rate.  <b>A secondary Medicaid claim is created.</b></p>				

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**TEXAS - If Ref segment 17 Qualifier is NM**

The member is an Access member and has been deemed eligible for a special election period (lost Medicaid eligibility). The member is provided cost share protection during this period and remains eligible for all benefits.

Payment methodology: 100% of Medicare contracted rate.

**A secondary Medicaid claim is not created.**

**NEW YORK – PAYMENT Methodology**

**NEW YORK Payment Methodology – Capitated/Integrated Plan (Liberty)**

Plan Type	Ref segment 17 qualifier	PROVIDER Payment Methodology Medicare Part A & Part B	COST SHARE Payment Methodology Medicare Part A	COST SHARE Payment Methodology Medicare Part B	CAPITATED Agreement with State Cost Share PAID BY
Liberty	NULL	pay per WellCare CCP Medicare Benefit Plan	pay per filed co-pay & cost share	Pay 20% of Medicare cost share	WellCare or Delegated Vendor
Liberty	NM	pay per WellCare CCP Medicare Benefit Plan	pay 100% of Medicare contracted rate*	N/A	WellCare or Delegated Vendor

**NEW YORK Payment Methodology – Liberty – MEDICAID benefits (addition to Medicare)**

Plan Type	Ref segment 17 qualifier	Provider Payment Methodology Caid only Benefits	CAPITATED Agreement with State Medicaid PAID BY
Liberty	Null or NM	pay per Medicaid contracted rate	WellCare or Delegated Vendor

**NEW YORK Payment Methodology – Access (Non-Capitated plans)**

Plan Type	Ref segment 17 qualifier	Provider Payment Methodology Medicare Part A	Provider Payment Methodology Medicare Part B	NO CAPITATION Agreement with State Cost Share PAID BY
Access	NULL	pay per WellCare CCP Medicare Benefit Plan	WellCare CCP Medicare Benefit Plan	<b>STATE</b>
Access	NM	pay 100% of Medicare contracted rate*	pay 100% of Medicare contracted rate*	WellCare or Delegated Vendor

\*Cost Share is a part of the 100% Medicare contracted rate payment.

**Sections 18 & 19** provide additional information regarding the New York Liberty Plan.

18	<p><b>NEW YORK Liberty Plan - If Ref segment qualifier is NULL– no ref segment 17 qualifier is generated</b></p> <p>The member is a dual eligible Liberty member who meets the eligibility requirement of the <b>NEW YORK Liberty</b> cost-sharing agreement.</p> <p><b>Part A Medicare Services</b>  <b>WellCare and vendors delegated to pay WellCare claims</b> will pay the Provider per WellCare’s Medicare Advantage Coordinated Care Health Plan benefits plus the Member Medicare Cost-Sharing Obligations portion of the Claim.  <b>A secondary Medicaid claim is created.</b></p> <p><b>Part B Medicare Services:</b>  <b>WellCare and vendors delegated to pay WellCare claims</b> will pay the Provider per WellCare’s Medicare Advantage Coordinated Care Health Plan benefits. A second Medicaid claim is created. This claim will pay at <u>20% of the member Medicare cost share</u>.  <b>FQHCs</b> should be reimbursed at 100% of the member’s Medicare cost share.  <b>A secondary Medicaid claim is created.</b></p>
19	<p><b>NEW YORK Liberty - If Ref segment 17 Qualifier is NM</b></p> <p>The member is a Liberty member and has been deemed eligible for a special election period (lost Medicaid eligibility). The member is provided cost share protection during this period and remains eligible for all benefits.</p> <p>Payment methodology: 100% of Medicare contracted rate for Part A and B services.</p> <p><b>A secondary Medicaid claim is not created.</b></p>
20	<p><b>NEW YORK ACCESS – use WellCare standard payment methodology</b></p> <p>Refer to sections 11-13 for more detailed information.</p>