



## TABLE OF CONTENTS

---

### Section 1: All About WellCare

Introduction .....	1
Mission.....	1
Core Values .....	1
Healthy Choice.....	2
Child Health Plus.....	3
Family Health Plus .....	4

### Section 2: Provider Responsibilities

Introduction .....	1
Primary Care.....	1
Primary Care Offices.....	1
Primary Care Physician Responsibilities.....	1
Adult Health Screening.....	3
Well Child/Teen Health Check-Ups.....	3
Screening for Domestic Violence .....	4
Behavioral Health and Substance Abuse Screening.....	4
Smoking Cessation .....	5
Lead Poisoning Prevention Program .....	5
Preventive Pediatric and Adult Health Care .....	6
Rapid Testing for HIV and Strep .....	7
Tuberculosis Control Directly Observed Therapy (DOT).....	8
Compliance with Mandated Reporting Requirements .....	9
Diseases and Conditions that Must be Reported to the NYC Department of Health and Mental Hygiene.....	10
Immunization Registry.....	10
Early Intervention Program.....	10
Child Safety.....	11
Child Abuse or Maltreatment Reporting .....	11
OB/GYN Provider Responsibilities: Family Planning.....	12
Vision Services.....	13
Lead Poisoning Prevention .....	13
Diagnosis and Treatment of Tuberculosis.....	13
Primary and Preventive Obstetric and Gynecologic Care .....	13
Lead Poisoning Prevention .....	13
Prenatal and Post Partum Care.....	14
Member Rights and Responsibilities .....	15
Advance Directives .....	15
After-Hours Services .....	15
Closing of Physician Panel.....	16
Out-of-Area Member Transfers .....	16
PCP Request for Transfer of a Member.....	16
Specialist Responsibilities .....	17
All Physicians/Providers.....	17
Confidentiality of Member Information and Release of Records .....	20

## TABLE OF CONTENTS

---

Medical Records .....	22
Confidentiality of HIV Related Information in the Medical Record .....	22
Appointment Scheduling .....	23
Covering Physicians.....	24
Referrals & Authorizations.....	24
Provider Billing and Address Changes.....	25
Liability Insurance .....	25
Participation and Credentialing .....	25
Provider Termination.....	25
Preferred Drug List.....	26
Utilization Management and Quality Improvement Programs .....	26
Delegated Entities- Utilization Management.....	26
Clinical Practice Guidelines.....	26
Fraud and Abuse.....	30
Special Investigations Unit .....	31
<b>Section 3: Member Eligibility</b>	
Verify Eligibility .....	1
Member Identification Cards .....	1
Enrollment .....	2
Assignment of Primary Care Physician .....	2
Changing Primary Care Physicians.....	3
Voluntary Disenrollment .....	3
Involuntary Disenrollment.....	3
<b>Section 4: Utilization Management</b>	
Overview .....	1
UM Process.....	2
Plan Criteria for UM Decisions .....	7
Second Medical Opinion .....	8
Members with Special Health Care Needs.....	8
Standard, Expedited and Extension of a Service Authorization Decision... 9	9
Authorization Decision.....	10
After-Hours Utilization Management .....	12
Delegated Entities .....	12
<b>Section 5: Pharmacy Overview</b>	
Overview .....	1
Benefit Plans.....	1
Preferred Drug List.....	2
Additions and Exceptions to the Preferred Drug List.....	2
Generic Medications .....	2
Injectable/Infusion Services.....	3
Covered Medications .....	3
Coverage Limitations .....	3

---

## TABLE OF CONTENTS

---

Step-Therapy Programs .....	4
Over-the-Counter (OTC) Medications .....	4
Member Co-payments .....	4
Drug Evaluation Review Process .....	4
Pharmacy Management – Network Improvement Program.....	6
<b>Section 6: Claims Overview</b>	
Overview .....	1
Member Responsibility .....	1
Network Physician/ Provider Reimbursement .....	1
Timely Claims Submission .....	2
Claims Processing Timeframes.....	2
Claims Submission Format .....	2
Provider ID and NPI Requirements .....	2
HIPAA Electronic Transactions and Code Sets.....	3
Electronic Claim Submissions .....	4
Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Services .....	6
Paper Claim Submission Guidelines .....	7
CMS 1500 Paper Claim Submissions .....	8
UB-04 Paper Claim Submissions .....	10
Encounter Data Submissions.....	11
Coordination of Benefits .....	12
Prohibition on Billing Plan Members.....	13
Non-Covered Services .....	13
Covering Physician Reimbursement .....	14
Professional and Technical Component Payment.....	14
Assistant Surgeon Payment .....	14
Overpayment Recovery.....	15
Delegated Entities .....	15
Claims for a Participating Provider Associated with Claims from a Non- Participating Provider .....	16
<b>Section 7: Complaints, Grievances and Appeals</b>	
Medicaid Family Health Plus/Child Health Plus.....	1
External Appeals .....	8
Fair Hearings.....	9
Member Complaints and Complaint Appeals .....	11
Provider Appeals.....	14
Questions or Comments.....	15
Expedited Request for Grievance .....	15
<b>Section 8: Credentialing Overview</b>	
Credentialing .....	1
Baseline Criteria .....	2

---

## TABLE OF CONTENTS

---

Professional Liability Insurance .....	2
Covering Physician .....	2
Medical Staff .....	3
Allied Health Professionals.....	3
Re-Credentialing .....	3
Updated Documentation.....	3
Office of Inspector General Medicaid Sanctions Report.....	4
Hearing and Appellate Review .....	5
Delegated Entities .....	5
<b>Section 9: Risk Management</b>	
Overview .....	1
Patient Information .....	1
Patient Education .....	1
HIPAA Compliance .....	2
Staff Training.....	2
Occupational Risk Exposures to Blood .....	2
Universal Precautions for Infection Control .....	5
Incident Reporting .....	6
Fraud, Waste and Abuse.....	7
<b>Section 10: Quality Improvement</b>	
Introduction .....	1
WellCare’s Quality Improvement Program .....	1
Goals.....	1
Objectives .....	2
Scope .....	2
Strategy.....	3
Quality Indicators Outcome Measurement .....	8
Annual QI Work Plan.....	8
Annual QI Evaluation Program.....	9
Data Sources .....	9
HEDIS®/QARR WellCare’s Annual Report Card .....	10
Access and Availability Surveys and Standards.....	11
Medical Record Review and Documentation Standards .....	13
Pediatric/Adolescent Health Screening .....	15
Adult Health Screening.....	19
Provider Participation in QI Activities .....	23
<b>Section 11: Case Management</b>	
Overview .....	1
Transplant Case Management .....	2
Domestic Violence Screening .....	3
Obstetrical Care .....	4
Authorizations for OB Care .....	5

---

## TABLE OF CONTENTS

---

OB Physician Functioning as the PCP .....	5
High Risk OB Case Management Program.....	6
Women, Infants and Children (WIC) Office .....	6
WIC Referral .....	6
Lead Level Screening Program.....	7
Disease Management Programs .....	7
Delegated Entities .....	8
<b>Section 12: Behavioral Health</b>	
Health Plan Overview.....	1
Healthy Choice .....	1
Child Health Plus.....	3
Family Health Plus .....	4
Communication with Primary Care Physicians.....	5
Clinical Services Program .....	5
Services for Which Members Can Self-Refer.....	6
Access to Care Standards Emergent/Urgent/Routine .....	6
Prior Authorization.....	7
Emergency Services .....	7
Medically Necessary Services.....	8
Medical Necessity Criteria.....	9
Program Oversight .....	9
Inpatient Services.....	9
Inpatient Medical Necessity Criteria .....	10
Concurrent Review Process .....	10
MD – MD Review .....	11
Inpatient Clinical Denials.....	11
Reconsideration .....	12
Expedited Appeal .....	12
Inpatient Administrative Denials .....	13
Outpatient Services.....	13
Outpatient Medical Necessity Criteria .....	15
Exclusions .....	15
Outpatient Clinical Denials .....	16
Outpatient Administrative Denials .....	16
Reversals of Pre-Authorized Treatment.....	17
Treatment Plan Update Form Submissions.....	18
Referral for More Intensive Level of Service .....	19
Out-of-Area Services.....	19
Community Agencies or Resources .....	19
Out-of-Plan Authorizations .....	19
Transitional Care for New Members.....	21
Transitional Care When a Provider Leaves the Network.....	22
Provider Performance Appraisal Information and Quality of Care.....	24
Monitoring Over and Under-Utilization .....	25

---

## TABLE OF CONTENTS

---

### Section 13: Marketing Guidelines

New York State Department of Health Medicaid Marketing Guidelines .....	1
Marketing Plan .....	1
Marketing Material Definitions .....	2
Marketing Material Requirements .....	3
Prior Approvals .....	4
Dissemination of LDSS .....	5
Marketing Activity Definitions .....	5
Marketing Sites .....	7
Restricted Marketing Activities .....	8
Marketing Infractions .....	10
New York City Marketing Guidelines .....	11
Definitions .....	11
Marketing Schedules .....	12
Marketing Materials .....	12
Marketing Encounters .....	14
Marketing in HRA Facilities .....	16
Marketing Site .....	16
Marketing Representatives .....	17
HRA Marketing Guidelines .....	17
Guidelines for Promotional Activities .....	19

### Section 14: Delegated Services

Dental Services .....	1
Vision Services.....	1
Chiropractic Services .....	1
Laboratory Services .....	2
Behavioral Health and Substance Abuse Services .....	3

### Section 15: Administrative Policies

Member Rights.....	1
External Appeal.....	2
Member Responsibilities .....	4
Medically Necessary Services.....	6
Medical Records .....	7
Out-of-Plan Authorizations .....	8
Standing Referral to Specialist.....	9
Specialist as Primary Care Physician.....	10
Specialty Care Centers .....	11
Reversals of Pre-Authorized Treatment.....	13
After Hours OB Coverage .....	13
Transitional Care for New Members.....	13
Transitional Care When a Provider Leaves the Network.....	15
Member Transportation Assistance.....	16

## TABLE OF CONTENTS

---

Provider Performance Appraisal .....	16
Corrective Action and Termination Policy.....	19
Credentialing.....	28
Adverse Reimbursement.....	28

### **Section 16: Quick Reference Guide**

Quick Reference Guide

### **Section 17: Provider and Member Education Materials**

Adult Preventive Health Guidelines - Provider  
Adult Preventive Health Guidelines - Member  
Alcohol Screening Guidelines  
Asthma Clinical Practice Guidelines  
Childhood and Adolescent Immunization Schedule  
Cholesterol Management Clinical Practice Guidelines  
Chronic Heart Failure Clinical Practice Guidelines  
Chronic Kidney Disease Clinical Practice Guidelines  
Citywide Immunization Registry Fact Sheet  
Communicable Disease Reporting Requirements List  
Diabetes Clinical Practice Guidelines  
Diabetes Care Flow Sheet  
Diseases and Conditions That Must Be Reported to NYCDOHMH  
Domestic Violence Screening Protocol  
Hypertension Clinical Practice Guidelines  
Interpretive Guidance for Prenatal Care  
Lead Risk Guidelines  
Monthly Membership List (MML) Screening Reminders  
Obesity (Adult) Clinical Practice Guidelines  
Obesity (Pediatric) Clinical Practice Guidelines  
Patient Health Questionnaire PHQ-9  
Pediatric Preventive Health Guidelines – Provider  
Pediatric Preventive Health Guidelines – Member  
Preconception and Perinatal Care Clinical Practice Guidelines - Provider  
Preconception and Perinatal Care Clinical Practice Guidelines - Member  
Smoking Cessation  
Vaccine Administration Record for Children and Teens

### **Section 18: Forms**

Abortion Certificate of Necessity Form  
Accu-Check Blood Glucose Meter Fax Form  
Acknowledgement of Hysterectomy Information Form  
Acknowledgement of Hysterectomy Information Form (Spanish)  
Address Change Form - Provider  
Adult New Member Physical Form

## TABLE OF CONTENTS

---

- Ancillary Services Authorization Request Form
- Appeal Request Form - Provider
- Appointment of Representative (Non-Medicare)
- Bayer Meter Request Fax Form
- Child Health Check Up Tracking Forms (Age Specific)
  - 1 to 14 Days
  - 2 Weeks to 2 Months
  - 2 to 4 Months
  - 4 to 6 Months
  - 6 to 12 Months
  - 12 to 18 Months
  - 18 Months to 3 Years
  - 3 to 5 Years
  - 5 to 9 Years
  - 9 to 13 Years
  - 13 to 21 Years
- CMS 1500 Submission Sample
- Coverage Determination Request Form
- Domestic Violence Screening and Documentation Form
- Early Intervention Referral Form
- Enteral Nutritional Supplement Form
- Incident Report Form
- Injectable-Infusion Prior Authorization Form
- Inpatient Authorization Request Form
- Medical Record Forms
  - Immunization Record Form
  - Medication Profile Form
  - Problem List Form
- NYS DOH AIDS Institute Materials Order Form
- Outpatient Authorization Request Form
- PCP Request for Transfer of Member Form
- Prenatal Notification Form
- Report of Suspected Child Abuse or Maltreatment Form
- Sterilization Consent Form
- Sterilization Consent Form (Spanish)
- Stroller Program Form
- Synagis Order Form
- Transportation Log - Provider
- UB-04 Submission Sample

## TABLE OF CONTENTS

---

Universal Reporting Form

### **Section 19: Addendum**

This section is reserved for the Provider to insert additional information such as Plan notifications and correspondence that serve as updates to our policies and procedures. Examples are benefit changes, pharmacy updates, claim procedure updates and prior authorization changes, etc.