WellCare

TABLE OF CONTENTS

Section 1: All About WellCare

Introduction 1
Core Values 1
Accreditation 1
WellCare (Medicare) 2
HealthEase and Staywell (Medicaid) 3
Healthy Kids Overview 5
HealthEase and Staywell for Healthy Kids 5

Section 2: Physician Responsibilities

Overview 1
Primary Care Offices 1
Primary Care Physician Responsibilities 1
Domestic Violence and Substance Abuse Screening 3
Smoking Cessation 3
Adult Health Screening 4
Child Health Check-Ups 4
Members with Special Health Care Needs 7
Member Rights and Responsibilities 9
Living Will and Advance Directive 9
Closing of Physician Panel 9
Out-of-Area Member Transfers 10
PCP Request for Transfer of a Member 10
Vacations 11
Responsibilities of All Physicians 11
Specialist Responsibilities 15
Confidentiality of Member Information and Release of Records 15
Appointment Scheduling 17
After-Hours Services 18
Covering Physicians 19
Provider Billing and Address Changes 19
Provider Termination 19
Provider Incident Reporting Requirements 20
Reporting Unusual Incidents on Providers' Premises 21
Marketing and Sales 23
Community Outreach Requirements 23
Disclosure of Information 24
Delegated Entities 24

Section 3: Member Eligibility

Member Identification Cards 1
Eligibility Verification 1
Enrollment 1
Assignment of Primary Care Physician 2
Changing Primary Care Physicians 2

TABLE OF CONTENTS

Hearing Impaired, Interpreter and Sign Language Services.....2

Section 4: Utilization Management

Overview.....1
UM Process.....2
Plan Criteria for UM Decisions.....7
Second Medical Opinion.....8
Members with Special Health Care Needs.....8
Authorization Decision Time Frames and Reconsiderations.....9
Emergency/Urgent Care.....11
Transition of Care.....12
Special Requirements for Payment of Services.....12
Medicare QIO Review Process of SNF/HHA/CORF Terminations.....15
Hospitalist Program.....15
After-Hours Utilization Management.....16
Delegated Entities.....16

Section 5: Pharmacy

Overview.....1
Benefit Plans.....1
Preferred Drug List/Formulary.....1
Additions and Exceptions to the Preferred Drug List/Formulary.....2
Generic Medications.....2
Injectable and Infusion Services.....2
Covered Medications.....3
Coverage Limitations.....3
Step-Therapy Programs.....5
Over-the-Counter Medications.....5
Hemophilia Medications-Medicaid.....6
Member Co-payments.....6
Coverage Determination Review Process.....6
Pharmacy Management-Network Improvement Program.....7

Section 6: Claims

Overview.....1
Timely Claims Submission.....1
Clean Claim.....1
Prompt Payment.....1
Coordination of Benefits.....2
Claims Submission Format.....3
HIPAA Electronic Transactions.....5
Electronic Claim Submissions.....7
Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Services.....9
Prohibition on Billing Plan Members.....10
Non-Covered Services.....11

TABLE OF CONTENTS

Paper Claim Submission Guidelines 11
Encounter Data 12
Explanation of Payment 13
Overpayment Recovery 14
Delegated Entities 15

Section 7: Appeals and Grievances
Overview 1
Submission of Member Appeals for All Products 2
Submission of Member Appeals for Medicaid and Healthy Kids 4
Request for Determinations for Medicaid and Healthy Kids 5
Submission of Member Appeals for Medicare 8
Request for Expedited Determination for Medicare 8
Request for Standard Pre-Service Determination for Medicare 10
Request for Retrospective Determination for Medicare 11
Submission of Provider Appeals 12
Request for Expedited Grievance Determination 13
Request for Standard Grievance Determination 14
Grievances Filed Against a Provider 15
Medicaid Fair Hearing 16
Subscriber Assistance Program – AHCA 18
Provider Complaint System 18
Submission of Provider Termination Appeal Request 19
Provider Claim Dispute Resolution Program 20

Section 8: Credentialing
Overview 1
Practitioner's Right To Be Informed of Credentialing/Re-Credentialing Application Status 2
Practitioner's Right To Review Information Submitted in Support of Credentialing/Re-Credentialing Application and Right To Correct Erroneous Credentialing/Re-Credentialing Information 3
Baseline Criteria 4
Florida Patient's Bill of Rights & Responsibilities 5
AHCA's Statewide Consumer Call Center & Consumer Assistance Notice 5
Liability Insurance 5
Site Inspection Evaluation (SIE) 5
Covering Physicians 6
Allied Health Professionals 6
Ancillary Health Care Delivery Organizations 6
Re-Credentialing 7
Updated Documentation 7
Office of Inspector General Medicare/Medicaid Sanctions Report 7
Sanction Reports Pertaining To Licensure, Hospital Privileges or Other Professional Credentials 7

TABLE OF CONTENTS

Hearing and Appellate Review 7
Delegated Entities 9

Section 9: Quality Improvement
Quality Improvement Program 1
Quality Improvement Organization (QIO) 2
Provider Participation with QI Activities 3
Quality Improvement Activities 4
Fraud and Abuse 5
Fraud and Abuse Updates 6

Section 10: Medical Records
Overview 1
Requirements and Guidelines 1
Content and Review 3
Continuity of Care Requirements Screen 5
Medical Record Documentation 7
Maternity Care (OB/GYN Review) 9
Pediatric Health Screening 12
Adult Health Screening 19
Hypertension-Specific Screens 25
Diabetes-Specific Screens 27
Chronic Pulmonary Disease/Asthma 29
Cholesterol Management After Acute Cardiovascular Events 29
Review Criteria 30
Plan of Correction 30
References 31

Section 11: Case Management
Overview 1
Transplant Case Management 1
Obstetrical Care 2
Prenatal Program 3
High-Risk OB Case Management 3
CMS & Early Intervention Programs 4
Lead-Level Screening Program 4
Disease Management Programs 4

Section 12: Behavioral Health
Overview 1
Behavioral Health Vendor 1

Section 13: Cultural Competency
Cultural Competency 1
Cultural Competency Survey 5

TABLE OF CONTENTS

Section 14: Member and Provider Education Materials

Table of Contents
Adult New Member Physical Screening
Asthma Clinical Practice Guidelines
Cholesterol Management Clinical Practice Guidelines
Community Resources
Chronic Heart Failure Clinical Practice Guidelines
Chronic Kidney Disease Clinical Practice Guidelines
COPD Diagnosis, Management and Prevention Clinical Practice Guidelines
Diabetes Care Flow Sheet
Diabetes Clinical Practice Guidelines
Domestic Violence Screening Guidelines and Form
HealthEase Care Plan Provider Letter
HealthEase Kids Care Plan Provider Letter
Hypertension Clinical Practice Guidelines
Lead Exposure Clinical Practice Guidelines
Obesity Clinical Practice Guidelines – Adult
Obesity Clinical Practice Guidelines – Pediatric
Osteoporosis Clinical Practice Guidelines
Preconception and Perinatal Care Clinical Practice Guidelines
Preventive Health Clinical Practice Guidelines – Adult
Preventive Health Clinical Practice Guidelines – Pediatric
Smoking Cessation
Staywell Care Plan Provider Letter
Staywell Kids Care Plan Provider Letter
Substance Abuse Screening Guidelines

Section 15: Forms

Table of Contents
Abbott Meter Request Form
Abortion Certification Form
Accu-Check Blood Glucose Meter Fax Form
Ancillary Services Authorization Request Form – Medicaid
Ancillary Services Authorization Request Form – Medicare
Appointment of Representative – Medicaid
Appointment of Representative – Medicare
Care Management Referral 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 Form
CMS 1500 Claims Submission Guidelines
Electronic Data Interchange Job Aid
End Stage Renal Disease Form
Exception to Hysterectomy Acknowledgment Requirement Form
Food Supplement Request Form
Grievance Form – Medicaid
Hospice/ESRD Placement Referral Report
Hysterectomy Acknowledgment Form
Incident Report
Injectable Infusion Prescription Order Form – Medicaid
Injectable Infusion Prescription Order Form – Medicare
Inpatient Authorization Request Form – Medicaid
Inpatient Authorization Request Form – Medicare
Living Will and Power of Attorney (English)
Living Will and Power of Attorney (Spanish)
Medicaid Coverage Determination Request Form
Medicare Coverage Determination Request Form
Medical Record Forms

- Immunization Record
- Medication Profile
- Problem List

Notification/Authorization Form (Medicare Only)
Outpatient Authorization Request Form – Medicaid
Outpatient Authorization Request Form – Medicare
PCP Request for Transfer of Member
Prenatal Notification Form
Provider Appeal Request Form
Provider Complaint Form
Sterilization Consent Form
Synagis Fax Order Form
UB-04 Form
UB-04 Paper Claim Guidelines
XOLAIR Request Form

Section 16: Quick Reference Guides

Medicaid Quick Reference Guide
Medicare Quick Reference Guide
Harmony Behavioral Health Quick Reference Guide

Section 17: 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.