

TABLE OF CONTENTS

Section 1: All About WellCare

Introduction.....	1
Core Values.....	1
WellCare (Medicare Advantage).....	1
Our Products	2

Section 2: Provider Responsibilities

Overview.....	1
Responsibilities of Primary Care Physicians	1
Primary Care Offices.....	2
Domestic Violence & Substance Abuse Screening.....	3
Smoking Cessation	3
Adult Health Screening	3
Members with Special Health Care Needs	3
After-Hours Services	5
Closing of Physician Panel	5
Vacations	5
Responsibilities of All Physicians	6
Specialist Responsibilities.....	10
Out-of-Network Services Covered in Non-Emergency Situations	11
Out-of-Area Member Transfers	11
Request for Transfer of a Member	11
Confidentiality of Member Information & Release of Records.....	12
Member Rights & Responsibilities	14
Living Will & Advance Directive	14
Appointment Scheduling	15
Covering Physicians	15
Provider Billing & Address Changes	16
Provider Termination.....	16
Marketing & Sales.....	17
Disclosure of Information	17

Section 3: Member Services

Overview.....	1
Evidence of Coverage Booklet.....	1
Enrollment.....	1
Member Identification Cards	1
Eligibility Verification	2
Member Rights and Responsibilities	2
Assignment of Primary Care Physician.....	4
Changing Primary Care Physicians	4
Women's Health Specialists	4
Hearing-Impaired, Interpreter and Sign Language Services	4

TABLE OF CONTENTS

Section 4: Utilization Management

Overview.....	1
UM Process	3
Plan Criteria for UM Decisions	8
Standard, Expedited and Extension of a Service Authorization Decisions or Organization Determination	8
Reconsideration Request.....	9
Emergency/Urgent Care	10
Transition of Care	11
Second Medical Opinion	11
Members with Special Health Care Needs	11
Special Authorization Requirements	13
Medicare QIO Review Process of SNF/HHA/CORF Terminations	16
Notification of Hospital Discharge Appeal Rights – Acute Care/Long Term Care & Behavioral Health	16
Hospitalist Program	17
After-Hours Utilization Management	17
Delegated Entities.....	18

Section 5: Pharmacy

Overview.....	1
Benefit Plans.....	1
Preferred Drug List.....	1
Additions and Exceptions to the Preferred Drug List	2
Generic Medications	2
Injectable/Infusion Services	2
Coverage Limitations	3
Step-Therapy Programs.....	4
Over-The-Counter Medications.....	4
Member Co-Payments	4
Drug Evaluation Review Process.....	4

Section 6: Claims

Overview.....	1
Timely Claims Submission	1
Claim Submission Format	1
Provider ID and NPI Requirements	2
HIPAA Electronic Transactions and Code Sets	3
Electronic Claim Submissions	4
Electronic Funds Transfer (EFT) and Electronic Remittance Advise (ERA) Services	5
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

TABLE OF CONTENTS

Prohibition on Billing Plan Members	12
Non-Covered Services.....	13
Covering Physician Reimbursement.....	13
Professional and Technical Component Payment	14
Assistant Surgeon Reimbursement.....	14
Section 7: Appeals and Grievances	
Overview.....	1
Submission of Provider Appeals	2
Submission of Member Appeals	3
Request for Expedited Determination	5
Request for Standard Pre-Service Determination	7
Request for Retrospective Determination	8
Submission of Grievances	9
Request for Expedited Grievance Determination.....	10
Request for Standard Grievance Determination	11
Grievances Filed Against a Provider.....	11
Submission of Provider Termination Appeal Request.....	12
Section 8: Credentialing	
Overview.....	1
Applicants Right to be Informed of Credentialing Application Status	2
Applicants Right to Review and Correct Erroneous Credentialing Information	2
Baseline Criteria	3
Professional Liability Insurance	4
Covering Physicians	4
Allied Health Practitioners.....	4
Ancillary Health Care Delivery Organizations	5
Re-Credentialing.....	5
Updated Documentation	5
Office of Inspector General Medicare Sanctions Report.....	5
Hearing and Appellate Review.....	5
Section 9: Risk Management	
Overview.....	1
Medical Practice Risk Management.....	1
Staff Training	1
Risk Management Definitions	1
Reporting Unusual Incidents on Provider Premises	3
Exposures to Blood	5
Universal Precautions for Infection Control.....	9
Fraud and Abuse	13
Fraud and Abuse Definitions	14
Special Investigations Unit	17
Education and Training	18

TABLE OF CONTENTS

Inspection of Records	18
Release of Records	18
Section 10: Quality Improvement	
Quality Improvement Program	1
Quality Improvement Organization (QIO)	1
Provider Participation with QI Activities.....	2
Quality Improvement Activities.....	3
Focus on Patient Safety	3
Quality-of-Care Issues	4
HEDIS® Studies	5
Adult Health Screening	9
Clinical Practice Guidelines	9
Disease Management Initiatives	10
Section 11: Medical Records	
Overview.....	1
General Requirements and Guidelines	1
Basic Content Requirements	2
Every Visit Documentation Requirements.....	4
Continuity of Care Requirements	5
General Documentation Suggestions	6
Specific Practice Guideline Documentation Requirements	7
References	7
Section 12: Case Management	
Overview.....	1
Members with Special Health Care Needs	1
Tissue and Organ Transplant Program.....	2
Disease Case Management Program and Fax Alerts.....	2
Delegated Entities.....	4
Section 13: Behavioral Health	
Overview.....	1
Behavioral Health Program.....	1
Section 14: Cultural Competency	
Cultural Competency	1
Cultural Competency Survey	5
Section 15: Member and Provider Education Materials	
Acute Myocardial Infarction (AMI) Fax Alert	
Asthma Clinical Practice Guidelines	
Chronic Kidney Disease Clinical Practice Guidelines	
Congestive Heart Failure (CHF) Clinical Practice Guidelines	

TABLE OF CONTENTS

CHF Fax Alert
CHF Adult Program Introduction Letter
Diabetes Clinical Practice Guidelines
Diabetes Fax Alert
Diabetes Flow Sheet
Diabetes Adult Program Introduction Letter
Domestic Violence Screening Guidelines and Form
Hypertension Clinical Practice Guidelines
Monthly Membership List (MML) Article
Preventive Health Guidelines for Normal Risk Adults
Smoking Cessation
Substance Abuse Screening and Guidelines

Section 16: Forms

Accu-Chek[®] Order Form
Ancillary Services Authorization Request Form
Adult New Member Physical Screening
Appointment of Representative Form
Bayer Meter Order Form
Case Management Referral Form
CMS 1500 Form
Coverage Determination Request Form
Hospice/ESRD Placement Referral Form
Immunization Record
Incident Report Form
Injectable Infusion Form
Inpatient Notification / Authorization Request Form
Medication Profile
Outpatient Notification / Authorization Request Form
PCP Request for Transfer of Member Form
Problem List
Provider Appeal Request Form
Provider Complaint Form
UB-04 Form

Section 17: Quick Reference Guide

Section 18: Addendum