PROVIDER *Update*



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Support Patient Care and Get Paid on Time; Adhere to Reporting and Prior Authorization Processes

IPAs must submit daily delegated reports; hospital and ancillary services need prior authorization

As a reminder, independent practice associations (IPAs), hospitals and ancillary providers must adhere to the requirements in their Provider Agreement with Wellcare about reporting and prior authorization, as described below.

IPAs – daily inpatient census and UM authorization log submissions

IPAs are responsible for the tracking and reporting of delegated activities. This includes daily submission of the following:

- Inpatient census reports.
- Utilization management (UM) authorization logs.

These reports allow Wellcare to track information relating to patient continuity of care and support the claims payment process.

Please be sure to fill out UM authorization logs completely and state if the authorization is approved or denied. If an authorization is denied, provide the reason for the denial so we can record this information in our system.

How to submit required delegated reports

Refer to *Updated Delegated Reports List, Frequency and Methods of Submissions* in Section 15: Attachments of the Wellcare IPA, Hospital and Ancillary Medicare Provider Manual at **bit.ly/CA-Medicare-Provider-Manual** or scan the QR code to the right for instructions on reporting frequency and submission methods.



If you have questions, please contact Wellcare's UM team at 888-546-5252.

Hospitals and ancillary providers – prior authorization process

Wellcare delegates prior authorization to IPAs and their contracted Management Service Organizations (MSOs). The IPAs then determine prior authorization requirements for their assigned members. IPAs and MSOs review and approve authorization requests and provide notification directly to hospitals and ancillary providers.

THIS UPDATE APPLIES TO:

- Independent Practice Associations
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

866-999-3945

PROVIDER PORTAL

provider.wellcare.com/california

Hospitals and ancillary providers must get prior authorization before providing any medical services to Wellcare members, except for emergency services. If emergency services result in an inpatient hospital stay, hospitals must contact the member's assigned IPA for authorization. The member's assigned IPA can be found on the member's Wellcare ID card.

Failing to get authorizations before providing services may result in payment delays and/or claims payment denials.

Additional information

For any questions about your Provider Agreement with Wellcare, email ECContracting@Wellcare.com.

For any other questions regarding the information contained in this update, contact Wellcare at 866-999-3945.