

Long Term Care Transition Quick Reference Guide

WellCare Primary Contacts	
Network Development Team	Provider Relations Team
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- Beginning December 1, 2018, WellCare will cover **all Long Term Care (LTC) services** for members transitioning to our LTC plan from another Florida Medicaid health plan or the fee-for-service delivery system. WellCare looks forward to working with you to ensure our members receive the services they need.
- It is important for providers to continue delivering services as per prior authorizations.
- Please do not discontinue any scheduled services for Long Term Care members.**
- This Quick Reference Guide is designed to help Long Term Care providers navigate this transition period.

HOW WILL THE TRANSITION WORK?

WellCare will assume responsibility for these in accordance with the regional rollout schedule AHCA has specified for the new Statewide Medicaid Managed Care contract period for members enrolled with us as follows:

- December 1, 2018 – Regions 9,11*
- January 1, 2019 – Regions 5,6,7,8
- February 1, 2019 – Regions 1,2,3,4

*WellCare is not contracted to offer comprehensive services in Region 10.

During the continuity of care period, WellCare will honor all service levels currently being provided to Long Term Care members until a new assessment is completed. Upon completion of a new assessment, the service levels may be adjusted based on each member's current needs. All authorizations and changes to service levels will follow contractual processes and be reflected in written communication to providers.

I AM AN LTC PROVIDER AND I AM NOT PART OF THE WELLCARE NETWORK – WHAT SHOULD I DO?

WellCare would like to contract with all willing LTC providers. We have reached out to

providers we know of, but if you have not heard from us, please contact our Network Development team to begin the credentialing and contracting process. All providers should continue delivering services as authorized from the previous Long Term Care plan of care until the member is re-assessed and you receive a new authorization for services.

I AM NOT PART OF WELLCARE'S NETWORK YET, HOW WILL I BE PAID?

During the Continuity of Care period, WellCare will pay for all previously authorized services whether the provider is contracted with us or not. Providers who are still in the contracting process can submit a claim through any available mode except the provider portal. Providers who have completed the contracting process and are part of the WellCare Network can submit claims through any available mode. Please reference our Provider Resource Guide at www.wellcare.com/Florida/Providers/Medicaid.

HOW DO I SEND CONFIDENTIAL INFORMATION SECURELY?

When emailing us information that includes member protected health information (PHI), please type **[secure]** in the email subject line. This will encrypt the PHI and ensure the transmission is HIPAA-compliant.

I HAVE A SERVICE OR PAYMENT ISSUE. WHOM DO I CONTACT?

You can contact our Provider Services line at **1-866-334-7927**, or for expedited requests, contact your Provider Relations representative or the Provider Relations line. We can research and resolve your issue faster if you provide certain information with your initial request. Please provide as much of the following information as possible:

- Claim number (s) OR the following:
- Provider ID and/or Tax ID
- Member name and Medicaid or WellCare ID
- Date(s) of service

I HAVE QUESTIONS ABOUT BECOMING A NETWORK PROVIDER, SUBMITTING CLAIMS, AND NAVIGATING WELLCARE'S SYSTEMS. WHO DO I CONTACT?

Please contact your Provider Relations representative. If you don't know who your Provider Relations representative is, you may contact FloridaProviderRelations@wellcare.com or call **1-407-551-3200, option 2**. You can also access provider training materials and additional information on our website at www.wellcare.com/Florida/Providers/Medicaid.

