What is Managed Care?
What is Managed Care?

Health care in America is changing rapidly. Twenty-five years ago, most people in the United States had indemnity insurance coverage, which meant a person could see any doctor, and the insurance company and patient would share the cost.

Today, more than half of all Americans who have coverage for health benefits are enrolled in some kind of an organized system for receiving and paying for health care services, or a managed care plan.

The major differences between indemnity and managed care plans are related to provider choice, out-of-pocket costs for covered services and how claims are paid. Managed care plans have agreements with certain doctors, hospitals and health care professionals to provide comprehensive services to plan members, usually for a fixed cost.


Managed Care (HMOs)

Health Maintenance Organizations (HMOs) are a common form of managed care plan. With most HMOs, members pay a fee or co-payment when a service is rendered, whether for an office visit or a prescription. These plans include added benefits for members eligible for traditional Medicaid and Medicare.

Primary Care Providers

Primary Care Providers, or PCPs, are the gatekeepers to the quality of members’ health and wellness. A member’s PCP is responsible for coordinating all health care from checkups to specialist referrals.

Each member selects or is assigned a PCP who is a participating provider of the plan in which they choose to enroll. Members receive a list of doctors from which to choose a PCP (usually a family physician, internist or pediatrician) at the time of enrollment.

Managed Care Benefits

For providers, the benefits of managed care are numerous. HMOs work closely with participating providers. They provide support with patient education and compliance, quality improvement initiatives and faster payments.

HMOs also educate members on plan benefits and how to access the appropriate level of care when they need it. Through health education and prevention programs, the HMOs strive to help members lead healthier lives.

Who is WellCare?

WellCare, through its subsidiaries, is a leading provider of managed care services dedicated to government-sponsored health care programs, focusing on Medicaid and Medicare. We operate a variety of health plans for families, children, the aged, blind or disabled as well as prescription drug plans and pay fee-for-service plans. WellCare is headquartered in Tampa, Florida. Our team of associates serves more than 2.3 million members nationwide.

For additional information, please refer to WellCare’s Provider Manual. The manual should be used as a reference source as it describes requirements and processes for administering our plan as outlined in our provider agreement. For a copy, visit www.wellcare.com or contact a Provider Relations representative.