WELCOME TO WELLCARE HEALTH PLANS!

WELCOME TO THE WELLCARE FAMILY AND OUR NETWORK OF PROVIDERS!

As you know, WellCare acquired UnitedHealthcare’s Medicaid business in South Carolina. The Plan operates in several counties, including the Columbia and Greenville metropolitan areas, through the South Carolina Healthy Connections Choices program. Approximately 51,000 members will be covered under our benefit plans and continue to be cared for by our provider network. Plan members will remain enrolled and will experience no changes in their plan benefits. WellCare is committed to providing your practice with impeccable service through our local leadership and field network management representatives.

We invite you to visit our website at southcarolina.wellcare.com/provider/resources to access our Provider Manual, Quick Reference Guide, Claims Companion Guides and much more.

Please contact our Provider Services Department at 1-888-588-9842 with any questions or concerns related to this transition. We’re here for you Monday–Friday, from 8 a.m. to 5 p.m.

Thank you, and again, welcome to WellCare.

FIND THE FORMS YOU NEED

Where do you find the forms that you need?

Accessing our website, southcarolina.wellcare.com/provider/forms, will provide your practice with the most current and up-to-date forms. The website contains documentation you need to assist your practice, including documents for appeals, authorization, claims, behavioral health and more.

If you have questions or cannot locate a form, please reach out to your Provider Relations representative for assistance.
EFT/ERA BENEFITS AND REGISTRATION

Electronic Funds Transfer (EFT) refers to a computer-based system used to perform financial transactions electronically. An Electronic Remittance Advice (ERA) is an electronic version of a payment explanation (utilizing the 835 5010 format) which provides details about provider’s claim payments. WellCare Health Plans, Inc. has partnered with PaySpan Health (a company with more than 25 years of experience in developing payment solutions) to provide – at no cost – EFT/ERA solutions. WellCare offers the PaySpan Health service as an option so providers don’t have to invest in expensive EDI software, saving providers both time and money.

Benefits of EFT/ERA

• No Cost! Providers are not charged any fees to use the service.
• Improves Cash Flow: Electronic payments mean faster payments, leading to improvements in cash flow.
• Reduces Accounting Expenses: Electronic remittance advices are imported directly into practice management or patient accounting systems, eliminating the need for manual re-keying.
• Maintains Control Over Bank Accounts: Providers keep TOTAL control over the destination of claim payment funds. Multiple practices and accounts are supported.
• Maintains Control Over Remittance Formats: Providers may choose from a large library of formats for remittance advices they will receive.
• Matches Payments To Advices Quickly: Providers can associate electronic payments with electronic remittance advices quickly and easily.
• Manages Multiple Payers: Reuse enrollment information to connect with multiple payers.
• Assign different payers to different bank accounts, as desired.

We encourage you to consider enrolling in PaySpan Health’s EFT/ERA service today to take advantage of these provider-focused benefits. Enrollment is quick and simple. To register, please click on the following link: www.payspanhealth.com.
CASE MANAGEMENT PROGRAM

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the member’s health needs. Case management promotes assistance in facilitation of care for individual members in order to achieve optimal outcomes and quality of care. Case managers include registered nurses, licensed clinical social workers, and other professionals that assist members with multiple complex health problems. By providing case management services, our case managers will work with the primary care physician (PCP)/specialist to facilitate timely access to, and utilization of, appropriate services such as ER usage and hospital admissions. The case manager serves as an important link between the member, the health care team, the payer and the community. Case management occurs across a continuum of care, is individually focused and member-centric.

Case managers handle many issues, including:
- High-cost or complex medical needs
- Solid organ and tissue transplants
- Complex chronic illness
- Catastrophic illness or injuries
- High-risk pregnancy
- Children with special health care needs
- Lead poisoning

If you would like to refer our members to the Case Management Program, please call 1-866-635-7045, 8 a.m. to 5 p.m. or refer to your state-specific Quick Reference Guide at southcarolina.wellcare.com/provider/resources.

THE QUICK REFERENCE GUIDE – YOUR TOOL FOR KEY INFORMATION

The Quick Reference Guide (QRG) helps our providers find the answers you need. The QRG contains important contact information such as:
- Mailing addresses
- Phone numbers
- Fax numbers

You will also find information related to:
- Claims
- Pharmacy
- Contracted Networks

- Appeals
- Behavioral Health

Your state-specific QRG can be found at: southcarolina.wellcare.com/provider/resources.
COMMUNICATING EFFECTIVELY FOR CONTINUITY OF CARE

WellCare encourages all providers – medical and behavioral – to initiate communication that facilitates and enhances continuity of care, relapse prevention, member safety and member satisfaction. Few would challenge the notion that effective integration and collaboration between primary care physicians (PCPs) and mental health specialists (to include psychiatrists, social workers and ARNP’s) are essential for consumer well-being. However, it is not uncommon for medical and behavioral health providers to express concern that they do not receive information from fellow physicians. Barriers often cited for the lack of communication are time and resource shortages. However, when one considers the potential impact on optimal member care, communication is clearly a critical necessity.

What can you do as the individual practitioner?

- Get to know your fellow physicians, PCPs and psychiatrists. Go to meetings, whenever possible, where you can get acquainted with one another.
- Pick up the phone. Colleagues will appreciate the time and effort taken for communication.
- Request copies of records from physicians who have cared for the patient before your involvement.
- Set up systems in your office and hospital units that enhance and automate patient communication and permit transition of care in a safe and effective way.
- Include the PCP on admission and discharge reports, letting your colleague know about discharge appointments, medications and any specialty consultations required post-hospitalization.
- Use your behavioral health care manager and discharge planner to assist you in making appointments and arranging follow-up care. Discharge planners can also work with the member to make sure they make their appointments. If you have questions or feedback about physician communication or quality-related topics, please contact your local Provider Relations representative.

If you have questions or feedback about physician communication or quality-related topics, please contact the health plan or your local Provider Relations representative.
MEMBERS’ RIGHTS AND RESPONSIBILITIES

As a WellCare provider, it’s important for you to know our members’ rights and responsibilities. Listed below are some of the rights and responsibilities our members have with providers. A complete list of the member’s rights and responsibilities can be found in the Provider Manual and the Member Handbook found on the WellCare website at southcarolina.wellcare.com/provider/resources.

MEMBER RIGHTS:
- To receive information about our organization, its services, its practitioners and providers, and member rights and responsibilities
- To be treated with respect and dignity
- To have their privacy protected
- To participate with practitioners in making decisions about their health care
- To a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost and benefit coverage
- To voice grievances or appeals about the Plan or the care it provides
- To make recommendations regarding the Plan’s member rights and responsibilities policy

MEMBER RESPONSIBILITIES:
- To supply information that the Plan and its doctors and providers need to provide care
- To follow plans and instructions for care that they have agreed on with their doctor
- To understand their health problems
- To help set treatment goals that they and their doctor agree to

PROVIDER RESOURCES

WEB RESOURCES
Visit southcarolina.wellcare.com/resources to access our Preventive and Clinical Practice Guidelines, Clinical Coverage Guidelines, key forms, Pharmacy Guidelines and other helpful resources. Providers may also request hard copies of any of the above documents by contacting their Provider Relations representative. For additional information, please consult your Quick Reference Guide at southcarolina.wellcare.com/provider/resources.

PROVIDER NEWS
Remember to check messages regularly to receive new and updated information. Visit the secure area of southcarolina.wellcare.com to find copies of the latest correspondence. Access the secure portal using the “Member/Provider Secure Sign-In” area on the right. You will see Messages From WellCare located in the right-hand column.

ADDITIONAL CRITERIA AVAILABLE
Please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available on our website at www.wellcare.com/provider/ccgs.
HARNESS THE POWER OF WELLCARE’S WEB CAPABILITIES

On our website, southcarolina.wellcare.com, you and your staff will have secure access to various easy-to-use tools. We created these tools to streamline your day-to-day administrative tasks.

KEY FEATURES AND BENEFITS

Our website gives you immediate access to what you need most. All participating providers can leverage the following online features:

- **Claims Submission Status and Inquiry** – Submit a claim, check the status of a claim, and customize and download reports.
- **Member Eligibility and Co-payment Information** – Search the member database for member effective and term dates, plan type, PCP contact and co-pay information.
- **Authorization Requests** – Submit authorization requests online, attach clinical documentation and check authorization status. You may also print and/or save copies of authorization forms once received in your online mailbox.
- **Authorization Look-up Tool** – Search quickly and easily by CPT code.
- **Additional Provider Reporting** – Review list of active members and receive up-to-date information for any member who has been registered or admitted as an inpatient to a medical facility.
- **Pharmacy Services and Utilization** – View and download a copy of our preferred drug list/formulary, see drug recalls, access pharmacy utilization reports and obtain information about our pharmacy services.
- **Provider News** – View and download our latest announcements.
- **Your Inbox** – Receive notices and key reports regarding claims, eligibility inquiries and authorization requests in your personal provider inbox.
- **Provider and Pharmacy Look-up Tool** – Search the online Provider Directory by location, distance and/or specialty type to refer members to in-network services.
- **Provider Manual** – View and download a complete copy of your Provider Manual.
- **Forms and Documents** – View and download template forms and documents for appeals, authorizations, claims, pharmacy services and more.

YOUR REGISTRATION ADVANTAGE

Our website allows you to have as many administrative users as needed while tailoring views and download options. You may also create individual sub-accounts for your staff, allowing you to keep separate billing and medical accounts. To register, visit southcarolina.wellcare.com/registration/provider.
WHAT IS HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

WHY HEDIS IS IMPORTANT

HEDIS ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

VALUE OF HEDIS TO YOU, OUR PROVIDERS

HEDIS can help save you time while also potentially reducing health care costs. By proactively managing patients’ care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care.

HEDIS can also help you:

- Identify noncompliant members to ensure they receive preventive screenings
- Understand how you compare with other WellCare providers as well as with the national average

VALUE OF HEDIS TO YOUR PATIENTS, OUR MEMBERS

HEDIS ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans’ scores, helping them to make informed health care choices.

1HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

UTILIZATION MANAGEMENT

REVIEWS TO ENSURE THE RIGHT CARE

WellCare’s Utilization Management (UM) program decision making is based only on appropriateness of care, service and existence of coverage. WellCare does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

If you have questions about this program, please refer to the Quick Reference Guide found at southcarolina.wellcare.com/provider/resources for contact information.
**DISEASE MANAGEMENT PROGRAM**

Disease management is a system of coordinated health care interventions and communications that seek to proactively identify populations with, or at risk for, established medical conditions. WellCare offers a telephonic Disease Management Program that focuses on the following:

- Supporting the physician/patient relationship and plan of care
- Emphasizing prevention of exacerbations and complications using cost-effective, evidence-based medicine practice guidelines
- Emphasizing patient empowerment strategies such as self-management of condition.

Disease Managers manage the following disease states:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension
- Depression
- Obesity
- Smoking Cessation

If you would like to refer our members to the Disease Management Program, please call 1-866-635-7045, 8 a.m. to 5 p.m. or refer to your state-specific Quick Reference Guide at southcarolina.wellcare.com/provider/resources.

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**CAQH CORE PHASE III COMPLIANCE FOR EFT AND ERA TRANSACTIONS**

On January 1, 2014, health plans and health care financial payment institutions must adopt Phase III of the CAQH® Committee on Operating Rules for Information Exchange® (CORE) guidelines. These new guidelines are part of the Affordable Care Act (ACA), which focuses on the Health Care Claim Payment and Advice Infrastructure (835), also known as the Electronic Remittance Advice (ERA) and the Electronic Funds Transfer (EFT).

The ACA contains an industry mandate for use of operating rules to support implementation of HIPAA standards under Section 1104, which focuses on improving the conduct and exchange of electronic claim advice data as these transactions can have a direct impact on a provider’s revenue cycle management process.

Benefits to the industry in applying these CAQH CORE infrastructure rules to the health care claim payment/advice transaction will provide for:

- Less staff time spent on phone calls and websites;
- Increased ability to conduct targeted follow-up with health plans and/or patients; and
- More accurate and efficient payment of claims.

To learn more about CAQH and the CORE initiative, please visit [www.caqh.org/CORE_phase3.php](http://www.caqh.org/CORE_phase3.php).

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**WE’RE JUST A PHONE CALL OR CLICK AWAY!**

WellCare of South Carolina: 1-888-588-9842 | southcarolina.wellcare.com