



Applicable To:

- Medicaid: FL & GA
- Children's Medical Services Health Plan (CHIP)

Non-participating Provider Reimbursement

Policy Number: CPP-132

Original Effective Date: 4/1/2020
Revised Date(s): N/A

BACKGROUND

WellCare allows members to receive medically necessary services and treatment by a provider not in our network (non-participating provider) when the care cannot be provided by a network provider (participating provider). A non-participating provider is defined as a provider who has not entered into a contract agreement with WellCare HealthPlans. This policy outlines a reasonable and customary reimbursement structure for those non-participating providers who do not have a Single Case Agreement (SCA) for the claim under consideration. WellCare uses Single Case Agreements to contract with non-participating providers to render authorized services to our members at a set rate.

POSITION STATEMENT

In order to provide structured reimbursement, WellCare will pay a percentage of Medicaid fee schedule for non-participating providers who do not have a Single Case Agreement with WellCare. This reimbursement structure will apply to claims submitted in Place of Service (POS) 11, 22, and 24 only. The percentage of Medicaid fee schedule amount that will be reimbursed is based on an agreement made with each market, which is considered reasonable and customary for that market. Below is the agreed upon percentage for each market:

Georgia – 85% of Medicaid Fee Schedule

Florida and CHIP – 90% of Medicaid Fee Schedule

*Certain Specialty Type exclusions may apply for each market.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

WellCare (Florida, Georgia)

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/08/2019	<ul style="list-style-type: none">• Approved by RGC