PROVIDER*Update*



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Know What You Are Responsible for to Coordinate Care for Your D-SNP Patients

IPAs and the Health Plan both have dedicated functions to respond to member needs

Understanding who is responsible for what can make coordinating care for your D-SNP patients much easier.

The table on the next page outlines the responsibilities for Wellcare, independent practice associations (IPAs) and those that are shared between both.

For more information on policies regarding care and case management, refer to the: Section 12: Care/Case Management in the IPA, Hospital & Ancillary Medicare Provider Manual at www.wellcare.com/California/Providers/Medicare.

THIS UPDATE APPLIES TO:

- Physicians
- Hospitals
- Ancillary Providers
- Independent Practice Associations

PROVIDER SERVICES

866-999-3945

PROVIDER PORTAL

provider.wellcare.com/california

Wellcare (Health Plan)	Shared Responsibilities	IPA
Outreach to members identified for care management as post-discharge and/or high priority based on provider notifications and/or internally	Coordination or referral for services, as needed. Support managing chronic conditions to reduce hospitalizations.	Timely notification of admissions, transfers, or discharges to/from facilities to the plan if the IPA is responsible for prior authorizations/claims.
 derived algorithms. Conduct assessments with members. Create member-centric and 		 Authorize all needed services where the IPA is/remains delegated for utilization management, if applicable.
member-approved individualized care plans (ICP). • ICP creation/revisions (and		 Communicate with the Health Plan's Case Management, as needed, to exchange information
related outreach). • Provider collaboration as a		and ensure smooth transitions.Participation on ICT/IDCT, if
member of the interdisciplinary care team (ICT).		 invited. Facilitate timely post-discharge appointments to primary care physician (PCP) and/or specialist; document efforts.
 Coordinate/collaborate with the ICT team based on member risk/acuity/needs. 		
Facilitate ICT/IDCT meetings (and related outreach) as		Conduct care coordination on patient population based on need.
needed. • Coordination of care.		 Refer high risk/catastrophic members to the Health Plan for case management, if applicable. Coordinate activities with the Health Plan's case managers and ancillary providers as indicated.
 Assist with referrals to community-based resources for social determinants of health (SDoH) needs 		
 Assist with access to benefits to address member identified needs. 		
Address gaps in care.		

Additional information

Relevant sections of the Wellcare Provider Manual have been revised to reflect the information contained in this update as applicable. The manual is available online at www.wellcare.com/California/Providers/Medicare.

If you have questions regarding the information contained in this update, contact 866-999-3945.