Wellcare PPO Plans

WELLCARE'S LOCAL PREFERRED PROVIDER ORGANIZATION (PPO) PLANS ARE AVAILABLE IN KENTUCKY.

Like many Medicare Advantage plans, Wellcare's Preferred Provider Organization plans (PPOs) give members Parts A, B, and D coverage, as well as vision, dental, and hearing benefits not covered by Original Medicare.

PPO plans give members the flexibility to get healthcare services from providers who are outside of the plan's network. Like HMO plans, PPOs reimburse providers for all plan-covered, medically necessary services at **100% of the Medicare allowable rate**. However, out-of-pocket costs for members are usually higher when they get services outside of the Wellcare network.

Please also note:

- ✓ Providers who do not contract with Wellcare are under no obligation to treat our members, except in emergency situations.
- ✓ Providers must be eligible to participate in Medicare.
- ✓ Members do not need referrals or authorizations to see out-of-network providers.
- ✓ Although referrals and pre-service authorizations for out-of-network providers are not required, they are highly encouraged.
- ✓ Members should ask the out-of-network provider to bill the plan first. However, if the member has already paid, Wellcare will reimburse the member for our share of the cost for covered services.

Frequently Asked Questions About PPOs

1 How does an out-of-network provider file a prior authorization request?

- ✓ Obtain a prior authorization request form at **www.wellcare.com**. Go to *Providers*, > *Forms*, and under > *Authorizations* select the appropriate form.
- ✓ Prior authorization requests should be submitted before the planned service.
- ✓ Providers will be notified of the decision by mail.

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2 How is medical necessity determined for out-of-network claims?

- ✓ The plan may request clinical documentation after claims submission to show that services or supplies are medically necessary for the prevention, diagnosis, or treatment of the member's medical condition and meet accepted standards of medical practice.
- ✓ For a list of services that require medical necessity evaluation, go to **www.wellcare.com**. From there, select *Providers, > Authorizations, > Helpful Documents, and > Medicare Quick Reference Guide*.

3 How does an out-of-network provider file a claim for Medicare-covered services?

Wellcare has partnered with Change Healthcare, our preferred EDI clearinghouse, to process your EDI transactions as efficiently as possible. You may connect directly to Change Healthcare. In some cases, your existing clearinghouse, billing service, or trading partner may have existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may contact Change Healthcare at **1-877-411-7271** to establish **FREE** connectivity to Wellcare for your EDI transactions. Clearinghouses, practice management vendors, or billing services may call **1-800-527-8133** for help with EDI transactions.

If your clearinghouse or billing system is not connected to Change Healthcare and require a 5-digit Payer ID, please use the following according to the file type (fee-for-service or encounters).

Wellcare Payer IDs	
14163 Fee-For-Service - Professional or Institutional	59354 Encounters - Professional or Institutional

If your clearinghouse or billing system is connected to Change Healthcare and uses their 4-digit CPID, please use the following according to the file type (fee-for-service or encounters).

Change Healthcare CPIDs	
1844 Fee-For-Service - Professional	3211 Encounters - Professional
8551 Fee-For-Service - Institutional	4949 Encounters - Institutional

Although Wellcare encourages electronic claim submissions, we also accept paper CMS-1500 and UB-04 claim forms. Paper claims should only be submitted on original claim forms (red ink on white paper).

Please refer to the Medicare Provider Manual on the Wellcare web site at **www.wellcare.com/Kentucky/Providers/Medicare** for complete details about paper submission guidelines.

Mail paper claims to:

Wellcare Health Plans
Attn: Claims Department
P.O. Box 31224
Tampa, Fl 33631-3224

Please note that claims filed by providers who are not part of our network must be filed no later than 12 months after the date of service.

4 How does an out-of-network provider file a claim for supplemental benefits beyond Medicare-covered services?

Supplemental services vary by market and may include dental, hearing, and vision benefits. Call Wellcare Provider Services at **1-855-538-0454** for more information.

5 How can I help members with questions about benefits and covered services?

- ✓ As with any plan, the member's Evidence of Coverage (EOC) is the best resource to explain what benefits and/or services are available. Members can find their EOC and formulary at **www.wellcare.com**. From there, the member should select the plan type (Medicare), enter their ZIP code, and click on *Go to my plan details*.
- ✓ Members may also call Wellcare Customer Service at:

  MAPD: **1-833-444-9088** (TTY **711**)
  DSNP: **1-833-444-9089** (TTY **711**)

Become a Wellcare Provider

We support our provider partners with quality incentive programs, quicker claims payments, and dedicated local market support. To join the Wellcare provider network, visit **www.wellcare.com** and complete the application form. Select your state, hover over the *Provider* tab, then click on *Non-Wellcare Providers > Join the Wellcare network of providers*.