- Rae Wilkerson - email: Evelyn.Wilkerson@wellcare.com)
- Alexandria Kirwin - email: Alexandria.Kirwin@wellcare.com
- Mia Cotter - email: Mia.Cotter-Bamber@wellcare.com)]
- Linda White – Provider Relations Representative – North Florida
  email Linda.White@wellcare.com

Continuity of Care
  o   Period will be 120 days for Wellcare
  o   CMS will be 180 days.
  o   Authorizations waived
  o   Claims paid

There are seven provider reps in our area. Reps assist with authorizations and claims issues.

New member ID card examples are in folder

Check portal for most recent version of the documents in folder. They will be updated on the portal.

DME and AT rates will depend on vendor's negotiated rate

Authorizations:
  o   Initial evaluations and TCM – authorization is waived indefinitely
  o   Evicore - vendor processes PT and OT authorizations
  o   SPL is authorized through Wellcare using their form
  o   EI is also authorized through Wellcare
  o   Wellcare is aware of the need to be more generous with EI & CMS authorizations. (If this does not happen, please bring it to representatives' attention.)
  o   Up to 7 day turn-around time (required by contract)
  o   Let Wellcare know if there are extenuating circumstances and they will expedite
  o   Retro auth is possible on case-by-case basis

Claims:
  o   Wellcare portal for claims submission
        Or batch in clearinghouse submission
        Or 1500 paper form (will take longer to process)
  o   Bill in the same way that you have been billing fee-for-service
  o   Same requirements as AHCA, same codes, modifiers, etc.
  o   Payment is through PaySpan EFT
  o   You can also use PaySpan to search for EOBs, check #s, etc. (It is user-friendly)
  o   T Codes will be paid at 100% of Medicaid rate
  o   CMS kids at 100% of fee schedule for all codes
  o   Claims deadline: 6 months from DOS to file, 365 days to dispute denial
  o   Use 1844 or 14163 as payer ID (see folder summary sheet)
  o   To avoid denials – go back to check that claim submitted.
  o   Mia and/or Linda can assist with setting up direct deposit with PaySpan

Contracting:
- If you are already contracted (therapy provider) you will need an amendment
- Wellcare plans to accept ALL new providers – they do not wish to turn anyone away due to "too many providers of a certain type in a certain area"
- NonPAR will not have access to portal, but can use Availity, Emdeon, other clearinghouse or paper claims
- Sign contract and give Alexandria Kirwin
- Fill out to best of your ability / only fill out what applies to you
- Tax ID or SSN is fine
- No physician signature is needed on application
- Process: 1. Contract, 2, credential application, 3, orientation, 4 register on web portal
- Contracted rate for provider should not be affected by child's DOB
- Once contracted, you will get a provider # assigned by MMA (different from Medicaid #)

Plan Assignment for families:
- Plan is auto-assigned if not chosen
- 120 days to change, then plan is locked in
- During 120 days, you can change as often as you like

Case Management:
- Every child is assigned a case manager
- Case manager is to serve as a go-between
- e-mails will be shared
- weekly meetings with families
- Case managers will be present in person or via phone for evals
- Plan of care – 6 months
- Once credentialed with plan, provider will want a new authorization for services
- IFSP is used as the authorizing document. Submit it to Wellcare
- There will be no standard medical review – IFSP will be used instead
- staffing@wellcare.com (need to verify this address in packet)

Eligibility:
- Providers should always verify eligibility before providing services (or at least weekly)
- Share of cost could affect eligibility and coverage
- If there is a change of health plan, contact Wellcare immediately

If agency billing with multiple providers, each provider will need to apply separately UNLESS considered a facility. Indication is that our agencies would be groups, not facilities (except for probably Mag Parke and UFSP).